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Unheard voices – Perceptions of African traditional health practitioners on their healing systems and the national regulatory framework

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RESEARCH

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ABSTRACT

Background
The abolition of the Witchcraft Suppression Act of 1957 and the declaration of the Traditional Health Practitioners (THPs) Act (No 22 of 2007) was key in efforts to recognise THPs. Concerns over the safety of products, practices and therapies used by THPs attracted calls for regulations, giving birth to the 2015 regulatory framework.

Aims
This paper aims to describe THP perceptions on their healing systems and the regulatory framework.

Methods
The qualitative research approach used involved focus group discussions sampled from five Kwazulu-Natal district municipalities. 50 Participants were recruited using district THP councils and a snowballing technique. Data collection tools included case summaries and a focus group discussion guide. Data was analysed using Braun & Clarke's six-phase thematic analysis framework (2017).

Results
Themes identified included THPs' recognition of traditional healing as an ancestral calling and this would complicate regulating them based on demographical requirements, that ancestors do not recognise. Most of the registration requirements were perceived as undermining African beliefs. THPs expressed that the registration requirements used colonization techniques to enforce registration and used registration as a tax collection instrument. Every participant acknowledged that registration would assist in their recognition and legitimization.

Conclusion
Generally unhappy about the registration requirements, which will complicate their regulation. The issue of self-regulation would certainly warrant further research especially since obeying ancestors and ancestral spirits supersedes any law or order. For an appropriate THP regulation process, the perceptions, and recommendations of THPs would have to be catered for. If regulations fail to respect and recognise THPs, they could regulate them into oblivion. Therefore, further research to refine nuances from what has been shared from the studied FGDs is warranted.

Key Words
Traditional medicine, traditional healing, traditional health practitioners

What this study adds:

1. What is known about this subject?

Traditional health practitioners (THPs) are an important pillar in the national health system but remain subjugated and operating behind closed doors.

2. What new information is offered in this study?

The 2015 proposed THP regulatory framework does not resonate with THPs and does not seem to comprehend pathways of becoming a traditional healer.

3. What are the implications for research, policy, or practice?

The is an urgent need for a more inclusive and consultative process of developing a THP regulatory framework to ensure policy implementation feasibility.

Background

A Traditional Health Practitioner (THP) is defined by the World Health Organisation (WHO) as "a person who is recognised by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices".[1] According to Mokgobi, the approach of THPs to health care is based on indigenous knowledge and belief systems.[2] Generally, THPs are consulted for their explicit linkage with patients' social and cultural beliefs.[3] African cosmology suggests that people see themselves as spiritual beings who are connected to ancestral spirits, which are invisible 'members of a society who care for and carry responsibility for the actions of their descendants'.[4] Although some biomedical health practitioners (BHPs) view the belief in traditional health practices negatively, THPs continue to be widely accessed by many.[5]

The abolition of the Witchcraft Suppression Act of 1957 and the declaration of the Traditional Health Practitioners Act (No 22 of 2007) marked a significant era in the history of the new democratic South Africa, giving birth to the 'respect' and recognition of THPs and allowing them to form part of key stakeholders in health provision.[6] This was after the African National Congress (ANC) stated that 'traditional healing will become an integral and recognized part of health care in South Africa' during their 1994 Health Plan.[7] Thus, dispensing people with the idea to consult practitioners of their choice without fear. The statement by the ANC in 1994 on traditional healing possibly applied pressure to the health system,[6] which would later allow black South Africans to embrace their cultural diversities and follow their belief systems even when seeking healthcare.[8] Many black South Africans make use of traditional medicines (TMs) and THPs[9] either because of their accessibility, lower cost or association to African culture.[10]

Millions of people across the globe have been reported to utilise THPs and their herbal medicines.[11] In sub-Saharan Africa, around 2002 it was estimated that one Biomedical Health Practitioner (BHP) treated about 20,000 patients while one THP treated approximately 400 patients.[12] This indicates how overwhelmed BHPs have been, thus suggesting a missed opportunity on tapping on THPs as a useful resource in the health system.[13] In South Africa, THPs continue to be increasingly acknowledged as essential health providers.[14] More so, South African patients have demonstrated a high uptake of plural medical systems, where a 2008 hospital survey in KwaZulu Natal (KZN) indicated a 51.3 per cent of multiple healthcare modalities, including the use of THPs.[15] Local communities have also highlighted a high regard for THPs and these healers have been considered as first people to be consulted, especially in cases of HIV related illnesses.[16]

It was not until 2013, that the WHO recommended that nations needed to take steps to regulate Traditional Medicine (TM) practices and practitioners.[17] This could be attributed to the global growth of TM usage that attracted concerns over the safety of the products, practices and therapies utilised, as well as the concern over high prices of BHPs.[18] Awodele and his colleague have also echoed this call, asking for the development of national policies and regulations to ensure safety in use and create pathways towards the integration of traditional medicine systems (TMS) in national health systems.[19] The ubiquitous use of TMS[11] and promotion for safe and effective products, practices and practitioners has stimulated increasing discussions on the need to regulate THPs.[17] This follows the promulgation of the Traditional Health Practitioners Act No.22 of 2007.[20] Chapter 3 of this THP Act has called for the registration of THPs, thus leading to the proposed THP regulatory framework 2015, asking for interested persons to submit their comments and views in writing to the Director-General of the National Department of Health.[21]

There is insufficient evidence about THPs views on being regulated and the crux of being regulated is going through the registration process. This becomes very important since it has been gazetted that in order to practise as THPs in South Africa, one has to be registered.[20] Therefore, the overall purpose of this study was to explore the views of

THPs on the regulation process, specifically to explore THP perceptions on the registration requirements as suggested by the proposed THP national regulatory framework through a qualitative approach. This study will be of value in understanding the perceptions and views of THPs regarding their proposed 2015 regulatory framework and will therefore contribute to the requested comments[21] for the finalization of the regulatory framework.

