

**THE EXPLORATION OF INDIGENOUS KNOWLEDGE SYSTEMS OF THE
BAROLONG BOO RATSHIDI WITH A SPECIAL FOCUS ON TRADITIONAL
HEALING**

by

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DECLARATION

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Exact wording of the title of the dissertation as appearing on the electronic copy submitted for examination:

The Exploration of Indigenous Knowledge Systems of the Barolong boo Ratshidi with a Special Focus on Traditional Healing

I declare that this dissertation is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I have not previously submitted this work, or part of it, for examination at the University of South Africa for another qualification or at any other higher education institution.



SIGNATURE

13/05/2024

DATE

NEELO (DEDICATION)

Ke neela patlisiso e go batsadi ba me ba ba robetseng eleng, ntatemogolo, mmemogolo, mmê,
rre le malome. Robalang ka kagiso BaTsieng.

Ke boa gape ka neelo e, ke leboge mosetsana wame Unathi Gwayisa, o supeditseng lerato,
tshegetso le thotloetso gore patlisiso ena e diragale.

KAMOGELO (ACKNOWLEDGEMENTS)

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UNIVERSITY OF SOUTH AFRICA

KEY TERMS DESCRIBING THE TOPIC OF A DISSERTATION/THESIS

Title of thesis/dissertation:

THE EXPLORATION OF THE INDIGENOUS KNOWLEDGE SYSTEMS OF THE BAROLONG BOO RATSHIDI WITH A SPECIAL FOCUS ON TRADITIONAL HEALING

KEY TERMS:

Indigenous Knowledge Systems, traditional healing, traditional medicines, herbs, recover, restoration, preservations, culture, modernity, Christianity, technology, healing, curses, taboos, rituals

ABSTRACT

The Barolong boo Ratshidi is part of the Batswana ethnic group who still uses traditional healing practices to maintain their health because these practices are the backbone of African culture. However, the Barolong boo Ratshidi's migration to urban areas has affected their traditional healing practices as they had to adapt to Western practices. Their Indigenous Knowledge Systems (IKS) and the importance of their traditional healing are fading away since there is very little documentation of them. To explore the traditional healing practices of the Barolong boo Ratshidi, this study employed the ethnographic method for data collection for a period of three months. In-depth interviews were conducted with six participants to explore their perspectives on the above challenges. Informal interviews were conducted with eight participants for the in-depth exploration of the topic of the study, and they provided rich qualitative data. Two focus group discussions were conducted with Barolong boo Ratshidi youths and elders to obtain different views and perspectives from both groups. I further embedded myself in a group of traditional healers during the Annual Conference of the Dingaka Association to observe and learn their traditional healing ways. The data were analysed thematically to refine the themes and the presentation of the findings. The study revealed that in the Barolong boo Ratshidi community, the traditional healing system still plays a significant role and forms part of their IKS. There is a need for further, thorough research that will contribute to the preservation of the Barolong boo Ratshidi's IKS. The preservation of the IKS is critical in ensuring that all types of knowledge are included in the development of South African society.

MOGOPOLO

Barolong boo Ratshidi ke karolo ya setlhopa sa morafe wa Batswana bao ba santseng ba dirisa mekgwa ya go alafa ya setso go tlhokomela boitekanelo jwa bone, ka gore mekgwa e ke seikokotlelo sa setso sa SeAfrika. Le fa go le jalo, khudugo ya Barolong boo Ratshidi go ya metse setoropong e nnile le seabe mo kalafong ya bone ya setso ka gore ba ne ba tshwanetse go itlwaetsa mekgwa ya metse setoropo. Tsamaiso ya kitso ya tlholego le botlhokwa ba kalafi la setso tsa bone, di a nyelelela ka ntlha ya kwadiso e e bokoa ya tsona. Go sekaseka mekwa ya kalafi ya setso ya Barolong boo Ratshidi, patlisiso e, e dirisitse mokwa wa “ethnographic” go kgobokanya kitso sebaka sa dikgwedi di le tharo. Dipotsolotso tse di tseneletseng di ne tsa dirwa le batsayakarolo ba le ba rataro go sekaseka megopolog ya bona ka dikgwetlho tse di kwetsweng fa godimo. Dipotsolotso tse di sa tllhamalelang di dirilwe le batsayakarolo ba le robedi go dira ditlhotlhomiso tse di tseneletseng go fetisa ka setlhogo sa patlisiso e. Dipuisano tsa ditlhopha tse pedi tsa tlhomamo, di ne tsa tshwarwa le bagolo le bašwa ba Barolong boo Ratshidi go bona ditebego le megopolo e fapafapaneng go tswa go ditlhopha tseo pedi. Ke ne ka tswelelela go nna gone le go tsaya karolo kwa kopanong ya dingaka tsa setso ka nako ya moletlo wa ngwaga le ngwaga wa mokgatlo wa bone go elatlhoko le go ithuta ka mekgwa ya kalafi ya setso. Dintla di sekasekilwe ka kelotlhoko go tokafatsa melaetsa le ditshupetso tsa ditshweetso tsa dipatlisiso. Dipatlisiso di senotse gore mo gare ga morafe wa Barolong boo Ratshidi, kalafi ya setso le tsamaiso ya kitso ya tlholego di santse di tshameka karolo ya botlhokwa thata. Go santse go tlhokega gore go dirwe dipatlisiso tse di tseneletseng tse di tla thusang ka tshomarelo ya tsamaiso ya kitso ya tlholego ya Barolong boo Ratshidi. Tshomarelo ya tsamaiso ya kitso ya tlholego e botlhokwa thata go tlhomamisa gore mekwa yotlhe ya kitso e akareditswe mo ditlhabologong tsa morafe wa Afrika Borwa.

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LIST OF ABBREVIATIONS

CoGTA	Department of Cooperative Governance and Traditional Affairs
GBV	Gender-based violence
IK	Indigenous Knowledge
IKS	Indigenous Knowledge System(s)
NWU	North-West University
UNISA	University of South Africa
WHO	World Health Organization

CHAPTER 1:

BACKGROUND OF THE STUDY

1.1 INTRODUCTION

The African Indigenous Knowledge System (IKS) still forms part of the Barolong boo Ratshidi's everyday life. According to information in the Mafikeng Museum (1903), Indigenous Knowledge (IK) is knowledge that people in a community developed over time and continue to develop. The people are informed of their own situations, resources, what works and what does not, as well as how one change has an impact on other parts of their system. Kgotleng (2014) explains that ancestral knowledge and wisdom lie within the Barolong boo Ratshidi's culture. Their original knowledge is local and exclusive to a given culture or society. Their knowledge is basic for local-level decision making in agriculture, healthcare, education, etc. In order to find resolutions to assist communities to survive future changes, they draw on traditional knowledge and technologies. However, young people are no longer interested in local knowledge due to modernisation and the lack of proper knowledge sharing and home teaching by their parents.

The modern schools suppress IK and only focus on Western strategies in terms of teaching. Youths depend more on technology to drive their lives and to seek clarity or responses to things that they do not understand in terms of their cultural and traditional practices. They adapt easily to Western culture and label IK as backward and outdated. They are not proud to speak their mother tongue and often speak English, even at home. According to Marco et al. (2021), the main function of language is to protect the spirit of the culture. Furthermore, foreigners have access to the Barolong boo Ratshidi's land and the youth adapt to their ways.

Furthermore, people opt for Western medicine and regard traditional medicine as unhealthy and not scientifically proven. As White (2015) explains, traditional medicine does not rely on exact diagnosis, it is prepared in unclean settings, and the knowledge thereof is reserved by those who already possess it. Traditional healing is regarded as witchcraft and people who use it are afraid to share the knowledge. Thornton (2009) explains that the Traditional Health Practitioners Act (No. 35 of 2004) presents a lesser form of traditional medical practice. The knowledge holders of this information within the said community are very old, and should they die, the knowledge they hold will die with them since it is not documented for preservation for future generations. Oral information must therefore be documented and displayed in museums, books must be made available in libraries, and awareness campaigns should be facilitated within communities and schools. The information should be written and presented in such a way that it draws the attention of the youth.

Furthermore, the information should form part of the larger body of knowledge to assist with decision making. This can be done by incorporating the information into the education curriculum. Failure to do this could lead to the downgrading of African traditional healing practices. The youth could adopt Western cultures and the identity of Africans may be damaged. This study focused on the healing aspects of IKS of the Barolong boo Ratshidi and sought to explain how they use traditional practices for the treatment of different diseases, as well as the benefits thereof. The study further explored the reasons or main causes of the fading away of traditional practices of the said community. It is important for IK to be preserved for future generations since it forms part of the Barolong boo Ratshidi's history that was created and taught by their forefathers decades ago. This makes this research important to ensure that the youth, as well as the community at large, do not lose focus on cultural values and norms.

1.2 PROBLEM STATEMENT

African IK, especially on traditional healing practices, is undermined because it is oral and not written or integrated into the education curriculum. Kgotleng (2014) explains that these practices are slowly fading away since the custodians of the knowledge are elders who are old and dying and most of them did not receive a formal education. Whatever knowledge they possess is not recognised or recorded. Owusu-Ansah and Mji (2013) indicate that the lack of preservation of this knowledge could lead the youth to be crippled in the ability to indigenise Western developed knowledge and skills within an African cultural background. However, all these challenges can be avoided with the state's assistance by incorporating the said practices into development policies and the education curriculum for this knowledge to be restored and preserved for future generations. Information can also be displayed in museums, books on African culture placed in libraries, and awareness campaigns can be conducted as a constant reminder of these practices to the communities.

1.3 AIM OF THE STUDY

The aim of the study was to recover the African IK of the Barolong boo Ratshidi with a specific focus on traditional healing practices concerning the causes and cures of illnesses as these practices are important to transfer from one generation to the next. The study also aimed to explore the reasons why these practices are important in the Barolong boo Ratshidi's everyday life. African knowledge or knowledge systems are a very wide topic and include numerous systems such as systems of designs, skills, language uses, architecture, agriculture, education, natural resource management, etc. that I did not include in this study.

1.4 PURPOSE OF THE STUDY

The purpose of the study comprised the following:

- To recover African knowledge concerning the systems of healing of the Barolong boo Ratshidi.
- To investigate the meaning of the concept of illness for the Barolong boo Ratshidi.
- To investigate the reasons for the importance of healing practices.
- To identify how the traditional ways of the Barolong boo Ratshidi can be preserved for future generations and how they can contribute to the body of knowledge.

1.5 RESEARCH DESIGN

Qualitative research methods were used for this study because it was in-depth research. Through qualitative research, researchers are able to understand how people perceive the world around themselves. I obtained first-hand information and immediate responses through structured and unstructured interviews, participant and personal observation, as well as secondary information from the Mafikeng Museum.

1.6 RATIONALE

The Barolong boo Ratshidi, as the ethnic group of the Batswana, make use of traditional healing practices to maintain their health because these practices are the backbone of African culture. However, Kgotleng (2014) states that much of the information on how Batswana societies conceptualise their environment may vanish due to large numbers of people migrating to urban areas. In addition, even though this knowledge is practised, it is not acknowledged as playing a significant role in the everyday lives of the people.

This makes this research important to be conducted within the Barolong boo Ratshidi community because not much information on the knowledge and importance of traditional practices has been documented. The lack of validation of this information by the elders makes it seem unworthy. In support, Kaya (2013) emphasises that there is a need for oral information to be accurately recorded, authenticated, and shared with African youths for preservation. The state must also assist in incorporating African knowledge into policies in order for them to be recognised. As explained earlier, constant teaching through awareness campaigns, information displays in museums, as well as books in libraries will assist in the restoration and preservation of these practices for future generations. Furthermore, it is important that these practices be known in institutions of learning. Owusu-Ansah and Mji (2013) highlight that it is important for African scholars who are trained in Western approaches to familiarise themselves with their own knowledge systems.

1.7 THEORETICAL FRAMEWORK

The aim of the study is to contribute to cultural preservation. To achieve this aim, the study used decolonisation and Africanisation because these approaches are aimed at restoring African practices. Sheehi (2021) defines decolonisation as a method to re-study the knowledge that has been neglected, overlooked, and disgraced by the forces of modernism, settler imperialism, and racial capitalism. As a technique, decolonisation aims to re-establish, uplift, renovate, revive, recognise, as well as authenticate the diversity of the lives, life experiences, culture, and knowledge of indigenous people. African knowledge as part of indigenous knowledge is often downgraded. For this knowledge to be sustained for future generations, it should be restored and advanced through research. According to Sheehi (2021), African universities need to improve their ability to produce and apply knowledge in effective and relevant ways. That is why Africanisation as an approach is important for this study.

In support for excavation of African knowledges, Kaya (2014) argues that African indigenous societies have for centuries established their own sets of practices and clarifications concerning the areas they live in because how people learn is culturally specific. Due to colonialism, Kaya (2013) mentions that African children are either kept in their home-based surroundings and lose the current aspects of schooling, or are gradually forced into full-time formal education, thereby being denied African traditional schooling. Kaya (2013) further argues that the wealth of IK that still exists among the elders and other knowledge holders in local communities needs to be documented, validated, and shared with the African youth for sustainability.

The second approach that the study employed was Africanisation which Brizuela-Garcia (2006: 86) defines as “the process by which knowledge about Africa is rendered as more African”. Brizuela-Garcia (2006) argues that the approaches and sources used by historians to write African history must be Africanised. It is thus significant for African knowledge, especially traditional healing practices, to be known in African institutions of learning. According to Kaya (2013), the incorporation of these practices into higher education will enable African students and educators to review the required grading of knowledge systems. Owusu-Ansah and Mji (2013) emphasise that African scholars who are trained in Western-orientated practices must ensure that they familiarise themselves with their own knowledge practices. There are currently some institutions that have incorporated IKS into their curriculum, such as the North-West University (NWU), the University of South Africa (UNISA), etc.

As Kaya (2013) argues, the NWU was the only institution in the country with an accredited IKS teaching programme. However, due to limited knowledge and awareness of the importance

of IKS meeting the developmental challenges of the 21st century, the institution faced difficulties such as establishing education systems for all students, lack of IKS-qualified staff, teaching and learning resources, as well as support from the institutional management.

1.8 OUTLINE OF THE THESIS

Chapter 1 is the introduction of the thesis. It provides background on the Barolong boo Ratshidi to show the significance of the study and to highlight the problem statement. It explains the aims and objectives of the study, as well as the study design. It then discusses the theoretical framework that is used to ground and interpret the findings. The chapter concludes by outlining the chapters of the thesis.

Chapter 2 reviews literature that focuses on the Barolong boo Ratshidi, their history, culture, traditional healing inclusive of the causes of illnesses and traditional medicine, and the factors that influence the use of traditional healing as opposed to Western medicine. It reads these practices with IKS. The literature further interrogates the reasons for the diminishing use of traditional healing practices among the Barolong boo Ratshidi and the strategies that are used to restore and preserve these traditional practices.

In Chapter 3 I outline the methods that were used to collect data, namely in-depth interviews, informal interviews, focus group discussions, and participant observation. The chapter provides a detailed explanation of the choice of these methods and the benefits of using these methods. I further discuss my experiences in the field that contributed to the data collected and the interpretation thereof. I also highlight the ethical guidelines that were followed and the constraints experienced during fieldwork.

Chapter 4 presents the findings from the data I collected in the field. I use themes to categorise the data in terms of the participants interviewed and participant observation. The themes developed in this chapter include the meaning of IKS, the understanding of culture, and traditional healing. The chapter further presents the participants' responses to the questions that were asked.

Chapter 5 analyses the data that were presented in Chapter 4. The chapter grounds the data in decolonisation and Africanisation as part of the theoretical framework. One of the major findings of the study is that IKS remains an important component in sustaining the Barolong boo Ratshidi's culture and heritage. As such, there is an urgent need to put measures in place to ensure that this knowledge is preserved.

I conclude the thesis by presenting the summary and conclusions of the study in Chapter 6. It emphasises the importance of preserving IKS as a cornerstone for many indigenous communities. I then conclude the thesis by providing suggestions on how the traditional healing practices of the Barolong boo Ratshidi can be recovered, restored, and preserved for future generations.

CHAPTER 2:

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the health aspects of the IKS of the Barolong boo Ratshidi and explains how they use traditional healing practices for the treatment of different illnesses, as well as the benefits thereof. The factors that contribute to the fading away of these practices are explored, as well as strategies to address the diminishing thereof as they are significant for the restoration and preservation for upcoming generations. Kgotleng (2014) explains that ancestral knowledge and wisdom lie within the Barolong boo Ratshidi culture. Their original knowledge is local and exclusive to a given society, and it is used in local-level decision making in agriculture, healthcare, education, etc. There is thus a need to find resolutions that draw on traditional knowledge and technologies to assist communities to survive future changes.

2.2 THE BAROLONG BOO RATSHIDI'S INDIGENOUS KNOWLEDGE SYSTEMS (IKS)

As per the information within the Mafikeng Museum (1903), the African IKS is defined as knowledge that people in each community have developed over time and continue to develop. It is the actual knowledge of a given population that reflects their experiences that are based on traditions. It is divided into different categories such as health, agriculture, art, and culture, as well as science and technology. Govender et al. (2013:155) define indigenous knowledge system as

a body of knowledge produced and owned by local people in their specific communities and passed on from one generation to the other through practice and oral channels. It is

a localized knowledge that historically has been considered to originate from a particular place.

In other words, the indigenous knowledge system is a local and communal knowledge that is relevant to the functioning of the community. It would appear that it responds to the needs of that particular community. To clarify the role of indigenous knowledge system Kaya (2013:136) defines it as

long-standing traditions and cultural practices of a specific local community. These include the skills, innovations, beliefs, languages, insights of the people, etc. produced and accumulated over years and applied to maintain or improve their livelihood. (Kaya, 2013: 136)

Cloete et al. (2017) emphasise the need for African universities to improve their ability to produce and apply knowledge in effective and relevant ways. Kaya (2013) states that the incorporation of African knowledge into higher education will enable African students and educators to review the essential order of knowledge structures. Kaya (2013) further explains that the elders and other knowledge holders within respective communities still hold the treasures and wisdom of the IK that must still be documented, validated, and shared with the youth for sustainability. Teaching students/learners in indigenous languages will encourage them to acknowledge their roots. In support, Marco et al. (2021) indicate that the main function of language is to protect the spirit of its culture and that it is a tool to communicate the worldview of its speakers. Furthermore, culture relies on language to change.

The focus of this study was to explore ways of preserving the IKS and traditional healing practices of the Barolong boo Ratshidi for future generations' benefit. Besides preserving these practices through the knowledge of local elders, schools, libraries, institutions, and awareness campaigns within communities and churches may also be used to assist in preserving these

practices. Youths and community members can easily be reached in churches, such as the Black Zionist churches in South Africa. According to Kgatle (2021), these churches have demonstrated unique indigenous features. Most of them are based in African culture and capable indigenous leadership leads most of them as they were founded by Africans.

2.3 THE TRADITIONAL HISTORY OF THE BAROLONG BOO RATSHIDI

According to Schapera (1995), the Barolong boo Ratshidi are a well-known population group among the Tswana societies in different areas of South Africa. Comaroff (1980) explains that, traditionally, they were farmers and cattle herders. Mathews (1945) and Schapera (1995) point out that it is difficult to locate the original home of the Barolong. They have a vague memory of their land of birth, which was a land of rain, huge streams, rivers, and fertile land. No one knows why they left this land. In addition, Schapera (1995) mentions that they were colonised for decades in the British Bechuanaland and left their roots there. They do not have much information about their roots or history.

According to Mathoho (2012), the Khoi and San communities were the first people to settle in Mafikeng and thereafter the Barolong boo Ratshidi settled in Mafikeng a few thousand years later. A stone wall was erected and protected for further research to know more about the Barolong culture as it has significant elements and features that can assist in understanding the Barolong history and culture. This will also assist future generations to know and understand their roots and the upbringing of their elders.

The Barolong boo Ratshidi, as a way of respecting their culture, tradition, and values, praise themselves (*go ipoka*) and carry out cultural practices such as marrying multiple wives (*go nyala lefufa*). As Mathews (1995) explains, in terms of their traditional history, they refer to

themselves as *Babina Tshipi*. They have their own totem (*sebôkô*), which is derived from the word *nôtô* (iron hammer). According to Schapera (1995), the Barolong boo Ratshidi started praising themselves as *ba bina tholo* (the kudu being the group's totem) after parting with the Batlhaping tribe. Schapera (1995) further states that Morolong, the first king of the Barolong, was honoured by naming the society after him. According to their culture, the chieftaincy (*bogosi*) is passed down from one generation to the next.



Figure 2.1: The Barolong boo Ratshidi's emblem, *Tholo*

Source: Bodigwane – Disipi (2022)

The Barolong boo Ratshidi have norms and values that guide their society. According to Mathews (1945:11),

the son of the chief wife is the one [that is] entitled to the chieftainship and chief wife is not always the first wife married. The latter custom sometimes results in the rightful heir being younger than some son or sons of his father by junior wife or wives.

They were a society that respected and honoured their culture and tradition, as Mathews (1945) enlightens. Furthermore, according to Schapera (1995), the Batswana chiefs were given the authority to rule their societies according to their traditions and culture. Schapera (1995) states that around 1852, the Barolong boo Ratshidi accepted Christianity in their society. They were

taught in schools and churches and were protected by Chief Molema when some people were against their belief. Schapera (1995) elaborates that Kgosi Montshiwa of the Barolong boo Ratshidi was not yet a Christian when he died but agreed for his people to accept Christianity.

