


Chapter 1

Survival of Indigenous African Healing Systems in Post–Apartheid South Africa

Ntokozo Mthembu

 <https://orcid.org/0000-0003-4059-1215>
University of South Africa, South Africa

ABSTRACT

This chapter focuses on the revelation of the status of traditional medicine on which a high number of users depend, despite its historical negation in South Africa. This scenario suggests the need to evaluate the current narrow cultural perspective in the health sector and consider an intervention that will promote respect for diverse cultural practices that provide healthcare services to diverse social groups with their respective moral codes. In this chapter, the researcher argues that the notion of integration of diverse medical practices is a nonstarter and a subtle way of reinsertion of the status quo. In conclusion, this chapter argues that the historical experiences reveal that each medical practice is embedded in its social order; thus, the concept of a plural healthcare system becomes a viable intervention to put an end to the historical injustices against the izinyanga and their practice in this instance.

INTRODUCTION

Subsequent to the advent of democracy in South Africa in the early 1990s, the government of the day prioritised the redressing of past injustices in its development agenda, especially issues pertaining to the validation and acknowledgement of the value systems of previously disadvantaged indigenous people (Mthembu, 2011, p.56). However, there are various views in this instance. One view suggests that this era is perceived by many as a positive step towards the revitalisation of indigenous knowledge system-related institutions – family, education and health sectors including the traditional healing sector, specifically when dealing with the idea of *dis-ease* (alternative medicine’s ways of limiting the focus on the pathology of disease and the emphasis on the wellness or ease of a person).

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According to another view, social reality continues to reveal the sting of colonialism that remains detrimental like in the days of apartheid, despite the high hopes on this political era. This scenario is revealed through the lived experiences of *izinyanga* as it tends to reinforce marginalisation and segmentation, which remain observable specifically when observing the western-aligned healthcare and traditional healing systems. These experiences manifest through the way in which traditional medicine (*umuthi*) and its upholders are being treated or categorised in relation to western medicine. In addition, this scenario can be defined in two ways.

The first view suggests that *izinyanga* also referred to as *isangoma*, *ngaka* or *chiremba* which means traditional healers and their *muthi* (herbs), are ‘outdated’ especially when it comes to observing procedures in relation to traditional rites, such as circumcision and its ineffectiveness in healing certain communicable diseases like TB and HIV/AIDS. The second view suggests that favouritism and biasness still prevail, despite the proclamation of the Traditional Health Practitioners Act 2007 22 of 2007 [THPA] that was developed to deal with previous social injustices, particularly the respect and acknowledgement of different medical practices. In other words, this policy tends to advance the notion of management of registering, “training”, moral practice of *izinyanga* of which remain highly contested in various quarters. In summary, the THPA promote three standards: (a) the establishment of an Interim Traditional Practitioners Council; (b) creation of regulatory framework; and (c) establishment of an administrative structure to regulate training, moral standards and selection of students.

The common scenario, which is observable in daily practices in our society, like the current western medical practices, tend to enjoy more support from stakeholders, such as the government, because of the amount of socio-political support they get in comparison with the indigenous medical system (Hammersmith, 2007, p.1). Therefore, this scenario suggests that some interventions be facilitated by government, especially in relation to guarantees pertaining to their *izinyanga* daily survival which tends to reflect the opposite of what the government promised to do– to redress past socio-political injustices. In other words, this type of development tends to suggest a continuation of the status quo with regard to negating and undermining indigenous knowledge systems, which raises concern about the intention of THPA in this instance.

In view of the lack of systematic evidence aimed at closing the gap that exists in critical literature concerning the accreditation and survival of traditional healers, this chapter contributes to the literature by sharing some understanding of traditional medicine and *izinyanga* roles, practices, methods, their experiences in the post-apartheid era and related policy (Mbatha, Street, Ngcobo & Gqaleni, 2012, p.102). In addition, it intends to contribute by discovering the realities of *izinyanga* and their craft of sustaining harmony in the human body, especially where the pathological condition has been identified.

The chapter attempts to provide a better understanding of social realities that *izinyanga* experience in relation to the edict that is perceived as a positive government intervention intended to improve their livelihood in this instance. In doing so, it will focus on the background; it will specifically revisit the precolonial era; give a brief historical overview and reveal some challenges and possibilities of *izinyanga* in relation to THPA. More specifically, it will deliberate on the novelty of moral standards in relation to historical background. The chapter will also look at the theoretical framework followed by policy dynamics; discuss issues pertaining to challenges and related possibilities for *izinyanga*. The chapter concludes by highlighting some recommendations for consideration, specifically when formulating a relevant policy intervention regarding the development of a plural healthcare system.

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