The Traditional Health Practitioners regulation of 2015 intended in terms of Section 47 with Section 21 of the Traditional Health Practitioners Act, 2007 Act No. 22 of 2007,[20] and after consultation with its Council, has proposed regulations for:[21] a) registration of traditional health practitioners; b) categorisation of traditional health practitioners that must undergo education or training; c) registration of students; d) minimum standard of education; duration of educational programme; e) minimum age and standards of general education; f) the registration by the council of persons undertaking educational courses or undertaking training; g) the registration of students of traditional health practice, including the recording of particulars relating to their training and proof of the fulfilment of the requirements thereof; h) the circumstances under which any applicant for the registration of any category or speciality may be exempted from any of such requirements; i) and procedure to dispose application for fees charged by practitioner. This paper will focus on the following registration requirements: minimum standard of education (ABET); duration of educational programme (12 months); minimum age (18 years) and standards of general education (Content); the registration of students of traditional health practice (trainees); residency requirements for registration (South African) and the fees charged for the categories in question (R200 for THPs and R100 for students or trainees).

Method

Study area

The study took place in the KZN province of South Africa. It took place in five major districts of KZN, capturing 45 per cent of THP municipal district council structures servicing the people of KZN. This means five THP district structures out of the 11 that KZN has. The studied districts included uMgungundlovu, uMkhanyakude, Zululand, uMzinyathi district municipalities and eThekwini metropolitan.

Approach

A qualitative research approach was used to understand (subjective) views of THPs. This approach was used because of its usefulness for unpacking individual's feelings, opinions, or preferences,[22] as the research line of enquiry was directed at unveiling THPs' perceptions.

Sampling for THP registration requirements

Five focus group discussions (FGDs) were held with a combination of 8 to 12 participants made up of diviners, herbalists, and respective trainees. These five FGDs were THPs from the five THP district municipality committees. THP committees were THPs selected from the different local municipalities (LMs), as KZN has LMs which make-up a district municipality. According to district offices, district committees were representatives elected from the different LMs to represent THPs at district level. Districts with functioning THP committees were contacted through the provincial THP coordinator and for those without functioning committees; snowball sampling[23] was used by asking THP chairpersons to refer other THPs and trainees. Eligibility criteria for study participation included being over 18 years of age, to ease barriers to attaining consent for participation and being either a diviner, diviner trainee, herbalist, or herbalist trainee.

Data collection

Initially, the facilitator explained the project to all the participants and unpacked what was expected from them and then allowed the participants to ask questions of clarity before agreeing to voluntarily participate in the study. An FGD guide (Appendix Table 1) was used to direct and guide the discussion. Participants were requested to sign an informed consent prior to start of the FGDs. After every FGD, a case summary was drafted to capture a synopsis of the discussions, expressions and any non-verbal findings learned from the different venues. Group discussions were conducted between April and September 2019 in isiZulu, the first language of the participants and the facilitator (Siyabonga Nzimande). FGD guide was initially designed in English and later translated to IsiZulu. The guide was scrutinized by research team members (SN, NC, SM) fluent in isiZulu and English, and a local THP was approached to confirm the guide for language appropriateness before they were adopted in the study.

Discussions were conducted in various neutral venues, as preferred by the different district THPs and where they usually hold their meetings (Table 1).

This strategy of meeting in neutral venues was also adopted to minimize bias from the discussions. THP chairpersons were deliberately excluded from the FGDs, as this was believed would protect THP committee members from potential victimizations and thus allow them to express

their views freely. Discussions took between 120 to 140 minutes. During discussions, refreshments of water, juice, biscuits, and chips were offered. At the end, individuals were provided with reimbursement of R150.00 that were meant to compensate for their time, inconvenience and other costs which might be related to participating in the study. All group discussions were conducted by the same facilitator and the first author of this paper (SN), who is also a first language isiZulu speaker. The Facilitator also played a huge role in verifying the data after it was transcribed and translated, as he had in-depth knowledge of the FGDs, and familiarity with context and language used during the discussions.

Data management and analysis

All FGDs were audio recorded. Recordings were transcribed and translated into English. Key language-specific terms were kept in the local language, and a glossary created for these terms (Appendix Table 2), with the assistance of two local THPs who have been practicing for more than 20 years. A thematic analysis was performed[24] and transcripts were coded manually using a coding framework (Table 2)[22,24] that was developed from both deductive and inductive categories using terms which emerged from the data. As data were analysed, themes were identified from the codes. An iterative process was used to check the original data as themes emerged. This process was repeated until all transcripts were reviewed and the codebook had reached saturation with no new content codes emerging. Data was sorted into Microsoft word spreadsheets. It was examined to see how the aim/ research questions were answered and what nuances existed among the participants; and data was for new or innovative suggestions, which participants might have related to the research topic. Codes and themes were reviewed by the researchers for redundancy, and similar codes and themes were grouped together. Written informed consent was obtained from everyone interested in participating. Informed consent forms and a paper link log were the only way to identify the names of participants, which were not shared with non-study staff members. A study ID number identified participants.

Staff members were trained on the study objectives, methods, and specific responsibilities. Meetings were held the day before each FGD to discuss details of FGD implementation. A meeting after each FGD was conducted by the research team to review the data that emerged from the FGD and, where applicable, ways to improve the next FGD were discussed. Case summaries were also drafted to get a synopsis of the FGD and learn about issues emerging from the discussions.

All data storage, utilization and management were in line with the SAMRC ethics policies and guidelines. All research data was stored digitally, on the SAMRC server, within the Environment & Health Research Unit (E&HRU). All digital data was password protected. Hardcopies were stored in a locked cupboard within E&HRU. Only the project study staff have keys or passwords required to access these cupboards and/or digital storage facilities.

All digital and non-digital data will be kept for a period of 5 years or at least two years' post-publication (as appropriate). This will allow for further analysis and review and aid any future queries or disputes regarding intellectual property, research conduct or the actual results of the research. After the stipulated period, hard copy data will be destroyed by means of a shredding machine. All digital copies will be wiped out/removed in accordance with the SAMRC IT management policy and in line with research ethics.

The researcher, who was the facilitator and first author of this study ensured that his positionality does not impose biasness to this study by sharing completed transcripts, codes, and themes with other research team members. It was agreed that the sample was adequate, with sufficient variations and depth to represent the phenomenon of study.[25] Participants who were most likely to know the information required were interviewed and all the participants spoke from their own experiences and beyond. Validity of the study findings and conclusions are vouched for because the data was not only limited to the number of participants listed, but also 'shadowed' experiences of those they know or have interacted with.[25] This contributed immensely to the rigorousness of the qualitative research approach and complemented in the demonstration of thick, rich, and reliable findings.