Van der Merwe and Thebe (2019) contend that Kgosi Montshiwa was concerned that the community would separate and perish. Van der Merwe and Thebe (2019) further highlight that ancestors reward those who honour and respect them with good health and success, and they punish those who neglect and offend them with ill-health and misfortune as they are the decision makers of the living. In addition, Van der Merwe and Thebe (2019) emphasise that we may adapt and absorb from other cultures, but we should not submit to their culture as slaves. Furthermore, Van der Merwe and Thebe (2019) explain that any extreme transformation of traditions, culture, or customs may affect and alter a society's worldview. Kgosi, as a traditional leader with authority over his society, carries a huge responsibility of preserving the culture and customs to make sure that they are passed on from one generation to another. The problem arises when a traditional leader becomes a Christian. The culture and customs that must be preserved or sustained for future generations often conflict with the new belief and faith. As Van der Merwe and Thebe (2019) point out, Kgosi Mangope of the former Bophuthatswana also accepted Christianity and stood against cultural practices. He was against initiation schools and the witchcraft that came with it, as well as ancestor worship. In 1862, Barolong boo Ratshidi youths converted to Christianity and refused to take part in initiation practices and other communal rituals.

2.4 CULTURE OF THE BAROLONG BOO RATSHIDI

According to Van der Merwe and Thebe (2019) and Idang (2015), culture is a complex whole that contains knowledge, beliefs, art, morals, laws, customs, and many other abilities and

traditions developed by people as members of society. Idang (2015) further elaborates that culture is passed on from one generation to the next. Children must be raised into and within the cultural traditions of their people to absorb it and imitate the actions of their elders and siblings. The child must observe the marriage rituals, coronation of a chief, funeral procedures, etc. In a traditional society, culture is caught but not taught.

According to Motlhanke (2014:1), culture has seven functions:

- It helps to provide lenses of perception and cognition; in other words, how people view the world.
- Culture provides motives for human action and behaviour.
- Culture provides criteria for evaluating what is deemed better or worse, ugly or beautiful, moral or immoral, and attractive or repulsive. The evaluative function of culture does not always correspond with the behavioural function.
- Culture provides the basis for a sense of identity.
- Culture is a mode of communication, and the most elaborate system of communication is language itself.
- Culture is the basis for satisfaction, class, rank, and status, which are profoundly conditioned by cultural variables.
- Culture provides a system of production and consumption.

Magubane (1998), Motlhanke (2014), and Van der Merwe and Thebe (2019) point out that traditional schools teach the youth to respect their culture and traditions. They are taught survival techniques and how to classify traditional herbs for treatment purposes. The youth are also taught their future roles as men and women to ensure that there is an organised and compliant society in which respect and honour exist. Magubane (1998), Motlhanke (2014), and

Van der Merwe and Thebe (2019) further elaborate that in the 1980s, traditional teachings nearly vanished because Christian missionaries considered them immoral or corrupt. Some of the chiefs were influenced to neglect and ban them from their societies. In addition, Motlhanke (2014:56) indicates that

the Barolong boo Ratshidi in Mafikeng are no longer practicing traditional initiation schools, due to the ever-changing challenges they assert that this culture must change, because it is meaningless these days because of westernization. Western education, namely science and technology, are one of the things that parents claim has brought tension between tradition and science.

Within the North-West province, according to an article by the Department of Cooperative Governance and Traditional Affairs (CoGTA 2023) and an article in the *Mahikeng Mail* (2023) newspaper, the rules that should be taken into consideration before and after initiation processes are outlined since it is the way that both boys and girls learn cultural and traditional practices. Through these two articles, awareness of the importance of cultural practices is brought to the attention of the community at large as a way of preserving cultural practices and ensuring that they are not forgotten.

2.5 BAROLONG TRADITIONAL HEALING PRACTICES

Mokgobi (2014) clarifies that traditional healing entails curing illnesses with herbs for spiritual treatment. It is holistic and expresses shared ethnic knowledge passed down from generation to generation. Osemwenkha (2000) points out the following four types of traditional healers:

- Traditional birth attendants: They are skilled and knowledgeable women who deliver babies traditionally and thereafter take care of both the mother and the baby.

- Bone setters: They are skilled in art and in locating broken bones in a traditional way for healing.
- Traditional surgeons: They are responsible for male and female circumcisions, the creation of tribal marks, etc.
- Practitioners of therapeutic occultism: They perform healing through rituals.

An article in the *Mahikeng Mail* (2023) newspaper reported that the North West government committed itself to the involvement of traditional healers and their knowledge in official healthcare services. The Department of Health made efforts to ensure that there is coordination of structures of traditional health practitioners in all four districts of the province. The traditional healers were also encouraged to register with the Department of Health as recognised professional bodies to obtain recognition certificates for delivering healthcare to patients.

2.5.1 The role of traditional medicine in healing

Ozioma and Chinwe (2019:1) define traditional medicine as “a form of holistic health care system organized into three levels of specialty, namely divination, spiritualism, as well as herbalism.” This is supported by Isiko (2019:73) who classifies traditional medicine as “a holistic discipline involving indigenous herbalism and African spirituality.” This shows that from an African perspective, healing does not separate the body with the spirit but is understood from a position that life is interconnected. It is important therefore to pay attention to the interconnectedness of life in order to understand the role of traditional medicine in African communities.

White (2015) stipulates that traditional healing solely depends on observation and past experiences passed down from one generation to the next, either orally or written. In addition, Osemwenkha (2000) explains that traditional medicine is blending together dynamic knowledge solidly founded on ancestral experiences and practices. According to White (2015:10),

[i]n South Africa, [the] Traditional Health Practitioners Bill of 2003 was drafted. Certain sections of the Traditional Health Act, Act 35 of 2004, came into operation on 13 January 2006. Efforts are further ongoing to develop a pharmacopeia of traditional medicines.

According to the Mafikeng Museum (1903), people in rural communities rely on traditional medicine as a source of primary healthcare because of its availability, affordability, and accessibility. They utilise their indigenous knowledge to maintain their health and wellbeing. Isiko (2019:73) elaborates that “the traditional health practitioner is recognized by the community in which he/she lives as being competent in providing health care.” This makes it easier for people to access health care as the practitioner lives with the community. Also, the practitioner can be easily trusted because of the relationship that already exists.

According to Kahissay et al. (2017), in South Africa, traditional medicine often features in the life of many of people, including that of the Barolong boo Ratshidi. Kahissay et al. (2017) emphasise that traditional medicine should be used properly to bring about health and harmony, which is the goal of all true traditional healers. Furthermore, indigenous people often believe that Western-trained doctors are not experienced to address their concerns, which can include spiritual and physical concerns.

Huma (2009) describes different types of Tswana remedies such as *Mosetlha*, which is the first remedy to be given to a widow to cure a running stomach. She must avoid contact with the community. *Ditantanyane* are remedies to cure babies or toddlers. They protect them from sicknesses such as vomiting and a running stomach and strengthen their immune system. *Lenangana* is the most trusted remedy within the Tswana culture. It is used for fever and flu. It can also be mixed with *serokolo*, which is also used for babies. It cures all sicknesses during all the growth stages of babies; especially when parents travel with them, they put it on the babies' body for protection against bad spirits.

To elaborate on the remedies that already exist in indigenous communities Huma (2009) listed remedies such as *Dithokolo tsa podi*, *Kgophane*, *Mogaga*, *Mathubadifala*, *Phate ya Ngaka*, *Tshuka-ya-poo*, *Sekanama*, *Modi wa Thola*, *Tlhoka-la-tsela*, *Maswi a tonki*, *Kotana ya mmutele wa lesaka la dipodi*, *Boloko ba Tlou*, *Bupi ba tshitshiri*, and *Lesitwane* that are known by community members. Further research was conducted at the Mafikeng Museum to determine if the types of remedies it has on display agree with Huma's (2009) research.

2.5.2 Indigenous beliefs regarding ill-health causation and healing processes

According to Isiko (2019), traditional therapy is generally not intended for curing illnesses only. It is a method for restoring the harmony of the relationship between man and divinity, between an individual and society, and for the overall physical and spiritual wellbeing of the individual and society. This means that traditional therapy is a tool for curing both physical and spiritual sicknesses or disorders. White (2015) points out several ways to understand the causes of illnesses; for instance, the cause of an illness is often attacks by evil spirits. Should the ancestor's relatives neglect or forget them, they get angry and punish them by sending bad luck to them. Their anger is appeased by rituals and sometimes through prayers. Isiko (2019)

emphasises that in African traditional religion, life is based on sustaining stability between the visible and invisible world. The preservation of this balance is humanity's extreme ethical commitment and it determines the value of life.

However, Kahissay et al. (2017) indicate that in developing countries, the important role played by indigenous ill-health beliefs and medical knowledge is often not recognised by policies and biomedical healthcare institutions. Indigenous medicine is regarded as a threat to human health. However, African traditional medicine and healing processes have advantages and disadvantages. White (2015) states that some of the advantages are that it is general, and that it focuses on matters of the soul, spirit, and body. It is also mostly affordable and easily available. The disadvantages are that it does not rely on exact diagnosis, often ignores the importance of dosage, is often prepared in unclean settings, and knowledge of the medicine is reserved by those who possess it.

Furthermore, Kgatle (2021) elaborates that the Zionist churches are known for the purification of rituals and taboos. They maintain the main practices of Zionism such as believing in the role of the Holy Spirit in prophecy and healing. According to Kahissay et al. (2017), the social causes of ill-health are lack of trust, difficulties brought on by the actions and practices of family members, as well as the violation of social taboos. Kahissay et al. (2017) further emphasise that stress caused by family dynamics or lack of social support, lack of harmony and joy, as well as lack of support from family members, are key contributors to illness. On the other hand, a stable home and a stable family are significant contributors to good health. Furthermore, Kayissay et al. (2017) elaborate that one can fall ill from an attack by an evil spirit if one travels at the wrong time.

Thornton (2009), Osemwenkha (2000), and Southall (2005) point out that should the ancestors be ignored or disrespected, they can bring bad luck and illnesses. Witchcraft, disrespecting elders, taking false oaths, and sorcery are also causes of illnesses. According to Thornton (2009), there is witchcraft of the heart and that of the mouth. Each type occurs through disrespecting elders or senior members of a kin group. The ancestors would then remove blessings and protection from the offender. Slaughtering of an animal, and a mixture of chime and aloe would be needed to dispel bad luck. The spirit of Ubuntu is very significant within one's community since the actions of one person affect the entire community and vice versa. Ubuntu brings harmony to the entire community or an individual. In support, Kamga (2018: 267 citing Ramosa, 2005) argues that

Ubuntu is the root of African philosophy. The African tree of knowledge stems from ubuntu with which it is connected indivisibly. Apart from a linguistic analysis of ubuntu, a persuasive philosophical argument can be made that there is a family atmosphere, that is, a kind philosophical affinity and kinship among and between the indigenous people of Africa.

Comaroff (1980) indicates that causes of illness and practices of healing must be revised due to new developments that integrate the perceptions of the causes of illness or harm. In support of what Southall (2005) explained earlier, Comaroff (1980) elaborates that sorcery (*boloi*) in the Tshidi culture is emphasised as the main cause of illness and harm. Some people believe that traditional healers work with witches to generate profit. One would wonder if they would also be punished for deliberately causing harm to people as traditional healing is a gift from one's ancestors.

According to Thornton (2009), death is seen as a highly harmful source of bad luck. Rituals for purification and mourning for a certain period after a funeral are important to avoid bad luck

or falling ill. Furthermore, illnesses and curses can be treated or removed if the curing process is done correctly. Ozioma and Chinwe (2019) point out methods of healing, such as divination (where spiritual consultation takes place), as well as interviews and medical reports (a one-on-one discussion with the patient to obtain background information on the illness and treatment and the type of prescription to be provided). As evidence that traditional healing systems can cure illness, consultation with Western doctors may be considered to prove that the patient was fully treated and recovered.

Tshitswana (2003) highlights that the Batswana have extreme respect for departed relatives and spiritual trust in nature, rain, and good health. Tshitswana (2003) believes that drought and ill-treatment and abandonment of orphans can also cause afflictions, bad luck, and the ancestors' anger. To appease the ancestors, certain rituals must be performed together with sacrifices and some arrangements must be made to offer the required care to orphans. As Owusu-Ansah and Mji (2013) explain, a lack of inner peace can also cause ill-health, such as when the relationship between two people is broken. Mending it would bring harmony and peace between them, just like being at peace with the ancestors. Rural indigenous women are usually the ones affected. A good relationship with others brings wholeness to one's life. This knowledge should be restored, written, and preserved for current and future generations as they play a significant role in daily life.

2.5.3 Food as part of healing processes

In some instances, the food that we eat can cause illnesses or serve as remedies for our afflictions. Some foods/drinks are utilised for rituals that are performed to appease ancestors, (*bojalwa ba Setswana*) and some serve as herbal remedies. The youth should have this knowledge to survive this ever-changing world. According to Isiko (2019), the wellbeing of a

community at large depends on its ability to harvest sufficient food for its people. Food self-sufficiency is a significant indicator of physical wellbeing and success. Isiko (2019) further highlights that some foods are remedies and are used for healing rituals to appease the ancestors or the gods.

2.5.4 Factors that influence the utilisation of traditional health practices

Many people today become traditional healers, which makes it difficult for patients to identify correct or fake ones. These days, according to Thornton (2009), numbers of people from different areas become traditional healers or sangomas. They are still regarded as primitive, dirty, and spiritually dangerous and are treated as outsiders. Traditional healing or medicine is not mentioned in the Traditional Health Practitioners Act (No. 35 of 2004), which illustrates the oppression of traditional healers. Furthermore, the Act presents a lesser form of traditional medical practice. The definition thereof fails to locate a specific central practice and anything that might have a traditional component.

According to Bantjes et al. (2018), it is dangerous to use African medicinal plants because their quality is very poor and there is a lack of safety involved. Thornton (2009) elaborates that the Act defines traditional medicine as some ingredient or something utilised by traditional healers. It also requires traditional healers to belong to a regulatory body under the Department of Health. Motlhanke (2014) confirms that African tradition and culture are influenced by moving from IK to modernisation, as well as new improvements from the West. Our African culture has been influenced by westernisation because Western education alters knowledge to suit Western life. Motlhanke (2014) argues that it is not easy to teach today's youth about our tradition and culture because usually when they are told to drink a certain traditional medicine, they would ask whether it was scientifically tested or not.

Initiation schools ensure that proper education on traditional and cultural practices is facilitated but, according to Motlhanke (2014), people leave their African churches for Western churches, which restrict them from practising their traditions, which leads to them forgetting their roots. Furthermore, Isiko (2019) highlights that politics define the way communities or people are governed and have an impact on the socio-economic, religious, and cultural activities of societies. They further take over all other issues of society since political actors control the resources.

2.6 CONCLUSION

The literature reviewed in this chapter suggests that in order to restore and preserve the IK, IKS, and traditional healing practices of the Barolong boo Ratshidi, African knowledge needs to be incorporated into higher education to encourage African students and educators to review the essential order of knowledge structures. The treasures and wisdom of the IK that must still be documented, validated, and shared with the youth for sustainability are still held by the custodians of knowledge, who are elderly people who did not receive formal education and who might perish without sharing the information.

CHAPTER 3:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the methods I employed to conduct this ethnographic research, which include several methodical aspects that I applied during the study. I articulate the rationale behind my choices in terms of the methods that I utilised for data collection. I explain the approaches that I adopted in terms of ethical considerations due to their significance to my study. Qualitative research methods were used for this study because it was in-depth research. The methods gave me the ability to understand how people perceive their world. I obtained first-hand information and immediate responses through in-depth and informal interviews, participant and personal observation, as well as two focus group discussions conducted with Barolong boo Ratshidi youth and the elders. I also obtained secondary information from the Mafikeng Museum. I sought to explore the reasons for the fading away of the traditional healing practices in the Barolong boo Ratshidi community, as well as strategies that can be employed to restore and preserve these practices. The reason for this research was that traditional healing is the backbone of the Barolong boo Ratshidi culture, although it is not acknowledged as playing a significant role in their everyday lives anymore.

3.2 ETHNOGRAPHY

Caulfield (2023) defines ethnography as a detailed written report that is produced by the ethnographer after conducting research. It is used to learn about societies within the researcher's community. This type of research is also called qualitative research. Black et al. (2021) argue that ethnography is not one technique, but a model of qualitative research that includes direct observations of people and places, that produces a detailed interpretation of

natural or everyday performance and concepts. Sangasubana (2011) describes it as the art of science that is utilised to describe culture or a particular group of people. Caulfield (2023) explains the advantages and disadvantages of using this research method. In terms of advantages, it provides direct access to the culture and practices of a specific group of people. It is an effective method for studying first-hand the actions and relations of people from a certain background. Lastly, it intends to provide a rich narrative account of a certain culture, which permits discovering aspects of a particular group and setting.

In terms of the disadvantages, Caulfield (2023) indicates that ethnography is time consuming. It can run the risk of observer unfairness or favouritism. It can also be difficult to sustain the required distance to study a group that you as the researcher is embedded in. Ethical considerations should also be kept in mind; for instance, about how your role as a researcher will be disclosed to the researched community or regarding observing and reporting sensitive information.

I chose to use ethnography and selected the Barolong boo Ratshidi community as I reside in this community; they were therefore easily accessible. I further chose to use an open setting during participant observation. I also attended the Annual Conference of the Dingaka Association as there were no formal barriers to entry. Most community members attended, and it was easy to approach them.

I opted for an overt approach where I openly presented my intentions and role to the participants, as well as their role in the study as members of the group being studied. I did this as a way of obtaining informed consent from the participants.

The research method of ethnography has different categories of qualitative research. The qualitative research method consists of different methods for collecting and analysing data, such as participant observation, in-depth interviews, informal or unstructured interviews, and focus group discussions, as well as the analysis and interpretation of collected data such as field notes, newspapers, etc.

3.3 DATA-COLLECTION METHODS AND RESEARCH SETTING

Data were collected within the acceptable research norms and standards of data collection through the qualitative research method since it was concerned with establishing answers to the why and how of the topic in question. As indicated in the learner guide of the National School of Government (2016), its strong point is its ability to provide a complex documented explanation of how people are familiar with a given research issue. The questions were open-ended questions, and they differed for different participants. The relationship between the participants and the researcher is usually less formal. It is a virtuous tool to discover issues and the findings are normally comprehensive.

Owusu-Ansah and Mji (2013) state that to attain an understanding of the cultural context requires indigenous African people's contribution and control of the research. Through the qualitative method, I was able to learn and be taught with, from, and by the Barolong boo Ratshidi community and to create a good working relationship in which their voices, opinions, and ideas were fully understood and heard within the entire research process. I was able to obtain culturally specific information about their values, opinions, behaviours, and social contexts. I was also able to acquire first-hand information and experience through the utilisation of different research methods, as described below.

3.3.1 Participant observation

According to Kgotleng (2014), participant observation is important in IK research since the knowledge is community and culturally based. In South Africa, in the North West province where the Barolong boo Ratshidi reside, the Department of Sport, Arts, Culture and Recreation hosts annual conferences of the Dingaka Association, which rotate among four district municipalities. I have the privilege to attend the conference every year as my employer is a traditional healer and always shares the invitation. I therefore took the opportunity to use the information that I obtained from the conference as participant observation.

By utilising the participant observation method, I embedded myself in the experiences of the traditional healers and the Barolong boo Ratshidi community to get a feel of how they perceive the world around them and how they do things in their community. The method allowed me to gather data through observing the entire process that took place. I managed to discover the importance of IKS, specifically traditional healing and traditional medicine. Through an informal discussion with a herbalist, I learned more about traditional medicines and the reasons for opting for them in terms of different afflictions.

To monitor and evaluate the participants during the conference, I utilised my personal observation skills. I collected data by utilising senses such as looking and listening in an efficient and meaningful way. The National School of Government's (2016) learner guide indicates that observation provides first-hand information about the behaviour of the population being studied. It allows the researcher to learn about issues that the participants may be unaware of or are unwilling or unable to discuss during interviews or focus groups.

3.3.2 Interviews

According to Zhang and Wildemuth (2009), interviews are usually used as a means to gather people's knowledge, insights, approaches, and feelings of reality. Zhang and Wildemuth (2009) further mention that there are three types of interviews, namely structured interviews (in-depth interviews), semi-structured interviews, and unstructured interviews. In this study, I used in-depth interviews (structured) and unstructured or informal interviews, as well as two focus group discussions, to collect information.

I also prepared an interview schedule for the participants who confirmed their availability, but I failed to follow it as most of them changed the appointment date and time. Some of the participants withdrew from participation and this was time consuming as I had to look for other participants to replace them. Some did not even respond to my invitation to participate. I ended up not following the schedule and interviewed those who were available. My data collection took longer than I anticipated due to this challenge.

Some of the interviews took place at the participants' homes and some at my workplace during working hours. I also opted for virtual and telephone interviews to save time and travelling costs. However, those that I conducted at my workplace caused a great deal of discomfort and inconvenience as I had to take breaks in between my work schedule to accommodate them. I therefore found virtual and telephone interviewing easier and much more convenient as they were conducted after hours without disturbances.

