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The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

By

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DECLARATION

I hereby declare that this dissertation is my own work and that all the materials that were used in this research study has been duly acknowledged, submitted in partial fulfilment of the requirements of the Masters degree in Social and Psychological Research (by coursework and research report) in the faculty of Humanities, School of Community and Human Development. University of Witwatersrand, Johannesburg, 2021. It has not been submitted before for any degree of examination at any other university.

Mmaphoku Pheladi Nkadimeng **Date: 30 April 2021**

The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

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The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

DEDICATION

I dedicate this dissertation to all traditional healers in South Africa. I hope this piece of work may help to spread your insights to be heard by the government and society.

The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

ABSTRACT

South Africa has been affected greatly by COVID-19. Many South Africans consult with traditional healers, more often when experiencing problems. This study highlights the insights and roles of traditional healers in our context, exploring questions of people's wellbeing and COVID-19 regulations. This research study was aimed to investigate the insights and roles of traditional healers regarding people's physical, mental, and social wellbeing during the time of COVID-19 pandemic in South Africa. This study was informed by the biopsychosocial-spiritual model which recognises the interface between social, spiritual, psychological, and physical aspects to patient's well-being and patient care. This research study was conducted using a qualitative approach to explore the insights of traditional healers in detail. Participants were recruited telephonically due to lockdown restrictions. The study was conducted through a telephonic in-depth semi structured interview shortly after receiving an ethical clearance. Sepedi language was used during the interview because people could provide more information when speaking their home language. The sample size consisted of seven traditional healers from Limpopo province. The interview results were analysed within a qualitative approach. The thematic analysis highlights the predominant themes across the views of traditional healers. An effort was made to review and put together the research results into which the strengths and limitations of the study as well as the recommendation for future research were made. Traditional healers highlighted that most people lost their lives during the lockdown because traditional healers were unable to offer them traditional care. Despite the emphasis on traditional healers being oppressed, the results also highlight participants' recognition of the role they play in peoples' lives such as providing advice through media for illnesses awareness. The nature of the government not recognising the value on traditional healing, not allowing traditional healers to treat people, the halting of tobacco sales, prohibition of gatherings as well as the killings of cows has affected the society and traditional healers as they were not able to communicate with their ancestors as well as performing vital rituals for the dead. Traditional healers pointed that they might try to heal COVID-19 if the government could hear them out or give them a chance because traditional healers are able to successfully heal many illnesses such as cough, flu, cancer, and mental related illnesses. It is worth noting that the lack of government not giving traditional healers a chance to fight COVID-19, the participants felt that without their services the virus might keep on affecting people. Participants revealed that abomination took place, a reptile was killed, for the virus to end people should go to the mountain to ask for forgiveness. Participants felt that if they and the

government could work together to fight COVID-19, then this virus could be defeated, and people's wellbeing may get back to normal.

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CHAPTER ONE: INTRODUCTION

The expedition of becoming a research psychologist had distinct expressions for myself. This trip was packed with blended and contradictory feelings, as of feeling tremendously enthused to being totally overwhelmed. What gave me the power to persist was an ordeal of the schooling that inspired me in addition to been motivated thru the risks I have taken as well as the challenges that I came across before getting admission into the Masters of Social and psychological research program.

When reflecting to how my love for psychology started, I reflected to the year when I was working at a government hospital as a Diagnostic Radiographer. Around that moment, I was an individual who liked watching news, reading newspapers, and magazines regarding societal issues that were happening across the country as well as issues that healthcare workers and community members were experiencing. From that time, I knew that I wanted to be a psychologist, write books and articles, research about issues that people are experiencing to make a difference in people's lives by searching or seeking for answers as I am a curious person who always want to know and trace the root of the problem.

After been taught about psychology, I applied at the University of Pretoria where I got accepted. Therefore, I resigned at the hospital and went back to university to study full-time. After being exposed to psychology modules, then, I have realized that research was the module I understood and enjoyed and exploring the behaviours of people was fascinating than some careers I could think of.

I got a chance to further my studies, where I studied Psychology Honours degree at University of South Africa. After completing honours degree, I volunteered at Steve Biko Academic Hospital (Hospivision Organisation) were I worked in order to gain psychological counselling experience while applying for Masters Programme on the other hand for the following year. I have applied to various universities, fortunately I gained acceptance at University of Witwatersrand. I was invited for selection process, there was lot of people and only limited people were accepted. It was not easy at all, individual interviews, research tasks; the selection process was overwhelming.

The moment I received a letter confirming that I was accepted into Master of Social and Psychological Research by Coursework, I became excited. I started planning for research topics that I would like to focus on for Research Thesis. Being in this programme is exciting, I

enjoyed face-to-face lectures and face-to-face contact with my supervisor. Unfortunately, COVID-19 pandemic arrived and changed the lives of everyone, worldwide. Initially, my research focus was on experiences of traditional healers regarding suicide because suicide rate in South Africa is very high. Then, I changed the topic replaced suicide with COVID-19 because it was fascinating and a new major issue that just began and it needed to be researched and gain more knowledge about this COVID-19 pandemic. I am grateful as I have learned lot of things with regard to conducting research with different research approaches. The research knowledge I had gained throughout the programme will help me a lot in the future because I wish to continue with the research programme to do Doctor of Philosophy in the field of psychology. I also wish to help other students with research in the future.

1.1.Motivation for the study

The coronavirus disease 2019 COVID-19 epidemic persisted to spread across the globe, where South Africa was among the affected countries. South Africa is a multicultural country, it consists of different people from different cultural backgrounds. Therefore, the purpose of the research study was to explore traditional healers' insights and the role they had played during the time of COVID-19. Furthermore, the study explored how traditional healers may approach or treat people who may be infected or have symptoms of COVID-19 in South Africa.

Besides COVID-19 influencing societies' physical, psychological, and mental wellbeing, COVID-19 may have an effect on everyone across the globe, regardless of age, gender, social background, and race. Gathering more information relating to these problems helped in understanding how traditional healers in South Africa perceive aspects of COVID-19.

Therefore, according to World Health Organisation (WHO) (2005), health is defined as a place of complete mental, physical, and social wellbeing of an individual, not basically the lack of disability or illness. Medical conditions may lead to changes of lifestyle and pressures that an individual may find to be unpleasant, such as unplanned and unwanted lifestyle changes that may lead to stress. COVID-19 pandemic was unplanned; it changed almost everything in people's lives.

Furthermore, WHO (2005) describes mental health as a state of wellbeing where people realise their own capabilities to cope with normal stresses of life that may work effectively and abundantly, and able to make an input to their community. Mental health is affected by

individual experiences and factors, cultural values, resources, societal structures, and social interaction.

Wellbeing is about functioning well and feeling good, and it include individual's experiences of life and contrast of life circumstances with societal morals and customs (Department of Health, 2014). There are two dimensions of wellbeing: subjective and objective wellbeing. Subjective wellbeing asked individual how they feel and think about their own wellbeing; this included positive emotions, meaning of life and life satisfaction. Whereas, objective wellbeing is about basic human needs and rights, such as physical health, education, food, safety etc. (Department of Health, 2014).

Holmes et al. (2020) reported that an urgent research urgency is to lessen mental health concerns and provide assistance with wellbeing of certain groups that are being vulnerable. Furthermore, coordination of mechanisms for the disease mental health intervention is vital to alert the documentation of mediations that can be reused together with the documentation of intervention disparities. For intervention, Holmes et al. (2020) mean all sorts that can make a change to mental health, population level policy, occupational guidelines as well as psychological interventions. Based on this, the researcher wanted to gain more knowledge with regard to traditional healing of this virus.

Holmes et al. (2020) continue to argue that it is required to gather a high-quality data quickly in order to determine the impacts of lockdown along with societal quarantine. Furthermore, research that is aimed to support groups that are vulnerable need to reflect cross cutting ideas, for instance physical absenteeism of clinics and schools to produce systems that will encourage instant invention for mental health facilities that could be vaguely designated or distributed (for example, virtual community and clinic assistance (Holmes et al., 2020). In this case, the researcher was interested in exploring the roles that traditional healers played in order to offer support to the society with regard to social isolation and lockdown regulations.

Therefore, the study included traditional healers in South Africa, aged from 18 – 90 years of age; both males and females were included. The researcher interviewed traditional healers through a cell phone, because of at that time it was impossible to conduct face-to-face interview due to SA Lockdown regulations. The study included traditional healers who spoke Sepedi, because Sepedi is the language which is spoken in the area where data was collected and in which the researcher is fluent. The researcher was also motivated to conduct this study as there was no or little research that had been conducted with regard to traditional healers and

Coronavirus disease 2019 in South Africa because it was the first time South Africa was faced with this virus. The study may fill the gap, fascinate, or open doors for more research on traditional healing and COVID-19.

1.2.Aims of the research study.

The current study sought to explore the views of traditional healers in South Africa during COVID-19 pandemic with the following aims:

1.2.1. Main aim

i. To investigate the insights and roles of traditional healers with regard to people's physical, mental, and social wellbeing during the time of COVID-19 pandemic in Sekhukhune District Limpopo Province, South Africa.

1.2.2. *Sub aim(s)*

i. To explore the role traditional healers' play in the wellbeing of people in a time of COVID-19 pandemic.

ii. To investigate traditional healers' perceptions of the consequences of COVID-19 lockdown on peoples' physical, mental, and social wellbeing.

iii. To explore the other considerations that may have an effect on people's physical, mental and social wellbeing in a time of COVID-19 pandemic.

Therefore, results from this research study ought to offer helpful knowledge and potential implementations of laws that support traditional healers, if necessary, to traditional healers in South Africa. Furthermore, exploring these insights and roles it is believed as a one way of helping traditional healers to be acknowledged by the government and to hear traditional views regarding the roles they could play in the wellbeing of people whilst fighting COVID-19 pandemic.

1.3.Overview of the research methods

In this study, traditional healers' insights and roles were investigated in a qualitative manner through in-depth telephonic semi-structured interviews. The sample size involved seven Pedi traditional healers in Limpopo Province who responded to the invitation to participate and volunteered to participate in the interviews. The researcher worked with an

interview handbook which had a listing of questions to be investigated through an interview where the researcher was able to probe, explore and ask questions that help with clarifications in particular views. The recorded data was transcribed accurately into written text. Those transcriptions were discussed in this study based on resources that were already present online.

1.4.Definition of key concepts

The subsequent concepts are deemed to be main and important in this research study. Therefore, in chapter two, these concepts will be discussed further. Brief definition of each concepts follows:

Biopsychosocial-spiritual Model - is a contemporary humanistic and holistic view of the human being in health sciences. Health practice entails a continuous procedure of changes of applied models, but a true paradigm shift will happen only when an individual spiritual element is completely understood and integrated into health care system (Saad et al., 2017).

Traditional healer – a diviner who use the spirits of ancestors and bones to identify and recommend medicine for a variety of physiological, psychiatric, and spiritual disorders (Mokgobi, 2014).

Traditional healing – it involves treating diseases with herbs to spiritual care (Mokgobi, 2014)

Coronavirus 2019 (COVID-19) – it is a contagious illness that is produced by a recently found coronavirus, which spreads mostly via discharge from the nose or droplets of saliva when ill person is coughing or sneezing (WHO, 2020).

Wellbeing – it is a positive effect that is significant for individuals and for many segments of the population, since it tells us that individuals recognize that their lives are progressing well (CDCP, 2018).

Lockdown – it is a phrase that implies actions of being ordered on the entire of the population to limit movement and public services to their necessities, of which quarantine is part of those actions (Future Learn, 2020).

Pandemic - it is mostly a worldwide epidemic, an epidemic that spreads to more than one continent (Edmundson, 2005).

1.5.Chapter overview

In conjunction with the above-mentioned aims of the research study, the researcher continues as follows:

Chapter two sets to provide a literature review that highlights what it has already been published online about Coronavirus pandemic and traditional healers.

Chapter three presents the research methods that were used to conduct this study. the study is described based on the research process, the participants, sample, method of data gathering, and method of data analysis.

Chapter four presents qualitative data analysis and the main themes that emerged from the results.

Chapter five discusses the results that were obtained from the participants and integrate them with what is already researched to current study.

Chapter six concludes the study supported by the strengths along with limitations of the research study as well as the recommendations for future research studies.

CHAPTER TWO: LITERATURE REVIEW

This study explored the insights and roles of traditional healers regarding people's wellbeing in Sekhukhune District Limpopo Province, South Africa during COVID-19 pandemic. According to FutureLearn (2020), the main reason behind schedule lockdown was to flatten the graph of the infection rate; COVID-19 is a contagious disease that is apparently to be twice as infectious as flu, but less infectious than Middle East Respiratory Syndrome (MERS). Due to high proportion of individuals who require hospitalization for treatment, COVID-19 overwhelmed the health facilities within a very short time, and its spread was very rapid. Therefore, by limiting people's movement, there was an attempt at avoiding that hospitals became overloaded with patients, implying lockdown regulations were an option to control the spread of the virus. This did not happen only in South Africa, but in almost all countries across the world, as well.

According to FutureLearn (2020), COVID-19 was firstly reported in Asia, therefore they were the first to use lockdown strategies aimed to reduce the spreading of COVID-19 virus as well as protecting the integrity of their health care systems. China was the first country to impose lockdown regulations and by doing that it resulted in the flattening of the infection rate. According to Centre for Chronic Disease Prevention (CDCP) (2018), the wellbeing of an individual integrates mental (mind) and physical (body) health, of which results in many general methods to promote health and prevent the disease. Wellbeing is a consequence that gauge further than death, financial condition, and diseases that tell us how human beings see their ongoing existence from their own perception. Therefore, it is a result that is meaningful to the society. Furthermore, the wellbeing of an individual is linked with various financial, health, family, and job benefits. For instance, high level of peoples' wellbeing is related to decreased risk of injuries and illnesses, long life, speedy recovery, and better immune system (CDCP, 2018).

Being healthy indicates more than just an absence of illnesses. Health is a resource that permits individuals to be aware of their life satisfaction, ambitions as well as coping with the environment to live longer, to have a fruitful or productive life. therefore, health enables economic, social, and individual growth that is important to the wellbeing (CDCP, 2018). Social and environmental health may include safe housing, peace, stable environment, and peace, whereas personal resources for health may include healthy diet, resiliency, physical

activity, autonomy, social relations, and positive emotions. Therefore, promotion of health through activities may strengthen environmental, social, and individual resources that may improve peoples' wellbeing (CDCP, 2018).

According to CDCP (2018), there is no consensus definition of wellbeing because a wellbeing includes the absenteeism of adverse reactions, for instance nervousness, hopelessness; it includes the presence of positive moods and emotion such as happiness, contentment; it includes fulfilment and positive functioning as well as life satisfaction. Furthermore, for public health purposes a physical wellbeing is also views as critical to individual's wellbeing, for instance having full of energy, feeling very healthy. Therefore, there is no sole determinant of people's wellbeing, although in general wellbeing is dependent upon availability and access of basic resources such as income, shelter, food as well as positive social relations (CDCP, 2018). This study had explored how lockdown regulations had affected the wellbeing of the society in South Africa.

2.1. Theoretical framework – Biopsychosocial-spiritual Model

According to Hatala (2013), the biopsychosocial model has broadly been adopted within health psychology and medical sciences. Numerous health psychologists believe this model to be a guiding framework for modern research and practice. The connection with sociocultural perspective, biological alterations, and psychological position should entirely be thought in attempting to comprehend a person's view of discomfort. The side-lined role of spirituality within the biopsychosocial model signifies additional prominent limitation that is slightly astonishing and unjustified, not only because of the overcoming observed indication concerning health consequences, for healthier or worse, with spiritual or religious issues, but similarly because the majority of individuals from various cultural groups around the world believe in some kind of faith system or higher power, particularly during periods of experienced infection or sickness (Hatala, 2013).

Furthermore, the absence of a spiritual realm, thus, signifies a substantial limitation of the existing biopsychosocial model as used within health psychology mainly as well as medical research and practice commonly. Biopsychosocial– spiritual or holistic perceptions are helpful in guiding future research studies and practice in health psychology given that the four factors are tackled from what numerous developmental psychopathologists as well as researchers

describe it as a multi-level integrative analysis (Hatala, 2013). This analytic perspective is intrinsically multidisciplinary and multi-paradigmatic and accepts fairness within all levels of analysis thus trying to disassemble theoretical boundaries among nature and nurture, biology and psychology, or science and spirituality. Therefore, an important connection between spirituality and health may not only occur at a personal point, but amid wider socio-political practices such as group identity, community resilience, and mutual equality (Hatala, 2013).

According to Galbadage et al. (2020), biopsychosocial-spiritual model is a holistic approach that recognises the interface between social, spiritual, psychological, and physical aspects to patient's well-being and patient care. Disease is seen as a disrupting influence in biological relationships that may influence all other relational characteristics of the patients, whereas patients are regarded as being-in-relationship (Galbadage et al., 2020).

Therefore, this holistic model to patient care emphases on the intrapersonal connections of the mind-body and physical body connection as well as the patient's extra-personal relations with the family, community, friends, and physical environment. Routinely, biopsychosocial-spiritual model is used in clinical setting, particularly in taking care of patients who are dying from life-threatening diseases. Although, with the ambiguities, lack of resources, and time encompassing hospitalised patients with COVID-19, such end-of-life care models are difficult to execute. These considerations may leave dying patients exposed to other concerns and death-related anxieties (Galbadage et al., 2020).