Ethical consideration

Before commencing any research with participants, the study protocol and informed consent were submitted for review and approval by the Institutional Review Boards at the South African Medical Research Council and the relevant institution(s) of the key collaborator(s) (Protocol ID EC033-11/2016). The study was also submitted for review to the KwaZulu-Natal Provincial Health and Research Ethics Committee (PHREC) (BREC Ref: No: REC389/18). All protocols, protocol amendments, informed consents, study progress reports, protocol violations/deviations, results dissemination material were submitted to the relevant regulatory authority(s) for review. Approval was also granted by the Kwazulu-Natal Department of Health

Research Committee (NHRD Ref: KZ_201902_005) and a letter of support from was received from the KZN Director of African Traditional Medicine.

Results

FGDs included five sets of groups representing, but not necessarily representative of the selected districts totalling 50 participants. The 50 (n=50) participants comprised of 30 (n=30) females and 20 (n=20) males. Age of the participants ranged between 27 and 79. Participants were distributed amongst four THP categories, namely: diviners, herbalists, faith healers, traditional birth attendants and trainees of diviners and herbalists. Most of the THPs ascribed themselves to more than one THP category (35/50) and all the groups had diviners and herbalists, which were key to the study. Only two (n=2) were THP trainees, five (n=5) were only herbalists and eight (n=8) were only diviners. None of the participants were exclusively faith healers or traditional birth attendants. Therefore, the interview guide particularly focused on diviners, herbalists and trainees thereof, thus ensuring that everyone could participate in the discussion. Except for the diversity of language and terminology, there was no not much difference between rural and urban settings in the study. It was noted that the districts that were deep rural (2/5) were operating independent of their district Department of Health (DoH) and the urban ones were closely working with DoH and were included in DoH meetings, and utilised DoH buildings as meeting venues.

During the analyses, several critical features unpacking the views of THPs were unveiled. What was striking however, were the level of contradictory views amongst THPs on how they perceived the proposed regulatory framework and their understanding and familiarity of the actual framework and document. A glossary of key terms is depicted on Appendix Table 2, with particular reference to a few observations on the use of the term ukulapha, where it was used for both treat and cure, which are two distinctly different terms, and which may cause confusion if translated out of context. Amadlozi and Amathongo was another term that some THPs used interchangeably to refer to Ancestors. While Ancestors was explained as Amathongo, the dead that used THP bodies to achieve their deeds of healing and Amadlozi was explained to be the spirits of those Ancestors. Another phenomenon was the idea that in English, THPs were considered as attending training when they had accepted their ancestral calling to become diviners. While in essence and according to THPs, they were being treated with a concoction of medicines to unveil their blessings or gifts to become diviners (ukuthwasa). This is very important to fully comprehend the process and rituals that one must undergo when they have been 'called' to be diviners.

The analysis identified several critical themes describing THP's views about being nationally regulated, specifically the registration process, such as: traditional healing is an ancestral calling, subjugation through colonization techniques, registration used as a tax collection instrument, registration assists in recognition and legitimization of THPs.

Age, education level, duration, and content of training

Traditional healing is an ancestral calling

THPs viewed their practices as a 'calling', expressing that it was not something they volunteered or were looking forward to becoming, but was rather imposed on them by their late parents and grandparents (Ancestors). THPs explained the process of a calling by suggesting that, people undergo a process of treatment because of an illness they are believed to have. This illness is said to be ancestral spirits possessing a person and pushing them to be treated or enter THP 'training' and this illness is believed to manifest as a gift or blessing when treated by a concoction of medicines that help unveil this gift. For these reasons, THPs argued that it would be difficult if not impossible to regulate their registration by age and level of education. They emphasised that their ancestors did not recognise this demographic information, but recognised THPs as carriers of their work. For these reasons, they could not see themselves or future THPs adhering to these registration requirements.

> *"This is what I think should be catered for, that ancestors and ancestral spirits do not look to see whether you are 18 years or not. 18 years is just an identity document, and that you cannot register without an identity document that shows that you are old enough and can be registered, having your identity card. However, with ancestral spirits, you can be born with this thing, you grow up with it and it controls you. Ancestral spirits do not measure your age and then decide when you receive their calling. It does not wait until you reach that particular age." (UMK_FG_2_P14)*

> *"My view is that the level of education means nothing to us because we do not heal or treat people using education. We heal and treat people with herbs and medicines that we are shown by our ancestors that are core in our ancestral training and education has no role in traditional healing." (UMK_FG_2_P21)*

However, there were others who believed that if they were to adhere to such requirements, it would call for pleading with the ancestors and asking them for permission to reach the required demographics prior to registering and then can practice 'legally'; in other words, ancestors were not beholden to the national legislation thus, one's calling may come before then. Contrary, there were participants who felt that pleading with ancestors was not a guaranteed exercise, as it was ancestors who controlled whatever happens to an individual they had called upon. Therefore, THPs expressed much frustration from such registration requirements and even believed that the promulgators of such regulations did not understand the concept of a 'calling'. Other THPs stressed the point of maturity amongst THPs, arguing that THPs needed to be mature before being registered to practice because of the activities and travelling that needed to be done by practicing THPs. Opposing this argument, participants suggested that they did not judge a person by their age, education, training duration or content of training, but believed that it was ancestors who were speaking through a THP and therefore deserved the highest respect.

> *"The ancestral spirits would guide the child and allow them to grow and that is what we are asking for. Therefore, nothing will change we will still proceed as we have done before. This is because we know that the decisions and words spoken by that child are from ancestors and we respect them (Ancestors). We have been travelling with 7-year-olds to treat people and people have been saved and we have never seen a problem with that age issue that is been brought up (By the government)." (ZUL_FG_5_P50)*

They believed that duration and content of their training was also controlled by their ancestors.

> *"If we had to set a period for those people, it would be problematic; here we are talking about a calling. When you have a calling you do not do, as you are pleased, even when the ancestors say they will keep you for 5 years, sometimes they might say 2 weeks is enough. This is because there is a person who lives in you; it is not me, but the person who lives in me, so when I am doing things it is done at the request of ancestors. Sometimes you find that ancestors only want you to undergo 2 weeks in training." (ETH_FG_1_P3)*

However, there were others who expressed that only herbalists had to adhere to a certain duration and content of training because of the diversity of herbs they had to understand. Other THPs expressed that this was not necessary because their ancestors taught them about different herbs and concoctions during their sleep.