3.3.2.1 *In-depth interviews*

In-depth interviews are useful in qualitative research because they enable the researcher to collect data about the behaviour, attitude, and perceptions of participants. This is possible

because according to Bhat (n.d.) in-depth interviews are one-on-one discussions where researchers have sufficient opportunities to determine the root causes of the insights or beliefs of a certain society. In-depth interviews are flexible, interactive, deep, and generative. I utilised this method due to its flexibility. I conducted interviews with six participants. The set, wording, and order of the questions were consistent between each interview. However, based on the participants' responses during the interview, I was obliged to change the order of the questions to accommodate their responses. The follow-up questions differed for the participants according to their designations, such as traditional healers, traditional leaders, community members, and youths.

3.3.2.2 Unstructured or informal interviews

According to George (2022), an unstructured interview is a data-collection method that depends on asking questions to collect data from participants. George (2022) states that these types of interviews are not scheduled in advance and can be helpful for humanities research or to gain personal knowledge. Zhang and Wildemuth (2009) indicate that they are a procedure that was established in the disciplines of anthropology and sociology as a method to capture people's social authenticities. Furthermore, they are open-ended and flexible, and the order of questions is not determined in advance.

For this research method, I interviewed eight participants. I preferred to use informal interviews due to their relaxed nature. This research method assisted me to easily obtain truthful information from the participants since it followed a looser format and were more like free-flowing conversations. The set, wording, and order of questions may greatly vary between each interview, as indicated in the National School of Government's (2016) learner guide. For more

information, especially on traditional medicine, I collected secondary data from the Mafikeng Museum.

3.3.2.3 Focus group discussions

Gundumogula (2020: 299) defines a focus group discussion as “an informal discussion among selected individuals about specific topics.” Gundumogula (2020) further elaborates that the goal of focus group discussions is to provide useful insights into a specific topic. The participants were individuals who could provide the required information as they had experience and knowledge of the topic. I ensured that the interview venue was accessible, suitable, and arranged beforehand. Gundumogula (2020) highlights that many authors have different views about the size and number of focus groups used for research purposes.

I held focus groups with the youths and elders of the Barolong boo Ratshidi as they were easily reachable. I had a huge challenge to obtain permission from the tribal office to interview them. To save time, I opted to interview the groups with six participants per group. According to Gundumogula (2020), in order for the discussions to be successful, the researcher must ensure that opening remarks, questioning strategy, physical setting, as well as other resources are in order. Furthermore, I recorded the sessions with the permission of the participants, which was obtained beforehand.

3.4 PARTICIPANTS' PROFILE

Table 3.1 summarises the profile of the participants who volunteered to take part in this study. The participants for the three interview methods ranged from the ages of 18 to 65. Table 3.1 outlines the gender and age groups, as well as the designation of the participants.

Table 3.1: Biographical description of the participants for the three interview methods

Characteristics	In-depth interviews	Informal interviews	Focus group discussions
Gender			
Male	5	5	7
Female	1	3	5
Age group			
15-20	1		
20-25			3
25-30			3
30-35		1	
35-40			1
40-45	1	1	1
45-50	1	2	1
50-55	2	2	1
55-60	1	1	2
60-65		1	
Specialists			
Traditional leader		1	
Traditional healers	2	2	
Pastor	1	1	
Prophet	1		
Grade 12 student (Head of Culture)	1		
Member of faith-based organisation		1	

3.5 STUDY SAMPLE AND SELECTION PROCESSES

According to Hassan (2023) sampling comprises taking a descriptive sample of data from a bigger group or dataset to obtain perceptions or draw conclusions about the whole group. For this study I chose purposive sampling as the sampling strategy according to pre-selected

criteria; for example, knowledge holders such as traditional healers, as well as elders and youths in the Barolong boo Ratshidi community. Hassan (2023) mentions that through this method, participants are nominated based on a certain principle, such as their proficiency in or familiarity with a specific subject. This method is often utilised in qualitative research but may not be representative of the entire population. The National School of Government's (2016) learner guide indicates that sample size depends on available resources and time, as well as the objectives of the study. Purposive sampling is most effective when data review and analysis are done concurrently with data collection.

In terms of the in-depth interviews, I interviewed six participants (community members, youths, traditional healers, and the traditional leader) for approximately 30 minutes per interview. I further interviewed eight participants for the informal interviews (community members, youths, and traditional healers) for approximately 30 to 45 minutes. The traditional healers were interviewed according to their specialisation, namely diviner, herbalist, etc. The youth group (18 to 35 years old) and the elders in the Barolong boo Ratshidi community were selected for focus group discussions. The aim was to compare the views and opinions of these groups.

The time allocation was 30 minutes for the interviews and one hour for the focus group discussions. The interviews were intended to be finalised within three months but took longer due to the unavailability of participants and the withdrawal of some of them from participation, as mentioned in Section 3.3.2. During the Annual Conference of the Dingaka Association in the North West province, I managed to conduct informal discussions with two participants – a traditional healer and a person from the Department of Agriculture and Rural Development –

and I observed the activities performed by the traditional healers and listened to teachings about traditional healing practices.

3.6 FIELD NOTES

I utilised field notes as the primary method for recording all my observations during the participant observation period at the Annual Conference of the Dingaka Association. Field notes play a very crucial role in presenting a record of background information and details. During and after the conference I made notes relating to all the important details of the conference. Besides the field notes that I made, I also took photos of the traditional medicines that were displayed. I made sure that I noted all the activities that suited my topic.

3.7 DATA ANALYSIS

The National School of Government's (2016) learner guide indicates that data analysis means turning data into information. This means that facts and figures are presented in such a way that they become more reasonable and explain something about the situation in which a researcher is interested. Such information can be utilised for a specific research purpose. Data should be properly analysed and organised so that the user/reader can make sense of it. In terms of qualitative data in the form of audio-recorded interviews, all information was translated from Setswana to English. For both the structured and unstructured interviews, as well as the participant and personal observations, the field notes were typed and content analysis was conducted. After each interview or data-collection activity, the data were analysed for three hours or more on a daily basis.

Luo (2019) describes content analysis as a research method that is used to categorise patterns in documented communication and can either be qualitative or quantitative. Within both

categories, one may categorise or “code” words, themes, and concepts in the text and examine the results. Luo (2019) further explains that this method can be unobtrusive, clear, replicable, and extremely flexible; however, it can also be reductive, subjective, and time consuming.

Caulfield (2023) describes thematic analysis as a method of analysing qualitative data, which is usually suitable for a set of interview records. The researcher scrutinises the data closely to classify common themes; i.e., topics, ideas, and patterns of meaning that come up often. This method is suitable for researching people’s views, opinions, knowledge, experiences, or values from a set of qualitative data; for instance, interview records, social media profiles, or survey responses. After each interview or data-collection activity, I analysed the collected data for two hours or more on a daily basis. Most of the recordings were in Setswana and I first had to translate them to English and sort out the information so that I could write about what related to my study topic.

3.8 ETHICAL CONSIDERATIONS

According to Bhandari (2021:3), ethical considerations in research are

a set of principles that guide your research designs and practices. Scientists and researchers must always adhere to a certain code of conduct when collecting data from people. The goals of human research often include understanding real-life phenomena, studying effective treatments, investigating behaviours, and improving lives in other ways.

Bhandari (2021) further explains that ethical considerations must be kept in mind when a person decides to conduct research, as well as how that research is conducted. For example, the rights of participants must be protected, the validity of research must be ensured, and academic integrity must be maintained.

Before I started to collect data, I first explained the purpose and aim of my study to the participants. I then provided each participant with an information sheet (see Annexure C) that outlined and explained the goals of the study, their roles and rights as participants, the research method, etc. I further ensured that they understood that their participation was strictly voluntary and refusal to participate would not have any negative consequences. Even though Bhandari (2021) emphasises that there is no need for participants to give the researcher a reason for leaving the study, I contend that, as the researcher, I needed to know the reasons for leaving the study in case I needed to amend the relationship or apologise. Knowing the reason would also be a lesson in learning which mistakes to avoid going forward. I respected the integrity and anonymity of the participants, and acknowledged all primary and secondary resources that I utilised in this study.

3.8.1 Informed consent

An informed consent form served as a contract of protection and trust between me and the participants (see Annexure D). According to Bhandari (2021), when obtaining informed consent, the researcher should explain the purpose, benefits, risks, and funding behind the study to the participants before they agree or decline to join. I ensured that each participant received, read, and understood the information sheet before they signed the informed consent form. As alluded to earlier, for the participant observation, I received an invitation to attend the Annual Conference of the Dingaka Association from my boss, who is also a traditional leader.

3.8.2 Sensitivity and anonymity

According to De Klerk (2022), sensitivity entails awareness and understanding of certain cultural norms. It also entails being aware of the needs of the informants and being respectful

to them, their privacy, as well as their religious and philosophical beliefs. As sensitivity is a significant ethical consideration, I ensured that I considered the privacy of the participants, especially those with specific specialisations such as prophets, pastors, or Christians. The participants from the three categories were very sensitive about some of the information they provided and requested that it must not be shared or reported. Throughout the entire research process, I assured anonymity and only reported the information that I felt was relevant to my study. I avoided asking sensitive questions or questions that might intimidate the participants.

3.8.3 Confidentiality

Motlhanke (2014, citing Moris, 2006:246) states that researchers must be transparent to the participants regarding the consequences of breaching the principle of confidentiality. Every participant has the right to privacy and to decide if they want to share or reveal information about themselves. During my research, I ensured that I kept the identity of my participants hidden by using code names instead of their real names; for example, Participant 1, Participant 2, etc. I anonymised their personal information so that it cannot be linked to them by someone else.

3.9 LIMITATIONS OF THE STUDY

I utilised the purposive sampling technique for this research, which focused on Barolong boo Ratshidi community members between the ages of 18 and 65. Some informants like teachers were excluded and I believe they could have provided valuable information to questions such as “How do schools deal with IKS or how can IKS contribute to the body of knowledge?” I encountered some challenges during data collection as some of the participants, including teachers, withdrew from participating at the last minute without providing reasons. I could not follow the schedule that I prepared as I had to look for other participants to replace those who

withdrew. I was sometimes obligated to go back for more information or to seek clarity on some issues from the participants. This consumed much of the time that I had allocated for my study and caused the research to take longer than I anticipated.

Furthermore, I could not gain access to the Barolong boo Ratshidi tribal office on time. Immediately after I received my ethical clearance certificate (see Annexure E), I wrote a letter to the Department of Cooperate Governance and Traditional Affairs' Head of Department to seek permission to conduct the research. The Office of the Head of Department responded very late even though I kept following up with them. To save time, I opted to conduct focus group discussions with the youths and the elders in the community. In addition, it was difficult to conduct physical interviews with some of the participants as they worked during the day. I thus opted for virtual and telephone interviews to save time and ensure convenience. The two methods were more relaxed as the time during which the interviews were conducted suited the participants better.

The participant observation method provided me with a deeper understanding of the traditional healing practices of the Barolong boo Ratshidi as an IKS is local knowledge in the community by nature. As previously indicated, the participant observation method was done through attending the Annual Conference of the Dingaka Association, of which most of the attendees were traditional healers and Barolong boo Ratshidi community members as knowledge holders.

Kgotleng (2014, citing Mucaulay, 2007) states that researchers previously did not involve the knowledge of local communities. Through the participatory approach, I managed to gain a better understanding of the Barolong boo Ratshidi community's traditional healing practices. Furthermore, Kgotleng (2014, citing Wisner, 2008) states that participatory methods are

collaborative and collective, and they provide a meaningful research experience that both encourages learning and produces research data through a process of directed discovery. This method was an effective tool to explore the methods that can be used to restore and preserve the traditional healing practices of the Barolong boo Ratshidi, as well as their IKS.

3.10 CONCLUSION

In this chapter, I discussed the qualitative research methods that I used to collect data for my study. I explained the in-depth and informal interviews, participant observation, as well as the focus group discussions methods that I used. I utilised these types of methods since they were relevant tools to understand and answer the how, what, and why questions of my topic. The ethical considerations that guided my research were also explained as they were needed to ensure that the research was conducted without any harm to the participants.

The next chapter presents the findings made using the methods that were discussed in this chapter.

CHAPTER 4: RESESARCH FINDINGS

4.1 INTRODUCTION

This chapter presents the findings that I made based on the fieldwork. I grouped the findings based on the questions that were asked and the methods of data collection. The main questions were on the understanding of IKS, culture, and traditional medicine. I then present the responses from the youth and elderly people's focus group discussions to show the differences in their responses. The importance of this chapter is the presentation of data collected from the participants to ensure that their voices are represented.

4.2 DATA COLLECTED THROUGH IN-DEPTH INTERVIEWS

Based on the participants' responses during the in-depth interviews, I was obligated to change the order of the questions to accommodate follow-up questions that emanated from the responses, even though the order was supposed to be consistent for all the interviews. The follow-up questions were different for each participant due to their different designations as highlighted in Table 4.1.

Table 4.1: Biographical description of the participants for the in-depth interviews

Participant no.	Gender	Age group	Title	Place of interview	Interview date
1.	Male	40-45	Writer, poet, and trainee traditional healer	Mmabatho, Mahikeng	28/04/23
2.	Male	50-55	Traditional healer (<i>ngaka e tshotja</i>)	Virtual interview, Microsoft Teams	03/05/23
3.	Female	15-20	Youth (Grade 12 student and Head of Culture)	Curro Academy, Mahikeng	09/06/23

4.	Male	55-60	Prophet	Magogwe village, Mahikeng	14/06/23
5.	Male	45-50	Community member	Montshiwa, Mahikeng	16/07/23
6.	Male	50-55	Pastor	Virtual interview, Microsoft Teams	20/07/23

4.2.1 Participants' responses, comments, and views

This section discusses the participants' responses, comments, and views on IKS, culture, traditional healing practices, causes and cures of illnesses, the utilisation of traditional healing medicine, and factors that influence the utilisation of traditional healing practices.

4.2.1.1 Meanings of IKS

Participant 1 said that IK is the local knowledge that was created by our elders decades ago. Participant 2 responded that IK goes through the normative system channels (information, interaction with culture, and informing society), which are called the IK flow. He emphasised that IK is more relevant since there are challenges of not knowing ourselves. The lack of knowledge causes people to lack internal peace. Those who understand these systems tend to be more successful in life as they inform a person's success. Participant 2 further said that IK can only be incorporated into the curriculum after acceptance at the societal level. For the youth to take part in local knowledge in schools will depend on whether they are or were taught about these systems at home as the teachings will provide the background of the knowledge, which will then encourage the youth to study this knowledge at school.

Participant 3 explained IK as cultural practices within a specific community. She believes that it is still relevant to be incorporated into the curriculum as it plays a significant role in shaping a person's life. Participant 4 defined IK as *go boela gae* (going back home). He said that local knowledge assists us to get back to our roots as we are visitors in other people's cultures. He

emphasised the need to go back to our roots for the youth to follow. The challenge is that we have gone very far, and it might be difficult to go back but if we put effort into it, we might restore some important information for guidance.

Furthermore, Participant 4 highlighted that IK entails the norms and values that guide society on how to do certain things; for instance, previously, women did not have to go to clinics or hospitals when they had to give birth. Midwives assisted in delivering babies within the community in their mothers' huts. There were no incidents where new-born babies were sick or died during birth as they knew what relevant herbs to use should the need arise. The midwives could fix a baby's position while in his/her mother's womb and no operations were performed at that time. Cultural knowledge was applied as it was safer than that of Western nurses and doctors.

Participant 5 explained IK as the knowledge that was created and taught by our forefathers and still needed to be taught to avoid it fading away. Participant 5 further said that community radio shows need to be facilitated in Setswana and programmes on *ngwao boswa* (traditional heritage) and the traditional healing practices of the Barolong boo Ratshidi must be promoted there. Setswana presentation will accommodate the entire community. Annual IK seminars should be held to encourage society to respect and honour their culture. Lastly, Participant 5 noted that the local knowledge is not dead; people just decide to ignore it. In the North West province where the Barolong boo Ratshidi reside, there are approximately 35 villages that still have elders with much information on this knowledge. The problem is reaching out to them to record the knowledge. They are needed for the restoration and preservation of the knowledge before they take it to the grave.

Participant 6 contended that IK is outdated local knowledge from our forefathers. He said that it is difficult for us to go back to our roots as they belong to our forefathers. He asked how he can go back there as he does not even know where to begin. He can only revert to what he was taught and believed as he grew up but not to issues of decades ago that he recently heard about. For instance, people who grew up in a family that consulted traditional or spiritual healers, for assistance, tend to adopt and believe in it. Their understanding of life is attached to this.

4.2.1.2 Understanding of culture

Participant 2 described culture as a person's origin or clan (*letso*), and how people view the world and what is acceptable within the cultural system. He further alluded that culture must be in line with societal value systems. For the youth to be interested in knowing more about their culture, certain teaching skills are required to package the information in such a way that the youths understand what they are taught. The information should be relevant, practical, pragmatic, and usable for the type of group(s) the message is sent to. For instance, for the youth, the information should be presented in such a way that it will interest and encourage them to learn or to find out more about the topic. It should be relevant to their age group and not packaged as if it is for the entire society. This type of teaching will assist them to relate to and to properly start observing the world around themselves. Participant 2 emphasised that we need to develop our own cultural systems so that we are able to develop ourselves.

Furthermore, Participant 2 explained that, in terms of a societal nomadic system, there are certain norms that are agreed upon within the cultural system of the society. For instance, recently there was an advent of different satanic churches that perform their own rituals. The said rituals are not acceptable to society even though some people might subscribe to them and perform them secretly. This is a different culture that is informed by different things. Participant

2 emphasised that previously these things were not known by the elders, and they are not our culture, indigenous to the society, or part of knowledge that is passed on. They are just things that are adopted and end up disrupting our cultural systems.

Participant 3 described culture as something that shapes and defines an individual, like who we are and what makes us diverse. Furthermore, constant reminders of cultural practices need to be facilitated within schools and communities as we are currently living in a modern world and tend to forget the things that built us as Africans. We must reflect on what built us to have a better and brighter future.

Participant 4 indicated that culture comes from the Bible. He explained that we have lost our culture to other cultures. He said that in Hosea 4:6 there is a statement that indicates that “my people have diminished because of lack of knowledge”. If one gets lost, life gets exceedingly difficult. Participant 4 further mentioned that parents must devise suitable teaching strategies that will encourage the youth to be interested in learning and applying cultural practices to build a bond between parents and their children. The mother tongue must be prioritised during the teachings. Home teaching will then fuel the spread of cultural education in schools and communities. Furthermore, Participant 4 emphasised that Christianity and cultural norms run parallel as some rules are the same; for example, one of the rules in the Bible is that children must obey their parents so that they can live a longer life. The same rule applies in our culture; children must obey their parents to live in harmony. Participant 4 articulated that should this knowledge be ignored; it will fade away for good.

Participant 5 did not elaborate on culture but emphasised that awareness campaigns should be facilitated to spread the significance of cultural practices within communities. Radio stations must be utilised as tools to promote culture, tradition, language, traditional music, etc. Programmes on traditional healing and heritage must be promoted on local radio stations to ensure that the home language is properly utilised. Participant 6 supported what Participant 5 said by indicating that culture comes from the Bible. Culture is what we were taught to believe as we were growing up and we live in accordance with that. Participant 5 further mentioned that culture is not a stagnant thing. Sometimes we tend to be selective when we talk about cultural practices (*ngwao*) as we are currently living in the modern world and have advanced with the time.

4.2.1.3 Traditional healing practices

In terms of the utilisation and preservation of traditional healing practices, Participant 1 mentioned that our parents previously did not consult Western doctors for medical attention. Traditional medicine and herbs were utilised for every sickness, dispelling bad luck, and for some rituals. Herbs were grown in people's backyards, including those that cure flu, headaches, etc. Participant 1 further said that the significance and virtue of traditional medicine and herbs should be shared to encourage the utilisation thereof.

In addition, Participant 1 indicated that knowledge of traditional healing practices should be taught and passed down to children. For instance, his mother, as a traditional healer, passed down the knowledge to him as he got older. He was taught about all the remedies for different types of illnesses. Participant 1 highlighted the aspects that need to be taught for preservation, such as how to behave, how to treat different illnesses, which food is healthy to eat, times of sleeping and waking up, and prayer times. He said that these things should be taught at an early

age as they have an impact on people's lives and are also a foundation thereof. The elders must ensure that home teaching is provided to their children in order to avoid the diminishing of our traditional healing practices. Participant 1 further said that he does not blame the youth for being lost since home teaching was not provided to them from the beginning.

Participant 2 mentioned that traditional healing practices are one of the significant aspects to be passed down to the youth to avoid the diminishing thereof. He said that the Barolong boo Ratshidi undergo certain processes to understand and wake up to certain things that have existed for ages. For instance, before a person becomes a traditional healer, they would have dreams and start burping, not knowing the meaning of it. Only after they return from the traditional healing school (*go thwasa*) will they understand and know what to do when these things happen and what they mean. Participant 2 further explained that this is the information that is added on top of culture and accepted by society. In terms of the acceptability of the normative system, Participant 2 explained that it is the information, interaction with culture, and informing society. Furthermore, in terms of undergoing training on traditional healing, men and women are equal, although women are sometimes stronger than men. However, it depends on one's ancestors and the alignment between a person and the person who is conducting the training and lineage.