The biopsychosocial model can be beneficial because since it includes people's social, biological, and psychological features. Furthermore, a spiritual aspect may be included to this model to offer a holistic approach (Khalid & Naz, 2020). Looking for a greater power or seeking to understand and accept what they deem to be holy is known as spirituality. Spirituality accomplishes an individual with important aspirations to know the world and one's position in it. People with high levels of spirituality have an enthusiastic mentality which in turn improves their overall wellbeing by enhancing physical, biological, social, psychological, and spiritual functions (Khalid & Naz, 2020).

According to Galbadage et al. (2020), Patients who are critically ill with COVID-19 are dying in isolation without been comforted by their family members and other social support in record numbers. Isolated patients who have COVID-19 do not have contact with their loved

ones or their family, therefore, might experience death without closure. Based on this situation, biopsychosocial-spiritual model emphasizes concerns regarding patients' spiritual and psychological well-being with COVID-19 and their relatives, as they enduringly part ways.

The biopsychosocial-spiritual model is not a dualism where a soul unintentionally occupies a body. Instead, this model, the social, the spiritual, the biological, and the psychological are merely different aspects of an individual, after that, no single part may be broken down from the whole. Every aspect may be influenced in a different way by an individual's illness and history, furthermore, every aspect may influence and interact with further aspects of an individual (Sulmasy, 2002).

Religious coping measures the internal reactions and resources. Religious support measures the resources and effects of the religious society that may be gathered on behalf of a patient. Religion may be well-thought-out as a division of social support. The World Health Organization (WHO) has asserted that spirituality is a vital element of quality of life (Sulmasy, 2002). The quality of life involves various factors. Such as how one is faring spiritually influences one's psychological, interpersonal, and physical conditions and vice versa. Each of these factors contribute to one's general quality of life. Hence, it is especially helpful to try to measure spiritual wellbeing or its inverse, spiritual suffering. These can be measured as separate end points in themselves or as subscales impacting to individual's quality of life. (Sulmasy, 2002).

Galbadage et al. (2020) reported that the moment when a person is diagnosed with a life-threatening disease, whether they agree with the belief system or not, some procedures are sometimes followed to guarantee the biopsychosocial and spiritual requirements of patients and relatives are met. The protocols might often include traditions or religious rites that are exclusive to specific belief system. For instance, patients are typically allocated a palliative care team to work with the patient, their relatives, and the primary care team to prioritize a common decision-making method (Galbadage et al. 2020).

The patient's comfort, religious and spiritual needs, pain management, last will and legal paperwork, burial preferences are considered through a systematic process. Therefore, this approach will allow healthcare team to foster a caring attitude, respect traditional or cultural considerations, have open communication with the patient and their relatives as well as to maintain the patient's autonomy Galbadage et al. (2020).

Yet, challenges to the establishment of holistic patient care were reported to occur during the SARS epidemic in 2003. These involved quarantine of contacts, patient isolation, restricted contact with family members, and limitation of contact with the deceased body, making it challenging to observe death rituals and funeral rites (Galbadage et al., 2020).

According to Lacks and Lamson (2018), to assess and treat patients accurately, the interconnection between psychological, social, and biological aspects must be taken into consideration. Lacks and Lamson (2018) argued that a whole is superior that the sum of its parts and each part of a system have an impact on all other parts; psychological, social, and biological health practices should all be well-thought-out when accessing an individual's health and a change in one domain influences a change in the others.

For spiritual care, symptomatic treatment restores the association between the body and the mind whereas facilitation of reconciliation with friends and relatives in healing the relationship between the individual at the end of life and the environment (Beng, 2004).

The relationships between spirituality and health are drawing researchers from different fields such as medicine, public health, psychology, and sociology. Spirituality relates to coping and enables the process of exceeding experiences of powerlessness. For instance, opinions of God being in control of the whole world, when a disease has resulted in loss of control or function within individual's existing life, might assist to surpass thoughts of helplessness (Hatala, 2013). Spiritual traditions for several centuries have offered theories of human nature and approaches for wellbeing, either explicit or implicit, within doctrine, traditions, ritual, or sacred books. Prayer and meditation, for example, are frequently quoted as useful resources that lessen stress while promoting healing and resilience. Spirituality can aid people to go beyond misery and recover a feeling of purpose to understand the significance or impression making within the situation of sickness events (Hatala, 2013). Health and successful mental health support certainly encompass the dynamic collaboration of psychological, biological, spiritual, and social factors. Future research could study the usefulness of these assertions in the context of clinical practice, investigate the notion of health from these perspectives, as well as how these perspectives may affect current trends in the advancement of mental health, and well-being (Hatala, 2013).

2.2. History of influenza-type related illnesses in South Africa

According to World Health Organization (WHO) (2012), to virus investigators at the world's top community wellbeing organizations, flu infection was a common enemy. Initial quarantine in 1932, flu infection (single-stranded representative of orthomyxovirus group) had occurred yearly in each nation state, by season as well as intermittently, which had been killing between 250 000 and 500 000 individuals and that had created a severe infection in numerous millions of people. Furthermore, over the previous three centuries, there have been at least ten worldwide influenza pandemics and three in the previous century only, amongst them there was another pandemic that was called a *Spanish flu* from 1918 – 1919 (WHO, 2012).

According to Centres for Disease Control and Prevention (CDCP) (2019), in the 1918 influenza disease was a serious illness in current the past. No common agreement concerning the origin of the virus, H1N1 virus spread globally for the period of 1918 - 1919. It was anticipated that roughly five hundred million individuals in the globe's population got sick with H1N1 infection (CDCP, 2019). Furthermore, WHO (2020) reported that there was an influenza pandemic that affected most people around the world, this flu had caused about 20 million to 50 million deaths globally. This influenza was intensely researched, just like the numerous research studies into the Human Immunodeficiency Virus (HIV) (WHO, 2012).

Furthermore, CDCP (2019) argued that the mortality rate for HIN1 pandemic was assessed to be the minimum 50 million globally by roughly 675000 of the deaths which occurred in United States of America. Deaths were high in individuals below 5 years-old, those between 20 - 40 years old, and elderly people who were between 65 years and more. Increased death rate in individuals who were well, involving individuals between 20- 40 years old remained a distinctive aspect of H1N1 illness; without inoculation to shield from respiratory tract infection as well as no medications to cure minor bacteriological diseases that could have been linked with flu viruses. An attempts that existed to control this H1N1 virus across the world were restricted to non-medical interventions , for instance, separation, quarantine, good individual cleanliness, use of sanitizers, and restraints of community crowd were employed unequally (CDCP, 2019).

2.3. Coronavirus disease 2019 (COVID-19)

The National Institute for Communicable Diseases (NICD) (2020) reports that coronaviruses can cause diseases in human beings or animals. Coronaviruses cause respiratory infections in human beings, which range from ordinary cold to severe illnesses, for instance Severe Acute Respiratory Syndrome (SARS) in addition to Middle East Respiratory Syndrome (MERS). It has lately been revealed that coronavirus causes coronavirus disease 2019 (COVID-19).

Furthermore, COVID-19 can spread from one individual to the next. An infected individual can spread COVID-19 when coughing or sneezing. The droplets of mucus or saliva can go up to 1 metre into the air, some viral particles land on surfaces; therefore, it is transmitted through breathing, touching, sharing utensils, bathrooms, etc. with an infected person. Fever, dry cough, sore throat, and difficulty in breathing are the general symptoms of COVID-19 (NICD, 2020). Other possible symptoms may be diarrhoea, nausea or vomiting which occur before respiratory symptoms. Some people who are infected may be asymptomatic. COVID-19 is dangerous, it can cause pneumonia and it is life threatening (NICD, 2020).

The World Health Organization formally named COVID-19 as it originated from group of inexplicable incidents of pneumonia happened in Wuhan, China, novel coronavirus disease; then it has gone to the stage of deadly disease where it affected the entire countries worldwide. By 30th of March this year, further than 720000 verified incidents and further than 33000 fatalities have been reported. Furthermore, the widespread of infectious illnesses, for instance COVID-19, are linked with symptoms of mental illness and psychological distress (Rajkumar, 2020).

In the report of NICD (2020), the warning signs of COVID-19 are cough as well as fever, where few affected people present with difficulty in breathing and bilateral infiltrates on the chest X-ray image. There are possibilities of influenza, tuberculosis, bacterial pneumonia and so on.

2.4. Lockdown and quarantine

According to Botes and Thaldar (2020), the South African government had declared a national State of Disaster in fewer than 48 hours following the World Health Organization (WHO) regarding a rapid increased rate of COVID-19 infection globally. Therefore, Gauteng Department of health compelled to attain a magistrate's court request to compel woman along with her child into quarantine, when they have tested positive for COVID-19 virus where they refused to go into isolation voluntarily. Due to a rapid increased rate of COVID-19 infection, the government in South Africa announced a government State of Disaster in conditions of section 27(1)(b) of the Disaster Management Act (DMA) 57 of the year 2002 after that was given strategies attempting to control the spreading of the infection (Botes & Thaldar, 2020).

Furthermore, the accomplishment of both guidelines announced based on National Health Act (NHA) 61 of 2003. The strategies given based on DMA was introduced on societal isolation, that encompassed the quarantine of every affected individual who was not seriously sick however presented with minor signs and isolating an individual that have been exposed to COVID-19 even though they were not infected (Botes & Thaldar, 2020).

Yet, bearing in mind the impact of quarantine had on personal freedom and financial involvement, individuals may deny subjecting themselves willingly to quarantine. The NHA had provided actions in regulation 15(2) in what manner to gain court mandate that explicitly bounds an individual's freedom and dictates a person's removal into the quarantine (Botes & Thaldar, 2020). South African were well-ordered into a countrywide lockdown intended for 21 days since 26th of March 2020 due to the increased infection rate, this was headed by the issuance of National Disaster Regulations on the 18th of March 2020, which was explicitly appropriate by that time in where a national State of Disaster stated in account of COVID-19 virus (Botes & Thaldar, 2020). According to Botes and Thaldar (2020), non-compliant individuals were issued with a warrant of arrest by an enforcement officer not requirement to get magistrate's court directive first, especially to those who refuse quarantine whereas they were aware that the tests were positive for COVID-19 or been in contact with an individual who tested positive (Botes & Thaldar, 2020).

According to Suttner (2006), the African National Congress (ANC) had developed as the electoral overpoweringly dominant power in South Africa, it was referred to as a dominant

party even though the organization described itself as a liberation movement instead of a political party. ANC had gained lot of support from most South African which resulted in Democratic Alliance (DA) to lose more support from the citizens, as well as the opposition parties that were stronger during the apartheid era dissolved (Suttner, 2006).

The African National Congress's increase to have been a dominant political force was not pre-established. For many years of its history, it was close to dormant, and its presence was not exhibited in persistent concern, as it had been witnessed in Communist and trade union movements (Suttner, 2006). Furthermore, from 1940s just before the development of ANC Youth League, the existence of African National Congress as an established party is a late phenomenon. The African National Congress had a very brief time as a legally constructed and controlled party because of the interruptions that were initiated by the Treason Trial of 1956 – 1961 and its prohibition in 1960 (Suttner, 2006).

Before the development of National Intelligence Service (NIS), when looking at the side of the apartheid regime the after 1960 the NIS was primarily police related. The NIS was associated with obtaining verdicts or imprisoning citizens who were seen as instigators in an effort to destabilize the apartheid structure (Suttner, 2006). In NIS reconstitution, ANC underrated the responsibilities that were necessitated in restitution that would persist to be inadequately delivered correctly into the 2^{1st} century. It has been revealed that ANC had existed *as* an established party for only a brief time of its past, in the 1950s or at the earliest from the 1940s (Suttner, 2006).

2.5. People's wellbeing in the time of COVID-19

The society's wellbeing relies deeply on the co-dependent connection between the people and society who comprise it. Adding to a rapid wave in health crises subsequent from the COVID-19 pandemic, that had put strain on already burdened SA health care structure, weighing the constitutional rights of individuals with the necessity to safeguard the community became progressively critical and frequently complicated. These complementary action obliged health agencies to execute severe actions to control COVID-19 from circulating, in which actions might create tension with individuals' human privileges. In this case, it was the aged, immobilized, the poor, those on the streets and incarcerated who suffered the most (Botes & Thaldar, 2020).

Furthermore, according to Botes and Thaldar (2020), South African government and other statutory court thought that occasionally the human rights might be classified beyond individuals of the group, even though this judgment should be employed with attention because the socio-economic situations of South Africans differ significantly. People's rights amid an outbreak should be respected in both verbatim backgrounds of South Africa's Structure and their socio-economic backgrounds.

Therefore, an individual's rights to health care and health entails of package of individual privileges that comprise the privilege to physical and mental integrity, dignity, confidentiality, sufficient food, water, atmosphere that is not detrimental towards wellbeing, social security, and crisis management as well as entry to health care facilities (Botes & Thaldar, 2020). The right of the government to restrict some of these statutory privileges through a pandemic by implementing confinement regulations were deemed not in favour of its specific lawful requirement to take on rational actions towards the accomplishment of these privileges within accessible means (Botes & Thaldar, 2020).

According to Botes and Thaldar (2020), the application of regulations should be considerate to individual privileges, and they should be sensible to the privileges of the collective as well as the individual. The prohibition of public gatherings, business closures, and the closure of schools had put a severe burden on the society, which might have led individuals to deny self-quarantine or stay in isolation.

Furthermore, according to Botes and Thaldar (2020), in order to impose quarantine, the government should make sure that there is adequate access to means in order to meet fundamental requirements of individuals whose freedom besides movement were constrained. Individuals required medicine, transport of sick patients to hospital facilities, communication to facilitate health intensive care, and food were needed when quarantine at home (Botes & Thaldar, 2020). Therefore, if the government could not deliver those fundamental requirements, vigorous confiscation of every person into isolation will be indefensible and immoral. The regime should guarantee that the resources that were utilized were beneficial to the society holistically and not prioritised to those who mostly need healthcare services (Botes & Thaldar, 2020).

There is growing pattern of community transmission as the COVID-19 epidemic continues. Even with effective social isolation such as lockdown (Telles, 2020). The major effect of COVID-19 epidemic is to be expected to increase societal quarantine in addition to solitude, which are clearly linked to hopelessness, harming oneself, anxiety, and attempting suicide throughout lifespan. The reduction of feelings of loneliness and promotion of sense of belonging are protective mechanisms against self-harm, suicide, and other emotional problems (Holmes et al., 2020).

Due to lockdown regulations, people fail to sufficiently interact with communities with regards to protocols designed for burials, it has resulted in offensive policies. Ubuntu, which refers to I am a person because we are, is more important than individual wellbeing (Sambala et al., 2020). Therefore, through its humanity, social responsibility and compassion could lessen conflicts between public health and individual rights; in turn Ubuntu may assist the government to gain support from the community for actions in emergencies. Individuals might resist to cooperate when interventions are seen to be unacceptable and fair; because of public health measures that restrict movement or quarantine (Sambala et al., 2020).

Furthermore, social distancing and lockdowns in South Africa has resulted in reporting of police violence, brutality, and resistance; and this continued. Based on Ubuntu and solution to social problems, individuals do not survive simply by obeying laws that is has been created or imposed by the government. The resolution to societal mandate lies upon peoples' acknowledgment of common community goals combined with norms (Sambala et al., 2020).

In our country, Traditional African principles of what is regarded as reasonable along with not right have been mitigated by Western practices in addition to norms (Sambala et al., 2020). Therefore, now is the time to prioritize and value African tradition, by considering how the communities and government can work together to fight this COVID-19 pandemic.

2.6. Traditional healers

A traditional healer is defined as a person who possesses gifts of accumulation of spiritual guidance from the ancestors; furthermore, that person is being selected by the ancestors from historical family background that has ancestral heredity (Sodi et al., 2011). Furthermore, traditional healers play an important role in preventing, promoting, and curing,

rehabilitating, and providing psychosocial care to people; they protect people from bad omens, they help people find jobs by performing certain practices, protecting people against witchcraft, etc. (Sodi et al., 2011).

Furthermore, Sodi et al. (2011) argued that there are four types of traditional healers in South Africa that citizens might consult, which include traditional doctor (*inyanga*), faith healer (*umprofiti*), diviner (*isangoma*) and traditional birth attendant.

Many people in parts of South Africa consult traditional healers when they are facing any difficulties. It is reported that, in South Africa, there are approximately 200,000 traditional healers which is a larger number when compared to medical doctors who number about 25 000 (Bantjes et al., 2018). About 70% of black population in South Africa consult Traditional healers for help (Zuma et al., 2016). In agreement with this argument as there is no cure for COVID-19 yet, people might get help by consulting a traditional healer. It is believed that traditional healers are able to heal various illnesses by using rituals, water, herbs and they also pray.

Diagnosis of illnesses in traditional view is based on traditional healer's interpretation of the social circumstances of the patient. Furthermore, traditional healers use animals, plants, and the calling of the spirits of ancestors to alleviate the symptoms of patients (de Andrade & Ross, 2005). These medicines are administered through inhalation, beverages, enemas, decoction, snuff, vaccination, etc. (Sodi et al., 2011).