> *"I hear you; we diviners have a gift from our ancestors, we have our own science in our minds. If our ancestors do not know something, they speak to you, because they know, they will answer to what you do not know and tell you that they do not know something. They are the ones who will tell you, it is not your trainer who will tell you because it is your ancestors that are responsible for teaching you, they are the ones who tell you if they can or cannot perform a certain task." (UMG_FG_3_P26)*

When probed to comment on the content of the educational programme (Part 2 on Appendix Table 1) that was highlighted and depicted during the discussions, THPs expressed that heightening and alignment of a spiritual calling was essential for diviners and that diviners did not need to be trained on herbs. They also stressed that traditional consultation was essential for diviners and agreed that training on herbs was essential for herbalists, but still held the believe that training and the duration of that training could not be controlled by man, but by ancestors. There were arguments around the issue of registration based on content of training. Some THPs highlighted that their training was not uniform and there was much secrecy about some herbs, and this would make it difficult impose specific training content during ancestral training. THPs motivated this by adding that it was trainee's ancestors who dictated their training needs and therefore could not be identical. Other THPs also highlighted the issue of secrecy, noting that there were times where they could not share all the knowledge they had with trainees because their ancestors would not permit them to share some concoctions.

Age, education level, training duration, content of training

Subjugation through colonization techniques

THPs also expressed that proposing registration requirements based on demographic information such as age, level of education, duration, and content of training, as well as payment of registration fees were an imposition of Western thinking. They believed that the promulgators of these regulations were attempting to dilute African healing with western concepts.

> *"I believe that this thing of only allowing children to practice (as THPs) when they are over the age of 18 arrived with the white people (Western culture), it was not our (black African people's) idea. This was a white man's idea, it was not our idea, and so I should look after*

my own child, until I can see that my child is ready to face the real world out there." (ZUL_FG_5_P55)

Participants (also) found these registration requirements opposing their healing systems, arguing that they were oppressive to them because they were clearly directed at killing their Traditional Healing Systems (THS). Other THPs felt that the requirements were incongruent with how traditional healing manifests itself. There were also THPs who believed that these registration requirements were oppressive to their gifts, customs, and belief systems. Nevertheless, there were those who felt that formal education would help them to record patients and enable them to draft sick notes. This feeling was also supported by those who felt that being formally educated with ABET level would capacitate them with the ability to label their herbs and medicinal concoctions. This was because most THPs did not write dosage instructions on the packed herbs but preferred to verbally instruct their patients. They also stored medicines based on knowledge rather than labelling; training for some things, like standard labels could mitigate some safety concerns. Additionally, there were herbalists who shared that they received knowledge about herbs during their sleep and others received 'training' through accompanying their parents who are herbalists and learn about concoctions through observations, therefore distancing themselves from formal training. Nonetheless, the expressions that the registration requirements were an attempt by 'white man' to restrict THPs continued to surface. These expressions brought about conclusions that if THPs adhered to such regulations, they would be submitting to Western thinking and undermining their African cosmological healing methods.

"Herbalist is a calling and a gift on us, when we get money from it; we call it luminary (inkanyiso) and not fees. This is because it is a luminary to our ancestors and ancestral spirits because they have given us these gifts. I think that this is just another strategy for the government to oppress us. We are being oppressed." (ETH_FG_1_P9)

There were (also) THPs who believed that their practice should not be treated as a profession that one must apply for, but rather view it as a gift that one must go through as an illness via a spiritual calling; this process is required for them to help other people. Some argued that being formally educated did not affect them in any way concerning traditional healing, while others felt that it was important, but not essential. Others felt that they would not have time to attend formal schooling because of the nature of their calling, which expected them to follow in the route of what their ancestors want from them, thus highlighting how formal education was contradictory to their training and practices. There were also those who felt that being under the age of 18 was not suitable for their practice because of the secrecy and delicate situations that they must deal with and overcome when dealing with patients. Other THPs felt even more oppressed by the idea that even THP trainees were expected to pay registration fees. They believed that THP trainees should not pay any fees, especially because of the difficulty of retaining them under a single trainer and because they were being treated for an illness (ancestral calling).

"I am not happy with the issue of trainees, when trainees are placed in a planning space and made to conduct a few work duties, but there is still no money. Some of the trainees come from impoverished families, this R50 will be a problem to them because being asked to pay this money to them might cost that the family of the trainees pay the fees. How will these families pay this money when they have no money themselves? I think that making trainees pay is not fair on them." (UMK_FG_2_P19)

Payment of registration fees

Tax collection instrument

THPs (also) believed that through registration, the government had discovered a way in which they would be able to collect taxes from them. There were other THPs who expressed that the national government did not care about them. In fact, instead of assisting them the government had found a way of depleting whatever they were getting from rendering their services to patients.

"Right now, I do not see a good purpose why we should pay this money. There is nothing good. I just think that the government is trying to get himself wealthy from people's money that he does not know. He knows that they exist, but he does not acknowledge their existence. If he knew us then he would tell us that when you pay and register, there is good stuff that I would support THPs with, which would be understandable. However, all that he is saying is that we should pay money, at the end this money will get lost and we will remain like this, not respected. Let them respect us first then they can make us pay." (ETH_FG_1_P6)

On the other hand, some participants expressed that registration fees were necessary because they would create a purse for THPs, and this purse would come handy at a

time of need. There were also those who felt that the registration fees were too much, for them, as their sources of income were erratic. Generally, THPs believed that the government had long searched for ways to make money from them and these registration fees were going to serve that purpose. Several participants expressed that payment of registration fees was just a scam to get their money, arguing that not even their great grandparents, who were THPs, had to pay registration fees. Some even argued that paying to THP organisations was sufficient to them and did not see the purpose and need to feed the government with their money. We observed that multiple THPs trust their local THP associations and therefore were willing to financially contribute to these associations, rather than paying to a body (i.e., State mandated registration fees) that was invisible to them.

Some THPs who justified their frustrations by sharing that it was better to pay towards their associations or organisations as opposed to paying towards the national THP council because they understood the purpose of paying those fees.

> *"We were just in eThekwini and it was passed through law that there are two THP association represented at national and those are THO and NUPATA. The two THP associations, NUPATA and THO, if one joins these associations, they are like their advocates or like COSATU representing workers. When a person gets into trouble with the law, these associations will help you out." (UMK_FG_2_P23)*

At the same time, the researchers noted a lack of knowledge and understanding as to what the registration fees were for and what they would be used by the THP council. This was complemented by the expressions that the THPs felt that the THP council did not support them in any way, nor did the government recognise them, but expected them to pay registration fees for purposes unknown to them.

> *"No, I do not know what it is for. Why should I pay it because this is an illness to me, I did not choose it like choosing a course for education? Where people would choose to be police officers or something else because you must pay for those things, and I know that. I did not choose anything here; this was a calling on me that demanded that I practice in a particular way." (UMG_FG_3_P28)*

Registration subject to South African residency

Recognition and legitimization of THPs

Participants felt that registering and limiting registration to South African (SA) THPs would allow them to be recognized by different structures of the health system and legitimize their practices. There were also those who believed that such regulations would protect them from charlatans who enter the country pretending to be THPs and from those who exploit people by posing as THPs on the streets.

> *"People from outside the country arrive and offer concoctions claiming that it will treat various conditions and our people forget that we exist in their own backyards and we offer them treatments that are authentic. We do not want people from other countries to practice as THPs in South Africa; I am also one of those who agree with this point." (UMK_FG_2_P14)*

> *"There I agree that THPs be only allowed to register with South African identity documents because even young children are now running away when they see us because they are told that we are harvesting people's flesh and using them to treat people. This was not the fact prior to the arrival of these foreign THPs, but now it is in abundance." (UMG_FG_3_P29)*

Other THPs saw registration as affording them acknowledgement from the government and thus creating working opportunities for authentic THPs. Participants expressed much gratitude at the government for proposing that registration should be limited to South African THPs. Stressing that it would improve the practices' image and keep away foreigners who arrive with foreign witchcraft that local THPs do not understand and therefore cannot treat. This was based on the notion that some local THPs did not understand the process of how foreign practitioners become authentic THPs. More so, most of these local THPs were arguing this because of their exposure to foreigners who were claiming to be knowledgeable about illness infecting local patients. They even went as far as to cite examples of foreigners who had arrived in the country to deceive people who were desperate for help. Several THPs expressed that being registered would help them because they would have access to support from a government that would have knowledge of their existence. However, many THPs expressed deep reservation, suggesting that it could negatively affect local THPs to be asked to register with a South African identity document because there were some THPs who received their calling prior to having an SA identity document (ID) and this would mean they would be excluded. There were those who believed that enforcing

regulations based on residency would be difficult, especially if the marker of residency is just a possession of a local ID because of how easily foreigners could have access to it.

> *"The government already issues Identity Documents to foreigners, so how will this help us that he now needs us to have this Identity Document? Is it not enough that he has given them citizenship, actually we now seem like foreigners in our own country? We no more belong to this country because the government excludes us and includes foreigners, so that he could get more votes. Do you hear that my child (Asking the facilitator)?" (ETH_FG_1_P1)*

> *"How will the government be able to separate us then, because the foreigners will arrive will arrive with the same identity documents they got from here, the same ones they use to vote, instead of voting in their own countries. The government is making them vote. How will he separate them from us, clearly, we will register together with them, there will be no separation." (UMG_FG_3_P28)*

The issue in legitimacy and recognition were two components that THPs expressed much delight about in the registration process.

Discussion

This qualitative study offers insights on the perceptions of THPs about the proposed registration requirements of the 2015 regulatory framework. It unpacks ways in which THPs think the regulation would affect them and their practices. The results resonated with studies which support the argument that it is difficult to legislate established practices that existed long before legislation[26] and in line with the conclusion suggesting the difficulties of advancing uniform regulations under practices that operate within different cultures of the world.[27] This is particularly important because of the idea that culture underpins traditional practices and thus becomes fundamental to THPs.[6] THP registration requirements was perceived as undermining the gifts, customs and believe systems of THPs and black people in general, by many.[9,28,29] THPs revealed lack of trust towards the promulgators of the regulation, trying to demonstrate that promulgaters were people who did not have full understanding of the process and rituals followed in becoming a THP, especially a diviner and herbalist. This is similar to the arguments that suggest that people tasked with making national health regulations sometimes lack expertise or research data, which often leads to significant challenges in policy making.[28] These lack of expertise have negative consequences for THPs, where literature protests that such policies could regulate THPs into oblivion.[30] As much as THPs agreed with some proposed registration requirements, but they generally disagreed on most and contradicted one another, thus proving that the regulation of THPs will not be a simple and straightforward endeavour. This is similar to previous literature[30-32] and validates the need for much work and consultation to be invested for implementation of these registration regulations to be feasible.[33]

Ancestral calling

Findings from qualitative studies conducted in South Africa with THPs has revealed that becoming a THP, especially a diviner and herbalist is based on a 'calling'.[4,34] This revelation seems to provide a challenge in a regulation that seems to suggest that the onus of becoming a THP is on individual THPs. This is contrary to many European countries, China and other contexts, where THPs must be educated in university-level programmes, suggesting that obtaining knowledge and skills vary between countries.[17] Worth mentioning, is that while some THPs have argued that an individual could refute or delay a calling, because of the negative consequences that one undergoes (the illness that comes with the calling), this calling seems like a command on their lives.[34] This research has highlighted that delaying accepting one's calling is also determined by understanding of how to plead with the ancestors or having a living person to guide and direct you on what is needed. Importantly, the issue of ancestors seems to dominate the existence and behaviours of THPs; this is demonstrated by results suggesting that it is their ancestors who 'call' upon them and this could happen at any age and regardless of their education, duration, and content of training.[4,35] The results have solidified that ancestors are responsible for guiding THPs to ensure that they prescribe the correct medication for the correct illness. This therefore shifts the attention from training to ancestral powers, which complicates an assessment of proving how knowledgeable THPs are.[36] This complication is brought to life by the notion that ancestral spirits operate regardless of age or education level. Therefore, standard tests and formal education could rather complement THP practices, rather than inform when one should be registered as a practitioner. We have learned from literature that age has no correlation to ancestral callings, and have learned that callings could even happen way before the age of 18.[37,38] literature has revealed that most practicing THPs have been over the age of 18, and this has been supported by the findings.[4,39] This then begs the question of what happens to THP trainees who complete their training before the age of 18, as suggested by some of

the findings during the FGDs? Could it be possible that THPs under the age of 18 have not been allowed to enlist as district THP council members because of the age imposed the THP act of 2007?