Participant 2 further mentioned that there is significant knowledge that must be restored and preserved. This knowledge includes the following:

- Witchcraft does not refer to sorcery, black magic (*boloi*), or something that is practised by traditional healers or sangomas as we Africans believe. It is an issue that needs to be suppressed. People need to know and understand the type of craft they belong to, such

as divination, magic to be used either at night or during the day, herbalism, spiritual, water, etc.

- Holding intercessions to enrich people through prayers.
- Not everyone who goes to traditional healing school (*go thwasa*) must continue as a healer; only a few do. Others just go there to appease the ancestors. It all depends on a person's lineage and the type of gift they possess. For a person to be able to teach or train another person, they need to understand that person's lineage; otherwise they will not be able to do so.
- Understanding your own lineage and craft before going to a traditional healing school will avoid being misled.
- For a traditional healer to assist a patient, the type of sickness or problem must be within their level.
- A person is a product of two families. Both parents can have different crafts, such as water or herbalism. One should understand both parents' crafts to get better guidance on which route to take.
- In cases where a person holds two crafts, they will not work the same. One of them will be stronger than the other. Patients should be assisted where their crafts are properly understood.
- People need to appreciate and understand their crafts by understanding why and how they came about in their families and how they can uphold them and to know what to do with them. The Tshwane University of Technology's Giyani campus provides more information about crafts for students who are interested in learning about culture.
- Lastly, there is no such thing as a calling; a person just matures within their crafts or becomes aware of certain things. The ancestors do not call a person but just make one

aware of who they are/were. Then one should start connecting the dots. It is just a cliché for people to say they have a “calling”.

Participant 2 emphasised the need for all the above information to be taught and passed down to the youth. He indicated that the restoration and preservation of IK do not depend on the youth but on the elders. Furthermore, the government must assist with the coordination of symposiums in provinces to assist with disseminating knowledge. As Participant 2 further explained, certain teaching skills are required for people to understand what they are being taught. Information should be packaged in such a way that it is relevant, practical, pragmatic, and usable for the type of group(s) the message is delivered to. For instance, for the youth, the information should be packaged in an interesting way for them to want to learn or research more about the topic. It should be relevant to their age group and not packaged as if it is for the entire society. This strategy will assist them to relate to and start observing the world around them. Our system needs to be advanced to develop ourselves.

Lastly, Participant 2 said that he does not believe in Christianity and that it is below his craft. Participant 2 criticised the church as a social club where people are made to undermine who they are or to undermine their cultural practices. He explained that the Bible is taken from an African book that is actually a story and not the history of African people. In the Bible, African people’s way of life is distorted to the extent that they cannot even understand or see themselves in it. They can just see themselves following rules that work against their cultural practices. Participant 2 further emphasised the need for African people, especially the Barolong boo Ratshidi, to avoid the diminishing of their local knowledge and to start reading the Bible with a clear understanding and not just because they want to go to heaven.

Participant 3 was declared the best in Setswana in her school for two consecutive years. She said that it is best for the youth to learn their mother tongue to be able to properly understand and utilise it. I did not go into detail with Participant 3 regarding traditional healing due to her age. However, she said that going to a traditional healer when you are sick does not have to be a secret as that is who we are as Africans. As she explained, besides going there for healing purposes, one can go there to be assisted to have a better life.

Regarding the restoration and preservation of local knowledge, Participant 3 stated that the following should be considered: home teachings by elders as knowledge holders, constant reminders of local knowledge in schools and communities, and that people must constantly reflect on what built them to have a better and brighter future ahead. Participant 3 said that, after all the above is taken into consideration, the knowledge can then be incorporated into the curriculum.

Participant 4 mentioned that he did not believe in ancestors and would not be able to respond to any question relating to traditional healing. However, in terms of the restoration and preservation of cultural practices, Participant 4 emphasised that preaching in one's own language will show other people that there is nothing wrong in using Setswana when preaching. The value of cultural practices should be communicated in Setswana as it will create a bond between the elders and the youth. Besides using metaphors and idioms, the Bible can also be used for teaching as 99% of it and culture run parallel. Participant 4 said that Christianity and cultural norms go hand in hand as some rules are the same. It is therefore significant to pass on the knowledge of both as they both emphasise the need for the youth to obey their parents to live longer and have a better life. Should these not be taught or ignored, no one will see the need for them.

Participant 5 said that the Barolong boo Ratshidi are pure traditional healers (*dingaka*) and not sangomas (*bosangotma*). They praise the bones (*ba boka taola*) during consultation. Sangomas are from other cultures like Zulu, Xhosa, etc. He mentioned that people should be able to differentiate between *bongaka* and *bosangotma*. Participant 5 further explained that there are fewer traditional healers within the Barolong boo Ratshidi communities than sangomas and they end up being trained by them. That is why our people opt for consultation with sangomas and not traditional healers from their own societies. This habit is killing the healing practices of the Barolong boo Ratshidi. Participant 5 highlighted that knowledge sharing within communities needs to be facilitated so that our culture is not lost to other cultures.

Participant 6 explained that a person who grew up in a family that consulted traditional or spiritual healers tends to adopt and believe in it, but a person who does not have such experience and was only taught to trust in God, goes to church and prays in times of trouble. Then the teachings to his/her own children will unfold as they were taught and grew up. The cultural practice (*ngwao*) that the children were taught will carry them forward in life. Participant 6 mentioned that this will also depend on what the children believed in and understood, as well as what has benefitted and strengthened their lives.

Participant 6 highlighted that restoration and preservation depend on what is important or relevant to be restored and preserved for future generations. He said we might all be Christians but other dimensions might also be present; for instance, people are many things at the same time – Christians, traditional healers, spiritual healers, etc. There are also African traditional churches and charismatic churches. They all call themselves Christians and read the Bible but at the same time perform other cultural or traditional practices. Together we read the same

Bible and worship the same God with a totally different understanding. He said that cultural or traditional practices are based on an individual's belief system.

4.2.1.4 Causes and cures of illnesses

In terms of causes and cures of illnesses within Barolong boo Ratshidi society, Participant 1 said that "*tlotlo mo batsading ke bophelo*" ("the respect of elders is life"). He said that most of the time bad luck occurs through a lack of respect for elders and ancestors, as well as before or after funerals. For example, there are certain things that the widow or widower must abstain from for a certain period after the funeral. If the processes are not followed, bad luck occurs, and they will have to be properly cleansed by a powerful healer. Participant 1 explained that, even if one is a Christian, there are times that one will need cultural assistance, such as when elders must perform rituals or follow some traditional values for one to have peace in life.

Participant 2 said that lack of knowledge causes people to lack proper healing or treatment when they are sick. Their lives need to be aligned to the knowledge systems to know, understand, and apply them. Participant 2 further explained that healing depends on one's craft. However, Participant 4 argued that the presence of ancestors in a person's daily life and appeasing them were not true. He argued that there is no curse or illness that can be caused by angering the ancestors because when a person is dead, there is nothing that they can do to harm the living. Participant 4 explained that, should one upset someone, and that person dies before forgiveness can be asked, then the angered person may come back as a ghost to haunt the wrongdoer. He explained that, in such a situation, forgiveness from God is required. He emphasised that there is no such thing as appeasing the ancestors.

4.2.1.5 The utilisation of traditional healing medicine

Participant 1 mentioned that there is a need for the elders to teach their children about the significance of traditional medicines as they play a significant role in people's lives. Participant 4 said that traditional medicine has more nutrients than Western medicine as they come straight from the soil. This is the reason why people previously did not easily get sick. People need to be taught about the significance of using traditional medicine to take care of their health in an affordable manner.

Participant 6 mentioned that the utilisation of traditional medicine is based on an individual's belief system. Whether they want to teach it to their children or preserve it for the upcoming youth depends on an individual's beliefs and how they perceive their world. Regarding restoration, he explained that people need to focus on what practices are still relevant to be restored and preserved for our children and generations to come. For instance, the utilisation of herbs that come straight from the soil for vitamins and those that are used for flu, etc. can also be bought in shops. Those that are used for rituals and mixed with the blood of animals are not relevant anymore, especially for Christians.

4.2.1.6 Factors that influence the utilisation of traditional healing practices

Participant 1 explained that the youth adapt other cultures, which makes them less interested in learning their own culture. He further said that people who live in poverty-stricken areas are still utilising traditional medicine due to its affordability and accessibility. However, once they are educated, they start forgetting and undermining their mother tongue, culture, and traditional healing practices.

Participant 2 said that satanic churches with their rituals confuse people and lead to them not following their cultural practices. These churches utilise different remedies than the ones utilised by Africans. Africans subscribe to them for quick solutions to their problems. Participant 2 further mentioned that those churches are not indigenous to society, culture, or knowledge that is transferred between generations.

Participant 3 pointed out the factors that confuse and influence people, especially the youth, to not utilise traditional medicine and that undermine their cultural practices. Firstly, there are less cultural teachings within her school. Secondly, some students study the Setswana subject not because they like it but rather to avoid studying Afrikaans; then, after Grade 12, they completely forget about the subject. Furthermore, her school was built recently and undermines traditional and cultural practices. Lastly, there is a lack of home teaching and modern schools are the main reason for the youth to forget about their culture.

Participant 4 mentioned that the lack of knowledge has a huge impact on people forgetting their cultural practices. He said that this knowledge can be restored and incorporated into the curriculum, but the main challenge is that the examiners are often white people and if they were Africans, he believed that they would ensure that the information on traditional healing was kept safe. Participant 4 further said that certain factors also have a negative impact on the utilisation of traditional practices. Firstly, the current environment forbids the youth to use Setswana and forces them to use English even when it is not needed, such as at home. Secondly, most priests or pastors prefer preaching in English. Some people within the congregation are elders who did not go to school, so how will they enjoy the sermon? Lastly, the Barolong boo Ratshidi and the Batswana in general like to learn and adopt other cultures.

Participant 5 stated the challenges that are faced by the Barolong boo Ratshidi communities. Firstly, many foreigners come to the North West province and they have a huge influence on the youth, who tend to easily adopt foreign cultures and languages. Secondly, the voices of knowledge holders within communities are overpowered by those who are fully focused on modernity. Thirdly, children are taken to modern schools and are allowed to speak English at home. They cannot be forced to learn at school if they are not encouraged at home. Lastly, modernisation discourages people to use traditional medicine as it is labelled as unhealthy, unsafe, dangerous, and not scientifically proven.

Participant 6 said that he was a Christian and did not believe in ancestors or follow any cultural or traditional practices as they do not add value to his life. He taught his children that the foundation of life is to believe and pray. He explained that he still visited his father's grave to clean it but did not request anything from him as his father cannot hear or assist him with anything and cannot cause any harm to him. He said that he did recognise that he has ancestors who brought him into this world but that there was nothing they could offer or assist with as their time has passed and they should not be bothered. Participant 6 mentioned that a blanket restoration would affect his beliefs as he had no interest in other traditional matters. He emphasised that evil spirits tended to trick people in thinking they are ancestors, and that must be avoided.

4.3 DATA COLLECTED THROUGH INFORMAL INTERVIEWS

Table 4.2 presents a biographical description of those who participated in the informal interviews.

Table 4.2: Biographical description of the participants for the informal interviews

Participant no.	Gender	Age group	Title	Place of interview	Interview date
1	Male	45-50	Writer and community member	Mafikeng	10/08/23
2	Male	55-60	Traditional healer	Mafikeng	20/08/23
3	Male	50-55	Traditional healer	Mafikeng	09/10/23
4	Female	45-50	Community member	Mafikeng	18/10/23
5	Female	30-35	Youth	Mafikeng	20/10/23
6	Female	60-65	Community member	North West Office of the Premier, Mafikeng	08/11/23
7	Male	40-45	Community member	Telephonic interview (Department of Education)	13/11/23
8	Male	50-55	Traditional leader	Telephonic interview (Mafikeng)	29/11/23

4.3.1 Participants' responses, comments, and views

This section discusses the participants' responses, comments, and views on IKS, culture, traditional healing practices, causes and cures of illnesses, the utilisation of traditional healing medicine, and factors that influence the utilisation of traditional healing practices.

4.3.1.1 Meanings of IKS

Participant 1 explained IK as home-grown knowledge that comes from one's lineage. Participant 2 mentioned that IK is the background of a person's lineage, and local knowledge that must be taught at an early stage. The knowledge is rooted in one's everyday life and it is important to restore and preserve it for future generations. It is also important to incorporate it into the curriculum for the youth to be able to learn it at school.

Participant 3 mentioned that IK is knowledge that was previously created and taught by elders. Home teaching was previously prioritised, unlike these days where there is a lack of it and where both elders and the youth forget about their roots. Participant 4 said that it is backward knowledge that goes against the principles of Christianity. She further explained that cultural and traditional healing practices were no longer significant because Christianity teaches us everything about life. She also stated that IK is dead and cannot be retrieved as we are now living in the modern world.

4.3.1.2 Understanding of culture

Participant 6 mentioned that in the past, the Barolong boo Ratshidi men, according to their culture, would marry the second and third wife without the first wife's consent. Participant 6 said that it was very important to carefully research what is still relevant for restoration and preservation as some things oppress people. Participant 5 mentioned that, these days, parents deviate from their own culture to keep their children from walking the same path they did. They enrol them in modern schools so that they get a better education and avoid the repetition of history, even though modern teaching makes children forget their roots.

Participant 8 emphasised that the traditional leaders in the Barolong boo Ratshidi community, together with the council men (*banna ba lekgotla*), as the custodians of culture, have a responsibility to ensure that society does not forget their cultural and traditional practices because these practices play a significant role in their lives. Participant 8 further said that it is important to convene annual cultural ceremonies in communities to remind them of traditional healing practices, cultural norms, standards, etc. He pointed out topics that should be part of

the programme, such as ceremonies, traditional marriage proceedings, types of traditional medicines and herbs, traditional food and utensils, traditional dances, etc.

Participant 8 also emphasised that a partnership between council members and community members must be established to ensure that foreigners do not infiltrate the community and that the values and customs of the Barolong boo Ratshidi should be carried out with dignity. He gave the example of a widower (*moswagadi*), who at certain times is not supposed to walk in the community or do certain things that she should abstain from. Should she not obey the said rules, the community will report her to the council members as they are the eyes and ears of the traditional leader. Lastly, he highlighted that every member of the community has a role to play in terms of ensuring that the values and norms of their culture are respected.

4.3.1.3 Traditional healing practices

Participant 1 said that traditional healing practices are an individual's choice. Participant 1 further emphasised that traditional writers must make an effort to visit schools and present the importance of their work as a way to encourage learners. Participant 1 said that a partnership between writers, teachers, parents, etc. must be established to encourage facilitation of awareness campaigns of the local knowledge, especially that of traditional healing within societies. This process will ensure that knowledge is thoroughly spread across communities and that the diminishing of African languages is avoided.

Participant 2 explained that, as much as parents need to take the responsibility to teach cultural practices to their children at home, traditional healers also have the responsibility to ensure that their learners are properly taught about the dos and don'ts of traditional healing practices. Participant 3 said that people need to use both traditional and Western healing as there are some

sicknesses that need both and some that need only one, even though Western medicine has been tested for safety and traditional medicine has not. Even so, Participant 3 emphasised that one cannot overdose on traditional medicine or herbs.

Participant 4 mentioned that not all traditional medicine and herbs are significant for one's health. There are some that can be planted in one's yard for flu, headaches, etc. such as lengana and benereite, as well as aloe for healing wounds. Participant 4 said that these types of medicines are still relevant to be used and taught for future usage. They are pure and can be used by everybody, except those that are obtained from traditional healers as they are forbidden for Christians, especially for the type of church he attended. Furthermore, he said that it is significant to research what exactly is needed for the youth to be taught to avoid teaching things that will lead them to sin or to be lost for good.

Participant 5 explained that, in the past, consultation with a traditional healer was kept a secret, which is why it is difficult for the elders to talk to their children about it. Traditional healing was labelled as witchcraft, which is why the knowledge is diminishing. It is time for us to come out of the cocoon and be proud of who we are and respect our values and norms. Participant 6 said that the elders have the responsibility to ensure that the youth is told the truth about the importance of traditional healing practices.

Participant 7 articulated that in order to preserve and restore traditional healing practices, the following points should be taken into consideration. Parents must ensure that there is openness and transparency when it comes to communicating with the youth. Encouragement and teaching must start at home before the teachings can proceed in schools and communities. The

significance of using traditional medicine should be properly explained to the youth as this will encourage them to study it in school. Participant 7 further emphasised that traditional leaders must ensure that cultural practices are facilitated within communities.

Lastly, Participant 7 explained that in his village, the traditional leader, usually during annual heritage celebration ceremonies, teaches people about cultural and traditional healing practices. He shared a very informative video of one of the ceremonies he once attended. He emphasised that community members must know and understand their own lineage (*go ikitse*), that elders should prioritise home teaching to avoid the diminishing of the Barolong boo Ratshidi's cultural practices, that children are the community's future and that local knowledge must be passed down to them, that children should be taught to speak Setswana properly, that elders should be treated with respect, and that people must be taught about cultural food (*dijo tsa Setswana*) because it is healthy. Participant 8 said that traditional healing practices within communities are disturbed by foreigners who infiltrate the Barolong boo Ratshidi communities. He said that traditional leaders must try to not allocate lands to foreigners and that they should prioritise their own people.

4.3.1.4 Causes and cures of illnesses

Participant 2 said that it is important for traditional healers to properly understand the causes of illnesses, as well as the significance of local knowledge as it is the foundation for learning about the healing and curing process that should be taught to their students. He said that they must be taught about abstaining for certain periods such as to abstain from healing or attending to patients, utilising or touching the bones (*ditaola*), and using traditional medicines/herbs. They must also abstain before and after a funeral, as well as before and after going to the traditional healing school (*lefetlho*), or while at the said school. The reasons for it should be

properly outlined to avoid curses, bad luck, and misfortune. Lastly, teachers must avoid falling in love with their learners. Participant 2 said that all these, if they are not properly taught or done, may cause misfortune or bad luck. Participant 2 said that both the teacher and the learner must know the types of herbs to cleanse themselves and relevant steps to follow regarding gender-based violence (GBV).

Participant 3 explained that the uncle (from the mother's side) is often the cause of an illness or curse, such as having a difficult and complicated life. For nieces or nephews to be blessed, the uncle must be given their first salary or a part of it. This is one of the values of the Barolong boo Ratshidi's culture that must be honoured to avoid bad luck and taboos. Furthermore, the youth should be taught that the uncle is the most powerful healer. There is no need to consult someone else for an illness as it can usually be cured by the uncle. Lastly, Participant 3 said that this knowledge is important for the youth to know as they are quick to consult external people when life gets tough, not knowing that they can just be assisted at home by the uncle. However, Participant 4 mentioned that she had never experienced a person in her religion who experienced sickness that required traditional healing. She further said that no sickness could be caused and cured by the ancestors as she believed that they were dead and cannot cause any harm or assist with anything.

4.3.1.5 Utilisation of traditional medicine

Participant 6 said that the significance of using traditional medicine should be taught in communities and schools. Many people are not aware of the power of traditional medicine. Participant 6 mentioned that elders who are skilled in identifying herbs or traditional medicine for different conditions never pass down or share the knowledge with their children. She said that the skills and gift of healing, as well as knowledge of herbs and traditional medicine, must

be passed down to the first-born child, who also has the responsibility to ensure that the chain is not broken. She said that elders die with knowledge that could have been shared with the youth.

Participant 7 articulated that he still believed in consulting traditional healers for his health because most sicknesses can be treated by traditional medicine or herbs. He said that traditional healing practices have a huge impact on people's lives. For instance, they play a role in curing and cleansing and are used during rituals to appease ancestors; among others. Participant 7 further said that in Mafikeng there is a white man who sells traditional medicine and can explain and advise on which medicine to use for different conditions. As he explained, the man was taught about our traditional medicine by a helper who worked on his parents' farm and he held on to this knowledge.

Participant 7 said that the white man sells our own medicine to us. He even passed the knowledge to his son, who currently assists in the herbal shop. He said that the helper's children should have been the ones who opened that shop and sold and shared their knowledge of traditional medicine with the community members and passed down the knowledge to the youth. Participant 7 said that, instead, Barolong boo Ratshidi community members are customers to the white herbalist who took and honoured their own cultural and traditional practices. He mentioned that the herbalist saw a gap and took the opportunity that could have been taken by our own people.

4.3.1.6 Factors that influence the use of traditional healing practices

Participant 3 emphasised that the lack of properly providing relevant responses to the youth caused the diminishing of our cultural practices. The youth prefer to be given responses or

reasons to persuade them to follow instructions. He said that the elders should refrain from telling the youth that they themselves never asked questions and just followed instructions that were given to them. He said that this caused the youth to lose interest in learning and using traditional healing practices and to opt for solutions from foreign cultures and technology.

Participant 3 said that not all parents have answers to every question; the youth should therefore be allowed to use technology for some of the answers they seek. Culture and modernity can run parallel as they both play a significant role in people's lives. He said that we cannot go back to where we previously were, but we should at least preserve what is currently relevant and significant for the youth to learn. However, Participant 4 said that she did not believe in traditional healing practices, especially the belief in ancestors. She referred to them as evil spirits and Satan's dark angels that copy our parents' voices and pretend to be them. She said that ancestors must be regarded as dead and that they cannot come to the world of the living. She quoted from the Bible, Moreri (Ecclesiastes) 9:4, to support her statement about the dead. They should be forgotten, as written in the Scripture.