Furthermore, other therapeutic methods are used besides traditional medications, such as psychological counselling, simple surgical methods, rituals, and symbolism. for psychological counselling, traditional healers use patient-centred individualised health care that is suitable for traditional healing, its purpose is to meet the expectations and needs of the patient (Sodi et al., 2011). The healers treat patients in the presence of family members. Dancing is also used as a therapy method, such as "*malopo*" a kind of dancing performed by Pedi culture; they beat drums, sing, and clap hands while at the same time jumping up and down with their feet, and rattling of calabashes (Sodi et al., 2011).

Traditional healers are consulted for a variety of diseases for instance tumours, diabetes, hypertension, Human Immune Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS),

lefufunyane (mental illness), epilepsy, hearing difficulties, speech difficulties, sight loss etc. (Bantjes et al., 2018).

Traditional healers have their own ability to diagnose and treat physical and emotional problems, which are caused by social misconducts, spells, sorcery, and spirits, which health professionals cannot treat. People continue to seek help from traditional healing and traditional healers keep on treating seizure disorders, paralysis substance abuse and those who lost touch with reality (Audet et al., 2017). Therefore, the study that was conducted focused on COVID-19 because more research was still required to know how traditional healers may attend people who may be infected with coronavirus and to know how traditional healers understand COVID-19.

2.7. COVID-19 and Traditional healing

Chinese herbalists mixed Chinese herbs that was agreed to be Traditional Chinese herbal medicine therapy. Some research studies have described that Chinese herbal recipe, for instance San Wu Huangqin Decoction, Lianhuaqingwen Capsule, and Yinhuapinggan granule, has antiviral agent, which might be linked with preventing of spread as well as reproduction of the virus-related fragments. And it may be capable to enhance lung injury by influenza viruses (Li et al., 2020).

The SARS was successfully treated and prevented by using traditional Chinese herbal medicine. Moreover, this Chinese medication mixed with the western medication lessened unfavourable outcomes in addition to further difficulties stimulated in antibiotic besides antiviral drugs (Li et al., 2020). With regards to COVID-19, the first patient was cured at Beijing and dismissed from the hospital following the using of Chinese herbal medicine treatment; and this has been followed by other patients with COVID-19 been cured (Li et al., 2020).

According to Mukwevho (2020), traditional healers in South Africa are unable to pick-up traditional herbs to treat patients as they were not issued with permits that allow them to practice under new precautionary measures that are put by the government to combat the spread of Coronavirus disease 2019. Furthermore, healers play an important role in helping thousands of individuals across the country (Mukwevho, 2020).

The world is still waiting for vaccine, and scientists are finding it difficult to find one. In the meantime, African countries are looking within and calling traditional healers to help with fighting against COVID-19 (Nebe & Gordine, 2020). Madagascar President Andry Rajoelina revealed the concoction that has been prepared with artemisia which is a plant that had been proven to effectively treated Malaria. The president mentioned that this herbal tea gives results within seven days. Even though, there is no scientific evidence that this tea can cure or prevent COVID-19 (The Citizen COVID-19, 2019).

POWER DIGITAL (2020) reported that traditional healers want to fight against COVID-19, because traditional healers know how to treat an immune system. Because they deal with it on daily basis, even though they use different herbs to treat illnesses related to immune system. Mabalane (2020) also reported that traditional healers can treat and manage flu and colds; cough and other related symptoms; these symptoms are generally referred to as *Imikhuhlane* and they use African Indigenous Medicine to treat it.

Furthermore, Traditional Health Practitioners (THPs) in South Africa mentioned that they will use networks and platforms to ensure that the law enforcement agencies are adhered. And working with the government to ensure the inclusion of African traditional medicine to deliver healthcare services. THPs also mentioned that COVID-19 needs sober heads, and they are sober, which means they are ready to offer help to individuals who are affected (Mabalane, 2020).

Berube (2015) reported that traditional healing does not heal physically only, but also heal emotionally, spiritually, and mentally. This is also known as holistic healing, which seeks to balance the spirit, the mind, and the body. Furthermore, healing ceremonies help individuals with their emotional, mental, and spiritual ailments; this combination promotes holistic wellbeing of people. Therefore, this study will explore how traditional healers support and treat people in this time of COVID-19 for people's wellbeing.

In South Africa, it has been reported that the government recognise traditional healers, but currently the government does not give traditional healers a chance to fight against COVID-19 (Njanji, 2020).

There is also a concern by Traditional Healers Organisation (THO) that the absence of cultural rituals for people who have passed away due to COVID-19, families would have psychological distress and would face financial difficulties, in turn this would lead to conflict in communities (Njanji, 2020). Furthermore, families were not allowed to conduct any traditional ceremonies to please the ancestors, for instance, washing the body, slaughtering a cow that accompanies the deceased; therefore, without this rituals families fear that the spirit of their loved ones' will not rest in peace (Lindeque, 2020).

CHAPTER THREE: METHODS

3.1. Introduction

This chapter reviews methodological procedures that guided this research study. The study aimed to shed a light on the insights and roles of traditional healers regarding people's wellbeing in south Africa during the time of COVID-19 pandemic.

3.1.1. Research design

This study utilised a cross-sectional study design, this study looked at the experiences of traditional healers at a particular point in time across a sample population. This study was conducted within a year. Cross-sectional research does not involve conducting experiments, researcher used it to understand the experiences of Pedi traditional healers regarding COVID-19 and the lockdown in the pandemic. The study included both males and females, aged between 18 years old – 90 years old. According to Setia (2016), cross-sectional studies are relatively quicker to conduct and are not expensive, especially when compared with cohort studies. Cross-sectional studies provide us with an information that might be helpful for future studies.

The research study took a semi-structured interview, where a researcher asked participants open-ended questions that allowed probing and participants were able to answer the questions based on their own thoughts where more details were provided (Adams, 2015). This approach is important because the study is explanatory and more concerned with traditional healers' views. The interviews allowed participants to explain their views in detail on academic development as well as the role they play in the society. The research study was not piloted. According to Kumar (1996), interviewing is a common method of gathering information from individuals. Interviews are predominant type of data collection in qualitative research. Any individual-to-individual interaction between two or more people with a particular intention in mind is known as an interview. Interviewing may be flexible when the researcher has the freedom to prepare questions as they come to mind about the issue being explored, and it can be inflexible when the researcher kept closely to the questions decided in advance. Therefore, the researcher formulated semi-structured questions that were related to the issue, which were helpful to answer the research questions, which allowed the researcher to probe to get clarifications regarding the information that was provided by the participants. The researcher had an opportunity to prepare the participants before asking sensitive questions and to explain complex questions to the participants.

The researcher developed an interview guide within which to conduct the interview. An interview guide consisted of questions to be explored during an interview where the researcher was able to explore, probe and ask questions that illuminated the topic that was studied. Bosman (2004) reported that probes are used to deepen the response to a question, to increase the richness of the data being obtained and to provide cues to the participant regarding the level of response that is desired. Furthermore, Babbie (2010) highlighted those probes are required in eliciting responses to questions and an interview guide helped to reduce the potential sources of bias. Kumar (1996) argued that interviews were extremely helpful in situations where either in-depth information is required or less known about the area. Therefore, interviews were conducted in a qualitative way utilizing an interview guide.

The study adopted qualitative research since it relied on subjective data and investigated peoples' situations in their natural environment (Wagner et al., 2012). This study attempted to understand the insights and roles of traditional healers regarding people's wellbeing during the time of COVID-19 in South Africa. The research design allowed for the analysis of themes emerged from the interview results reported by traditional healers in relation to the research topic.

Qualitative research is imperative in gaining understanding into the experiential reality of the participants and which is existential reality is a reasonable source of information upon which data may be generated (Camic et al., 2003). Qualitative research allows for a broad understanding of complicated social changing aspects, it places the thoughts and viewpoints of the participants as vital, and it allows for the reporting of the results that reveal the participants' experiences (Vaismoradi et al., 2013). When taking the research questions of this research study into consideration which required an understanding of the perceptions, experiences, and denotation given to the participants, it became apparent that a qualitative approach to the research study would be appropriate. The study was inductive view because a theory was produced from the research study.

The study took an interpretivist approach, where the researcher is part of the research, interpret the data and as such can never be fully objective and removed from the research. The researcher is interested in investigating COVID-19, an issue that is affecting people in reality, which is more subjective. An exploratory and descriptive research design was utilised since the study explored a new topic and issue by asking epistemological question of "what," what is the meaning of this social phenomenon (Neuman, 2007). Therefore, by asking "what" questions,

this study was exploring the perceptions or insights to create an understanding about an issue that had not yet been researched within the context of traditional healers in South Africa. The research also described the details of the insights, and the circumstances in which those insights were established. The issue of this research study was well-defined, and the report of the results described that issue in an in-depth way, which constitutes the study descriptive in nature.

3.1.2. Motivation for the use of a qualitative research design

3.1.2.1. Strengths

According to Bless and Higson-Smith (1995), qualitative research is seen to be helpful in exploratory research. Moreover, qualitative research allows the researcher to study carefully chosen issues in detail (Patton, 2002). Neuman (1997) argued that this approach permits for the investigation of an issue that is not simply regulated. According to Mouton (2001), patterns and themes are recognised by logical reasoning and subsequently described in a narrative approach. The notion of describing the recognised patterns is to create or substantiate hypothesis and to investigate new frontiers. Bless and Higson-Smith (1995) mentioned that qualitative approach permits the encounter of new features of an issue by exploring the justifications presented by participants in detail. Therefore, this approach is helpful in clarifying the research problem and concepts and allowed the formation of a list of possible solutions or answers which might enable the creation of structured open-ended questions.

3.1.2.2. Weaknesses

According to Babbie (2010), a major critique against qualitative research the perception that introspection is very subjective and there is no way to determine how reliable an individual's description of his or her own experience is. Bosman (2004) also mentioned that the researcher's bias or the subjectivity of the researcher is an area of concern too. Therefore, the bias of the researcher contaminates objective data and should be excluded. Dlamini (2005) reported that there is also a tendency for first impressions to persist in the occurrence of significant conflicting information. The human mind in qualitative research tends to select data in a way that confirms a tentative hypothesis (Moon et al., 1990). Therefore, the result which a researcher requires to remove might reveal one context of training to have been worse than the other, in that way controlling the study and indicating bias in the study itself.

3.2. Research aims.

3.2.1. Main aim

i. To investigate the insights and roles of traditional healers with regard to people's physical, mental, and social wellbeing during the time of COVID-19 pandemic in Sekhukhune District, Limpopo Province, South Africa.

3.2.2. *Sub aim(s)*

i. To explore the role traditional healers' play in the wellbeing of people in a time of COVID-19 pandemic.
ii. To investigate traditional healers' perceptions of the consequences of COVID-19 lockdown on peoples' physical, mental, and social wellbeing.
iii. To explore the other considerations that may have an effect on people's physical, mental and social wellbeing in a time of COVID-19 pandemic.

3.3. Research questions

3.3.1. Main question

i. What are the insights and roles of traditional healers in South Africa with regard to people's wellbeing in the time of Coronavirus disease 2019 (COVID-19)?

3.3.2. Sub questions

i. What roles do traditional healers' play, with regard to people's physical, mental, and social wellbeing in a time of COVID-19 pandemic?
ii. What are traditional healers' perceptions of the consequences of COVID-19 lockdown on people's physical, mental, and social wellbeing?
iii. What are the other considerations that may have an impact on people's wellbeing in a time of COVID-19?

3.4. Participants and sampling

Convenience and snowball sampling were used. Convenience sampling refers to when the researcher uses any person who is readily available, whereas snowball sampling refers to when the researcher asks participants to recruit other people to participate in the study (Wagner et al., 2012). The researcher joined traditional healers' groups on Facebook, then the researcher wrote a post on the groups to recruit traditional healers for interviews. The post that the researcher had written stated the purpose of the research study. traditional healers who were interested commented on the post and then, the researcher communicated them through Facebook Messenger. Participants were made aware of the issue of confidentiality. The participant information sheet was given to traditional healers through Facebook Messenger (the researcher took a picture of the Participant information sheet, because the traditional healer did not have access to email, therefore, the researcher used Facebook Messenger and cell phone, instead) to read and decide whether if they were interested in participating, (please see Appendix B). These method of communication and recruitment was used because of COVID-19 lockdown restrictions. After the traditional healers had agreed to participate in the research study, the researcher set up a telephonic meeting with the traditional healers to read the participant informed concerned form (Appendix C) and audio informed consent form (Appendix D) indicating for the agreement of the interview. Traditional healers preferred phone call rather than communicating through Facebook Messenger. After the traditional healers had agreed with the information that was read to them by the researcher, the researcher set up another meeting for interviews. Each traditional had own preferred time and date. the interviews did not take place in one day.

For snowball sampling, after a telephonic interview with the participant, the researcher asked the participant if he or she knew any traditional healer/s who may be interested in participating in the study. The researcher gave the traditional healers her cell phone number to give it to those who were willing to participate to call the researcher. In other words, the participants called those that they knew and explained the research study purpose, if they were interested the participant gave those traditional healers a researcher's contacts. In the study, the researcher recruited eight traditional healers aged 18 to 90 years old. One participant declined to participate due to fears of exposing or revealing traditional healers' secrets fearing that the government might steal their healing ideas. The participants of the study were black from rural areas in Sekhukhune District Limpopo Province in South Africa.

The reason why the research study involved only traditional healers was because the researcher wanted to explore the insights and roles of traditional healers because traditional healers were the right people to participate in the study since they may be able to provide relevant information that was required to answer the research questions. The researcher invited traditional healers regardless of their gender, therefore, four females and three males participated. All the participants' home language was Sepedi.

3.4.1. Biographical information

The study included seven participants as mentioned above. The table below provide an overview of the biographical details of the participants. All the participants were from Sekhukhune District (Tubatse, Makhuduthamaga and Fetakgomo Municipalities), Limpopo Province in South Africa.

Table 1: The participants' information is presented in the table below (pseudonyms were used in line with ethical considerations for anonymity):

Participants	Category	Gender	Age	No of years as traditional healer
Boreadi	Traditional healer	Female	48y/o	15 years (since 2005)
Phehli	Traditional healer	Male	45y/o	20 years (since 200)
Matome	Traditional healer	Male	50y/o	25 years (since 1995)
Rebotile	Traditional healer	Female	67y/o	23 years (since 1997)
Tshidi	Traditional healer	Female	38y/o	12 years (since 2008)
Hlabirwa	Traditional healer	Male	31y/o	3 years (since 2017)
Naledi	Traditional healer	Female	36y/o	13 years (since 2007)

3.5. Data collection

In depth semi-structured interviews were conducted through a cell phone; traditional healers preferred this communication method as it was easier for them, and each traditional healer chose the time of interview that was convenient to them. The researcher contacted the participants using her own airtime, so that they may not use their own airtime during the interviews. The researcher asked permission from the participants to record the conversation. The researcher put the phone on the loud-speaker and recorded the conversation with the other phone. The researcher asked the participants some series of open-ended questions, that allowed the researcher to gather as much information as possible and the researcher was able to find clarifications where it was needed.

The interviews lasted for about 25 to 30 minutes per participants. The interviews were conducted by the researcher, a home-language Sepedi speaker, in the participants' home language which was Sepedi.

The participants were asked several questions related to traditional healers' insights and their roles with regards to COVID-19, how they may or treat COVID-19 patients, how they understood COVID-19, etc. biographical questions were also included. Existing or secondary data was used to support the results that were obtained from the participants; the researcher collected data from, e.g., annual reports, online articles, news article, etc.

3.6. Data analysis

The interviews were conducted in Sepedi language. The researcher listened the recordings of the interviews and transcribed them in Sepedi language. The researcher was able to understand every word that was spoken by the participants. the researcher also asked the participants some series of questions for clarification or to verify the information. the researcher transcribed the interview on the laptop using continuous line numbers, these line numbers were helpful regarding quoting the exacts words of the participants and made it easier to locate. The researcher translated the information that was relevant to the study from Sepedi to English. There are some portions of the interviews where the researcher used the Sepedi words because it was difficult to find the specific English word that will be suitable to produce the same meaning. The researcher understood those words and managed to provide a brief

description of those Sepedi words. The researcher did not find it difficult to translate the Sepedi words into English as Sepedi is the researcher's home language.

The researcher used thematic analysis to discuss and explain the content of the interviews. Thematic analysis was used to analyse qualitative data obtained from traditional healers. The nature of the study allowed the researcher to explore themes that were common from interviews obtained from traditional healers; and to answer the research questions. The researcher was able to question when the meanings of the results contradicted each other and report the patterns of the data, creating an in depth understanding of the insights and roles of the participants on the wellbeing of individuals during COVID-19 pandemic. Therefore, the data that was obtained was grouped into themes. The researcher used inductive coding, the researcher read and interpreted the raw textual data in order to be able to develop themes through the interpretation of data (Chandra & Shang, 2019).

The researcher had followed the six steps that were explained by Braun and Clarke (2006) in order to analyse the research data. The six steps process that was conducted to group the themes involved.

Step one: familiarising yourself with the research data.

To familiarise yourself with data, the researcher did this by listening to the voice recordings and reading the transcripts repeatedly. By doing this provided an overall impression of the transcripts. The researcher made some notes about the patterns that were noticed as well as possible codes that could be discussed.

Step two: generating the initial codes.

