

How Indigenous Belief Systems Guide Help-seeking Behavior for Psychosocial and Medical Problems: A South African Perspective

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ABSTRACT Advertisements are placed in newspapers by people identifying themselves as “doctors” or “healers” in South Africa. This paper aims to identify what services are advertised, who offers these services, and the methods used to diagnose and treat these conditions. Adverts were randomly collected from a free community newspaper and analyzed by two independent coders using thematic data analysis. The results indicate that services were offered for various conditions such as relationship issues, the resolution of financial problems, winning lotteries, getting jobs or promotions, the removal of bewitchment, and help with medical and legal problems. Various treatments are also advertised. Findings are conceptualized within a South African indigenous belief system, which attributes causality of ill-health or misfortune to bewitchment and healing through traditional practices. It is recommended that “Western” trained healthcare providers be aware of the availability of these services and their use by “Westernized” or globalized Africans for problem resolution.

INTRODUCTION

With increasing globalization there is a greater understanding of cultural relativity and of scientific evidence that religion can be good as well as bad for health (Cox 2011). Each culture has its own indigenous belief systems (IBS), a collection of attitudes, values, stories and expectations about the world around, which informs one’s every thought and action. It is also expressed through ethics, religion, philosophy and scientific beliefs. IBS have also been described as how a culture works out in individual practice (Cox 2011).

In the South African context, IBS encompasses traditional medicine. This has been recognized by the World Health Organization (WHO) as “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improve-

ment or treatment of physical and mental illnesses” (WHO 2002).

There is evidence that traditional medicine is widely practiced throughout Africa and in other parts of the world (Abdullahi 2011). There are large numbers of immigrants from various parts of Africa to South Africa, and also from Africa to international destinations, particularly in developed countries, who bring with them their indigenous understanding of various medical conditions and other problems, which guide help-seeking behavior. Statistics indicate that there are just under 2.2 million immigrants making up 4.2 percent of the population in South Africa. More than seventy percent of these immigrants come from other parts of Africa (Wilkinson 2015). Similarly, there is migration from Africa to other parts of the world with for example, the United States census data indicating that 1.6 million people emigrated from Africa to the US between 2008 to 2012 (www.census.gov). When people migrate internally or internationally they take their interpretation and understanding of cultural knowledge including illness etiologies and accessing ways of finding relief and treatment of these with them. The healthcare systems of the host states or countries must take these indigenous belief systems about illness etiologies, ways of treatment into account in order to provide effective healthcare.

Within this context, there are services being offered to members of the public in South Africa

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by people who are not “Western” trained health or allied professionals such as doctors, psychiatrists, psychologists and social workers. Increasingly, there are advertisements for medical, health related and other psychosocial problems such as treatment of infertility, “business boosting”, services related to the removal of bewitchment, and reestablishment of conjugal relationships, placed by people who call themselves “doctors”, spiritualists, mediums and herbalists.

These advertisements appear in free community newspapers in South Africa (for example, *The Central Weekly Gazette*), in pamphlets distributed in the streets of major towns and cities, and in national newspapers (for example, *The Sunday Tribune Herald*). Similar adverts are also placed in the classifieds of international tabloids such as the *AM New York* in the United States (a free newspaper given out daily in New York City). While some may describe these individuals as “charlatans” (Steyn and Visser 2012) and there may well be “quacks” and fake healers among these (Abdullahi 2011) who may engage in disreputable and unethical conduct (Richter, 2003), the fact that these adverts proliferate in newspapers and in flyers in streets indicates that there is a demand from consumers for these services. This demand results in paid advertising, indicating a relationship, which is consumer-supplier based (Steyn and Visser 2012).

The Use of Traditional Healers in South Africa

The literature indicates that traditional healers in South Africa have been marginalized by the previous colonial and apartheid governments. As early as 1953, the Medical Association of South Africa declared that alternative therapies were unscientific and illegal. Thereafter, the South African government enacted various laws such as the Witchcraft Suppression Act of 1957 and its amendment in 1970 (Tugendhaft 2010). These laws prohibited the use of certain traditional healing practices, as these were attributed to beliefs that illness and diseases were historically embedded in superstition and witchcraft discourses (Abdullahi 2011). It was only in post-apartheid democratic South Africa that formal policies legitimizing traditional healers emerged with it culminating in the Traditional Health Practitioners Act of 2007.