Participant 7 said that parents enrol their children in modern schools and allow them to speak English at home instead of taking them to local schools where they can learn and be taught in Setswana as their home language. This happens everywhere within the Barolong boo Ratshidi communities. Furthermore, Participant 7 said that when they visit other provinces, Batswana tend to change their language to fit in, but people from other cultures, such as the Zulus, never compromise their culture.

Participant 8 said that there is a lack of support from the government regarding the restoration and preservation of cultural and traditional practices. He explained that as a traditional leader

in his society, he worked together with the men of the council and the NWU to ensure that the cultural and traditional practices of the Barolong boo Ratshidi did not go extinct. Besides that, foreigners tend to come to the villages to sell their medicines. Due to desperation and longing for a quick fix, the community tends to buy and use these medicines and adopt foreign cultural practices. He said that this presented our practices as weak in the foreigners' eyes.

4.4 DATA COLLECTED THROUGH FOCUS GROUP DISCUSSIONS

This section presents the findings made from conducting two focus group discussions, one with a youth group (six participants) and one with an older group (six participants).

4.4.1 Responses from the youth

Table 4.3 presents the details of the youth focus group discussion and participants.

Table 4.3: Biographical description of the youth participants for the focus group

No.	Gender	Age group	Place of focus group	Interview date
1.	Male	25-30	North West Office of the Premier	28/11/23
2.	Male	25-30	North West Office of the Premier	28/11/23
3.	Female	20-25	North West Office of the Premier	28/11/23
4.	Male	20-25	North West Office of the Premier	28/11/23
5.	Female	20-25	North West Office of the Premier	28/11/23
6.	Female	20-25	North West Office of the Premier	28/11/23

This subsection presents the questions posed to the youth participants and a summary of their responses to each question.

4.4.1.1 What can be done to ensure that the knowledge of traditional healing is recovered, restored, and preserved for future generations?

Participant 1 emphasised that Western knowledge should run parallel with local knowledge, especially traditional healing practices, since each contributes to the health of society. Participant 2 highlighted that a change in management strategy is needed to accommodate both knowledge systems as it is important to manage the worth of both Western and traditional healing practices. Participant 3 said that parents must reduce the strictness of teaching. They must come up with topics that will interest and encourage the youth to respect and honour cultural and traditional practices. Participant 4 explained that the question “why” must be responded to because the answer to it is the key to the preservation of cultural and traditional healing practices.

Participant 5 said that we are now living in the modern world where there must be openness and transparency. She further explained that, when it comes to traditional healing practices, there is a tendency of secrecy by the elders and the people who use them. The elders are not comfortable to say why they consult traditional healers or use traditional medicine. Maybe they think that doing so will result in their children or others telling their secrets to other people or their friends. Participant 6, in support of what the above participants said, explained that there must be openness and transparency and emphasised that home teaching with interesting topics must be prioritised. In addition, Participant 5 said that elders must avoid telling them that they previously just obeyed and followed instructions and never asked questions as this is the cause of the fading away of local knowledge. Truthful and authentic responses by the elders are the key to the restoration and preservation of local knowledge.

Participant 4 mentioned that traditional healing practices are the foundation of African people's lives. The root must be planted for the plant to grow. This means that home teaching must begin at an early age. He said that this would encourage the youth to learn and speak Setswana at school. Participant 3 emphasised that the most significant knowledge to be shared is that which concerns adulthood. This information is kept a secret for no reason. How is she going to pass the knowledge to her own children when they grow up or how should they grow up without the knowledge? Instead, her parents just confused her more with difficult instructions. For instance, Participant 3 was told that a girl child should be home before 6 pm without being given a reason. Was it to save her from being raped or early pregnancies? Participant 3 said that this is how some of the knowledge diminishes.

Participant 4 said that he was brought up in a modern environment but has seen certain core values that bring discipline or cleanliness to one's life. For those who did not understand, it is their parents who failed to explain things to them. He chose what he thought worked for him. He mentioned that he liked the cultural and traditional healing practices, especially their benefits; however, he incorporated them in a way he understood as they were an eye opener to understand the different aspects of life.

Participant 4 further explained that IK, especially traditional healing, has core values that bring discipline and a good foundation for people to live a harmonious and healthy life. However, the knowledge is not branded as good as the Western knowledge and does not interest the youth. Western knowledge is branded in such a way that people opt for it without hesitation. Participant 4 explained that traditional healing is a helpful tool that he can consider for his children in the future. The challenge is that it is often overlooked due to modernity. Furthermore, he emphasised the need for the two worlds to run parallel as each has certain

benefits to society. He further mentioned that he sometimes focused on spirituality as prayer is the number one tool than can resolve most problems; however, he prayed at home. He said that fellowship has certain benefits for people in the same way as traditional healing.

Participant 6 said that parents failed from the beginning and then expect the youth to respect things they did not teach them at an early age. She stated that technology is taking over the responsibility of providing responses and that there is no turning back. Parents must just find strategies to work around modernity. She further explained that technology can be used to advertise the significance of using traditional medicine and traditional healing.

4.4.1.2 Factors that influence the significance of IKS and the utilisation of traditional healing practices

Participant 2 said that the sharing of knowledge does not exist anymore; for instance, parents previously sat with their children around the fire and shared knowledge with them. This is the reason they opt for technology as parents do not make the effort to provide home teaching. Participant 1 said that parents have a tendency to abuse their power over the youth when it comes to cultural values and norms. He said that one might believe that they are the cause of bad luck and taboos. For instance, Participant 1 said that the first time he got a job, he was instructed to give his first salary to his uncle, who was supposed to take a certain portion of it and give him the rest, but he took all of it and nobody reprimanded him.

In addition, Participant 3 said that parents have a way of misleading the youth and this may cause bad luck. She explained that any person can be hired to represent the uncle during *lobola* negotiations, but will the bride or groom receive blessings from strangers? Furthermore, food

and certain herbs for flu and headaches were previously taken from home gardens and utilised due to their healthiness, but today people opt to buy from marketplaces and pharmacies.

Participant 5 mentioned that her grandmother had knowledge of traditional healing and the utilisation of traditional medicine and herbs. She collected them from the forest for healing different kinds of illnesses. She said that her mother observed the entire process but never bothered to teach and pass the knowledge to her. When she asked, her mother would just say she did not remember. She was therefore clueless about everything that concerns traditional healing but would like to learn and understand it. She further mentioned that should the knowledge be incorporated into the curriculum; she would take that opportunity to empower herself as her mother failed her. Lastly, Participant 5 said that she currently just lived with the information that she heard and learned from her friends.

Participant 6 said that she came from a traditional family where everything, including traditional healing, was taken into consideration. She therefore obeyed all her parents' instructions without asking questions. She mentioned that she was a very sensitive person and did not want to experience the consequences of not obeying her parents' instructions. Participant 4 supposed that maybe their elders could spiritually see certain things that they could not explain. Then, over time, it came to a point where they were told not to question but just to follow instructions.

4.4.2 Responses from the elders

Table 4.4 presents the details of the focus group discussion with the elders.

Table 4.4: Biographical description of the elder participants for the focus group

No.	Gender	Age group	Place of focus group	Interview date
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1.	Female	50-55	Mosiane View (Mafikeng)	29/11/23
2.	Male	55-60	Mosiane View (Mafikeng)	29/11/23
3.	Male	55-60	Mosiane View (Mafikeng)	29/11/23
4.	Male	35-40	Mosiane View (Mafikeng)	29/11/23
5.	Male	40-45	Mosiane View (Mafikeng)	29/11/23
6.	Female	40-45	Mosiane View (Mafikeng)	29/11/23

This subsection presents the questions posed to the elders and a summary of their responses to each question.

4.4.2.1 What can be done to ensure that the knowledge of traditional healing practices is recovered, restored, and preserved for future generations?

Participant 1 explained that certain things cannot be undone like ages ago. There is knowledge that is still relevant that must be restored and preserved without putting pressure on the youth. However, knowledge holders regarding herbs and traditional medicine should first be consulted before the land can be cultivated. Due to new developments on the Barolong boo Ratshidi lands, where significant plants for curing illnesses can be found, traditional medicine and herbs are not available anymore.

In terms of the above, Participant 2 explained that the state is failing our traditional practices. There is a lack of consultation when it comes to local knowledge. This is what causes most of our cultural norms and standards to be downgraded. In terms of the restoration and preservation of knowledge on traditional healing practices, Participant 2 emphasised that one should do what one feels is significant or do what gives one peace. Participant 2 further mentioned that the foundation must be laid for children at an early age, but after the age of 18 they must be allowed to choose how they want to live their lives. They must just be reminded to respect and

acknowledge their traditional and cultural practices or historical background. He said that even if they adopted modernity, they must not forget where they belong.

Participant 2 further mentioned that interracial marriages are also a cause for the diminishing of local knowledge. He said that we cannot expect a black child to perform traditional healing practices with a white person. The black child only needs to remember and acknowledge their roots as there will be a second culture that will be introduced to them, and they will then need to adopt it. Participant 2 highlighted that parents have the responsibility to teach, but not force, children to use cultural or traditional healing practices. He explained that it is the same as teaching a child to be a Christian and they go on to marry a Muslim. He said that the Barolong boo Ratshidi say, "*Ke kgomo ya moshate, wa e gapa o moloto, wa e tlogela o molato*", which means "No matter what you do, you will always encounter challenges". What is left to be done is to teach the youth how to respect the elders, ancestors, and local knowledge but how they live their life afterwards will depend on them.

Furthermore, Participant 2 mentioned that his concern was that should local knowledge be incorporated into the curriculum and learned at school, where will his children find jobs or end up in life? Will the local knowledge offer them good job opportunities, or does it exist just to be learned and honoured? Currently, most of the schools are modernised and some are still trying to adapt to modernity. Parents believe that learning and acknowledging the cultural norms and standards are a way to a better life. Participant 2 said that maybe the better way is for the state to invest in both culture and modernity to avoid neglecting our roots and for people to benefit from both. From his point of view, cultural norms and standards provide a better and harmonious life, while modernity can provide good job opportunities.

Participants 1 and 2 pointed out that cultural and traditional healing practices were suppressed during the COVID-19 pandemic, but no taboos, curses, or illnesses were encountered and life went on as usual. Both the abovementioned participants highlighted the following examples: the announcements after the funeral (*tatudi*), the corpse coming home and staying for the night before the day of the funeral, the opening of the coffin for the bereaved to pay their last respects, the bathing and clothing of the corpse by the family at the funeral parlour, the slaughtering of a cow the day before the funeral, etc.

Participants 1 and 2 said that the above examples prove that some cultural practices are just a myth. Adapting to the changes during the pandemic did not harm anybody. Cultural practices therefore need to be reviewed to determine which ones are still relevant for restoration and preservation for future generations. The strictness of rules needs to be eased and the elders should stop burdening the youth with unnecessary rules.

Participant 3 said that enrolling children in modern schools is just to provide a better future for them, and not to completely eradicate local knowledge. Participant 3 further mentioned that she supported the idea of incorporating traditional healing practices into the curriculum as the significance thereof will be properly outlined for the youth to be able to understand and use them with confidence. However, he said that the main challenge with teaching the youth about local knowledge is the question “why?” because most of the elders do not have answers because they did not ask the same question when they were young. They just obeyed instructions as a way of respecting their elders and ancestors. However, he emphasised that it was time to ease the strictness and consider providing responses to the youth. In addition, the facilitation of conferences and awareness campaigns within communities would be useless if the reasons behind them were not provided or if questions asked were not responded to.

Participant 6 said that it was true what Participants 1 and 2 had mentioned, namely that some knowledge was no longer necessary. For instance, previously, when a girl child reached puberty, the elders would sweep her breasts as a way of avoiding them to grow. She said that girls only needed to be taught to take care of themselves as they reach puberty. Other things are not necessary and only oppress people. Participant 6 said that we cannot completely go back to where we were, but we should try to accommodate both cultural and modern practices. Participant 5 stressed that traditional leaders in communities should take the responsibility for ensuring that local knowledge is preserved. For instance, Kgosi Masibi of Disaneng village still emphasises that knowledge should be facilitated in his community as a way of reminding the community of its significance. Furthermore, Participant 5 explained that the traditional leaders have the responsibility to conduct a thorough background check before allocating land to people. Within the Disaneng village, the traditional leader thereof avoids allocating land to foreigners. A thorough background check is conducted before the allocation process can unfold. He said that this process enables the community to focus only on their cultural norms and standards.

In addition, Participant 6 mentioned that the ancestors are the custodians of traditional healing and must be acknowledged, respected, and honoured due to the roles they play in people's lives. The aunts and uncles (*bomalome le borakgadi*) also play a huge role in people's lives. For instance, activities like marriage proceedings cannot take place without the presence and blessings of the ancestors, uncle, and aunt. The ancestors of the two families must be joined or brought together by the uncle and aunt. Participant 6 further emphasised that these were the most significant practices that were relevant for restoration and preservation for future generations, and that they could not be replaced by modernity, no matter what.

In terms of traditional medicine, Participant 2 said that he still believed that all sicknesses can be cured and treated through the use of traditional medicine and herbs. He said that decades ago, there were no Western doctors but only traditional healers and midwives who were able to assist women during and after birth. No formal education was provided and everyone relied only on the wisdom of local knowledge.

4.4.2.2 Factors that influence the significance of IKS and the utilisation of traditional healing practices

Participant 2 mentioned that people went to pharmacies for herbs because they were regarded as witches if they were seen using traditional medicine. This caused them to do it secretly and for the knowledge to be kept hidden without sharing or passing it down to the youth. Participant 3 stressed that local knowledge was dead. The Barolong boo Ratshidi's history and cultural practices might still exist but they were not taken into consideration due to modernity. He further said that technology advanced rapidly and that there was no need for him to raise his children as he himself was raised. For instance, Participant 3 said that bringing water home at night was forbidden, but this did not apply anymore as there were water taps in the houses. Participant 3 said that the rule can apply in some rural areas where water is still fetched outside houses or yards.

In addition, Participant 5 said that today the youth do not obtain blessings from their elders and they tend to request strangers to represent them in *lobola* negotiations. The negotiations must be dealt with by a couple's elders. How will the two families' ancestors connect and bless them if they are represented by strangers, or how will they acquire blessings? Participant 5 said that bad luck and taboos occur due to lack of respect for both the elders and ancestors.

Participant 6 said that youths rely too much on technology for answers instead of consulting with elders, traditional healers, or spiritual healers. Technology may assist in finding information but not all this information is true. The ancestors often communicate through dreams and elders and healers are the ones who can properly interpret them. Furthermore, Participant 6 said that our people tend to opt for foreign traditional healers and their medicine as they believe that these are stronger than the Tswana traditional healers and medicine. Besides that, Participant 6 said that our healers have tended towards bad behaviours like sexual abuse, witchcraft, etc., which cause mistrust between them and the community at large.

Participant 5 said that everything that was taught during the former Bophuthatswana era has diminished, such as reprimanding the youth due to lack of respect for their parents. Currently, the state gives the youth rights, and these rights are causing problems for elders at home. There is a lack of obedience to the elders, lack of attending school, early pregnancies, and no boundaries between the elders and the youth. These issues did not exist during the former Bophuthatswana era. Kgosi Mangope had strategies that ensured that they youth obeyed their parents' rules.

4.5 DATA COLLECTED THROUGH PARTICIPANT OBSERVATION

4.5.1 Conference attendance

Every year I have the opportunity to attend the Annual Conference of the Dingaka Association in the North West province through my former boss, who is also a traditional healer in the Barolong boo Ratshidi community. He always extends an invitation to me. I therefore decided to use the information that I obtained through the said conferences as part of my study under the participant observation section. I attended the conferences that were held in two different

districts, namely the Dr Ruth Segomotsi Mompati District Municipality at Tlaakgameng village and the Ngaka Modiri Molema District Municipality at Montshiwa Cultural Village.

I noticed that the two conferences were organised differently. For instance, the one at Tlaakameng was more practical and at the one in Montshiwa there were more oral teaching than practical activities. Different traditional healers from the four districts in the North West province attended the conference. Those who were attending for the first time were advised to register with the association to gain recognition within their respective societies and to be authentic traditional healers.

4.5.1.1 Honouring of ancestors

During the conference that was held at Montshiwa Cultural Village, before the programme started, candles were lit to honour the ancestors. As the time was approaching 12 pm (*sethoboloko*), I observed different traditional and spiritual healers, together with prophets from the four districts singing, chanting, and beating drums, which started at 11:55 until 12:05 pm. Christians started to pray, and traditional healers started to speak to their ancestors. The leader of the entire process then started to send requests of blessings for all those who were attending the conference from the ancestors and God. The clapping and chanting continued until 12:05 pm. After the entire process, the programme director explained that 12 pm is the time for ancestors and angels. They should be respected and honoured so that they can bless us accordingly. Therefore, when this time approaches, everything must stand still except for praying and talking to ancestors. The activities proceeded after 30 minutes. The same procedure was performed in Tlaakgameng village.

4.5.1.2 *Traditional healing*

During the conference at Montshiwa Cultural Village, the principal of traditional healers shared knowledge on the strength of a traditional healer. She explained that it lies within Ubuntu, trustworthiness, respect, fear, peace, teamwork, love, mercy, etc. She emphasised that society should look back and determine where they have wandered off the road. They must know themselves (*go ikitse*).

Furthermore, the traditional healers were urged to stop making a business out of the skills/gifts that their ancestors gave them. In addition, they should stop lying to patients and initiating students if they do not have the gift of traditional healing. She further explained that understanding the causes of illnesses during consultation is very important as it provides guidance on how to heal or cure the patient. She explained that such information must be taken seriously because one day, as the traditional healers get older, they will have to pass their skills to their successors or children to preserve their knowledge and skills.

During the conference that was held at Tlaakgameng village, the traditional healers were given an opportunity to provide response to one question that was posed to them: “Will there be plenty of rain in 2023?” Each traditional healer was to throw the bones and provide a response. I asked one of the traditional healers who was next to me to explain the process. He said that Barolong boo Ratshidi traditional healers are not sangomas. Sangomas come from other cultures like Zulus, Xhosas, etc. The Barolong boo Ratshidi traditional healers praise the bones (*ba boka taola*) to obtain responses to questions during consultation. They do things differently than sangomas. However, there were more sangomas than traditional healers in the Barolong boo Ratshidi. This encouraged the said community to neglect traditional healers and opt for consultation with sangomas or healers from other cultures.

4.5.2 Traditional medicine marketplace



Figure 4.2: Display of traditional medicine

Source: Researcher (2022)

At each conference there is always a marketplace for people to share and receive knowledge on different traditional medicine. Different traditional medicines were displayed in one huge tent. I noticed that the herbalist who explained the traditional medicines to me was from the Limpopo province. There was no herbalist from the Barolong boo Ratshidi community to display their medicine.

Different knowledge holders were invited to share their knowledge of different illnesses and the treatment and remedies thereof. Knowledge on cultural food, herbs, as well as the causes of GBV were also shared. The focus was not only on the advantages of traditional medicine or herbs but also the dangers of some of them. For instance, the attendees were advised to warn their children not to use traditional medicine such as *sengaparile* on their partners.

This medicine is used when one partner wants the other for him-/herself only (*go itebaganya motho*). Should things go wrong, one partner would start abusing the other. That is how GBV sometimes starts. The above information sends the wrong message to people who have doubts about using traditional medicine. It gives them a reason to undermine the traditional healers and call them witches. It also downgrades the significance of traditional medicine.

4.6 CONCLUSION

In this chapter, I presented the findings that I collected from the field. I grouped the participant responses based on the methods used to collect data and based on the questions that were asked. Youths and elderly people were interviewed separately; their responses were therefore presented separately. I then presented the data from the participant observation at the Annual Conference of the Dingaka Association and the traditional marketplace, which are critical to the understanding of traditional medicine and healing practices.

The following chapter interprets and discusses the data presented in this chapter.

CHAPTER 5:

INTERPRETATION OF THE DATA

5.1 INTRODUCTION

In the previous chapter, I presented the data that I collected using the different research methods. In this chapter, I explore the participants' understanding regarding traditional healing and medicine. I developed themes from the data that I collected to assist in responding to the research topic. I analysed the data by using thematic and content analyses as they are flexible methods. I further explore the participants' views on the causes for the fading away of the IKS and the traditional healing practices of the Barolong boo Ratshidi, the strategies for the restoration and preservation for the said practices, and the implications of decolonisation and Africanisation. Lastly, this chapter discusses the significance of traditional medicine.

5.2 READING THE DATA

The data were properly analysed and organised for the user or reader to make sense of it. The audio-recorded interviews were transcribed and translated from Setswana to English. Interview notes and participant observation notes were typed and content analysis was conducted. After each interview or data-collection phase, I analysed the data for three hours or more on a daily basis. Kgotleng (2014:61) elaborates that

the central idea in content analysis is that many words of the text are classified into much fewer content categories. The classification process, called 'coding' consists of marking text passages with short alphanumeric codes. This creates 'categorical variables' that represent the original, verbal information and then can be analysed by standard statistical methods. The passages can come from structured interviews, focus group discussions, previous evaluations of the large quantity of written material that

researchers typically collect during a project, especially when it comes from diverse and unstructured sources etc.