The researcher identified codes across the research data, therefore, the systemic analyses took place to recognise the initial codes. Every aspect of the research data contained important information to answer the research question were coded to by typing the codes on researcher's laptop alongside each line of the transcript. The first coding phase was performed based on latent codes as well as manifest codes, the coding had more original content. Furthermore, interpretative, and latent codes were identified to create meaning. The researcher combined both descriptive and interpretive form of analysis. According to Braun and Clarke (2006), thematic analysis may focus on either interpretative or descriptive form of analysis, or the researcher may combine both forms. All coding was typed manually on the laptop, the

researcher did not use any computer software for coding. The researcher used different colours of highlight for each code that was presented.

Step three: searching for themes.

The using of colours was helpful in identifying the codes easier. The researcher gave the themes names and operationalised them. The traditional healers raised their views; therefore, these colours were helpful in comparing all the traditional healers' interviews.

Step four: reviewing potential themes.

To review the suitability of themes, the researcher looked at each set of data for each theme by grouping same colours together. Therefore, a framework was generated from these coloured codes, they were named. Although, it was not easy, some of these themes were renamed and some were collapsed into smaller themes. Every information was very useful to answer the research questions.

Step five: defining and naming the themes.

After the themes were reviewed according to their content, these themes were provided with a final name and definition to capture the essence of the themes. The content was submitted to the supervisor for comments and considerations. The well-structured of the themes were met with the approval of the supervisor, the writing up had revealed areas where the flow of the themes were lacking. the themes were placed in an order that showed progress for one theme into the next. The researcher included number of quotes for each data extract.

Step six: producing the report.

The development of the research results chapter of this study was done in conjunction with the last stage of analyses, the writing of the research data throughout the writing phase was yielded further in refining the themes and their sub themes. The writing of the results for traditional healers was modified when the flow amongst the themes became more apparent.

This procedure offered a model for systematic qualitative analysis that permits the researcher to understand and make meaningful conclusions from the themes (Braun & Clarke, 2006). According to Braun and Clarke (2006), this method of analysis is seen to be flexible and manageable approach to analyse qualitative data. Furthermore, thematic analysis allowed the researcher to identify, analyse and report patterns carefully across data (Braun & Clarke,

2006). Therefore, the key benefit for analysing data using thematic analysis was to summarise the main common data that occurred more often, this analysis exposed the co-occurring patterns of data set. The researcher recorded the emerged themes and analysed them based on the literature review (Braun & Clarke, 2006).

According to Christensen et al. (2015), the strength of thematic analysis is that data that is related to the same topic is coded together which will be helpful to the researcher to better understand what was there, what the data meant and how they fit with other codes; to help in understanding the categories that assisted with the researcher's interpretations and explanations of the findings (Christensen et al., 2015). The weakness of thematic analysis is that using only one or two text extracts to explain a theme leads to an unconvincing interpretation of the data (Christensen et al., 2015). Therefore, the researcher identified various sub themes under each theme to explain the data in detail. The names of the themes were longer in order to be meaningful to the reader. The researcher was consistent with data.

Therefore, new themes were recorded and analysed with regard to the obtained data, that will follow on the results sections and discussed in the discussion section.

3.7. Rigor

To ensure trustworthiness and credibility of the data provided by the research participants, the researcher asked the participants some series of questions that were aimed to verify if the information given were true or consistent. These has helped the researcher to see if the information that was provided by the participants was credible and trustworthy. The researcher used two criteria which, that is credibility where the researcher verified the information with the participant and confirmability where anonymised transcripts will be made available for auditing purposes if required.

According to Beck (1993), a series of questions that the researcher needs to answer about her or his research study to ensure that credibility has been considered and established. There are factors that were considered in this research study that are based on the questions that were proposed by Beck (1993) are as follows: the researcher kept the in-depth notes which recorded research-participant relationship factors, also the records of researcher's subjective experiences throughout the research process as well as the impact that she had experienced.

Triangulations was used by means of the supervisor having continual and regular access to the data and the results. The readers of this study were provided with rich data extracts to illustrate the points, the exact quotations were used to present what the participants had reported. The evidence of the data is presented in the results section. The accuracy of the researcher's understanding of the participants' insights, the researcher constantly confirmed with the participants throughout the interview process. Therefore, when reflecting on this study, the researcher was able to distinguish a separateness of her own experiences being merged with those of the participants. this is supported by the inclusion of the reflexivity section.

According to Nowell et al. (2019) confirmability refers to the closeness of the interpretation of data by the researcher and the plausibility of the conclusions that are drawn. For confirmability, in the results section, the interpretations that were made by the researcher were discussed in detail. The role of reflexivity and researcher's personal biases were made overt for the reader to understand the context of interpretation and the closeness of those interpretations with regard to data extracts.

3.8. Ethical considerations

Before conducting this study, the researcher applied for ethical approval for from University of Witwatersrand at the Faculty Non-medical Ethics Committee. Thereafter, the Committee gave the researcher approval (Protocol number: MASPR/20/09 as per Appendix E), permitting the researcher to go ahead with conducting the research. The study adhered to all ethical concerns; the researcher started with the data collection only after ethical clearance was obtained from the above-mentioned Committee.

The researcher started to collect data only after receiving ethical clearance. The Participant Information Sheet was shared with the participants via their cell phones and Facebook Messenger and informed the prospective research participants of all aspects of the study that might influence their willingness to volunteer to participate. The researcher asked the participants if they had understood what was written and if not, the researcher explained the forms and gave the participants' an opportunity to ask questions regarding the study. The participants were given an option to withdraw from participation and anytime, and that they would not be penalized for withdrawal. In this case, if the participant withdrew from participation, the researcher was going to replace the participant with the new participant and

would destroy and not use the information that had already been provided by the participant before withdrawing. Informed consent was obtained from the participants before data collection began. And this was done verbally. To protect the identity of the participants, the researcher used pseudonyms and participants were made aware that the information they provided will be seen by the supervisor and might be published or presented at the workshops. And that the information will also be used by other researchers for future studies.

Participants were free not to answer any questions that they do not wish to answer. Participants were asked for permission to be voice recorded. If they did not agree, their request was going to be granted, and the researcher took notes thoroughly during telephonic interview. The data collected from this research project is safely stored on the researcher's laptop protected by a password and is kept for up to 6 years. After that, the file will be deleted, and handwritten notes will be burned. Participants gave the researcher a permission that the data collected from this research project may be used by other researchers, if their real identity is not revealed.

3.9. Reflexivity

Reflexivity is the development of important self-reflections concerning oneself as a researcher. In the study that was conducted the researcher was aware that not being a traditional healer herself, might have an influence on the data, as participants might not open-up about other information, as some things or information are secrets and shared only among traditional healers. And being a female can have an influence on data, because male traditional healers might not share all the information with a woman. As a black female who grew up in rural area was an advantage as the information and terms used by traditional healers during an interview, the researcher was able to understand the meanings. Due to COVID-19 lockdown regulations, the researcher is aware that conducting interviews besides face-to-face interviews might miss some information from the participants, such as non-verbal cues (facial expressions, posture, etc.).

3.10. Conclusion

This chapter focused on the methods that were used in the study, that enabled to answer the research questions. The biography of the participants was also presented as well as the methods of data collection process were described. This chapter also discussed the ethical considerations, rigor, and researcher's reflexivity in relation to the research question. A thematic analysis across the participants views is presented in the chapter that follows.

CHAPTER FOUR: RESULTS

4.1. Introduction

This chapter reports the study results that were obtained from seven (7) Pedi traditional healers, four (4) females and three (3) males through telephonic interview. The results will be reported in the form of thematic analysis. The results section revealed various themes related to the insights and roles of traditional healers regarding people's wellbeing in South Africa, which are detailed in this section. The participants contextualised the current pandemic (COVID-19) while also relating the history of a previous pandemic. The Sepedi words are provided in the results to provide the terminology used by traditional healers.

The terms: COVID-19, Coronavirus and Corona will be used interchangeably on this chapter as participants used them when referring to the current pandemic.

The role traditional healers' play in the general wellbeing of people in a time of COVID-19 pandemic were explored. The traditional healers' views of the effects of COVID-19 lockdown on peoples' physical, mental, and social wellbeing were investigated. Also, the other considerations that may have an effect on people's physical, mental and social wellbeing in a time of COVID-19 pandemic. These were done by engaging with traditional healers. Before and after the process of the telephonic interview, all participants were informed regarding ethical considerations.

4.2. Theme 1: Insights of traditional healers

This theme is about the results regarding the insights traditional healers' play in the wellbeing of people in a time of COVID-19 pandemic.

4.2.1. Traditional healers' historical insights into the history of coronavirus

Participants provided a historical narrative to the current COVID-19 pandemic. Matome mentioned that as he read his father's traditional book, he found that in 1932, this coronavirus emerged. According to Matome, due to a lack of pronunciation of this disease and the absence of televisions back then. When white people were pronouncing it as corona, then in Sesotho sa Lebowa (which is referred to as Sepedi, currently), Sotho people translated the word Coronavirus into Sesotho, and it was named "*matshona* or *machona*" (lines 64-69).

Although Afrikaners called this disease "*Drie dae*" because a person who was infected with this disease, they die within three (3) days and if a person exceeds those three days he or she was regarded as a survivor, (lines 71-78). '*Drie dae'* is an Afrikaans term which is referred to as three days.

Matome mentioned that "his father and his grandfather told him all this information. His father was a traditional healer and Matome was helping or working with his father to heal people traditionally. Matome also mentioned that this disease '*machona*" killed lot of people in 1932. His father's brother was also succumbed from this disease", (lines 83 – 84 & 92).

4.2.2. Traditional healers' description of COVID-19 pandemic

Traditional healers explained Coronavirus similar to a cough. They call it '*mokomane or mokhuhlwane*' in Sepedi. They gave the reason that the signs of coronavirus are similar as for cough and flu. As the person will have no power to do anything, becomes weak and they breath very heavily. Coronavirus is the illness that affect chest ('*mafahla*'). Because a person who has flu or cough can spread it to another individual with whom they are in contact.

According to Boreadi: "this disease it seems to be the same as flu or cough because it can spread from one individual to the other. Therefore, the way I understand it is that coronavirus and cough (*'mafahla'*) seems to be the same thing" (lines 86-90). Furthermore, Phehli also mentioned the same thing as Boreadi that coronavirus can be seen as "*sehuba*" which is cough in English, and it can also be seen as "*mpshikela*" which means flu in English (line 83 and 85).

Mokhuhlwane, mokomane and *sehuba* are Sepedi terms that are used for cough. While mpshikela is also a Sepedi term that refers to flu. Rebotile also mentioned that coronavirus looks like it is flu, and it is also like the chest ('*mafahla*') disease that is known as *'lethakgo'*. *Lethakgo* is Pedi term that is referred to as where a person cough continuously, the person also vomits when coughing. Rebotile continue to say that she is not sure about what coronavirus is "I don't want to give you wrong information, because I am not sure what coronavirus is?" (lines 32-33).

Tshidi mentioned that she had no idea what Coronavirus is, because when a person is sick there are "*dika*" that are seen. *Dika* is a Pedi term that is referred to as symptoms. Therefore, according to Tshidi, these signs are confusing because when a person has flu symptoms and the person goes to the hospital, the results said it is coronavirus. Tshidi:

"therefore, even now I am still confused about this disease, I don't want to give you false information in front of God's eyes, and I become discouraged because I don't know how to differentiate the two, flu and coronavirus" (lines 121- 134).

4.2.3. Traditional healers' reports on the causes of COVID -19

According to Phehli, when he checked with bones and his ancestors, it was revealed that men from the country where the coronavirus started have done an abomination. He said:" men went to the mountain, they took the reptile, then they killed it and they ate that reptile" (lines 134-135).

Phehli also mentioned that "this is just like when a person killed a crocodile and ate it, then that crocodile spirit will affect the whole community, and this will in turn cause people of the village to get cough. Therefore, he said for this coronavirus, men had killed a big mountain snake", (line 151). "Then that is the reason the whole world is suffering due to this coronavirus".

Phehli said that "his ancestors told him that when he consulted them. He mentioned that for coronavirus to end or disappear, people who killed that reptile should go back to the mountain and apologise so that things could go to normal", (lines 153 – 156).

Rebotile mentioned that coronavirus it looks like flu. Even though, I had no idea what might be causing this virus, "I am not sure what causes it, I do not want to give you false evidence" (line 42).

4.2.4. Traditional healers' reflections on the protection against COVID-19 pandemic

Matome mentioned that "in 1932 during *machona* illness, just like now where people are wearing masks all the time to prevent the spreading of the virus, back then, people were wearing '*dikopo*' both males and females. *Dikopo* is a Pedi term that is referred to as a form of wrapping the head, the mouth and only leaving the eyes part open by using a cloth, as they were protecting themselves from getting *machona*. Similarly, to what is happening currently as everyone is wearing masks to protect themselves from coronavirus", (lines 97-104).

After the *machona* disease has ended, Matome further explained that "women continue to cover their face and head, as this covering was beneficial to them because their faces had complexion and they felt beautiful. So, even when the second and third generations comes after 1932, females continue to wrap their heads, and some begin to buy complexion creams for their

faces and continued to cover their faces as their faces were becoming white in colour. It became a style for women. Matome said that even the current generation they just cover their heads with a head wrap, but they are unaware what made women to wrap their heads", (lines 113 – 131).

Boreadi also mentioned, that "when they are busy helping their patients, they offer their patients some masks and sanitisers, she also said "I don't allow patients to blow ('*huetsa*') my bones ('*dikgagara*'), because I don't know if the person has coronavirus or not", (lines 112-117).

Boreadi mentioned that "she was able to help people during lockdown. She had lot clients. And she mentioned that she observed social distancing. She made sure that people had their masks on. She offered the clients sanitiser when they enter the consultation room. Boreadi said that lockdown regulations were designed or formed by people who do not understand tradition that clearly. Because cows were not allowed to be slaughtered and only 50 people could attend the funeral", (lines 121-136). Traditional healers protected their patients from coronavirus by following proper protective precautions.

4.2.5. Illnesses that traditional healers may cure.

Traditional healers mentioned they can cure various diseases. They mentioned that they give their patients traditional herbs to use, and patients becomes completely cured. Traditional healers can heal epilepsy, *lefufunyane*, HIV, diabetes, high blood pressure, cancer, infertility, depression, and stroke,

According to Matome, "he knows how to treat stroke more than any other illnesses, especially where the patient's mouth is straight ('*shitlega*'), as well as people with swollen legs", (lines 301 & 303). "I can also treat depression, I cannot just put depression as a single illness, depression is divided into different parts, depression is worse than *lefufunyane*; what I can tell you is that some people with depression recover from it and some I cannot manage to treat them", (lines 307-310). Matome also mentioned that "counselling people is our job, we were taught that when a person has stress, there is a way we treat them, we counsel them by speaking to them and with '*dipheko*' (herbs), we have *dipheko* that we use on them", (lines 318-320); " we give them something to bath, to drink, to steam and to inhale through smoke", (line 322); we give them some exercises, they run around the yard, grind herbs, and we send them to fetch water with 25 litre backet; we do this so that they could be fit and don't think too

much", (lines 324 – 334). Matome: "we are not mistreating them, we just want them to be strong because if they don't exercise, they won't get healed fast", (lines 336 – 337).

Boreadi mentioned that "she could cure *sefolane* (stroke), even a person who was bewitched with *lefufunyane* where the person's brain is not working well", (line 213 – 214). She also mentioned that "she provides counselling to people with depression by sitting down with them and talking to them", (line 218 & 221).

Based on the information traditional healers had provided, it is evident that they could heal various diseases, therefore, even coronavirus they might try to cure it.

4.2.6. Potential traditional healing for COVID-19

Traditional healers mentioned that they are able, or they might try to heal the coronavirus. Because coronavirus has similar signs and symptoms of cough and flu. Medications that are used to heal cough and flu will work for treating coronavirus.

Hlabirwa mentioned that "traditional healers treat their patients differently, even though the herbs that they use to treat patients are the same", (line 92-95). According to him, cooking traditional herbs ("*ditaelo*") and steaming ("*sefuthu*") will be helpful when treating a patient with coronavirus, (line 107-108).

Whereas Naledi, on the other hand reported that "she may be able to treat coronavirus just like the way she treats patients with cough, flu, Tuberculosis (TB)", (line 85-88), and helicobacteria ("*selesho*"), (line 102). "*Selosho*" is a sort of witchcraft where a person was given a poisonous food, and after the person ate that food, she or he will develop a living being in the stomach. According to her, "she may cook traditional herbs for the patient to drink and she may also grind some herbs for the patient to lick ("*koma*")", (lines 90-91). She mentioned that "all the medications that she may use are roots, and she reported that when she prepares these medications, she does not mix them with the western ones", (line 93).

Furthermore, Naledi reported that "for a patient to heal from coronavirus or any other disease, it is all about believe, acceptance and trust. She mentioned that if a person was forced to go to traditional healer by family for help, as that person is forced and does not think she or he will be healed, in fact that person will not be healed", (lines 107- 110). Naledi went on to say, "because he or she did not open the heart, a traditional healer will not be able to see the person's problems via bones or prophecy because the persons heart or soul is not open", (lines

115 – 117). She continues to mention that "even if she as a traditional healer, she could try by all means, with different types of herbs, to help the patient, she or he will not be healed due to lack of acceptance and trust; but a person who have believe, acceptance and trust that she'll be healed by this traditional healer, in fact she will be healed faster than the one who does not have acceptance", (lines 120 – 124).