Subjugation

Findings also revealed that some of the THPs felt oppressed by the proposed registration requirements and suggested that the proposed regulations would suppress traditional healing. This was demonstrated by THPs expressing disapproval with subjecting registration to training and demographical requirements. Participants associated these requirements with Western culture and found the proposal of such requirements as oppressive to them because they did not reflect the way they acquire their healing knowledge. Similarly, this is seen in many developing countries, where knowledge and skills of traditional medicine have been transferred from generation to generation orally making it difficult to identify qualified practitioners[17] and/or minimum standards. Therefore, enforcing formal education, minimum age, and content of training as registration requirements seemed like an undermining and co-option of THPs within the context of European colonization.[9] This is noted in the literature, where THPs held the view that THP regulations were an attempt to make them mimic BHPs, which would be restrictive and as such reflexive of pre-1994 conditions.[40,41] Other authors have argued for a shift from restrictive measures that have become barriers to the healing systems and suggest a move to opportunities that could complement THPs and BHPs. This is believed to offer a bidirectional educational system, where THPs would benefit for BHPs and traditional healing would be added to BHP's curriculum.[14] The phenomenon around low level of education is not unique among THPs;[42] in fact in some cases THP training might interfere with formal or government education as the many THPs in this cohort were unable to go to school because they had to attend to their ancestral callings. THPs suggested that their training and training duration was controlled by their ancestors. This is contrary to findings that suggest that duration of treatment is determined by the proficiency of the initiate to divine and heal people. It goes on to assert that the period of THP training involved novice living with a THP for an extensive duration with formal education in methods and practices.[43]

Self-regulation

There were great divisions in perceptions from THPs; for example, some stressed that they could not submit to registration requirements and would continue practising in ways that would be conducive to them, while others saw the registration process as a form of affirmation. The former's argument was based on the view of self-regulation, especially since most of the THPs were of the believe that the government or promulgators of the proposed regulations were attempting to Westernise what they regarded as African ancestral practices and traditions. Kale's (1995) work supports the idea of THPs regulating themselves; "We have to recognise the traditional healers. Let them regulate themselves; let them create a system of registration. There are many charlatans among them. We need to know what training is required, how they actually certify themselves; then we just have to recognise them because they are indeed part of the health care delivery system."[44] The above quotation illustrates that Kale long noticed that THPs were conscious of the existence of charlatans but found it oppressive to be regulated but an "external body" because they are knowledge holders and experts of their healing practices.

Formal recognition

Regardless of the animosity displayed by THPs about the registration requirements, findings also revealed much delight with the regulation that would limit registration to South Africans. This was based on the belief that it would allow South African THPs to be recognized by different structures of the health system and legitimize their practices. We have learned that Recognition of THPs has long been tabled to integrate and accept THPs into the mainstream health care system.[45,46] However, after several years, this study has revealed that THPs continue to seek recognition; many shared the view that being registered with the THP council would offer them such. At the same time, some held contrary views, and others lacked the understanding as to why they needed to be registered, suggesting that they did not foresee any rewards in being registered. This issue of contradicting views and reluctance to register is not new to literature, as similar views have been echoed, subject to lack of knowledge and understanding of the working of the THP Act and the registration process by THPs.[46,47]

THP associations

Findings highlighted a thought-provoking phenomenon about THP associations or organisations, where some THPs demonstrated a desire to be only registered with them because of the benefits they saw in them as opposed to registering with the THP council. The latter findings are certainly not unique to literature,[31,48] as we have seen that associations of THPs can form organizations like those of medical professionals and these associations have been reported to offer more material benefits to their members .

Registration of THPs remains mandatory, as the THP act of 2007 concludes that no THP may practice in South Africa without being registered by the THP council.[20] However, these findings have revealed that it could be difficult to maintain the registration fees because of the erratic sources of 'income' received by THPs. Even though others have suggested that, these registration fees had a potential of creating a purse for THPs that could come handy at a time of need.

Multiple categories

We also found the issue of THPs occupying more than one category, in support of Zuma and her colleagues, whom have mentioned that most THPs reported occupying multiple healing categories and were practicing across different healing types.[4] Additionally, we learned that different THP district municipalities had varying working relations with DoH, suggesting closer relationships between some THP district municipalities than others. However, there was no identifiable differences amongst these groups' responses. We are of the idea that this could have interesting outcomes on how the THP regulations are implemented by the different district municipalities, especially if the DoH is closely involved in the promulgation of the proposed THP regulation.

Limitations

The interpretation of the results of this study should be done within its methodological context. This study used data collected as part of broader registration requirements. We therefore did not cover all the registration requirements, as displayed by the 2015 national proposed THP regulatory framework. The study used purposive and snowball sampling,[24] which meant that some THPs in one district were referred because they were known by a district THP chairperson. We therefore acknowledge that the sampling techniques used in this study may have introduced some bias, as THPs were not enrolled from THP district communities that we fully understand concerning representation. Although this data went far beyond personal experiences, by shadowing other THPs' behaviours and experiences.[25] Especially since the methodological approach was not meant to be generalizable, but to make sense of the THPs views and experiences of the world they live in.[49] Although we have learned about the general demographics of practising THPs from other studies[4,37,38] we do not know the full population's sex and educational composition of THPs in all the five municipal districts that participated in this study. The latter therefore limits these results to the sampled population of THPs and to those shadowed by the participants. Although participants were distributed amongst four THP categories, this study only focused on two categories, namely, diviners, herbalists, and trainees thereof of.

Conclusion

In conclusion, the study indicates much disapproval by THPs with what has been proposed as THP registration requirements of the regulatory framework. This has given substance to claim that the regulation of THPs will certainly be a challenging task and the issue of self-regulation or external regulation would certainly need to be considered. It has been made apparent that obeying ancestors and ancestral spirits supersedes any law or order, and this will complicate registering and regulating of THPs or THP trainees. The age of 18 years and ABET level of education, 12-month training duration and training content should be revisited if THP registrations are to be made feasible to them. For an appropriate THP registration process, the views and recommendations of THPs would have to be catered for and this will call for an in-depth consultation with them, as they have proved to be the custodians of indigenous medical knowledge and practices.[50] The regulation of limiting registration to residency and issue of recognition and legitimacy boldly stood out as positive factors and could therefore be strengthened upon when facilitating consultations with THPs. To the detriment of offering conclusive results, few studies have been conducted on the perceptions of THPs concerning the 2015 proposed regulatory framework, particularly the registration process. Therefore, there is a need for further research to generate consensus from what has been shared from the studied FGDs and this will then allow for further refinement of nuances amongst THPs and would attempt to offer more robust recommendations.