To analyse the data collected through participant observation, I utilised the ethnographic analysis method, where I immersed myself in the annual conferences of the Dingaka Association, which assisted me to understand the beliefs, practices, and experiences of the Barolong boo Ratshidi's traditional healing practices. Hammersley et al. (2007) define ethnographic analysis as a method that comprises immersing oneself in a particular culture to understand the views, practices, and knowledge of the people of that culture. Additionally, Hammersley et al. (2007) argue that ethnography is a flexible method.

In terms of analysing the data obtained from the focus group discussions, I read through the field notes multiple times to obtain a complete understanding of the background of the deliberations. The collected data were thematically analysed to identify main themes. I further looked for similarities and relationships among the codes and clustered them in an orderly manner to capture the essential experience and perspectives of the participants. Braun and Clarke (2006:5) reason that "thematic analysis provides a flexible and useful research tool, which can potentially provide rich and detailed, yet complex account of data." As such, thematic analysis was useful in analysing focus group discussion data.

Moreover, Braun and Clarke (2006) and Villegas (n.d.) elaborate that thematic analysis is a method to identify, analyse, and report themes in data. It minimally organises data in detail. However, it also often goes further than this, and interprets various aspects of the research topic. I further examined the similarities and differences within the perspectives across the youths' focus group discussion and the elders' focus group discussion. Lastly, to ensure a high level of data accuracy, I conducted validation checks throughout all the phases of the research

project. To address any unclear or missing information, I returned to the participants for clarification and to review certain issues and concepts.

5.3 TOWARDS DECOLONISATION AND AFRICANISATION

The information obtained from the participants revealed the need to bring IK to the fore. Scholars who advocate for Africanisation call for African knowledge, especially traditional healing practices, to be taught in African institutions of learning. According to Kaya (2013), the incorporation of IK into higher education will enable African students and educators to review the required grading of knowledge systems. The participants indicated that it was important for both IK and Western knowledge to coexist as they both play a significant role in people's lives. To achieve this, there is a need to embrace decolonisation. Senekal and Lenz (2020:158) explain that

a new cross-cultural curriculum should be developed that does not estrange students but builds on their histories, knowledge systems and worldviews and solves problems related to the African continent. A balanced approach is recommended for South African future, a hybrid curriculum where the youth will have [the] best education with one foot in Africa as their steppingstone and with the other making strides on a global platform where they take part as intellectual equals.

Senekal and Lenz (2020) further elaborate that the syllabus must be based on excellent practices all over the country and globally. The wholeness of human familiarity must also be embraced.

Moreover, the information obtained from the participants further revealed that some people left the African churches to join Western churches, which deprived them of their cultural and traditional practices, such as to respect and acknowledge their ancestors. The schools are

modernised, where the teaching is facilitated in English and the mother tongue is neglected. Lastly, people opt for Western medicine and undermine traditional medicine and declare it unhealthy as it is not scientifically proven.

To avoid the lack of acknowledgement of indigenous knowledge, decolonisation should be embraced. More importantly, is to pay attention to the language and languages that people speak (Ndlovu-Gatsheni, 2018:39). So, to understand people's culture one needs to use the language of the people because there is knowledge in the language. It is not only that what is said can resonate with the people but that people can remember their knowledge as they think through their language. That is the power of the language.

Another important need to decolonise the knowledge production trajectories to ensure that cultural knowledge is preserved is that “many educated African people distance themselves from their indigenous African languages and ancestors whom the Christian missionaries disparaged as ‘demons’” (Ndlovu-Gatsheni, 2018:42). To reverse this is not an easy undertaking and requires a commitment to cultural preservation. Ndlovu-Gatsheni (2018) advises us that as African people we need to be intentional about this cause and therefore

deliberately embark on the painstaking process of ‘learning to unlearn’ to re-learn. Decolonial pedagogy must facilitate this unique pedagogy of unlearning as part of epistemological decolonization which results in the removal of that colonial hard disk of coloniality together with its software. (Ndlovu-Gatsheni, 2018:42)

This means that to achieve cultural preservation requires us to pay attention to the disruption created by colonialism so that as we restore our cultures, we remove the elements that are not part of our cultures but were infused during colonialism. Using decolonisation as an approach

becomes beneficial in the project that attempts to revive and preserve cultures. So Africanisation and decolonisation go hand in hand in efforts of cultural preservation because of the intentionality of these two theories.

5.4 CAUSES OF THE FADING AWAY OF IKS AND THE TRADITIONAL HEALING PRACTICES OF THE BAROLONG BOO RATSHIDI

In the focus group discussion with the elders, their responses to the question what the causes of the fading away of traditional healing practices within the Barolong boo Ratshidi community are confirmed that even though IK was established by the forefathers, it will be impossible to completely go back to where we were previously. They said that traditional healers today have a tendency of bad behaviour like sexual abuse, witchcraft, etc., which caused mistrust between them and the community. They said that another cause was technology as the youth opted for it instead of seeking knowledge from the elders. People also opt for foreign traditional healers and medicine as they claim that these are stronger and wiser than the healers. The youth ask many questions instead of obeying instructions. It will therefore be wise to accommodate both traditional and Western practices. Furthermore, they mentioned the issue of interracial marriages. They said that they cannot instruct the youth not to opt for it but that it will be difficult for the spouse to learn our cultural practices. They said that the youth should be reminded of who they are and be left to live their lives as it suits them. They further mentioned the issue of deforestation as it caused lack of access to traditional medicine. They thought that it would be wise for the government to consult knowledge holders of herbs or traditional healers before developing the land to ensure that parts that have many important herbs are protected.

Most of the youth, during the focus group discussion, emphasised the following as the causes of the said practices fading away: the lack of information sharing; the lack of providing

responses to their questions, especially the question “why?”; the lack of home teaching and knowledge sharing; the habit of parents telling them they never asked questions but only followed their parents’ instructions; as well as manipulative relatives or parents who used cultural practices for their own benefit. For instance, Participant 1 said that when he earned his first salary, he was told that it must be given to his uncle, who was supposed to take a certain portion of it and give him the rest. The uncle took his whole salary, and no one reprimanded him. The youth participants blamed the elders for the fading away of cultural and traditional practices.

However, one of the six participants in the youth focus group discussion argued that a way of obtaining blessings from her parents and ancestors was to follow and obey their instructions as she did and she never asked questions since she did not want to suffer the consequences of not respecting their instructions. Irrespective of the above, the majority of the youth said that technology worked better than consulting elders of others because of its immediate responses.

In addition, during the in-depth interviews, most of the participants responded that satanic churches with different rituals and remedies caused our people to subscribe to them due to their quick solutions to their problems, although they were not indigenous to the Barolong boo Ratshidi society. They further mentioned the following as the causes of the diminishing of the traditional practices: the lack of knowledge of some elders, the lack of utilising the mother tongue and prioritising English at school and at home, and foreigners acquiring the Barolong boo Ratshidi’s land. During the informal interviews, most of the participants mentioned the lack of belief in ancestors, modern schools, and the lack of support from the government in terms of restoration and preservation of the said practices. The above confirms that there are

many challenges within the Barolong boo Ratshidi community that still need to be dealt with or looked at before IK can be recovered, restored, and preserved.

Although the youth emphasised the lack of home teaching and knowledge sharing as the main causes for the fading away of the traditional practices, the data and the literature confirm that most of the problems lie with the youth, as the elders argued that the youth like quick fixes, such as adopting foreign cultures, opting for technology instead of obeying their instructions, etc. Ndou et al. (2023) explain that the youth regard cultural and traditional practices as outdated and that they do not have time to learn such things. They prefer Western medicine as it is easily accessible in shops and pharmacies. Furthermore, Ndou et al. (2023) explain three factors identified as the causes of the diminishing of cultural and traditional practices as ageing (which leads to loss of memory), the availability of Western medicine, and a lack of interest among the youth. Brittian et al. (2023) explain that in terms of the loss of traditional values, fewer people are engaging in traditional practices and that there is a lack of belief in ancestors and attending universal churches.

The Annual Conference of the Dingaka Association is one of the relevant tools that can spread the knowledge or significance of traditional healing practices to communities. At the conference that was held at Montshiwa Cultural Village, the Barolong boo Ratshidi traditional healers were outnumbered by sangomas. Most of the time the isiZulu and isiXhosa languages were used for most of the activities like programme directing and singing. The two languages were used throughout the entire conference. No Tswana songs were sung during the conference.

Furthermore, the traditional healers' attire was not as recognisable as that of sangomas. It was as if the entire conference was coordinated for sangomas only. The herbalist who displayed and

explained the herbs and traditional medicine was from the Limpopo province. No Barolong boo Ratshidi herbalists were in attendance and their medicines or herbs were not displayed anywhere. This confirms that the Barolong boo Ratshidi are not proud of and confident about their own cultural and traditional practices. They are overpowered by other cultures. The findings confirm that should the above not be addressed, other cultures will overpower us, and our youth will adapt to them and forget about their own cultural and traditional practices.

5.5 THE RESTORATION AND PRESERVATION OF CULTURAL AND TRADITIONAL HEALING PRACTICES

In the focus group discussion with the elders, when they responded to the questions on how the youth can be encouraged to learn and acknowledge the cultural and traditional practices in their community and what strategies should be put in place ensure that the IK and traditional healing practices of the Barolong boo Ratshidi are restored and preserved for future generations, they said that suitable or relevant teaching strategies that will encourage the youth to learn and apply these practices must be established. The information should be packaged in such a way that it suited the audience or the youth. It should not be packaged as if for the entire community.

Furthermore, it is important for the foundation to be laid at home first before the cultural and traditional practices can be incorporated into the curriculum and facilitated within communities. Home teaching should be prioritised and the questions that the youth ask should be answered. Without attending to the above, the teaching and facilitation of the practices will be a fruitless exercise.

While initiation schools are used to teach the youth about adulthood and other norms and values of their culture, my findings show that they are not always successful because initiates often

return with bad behaviour. Participant 5, during the focus group discussion with the elders, said that when the initiates return home, they are disrespectful to the community elders, especially those who have not gone to these schools. Participant 8, during the informal interviews, stated that within his village the schools were not recognised as they were dismissed decades ago. Therefore, his council men (*banna ba lekgotla*), together with the community at large, ensured that traditional values and norms were properly catered for within the village. Furthermore, the upbringing of the youth was the responsibility of the entire community, with assistance from the churches and schools. However, the churches and schools were just to reiterate what was taught at home. Olowu (2017) confirms that the measures of the success of a community depend on the involvement of the entire community at large. My data confirmed that it was the responsibility of the elders to ensure that youths were well informed, especially when they reached adulthood. Home teaching should be provided as some of the participants did not conform the idea of African initiation schools.id

Irrespective of the above, the literature argues that initiation schools are still relevant for the preservation of cultural values and norms. For instance, articles by CoGTA (2023) and the *Mahikeng Mail* (2023) state that the rules that should be taken into consideration before and after the initiation processes are outlined since it is how both boys and girls learn cultural and traditional practices. Through these two articles, the importance of cultural practices is brought to the attention of the community at large as a way of preserving cultural and traditional practices and ensuring that they are not forgotten or that they do not fade away.

Furthermore, even though Participant 8 said during the informal interviews that within his village they did not have initiation schools anymore as they were banned decades ago, the *Mahikeng Mail* (2023) article argues that the initiation schoolteacher, Mr Hans Pelele, reopened

the said schools in 1986 due to their significant role in people's lives. This confirms that not all villages within the Barolong boo Ratshidi have problems that some encounter when the initiates return. Some do benefit from them.

One of the participants said during the youth focus group discussion that her grandfather used new, different traditional medicines for different illnesses, but her mother did not learn from him. When the said participant asked about which herb or medicine to use for a certain illness, her mother would just say she did not know or did not remember. A participant said during the informal interviews that he referred his children to technology for answers when he felt overwhelmed. This confirms that not all parents or elders have answers to every question. The youth should therefore be allowed to utilise technology for some of the answers as they cannot relive the history of their parents.

Most of the participants in all the interviews emphasised that we cannot go back to where we were but can at least preserve what is currently relevant and significant for the youth. For instance, during the COVID-19 pandemic, as confirmed by some elders (see Chapter 4), some cultural and traditional practices were suppressed and no curses, illnesses, or taboos were encountered. For instance, *tatodi* (reporting) after the funeral, where respect is paid to the deceased, was not one.

In addition to the assertion, I made in the paragraph above, Gumbo et al. (2020) state that the Barolong boo Ratshidi have experienced rapid westernisation with the spread of Christianity. Gumbo et al. (2020) further explain that the Barolong boo Ratshidi have abandoned many of their cultural practices. They opt for technology due to the pressures of Western civilisation. For instance, a death is announced on WhatsApp, Facebook, etc. Besides what some elders said

about the practices that were suppressed during the pandemic, Gumbo et al. (2020) emphasise that culturally reporting a person's death is showing *botho* (humanity) within a society and teaches the youth to sustain and value it as reporting (*tatodi*) the footprint of the deceased. Therefore, when the community comes back from the graveyard, they must sit to observe (*tatodi*) reporting processes. Failure to report may lead to bad luck (*sefifi*).

As I was growing up during the former Bophuthatswana era, respect for the elders was emphasised and that was what I was also taught at an early age at home by my parents. Some of the participants said during the in-depth interviews that culture comes from the Bible. The same rules are taught in the Bible than what are taught in our culture. Both culture and Christianity teach the youth to respect their elders to have a better, healthy, and long life. The findings confirm that both Christianity and culture can coexist for to this reason.

During the interviews, the youth and some of the elders said that they opted for technology due to its quick response. This confirms what the literature states; for example, Gumbo et al. (2020) explain that technology is an adequate, viable, and rapid way to report death. However, the cultural norms that are embedded in traditional reporting are being compromised and humanity (*botho*) is challenged with the threat of disintegrating.

The Annual Conference of the Dingaka Association is one of the relevant tools that can spread the knowledge or significance of traditional healing practices to communities, as indicated earlier. In contrast to the conference that was held at Montshiwa Cultural Village, at the conference that was held at Tlaakgameng village, the cultural and traditional healing practices of the Barolong boo Ratshidi were highly acknowledged. The attire represented the traditional

healers well. The teachings and songs were done in Setswana and no other language was used. The traditional healers presented how they praised the bones (*go boka taola*) during consultation in order to obtain answers to a specific question or challenge. Tswana traditional food was cooked. The herbs and traditional medicines that were displayed in stalls were labelled and explained in Setswana by different Tswana herbalists. The youths of the community were also invited as the knowledge was to be taught and passed down to them. The data confirm that there is still hope for traditional healing practices of the Barolong boo Ratshidi to be preserved for future generations.

Furthermore, Noyoo (2007) explains that the IKS is not introduced or executed from outside; the local people are privy to this knowledge since it has been handed down from one generation to the next within their culture. It is something that is connected to their way of life. Noyoo (2007) further explains that Western knowledge systems have long been known for their rigid execution, investigation, and validation processes, and all are well worth to be carefully recorded. The same cannot be stated of IKS when it comes to documentation. My findings confirm what the literature indicates about the information held by elders within communities not being recorded for preservation purposes. However, during the informal interviews, Participant 8 said that in his village, efforts were being made to reach out to the elders to document the information with assistance from the NWU.

Ndou et al. (2023) explain that previously a philosophy of traditional healing, as well as the application thereof, was learned through the elders' guidance. Furthermore, Brittian et al. (2023) emphasise that the youth believe that religion connects them to their past as it is important to know where you come from and where you are going. Some of them further think that cultural practices and religious values should coexist as one can balance both.

Healing must be passed down from the elders to the youth. Brittian et al. (2023) explain that people inherit healing powers and knowledge of traditional medicines for specific illnesses from their parents or grandparents. Brittian et al. (2023) further explain that there is no need to perform a ritual to transfer the healing skills when one inherits the skills. The elders simply show the children how things are done. The transfer procedure is usually done when the elder is ageing, sick, or soon to pass on.

5.6 UTILISATION OF TRADITIONAL MEDICINE

Ndou et al. (2023) confirm that the Barolong boo Ratshidi are an ethnic group of the Batswana originating from South Africa and Botswana. In South Africa, throughout the colonial and apartheid eras, the authorities tried to eradicate African traditional medicine by identifying it as witchcraft and imposed bans on it among indigenous societies. Furthermore, the literature confirms that traditional medicine plays a significant role in people's lives. For instance, Ndou et al. (2023) explain that the Batswana give names to medical plants according to its purpose in a person's body, such as *Mookana (Vachellia karroo)* for the healing of fractures. Its name refers to a plant with the ability to attract others to itself. *Moologa (Croton gratissimus)* is used to improve livestock fertility. Its name refers to something that can cause continuous production of calves, kids, and lambs. *Mosiama (Kleinia longiflora)* is a plant that promotes physical and spiritual healing. The name means "to fix a situation". It is used to cleanse *sefifi* after a funeral as *sefifi* can cause bad luck if not cleansed.

Table 5.1 illustrates how Peltzer (1998) describes the categories of illnesses, symptoms, causes, and treatment thereof and explains the physical, natural, supernatural, and psychological categories.

Table 5.1: Categories of illnesses, symptoms, causes, and treatment

Illnesses	Symptoms	Causes	Healing
<i>Phogwana</i>	Diarrhoea, vomiting, middle-of-head problem, green eyes, etc.	Physical: Natural or born with it, sucking from mother, etc.	Scratch on head and around the neck and rub herbs, boil herbs to drink, and/or smoke herbs
<i>Botsenwa</i>	Aggressive, smashing things, abnormal behaviour, etc.	Physical: Drug abuse, venereal disease Supernatural: Bewitched, ancestral spirits	Herbs to drink and vomit, tie with rope, inhale herbal steam, and give herbs to clean stomach
<i>Malolopo</i>	Sweating, dizziness, cries often, etc.	Supernatural: Ancestral spirits Psychological: Thinking a lot	Sacrificial ceremony, drumming and dancing, and inhaling herbs
<i>Sefola</i>	Swollen feet, hands, and body. Changes in eyes, abdominal pain, vomiting, etc.	Supernatural: Bewitched	Boil herbs to drink and herbs to clean stomach
<i>Go ruruga maoto</i>	Swollen feet, abnormal walking, big sores on feet, etc.	Physical: Natural, physical stress, i.e., cold Supernatural: Bewitched, violating taboo	Boil herbs to wash feet, cut on the feet and suck blood, herbs to drink, inhale herbal steam
<i>Mototwane</i>	Falls often, bites tongue, foam in the mouth, etc.	Physical: Natural Supernatural: Bewitched, violation of taboo	Inhale herbal steam, boil herbs to drink
<i>Madi a magolo</i>	Bleeding from the nose, face/feet/body swollen, obese, etc.	Physical: Natural, wrong diet. Psychological: Stress Supernatural: Bewitched	Boil herbs to drink, make cuts and suck the blood, give herbs to wash the body

Source: Peltzer (1998)

Information in the Mafikeng Museum (1903) indicates that there are several types of medical plants within the Barolong boo Ratshidi culture that are utilised to cure several illnesses, such as:

- *Mokgalo (Ziziphus mucranata)*: The leaves, roots, and seeds of the plant, after being prepared, can be used as an infant's laxative or treatment of toothache.
- *Mohatlha (Tarchonanthus camphoratus)*: The plant's leaves can be boiled and drunk as tea or can be used to cure infertility, sexually transmitted infections, and high blood pressure.
- *Letswetlane (Dicoma capensis)*: The plant's roots, after being prepared, are taken three times daily to cure stomach problems.
- *Mpepo (Helichrysum odoratissium)*: The plant's leaves are burned and inhaled for headaches and sinuses. The ash is used to treat boils. Culturally it is used for spiritual protection against evil spirits and assists traditional healers or diviners to connect with their ancestors.
- *Sekaname (Drimia elata)*: The plant's bulb cures stomach pains and womb-related diseases, and culturally it is for spiritual cleansing.
- *Tlhonya (Dicoma anomala)*: The plant's roots are boiled in water and drunk three times a day to cure cramps.
- *Lengana (Artemisia afra)*: The plant's leaves and bark are boiled together in water and drunk as tea to cure asthma, cold, and flu.
- *Phate ya ngaka (Helichrysum paranychioides)*: The plant's leaves and roots are boiled together in water for the treatment of asthma, urinary infections, wounds, and rashes.
- *Moologaa (Croton gratissium)*: The plant's leaves are mixed with other herbs and boiled together and drunk three times a day. They are used to cure bladder infections and hypertension. It is further used to assist with infertility, as well as cleansing.

Huma (2009) described various types of Tswana remedies (see Chapter 2) that differ from what is described by the Mafikeng Museum (1903) and by Peltzer (1998). According to Thornton (2009), healers are mostly trained by the ancestors through dreams on how the herbs must be used. Herbs are categorised by colour, gender (male and female), stage of the plant at the time of harvesting, time, and conditions of gathering, among other criteria, and these do not necessarily match botanical methods. They are not used on their own but as mixtures with other items. Training therefore involves more than allocating specific herbs to specific illnesses. The literature confirms that there are many illnesses, causes of illnesses, and traditional medicines, herbs, or remedies that still need to be learned and taught for healing or treating different kinds of illnesses and cleansing.

Irrespective of the above, most of the participants (the elders and the youth) emphasised that we cannot go back to where we were decades ago and that things have changed for the better. Therefore, modernity (technology), Christianity, and the cultural and traditional healing practices of the Barolong boo Ratshidi should run parallel or coexist due to their different but significant roles in people's lives. Each plays a specific unique role and the roles may be blended for healing purposes. For instance, the World Health Organization (WHO 2023) indicates that

traditional medicine is sometimes seen as pre-scientific, its practice and treatment to be replaced by modern, better, more efficient science-based medicine. What is less known is its contribution to modern science and medicine, and a long history of traditional products and practices being translated into effective treatments for health conditions. Around 40% of pharmaceutical products today draw from nature and traditional knowledge, including landmark drugs, aspirin, artemisinin, and childhood cancer

treatments. A closer look at these drugs reveals that the scientists behind them built off traditional knowledge to achieve their breakthrough discoveries.

In addition, the literature confirms the significance of traditional healing practices and shows that the government makes efforts in terms of its preservation. For instance, White (2015) explains that in 1977, the WHO officially appreciated the significance of African traditional healthcare systems and encouraged African countries to ensure that the practice is more officialised to ensure efficient and improved service delivery. Society must be able to trust the healing systems as they play significant roles in their lives. Furthermore, White (2015) emphasises that governments, ministries of health, Western medical practitioners, and traditional healers need to meet and have a dialogue on how to build trust and provide education through workshops, and also to reach consensus in tackling health matters from a holistic and wider viewpoint to ensure the safety value and productivity of traditional medical products to normalise practitioners.

All the information in this chapter teaches us that there is a huge possibility for Christianity, modernisation, and the IKS and traditional healing practices of the Barolong boo Ratshidi to coexist. The four aspects have different benefits and important roles within people's lives. Through partnerships between relevant stakeholders, the best strategies can be put into place to ensure that all four aspects are well accommodated and acknowledged in policies, Acts, and within academics and communities at large.

5.7 CONCLUSION

In this chapter, I analysed the findings of the study. I developed three themes that emanated from the data I collected. I conclude this chapter by arguing that decolonisation and Africanisation are the tenets for ensuring that the state recognises the significance of IK and

devise means to incorporate it into the education curriculum for the purposes of restoration and preservation. The focus should be on prioritising the utilisation of indigenous languages when tutoring or facilitating conferences. Moreover, people need to relearn their knowledge while living in the modern world. Strategies must be put in place to determine how the two worlds can coexist and how they can still be accommodated in people's everyday activities.

CHAPTER 6:

CONCLUSION

6.1 INTRODUCTION

In this study I focused on discussing, interpreting, and contextualising the various themes related to the IKS and the traditional healing practices of the Barolong boo Ratshidi. A brief overview of the history and culture of the said community highlighted that the Barolong boo Ratshidi are well-recognised residents amongst the Tswana societies within different areas of South Africa. As indicated in Chapter 1, traditionally they were agriculturalists and cattle herders, but it is still difficult to discover their exact origin because there is not much evidence about their history or origin.

During my engagement with the relevant literature for this study and when I discussed the concepts of IKS and traditional healing of the said community, it became evident that Western practices are overpowering the traditional practices. The aim was to provide background on both the IKS and traditional healing practices of the said community, as well as to explore the reasons why they are fading away and to develop strategies that can be put in place for recovering, restoring, and preserving them for future generations.

6.2 SUMMARY OF THE DISSERTATION

In Chapter 1, I introduced the study by providing brief background on the Barolong boo Ratshidi's history and culture, as well as their IK and traditional healing practices. I further presented the reasons why this study needed to be conducted, together with the current challenges the said community is facing in terms of the restoration and preservation of their local knowledge. Additionally, I presented the study's problem statement, aim, purpose, and rationale, its research design, as well as the theoretical framework, focusing particularly on

decolonisation and Africanisation. To conclude Chapter 1, I outlined and briefly elaborated on all the chapters of the dissertation.

Chapter 2 highlighted literature on IKS, history, culture, as well as the traditional healing practices of the Barolong boo Ratshidi. The reasons for the fading away of the traditional healing of the said community were presented. The literature highlighted the necessity for African knowledge to be incorporated into higher education since it will inspire African students and educators to review the essential order of knowledge structures. In addition, the understanding and treasures of IK that still need to be documented, authenticated, and shared with the youth for sustainability are still retained by elders and knowledge holders within the respective communities. Students will be encouraged to learn and acknowledge their roots through teaching them in indigenous languages because the purpose of language is to protect the spirit of its culture and it is a tool to communicate the worldview of its speakers.

Additionally, the literature expressed that traditional medicine relies on observation passed down from generation to generation. This is done either orally or written and through previous understandings. It is the blending of active knowledge that originated in ancestral practices. The literature further revealed that Christianity and modernisation are two aspects that fuel the diminishing of cultural and traditional healing practices in Barolong boo Ratshidi society. In addition, it was shown that the initiation schools, which previously were used to educate the youth about maturity, were banned from Barolong boo Ratshidi communities. Lastly, the literature proposed that in order to restore and preserve the traditional healing practices of the Barolong boo Ratshidi, we need to discover the approaches that will be useful to ensure that the said practices' significance is spread across the Barolong boo Ratshidi communities and schools.

In Chapter 3, I discussed the qualitative research methods that I used to collect data. I began by elaborating on the in-depth and informal interviews, participant observation, as well as focus group discussions as they were all relevant to provide detailed information. I employed these methods because they were useful in answering the “how”, “what”, and “why” questions. I further elaborated on the ethical considerations that guided my research because they were required to ensure that the research was conducted without harming the participants in any way.

Chapter 4 presented and discussed the data I collected through using the qualitative methods mentioned above. I ensured that participants from different categories with different skills were interviewed to determine the reasons behind the fading away of the traditional healing practices of the Barolong boo Ratshidi. I further used participant observation to observe and learn more about the cultural norms and standards of the said community, especially traditional healing practices. At the beginning of each interview, I requested the research participants to explain IKS according to their own understanding. They all had the same understanding of it as local knowledge that was created and learned decades ago by their forefathers. Most participants expressed that we cannot go back to where we were before as technology is moving rapidly and people need to accept and adapt to change. They also pointed out that some of the cultural and traditional healing practices were no longer relevant for restoration and preservation as they were suppressed during the COVID-19 pandemic and no harm came of it. They therefore proposed that strategies must be put in place to explore those practices that are still appropriate and relevant to avoid unnecessary, extensive restoration that will harm the beliefs of other people.

In Chapter 5, I interpreted the collected data and findings. I analysed the participants' contributions to this study. I summarised the important points to be able to draw conclusions. Themes were developed from the collected data. The chapter was concluded by arguing that decolonisation and Africanisation are essential for ensuring that the state recognises the significance of IK and devises means to incorporate it into the curriculum for the purpose of restoration and preservation.

6.3(a) CONCLUSIONS DRAWN

As discussed in Chapter 2, African knowledge needs to be incorporated into higher education as it will encourage African students and educators to review the essential order of knowledge structures. The treasures and knowledge of IK that still needs to be documented, authenticated, and shared with the youth for preservation are still in the possession of the elders and knowledge holders within the respective communities. Teaching learners in indigenous languages will motivate them to accept their cultural and traditional practices because the role of language is to protect the spirit of its culture. It is an instrument for its speakers to interconnect their worldview.

Moreover, the knowledge of traditional medicine must also be passed down from one generation to the next, either orally or in written form, because it originates in ancestral practices. It is perceived as a threat to human health because it is not scientifically tested. The literature confirms that Christianity and modernity are the causes of the fading away of cultural and traditional healing practices in the Barolong boo Ratshidi communities. One way to explore the reasons for the fading away of the IKS and traditional healing practices of the Barolong boo Ratshidi, and the strategies for the restoration and preservation thereof, was for me to

conduct an anthropological study by making use of the ethnographic method, which is a model for qualitative research.

During my engagement with the research participants, I discovered that the elders blamed the youth for adopting technology and disrespecting them with their questions instead of just obeying their instructions. The youth blamed the elders for lack of knowledge sharing, lack of home teaching at an early age, and the lack of responses to their questions. They emphasised that their parents should refrain from telling them that, when they were youths, they obeyed instructions without asking questions and that the parents should prioritise responding to their questions as we are currently living in the modern world. Furthermore, both the literature and my data showed that we have already gone too far and cannot go back to where we used to be before. Therefore, both Western practices and the cultural and traditional healing practices of the Barolong boo Ratshidi must coexist as they both play an important role in people's everyday lives.

In addition, the responsibility of knowledge sharing and preservation lies with the elders, traditional healers, traditional leaders, and the community at large. Through the annual conferences of the Dingaka Association, knowledge on traditional healing practices, as well as traditional medicine and herbs should be shared in detail and taught or facilitated in Setswana. In order for the youth to have an interest in attending the conferences and awareness campaigns in their communities, the information should be packaged in such a way that interests them and not as if it is for the interest of the entire community.

However, the literature did not indicate strategies to tackle the youth's concerns about the lack of home teaching and responses to their questions. The lack of documentation of the

information that still lies with the knowledge holders and elders is highlighted but strategies on how to reach out to them are not outlined. Furthermore, it does not show how the traditional healing practices and Western practices can work together to accommodate the diversity of cultures for them to coexist

6.3(b) BOKHUTLHO JO BO NTSHITSWENG

Jaaka ke kaile mo kgaolong ya bobedi, kitso ya se- Afrika e tlhoka go akerediwa mo dithutong tsa thuto e e kwa godimo gore e rotloetse baithuti ba Ma-Afrika le barutabana go tlhatlhoba dintlha tse di botlhokwa tsa go laola bokgoni jwa kitso. Matlotlo le kitso ya tlhologo e e santseng e tlhoka go kwalwa, go netefatswa le go arogangwa le bašwa gore e somarelwe, e santse e le mo diatleng tsa bagolo le bailsi kitso mo gare ga merafe. Go ruta baithuti ka kitso ya tlhago go tla ba rotloetsa go amogela setso sa bone le kalafi ya setso sa bone ka ntlha ya gore seabe sa puo ke go sireletsa mowa wa setso sa yone. Ke sediriswa sa babui ba sone go golaganya megopolo ya bone (interconnect their worldview).

Godimo ga seo, kitso ya tiriso ya ditlhare tsa setso e tlhoka go fetisediwa go tswa mo losikeng le lengwe go ya go le lengwe. Seo se ka diragala ka tsela ya go kwala kgotsa ka tsela ya puo, ka gonne e tswa mo mekgweng ya bogologolo. E bonala e ka tsenya letshogo mo boitekanelong jwa botho gonne ga ya tlhotlhomisiwa ka bonetetsi. Mekwalo e tlhomamisa gore Bokeresete le segompiano, ke tlhoba boroko mo go nyeleleng ga setso le kalafi ya mekwa ya setso mo morafeng wa Barolong boo Ratshidi. Tsela e le nngwe ke go sekaseka mabaka a go nyelela ga kitso tlhago le kalafi ya mekwa ya setso ya Barolong boo Ratshidi le maano le thulaganyo ya pusetso le tshomarelo ya tsona, e ne ele gore ke eteletse dithuto tsa “anthropology”, ka tiriso mekgwa ya “ethnography” e e le leng mofuta wa patlisiso ya boleng.

Ka nako ya fa ke ne ke dirisana le batsayakarolo ba dipatlisiso, ke ne ka lemoga gore bagolo ba latofatsa bašwa go tlwaela thekenoloji le go se ba tlotle ka dipotso tsa bone go na le gore ba obamele ditaelo tsa bone. Bašwa ba latofatsa bagolo ka go tlhoka karoganyo ya kitso, go tlhoka thuto ya fa lapeng ka bonnye, le go tlhoka dikarabo tsa dipotso tsa bone. Ba gateletse gore bagolo ba tlogele puo ya go ba bolelela gore bone ba ne ba latela ditaelo fela ba sa botsolotse dipotso ka nako ya bone. Gape, bagolo ba tshwanetse go eteletsa pele go araba dipotso tsa bone gonne re dula mo lefatsheng le le fetogileng. Go feta moo, ka bobedi, go ne go na le dingwao le ditshuakanyetso tse di bontshang gore re setse re ile kgakala. E bile re ka se boele morago kwa re tswang teng. Ka moo, mekwa ya segompiano, setso le tiriso ya kalafi ya setso di tshwanetse go tshela mmogo, gonne tsotlhe di tsaya karolo e e botlhokwa mo maphelong a batho letsatsi le letsatsi.

Go tlaleletsa, maikarabelo a go abelana kitso le go somarela kitso go mo diatleng tsa bagolwane ba rona, dingaka tsa setso, magosi le morafe ka kakaretso. Ka moletlo wa ngwaga le ngwaga wa Mokgatlo wa Dingaka tsa setso, kitso ya kalafi ya mekwa ya setso le ditlhare tsa setso kgotsa meriana, e tshwanetse go aroganngwa ka botlalo le go rutiwa ka Setswana. Gore bašwa ba nne le kgatlhego mo go nneng teng mo meletlong le matsholo a ditsiboso mo baaging, kitso e tshwanetse go rulaganngwa ka mokgwa o o ka ba kgatlhisang. Eseng go gore e nne e kete e kgatlisa baagi botlhe.

Go ntse go le jalo, dithuto ga di a tlhalosa ka mekgwa ya go rarabolola matshwenyego a basha a go tlhoka thuto ya mogae le dikarabo tsa dipotso tsa bone. Go tlhoka go kwalwa ga kitso go sa ntse go le mo diatleng tsa baitse kitso le bagolwane go tlhagisitswe mme mekgwa ya gore go ikgolaganya le basha ga ya tlhaloswa. Go feta moo, ga goa bontshiwa gore mekgwa ya

kalafi ya setso le mekgwa ya segompieno e ka dirisiwa jang mmogo go akaretsa mefutafuta ya setso.

6.4(a) PROPOSITIONS

Based on the findings of my research, I propose that the state must invest in both culture and modernity to accommodate both worlds. Western practices and the traditional practices of the Barolong boo Ratshidi must coexist as they both play an important role in people's lives. Home teaching should be prioritised before IKS, and the traditional healing practices of the Barolong boo Ratshidi can be incorporated into the curriculum. Responses to the youth's questions should be prioritised. Furthermore, the youth should be allowed to opt for technology as we are currently living in the modern world. However, they should constantly be reminded of their roots because while we can adapt to other cultures, we should not forget who we are and where we come from. Lastly, most of the elders believe that not all cultural and traditional practices are still relevant as some were suppressed during the COVID-19 pandemic without negative consequences. There is thus a need to conduct further research to explore those practices that are still appropriate for restoration and preservation for future generations because a blanket restoration will affect some people's belief systems to the detriment of the diversity of cultures.

6.4(b) TSHITSHINYO

Go tswa mo ditlhotlhomisong tsa dipatlisiso tsa me, ke tshitshinya gore puso e nne le seabe mo setsong le mo metlheng ya segompieno go akaretsa mafatshe a mabedi a. Mekgwa ya segompieno le mekgwa ya setso ya Barolong boo Ratshidi, e tshwanetse go tshela mmogo gonne tshotlhe di tsaya karolog ya botlhokwa mo matshelong a batho. Thuto ya fa gae e tshwanetse go eteletswa kwa pele, pele kitso ya tlhago le mekgwa ya kalafi ya setso ya Barolong boo Ratshidi e ka tsenngwa kana go akarediwa mo lenaneong la thuto. Dikarabo tsa dipotso tsa

basha di tsewe tsia. Go feta moo, bašwa ba letlelelwe go dirisa thekenoloji gonne re phela mo dinakong tsa yona. Gape, ba tshwanetse go fela ba gopodiwa kgapetsa kgapetsa ka tlholego ya bone gonne re ka ithuta ka setso sa merafe e mengwe mme ga ra tshanela go lebala gore re bo mang le gore re tswa kae. Ko bofelong, bagolwane ba le bantsi ba dumela gore ga se mekgwa yotlhe ya setso e e santseng ele botlhokwa gonne e mengwe e ne ya gatelelwa kgotsa ya tswalelwa kwa ntle go se ditlamorago ka nako ya bolwetse jwa leroborobo jwa COVID '19. Ka jalo, go na le tlhokego ya go dira dipatlisiso tse di oketsegileng tse di santseng di siametse go tsosoloswa le go somarelelwa bašwa le mo isagweng gonne tshomarelo ya kakaretso e ka ama mekgwa ya ditumelo tsa batho ba bangwe.

REFERENCES

- Bantjes, J., Swartz, L. & Cembi, S. 2018. “Our lifestyle in a mix-match”: Traditional healers talk about suicide and suicide prevention in South Africa. *Transcultural Psychiatry*, 55(1):73-93.
- Bhandari, P. 2021. *Ethical Considerations in Research: Types & Examples*. Available at: <https://www.scribbr.com/methodology/research-ethics/> [Accessed on 9 December 2022].
- Bhat, A. n.d. *In-Depth Interviews: Definition and How to Conduct Them*. Available at: <https://www.questionpro.com/blog/in-depth-interviews/> [Accessed on 9 December 2022].
- Black, G.B., Van Os, S., Machen, S. & Fulop, N.J. 2021. Ethnographic research as an evolving method for supporting healthcare improvement skills: A scoping review. *BMC Medical Research Methodology*, 21:274. <https://doi.org/10.1186/s12874-021-01466-9>
- Bodigwane – Disipi. 2022. *Kudu Totem*. Available at: <https://web.facebook.com/Bodigwane> [Accessed on 8 January 2023].
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77-101.
- Brittian, A.S., Lewin, N. & Norris, S.A. 2023. “You must know where you come from”: South African youths’ perceptions of religion in time of social change. *Journal of Adolescent Research*, 28(6):642-663.
- Brizuela-García, E. 2006. The history of Africanization, and the Africanization of history. *History in Africa*, 33:85-100.
- Caulfield, J. 2023. *What Is Ethnography? Meaning, Guide & Examples*. Available at: <https://www.scribbr.com/methodology/ethnography/#:~:text=Published%20on%20M>

[arch%2013%2C%202020,behavior%20and%20interactions%20up%20close](#)

[Accessed on 8 January 2023].

- Cloete, N., Maassen, P. & Bailey, T. 2017. *Knowledge Production and Contradictory Functions in African Higher Education*. Cape Town: African Minds.
- Comaroff, J. 1980. Healing and the cultural order: The case of the Barolong boo Ratshidi of Southern Africa. *American Ethnologist*, 7(4):637-657.
- De Klerk, C. 2022. Ritual, Liminality and Communitas in Wiccan Open Circles and Covens in Canada and the United States. Master's Thesis. University of South Africa, Pretoria. Department of Cooperative Governance and Traditional Affairs (CoGTA). 2023. *Rules for Obtaining Permission Letter to Hold an Initiation*. [Internal Document.] Pretoria: CoGTA.
- George, T. 2022. *Unstructured Interview: Definition, Guide & Examples*. Available at: <https://www.scribbr.com/methodology/unstructured-interview/#:~:text=Published%20on%20January%2027%2C%202022,collect%20data%20on%20a%20topic> [Accessed on 8 January 2023].
- Govender, N., Mudaly, R. & James, A. 2013. Indigenous knowledge of custodians of Zulu culture – Implications for multilogical dialogue in academy. *Alternation*, 20(1):154-177.
- Gumbo, M.T. & Karel, K.J.N. 2020. Tatodi among the Bangwaketse. *Indilinga – African Journal of Indigenous Knowledge Systems*, 19(1):29-46.
- Gundumogula, M. 2020. Importance of focus groups in qualitative research. *International Journal of Humanities and Social Studies*, 8(11):299-302.
- Hammersley, M. & Atkinson, P. 2007. *Ethnography: Principles in Practice*. 3rd Edition. London and New York: Routledge.
- Hassan, M. 2023. *Purposive Sampling in Research*. Cambridge: Academic Press.

- Huma, W.M. 2009. *Letlôtlô la Setswana* [On the Food Habits of Tswana Peoples]. Midrand: Mosala-Masedi.
- Idang, G.E. 2015. African culture and values. *Phronimon*, 16(2):97-111.
- Isiko, A.P. 2019. The nexus between traditional healing and societal organisation: Reflection of Busoga Society Socio-Cultural, Economic and Political Organisation. *Journal of Arts & Humanities*, 8(8):71-88.
- Kahissay, M.H., Fenta, T.G. & Boon H. 2017. Beliefs, and perception of ill-health causation: A socio-cultural qualitative study in rural North-Eastern Ethiopia. *BMC Public Health*, 17:124.
- Kamga, S.D. 2018. Cultural values as a source of law: Emerging trends of ubuntu jurisprudence in South Africa. *African Human Right Law Journal*, 18(2):625-649.
- Kaya, H.O. 2013. Integration of African Indigenous Knowledge Systems into higher education in South Africa: Prospects and challenges. *Alternation*, 20(1):135-153.
- Kaya, H.O. 2014. *Revitalizing African Indigenous Ways of Knowing and Knowledge Production*. Available at: <https://www.e-ir.info/2014/05/26/revitalizing-african-indigenous-ways-of-knowing-and-knowledge-production/> [Accessed on 08 January 2023].
- Kgatle, M.S. 2021. Zionism and Pentecostalism: Black Zionist roots in the AFM of SA through the lens of decoloniality. *Studia Historiae Ecclesiasticae*, 47(3):1-13.
- Kgotleng, M.L. 2014. The Role of African Cultural Astronomy in Disaster Management Among Barolong Boora – Tshidi, Mahikeng in the North West Province. Master's Thesis. North-West University, Mafikeng.
- Luo, A. 2019. *Content Analysis: Guide, Methods & Examples*. Available at: <https://www.scribbr.com/methodology/content-analysis/> [Accessed on 08 January 2023].