Boreadi, just like Hlabirwa and Naledi, mentioned that "steaming is helpful when it comes to treating illnesses that are related to lung problems", (lines 143-144). She reported that "when she was a child, during winter seasons, her parents used to give them *lengana* (Pedi name of an herb) to prevent against cough or flu", (lines 149-153). She mentioned that "this *lengana* does not go alone, it is mixed with other cough medications (she did not reveal the name of medications)", (lines 155-156). According to her, "this remedy makes the cough to be productive and the patients heal faster", (lines 160- 163).

She also added that "*lengana* is a very powerful herb for treating patients with cough, and that *lengana* can be used in different forms, such as drinking and steaming", (lines 167-171). She assured that "after using *lengana*, the following morning the patient will wake-up cured and no sighs of cough or flu", (lines 173 – 175). Tshidi reported that she also "gives patients some body lotion that is mixed with some medicines to rub the chest", (lines 164-165).

Rebotile reported that according to her, "she may not be able to heal coronavirus", (line 59). She said she "only knows how to treat helicobacteria (*selesho*), because people who suffers other different illnesses never came for consultation", (lines 64-66). Furthermore, Matome mentioned that "he treats cough related illnesses by using steam (by burning herbs and the patient inhale the steam with nose) and by giving the smoking pipe (*pyp*) with herbs to smoke", (lines 40-41).

According to Phehli, "before he could treat the patient, he will consult the *bones* (*dikgagara* – used to guide or see the problems or future of people) to see if the cough or flu related illness is not caused by ancestors or not. Because there is a natural cough and there is the one caused by ancestors to show the person that he or she must accept a calling, to see how he could treat the illness", (lines 58 & 62-23). He said, "we use *lengana* and *marijuana* to treat lung related illnesses", (lines 98 & 105); "even though he does not use this medication alone, he mixes them with others, but he cannot mention the names because he believes that the government may steal and produce their own medication", (lines 100 -101).

4.3. Theme 2: Traditional healers' perceptions of consequences of COVID-19 lockdown

This theme is about the results regarding traditional healers' views of the effects of COVID-19 lockdown on peoples' physical, mental, and social wellbeing.

4.3.1. Traditional healers' historical insights into the history of lockdown

Matome mentioned that "according to Pedi tradition, when looking at the books of his ancestors, lockdown was not written anywhere. The only thing that was written down was social distancing and quarantine, because in 1932 during *machona* disease, the person who was infected was separated from other people so that he or she must not infect others", (line 185-189 & 197-199).

Furthermore, Matome reported that: "the government said we should not kill cows, ANC (African National Congress) party is also supporting that", (line 216-217). He mentioned that ANC party is the party for ancestors; therefore, everything that ANC says, even the ancestors can hear and understand what ANC has said. Matome provided an example so that the researcher can understand what he means when he said ANC is the party of ancestors: "let me give you an example, so that you could understand when I say ANC is the party for ancestors. During apartheid, our ancestors who passed away and buried in Johannesburg during that time (1920, 1910, 1912), they (ancestors) did not bother their family members or traditional healer to inform or guide the family members to go to Johannesburg and collect their (ancestors) spirits. Because they (ancestors) knew that people were facing difficulties and their family members will not be able to collect their spirits due to lack of money and apartheid regulations" (lines 233-246).

Therefore, Matome said that "after the ANC had won the elections, ancestors started to bother and visit them (traditional healers and family members) during the night through dreams informing (guiding) family members and traditional healers to go to Johannesburg and collect their remains or spirits to be buried at their home. Because ancestors knew that there is freedom, their family members will be able to help each other in terms of finances to collect them. I am saying this because, even now, I believe that ancestors understand the reason why cows are not allowed to be killed and rituals are not allowed to be performed, they will understand because ANC is the party for ancestors", (lines 248 – 255).

4.3.2. Peoples' physical wellbeing

Matome said that "currently, during this lockdown people did not go for consultation or only one person could come, and I was able to assist that person. During these levels of lockdown, I was affected, clients did not come, which resulted in hunger and debts", (line 204-209). Naledi mentioned that lockdown has affected them too much, "I didn't get clients because people were not allowed to travel. As I only get money from clients, I suffered, hunger", (lines 235-238). These indicates that traditional healers experienced the lack of basic resources such as food, and they also battled with financial problems because they started to make credits from other people for survival.

Tshidi mentioned that "since, for a long time, funerals used to be on weekends not during the week, to allow relatives or people that are far or working to be able to attend the funeral. But, now during this lockdown when a person dies, the funeral must take place within three (3) days, then "that person, his or her family will not be able to bury him or her due to short time", (lines 92-94); "and some family members will not be able to view the body, or even attend the funeral due to social distancing that only fifty (50) people should attend the funeral. And these will affect people's life as they were unable to say goodbyes to their loved ones", (lines 96-98).

Phehli also that "the laws that only 50 people should attend the funeral is affecting people's health", (line 186). These shows that people experienced situational changes where people had to be able to accept or be able to handle the new funeral times, to bury their loved ones at the time they are not used to. Also, to accept the fact that close family relatives are the only ones who may attend the funeral. Some family members may experience stress for not attending the funeral as they are staying far from burial side due to closure of interprovincial movement, curfew, and limited time to travel, as the person should be buried within three (3) days.

Phehli pointed that, certain rituals for funeral were prohibited such as the killing of a cow to send-off the person who passed away. Because without a cow the person will not be accepted by ancestors or rest well, (line 185 -186). In other words, for a person to rest well, people should eat the cow's meat, food, and traditional beer. Ancestors will be happy when the cow's blood and traditional is poured on the ground, so that they could also eat and drink, therefore, their loved one's spirit will be accepted and the person will rest well, the spirit will not hover around, suffering.

According to Rebotile, during lockdown, people were unable to go to consult to their traditional healers due to the regulations. Most, people did not get assistance. She also mentioned that people were coming to her one by one to consult, (lines 45-56). This indicates that people were afraid to go to the traditional healer to consults because of movement restrictions.

Tshidi mentioned that "when a very sick client calls her via cell phone for help, she will prepare drinking medication for the client and a family member will collect it, so that the patient could drink it at his or her home to avoid contact, when they opened". This shows that traditional healers were able to prepare medication for patient to drink them at home when the lockdown restrictions were eased. Therefore, people were relieved as they were able to get traditional medication, and some were cured from their illnesses or body pains were reduced.

4.3.3. Peoples' mental wellbeing

Tshidi said, "according to me, lockdown had destroyed lot of things, most people has lost their lives as I could not help them when they need help" (lines 59 -60). "The most painful part is that if the person has passed away, the person is staying far and a family member you are unable to bury them, that situation had put me offside", (lines 62-64). People experienced emotional problems for loosing loved ones. Traditional healers experience regrets for not been able to assist people when they needed them.

Tshidi also mentioned that "during the time, before this lockdown, when the clients called for help, as a traditional healer she was able to mix whatever medication and rush to that client to help. But, now during this lockdown when the client called the respond is "I have heard, I won't be able to help and the patient dies as I was unable to help", (lines 64-66). People and traditional healers experienced loss of contact as they were unable to meet-up for immediate traditional care.

Tshidi said: "even that person who died, you will be unable to bury him or her, "I understood the reason behind the lockdown and the key procedure for it" (lines 68-70). These indicates that due to lockdown restrictions not allowing traditional healers to help their clients, the community and family members experienced grief, losing their loved ones, due to not getting traditional treatment. Traditional healers experienced stress as they were worried that they could have saved their patients by giving the proper treatment. Traditional healers refused to give patients traditional care because they were afraid of breaching the lockdown

regulations, by doing so patients will assume that the traditional healers are denying them treatment. People experienced some stresses for not being able to bury their loved ones, in other words people experienced disclosure.

Phehli mentioned that during lockdown, he did not help any patients because he was adhering to the lockdown regulations, he did not want to break the law. Phehli said: "when a person come to consults it seems like you are not doing the right things, because there were no ingredients to do African beer to speak to ancestors '*go phasa'*. As during the lockdown, the sale of snuff or tobacco and King-corn were prohibited" (lines 169-171). Therefore, they were unable to do any rituals. Because when they need to speak or ask anything to the ancestors those ingredients (snuff and king-corn) are required. According to Phehli, the prohibition of not selling snuff and king-corn was a form of creating a fight '*fapanya*' between traditional healers and ancestors '*badimo*' as they were unable to communicate, (line 209 & 212). Phehli also said that the lockdown did not allow them to go and dig roots for traditional medicine. These make the ancestors angry, and people's needs will not be answered, their things will not go well. People will suffer emotionally as they do not become successful in life, for instance financial issues, health issues (sickness), lack of unemployment.

4.3.4. Peoples' social wellbeing

According to tradition '*setso*', Tshidi mentioned that when a person has died, family members should go to the mortuary and dress the corpse the clothes that he or she loved. So, during this lockdown and Coronavirus regulations such does not happen anymore which affect peoples' tradition, (lines 79-80). "According to tradition, a person who passed away will be worried, will worry about that this person didn't come to my funeral" (lines 86-87). Tshidi also said that there's no longer *Botho 'Ubuntu*' as people are unable to support one another during sad times. Therefore, if these rituals are not performed, the family members close to the person who has died will suffer illnesses, financial problems, sleepless nights (nightmares) as the person who died will be visiting them all the time due to not performing burial rights; also the person who died, the spirit will hunt some people who did not attend his or her funeral because when he or she was alive she gave them support when she or he was needed. Family members, during and after the funeral, may have feelings of lack of support as community members and other relatives and friends could not support them during hard moment.

4.4. Theme 3: Government

This theme is about the results regarding the other considerations that may influence people's physical, mental, and social wellbeing in a time of COVID-19 pandemic.

4.4.1. Traditional healers' fear of apprehension

Tshidi said that this lockdown has put pressure on tradition and people's lives as they were not able to go to the bushes or farms to search for medications, such as roots and trees for their patients. This is so that they will be able to prepare medications. Tshidi mentioned that "if the police officials could find you in the bush, it is likely that they will make an arrest. Therefore, they were afraid to breach the lockdown regulations" (lines 100-104). Traditional healers experienced fear of apprehension. Patients suffered illnesses as they could not get medication, because herbs are required for them to be treated.

During the lockdown, Tshidi mentioned that she was unable to help her clients as she was following the South African law of social distancing, and she was afraid of being apprehended by the police or being fined R4000 to R5000 for not following the regulations of lockdown. That is the reason she stopped helping her clients.

4.4.2. Relationship between traditional care and health facilities

When it comes to working together with hospitals and clinics. Most participants mentioned that traditional healers have a good relationship with hospital and clinics. Participants reported that they can refer their patients to the hospital for treatment. Most of them mentioned that when a patient is weak, they send or take the patient to the hospital to get medical treatment such as an intravenous treatment, or as participants said, "drip or "water".

When she spoke about the health care facilities, Boreadi mentioned that she has a good relationship with the hospital, such as when she has a very ill patient in her home and she could see that this patient is really sick and she needs hospital care for example a person with cancer, Boreadi: "cancer in Western (*sekgowa*) is totally untreatable, their treatment is surgery, to cut", (lines 183-185). Therefore, she mentioned that in traditional healing, "we treat that cancer '*ntho*' and that cancer will be healed for good", (line 187-189). She continued and said, "in Western, let us say for an example, a patient has a rotten leg, has some holes '*melete*' and that leg started to develop maggots '*diboko*', the hospital treatment, the patient will get is that the

patient's leg will be amputated, while on traditional side we heal", (lines 188-190). Boreadi said: "us we don't cut", (line 192).

Furthermore, Boreadi mentioned that "the government is putting them down. The government does not see that traditional healers can heal cancer and they are not given a chance and send the patient to the traditional healers for treatment. But, on traditional healers' side when a patient is weak, the patient is taken to the hospital for medical care, wait for the patient, and then, return with the patient back home for traditional treatment", (lines 196-200). Therefore, "us we work well with hospitals, but the hospital does not work with us", (lines 202 – 206).

Then, Phehli said that "when a person is coughing or having other illnesses, the patient is referred to the clinic. Even though, the government promised traditional healers that hospitals and healers will work together, but that is not the case; when we phone the clinic, so that they could come to our home to give the patient a drip, water in the body, the clinic workers do not come. It is us who goes to them", (lines 221-224). Phehli also said that "even though at the hospital they could see that this patient needs traditional medicine ("*tsa setso*"), the patient is not referred to traditional healers for treatment, they feel oppressed (*kgatelelo)*", (line 238).

Furthermore, Matome said "we are the one who take our patients to the hospital, the hospitals still have a huge problem, they do not refer their patients to us for traditional treatment", (lines 275-276). He said that "there are still problems as the hospital refuse to send patients for traditional healing, but while on the other hand us as traditional healer, we take our patients and take them to the hospital for treatment or examination (*hlahlofiwe*)", (lines 279 – 281).

Matome also gave as example, "when he had a patient, he suspected that he or she might be having HIV, as it is his patient, he would take the patient to the hospital for HIV testing. Another example he gave was that if the patient lacks water in the body, he will take the patient to the hospital for water, then after the patient received a drip, the patient will return to him for traditional treatment", (lines 286-287). Matome said "can you see that us as traditional healers we work well with the hospitals, but the hospitals don't, they are still refusing?", (lines 289-290). Matome: "that's the way it is", (line 295). Meaning that the relationship is one-way not mutual.

4.4.3. Traditional healers' feeling of oppression.

Phehli mentioned that "as traditional healers, they are bothered by the government, as they are not given a chance to try and treat coronavirus", "we know they call it in English, but we can heal the illness by using '*lengana*' because this medication also heals *sehuba* (cough) or *mpshikela* (flu)", (lines 87-89). And according to Phehli, the government does not value or consider tradition '*setso'*. Because the government has put the tradition as inferior and rituals were prohibited. Phehli said that "the way things are currently in, it is just the same as during the Apartheid error", (line 198). Phehli "there is no longer *Botho*, the only thing that is present is to listen to the government only, because if the found you going to perform traditional rituals or to dig roots, the police official beat us".

4.4.4. Traditional healers on media involvement.

Naledi reported that "she listens to the radio more often, especially on Sundays at Thobela FM where they talk about traditional healers, illnesses, advice, even coronavirus and more", (lines 207 -213). Naledi said that "on that radio programme "*Mmino wa Setso*" they also discuss problems or illnesses that people are facing; traditional healers are invited as quests to talk, and the listeners call the radio to ask some questions or seek advice", (lines 211 – 213). Naledi reported that: "our leaders are oppressing us, many traditional healers raised their views on the Radio that they might cure coronavirus if the government could at least refer patients who were tested positive, so that they could try to treat the patient. Then, our leaders refused", (lines 7-12).

4.4.5. Government in decision making.

Naledi suggested that "the government could have told traditional healers that: as you can all see this disease is very dangerous, but we as government permit you traditional healers to help patients and make sure that you observe social distancing", (lines 241-245). She also said, "so, the decision the government took on its own, affected us and the clients, us as traditional healers we could not help the clients, and the clients were unable to come and collect their medication when they are finished", (lines 247-250).

Tshidi reported that: "lockdown had destroyed lot of things. On traditional healers' side, she said that the government kept them on the '*offside*'. And, that the government did not meet-up with traditional healers to talk about how as traditional healer will be allowed to help people during this pandemic.

4.4.6. Training for traditional healers by the government.

It was also recommended by Tshidi that, "the government side-lined traditional healers. That the government could have just allowed traditional healers to work just like hospitals as they are both helping patients. The government could have just provided training for them such as using sanitiser, wearing gloves and masks when helping the patients". As well as maintaining social distance. Tshidi said, "we were not going to have stress", (lines 105 -116).

4.5. Results summary

This chapter revealed three (3) main themes and sub-themes that were discovered across the traditional healers' narratives. The three themes are the insights of COVID-19 pandemic, perceptions of consequences of Covid-19 lockdown, and government. In exploring the themes of insights of COVID-19 pandemic, the sub-themes are as follows; traditional healers' historical insights into the history of coronavirus, traditional healers' description of COVID-19 pandemic, traditional healers' reports on the causes of COVID-19, traditional healers' reflections on the protection against COVID-19 pandemic, illnesses that traditional healers may cure, and potential traditional healing for COVID-19 that demonstrate the insights of traditional healers with regard to COVID-19. The theme of the perceptions of consequences of Covid-19 lockdown have sub-themes as follows: traditional healers' historical insights into the history of lockdown, peoples' physical wellbeing, peoples' mental wellbeing, and peoples' social wellbeing that demonstrate traditional healers' perceptions on the consequences of lockdown on peoples' wellbeing. The focus on the government theme also have sub-themes as follows: traditional healers' fear of apprehension, relationship between traditional care and health facilities, traditional healers' feeling of oppression, traditional healers on media involvement, government in decision making, and training for traditional healers by the government that explore the traditional healers' feelings towards the government.

CHAPTER FIVE: DISCUSSION SECTION

5.1. Introduction

Traditional healers in the current study raised their concerns regarding how they are eager to help people with COVID-19 as well as how regulations had affected the society and traditional healers, traditional healers felt that the lockdown regulations had affected the society and them more that the virus itself. Therefore, in this chapter, the results that were will be discussed.