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PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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ETHICS COMMITTEE APPROVAL

The study protocol and informed consent were submitted for review and approval by The South African Medical Research Council (Protocol ID EC033-11/2016) and KwaZulu-Natal Provincial Health and Research Ethics Committee (PHREC) (BREC Ref: No: REC389/18)

Figures and Tables

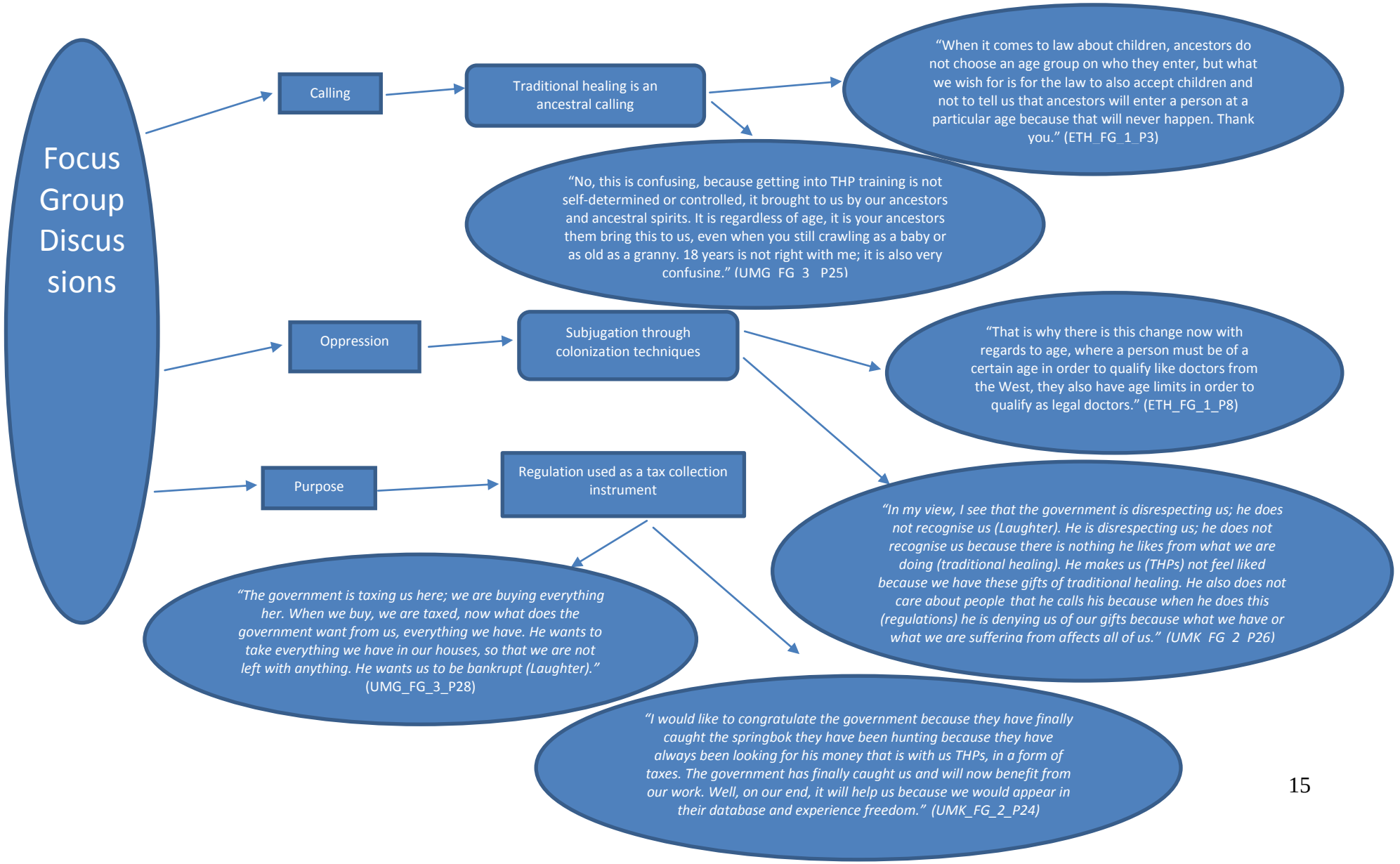
Table 1: Participant attendance over the duration of Focus Group Discussions

FGD Number	FGD 1	FGD 2	FGD 3	FGD 4	FGD 5
District of FGD	eThekwini	uMkhanyakude	uMgungundlovu	uMzinyathi	Zululand
Venue of FGD	City Health Building (Boardroom)	Mseleni THP Research Centre (Boardroom)	Old Museum Building (Boardroom)	Sithembile Township Community Building (Boardroom)	Old parliament building (Boardroom)
Date of FGD	29 April 2019	2 May 2019	15 May 2019	14 June 2019	10 September 2019
No. in Attendance	9/12	11/12	8/12	10/12	12/12
Data collection Tools	Case summary and Group narrative	Case summary and Group narrative	Case summary and Group narrative	Case summary and Group narrative	Case summary and Group narrative

Table 2: Braun & Clarke's six-phase framework for doing a thematic analysis

Step 1: Become familiar with the data,	Step 4: Review themes,
Step 2: Generate initial codes,	Step 5: Define themes,
Step 3: Search for themes,	Step 6: Write-up.