The true number of traditional healers in South Africa is unknown but ranges from 190,000 (Gqaleni et al. 2007) to between 300,000 to 350,000 (Lidell et al. 2005). Regarding the use of tradi-

tional healers by South Africans, different rates are reported by various researchers ranging from 11.7 percent (Nene 2014) to forty-eight percent (Burns 2014) to eighty-four percent (Gqaleni et al. 2007). Furthermore, reports indicate that 41.49 percent of respondents (both students and professionals and blue collar workers) preferred to use both Western and traditional methods of healing indicating medical pluralism (Nene 2014).

Researchers have found, for example, that the lifetime use of traditional healers in South Africa for medical conditions such as epilepsy was seventy-three percent and seventy-four for non-epilepsy related medical conditions. Regarding costs incurred when visiting traditional healers for this epileptic treatment, Wagner et al. (2016) further established that the median amount charged was USD 52.36 ranging from USD 34.90 to USD 87.26 paid for in cash by all but one patient (who reported that he was told to pay only if cured).

As far back as 2010, the costs of cleansing treatments for HIV ranged in South African Rands from 200.00 to 2800.00 (approximately between USD 14.28 to 200.00) (Walwyn and Maitshotlo 2010). The mean salary for Black South Africans who are the majority using traditional healers is R 5445.00 (approximately USD 389.00) (www.businessstech.co.za). Given that more than two thirds of the poorest South Africans spend almost ten percent of their household expenses on traditional healers (Nxumalo et al. 2011), the amounts earned by these healers is significant. Furthermore, it is estimated that traditional medicine is lucrative with almost 3 billion South African Rands being contributed to the economy. On average, traditional medicine is used 4.8 times per year predominantly by Black South African consumers (Mander et al. 2007).

Objective

Within this context, this study aimed to establish who is advertising these services, what these services are, the methods used to deliver these services and the type of treatments offered. This study was also undertaken to establish if this was in keeping with traditional African beliefs or indigenous knowledge systems.

METHODOLOGY

The researcher collected advertisements from one randomly chosen newspaper in the Durban

metropolitan area in South Africa. Durban is a large coastal urban city of approximately 5 million people, primarily home to Black South Africans. Local newspapers were perused and one such free community newspaper "The Weekly Gazette", which is distributed to approximately 82,000 households in the Durban municipal area, was chosen to extract advertisements by traditional healers. The keywords "healer", "doctor" and "spiritualist" were used as inclusion criteria for the adverts. Exclusion criteria were advertisements by medical doctors and allied health professionals such as psychologists, identified by their professional practice registration from the Health Professions Council of South Africa (HPCSA), the statutory regulatory body for health practitioners in South Africa. Twenty adverts were collected from this newspaper over a random two-week period. As three of the adverts were repeated, these were excluded in data collection. A qualitative approach was used whereby the services offered were themed in terms of content. This was undertaken by two coders (one a clinical psychologist and the other, a psychiatrist), who worked with the data independently, to establish what services were offered, and what treatment modalities were recommended. Basic descriptive statistics (percentages) were established for each category of service.

RESULTS

In terms of the nature of the problems identified in the newspapers the following emerged. 17 adverts offered a total number of 128 services. The majority of these (22.65%) consisted of help with or the resolution of interpersonal relationship issues (including help to attract partners, getting a partner to propose, to stop the partner from "cheating"). The prevention or resolution of financial or economic problems constituted 12.5 percent of the services offered. The removal of bewitchment and protection against bewitchment, including the removal of bad luck was identified as 9.37 percent. Help with medical problems such as infertility, sexual problems and addictions consisted of 5.47 percent of the services. Assistance with personal advancement such as help with passing exams, doing well in interviews, getting a promotion consisted of 7.81 percent of the services offered. Help with winning the lottery or in the casino constituted N=10 (7.81%) of the services offered while help with "boosting" business were 6.25 percent of

the services offered. Child and family problems made up 4.68 percent, while the "finishing of unfinished business" (by other healers) was also 4.68 percent. The prevention or resolution of legal problems (n=3, 2.35%) and a generic "solving of all problems" constituted 3.12 percent of the other services offered.

In terms of the methods used, two (1.56%) advertised the use of water or mirror divination. In terms of treatment modalities advertised, 9.37 percent advertised creams, lotions, "magick" water, "body cleaning" powder and special oils, for example, "zam zam" oil as treatment modalities. The results are presented in Table 1.

Table 1: Services offered in advertisements by healers

Service offered	South African adverts	
	No.	Percent
Partner relationship issues	29	22.7
Financial/economic problems	16	12.5
Winning the lottery or at casino	10	7.8
Bewitchment/removal of bad luck/stopping enemies	13	10.2
"Boosting" business	8	6.2
Passing exams/doing well in interviews /getting promoted, getting a job	10	7.8
Child and family problems	6	4.7
Legal problems	3	2.3
Solving of all problems	4	3.1
Finishing what other healers have left uncompleted	6	4.7
Medical problems (infertility, sexual problems)	7	5.5
Diagnostics:		
Water/mirror divination	2	1.6
Treatment:		
Oils, powders, bindings, "magick" water	14	10.9
Total services	128	100

Source: NBM Vawda

DISCUSSION

The aim of this study was to establish what services are advertised in local newspapers by people who identify themselves as doctors, diviners and healers, to establish what methods were used to diagnose and what treatments were offered, and whether this is in keeping with South African traditional medicine and indigenous belief systems.

Why herbalists, spiritualists and diviners are offering help for medical problems and psycho-

social problems, can best be understood by Beaumann's (2010) explanation that when formal diagnostic explanations are used to categorize people's understanding of their personal or social problems or experiences, a disconnection develops. The meaning that a person attaches to the problem or illness, as well as the extent to which this causes impairment and distress, determines whether intervention is sought and then what form of intervention will occur. Understanding these beliefs will result in more effective management. Similar sentiments are echoed by Geshiere (2000), who proposes that people's everyday concerns, fears, desires and wishes must be understood.

The South African IBS or traditional medicine incorporates religious and cultural beliefs. This ensures that the treatment is holistic with a focus on the physical, psychological, spiritual, and social aspects of an individual embedded in a family and community. There is interaction between the physical and spiritual worlds with the latter also incorporating the supernatural world (Ivey and Myers 2008; Natrass 2006; Truter 2007). There is a linear causality where the individual searches for not only the origin of the phenomena, but also of "who" is causing the suffering and "why" it is being caused (Evans-Pritchard 1937; Hammond Tooke 1975; Truter 2007).

These healers may be finding a ready market as people may feel that these healers may understand their problems better than those trained in Western rational and scientific explanatory frameworks (Ivey and Myers 2008). Research indicates that users feel that traditional healers have the same cultural values and world views as their patients and that the treatment is culturally specific, being tailored to a specific individual and the primary cause of the illness (Mbatha et al. 2012; Gibson 2013). Furthermore, the shared cultural closeness facilitates communication (Tugendhaft 2010; Truter 2007). Another possibility is that black South Africans, who are primary users of traditional medicine, are suspicious of Western medical practices, practitioners and facilities given the past inequities in healthcare experienced by them, under the discriminatory practices of colonialism and apartheid (Wreford 2008).

While there is a presumption that modernization is accompanied by a shift away from supernatural belief systems to more rational and

scientific interpretive frameworks (Ivey and Myers 2008), Swartz (1986) states that equating urbanization to decreasing belief in indigenous healers and witchcraft is not necessarily the case. This is supported by the continued use of traditional healers by students and professionals (Nene 2014; Natrass 2006). Geshiere (2000) has reported that in northern African countries, modernization and increasing access to resources in fact often lead to an increase in supernatural beliefs, especially the fear of being bewitched.

When people are experiencing adversities or there are occurrences such as natural phenomena or psychological distress, in South African IBS, this is often attributed to occult or mystical forces in local, particularly rural communities. Psychological and psychiatric forces are not regarded as explanatory models in these communities where traditional supernatural belief systems provide established and culturally accessible understandings (Ivey and Myers 2008).

One key belief in South African IBS is that of constant interaction between spiritual and human worlds with deceased relatives or ancestors. These become ancestral spirits who continue to play a role in the daily activities of their living family members, influencing their behavior (Ivey and Myers 2008; Natrass 2006; Gibson 2013). To promote harmony these ancestors are to be made welcome in the ancestral pantheon by the family by engaging in rituals such as slaughtering of animals (Naidu and Darong 2015). Disconnecting from these ancestors and cultural traditions or violating cultural norms and/or failing to perform cultural rituals can often lead to ill health or misfortune (Gibson 2013; Natrass 2006). These ancestors are protectors but can punish individuals or at times can even forsake them completely by causing problems if descendants "forget" what is owed to them (Gibson 2013).

Bewitchment is one of the core beliefs about causality. When misfortune occurs its origins are located in the actions or intentions of hostile others who have through some means caused the circumstances. There is a central tenet, a belief in magical powers with supernatural influences believed to be at work in a variety of circumstances (Ivey and Myers 2008; Gibson 2013). Good magic is associated with the use of mystical or supernatural powers to bring about benefits such as healing or as providing protection

against potential evil. However, evil magic, of which bewitchment is the epitome, is used to inflict harm onto others. Bewitchment concerns the manipulation of evil magic (Ivey and Myers 2008). Western medical treatment may not help if one is bewitched and in fact using it might even lead to greater harm. Western doctors may be unaware of bewitchment practices and may be unable or incapable of correctly diagnosing and treating these conditions (Ivey and Myers 2008; Natrass 2006; Truter 2007). Hence, the treatment offered by the diviners, such as rituals may be considered by those with an African IBS as being more effective.

Who Are These "Healers"?

It is within this context that all the services offered need to be understood. The individuals who offer these services are culturally recognized and approved providers of these services. The healers, psychics, mediums are all traditionally known as "*isangoma*" (diviner or diagnostician) or the "*inyanga*" who are the herbalists and also performs rituals, preparations for luck and fidelity. The "*umthandazi*" (faith healers) mainly engage in divination ("*ukhubula*") in which water may be used for protection of the home and healing (Makhathini 2003; Truter 2007). Mirror divination ("*Ukubona ngesibuko*") is used whereby one would see the image of a person or ancestral spirit who is causing the illness (Hadebe 1986).

Witchcraft as a "Public Secret"

Witchcraft presupposes secrecy and mystery, yet this secrecy is now being unveiled by various services such as treatment of bewitchment being advertised openly. Witchcraft is now described as a "public secret" from it being both secret and open (Geshiere 2000). Furthermore, the occult including witchcraft discourses are now being increasingly commercialized with the best medicine available to those who can afford to pay dearly (Geshiere 2000). In this study, the services related to bewitchment (10.16%) are openly advertised but the fees are not. This is deliberate, as the literature indicates that these are based on three factors. Those traditional healers who have better reputations for providing effective treatments are able to command a higher fee, the greater variety of herbs used, the

higher the fees, and finally, urban practitioners would charge higher fees (Walwyn and Maitshotlo 2010). As indicated in the study, in almost 4.7 percent of the adverts, the healers offered to complete what other healers had left "unfinished". This could also be attempts to enhance their own reputations in an aggressive (Geshiere 2000) and competitive business environment, resulting in more lucrative payments.

"Bad" Magic

In terms of bad magic, a significant percentage of the services offer this in this study such as the removal of bewitchment. The services offered are in keeping with the effects of bewitchment, which may be personalized and often fit the "victims" context and life experiences. The misfortunes of life ranging from being jobless, becoming ill, to experiencing trouble at work can all be attributed to sorcery (Ivey and Myers 2008; Gibson 2013). Of the problems that treatment was offered for in this study, 5.47 percent were related to medical services such as infertility and sexual problems. In African cultures to be childless is considered a great affliction by a married woman and her own people, and is also due to the failure of her family to perform fertility rites or abdication of the family's responsibilities to the individual. Thus, infertility can only be cured by traditional medication (Ngubane 1977). Similarly, the offer of medications in the adverts to help with sexual and reproductive problems is tied up to the violation of cultural norms or taboos regarding adultery (Wreford 2008; Natrass 2006). There are links between adulterous relationships and punishment of these relationships through the use of witchcraft (Wreford 2008). The husband has the right to harm his wife's lover, who may after having intercourse with her develop a condition known as "*iqondo*". This condition may affect his lower abdomen and genitals (Ngubane 1977). Traditional healers are often consulted for gonorrhoea, syphilis and HIV/AIDS (Mngqundaniso and Peltzer 2008).

The use of medicines to guarantee fidelity in relationships is also important. Husbands can use these to control their wives and in keeping with gender equality, women who are "out of control" can use love potions to attract men (Leclerc-Madlala 2001: 543). Furthermore, medicine to ensure fidelity in relationships can pol-

lute any man who has sexual intercourse with a woman who has been thus treated (Wreford 2008). Makhatini (2003) reports that certain venereal diseases can be a result of having sexual intercourse with a widow. The deceased husband's ancestors protect her following her husband's death. The symptoms (for example, wasting and diarrhea) resemble those of sexually transmitted diseases (including HIV/AIDS) and as these illnesses are caused by the ancestors, because of the violation of taboos and adultery, they are difficult to treat and can only be treated by special people (Makhatini 2003).

Social Relationships as Agents of Discord

The biggest category of services offered (22.65%) in this study consisted of assistance with interpersonal relationship issues (such as attracting a partner or getting him to propose or family problems and problematic family relationships). In Africa, witchcraft is often attributed to those connected to the home or family. Social tensions often lead to strained family and social relationships often providing the context for bewitchment experiences. These are often perceived to be perpetrated by those who are in close proximity to the victim (such as uncles, cousins and neighbors) and occur in relationships marked by jealousy, hostility, envy or conflict of some sort (Ivey and Myers 2008; Gibson 2013). Family tensions, or competitive relationships stemming from for example, polygamous marriages or extended family situations or fellow workers are areas where attributions of bewitchment flourish especially where perceptions of inequality exist (Ivey and Myers 2008; Ngubane 1977; Gibson 2013). Geshiere (2000) reported that even in modern contexts such as in big cities, witchcraft arises from intimate family relationships and the home can therefore be considered as a dangerous and unavoidable threat. Witchcraft can also be considered as a weapon of the weak against new inequalities (Geshiere 2000), which became very apparent to the majority post democracy in South Africa.

Ngubane (1977) found that rival relationships such as between mother and daughter-in-law for obtaining or retaining the son/husband affection, fears of being rejected by in-laws or by husbands/partners exist as fertile breeding grounds for accusations of witchcraft. These could lead to requests for special creams or po-

tions to gain a degree of control over the balance of power in such relationships (Ivey and Myers 2008). In the context of polygamous relationships in South Africa and the possibility of losing financial support if one is abandoned by the male bread winner, Geshiere (2000) sees these offered services as constructive, in that they can be used to protect oneself, reinforce authority and to generally succeed in life. Hence, the offer of special creams, waters, oils or potions by these healers, which are believed to create or maintain love, identified as "*intando*" or the use of love charms called "*iziphonso*" to win the hearts of girls they court (Ngubane 1977).

Economic or Financial Problems

Similarly, the fact that 12.50 percent of the problems were economic may, from a Western perspective, be seen as a reflection of the global economic crisis and the high rates of unemployment in South Africa. Kolves (2011) found that the impact of an economic recession could be measured both on an aggregated and an individual level. However, within the African worldview, Ivey and Myers (2008) reported that there are often allegations of bewitchment by persons envious of the "victim" when there is a competition for limited resources. The underlying belief is that there are jealous or envious others who would bewitch one in an attempt to divest one of some or other valued resource by impeding one's ability to progress in life. There are beliefs that jealous people may act against those whom they perceive are wealthy or who may be progressing academically, professionally and/or financially. Evil spirits are sent through witchcraft to destabilize the family, which may then experience considerable familial discord (Gibson 2013) designed to disturb the equilibrium. People can get ill if they step over medicine laid out in their path by others who may dislike them. The traditional healer can also protect and cleanse the individual by sending back the evil to the sender through specific rituals (Naidu and Darong 2015).

Lebakeng et al. (2002) note that witchcraft accusations are usually apparent in communities that entertain supernatural cosmologies and increase at times of socio-historic upheaval and individual and collective adversity. Social conditions such as unemployment, destabilization, and uncertainty increase individual levels of frus-

tration, and anger, envy and distress (Gibson 2013).

South Africa has undergone tremendous political and social transformation since it became a democracy in 1994. However, these have not translated into social and economic reforms at grassroots levels, often leaving people still poverty stricken and frustrated (Gibson 2013). Hence, it is proposed that the adverts in this study provide potential users who may be experiencing psychological distress because of adverse socioeconomic conditions including poverty, easily accessible help or relief.

Kolves (2010) found that unemployment may also lead to internal and international migration to find new employment with the consequent (from a Western perspective) rise in stress related conditions, somatic and mental health related problems. From an African perspective, in order to survive despite environmental dangers, everyone must be frequently strengthened to develop and maintain resistance. This is done because some people may be more vulnerable than others to environmental dangers (Ngubane 1977).

Various researchers have suggested that due to the poor economic climate and high unemployment rates in South Africa, together with increased hardship, including crime and violence and HIV/AIDS (Pretorius 1999; Gibson 2013) the number of traditional healers offering such services would increase. Ojong (as quoted by Brijalal 2013) has suggested that in such conditions, people will be looking for answers and will listen to anyone who promises relief, even if it means harming others.

Internal or International Migration as a Source of Conflict

In terms of the South African indigenous belief system, going on long journeys could also be dangerous as the person could be contaminated and possessed by the deceased spirits of strange areas (Hammond-Tooke 1989; Gibson 2013). The influences of this strange and new area (such as moving to new places locally or internationally) may render new arrivals vulnerable to environmental dangers. Further, it is reported that other healers may have discarded pollutants during the healing of other clients/patients, which may be picked up by passersby (Ngubane 1977). These bad spirits could “col-

lect” in negative spaces, polluting individuals by entering their bodies and may result in them engaging in violent acts such as rape and murder. These polluted spaces therefore need to be cleansed or re-sanctified to appease the deceased spirits, which may be troubled and malevolent (Gibson 2013). Such beliefs make the interpersonal world a dangerous place for the individual and services offering cleansing of these areas, protection and bindings can help ameliorate these feelings. Therefore, the services offered by these adverts may be directed at individuals who may feel that they may have become polluted or weakened through travel or living in strange places in order to strengthen or cleanse them (Ngubane 1977; Natrass 2006; Truter 2007). Urbanization and globalization also creates greater awareness of the inequalities and the opportunities perhaps not available to one and the resulting negative emotions of greed and envy. Often there is jealousy and distress when the success and progress of close others such as family, neighbors, colleagues and friends is observed, leading to attributions of this progress to witchcraft (Ashforth 2002).

Protection Against Evil Spirits and Bad Luck

Large percentages of services in adverts in this study were for protection against evil spirits, prevention of legal problems and winning of cases. In terms of bewitchment, the literature indicates that individuals who may have gained wealth or advanced beyond others in the community may perceive themselves as being vulnerable to bewitchment and to be under magical attack by hostile others who wish them harm (Ivey and Myers 2008). Geshiere (2000) has reported on the accumulation of wealth and power through the use of witchcraft in other parts of Africa. Furthermore, everyone has the right to protect themselves and some practices are believed to protect a homestead and its residents (“*ukubethela*”), which immunizes the patient/clients’ home from sorcery by enemies (Ngubane 1977). If one’s home is bewitched, then certain medicines are placed at various points in the patients or clients’ home, which strengthens the home, enabling the residents to resist any sorcery. Therefore, individuals need to be hyper-vigilant and to protect oneself, which is reflected in the services such as protection and bindings (Ngubane 1977).

“Good” Magic

A significant percentage of the services offered also related to winning at the casino or in a lottery (7.82%) or “boosting” business (6.25%). These various healers also offer “good” magic services (such as boosting of business, promotions, passing of exams, immigration cards). The adverts could provide users with new opportunities to progress or enhance opportunities especially in the current challenging economic environment.

Treatment Offered

In terms of the treatment the healers use divination to show the “victim” who the perpetrator/s of acts are in order to forewarn a victim of the harm or intended harm that might befall them (Ivey and Myers 2008; Natrass 2006). Hence, the advertisement of water and mirror divination services in this study. Powders are also used as enemas, emetics, intro-nasally, baths and as inhalations to cleanse and/or strengthen the person (Hadebe 1986; Truter 2007).

However, some of the treatment offered such as “zam zam oil” does not have traditional southern African medicine roots and appears to be related to Islam where the water called “zam zam” is available in Saudi Arabia. This indicates that either new services being offered to South Africans by traditional healers from other parts of Africa or that the healers from other part of Africa are offering interventions that are known to the immigrant communities in South Africa. This could also be explained by Geshiere (2000) who reports that traditional medicine has become so commercialized that modern healers are using novel treatments. Unfortunately, this would also support the claims of other researchers that these individuals are charlatans (Steyn and Visser 2012).

CONCLUSION

This paper illustrates that advertisements in newspapers are used by traditional healers to offer services, which may appear to a “Westernized” reader to be medical or psychosocial. While these healers may be considered to be fraudulent or charlatans by some Western trained healthcare professionals and there may well be some frauds, these traditional services are essential

within the context of the South African IBS. These healers are therefore advertising services using culturally relevant explanatory models concerning their users problems and etiologies. It appears that due to the increased encroachment of “Western” health systems on the practice and livelihood of these traditional healers and an increase in the number of traditional healers there is greater competition for the same consumer base. This may result in the blurring of the various roles of the healers, and has led to previously ‘secret’ services, such as relief from bewitchment being openly offered.

RECOMMENDATIONS

“Western” healthcare professionals need to be aware that a significant percentage of their patients may utilize such traditional healers. Migration of Africans to urban centers and internationally does not change this worldview. Such patients should be allowed opportunities to seek out such culturally relevant healthcare practices and not be discouraged from doing so as this would alienate them from seeking “Western” medicine in the future. The services offered and their use could be construed as an individual’s struggles to overcome the challenges experienced in life, attempts to adjust to new environments and/or attempts to assert control over a rapidly changing, urbanizing and modernizing world. These services could be used to make life in challenging modern circumstances more livable and to motivate individuals to gain access to new resources or opportunities. Traditional healing services are also being produced in new forms or incorporate new interventions such as “zam zam oil” from other indigenous cultures in Africa in an increasingly competitive environment. The ease with which witchcraft discourses in South Africa are openly acknowledged within a money economy and in terms of power relations and the desire to progress are, it is hoped, illustrated in this study.

REFERENCES

- Abdullahi AA 2011. Trends and challenges of traditional medicine in Africa. *African Traditional Complementary Alternative Medicine*, 8(S): 115-123. doi 10.4314/ajtcam.v8i5S.5.
- Ashforth A 2002. An epidemic of witchcraft? The implications of AIDs for the post-apartheid state. *African Studies*, 61(1): 121-143.

- Beumann S 2010. The problematic neglect of phenomenology in contemporary psychiatry. *South African Journal of Psychiatry*, 16(4): 114-115.
- Birjalal A 2013. Animal Ritual Alarm. *Sunday Tribune Herald*, 6 October, P. 1.
- Burns J 2014. Identifying Psychoses in Remote Settings: The INCET Study. *Paper Presented at the 18th National Congress of the South African Society of Psychiatrists*, 3-7 September, Durban.
- Business Tech 2016. This is the Average Salary in South Africa by Race and Industry. From <Business tech.co.za/news/wealth /131524> (Retrieved on 23 October 2016).
- Cox J 2011. Faith and psychiatry. *International Psychiatry*, 8(3): 57.
- Evans-Pritchard E 1937. *Witchcraft, Oracles and Magic among the Azande*. Oxford, UK: Clarendon Press.
- Geshiere P 2000. *The Modernity of Witchcraft: Politics and the Occult in Postcolonial Africa*. Charlottesville, VA: University Press of Virginia.
- Gibson D 2013. Perceptions of traditional health practitioners on violence in the Helderberg Municipal Area, Western Cape. *South African Gesonheid*, 18(1): Art #673. <http://dx.doi.org/10.4102/hsag.v18i1.673>.
- Gqaleni N, Moodley I, Kruger H, Ntuli A, McLeod H 2007. *Traditional and Complementary Medicine: South African Health Review*. Durban: Health Systems Trust, pp. 175-188.
- Hadebe JMB 1986. An African view of psychopathology: A blueprint. *Journal of Psychology*, 2: 1-26.
- Hammond-Tooke WD 1975. African worldview and its relevance for psychiatry. *Psychologia Africana*, 16(1): 25-32.
- Ivey G, Myers T 2008. The psychology of bewitchment (Part 1: A phenomenological study of the experience of bewitchment). *South African Journal of Psychology*, 38(1): 54-74.
- Kolves K 2011. Child suicide, family environment and economic crisis. *Crisis*, 31(3): 115- 117.
- Lebakeng T, Sedumedi S, Eagle G 2002. Witches and watches: Witchcraft beliefs and practices in South African rural communities of the Northwestern province. In: D Hook, G Eagle (Eds.): *Psychopathology and Social Prejudice*. Cape Town: UCT Press, pp. 207-209.
- Leclerc-Madlala S 2001. Virginity testing: Managing sexuality in a maturing HIV/AIDS epidemic. *Medical Anthropology Quarterly*, 15(4): 533-552.
- Lidell C, Barrett L, Bydell M 2005. Indigenous representations of illness and AIDS in Sub Saharan Africa. *Social Science and Medicine*, 60(4): 691-700. <http://dx.doi.org/10.1001/jsoescimed.2004.06.020>.
- Makhathini ME 2003. *An Investigation into Preventive and Promotive Health Care in the Practice of Indigenous Healers*. MA Dissertation, Unpublished. Durban: University of KwaZulu-Natal.
- Mander M, Ntuli L, Diederichs N, Mavundla K 2007. Economics of the Traditional Medicine Trade in South Africa. From <http://www.hst.org.za/uploads/files/chap13_07.pdf> (Retrieved on 22 October 2016).
- Mbatha, N, Street RA, Ngcobo N, Gqaleni N 2012. Sick certificates issued by South African traditional health practitioners: Current legislation, challenges and the way forward. *South African Medical Journal*, 102(3): 19-131.
- Mngquandaniso N, Peltzer K 2008. Traditional healers and nurses: A qualitative study on their role on sexually transmitted infections including HIV and AIDS in KwaZulu Natal, South Africa. *African Journal of Traditional Complementary and Alternative Medicines*, 5(4): 380-386.
- Naidu M, Darong G 2015. Illness and health as constructions: Narratives of Sangoma nurses. *Ethno Medicine*, 9(3): 289-295.
- Natras N 2006. Who Consults Sangomas in Khayalitsha? An Exploratory Quantitative Analysis. *Centre for Social Science Research Working Paper 151*. South Africa: University of Cape Town.
- Nene JO 2014. The concept of traditional healing and its role in African modern society. *International Journal Social Science and Human Behavior Study*, 1(1): 1-15.
- Ngubane H 1977. *Body and Mind in Zulu Medicine*. London: Academic Press.
- Nxumalo N, Alaba O, Harris B, Chersich M, Goudge J 2011. Utilization of traditional healers in South Africa and cost to patients: Findings from a national household survey. *Journal of Public Health Policy*, 32(supplement 1): 124-136.
- Pretorius E 1999. Traditional healers. In: N Crisp, A Ntuli (Eds): *South Africa Health Review*. Durban: Health Systems Trust, pp. 249-256.
- Richter M 2003. Traditional Medicine and Traditional Healers in South Africa. Discussion Paper Prepared for the Treatment Action Campaign and AIDS Law Project. From <www.tac.org.za/Documents/ResearchPapers/Traditional_Medicine_briefing.pdf> (Retrieved on 19 August 2016).
- Steyn R, Visser H 2012. Who will protect us from doctors and professors who promise the world? *South African Journal of Social and Economic Policy*, 45(1): 46-48.
- Swartz L 1986. Transcultural psychiatry in South Africa (Part1). *Transcultural Psychiatric Research Review*, 23: 273-303.
- Truter I 2007. African traditional healers: Cultural and religious beliefs intertwined in a holistic way. *South African Pharmaceutical Journal*, 9: 56-60.
- Tugendhaft A 2010. *Medical Pluralism and HIV/AIDS in South Africa: What are the Barriers to Collaboration between Traditional Healers and Medical Doctors?* Masters Dissertation, Unpublished. Johannesburg: University of Witwatersrand.
- Wagner RG, Bertram MY, Gomez-Olive FX, Tollman S, Lindholm L, Newton CR, Hoffman K 2016. Health care utilization and outpatient, out-of-pocket costs for active convulsive epilepsy in rural Northeastern South Africa: A cross-sectional survey. *BMC Health Services Research*, 16: 208. doi: 10.1186/s 12913-016-1460-0.
- Walwyn D, Maitshotlo B 2010. The role of traditional health practitioners in the treatment of HIV/AIDS: A study of their practices and use of herbal medicines. *The Southern African Journal of HIV Medicine*, 11(2): 11-17.

Wilkinson K 2015. Do Five Million Immigrants Live in South Africa? From <www.mg.co.za> (Retrieved on 10 October 2016).

World Health Organization 2002. Traditional Medicine - Growing Needs and Potential. WHO Policy Perspectives on Medicines, 2, WHO Geneva. From <apps.who.int/medicinedocs/pdf/s2293e/2293e.pdf > (Retrieved on 20 October 2016).

Wreford J 2005. *Ukusebenza Nethongo (Working with Spirit): The Role of Sangoma in Contemporary South Africa*. PhD Thesis, Unpublished. Cape Town: University of Cape Town.

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