5.2. The biopsychosocial-spiritual model in understanding the healing and well-being of individuals

Participants reported that the government had side-lined traditional healers. Since the government does not see that traditional healers can heal cancer and other critical illnesses; but traditional healers are not given a chance; and the health facilities does not send their patients to the traditional healers for treatment, especially patients with illnesses that they cannot be healed by western medications. Traditional healers mentioned that there were still problems as the hospital refused to send patients for traditional healing, whereas on the other hand traditional healers were able to refer their patients to the hospital for treatment or examination. Participants also mentioned that the government does not value or consider tradition '*setso*'. Because the government had put the tradition as inferior and rituals were prohibited. Furthermore, traditional healers reported that the government could have just allowed traditional healers to work just like hospitals as they are both helping patients. Therefore, the above statements that have been reported by the traditional healers are in line with Hatala (2013), the side-lined role of spirituality within the biopsychosocial model signifies additional prominent limitation that is slightly astonishing and unjustified, not only because of the overcoming observed indication concerning health consequences, for healthier or worse, with spiritual or religious issues, but similarly because the majority of individuals from various cultural groups around the world believe in some kind of faith system or higher power, particularly during periods of experienced infection or sickness (Hatala, 2013).

Biopsychosocial-spiritual model is holistic model to patient care emphases on the intrapersonal connections of the mind-body and physical body connection as well as the patient's extra-personal relations with the family, community, friends, and physical environment. Routinely, biopsychosocial-spiritual model is used in clinical setting, particularly

in taking care of patients who are dying from life-threatening diseases. Although, with the ambiguities, lack of resources, and time encompassing hospitalised patients with COVID-19, such end-of-life care models are difficult to execute. These considerations may leave dying patients exposed to other concerns and death-related anxieties (Galbadage et al., 2020).

Participants reported that lockdown regulations did not allow traditional healers to go and dig roots for traditional medicine. These will make the ancestors angry, and people's needs will not be answered, people's things in overall will not go well. People will suffer emotionally because they will not become successful in life; for instance, financial issues, health issues (sickness), and lack of unemployment. Therefore, according to Khalid and Naz (2020) people with high levels of spirituality have an enthusiastic mentality which in turn improves their overall wellbeing by enhancing physical, biological, social, psychological, and spiritual functions.

Participants reported that funerals before COVID-19 pandemic used to be held on weekends, now the funerals are held during the week and only limited number of people are allowed to attend the funerals and loved ones should be buried within three days. Therefore, some families and friends did not manage to attend the funerals due to limited time. The viewing of the body was also prohibited; therefore, this affected people because they were unable to say goodbyes to their loved ones. Participants also stated that the lockdown regulations that only 50 people were allowed to attend the funerals, and this will affect people's health. Therefore, some family members may experience stress for not attending the funeral as they are staying far from burial side due to closure of interprovincial movement, curfew, and limited time to travel, because the person should be buried within three days. Furthermore, the participants highlighted that family members, during and after the funeral, may have feelings of lack of support because community members, other relatives, and friends did not manage to support them during hard time. According to Galbadage et al. (2020), patients who are critically ill with COVID-19 are dying in isolation without been comforted by their family members and other social support in record numbers. Isolated patients who have COVID-19 do not have contact with their loved ones or their family, therefore, might experience death without closure. Therefore, the person who had died might not rest well, their spirit might hover around, and the person may visit the family members and traditional healers for help or complains. Participants also reported that there is no longer *Botho 'Ubuntu*' because people are unable to support one another during sad times. Based on this situation, biopsychosocial-spiritual model

emphasizes concerns regarding patients' spiritual and psychological well-being with COVID-19 and their relatives, as they enduringly part ways.

Participants mentioned that when a person had died, family members should go to the mortuary and dress the corpse with the clothes that he or she loved. if these rituals are not performed, the family members close to the person who had died will suffer illnesses, financial problems, sleepless nights (nightmares) because the person who died will be visiting them all the time due to the fact that burial rights were not performed; also the person who died, his or her spirit will hunt certain people who did not attend the funeral because when he or she was alive she gave them support when she or he was needed. Galbadage et al. (2020) argued that the patient's comfort, religious and spiritual needs, pain management, last will and legal paperwork, burial preferences are considered through a systematic process. Therefore, this approach will allow healthcare team to foster a caring attitude, respect traditional or cultural considerations, have open communication with the patient and their relatives as well as to maintain the patient's autonomy (Galbadage et al., 2020).

Furthermore, participants reported that when a person came to consults it seems like traditional healers were not doing the right things, because there were no ingredients that were used to prepare African beer in order to speak to ancestors '*go phasa'*. Because during lockdown, the sale of snuff or tobacco, and King-corn were prohibited". Galbadage et al. (2020) reported that the moment when a person is diagnosed with a life-threatening disease, whether they agree with the belief system or not, some procedures are sometimes followed to guarantee the biopsychosocial and spiritual requirements of patients and relatives are met. The protocols might often include traditions or religious rites that are exclusive to specific belief system. For instance, patients are typically allocated a palliative care team to work with the patient, their relatives, and the primary care team to prioritize a common decision-making method (Galbadage et al. 2020). Participants reported that due to lockdown restrictions of not allowing traditional healers to help their clients, the community and family members experienced grief, losing their loved ones, due to not getting traditional treatment. Traditional healers also mentioned that they have experienced stress and were worried because they could have saved their patients by giving them proper treatment.

Participants mentioned that in 1932, during *machona* illness, just like what is currently happening, back then, people were wearing '*dikopo*' both males and females. People were

protecting themselves from getting *machona*. Similarly, to what is currently happening, everyone wears masks to protect themselves from coronavirus. Participants reported that there was social distancing and quarantine during *machona* disease in 1932, the infected person was separated from other people to avoid the spreading of the virus. Yet, challenges to the establishment of holistic patient care were reported to occur during the SARS epidemic in 2003. These involved quarantine of contacts, patient isolation, restricted contact with family members, and limitation of contact with the deceased body, making it challenging to observe death rituals and funeral rites (Galbadage et al. 2020). Participants reported that people experienced some stresses for not being able to bury their loved ones, in other words people experienced disclosure.

Participants reported that when they treat patients, they treat everything that affects that individual's health, traditional healers treat the whole body of an individual, and traditional healers involve the family members or any people that are closely related to the patient throughout the treatment. According to Lacks and Lamson (2018), to assess and treat patients accurately, the interconnection between psychological, social, and biological aspects must be taken into consideration. Lacks and Lamson (2018) argued that a whole is superior to the sum of its parts and each part of a system have an impact on all other parts; psychological, social, and biological health practices should all be well-thought-out when accessing an individual's health and a change in one domain influences a change in the others.

5.3. Theme 1: Insights of traditional healers

Participants in the study reported their insights regarding their explanation of COVID-19 pandemic.

5.3.1. Traditional healers' historical insights into the history of COVID-19

Participants reported that in 1932, there was an outbreak of an illness that killed many people in South Africa. The illness was given a Sesotho sa Lebowa name which was *machona*. Afrikaners called it *Drie dae* because an infected person had only three days survival time. According to Glezen (1996), during the season of 1932 – 1933, there was an outbreak of the epidemics that resulted in excessive mortality rate. The virus that caused that epidemic was not identified, whereas some were probably influenza B virus (Glezen, 1996). Although the identification of the virus became available for the next interpandemic period from 1933 to

1957; nine influenza A (H1N1) and five influenza B epidemics were recognized, this epidemic happened during winter seasons (Glezen, 1996). According to the participants, *machona* symptoms were like the symptoms of this current COVID-19 pandemic. And majority of people lost their lives, and one participant also lost a family member succumbed from COVID-19.

5.3.2. Traditional healers' description of COVID-19 pandemic.

Participants had explained coronavirus as a disease that is similar as cough, where they used the Sepedi terms: "*mokomane or mokhuhlwane*". This is in line with the National Institute for Communicable Diseases (NICD) (2020) that reported that reports that coronaviruses cause respiratory infections in human beings, which array from ordinary cold to further serious illnesses. Mabalane (2020) also reported that traditional healers can treat and manage flu and colds; cough and other related symptoms; these symptoms are generally referred to as *Imikhuhlane* and they use African Indigenous Medicine to treat it. The treatment will be discussed in more detail later in this chapter.

Furthermore, participants reported that the signs of COVID-19 are similar as signs of cough and flu, where a person have trouble in breathing, lack of energy; and that COVID-19 affect the chest (*mafahla*) and it can also spread from one person to another whom they are in contact, because a person who has flu can spread it to other people. This is in line with NICD (2020) that argued that COVID-19 can spread from one individual to the next. An infected individual can spread COVID-19 when coughing or sneezing. The droplets of mucus or saliva can go up to 1 metre into the air, some viral particles land on surfaces; therefore, it is transmitted through breathing, touching, sharing utensils, bathrooms, etc. with an infected person. Fever, dry cough, sore throat, and difficulty in breathing are the general symptoms of COVID-19 (NICD, 2020).

Participants reported that the signs and symptoms are confusing because a person with flu symptoms may go to the hospital for consultation, then the test results will indicate that the person had tested positive for COVID-19, therefore it will be difficult for traditional healer to know if the person is suffering with COVID-19 or not because of similar symptoms with flu or cough, the only way to know is through COVID-19 test. This is in line with the report of NICD (2020), that the signs of COVID-19 are cough in addition to fever, where few affected people present with difficulty in breathing and bilateral infiltrates on the chest X-ray image. There might be possibilities of influenza, tuberculosis, bacterial pneumonia, and so on.

5.3.3. Traditional healers' reports on the causes of COVID-19

Participants reported that they consulted bones and their ancestors regarding the cause of COVID-19. They reported that the cause was revealed by their ancestors and bones that abomination had occurred, where men from China had killed a big mountain reptile. Participants provided an example that the incident is similar as when people had killed a crocodile and people will suffer flu and cough symptoms due to the crocodile's spirit that is hovering around the community. According to Kamnga (2020), traditional healers use the reading of bones to justify the significance of the occurrence of the infection. It has been stated that traditional healers are led by ancestral spirits. Even though traditional healers use different methods of healing as compared to health workers who are deployed by the Department of Health. Although they differ, similar results and goals may be achieved in providing treatment for the community (Kamnga, 2020). Participants reported that for COVID-19 to vanish, people who had committed an abomination had to go to the mountain where the reptile was killed to ask for forgiveness. They suggested that cleansing rituals or ceremonies should be performed at that mountain, and that traditional healers must be present because they know how to communicate with the ancestors as well as preparing herbs that are used for cleansing.

5.3.4. Traditional healers' reflections on the protection against COVID-19 pandemic.

Participants reported that in 1932 when the country was battling with *machona* illness, people were protecting themselves with *dikopo* as explained in the previous chapter. This covering of the face back then seems to be similar as to what is currently suggested for COVID-19 in the world today. Furthermore, participants reported that women continued to wear *dikopo* because the attire was beneficial to them in terms of complexion. Even though, current generations continued to cover their heads with headwraps for religious reasons for instance Muslim, Jewish, ZCC (Zion Christian Church). However, in terms of the virus, the covering of the head and face was for protective reasons. According to Cirrincione et al. (2020), actions should be carried to prevent latest viruses or yet the circulation of the infection. Therefore, using surgical mask is advised, that everyone should wear a face mask that covers both the nose and mouth.

Moreover, participants reported that they offered their patients hand sanitisers and masks before they could help their patients. And participants reported that they did not offer or allow patients to blow (*huetsa*) bones to avoid the spread of small droplets. The emergence of COVID-19 had led the increased masks and gloves use among traditional healers. The

traditional healers are becoming knowledgeable in addition to apprehensive to the spread of diseases, whether is COVID-19 or HIV (Audet et al., 2021). Furthermore, shielding gear is gradually available (put up for sale at community stores rather than merely in huge chemist's) and socially acceptable in non-clinical settings (Audet et al., 2021). Participants also reported that they were able to observe social distancing. This is in line with Goniewicz (2021) who reported that the appropriate usage of surgical mask as well as the practice of societal distance lowers the power of COVID-19 in the occasion of interaction with it by thousand times. Furthermore, Goniewicz (2021) reported that the need for self-defence, sense of being accountable for the public safety and likelihood of employed environments might be helpful in protection against COVID-19.

5.3.5. Illnesses that traditional healers may cure.

Participants reported that they could cure various diseases. They mentioned that they give patients herbs, they could heal epilepsy, *lefufunyane* (mental illness), HIV, diabetes, high blood pressure, cancer, infertility, depression, stroke, and more. This is in line with Bantjes et al. (2018) who argued that traditional healers heal or treat variety of diseases such as tumours, diabetes, hypertension, Human Immune Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), *lefufunyane* (mental illness), epilepsy, hearing, speech, sight loss etc.

Participants reported that counselling people is one of their skills, they counsel people with psychological problems, they also offer them traditional medication to help them with their mental problem as mentioned in the previous results chapter. According to Audet et al. (2017), traditional healers have their own ability to diagnose and treat physical and emotional problems, which are caused by social misconducts, spells, sorcery, and spirits which health professionals cannot treat.

5.3.6. Potential traditional healing for COVID-19

Participants reported that they could or might be able to cure COVID-19 with traditional medications or herbs they use when treating cold related symptoms. They reported that they could use same medications that they normally use for treating cough or flu. There is no specific traditional medication (herbs) that have been produced or prepared specifically for COVID-19. This is in line with Li et al. (2020) who argued that SARS was successfully treated and prevented by using traditional Chinese herbal medicine; the first patient was cured at Beijing and released from the hospital subsequent from using Chinese herbal remedy medicine.

Participants reported that when treating a patient, they treat the whole body rather than focusing on the specific body part/s, they also involve family members. For instance, they give patients herbs to drink, to bath, to steam, to inhale, they also give them bodily exercises as already mentioned in the results chapter. This is in line with Beyers (2020) who argued that traditional healers cure individuals on distinct degree as compared to biomedical health professionals. Biomedical care focussed on psychosomatic treatment, whereas traditional care focussed on psych-socioeconomic treatment (Beyers, 2020). Therefore, traditional healing view people as a whole not as separate being between the mind and body. Traditional healing views an individual as collectivist (representative of the culture, family, or population) rather than as individualist. The individual is treated as a whole, a wider social context is addressed (Beyers, 2020).

Participants reported that for a person to be healed from any disease it depends on the persons belief, trust, and acceptance that he or she will be healed by traditional medicine. According to UNESCO (2020), in Africa, before the introduction of modern medicine, illnesses, and ailments were treated by traditional healers who administered medicines from their natural environments. Traditional healers had been providing herbs as home remedies to boost immune system of the society. It has been reported that the symptoms of COVID-19 are like symptoms of other common cold illnesses (UNESCO, 2020).

Participants mentioned that people who are treated with *lengana,* they used *lengana* in different methods such as drinking and steaming. Participants also mentioned that they use other herbs to treat cold symptoms as already mentioned in the previous results chapter. According to UNESCO (2020), preventative measures commonly used to treat cold illnesses could be used to curb the spread of COVID-19. For instance, grinding tree spines for unproductive coughing, huffing certain leaves to clear out adenoidal blockages, steaming beneath a blanket to alleviate chest congestions, these methods have been used as a form of preventative measures for common cold illnesses. Drinking a lot of herbal teas may help to boost the immune system, such as plants like *Ajuga Remota, Artemisia Annua, Cympobogon Citratus, Cucuma Longa,* etc. Plants that may help with breathing difficulties are like *Fagara Microphylla, Zanthonxyllum Usambarensis, Toddalia Asiatica, Warbugia Ugandensis,* etc. the mentioned plants were used most (UNESCO, 2020).

5.4. Theme 2: traditional healers' perceptions of consequences of COVID-19 lockdown

Participants in the study reported their perceptions on how the lockdown regulations had affected them as well as peoples' wellbeing.

5.4.1. Traditional healers' historical insights into the history of lockdown.

Participants reported that when reading from the books of the ancestors (traditional books that were written by their great-grandparents who were traditional healers), lockdown were not written anywhere in those books, only social distancing and quarantine was written for protection against *machona* disease in 1932. Quarantine is a method that is effective in controlling the circulation of diseases that are extremely contagious in larger residents during the pandemic. Even though this method is only effective if it is implemented properly (Botes & Thaldar,2020). Furthermore, in South Africa when COVID-19 became worse, people in this country were ordered by the President Ramaphosa into a nationwide lockdown intended for 21 days starting as of 26 March 2020.

Participants reported that people who were infected by *machona* in 1932 were separated from other people to prevent the spreading of the disease. Therefore, the Regulation 4 of NDR overtly prohibited people to refuse an approval to health assessment, the taking of every biological test, admittance to health institution or confinement site, acquiescence to compulsory prophylaxis, treatment, or confinement to avoid spread of COVID-19 (Botes & Thaldar,2020).