Diagram 1: A Coding framework for the findings relating to the study of THP's views



Appendix Table 1: Topic guide with sections covered

The participants will be given a brief orientation to the format and schedule for the FGD and will be encouraged to feel free to speak candidly	
Icebreaker	Participants to talk the person next to them and find out their name, occupation category under THPs, how many children they have or look after and their ages, and ages of their children. They must then introduce their partners (next to them) to the group.
Part 1	**Minimum age and Minimum level of education for THP students.** **1a. According to the proposed Regulations, a person must be at least 18 years old to register as a student Diviner or Student Herbalist.** **Probes:** • In your experience, what are your views on having an age limit for the registration of student THPs? • Do you think there should be a minimum age limit? • What happens if an individual gets an ancestral calling earlier? • Any suggestions for a minimum age? **1b. Let us now discuss about minimum level of education for student THPs.** **According to the proposed Regulations, to register as a Diviner student or Herbalist student, a person must have at least reached a Level 1 ABET (Adult Basic Education and training). This is equivalent to Grade 3.** **Probes:** • In your experience, do you think there should be a minimum education limit? • What do you think should happen if a person does not have this level? • How do you think this would affect people training to be THPs? • How do you think this would affect THP practices?
Part 2	**Duration and Content of Educational programme** **2a. According to the proposed regulations, Diviner students and Herbalist students must undergo a training for a minimum of 12 months.** **Probes:** • What are your thoughts about a minimum training period? • What are your thoughts about basing training on content and not duration? • In your opinion, is 12 months too short or too long? • What would be an appropriate duration of training? **2b. Now we will discuss about the content of the educational programme for Diviners first and then move on to discuss about Herbalists.** **According to the proposed Regulations, the Diviner student must learn at least (i) diagnoses, (ii) preparation of herbs and (iii) traditional consultation** **Probes:**

	• In your experience, are all three items necessary? • Which ones do you think are optional? • Do you feel there is anything else that a Diviner needs to learn about during their training? • In your thoughts what should be mandatory and what should be optional? **2c. Now we will talk about the content of the educational programme for Herbalist student.** **According to the proposed Regulations, the Herbalist must learn (i) to identify and prepare herbs, (ii) sustainable collection of herbs and (iii) dispensing and consultation** **Probes:** • In your experience, are all three items necessary? • Which items do you think should be mandatory and which ones should be optional? • Do you feel there is anything else an Herbalist needs to learn about during their training? • Would the suggested items have to be mandatory or optional?
Part 3	**Payment of registration fees** **Now we will discuss not only about students but also THPs. According to the proposed Regulations, a student must pay R100 to the THP Council to register as a student and the pay R50 per year after that as long as they are a student. A THP must pay R200 to register with the THP Council.** **Probe:** • What do you think the purpose of these registration fees are? • What will the THP council do with the fees collected? • What are your thoughts about the affordability of these fees to students? • What are your thoughts about the affordability of these fees to THPs? • What are your thoughts about these fees, should there be any fees or not?
Part 4	**Registration limited to South Africans** **According to the proposed Regulations, the THP and student applicants must have a South African Identity Document. This means that non-South Africans cannot register to become THPs and cannot practice as THPs.** **Probes:** • What are your thoughts about the registration of a person from any country to become a THP or student/trainee in South Africa? • In your opinion, who should be allowed to register? • What are your thoughts about registering people from only Southern African or only Africa?
Closing	**All Participants were thanked for their participation and an explanation was given on**

	how the information will be used and for what reasons.
The participants will be given a brief orientation to the format and schedule for the FGD and will be encouraged to feel free to speak candidly	

Appendix Table 2: Glossary of key language specific terms

Abantu abadada	Ancestors
Abaphansi	Ancestors
Amagxolo	Bark of a tree trunk
Amakhosi	Spirits, in the spiritual world (also referred to the kings of the living and the ancestral world)
Emakhosini	This is a greeting said to THPs, which is directly translated as, the Kings or the kings of the spirits of the ancestral world
Esigodlweni	A room or house where THPs perform their rituals (sacred place), work or training, it is where they have "placed" the ancestors.
iGobongo	Concoction of medicines to treat someone who has an ancestral calling or to help unveil whatever the ancestors want to be unveiled within a person, especially good fortunes
Gogo	This is what THPs sometimes refer to one another, as they believe to have been "entered" by female ancestors. It is a directly translated as granny.
Idlozi	Is a spirit that possesses a person to become an African healer, sometimes used to refer to ancestors
Ihluli	foetus
Imfihlakalo	This is something that is hidden and usually sacred
Imbiza	A medicinal concoction
Ibomvu	A red traditional lotion
Imimoya	These are spirits that possesses a person to become an African healer, sometimes used to refer to ancestors
Impepho	Incense
Indawu	A particular ancestral spirit from the female side of Ancestors (Grandmother's side).
Indiki	A particular ancestral spirit from the male side of Ancestors (Grandfather's side).
Inkanyiso	Luminary
Ishoba	A bushy animal tail usually used to decorate a ceremonial stick at the instruction of their ancestors that is used by diviners
Isithunywa	Ancestral spirits
Ithongo	This is a dead person who is believed to be alive in the land of the ancestors, sometimes referred to as ancestor or ancestral spirits

Ithwasa	A THP trainee
Izikhwama	Ancestral gifts or blessings, directly translated as bag of healing instruments
Makhosi	This is an acknowledgement or greeting or response when THPs or people with ancestral spirits or powers speak. It is directly translated as, Kings
Mnono	A particular ancestral spirit from independent ancestors
MvumaDlozi	The process of accepting an ancestral calling or accepting ancestral spirits.
Ndumbi	THP room where they work or perform their ancestral duties.
Nhlambuluko	A process of cleansing or confession ceremony performed to rectify wrongdoing.
Thatha izikhwama	A process of the handing over of ancestral gifts or blessings from a late herbalist to a living person in the family
Thokoza	This is a greeting used to greet a particular type of diviner, which is directly translated as “Be joyful”
Ubizo	This is a spiritual calling to those who are to become THPs
Ubuhlali	Traditional beads
Uchatho	Enema
Udibi	A particular type of THP trainee
Ugedla	A particular type of ancestor who was a particular type of diviner
Ukubhanyiswa	This is a process of endorsing one’s spiritual powers or ordaining them to be a full diviner
Ukubhula	Traditional consultation or divination performed by diviners
Ukugonya	To be restrained, calmed, or made not to be rowdy
Ukuhlola	The process of traditional consultation or divination to learn what a person is suffering from
Ukukhunga	A process of appeasement
Ukukhungwa	A process of being offered some form of appeasement
Ukulapha	To treat or to cure someone of a particular illness
Ukunikela	The process of making an offering
Ukuphalaza	A process of induced vomiting
Ukuthomba	Becoming a teenager
Ukuthwasa	A process through which a THP ‘trainee’ receives guidance on traditional healing and then consumes a concoction of medicines to unveil their gifts or blessings to become a THP

Umhlahlo	A ritual performed by diviners where evildoers are discovered, named, and possibly punished
Umsamu	African Ancestral Shrine or African Ancestral Altar or sacred place in the room where ancestral duties are performed
Umzanyana	An umbilical cord
Usiko	Custom