- Mafikeng Museum. 1903. *Indigenous Knowledge Systems* [Display]. Mafikeng, North West Province.
- Magubane, P. 1998. *Vanishing Cultures of South Africa: Changing Customs in a Changing World*. London: Struik.
- Mafikeng Mail*. 2023. *African Traditional Medicines Week*. September 1:8.
- Marco, D., Willoughby-Herard, T. & Zegeye, A. (Eds.). 2021. *Sasinda Futhi Siselapha (Still Here): Black Feminist Approaches to Cultural Studies in South Africa's Twenty-Six Years Since 1994*. New Jersey: Africa World Press.
- Mathews, Z.K. 1995 [1945]. *A Short History of the Tshidi Barolong*. Available at: <http://digilibrary.unisa.ac.za/digital/collection/BR/id/24/> [Accessed on 13 January 2023].
- Mathoho, N.E. 2012. *Proposed Barolong Boora Tshidi Heritage Park at Montshioa Stadt Village, on Farm Mafikeng Commonage ZRF 428 Within Mafikeng Local Municipality of Ngaka Modiri Molema District North West Province, South Africa*. Available at: <https://sahris.sahra.org.za/sites/default/files/heritagereports/BAROLONG%20BOORA%20TSHIDI%20REPORT.pdf> [Accessed on 13 January 2023].
- Mokgobi, M.G. 2014. Understanding traditional African healing. *African Journal for Physical, Health Education, Recreation and Dance*, 20(S2):24-34.
- Motlhanke, M.J. 2014. *The Demise of Traditional Initiation Schools of the Batswana Culture in the North West Province, South Africa*. Master's Thesis. North-West University, Mafikeng.
- National School of Government. 2016. *M&E Course 6: Data Analysis and Presentation Methods for Monitoring and Evaluation*. Pretoria: National School of Government.

- Ndlovu-Gatsheni, S.J. 2018. The dynamics of epistemological decolonization in the 21st century: Towards epistemic freedom. *Strategic Review for Southern Africa*, 40(1):16-45.
- Ndou, R.V., Materechera, S.A., Mwanza, M., Otang-Mbeng, W. & Ijane, M.F. 2023. Indigenous knowledge and use of medical plants for ethnoveterinary within the North-West Province, South Africa. *Frontiers in Veterinary Sciences*, 10:1273562
- Noyoo, D. 2007. Indigenous Knowledge Systems and their relevance for sustainable development: A case of Southern Africa. In E.K. Boon & L. Hens (Eds.). *Indigenous Knowledge Systems and Sustainable Development: Relevance for Africa*. New Delhi: Kamla-Raj Enterprises.
- Olowu, D. 2017. Indigenous approaches to conflict resolution in Africa: A study of the Barolong people of the North-West province, South Africa. *Journal of Law and Judicial System*, 1(1):10-16.
- Osemwenkha, O. 2000. Disease aetiology in traditional African society. *Africa*, 55(4):583-590.
- Owusu-Ansah, F.E. & Mji, G. 2013. African indigenous knowledge and research. *African Journal of Disability*, 2(1): Art. 30. <http://dx.doi.org/10.4102/ajod.v2i1.30>.
- Ozioma, E.J. & Chinwe, O.A.N. 2019. *Herbal Medicines in African Traditional Medicine*. Awka: Nnamdi Azikiwe University.
- Peltzer, K. 1998. *A Community Survey of Traditional Healers in South Africa (Northern Province)*. Limpopo: University of the North.
- Republic of South Africa. 2004. *Traditional Health Practitioners Act, No. 35 of 2004*. Pretoria: Government Printer.
- Sangasubana, N. 2011. How to conduct ethnographic research. *The Qualitative Report*, 16(2):567-573.
- Schapera, I. 1995. *Ditirafalô Tsa Merafe Ya Batswana*. Cape Town: Lovedale Press.

- Senekal, Q. & Lenz, R. 2020. Decolonising the South African higher education curriculum: An investigation into the challenges. *International Journal of Social Sciences and Human Studies*, 12(1):146-160.
- Sheehi, S. 2021. *Decolonizing Humanities Project*. Available at: <https://www.wm.edu/sites/dhp/> [Accessed on 23 January 2023].
- Southall, A. 2005. Tswana religion. In L. Jones (Ed.). *Encyclopaedia of Religion*. Farmington Hills: Thomson Gale.
- Thornton, R. 2009. The transmission of knowledge in South African traditional healing. *Africa: Journal of the International African Institute*, 79(1):17-34.
- Tshitswana, D.S. 2003. Batswana Cultural Beliefs and Practices – Implications for Methods of Care for AIDS Orphans and Other Vulnerable Children in Botswana. Master's Thesis. Ohio University, Ohio.
- Van der Merwe, S.J. & Thebe, O.G. 2019. The conundrum facing Christian traditional leaders. *Acta Theologica*, 39(S28):104-120.
- White, P. 2015. The concept of disease and health care in African traditional religion in Ghana. *HTS Theological Studies*, 71(3):2762. <http://dx.doi.org/10.4102/hts.v71i3.2762>
- World Health Organization. 2023. *Traditional Medicine has a Long History of Contributing to Conventional Medicine and Continues to Hold Promise*. Available at: <https://www.questionpro.com/blog/thematic-analysis/> [Accessed on 14 April 2023].
- Zhang, Y. & Wildemuth, B.M. 2009. *Unstructured Interviews: Applications of Social Research Methods to Questions in Information and Library Science*. Exeter: Libraries Unlimited.

ANNEXURES**Annexure A: Leboko La Barolong**

Ke namane ya tholo,

Ke ja mogope ke o lala

Ke motho wa mogogoro wa losho,

Wa ga Gogomela

Ke Mmina tshipi ha go le tlala,

Ha go le kgora re bina tholo

Tholo e e thupana thekeng,

E e reng go utlwa lengolo e tlole,

Go bona lerole e tlolele godimo

Tholo eo e sa latelweng ke motlhala,

Eo e bonwang ka bojang go thetekela.

Ke wa ga Morara-a-Noto,

Tshipi e ncho, Noto-a-Morolong.

Ntsha sehuba morolong,

Go tle go bonale kwa o tswang gone.

Ka tlhago ke tswa go Tshesebe-a-Modiboa,

Tshesebe yo o hetotseng ntlha,

Ntlha ya lerumo la segosi.

Ke tswa kwa go Setlhare-a-Monnyane,

Setlhare sa metswe e e ko teng,

E e rileng go anama ya hudusa Magobe,

Magobe le morahe wa Bakaa.

Ke tswa kwa go Nakedi-a-Masepe,

Nakedi e e bobowa bo ntlha

Ke Modiboa Ke Morolong yoo binag Tshipi noto e ntsho.

Ke ana Kgomo Modio o nko e metsi.

Malenku a marumo se gagola letoutou.

Mogodungwana o molelo.

More o fisang banna ditedu.

Ka nna nao ka tlhoka boroko. Ka e tlhoka, kea bo tlhoka.

Annexure B: Ethical Clearance



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

06 March 2023

Dear Ms Maria Mmapula Gwayisa

NHREC Registration # :
 Rec-240816-052
 CREC Reference # :
 45391769_CREC_CHS_2023

Decision:
**Ethics Approval from 06 March 2023
 to 06 March 2024**

Researcher(s): Name: Ms. M. M. Gwayisa
Contact details: 45391769@mylife.unisa.ac.za
Supervisor(s): Name: Dr. N. Z. Radebe
Contact details: radebnz@unisa.ac.za

**Title: INDIGENOUS KNOWLEDGE SYSTEMS OF THE BAROLONG BOORATSHIDI
 WITH A SPECIAL FOCUS ON TRADITIONAL HEALING.**

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The **low risk application** was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**06 March 2024**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 45391769_CRECHS_2023 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,

Signature:



Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP



Prof ZZ Nkosi
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Annexure C: Interview Questions

1. What is IKS? (ice breaker).

In – depth interviews

IKS	Participant	Response
	1	local knowledge created by our elders decades ago.
	2	IK goes through the normative system channels which are called the IK flow.
	3	Cultural practices within a specific community.
	4	<i>go boela gae</i> . norms and values that guide society on how to do certain things.
	5	knowledge created and taught by our forefathers and still needed to be taught.
	6	outdated local knowledge from our forefathers.
Culture	Participant	Response
	1	No response
	2	a person's origin or clan (<i>letso</i>), and how people view the world and what is acceptable within the cultural system.
	3	something that shapes and defines us, i.e who we are and what makes us diverse.
	4	culture comes from the Bible
	5	No response.
	6	No response.

Informal interviews

IKS	Participant	Response
	1	home-grown knowledge that comes from one's lineage
	2	the background of a person's lineage, and local knowledge that must be taught at an early stage. The knowledge is rooted in one's everyday
	3	knowledge that was previously created and taught by elders
	4	backward knowledge that goes against the principles of Christianity
	5,6,7,8	No response.
Culture	Participant	Response
	1,2,3,4,5,6,7,8	No direct definition or explanation.

2. What can be done to ensure that the knowledge of traditional healing practices is recovered, restored, and preserved for future generations?
3. How do schools deal with Indigenous Knowledge Systems (heritage/*setso*).
4. What procedures can be followed to ensure that the knowledge is spread across the communities?
5. How can traditional practices and indigenous knowledge contribute to the body of knowledge. – **No response.**

Follow-up questions to get more information.

1. What can be done to encourage the youth to acknowledge IKS?
2. Is IK still relevant to be incorporated into the curriculum?
3. How can one appease the ancestors after being disrespected?
4. How does Christianity affect the significance of traditional healing?

5. Are traditional and cultural practices still relevant in people's lives?
6. Are traditional initiation schools still relevant?
7. What strategies should be put in place to ensure that traditional practices and Western practices are well accommodated?

Focus group discussions

Youth

IKS?	Eye opener to understand life. Core values to bring discipline and good foundation.
Culture	No response.
Restoration and preservation?	<ul style="list-style-type: none"> - Change management strategy to accommodate traditional and western culture. - Reduce strict teachings. Prioritise interesting topics. - Response to questions, esp. why?
Causes of diminishing of IK and THP?	<ul style="list-style-type: none"> - Lack of truth from elders. - Lack of knowledge by some elders. - Lack knowledge sharing. Lack of openness and transparency. - Oppression by elders.

Elders

IKS	Knowledge created and learned decade ago.
Culture	
Restoration and preservation?	<ul style="list-style-type: none"> - Awareness campaigns across communities and schools. - Documentation of information, proper explanation. - Article to outline the importance of IK.
Causes of diminishing of IK and THP?	<ul style="list-style-type: none"> - Lack of support by government within villages. - Initiates from initiation school being disrespectful to elders. - Adaption to western culture. - Undermining of traditional medicine - Youth prefer English than Setswana.

	<ul style="list-style-type: none">- Lack of respect from the youth.- Land cultivation.- Technology/modern schools.- Curses by lack of obedience to ancestors and elders- Lack honouring cultural norms and standards.
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Annexure D: Participant Information Sheet

Request to participate in the study:

Research title:

"Indigenous knowledge systems of Barolong boo Ratshidi with a special focus on traditional healing"

Researcher:

M.M. GWAYISA

Ethics clearance reference number: 45391769_CREC_CHS_2023

20 July 2023

Dear Prospective Participant

My name is Maria Mmapula Gwayisa and I am doing research with Dr Nompumelelo Zodwa Radebe, a senior lecturer in the Department of Anthropology and Archaeology, towards a BA Masters, at the University of South Africa. We have funding from the University of South Africa for conducting effective research. We are inviting you to participate in a study entitled, the Indigenous knowledge systems of Barolong boo Ratshidi with a special focus on traditional healing.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to find out more about the Indigenous Knowledge Systems of the Barolong booRatshidi as well as to explore their traditional practices with a focus on causes and cures of illnesses as they are important to be transferred from one generation to the other. To also discover how the verbal knowledge and information of elders can be recorded for perseverance as well as reasons why these practices are important in the everyday life of the people.

WHY AM I BEING INVITED TO PARTICIPATE?

This invitation is aimed at obtaining information on the traditional practices as well as Indigenous Knowledge Systems of the Barolong booRatshidi. As a member of the Barolong booRatshidi community, your opinions and suggestions will be useful to assist with the preservation of culture within your society. I also reside within the same community. This gives me confidence that I will be able to acquire all the relevant information.

Within the community, I will also be interviewing the youth (18 – 35 years), Magosi (chiefs) from the tribal authority (focus group discussion ±6), community members including elders, traditional healers (whom will be reached during the annual conference of traditional healers). I believe the issue of trust will not be a problem as I am the child of the same soil and utilise the services of the Barolong booRatshidi tribal office as and when there is a need. I have confidence that this study will be relevant here.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The nature of your participation here is provision of information, ideas as well as opinions on the preservation of the Indigenous Knowledges and traditional practices of the Barolong booRatshidi. The study will further involve participant observation, unstructured interviews, through open-ended questions as well as focus group discussions. Each interview will take approximately ±30 minutes depending on the response of the participants. Follow-up questions may also lead the interview to take longer than anticipated.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. Once you have provided the information, you cannot withdraw it, however, you may withdraw in the case of ill health. I would encourage you to participate since you will be able contribute to the

sustainability of traditional healing systems within your own society and for future generations to learn more about their identity/roots as well as the importance of IKS within their lives.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

This study aims to recover African knowledge of the Barolong booRatshidi, contribute to the importance of concepts of illness and practices of healing, investigate the reasons for the importance of the said practices as well as to identify how can the traditional ways of the Barolong booRatshidi be preserved for future generations and how can they contribute to the body of knowledge. Also, how can the information held by elders be collected and recorded/stored for future generations.

However, the community members are given the opportunity to participate in this study to be able to voice out their opinions on how to preserve their traditional practices as well as to assist with ideas on how their identity can be restored through IKS teaching within institutions as well as through awareness campaigns within their communities. However, participation will be voluntary through an informed consent. Should they not participate, this study will not acquire relevant information and it will just be a theory that cannot be validated.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

Researchers are expected to devise some means to reduce potential risks that can harm the participants. Within the article on Research Risks Assessment from the University of Essex (2022:2) it is indicated that risks to be considered are:

- Social risks – disclosures that might affect participants of the researched community, their families as well as their jobs.
- Legal risks – activities that could lead to a participant revealing unlawful activity to a researcher which would force reporting to the law enforcement as well as activities that could lead to in a civil claim for compensation, etc.
- Economic harm – monetary destruction to participants, researcher, or University because of confession or another event.

- Reputational risk – Loosing dignity or reputation on how people perceived you.
- Safeguarding risks – risks to young people, vulnerable elders or researcher from an inappropriate behaviour, abuse, or exploitation. Researcher being accused of improper behaviour which could put him/her in a compromising spot.
- Health and safety risks – harm to one's health, physical injury or psychological harm to informants or researcher.

In addition to the above, Barrow et.al (2021:1) indicate that the researchers have the responsibility to ensure that participants know and understand that the study entails voluntary participation and that they have a right not to participate. Those who are willing to participate, to be given the opportunity to ask questions and to make sense of the researcher's questions. They must be informed that, without fear of penalty, they may withdraw their participation should they feel uncomfortable to proceed

Barrow et.al (2021:2) further indicate that researchers must ensure that they do not force the participants into participating in the study by threatening them with a penalty or bribery. Should they do so, they would be stripping participants of complete self-determination. Researchers must fully disclose, all the information about the study, risks, benefits, the voluntary part, including the right not to participate, to allow participants to make truly informed decision.

Furthermore, in terms of focus groups, the researcher should ensure that he presents the importance of confidentiality to the participants. No one is allowed to disclose information shared during the focus group discussions. Within the article from the Columbia University (2022:6) it is indicated that "the researcher should clarify confidentiality policies, disclose what identifiers may disclose or are at risk of disclosure" (e.g. there is no guarantee of confidentiality during focus group discussions). In addition to that, health risks should also be disclosed on the consent form.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your privacy is assured and the information that you provide will not be traced back to you.

Your answers may be reviewed by people responsible for making sure that research is done properly, such as members of the Research Ethics Review Committee. However, anything that concerns you, will be shared only if you give consent thereof. The research data will always be securely stored, and all research data will be treated as personal data. Furthermore, your anonymous data may be used for other purposes, such as a research report and journal articles. However, you will not be recognisable in such publications. Your anonymity will always be respected.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Data will always be stored securely and will be treated as personal data. Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet in the researcher's office for future research or academic purposes. Electronic information will be stored on a password protected computer and be protected through a firewall. Data will also be encrypted and save on cloud system as a way of backup system.

Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Information will be destroyed if there is a need, for example, hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

This is a voluntary study. Meaning, that you have a right to choose between participating or not. A written informed consent will be obtained from you before you participate in the study. Therefore, during a voluntary study, no incentives or payments will be made as you will be participating on your own will.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the College of Human Sciences, Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Maria Mmapula Gwayisa on 0815711585/018-3885600 (work), 45391769@mylife.unisa.ac.za or mgwayisa@nwpg.gov.za.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact 0815711585/018-3885600 (work), 45391769@mylife.unisa.ac.za or mgwayisa@nwpg.gov.za.

Should you have concerns about the way in which the research has been conducted, you may contact radebnz@unisa.ac.za, 012-4294171. Contact the research ethics chairperson on 012-429 8210 or khankb@unisa.ac.za, if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.



20/07/23

.....
M.M. GWAYISA

Annexure E: Informed Consent**Research title:**

“Indigenous knowledge systems of Barolong boo Ratshidi with a special focus on traditional healing”

Researcher:

M.M. GWAYISA

I, _____ confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname:

Participant Signature.....

Date.....

Researcher's Name: Maria Mmapula Gwayisa

Researcher's signature:

Date:

Annexure F: Researcher Acknowledgement

Research title:

Indigenous Knowledge Systems of the Barolong Booratshidi with a special focus on Traditional Healing.

Researcher:

(M.M. GWAYISA)

Hereby, I Maria Mmapula Gwayisa, ID number 7502080726084, in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements.



Signature:

Date: 19/11/22

Annexure G: Permission to Conduct Research

PERMISSION LETTER

Research title: Indigenous knowledge systems of Barolong boo Ratshidi with a special focus on traditional healing.

Researcher:

M.M. GWAYISA

Request for permission to conduct research the Barolong booRatshidi Tribal Office

“Indigenous knowledge systems of Barolong boo Ratshidi with a special focus on traditional healing”

November 2022

Ms

Acting Head of Department

Ga-Rona Building

Department of Corporate Governance and Traditional Affairs

Dear The Acting Head of Department,

I, M.M. Gwayisa (45391769) am doing research with Dr N.Z. Radebe, a senior lecturer in the Department of Anthropology and Archaeology, towards a BA Masters, at the University of South Africa. We have funding from the University of South Africa for conducting effective research. We are inviting you to participate in a study entitled, Indigenous knowledge systems of Barolong booRatshidi with a special focus on traditional healing.

The aim of the study is to recover African knowledge of the Barolong booRatshidi, to contribute to the importance of concepts of illness and practices of healing, to investigate the reasons for the importance of the said practices as well as to identify how can the traditional ways of the Barolong booRatshidi be preserved for future generations and how can they contribute to the body of knowledge.

The Barolong booRatshidi Tribal Office has been chosen as it is where the Chiefs (Magosi) of the Barolong booRatshidi are reachable on daily basis. They will be able to provide all the necessary information that is required as per the aim of this study. Most of community members also go to the tribal office for assistance on personal issues. They will also be relevant for unstructured interviews.

The study will require participants with the background of the Indigenous Knowledge Systems (IKS) as well as traditional practices of the Barolong booRatshidi. Data will be obtained through participant observations by attending the annual conference of Traditional Healers, structured and unstructured interviews with traditional healers and community members as well as focus group discussions with the chiefs (Magosi), with the use of open-ended questions.

The benefits of this study are the restoration as well as perseverance of the traditional practices of the Barolong booRatshidi by ensuring that the oral information held by elders is recorded and preserved for future generations. Furthermore, the IKS is incorporated in academics for the youth to learn and understand their roots.

All the participants will be encouraged to treat all the information confidential and advised not to disclose personal sensitive information in the focus group discussions. Furthermore, feedback procedure will entail permission/consent from participants and the reporting of the research findings will be done to those who need the data to make decisions.

Potential risks are leaking another person's information especially in focus group discussions. However, all the participants will be encouraged to treat all the information confidential and advised not to disclose personal sensitive information during the focus group discussions. The participants' privacy will be assured with anonymity and confidentiality, ensuring that data cannot be traced back to the individual participants. Furthermore, feedback procedure will entail permission/consent from participants and the reporting of the research findings will be done to those who need the data to make decisions such as institutions.

Yours sincerely



09/11/22

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M.M. GWAYISA

THE RESEARCHER

Annexure H: Proofread Letter

10 May 2024

To whom it may concern

Re: Proofreading and academic editing: Ms M.M. Gwayisa

I, J.L. van Aswegen of Grammar Guardians, hereby confirm proofreading and academic editing of the master's thesis entitled "The Exploration of Indigenous Knowledge Systems of the Barolong Boo Ratshidi With a Special Focus on Traditional Healing" by Maria Mmapula Gwayisa (student number 45391769). The editor does not accept responsibility for post-editing changes made by the researcher.

Please contact me on 082 811 6857 or at jeanne@grammarguardians.co.za regarding any queries that may arise.

Kind regards,



J.L. van Aswegen

Grammar Guardians