As reported in the results section, traditional healers reported that ANC (African National Congress) party is a party of ancestors, everything that the ANC decide, ancestors can hear and understand what ANC had said. The participants provided an example that during the Apartheid error, ancestors who had died in Johannesburg during the year of 1920, 1910, 1912, ancestors did not bother family members or traditional healers that they should be collected from Johannesburg and be buried at their home villages because the ancestors new that people were facing difficulties at that time such as lacking money and apartheid regulations. Since 1940s, before the emergence of ANC Youth League, ANC had a brief time as a legitimately organized as well as disciplined organisation resulted from the disruptions that were triggered by the Treason Trial of 1956 -1961, combined with its prohibition in 1960 (Suttner, 2006). During 1994 election campaign, ANC was seen as an underdog, after it has been active for about 82 years as a liberty organization, ANC had not yet partaken in votes then, and realized relatively little regarding campaigning (Twala, 2014).

Participants also reported that ancestors only started to bother family members and traditional healers after ANC had won the elections because ancestors became aware that there is freedom, and their people will be able to collect their spirits in Johannesburg; that is when ancestors begin to visit their families and traditional healers in the form of dreams. ANC was facing challenges which were the change from freedom movement to a political faction. The constituency was obliged to the idea of a nonviolent, democratic, and free South Africa. ANC joined the election aiming for a better life for everyone in the country, for instance working together for creation of jobs to people, freedom, and peace (Twala, 2014). The pledge for a healthier life apprised by the strategy preferences that the ANC embraced throughout the campaign. Shelter, water, schooling, reconciliation, land-dwelling, jobs, as well as the remedy to the societal, financial, and diplomatic disruptions of apartheid regime was altered. Emancipation from poverty was the ease of vicious repression as well as manipulation (Twala 2014)

5.4.2. Peoples' physical wellbeing.

Traditional healers also spoke about the impact of COVID-19 and the resultant lockdowns and restrictions on themselves. Participants reported that during lockdown none or few people did not go to the traditional healers for consultations. Lockdown has affected people. This resulted in hunger and debts for traditional healers, it might also be the fact that people lost their jobs and did not have money. Participants reported that they lacked basic resources such as food due to financial difficulties, they started doing credits from other people for survival. They further reported that their only source of income is from the money they get from clients' consultations. This is in line with Bornman (2020) who reported that a traditional healer based in Johannesburg reported that it was difficult for her to survive. Based on the traditional healer, healing people is a spiritual calling, just like numerous healers, she relied on the little income she made from helping people to pay rent, to send money back home, and to look after her children. Furthermore, the traditional healer reported that she is the breadwinner in the family, and she agreed that COVID-19 kill lot of people, since COVID-19 started, they have not been working as traditional healers. Some individuals were scared to consult them, traditional healers (Bornman, 2020).

Participants reported that they were able to prepare medication for patients to drink at home to avoid contact, during the time lockdown regulations were eased. According to Bornman (2020), the traditional healer reported that she did not have mask, gloves, sanitiser;

and further she mentioned that if people may come to her for consultation, she must provide them with sanitiser and she does not have money, therefore she would not be able to provide the mask, gloves, and sanitiser. She continued to report that the virus is killing them in different ways, and it is difficult (Bornman, 2020).

5.4.3. Peoples' mental wellbeing.

Participants also reported that the society have experienced situational changes where people had to accept new funeral times laws, where a burial had to take place within three days after death and only fifty people can bury their loved ones within limited hours. Therefore, family members were unable to perform proper send-off rights (traditionally), such as viewing the body, killings of cows. Furthermore, it was reported by the participants that the ancestors will not accept the person who had died or the person will not rest in peace, according to the participants, people should eat the cow meat, food and traditional beer, by doing that ancestors will be happy when the cow's blood and traditional beer is poured on the ground so that ancestors could also eat and drink, which will result in their loved one's spirit be accepted by the ancestors, his or her spirit will not hover around (more details are on the results chapter). This is in line with Lindeque (2020) who reported that the absence of cultural rituals for people who died from COVID-19, their families would suffer financial and psychological distress leading to conflict in the communities. Furthermore, because of the lockdown regulations aimed to stop the spread of COVID-19, families are not permitted to conduct certain traditional ceremonies aimed at pleasing the ancestors. For instance, washing the deceased body, slaughtering of cows that accompanies the deceased, these rituals are always performed at traditional funerals. Therefore, without these important cultural rituals many families fear their loved one's spirits will not be able to rest. It is believed that the spirit of the deceased would be restless (Lindeque , 2020).

Traditional healers' emphasis on the lockdown and regulations as affecting wellbeing and that they seemed to emphasise these aspects more than the impact of the virus. That, lockdown regulations affected the general wellbeing of the society than COVID-19 itself.

Participants reported that lockdown had destroyed lot of things, majority of people have lost their lives because traditional healers were unable to help them as there was restrictions of movement. Participants further spoke about pain that was endured by the family members and traditional healers after the passing of a loved one; because they were unable to bury them which resulted in people to experience emotional problems for loss (grief), while on the other

hand traditional healers had experienced regrets for not been able to assist people when they needed traditional help. This is in line with Telles (2020) who had reported that there was an increasing pattern of public spread as the COVID-19 epidemic continued. Yet, with efficient societal quarantine such as lockdown (Telles, 2020). The major result of COVID-19 epidemic is expected to increase societal isolation along with seclusion, which are clearly linked to hopelessness, harming oneself, anxiety, as well as attempting suicide throughout the lifespan. Reduction of feelings of loneliness and promotion of sense of belonging are protective mechanisms against self-harm, suicide, and other emotional problems (Holmes et al., 2020).

Some participants reported that they were able to help their patients after they patients contacted them telephonically for help, participants reported that due to social distancing regulations, they prepared drinking medications for their patients to drink in their own home environments to avoid more physical contact with many people. According to Bornman (2020), a traditional healer reported that she had been helping people even though they were fewer than used to. She noticed that the clients seen to have been affected by the pandemic. The traditional healer reported that the clients seemed to be more depressed and fearing COVID-19. The traditional healer thought that a major reason might be that since people are on their own spaces, required to look at their personal troubles and executing self-introspection.

Furthermore, some participants reported that they had experienced stress due to been unable to save peoples' lives. They also refused to help people because they were afraid or scared of breaching the lockdown regulations, by acting in that manner patients assumed that traditional healers are denying them with treatment. Participants also reported that some people experienced stress for not been able to bury their loved ones, people experienced disclosure. Bornman (2020) reported that another traditional healer reported that individuals dream too much due to circumstances, where some dreams are very scary. Individuals do not understand the meaning of the dreams; therefore, they consult traditional healers to seek help regarding the meanings of those dreams, how those dreams may be connected to them as well as their encounters of COVID-19; therefore, that is a general thing that is happening to everyone (Bornman, 2020). Participants reported that they could manage to speak or connect with their ancestors because the sales of tobacco, snuff, alcohol and *king-korn* were prohibited and that had created a fight or misunderstandings between traditional healers and their ancestors, as well as between the society and their ancestors because they use those ingredients to communicate with their ancestors when asking for luck. Without '*phasa*' (speaking with ancestors on the ground) ancestors will not answer peoples' requests, therefore those people

will suffer emotionally for not been successful in life such as loss of employment, financial issues, health issues, unemployment and more. According to Martin et al., (2020), COVID-19 has headed to acute as well as severe shortfalls in several markets worldwide since the disease as well as the regime- authorized societal distancing instructions. Although, duration in addition to the impact of the economic crisis on distinct homes caused by the virus, is tricky to foresee due to several ambiguities surrounding the predicament period, for instance, the duration of staying at home-based instructions, compressed businesses, post-crisis consumption and recovery (Martin et al., 2020).

5.4.4. Peoples' social wellbeing.

Participants reported that there is no longer *Botho (Ubuntu)* because people are unable to support one another during difficult times. This is in line with Sambala et al. (2020) who argued that due to lockdown regulations, people fail to sufficiently interact with communities with regards to protocols designed for burials, it has resulted in offensive policies. Ubuntu, which refers to I am a person because we are, is more important than individual wellbeing (Sambala et al., 2020). Therefore, through its humanity, social responsibility and compassion could lessen conflicts between public health and individual rights; in turn Ubuntu may assist the government to gain support from the community for actions in emergencies. Individuals might resist to cooperate when interventions are seen to be unacceptable and fair; because of public health measures that restrict movement or quarantine (Sambala et al., 2020). Participants reported that family relatives during and after funerals had feelings of lack of support from community members, friends, and other relatives as they were not there to support them during difficult times.

Participants reported that when a person had died, family members should go to the mortuary to dress the corpse clothes that he or she loved, unfortunately due to lockdown regulations people were unable to perform those rituals, which affected peoples' tradition. They further explained that if those rituals were not performed, therefore, a person who died will be worried, and worry about people not attending his or her funeral. Therefore, close relatives experienced nightmares, sleepless nights, suffer illnesses, financial problems. According to Bornman (2020), a traditional healer reported that it was difficult for her to stop people from accessing traditional healers like herself because in Johannesburg, Alexandra is under-serviced and overcrowded therefore it was difficult to enforce lockdown regulation. Whether they like it or not as traditional healers there are people who still want to consult them, not just for

COVID-19 but for other many reasons. She also reported that it was difficult to let people inside because in Alexandra, individuals are staying in overcrowded dwelling places, therefore, individuals require to breathe, because they were suffocated in their rooms, individuals go outdoor for air (Bornman, 2020).

5.5. Theme 3: The potential of traditional healers is impacted by the government.

Participants in the study had reported their views on government when it comes to COVID-19 pandemic and traditional healers. According to Njanji (2020), in South Africa, it has been reported that the government recognise traditional healers, but currently the government does not give traditional healers a chance to fight against COVID-19.

5.5.1. Traditional healers' fear of apprehension

Participants reported that lockdown regulations have put pressure on tradition and on peoples' lives too because traditional healers were not able to go to bushes or farms to search or hunt for medications such as roots and trees for their patients. This is in line with Kamnga (2020) who reported that traditional healers complained about the social distancing and movement regulations because traditional healers were confined as well as limited to their homes. Due to this quarantine, traditional healers were unable to gather necessary herbs for treatments, and traditional healers were not able to consult with the spirits (Kamnga, 2020).

Participants reported that they had fears of being apprehended by the police officials as lockdown restrictions were against them. And this resulted in patients suffering from illnesses because traditional healers were unable to help them as traditional medications requires herbs for patients to be treated. Traditional healers reported that they were afraid to breach the lockdown regulations. Because if they had done that they were going to be jailed or be fined with R4000 to R5000 which they cannot afford. This is in line with Sambala et al. (2020) who argued that social distancing and lockdowns in South Africa have resulted in reporting of police violence, brutality, and resistance; and this continue. Based on Ubuntu and solution to social problems, individuals do not survive simply by obeying laws that is has been created or imposed by the government. The answer to societal demand lies upon peoples' acceptance of common community goals and norms (Sambala et al., 2020). Furthermore, Sambala et al. (2020) reported that in South Africa, Traditional African principles of what is regarded as correct as well as immoral have been mitigated by Western practices in addition to norms (Sambala et al., 2020). Therefore, now is the time to prioritize and value African tradition, by

considering how the communities and government can work together to fight this COVID-19 pandemic.

5.5.2. Relationship between traditional care and health facilities

Participants reported that they refer their patients to hospitals or clinics for treatments because some diseases they are not able to heal but in Western they can be healed. For instance, traditional healers are unable to put intravenous lines for drip, but they can heal cancer, e.g., if the leg has rotten and full of maggots, traditional healers are able to heal the leg completely, whereas in the hospitals most patients with such conditions their legs are being amputated. According to Beyers (2020), traditional healers can perform certain treatments that are also recognised by the healthcare professionals. Traditional healers can offer community members including warnings as well as educations on individual cleanliness, exercise, the significance of nutrition in addition to doing rites. Furthermore, according to Beyers (2020), traditional healers can also be used as psychosocial healers to tackle stress as well as hopelessness individuals may be facing during the COVID-19 pandemic.

Furthermore, Beyers (2020) argued that both traditional and biomedical health providers appeared to treat diverse diseases, for instance biomedical therapy is for psychological as well as physical illness, whereas traditional healing is for communal impacts of imposed detriment triggered by dangerous forces in the community. It might be that both biomedical health providers and traditional healers are required for treating people who are sick. Therefore, there seems to be a room for both practices to participate in treating COVID-19 (Beyers, 2020).

Participants believe that the government does not have trust on traditional healers that they could heal illnesses such as cancer. Maybe that is the reason the health facilities do not refer their patient to traditional for cure, but traditional healers do refer their patients to health facilities for treatment. Traditional healers might the victim to their own understanding of the functioning of the world and to technique of treatment, up until traditional healers are viewed as being on the same level as biomedical health providers. Crisis and illnesses have a cause, therefore diagnosing and treating real and appropriate spiritual cause may result in healing. An actual cause of the disease is mischievous desires of others displayed in the disease directed on one individual through the workings of mediums of witchcraft based on African perspective, causality oversees the process of healing (Beyers, 2020).

Furthermore, Beyers (2020) reported that the circumstance that traditional healers are not permitted to participate in treating COVID-19 patients may be seen because of malevolent forces acting against traditional healers, not referring to the forces of spiritual source, but of the biophysical nature in the opposition embodied in the representatives of the biomedical healing profession (Beyers, 2020). The discussions raised by the traditional healers to participate in treating COVID-19 does not resolve any issues, but it creates opportunities to address matters underlying the mistrust and tension between traditional and biomedical health providers. These discussions need to be continued even after COVID-19 pandemic had passed (Beyers, 2020).

5.5.3. Traditional healers' feeling of not being valued by the government.

Traditional healers have the feeling of being devalued by the government because the government had put traditional on the inferior level and even performing of traditional rituals were prohibited which affected the lives of patients and traditional healers as the communication between them and their ancestors is lacking, and these might create sufferings to the people. Kamnga (2020) argued that traditional healers and their patients had the feeling that they have been left out of the national pandemic response, this has been reported by Dr Sylvester Hlathi, the President of the Traditional Healers Association in the SADC region (Kamnga, 2020). He further said as *sangomas*, they treat and heal individuals, regrettably they had been left out from the beginning of the COVID-19 pandemic as they were not regarded as essential service providers by the government (Kamnga, 2020).

Participants reported that the way things are currently is the same as during the Apartheid era Traditional healers feel like there is no longer *Botho*, the only thing that is available is to listen only what the government is saying; because if the police officials find traditional healers digging roots or performing traditional rituals in the field, traditional healers were bitten by the police officials. Kamnga (2020) argued that there seems to be a clash between biomedical and traditional healers based on science. Western perspective is encouraged by science which opposes the African perspective influenced by indigenous knowledge systems. This clash is triggered by the clash in worldviews. The explanation of healing is created in the human mind. The healing emerged through human contribution in establishing and administering treatment (Kamnga, 2020).

Participants reported that they may cure COVID-19 by using *lengana* as this herb may heals cough and flu. Kamnga (2020) provided a view from de Andrade (2012:121) that

although, the treatments of traditional healers are mostly targeted at emotional, psychological, and social distress, they are still assessed by the same criteria as biomedical treatment, which is directed at treating the biological system. Maybe, biomedical providers do not understand the calling and functioning of traditional healers, and this triggers tension, misunderstanding and conflict. Traditional healers concentrating on the social-psychological treatment and biomedical treatment concentrating on the physiological treatment, there may possibly be a room for both types of healers to coexist (Kamnga, 2020).

Participants reported that they are feel bothered because government is not giving traditional healers a chance to heal patients. Bornman (2020) reported that traditional healers claim government has side-lined them. Most people South Africa make use of traditional healers as a first point of interaction in the event of any illness that they encounter, particularly in the rural areas and townships. Traditional healers should be acknowledged to have an important role to play in our society. It had been reported that traditional healers partnered with government to treat HIV and TB successfully by being trained to identify and refer clients to hospitals. The responsibility of any healer is to ensure people get well. If this matter of this COVID-19 is to be won in South Africa, there is a need to work together and collaborate (Bornman, 2020). Furthermore, Kamnga (2020) argued that there are outstanding concerns by biomedical health practitioners as to the healing effect of traditional medicine, traditional healers are prohibited from administering remedies during the COVID-19 pandemic (Kamnga, 2020).

5.5.4. Traditional healers on media involvement.

Participants during the interviews mentioned that the leaders of the country oppressed the views of traditional healers that were raised in National Radio stations such as Thobela FM regarding COVID-19 cure. This is in line with Kamnga (2020) who reported that the Health Minister Dr Zweli Mkhize met with traditional health practitioners (THPs) in April 2020 and said government had agreed to better define the role of traditional healers during the lockdown period. Mkhize said THPs and his department agreed that there must be an ongoing channel of communication with the department for proper coordination and information sharing that will assist in the fight against the COVID-19 virus. Moreover, participants talked about their role on the media where traditional healers offers the society some advice, treatment of certain illnesses on radio stations to help the community. They also mentioned that on those traditional programme "*Mmino wa Setso*", traditional healers are invited as quests speakers and radio

listeners calls the studio asking for clarifications or questions regarding any illnesses. Kamnga (2020) reported that the Minister said the Department of Health has identified some roles to be played by THPs. This includes advising and providing guidance about infection prevention and control measures and educating the community on the importance of personal hygiene (Kamnga, 2020).

Furthermore, SA news Home (2020) reported that communication tracking has obtained to boost with Traditional Health Practitioners (THPs) joining government efforts to fight COVID-19. This dedication was made during a meeting that was conducted between the government and the THPs National Sector Leaders over the weekend. Therefore, the involvement of traditional healers on the media plays an important role on the society as health promoters.

5.5.5. Government in decision making.

Participants during the interview spoke about the government did not meet up with traditional healers to talk about how traditional healers could help people during the pandemic. Furthermore, the participants mentioned that the government took decisions on their own without including them and the decisions that were taken by the government had affected traditional healers and clients as clients were not helped accordingly such as collection of traditional medications. Bornman (2020) argued that the traditional healers should be included in the development of new guidelines to treat COVID-19 patients. Sazi Mhlongo, the Chairman of the Council for Traditional Healers in the Durban region reported the request of traditional healers to take part in treating COVID-19. According to him, traditional healers received no assistance from the Department of Health nor medical equipment to fight the spread of the virus. Not even clean water, which is essential for the healing treatment provided by traditional healers, was provided to healers (Bornman, 2020).

The participants spoked about that the government has side-lined traditional healers, words like "offside" were used by the participants to explain where the government has positioned them. This is in line with Bornman (2020) who reported that traditional healers were not consulted officially nor appointed officially in the fight against COVID-19.

Even though, currently, traditional healers had been included by the government for the rollout of vaccine, traditional healers have been chosen to be among the people who will receive the COVID-19 first. According to Mukwevho (2021), if COVID-19 vaccines are rolled out to

health workers earlier this year (2021), traditional healers also wanted to be part of the first phase of inoculation. After the AstraZeneca vaccine was halted, the government planned to move ahead with the Johnson and Johnson vaccine for health workers. As the state recalibrated its national rollout, traditional leaders were lobbying to be included since traditional leaders are also on the frontlines of the COVID-19 pandemic (Mukwevho, 2021). Since the data was collected and the study written up, the vaccination programme began across the country and for the population at large in different stages.

5.5.6. Training for traditional healers by the government.

Participants in the study suggested training. They believed that the government could have trained them regarding COVID-19 and how they should follow proper precautions so that they could protect themselves and their patients from COVID-19. This perception of training is in line with the article of Bornman (2020) who attributed those traditional healers should also be trained to identify symptoms of the virus while keeping themselves and their clients safe. Traditional healers need to be taught how best to protect their families and how best to protect the clients that come to see them. There is a need for government and the traditional healers' council to come up with a programme on how best to conduct themselves during the pandemic (Bornman, 2020). Therefore, participants reported that the government could have permitted them to work like hospitals because both hospitals and traditional healers have the same goals which are to help patients.

Moreover, the participants also spoke about that the government could have provided training on how to use sanitisers, the proper way of wearing protective hand gloves as well as how face masks should be worn, so that they could assist people. Cousins (2020) also suggested that traditional healers be positioned to educate the society about the prevention techniques such as the wearing of masks and handwashing. Disease should be explained in a language that people could understand. Possibly, traditional healers might explain coronavirus as a certain monster which could be defeated by using those preventative methods (Cousins, 2020). Furthermore, culture is broadly accepted as a factor associated with health concepts and behaviour; communication about health needs to consider culture especially in a multicultural discourse where discourse members have different cultural backgrounds. Words and their meanings are not fixed, words such as hygiene, disease, mental, drinking, pollution etc. can cause miscommunication in a multicultural discourse (Lê, 2006). Therefore, in this case, the

role of the traditional healers will be helpful in explaining health related issues by using the language the community members may understand.

Furthermore, traditional healers mentioned that they were not going to experience any form of stress if the government could have educated them on how social distancing is maintained. This is in line with Bornman (2020) who attributed that the government does not seem to understand the importance of involving traditional healers in treating the pandemic. At the very least, healers need to be trained in best practices for how to manage clients. It would be great to have workshop, even if it is a Zoom workshop, to say if a patient comes, practise this and this is what you must investigate. Rather than relying on research and what is read on the news about protection (Bornman, 2020).

5.6. Discussion's summary

This study has highlighted the biopsychosocial-spiritual model in understanding the healing and well-being of individuals and revealed three main themes and subthemes that were discovered across the participants interviews. The three main themes are: insights of traditional healers, traditional healers' perceptions of consequences of COVID-19 lockdown, and government. These themes revealed the experiences traditional healers during the COVID-19 pandemic as well as revealing their insights regarding the history of influenza illnesses. Traditional healers stated their views on how they understand the virus. It is evident that traditional healers are playing a vital role in the society. They treat lot of diseases that affect the society, they provide guidance and awareness to the community member, they help people by performing rituals for better wellbeing. Traditional healers pointed that the lives of people are more important, that is the reason it was difficult for traditional healers not been able to offer traditional care to people as lockdown had affected the population severely, some people lost their lives due to lack of traditional help.

6. CHAPTER SIX: CONCLUSION

In conclusion, this study explored the insights and roles of traditional healers regarding people's wellbeing during the time of COVID-19 pandemic in South Africa. South Africa is among the countries that is mostly affected by COVID-19 as compared to other countries across the world, the country experienced higher infection rate and death rates although the country had managed to control the infection faster that lead to mortality rate not to be more severe as other countries such as China. South African government had implemented measures such as quarantine, lockdown regulations to aimed to regulate the spread of the virus. As it is known South Africa is a multicultural country with different religion and cultural beliefs. Majority of South African especially those in Black communities consults traditional healers more often when experiencing any problems that require medical attention. This had been a case since centuries, where most Africans rely on traditional medicines for treatment. This study was guided by biopsychosocial-spiritual model where the disease is seen as a disrupting influence in biological relationships that may influence all other relational characteristics of the patients, whereas patients are regarded as being-in-relationship (Galbadage et al., 2020). In other words, when treating the patient there are four factors that should be considered, to treat the patient as a whole being, which are spiritual, biological, psychological, and social factors. Traditional healers involve the family when treating the patient and they also focus on treating the whole body of an individual.

According to Sodi et al. (2011) traditional healers play an important role in preventing, promoting, and curing, rehabilitating, and providing psychosocial care to people; they protect people from bad omens, they help people find jobs by performing certain practices, protecting people against witchcraft, etc. therefore, on this study traditional healers seemed to agree with this statement as they reported that they are able to heal illnesses, offer them counselling, and perform rituals to prevent bad things from happening.

Furthermore, the descriptions that traditional healers felt that the government had failed them when it comes to being oppressed during the COVID-19 lockdown regulations, where these regulations had affected the wellbeing of the society including traditional healers themselves. Traditional healers highlighted that most people lost their lives during the lockdown because traditional healers were unable to offer them traditional care. According to Sambala et al. (2020) argued that due to lockdown regulations, people fail to sufficiently interact with communities with regards to protocols designed for burials, it has resulted in

offensive policies. It was evident that lockdown had destroyed lot of things, majority of people have lost their lives because traditional healers were unable to help people as there was restrictions of movement. As well as family relatives, friends and community members were unable to offer support to those who had lost their loved ones.

Despite the emphasis on traditional healers being oppressed, the results also highlight participants' recognition of the role they play in peoples' lives such as providing advice through media for illnesses awareness. The nature of the government not recognising the value on traditional healing, not allowing traditional healers to treat people, the closure of tobacco sales, prohibition of gatherings as well as the killings of cows has affected the society and traditional healers as they were not able to communicate with their ancestors as well as performing vital rituals for the dead. It is worth noting that almost all participants talked about them working together with the health facilities, but health facilities do not do the same; traditional healers pointed that they might try to heal COVID-19 if the government could hear them out or give them a chance because traditional healers are able to successfully heal many illnesses such as cough, flu, cancer, mental related illnesses, etc.

The lack of government not giving traditional healers a chance to fight COVID-19 might lead to the virus to keep on affecting people throughout due to the lack of treatment or not finding the cause of the virus because the participants mentioned that an abomination took place where a reptile was killed, therefore for the virus to end people should go to the mountain to ask for forgiveness and perform certain traditional rituals so that they could be heard by the ancestors or the reptile that was killed. Therefore, it is evident that if the government could work together with traditional healers to fight COVID-19, then this virus could be defeated, and people's wellbeing (social, physical, and psychological wellbeing) may get back to normal.

The overall description that become apparent from this research study implies that traditional healers in South Africa during the COVID-19 pandemic undergo similar challenges which are not only oppression but social, psychological, and physical in nature. Moreover, it became evident that traditional healers further experience challenges in their working context as they could perform their traditional job well due to lockdown regulations which affected the society physically, psychologically, and socially. It can further be stated that traditional healers were willing to help health facilities in fighting against COVID-19 unfortunately the government did not give them a chance to do so. Furthermore, the involvement of traditional healers on the media plays an important role of health promoters in society. This point is further

supported by the possibility of traditional healers offering society guidance and advice regarding illnesses and their treatments on national radio stations such as Thobela FM. Hopefully the results from this research study may pave the way for future research and development on government in involving traditional healers on health crises as well as providing infection control training to them.

6.1.Strengths of the study

Firstly, this study explored a novel and underexplored area related to traditional healers and COVID-19 in South Africa. It has thus brought new knowledge and awareness that might be beneficial to traditional healers, health facilities, the government, and the society. Secondly, furthermore, the methods that were used in this study enabled the participants to open-up to what was apparently a problematic issue. Thirdly, this study was conducted within few months into the COVID-19 pandemic had emerged in the world based on traditional context, and this pandemic is still an ongoing issue with no sign of ending. This had allowed the traditional healers to reflect on other pandemics such as influenza viruses that affected lot of people in previous years, take an African perspective and make sense of the traditional treatment although the experience of COVID-19 is still recent. Fourthly, the researcher took an advantage on her personal insight and race but with full awareness of her own expectations and beliefs. Therefore, this had allowed participants to fully engage and be open in the research study. Finally, this study is qualitative research in nature, it enables participants to express their experiences in detail and it also allowed the researcher to ask for clarifications or probe some questions.

6.2.Limitations of the study

Firstly, as explanatory in nature, this study consisted of participants from rural areas in Limpopo province. Therefore, the results that were obtained from the participant cannot be generalised to the whole population of traditional healers in South Africa. Secondly, this study was conducted shortly after the emergence of COVID-19 pandemic, and it did not explore on the experience of traditional healers in other provinces in South Africa. Thus, the results from this research study are exclusive to the experiences of Pedi traditional healers in Limpopo province. Thirdly, the researcher might have brought her own judgements and values into the study. This is motivated by the researcher not been trained traditional healer on similar grounds as the participants on this study. Therefore, it became difficult for the participants to provide more information regarding the names of traditional herbs used to treat illnesses. Therefore,

this might carry some mistrust of the participants. therefore, the researcher made the participants to be aware that if they feel like not answering questions that they are not comfortable with, they were welcome not to answer and they will not be punished for doing so. Fourthly, this study could have provided more results in terms of non-verbal cues of participants if the interviews were conducted face-to-face, unfortunately due to COVID-19 regulations the interviews were done telephonically. Maybe the participants could have provided more information in detail.

6.3.Recommendations

Based on the results of this study, the following recommendations are suggested by the researcher. Research is recommended that may focus on the issue social, physical, and psychological wellbeing within the context of the experiences of South African society on how COVID-19 lockdown regulations had affected them. Secondly, a similar study may be conducted across different traditional healers in South Africa to establish whether traditional healers had experienced similar issues. Thirdly, a comparative study maybe conducted at the end of COVID-19 pandemic by an outside researcher to establish how traditional healers and the society had coped with this pandemic. Fourthly, a quantitative study may be conducted to see how many traditional healers and society had faced difficulties during the COVID -19 pandemic. Fifthly, a mixed method research may be conducted to explore the experiences of traditional healers and healthcare workers who got infected with COVID-19 in South Africa. Finally, it is recommended that grounded theory studies be conducted to generate theories that are related to traditional healers and treatment of critical illnesses as well as the training of traditional healers through workshops or community health awareness to gain more knowledge regarding illnesses or viruses.

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8. APPENDICES

Appendices A: Interview schedule

Interview Questions

Biographical

1. How old are you?
2. What is your educational background?
3. Do you have any other occupation besides being a traditional healer?
4. How long have you been practicing as a traditional healer?

Traditional healer

1. Please tell me about being a traditional healer.
2. How do you feel about you being a traditional healer?
3. What are the advantages of being a traditional healer?
4. What are the disadvantages of being a traditional?

Community

1. How often do you come across people who have respiratory problems?
2. Where do your clients come from?
3. According to your view as a traditional healer, when people have problems, who do they consult or seek help from?
4. How do your community view traditional healers?
5. What other roles do you play in the community besides traditional healing?

COVID-19

1. How do you understand Coronavirus disease 2019 (COVID-19)?
2. What do you think are the causes of COVID-19?
3. What kind of signs do you see on an infected person?
4. During this time of lockdown and social distancing, how do you offer traditional care?

Peoples' wellbeing

1. What do you think might be the consequences of the lockdown on peoples' health?

2. Please tell me more about things that might be considered that may have an effect on peoples' health.

Healing practices

1. How often do people with respiratory problems consult you?
2. How do you treat respiratory illnesses?
3. Have you successfully treated a person who had serious respiratory problems?
4. What treatment methods have you used?
5. What is your relationship between traditional healing and health facilities?
6. Do you refer people to health facilities?
7. What kind of other illnesses do you treat?

Concluding question

1. Is there anything you would like to tell me or ask me?

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Appendices B: Participant's information Sheet

Participants' Information Sheet

Dear Sir or Madam

My name is Mmaphoku Nkadimeng, and I am a Masters student in Psychology Department at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the insights and roles of traditional healers, under the supervision of Dr Victor De Andrade. The aim of this research project is to explore the insights and roles of traditional healers with regards to people's wellbeing in the time of COVID-19

As part of this project, I would like to invite you to take part in an interview where the researcher will ask you some series of questions. The study will involve only traditional healers. The researcher will interview one traditional healer at the time; and the interview process may take about 30 minutes. With your permission, I would also like to audio record the interview using a cell phone recorder. The researcher will interview you via online platform that you feel to be comfortable with, for instance Skype, Messenger, etc.

There will be payment for participating in this project; the researcher will provide 1 GB data bundles that will cost about R150.00 to each participant, so that you will not use your own data bundles during the interview process. You will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You are free not to answer any question(s) if you do not want to. The interview will be completely confidential, the researcher knows your name but during the interview process, I will not be asking for your name or any identifying information, and the information you will provide will be held securely and not be disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report.

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If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. If you wish to receive a summary of this report, I will be happy to send it to you. The data collected from this research project will be stored in my laptop protected by a password and will be kept for up to 6 years. After that, I will delete the file and burn the handwritten notes. With your permission the data collected from this research project may be used by other researchers. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone number: 011 717 1408, email address: hrec-medical.researchoffice@wits.ac.za. And my supervisor Dr Victor De Andrade, telephone number: 011 717 4570, email address: Victor.DeAndrade@wits.ac.za .

Yours sincerely,

Mmaphoku Pheladi Nkadimeng

Email address: 754975@students.wits.ac.za

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Appendices C: Participants Consent Form

INFORMED Consent Form for participation in the interview

Title of the Research Project: The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

Name of the researcher: Mrs Mmaphoku Nkadimeng

Name of the Supervisor: Dr Victor De Andrade

I **……** agree to participate in this research project. The researcher has explained the research to me, and I understand what my participation will involve. I agree to the following:

Please tick if you agree to the options below:

Options:	**Tick**
I agree that participation is voluntary.	
I agree that the researcher will provide only 1 GB data bundles.	
I agree that I do not have to answer any questions that I may not want to answer.	
I agree that my participation will remain confidential, the researcher will use pseudonym instead of my real identity.	
I agree that I will remain anonymous in the reporting of the findings of the research.	
I agree that the researcher may use anonymous direct quotes in the research report.	

Name of the participant……..…..….

The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

Signature……..……..…

Date……..……..….

Name of the researcher (Witness)…….……....…

Signature…….…….……

Date……..……..…

The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

Appendices D: Participants Consent Form for Audio recording

INFORMED Consent Form for recording the interview

Title of the Research Project: The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

Name of the researcher: Mrs Mmaphoku Nkadimeng

Name of the Supervisor: Dr Victor De Andrade

I **……** agree to be audio recorded in this research project. The researcher has explained the research to me, and I understand what my participation will involve. I agree to the following:

Please tick if you agree to the options below:

Options:	**Tick**
I agree that my voice will be audio recorded during the interview process.	
I agree that the researcher will not ask my name or any information that may reveal my identity during the interview process.	
I agree that the researcher will protect my identity by using pseudonym and password when storing the data on her laptop and external hard drive.	
I agree that the notes that will be taken by the researcher during the interview will not include my real identity and the researcher will lock the notes inside the locker at her home.	
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	
I agree that the information that I will provide will be stored for up to 6 years, and the researcher will delete the folder and burn the handwritten notes.	

Name of the participant……..…..….

Signature……..……..…

Date……..…….….

Name of the researcher (Witness)…….……....…

The Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.

Signature…….……..…….

Date……..……...…

APPENDICE E: Clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MASPR/20/09**
PROJECT TITLE:	Insights and Roles of Traditional Healers Regarding People's Wellbeing in South Africa during the time of COVID-19 Pandemic.
INVESTIGATOR	Nkadimeng Mmaphoku (754975)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	12 June 2020
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Minimal Risk
EXPIRY DATE	31 December 2022

ISSUE DATE OF CERTIFICATE 21 June 2020 **CHAIRPERSON** ___ (Dr Sahba Besharati)

cc: Dr Victor de Adrande (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature Date 30 / 04 / 2021

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES