

Prospects for Sustainable Chemistry in South Africa: A Plural Healthcare System

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Abstract—The notion of sustainable chemistry has become significant in the discourse for a global post-colonial era, including South Africa, especially when it comes to access to the general health system and related policies in relation to disease or ease of human life. In view of the stubborn vestiges of coloniality in the daily lives of indigenous African people in general, the fundamentals of present Western medical and traditional medicine systems and related policies in the democratic era were examined in this study. The situation of traditional healers in relation to current policy was also reviewed. The advent of democracy in South Africa brought about a variety of development opportunities and limitations, particularly with respect to indigenous African knowledge systems such as traditional medicine. There were high hopes that the limitations of previous narrow cultural perspectives would be rectified in the democratic era through development interventions, but some sections of society, such as traditional healers, remain marginalised. The Afrocentric perspective was explored in dissecting government interventions related to traditional medicine. This article highlights that multiple medical systems should be adopted and that health policies should be aligned in order to guarantee mutual respect and to address the remnants of colonialism in South Africa, Africa and the broader global community.

Keywords—Traditional healing system, healers, pluralist healthcare system, post-colonial era.

I. INTRODUCTION

FOLLOWING the advent of democracy in South Africa in the early 1990s, the government of the day prioritised the redressing of past injustices in its development agenda, especially when it comes to issues pertaining to the validation and acknowledgement of value systems of the previously disadvantaged indigenous [1]. This development was perceived by many as a significant positive step towards the revitalisation of indigenous knowledge systems and institutions such as family structures, as well as traditional healers, and other institutions such as those in the education and health sectors. Despite the high hopes that accompany the democratic era, the social reality is that the sting of colonialism remains as detrimental as in the days of apartheid, through marginalisation and segmentation. This marginalisation and segmentation are manifested in the inferiorisation of indigenous knowledge systems such as traditional medicine (*umuthi*) and practitioners such as traditional healers. The present manner in which traditional healers are categorised tends to be a form of segmentation, since they are classified as registered or non-registered. These experiences can be summed up in two ways. Firstly,

traditional healers and their herbs remain on the margins and are viewed as ‘outdated’, especially when it comes to the observation of procedures that are followed in traditional rites, such as circumcision, and are seen as ineffective in healing certain communicable diseases such as TB and HIV/AIDS. Western medical practices, on the other hand, are seen as functional and given sufficient support by various stakeholders [2]. Secondly, some government interventions tend to propagate the old apartheid leanings of divide and rule, since they segment traditional healers into “good” (i.e. those who are registered) and “bad” (i.e. those who are not registered). In view of the continuous negation and undermining of indigenous knowledge systems, particularly traditional healers, the promise of redressing past injustices in a democratic era becomes questionable.

A review of the impact of government interventions, especially when it comes to the practicalities pertaining to the daily survival of traditional healers, tends to reflect the opposite of what the government promised to do, which is to redress past injustices. For example, the Traditional Health Practitioners Act (THPA), Act 22 of 2007, requires that all traditional healers be registered. Failure to adhere to this requirement results in traditional healers being marginalised as non-registered practitioners. In other words, the policy tends to promote the segmentation of traditional healers between those who are registered and those who are not registered. This suggests that government is limited in their ability to deliver on the promise of redressing past injustices. This article attempts to reveal current challenges in relation to the development of a pluralist health care system in South Africa.

The purpose of this article is to reveal the impact of relevant policies on the social realities of traditional healers and to contribute to existing knowledge about the lives of traditional healers, especially their work, namely, healing the sick in our milieu in South Africa. More specifically, it deliberates on the issues pertaining the sustainable chemistry. Moreover, a review of literature in this paper on this topic presents a summary of the impact of coloniality in terms of “constraints” on and “possibilities” for the social realities of traditional healers, especially when it comes to the establishment of a pluralist healthcare approach. Further, this article analyses the contemporary issues and challenges linked to policy. It examines the experiences of traditional healers, with a view to highlighting issues that need to be considered, in particular, the context and the guarantee of multiple medical systems when related policy or a development programme is formulated. The article is concluded with recommendations that can be considered when a policy intervention regarding

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the healthcare system is developed in the future.

II. BACKGROUND

According to the mythology of ancient Africa, identities are embedded in certain ways of life, especially when it comes to production of traditional medicine. Besides engaging in the varied opinions on the origins of medicine, and for the purposes of this project, it is worth highlighting that ancient Kemet (or Khemit) gave the world the gift of medical science and is the origin of medicine [3]. Imhotep, the Prince of Peace, the world's first named physician and the architect, who built Egypt's first pyramid, is the inventor of medicine and healing approaches, and who received the book of healing from the mysterious forces of ancestral Africa [4]. Historical documents, dating back more than 3,500 years, have confirmed that the origins of modern medicine are traceable to ancient Egypt. For example, the medical papyri reveal that it was written in 2,500–1,000 BC, thousands of years before Hippocrates was born. Imhotep is known as the world's first doctor, a priest, scribe, sage, poet, astrologer and a vizier, and he also served as the chief minister to Djoser (reigned 2630–2611 BC), the second king of Egypt's third dynasty. Many of the ancient remedies survived into the 20th century and, some, remain in use today, though the active component is now produced unnaturally [5].

The notion of holistic systems comprises several aspects including molecular design, resource demand and synthesis over distribution, usage and recycling as well as to end of life issues [6]. In other words, sustainable chemistry refers to a process towards continuous improvement to produce safer chemicals both through selection of alternatives and through research and development of new chemicals. In addition, it is worth highlighting that sustainable chemistry goes beyond the issues relating to the effects on humans and the environment, but it also focuses on challenges in regard to social conditions; achieving collaboration in an inclusive research, science and culture environment; finding successful long-term and sustainable ways of managing processes; and respecting the capacity-limits of our planet. In summary, the holistic approach distinguishes sustainable chemistry from green chemistry [7].

A vast corpus of literature highlights the exorbitant impact of colonialism on various parts of the world, including South Africa, especially when it comes to the alteration of indigenous cultural value systems such as the system of traditional healing and, more specifically, the notion of holistic treatment, which involves an awareness of dealing with visible and invisible aspects to health [8]. Traditional medical practice is grounded in the social and emotional equilibrium of a patient, which is influenced by community values and a social contract. The relevance of the notion of a social contract becomes more relevant, in this instance, since it deals with the relationship between the state and the society in which it functions [9]. There are varying definitions of the concept of a social contract, but most of them correspond regarding its multifaceted character, which includes ethics, language, philosophy, political, theory, sociology, ecology and

many more. A social contract depicts the broad social order that regulates human relationships that manifest in reference to global issues such as social justice, especially in regard to the economic policies, inequality, gender, marginalisation of indigenous people and coloniality. In an African social contract, traditional healers are perceived as intermediaries between the living and the ancestors or individuals who have passed on from the present realm to another realm of existence. Furthermore, traditional healers are given mandates by spirits to heal a specific ailment in a specific individual.

The rise of colonialism, in the 19th century, came with its orthodox medicine, founded on the axiom of Aristotle's dualism, which is in contrast to African beliefs and tends to promote the physical aspect of personhood [10]. Ramose [11] argues that this tradition can be linked to the enlightenment and its agenda of modernity that espouses the idea of "man as a rational animal" and refers to the indigenes of Africa and other southern nations as subhuman. In addition, these notations enforced the ideals of patriarchy and were accompanied by violence, enslavement, exclusion or apartheid, classification and hierarchisation. Subsequently, terms such as "black" (which was associated with ugliness, darkness, inferiority and sinfulness) and "white" (which was associated with purity, goodness and superiority) were engraved in the minds of indigenes and colonisers as part of colonisation. Furthermore, this pseudoscientific analytical framework went as far as attempting to degrade African knowledge systems and classifying them as not being "science", and systematically created a logic of exclusion. This became the levelling field for the exclusion of other sites of knowledge. However, recently it has become clear and an undisputable fact that African knowledge systems, including traditional medicine, form part of African "science". Furthermore, the Enlightenment agenda was grounded in the nullification of the virtues of an African dynastic model of government and quest for higher consciousness; the establishment of republic governments; and an emphasis on happiness based on democratic values [12]. Nonetheless, the democratic promise of the recognition of all knowledge systems, including the previously marginalised in the post-colonial era, brought about the need for a better understanding of the notion of sustainable chemistry. The concept of sustainable chemistry refers to an approach that aspires for improvement in efficiency in regard to the usage of natural resources to meet human needs that relates to chemical products as well as medicine and services. In other words, sustainable chemistry incorporates a design in the discovery and production processes of new medication that offers high-powered performance and product stewardship that increases the value, while meeting the goal of protecting and enhancing human health and the environment.

It is worth noting that plants or herbs have been part and parcel of medicine in the African health sphere for thousands of years. Traditional medicine was and still is embedded in the notion that the physical body comprises a duality, namely, spiritual and physical elements [13]. The spiritual aspect forms the basis of the supernatural element that is associated with the

source of life - the “Ancestor of the Ancestors”, also known as the “Creator God” or “Ptah”. In addition, the supernatural encompasses necromancy, which is the practice of consulting with the ancestors as part of spiritual diagnosis, in order to understand a calamity that is experienced in a particular time and space. Herbalism is the component of traditional medicine that is based on phytochemical properties of herbs with medicinal applications. Furthermore, knowledge concerning traditional healing is part of the heritage of the African people, since it is transferred from one generation to the next. A person therefore becomes a traditional healer without applying or following the procedures that are applicable to Western medicine [14].

Historically, traditional medicine was negated as witchcraft, which led to the promulgation of the Witchcraft Suppression Act 3 of 1957. The introduction of the THPA of 2007, following the advent of democracy in South Africa, was perceived as a ground-breaking step in the development of traditional health knowledge. However, the lived experiences reveal the opposite, as issues such as the lack of respect and recognition of the previously marginalized knowledge systems such as traditional healing [15]. There are various points of view with regard to the approach that should be adopted in relation to traditional medicine. In this regard, the passing of the THPA, firstly, signalled the incorporation of traditional medicine into Western healthcare practices and recognised the need to “embrace the existing cultural diversities, community health practices and belief systems in the South African health-care system” [16]. However, in contrast to this objective, there is also the view that the adoption of the THPA suggests that indigenous values systems, including traditional medicine, are being aligned to consumerism or market practices that promote profit before health. A third view holds that traditional medicine should be nullified altogether, which reflects the ideals of colonialism, while a fourth view is that African indigenous medicine should be incorporated into Western allopathic medicine [17].

Ndlovu-Gatsheni [18] comments that “the ‘colonisation’ of the imagination of the dominated” remains the worst form of colonisation, since it deals with and shapes people’s consciousness and identity. Royen et al. [17] describe the notions of colonialism and coloniality as follows:

Colonialism denotes a political and economic relation in which the sovereignty of a nation or a people rests on the power of another nation, which makes such nation an empire. *Coloniality*, instead, refers to long-standing patterns of power that emerged as a result of colonialism, but that define culture, labour, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations. Thus, coloniality survives colonialism. It is maintained alive in books, in the criteria for academic performance, in cultural patterns, in common sense, in the self-image of people, in aspirations of self, and so many other aspects of our modern experience. In a way, as modern subjects we breathe coloniality all the time and every day.

Coloniality in South Africa is characterised by the

marginalisation of indigenous knowledge systems, including African traditional medical practitioners such as *traditional healers* and their medicines. The continuous negation of traditional healers can be linked with past practices. Traditional medicine continues to be categorised as “informal”, a “hidden economy”, “not scientific” or “unethical”, despite the significant contribution it makes to the country’s health sector. The sting of coloniality, in general, cannot be clearly understood without considering the concept of “invented tradition”. Morwe et al. [19] argue that traditions have been and are invented in all situations and throughout time. This suggests that the term “invention” has lost some of its original meaning, that is, the part that relates to innovation, particularly in connection with technological advancement and the like.

In simple terms, reality vanishes through the invented language that dissimulates it. Various scholars concur that invented tradition is characterised by three distinctions: the distrustful manipulation of traditional structures as colonialist bureaucrats bolster a particular cultural identity in their endeavour to support the advancement of a hegemonic agenda among the colonised people through: (1) the use of a “divide and rule” principle; (2) the utilisation of media reports to promote a particular socio-political front by advancing a detailed cultural system; and (3) the “gender roles and legitimisation of colonialism” [19]. This scenario is also emphasised by Ranger [20] when he argues that:

... the development of the “customary” law of persons in terms of the need to control ... in a cash economy, it appeared to be the case that those who were doing economically well within the limits imposed by the colonial regime were those who had the most interest in promoting a “customary” view of control of persons, a view, that is, that could be presented and validated in customary terms. But the same people would not necessarily adhere to a completely customary package with regard to land ... by those who had little stake in the ... social order. But, with regard to land, these seem to be the very people who would mostly readily defend the customary view ...

III. LITERATURE REVIEW

To gain a better understanding of the experiences of traditional healers in the democratic era, it is vital to first consider the definition of “traditional healing”. Melato [21] argues that the term “traditional healing” is normally used loosely, especially with reference to ancient healing practices that were exercised prior to the discovery of allopathic medicine. Furthermore, the World Health Organization’s (WHO) definition of traditional healing relates traditional medicine with therapeutic practices that were developed before the existence of Western medicine [23]. These definitions recognise that traditional medicine preceded allopathic medicine. This aspect is fundamental to understanding the ambit of traditional healing, especially when it comes to beliefs and cultural aspects of particular people. Another aspect that needs to be considered, when

assessing issues relating to traditional medicine, is sustainable chemistry in nature, as it depended on the natural environment.

The African healing process can be categorised into three approaches: the pharmacological approach, the surgical approach and the ancestral medium approach [22]. In addition, traditional healing includes a variety of healing practices that include treatment with herbal (as well as animal and mineral) substances and spiritual healing. Furthermore, traditional healers include individuals who are regarded as herbalists and diviners. A diviner normally fulfils diverse roles of faith and religion, and is a priest and a prophet [23]. There are various traditional health practitioners who have overlapping responsibilities, like the well-known *isangoma* (spiritual healers) and *inyanga* (herbalists). They are viewed differently in various communities and defined as persons who specialise in mixing herbal potions to treat ailments [24]. It is estimated that there are more than 200,000 practising traditional healers, who serve more than 80% of the South African population. In other words, about eight to 10 of black Africans in South Africa use the services of traditional healers [25].

Colonialist forces, armed with the agenda of negation and domination, nullified and dehumanised African cultural values systems, including traditional medicine. The South African Medical Association, for example, banned traditional medicine in the 1900s. The Witchcraft Suppression Act was promulgated in 1957, which was accompanied by a prohibition on the work of traditional healers in South Africa. The prohibition of traditional healing was grounded in a conception of traditional healing as “witchcraft”, “backward”, “unscientific” and “superstition”, and a need to subjugate and dominate. This mindset continues today.

Despite the bitter battles that were fought for independence and the ultimate achievement of freedom by many African countries, suppression remains observable in policies that resemble those of the glory days of the imperialist powers, when the subjugation of traditional healers was prevalent. However, in the 1980s, the central government of Nigeria promulgated various policies to regulate traditional healers and their practice through registration. In addition, the government’s National Council on Health (NCH) established structures such as the National Traditional Healers’ Board and other related structures. South Africa has followed almost the same route as far as traditional medicine is concerned. Perhaps, the notion of registration of traditional healers, a form of recognition that has been highly debated in the country as far back as 1948 till today in a democratic era of which continues to be a matter of concern, ethically speaking. For example, the post-apartheid regime has promulgated the THPA, in terms of which traditional health practitioners are individuals who are deemed to comply with the policy of registration [26]. In both instances, the Nigerian and South African governments tend to be clouded with the notion of “catching-up” or “fast-tracking” in terms of meeting global healthcare standards that remain Western in orientation. In South Africa, for instance, the continuous debate on the establishment of a National Health Insurance (NHI) seems to

be concerned with the global alignment of medical practices, which tends to marginalise the African ethos. Moreover, another observable factor among medical professionals, especially those who are Western trained, is that they tend to perceive traditional medicine as unprofessional and unscientific, ignoring the historical policy development ethos that guides African and Western medical practices [27].

In order to get a better understanding of the factors that affect policy, in any context, it is worth highlighting that, in South Africa, discussions relating to policy analysis, purposes and processes in the social sciences emerged in the early 1950s [28]. Currently, it is argued that there are differentiations between policy analysis, policy science and implementation studies. However, these expressions are normally used interchangeably with no lines of distinction. Therefore, it is significant to note that there are various forms of objectives that are entrenched in these conventions of policy assessment, for instance, from a positivist standpoint, policy examination focuses on understanding the rationale and impacts of governmental roles, especially when it comes to policy development.

The accepted differentiation between analysis for policy and analysis of policy is significant for acknowledging various types and objectives of policy study. Four factors need to be acknowledged in this instance: firstly, analysis for policy normally focuses on the advocacy of policies; secondly, information for policy concerns the revision of policy; thirdly, an analysis of policy determination and its effects examines the aspects of and procedures involved in establishing policies; and, fourthly, an analysis of the content of policies examines the significance, statements, beliefs and discussions that inspire policies. According to a positive perspective on policy, government responsibility is normally associated with implementation processes. The post-structuralist perspective suggests that policy formulation should not only include authorities, but also take cognisance of the prevailing and discursive environment. However, [29] highlights that

... policy is not confined to the formal relationships and processes of Government ... The broad definition [of policy] requires that we understand it in its political, social and economic contexts, so that they also require study because of the ways in which they shape ... policy.

In addition, the current definitions of the term “policy” depend on the frameworks formulated by Western scholars. According to [30], there are two assumptions relating to policy implementation: (1) policy implementation is a multifaceted process that requires the discovery of perceptions of various stakeholders; and (2) policy implementation entails effective communication between relevant government stakeholders and “implementers” at the local stage. The rationalist framework, with its origins in the 1940s and founded on the functionalist perspective and the sociology of regulation, supposes that policy formulation is a process that includes decision-making that functions in a linear way on various levels. According to [30], policies are regarded as “blueprints which exist prior to action, and are implemented on the external world through a controlled process which is assumed

to be a consensual one". In other words, decisions that affect implementation tend to be based on a top-down approach. According to the rationalist framework, policy implementation has a vertical aspect. Stofile [30] emphasises:

The vertical dimension sees policy as a rule: it is concerned with the transmission downwards of authorised decisions. The authorised decision-makers (e.g. the government of the day) select courses of action which will maximise the values they hold, and transmit these to subordinate officials to implement ... This is a dimension which stresses instrumental action, rational choice and the force of legitimate authority. It is concerned about the ability of subordinate officials to give effect to these decisions (the implementation problem) and with ways of structuring the process of government so as to achieve this compliance

Therefore, according to this viewpoint, policy implementation is a function of the national administration of a political government aimed at the execution of policy instructions of politicians. However, the encompassing political framework would recognise various characteristics of policy and the requirement of the appreciation of the political character of policy procedures. However, other views suggest that policy implementation is determined by the local implementers of the policy. This perception is viewed as an attempt to demonstrate the political element and the belief element grounded in policy. These two frameworks are the basis of the top-down and bottom-up approaches and are also known as the forward and backward mapping approaches of policy implementation. The top-down school of thought argues that policy implementation is a linear procedure characterised by structural arrangements of occurrences that can be monitored at a single point, while the bottom-up school of thought focuses on the participants and service contributors, who contend that policy is constructed at the local stage. The recommendations are then to use both the top-down and bottom-up approaches to ensure the effectiveness of policy implementation [31]. Although various policies promulgated in both the imperialistic era and the democratic era are perceived to represent approaches towards promoting the survival of traditional medicine and its practitioners, the social realities suggest the opposite.

III. THEORETICAL FRAMEWORK

In order to dissect the possibilities for *traditional healers* in a democratic era, it is worth emphasising that traditional practices are centred on an African perspective, which can be associated with African metaphysics, African epistemology and African axiology, including African ontology and African eschatology. Metaphysics is concerned with the nature of human beings and the universe that we are a part of, while epistemology refers to the concept of knowledge. In addition, axiology is concerned with the concept of values and ontology refers to the nature of being. Furthermore, eschatology relates to people's conception of death and forms of life.

A mismatch between policy and social realities has become more visible in the everyday lives of the previously colonised

populace of South Africa, especially the black African community. This can be observed by the way in which ethics and policies still reflect a Western theoretical framework, despite promises in the democratic era that past injustices will be redressed. In addition, literature shows that the majority of indigenous African people continue to use traditional medicine even though it is marginalised and under-resourced. Given the overall use of traditional medicine, power domination does not necessarily guarantee acceptance of foreign values. It is an undisputed fact that theoretical knowledge has its merits, which are associated with a broader understanding of relevant notions through observation of the context and the rationale behind it [32]. The continued use of traditional medicine, by indigenous African people, suggests that some theories are normally touted in a vacuum or to advance a particular political agenda.

There is a lack of systematic evidence aimed at closing the gap that exists in critical literature concerning the accreditation of traditional healers, an understanding of traditional medicine and traditional healers' roles, practices and methods and related policy. According to the professional framework approach, individuals acquire their perceptions through daily interactions with other members of a community. Researchers, for example, learn from their colleagues in the same social setting. In other words, the professional framework approach tends to replicate Western perspectives, which has a negative impact on indigenous' analytical framework and development, because it affects their self-understanding and activities [33]. Consequently, the development of traditional healing approaches in relation to its understanding in the society and scholarship in general remains misunderstood [34].

In an effort to balance theoretical and practical knowledge, there is a need to understand the critical nuances between Western and African-centred analytical approaches. In line with the postcolonial social democratic milieu, the exploration of various approaches that depict the diverse cultural backgrounds of people in a particular setting becomes relevant in this regard. African and Western perspectives tend to vary according to their ambit. From a black African perspective, social activities tend to focus on local intra-national community matters, while a Western perspective focuses on global high visibility matters that are derived from the influences of international business networks. Therefore, it is imperative to consider the basic differences between these two streams of knowledge and the related power dynamics, since their sensitivities, potentialities and orientations tend to reflect local versus global interests.

In view of the varying cultural values, there must be a synthesis of analytical frameworks that provides for varying cultural arrangements. An Afrocentric viewpoint therefore becomes relevant. An African-centred perspective will facilitate the critical examination of basic differences between the two streams of knowledge. Afrocentric theory will enable the researcher and the participants, in this case the traditional healers, to be equal with the researcher when it comes to interpreting, expressing and creating information that is

viewed as important to their situation. Furthermore, this theory takes cognisance of the structures and the environment that influence researchers when they interpret their locales.

Afrocentric theory emphasises that knowledge or science and its related methods of examination cannot be separated from its discoverers' history, cultural background and world view. The concept of Afrocentricity forms part of the indigenous knowledge system that is explored as a theoretical framework in recognition of the historical background and cultural value systems of the participants in this submission. In keeping with the notion of Afrocentricity, a Kushite perspective is applied, since it links the historical background of the researcher and the participants as equal partners in narrating their common historical background and experiences as a unit [35]. A Kushite perspective promotes a black African and holistic approach when it comes to indigenous knowledge systems, especially African value systems.

Since this article explores black African traditional healers, it can be argued that an Afrocentric worldview has formed their awareness and has shaped them as well as the theoretical framework, whereby they acquired knowledge – which will be examined and interpreted in this instance. An African worldview highlights that the strong linkage to collective values and harmony, based on collective intelligence of accountability. Furthermore, Afrocentricity is based on a model that recognises African identity and is situated in African culture in respect of all spheres, including the spheres of belief system, social, political and economic. It is in this context that the present social issues relating to traditional healers and their work, namely, to heal the sick, are examined. Observations and experiences regarding the impact of the current neo-liberal policies in terms of segmentation of society, in general, and traditional healers, in particular, are useful for analysis and discussion.

Methodology

For the purposes of this study, an exploratory research design was appropriate, as it enabled the utilisation of the qualitative approach and the researcher could engage in a systematic review of interrelated literature, and primary and secondary data. Data were drawn from a variety of sources, such as government agencies and civil society as well as books, journals, reports and newspaper articles [36].

IV. ANALYSIS OF CONTEMPORARY CHALLENGES AND POSSIBILITIES

The analytical framework in South Africa and other former colonised nations seemed to have been highly structured by a racially oriented philosophy, accompanied by the classification and hierarchisation of people, based on the Western rational tradition. Therefore, the development approach in almost all spheres of life, including healthcare, seems to be characterised by this tendency, for instance, the religious ideals espoused by missionaries have been fundamental in moulding a Western religious ethos. Post-apartheid or colonial development programmes in general, continue to invoke coloniality ideals. For instance, though the

THPA is touted as a strategy to redress past injustices, it ignores the moral codes that govern traditional medicine. The practice of circumcision and the related rites, for example, in some circumstances are pushed aside in the THPA. For instance, the practice of circumcision in recent KwaZulu-Natal archetype represents a revival of culture, however, such surgical procedure tends to depict aspects of invented tradition, marginality related praxis and African ethos remain on the margins [37]. In other words, the THPA's administration of traditional healers seems to resemble policies of the colonial era that prohibited traditional healers from practising certain traditional healing rites.

Much of the literature tend to ignore the founding ethos of democracy, as they continue to reflect the initial mandate of a narrow cultural perspective, based on the agenda of the founders of Enlightenment, who disregarded other cultural values, in particular those of the southern nations. In other words, various authors make different suggestions, based on a biological point of view of medical practice. This perspective is presented as supreme, despite the nascence of Western medicine in comparison to traditional medicine, which dates back to more than 2,000 years before Christ. Therefore, to create a structure for governing both Western and African medicine, African ethical codes must be accepted and traditional healing must be granted the same status as Western medicine [38]. The quest for recognition of indigenous knowledge systems "is not simply a scientific endeavour, but an opportunity to reclaim Africa's 'scientific' and sociocultural heritage" [39]. However, realising this aspiration depends on the advocates of African and Western medicine, who have to develop mutual respect for the knowledge that the other can contribute. In other words, engaging with policy developers demands some form of responsibility for engaging in an activity to perform due diligence on sustainability problems in their value chain to comply with the international guidelines for responsible behaviour. Perhaps, for such aspirations to be achieved, [6] suggests the following should be considered, in this instance:

- Resource recovery – the lifecycle thinking and circularity should be the basic principle when developing new products, services, business models and corporations.
- Reliable, accessible and transparent data - to evaluate the sustainability of products, stakeholders need information on the impact of raw materials extraction, production, processing, transportation, use and disposal of substances, materials and products.
- Demanding and enabling legislation – all stakeholders should be compliant with comparably ambitious legislative frameworks and act responsibly.

Discussion on the Implications of Policy

Social change continues to affect almost all social spheres of the South African landscape, which leads to relevant structures formulating strategies and policies. The status of traditional healers *and* their medicine cannot be divorced from strategies and policies related to development. The South African government has adopted various policy interventions

such as the National Development Plan (NDP), the 2030 Agenda on Sustainable Development and the related sustainable development goals (SDGs), and the Addis Ababa Action Agenda that calls for the integration and utilisation of science and related development infrastructure [14]. The NDP and the 2030 Agenda SDGs advocate for inclusion, in short, “leave no one behind”, as well as integrated socioeconomic development that takes place in an ecologically sustainable manner. The government has promulgated various policies and legislation, including the THPA, that are geared towards enabling traditional healers to function effectively, but these interventions are still viewed as negative by various people, including traditional medical practitioners [16]. For instance, section 1 of the THPA describes traditional health practitioners as individuals who are deemed to have complied with the policy of registration. Failure to register is tantamount to a criminal act. Though the registration of *traditional healers* has been highly debated in the country as far back as 1948, the apartheid policy and, more recent, post-apartheid policy seem to have some commonalities such as the segmentation and criminalisation of traditional healers and traditional medicine. In other words, recent development policies seem to contradict the promise of redressing past injustices and the notion of “leave no one behind”, since they tend to uphold the previous narrow cultural perspective, which was characterised by an oppressive social order and segmentation, which is enforced, in this instance, through the requirement of registration. Furthermore, the policies overlook the moral aspects that govern traditional healing, which encompass spiritual and physical aspects. The practices of traditional healers are not acknowledged in the current THPA and are viewed as ‘illegitimate’, even though they form part of well-established and recognised indigenous practices, based on certain approaches such as spiritual directives from the ancestors and other related methods.

In view of the continuous debate on collaboration and the proclamation of the THPA, it is imperative to gain a better understanding of this Act and related policies with a view to consider the possibility of adopting a plural healthcare system to facilitate the functioning of diverse medical approaches – the African and Western approaches, in this instance. The NDP, the 2030 Agenda SDGs and the Addis Ababa Action Agenda advocate for inclusion as well as socioeconomic development that takes place in an ecologically sustainable manner. The consideration of ethical settings will encourage the participation, contribution and understanding of diverse medical practices in improving the health conditions of citizens in general. Furthermore, [6] makes the following recommendations when solutions in relation to sustainable chemistry are considered:

- the need to establish sustainable chemistry and a holistic approach, to align traditional medicine and waste management effectively with the global Agenda 2030 for Sustainable Development and support for governmental institutions, bi- and multilaterally, in this process.
- providing support and guidance beyond formal compliance, especially to previously marginalised

medicine and international rules and regulations concerning production, handling of traditional medicine, chemicals and waste.

- distributing and establishing combination strategies that encompass material flow management and product design), as well as appropriate professional cultural standards.
- expanding the prevailing knowledge base in study programs, academia, vocational training and consumer education.
- encouraging individuals and companies to be knowledgeable with regard to sustainability issues in their value chain and encouraging them to cooperate and innovate with value chain partners and other stakeholders like NGOs to either solve the sustainability issues or turn them into innovation opportunities.
- Creating an enabling environment for front running traditional healers by creating more experimenting space in regulation (e.g. for pilot or demonstration spaces), financial incentives, subsidies and access to government as the launching customer for sustainable products or be a mediator to find potential partners or investors.

Perhaps, such an initiative of recognising diverse medical approaches, and the related sets of ethical codes that govern their purpose, will consist of various phases. The first step that must be taken is to formulate a clear plan to ensure the recognition of all medical practices and their points of collaboration to afford citizens the opportunity to choose a medical approach without being under duress to utilise a certain approach. Secondly, traditional healers must be provided with support to practise traditional healing. The present social setting marginalises traditional healers and forces them to abandon their cultural values and adopt foreign values. However, this is a challenge in the current policy, as the THPA, for example, obliges traditional healers to be registered in order to do their work, which harks back to 1957, when traditional healers *were* criminalised. Such policies reflect a state of coloniality in South Africa at a time when democracy is expected to be the liberator of previously disadvantaged communities. Consequently, diverse moral settings must be recognised, possibilities must be created for widening the scope of healthcare offerings that citizens can choose from and traditional healers’ practices must be improved in respect of dealing with various diseases such as Cancer, TB, HIV and AIDS. If these suggestions are considered and implemented, it may be possible to establish a decolonised plural healthcare system in South Africa and among other previously disadvantaged communities around the world.

V. CONCLUSION

The present health-related policies that partly recognise traditional medicine, which is linked to African cultural practices, tend to disregard the moral codes that govern traditional medicine. On a global scale, in recent years, there have been increasing challenges, especially regarding poverty eradication, urbanisation, population growth, climate

protection, biodiversity, health and environmental protection, which have led to growing challenges to find solutions that will lead to sustainable development. In other words, there is a need for the development and application of new approaches and technologies, which must go together with development of new structures that stimulate transformation to enable the development of value creating products and services. Over the years, various strategies, including the incorporation of traditional medicine into Western medicine, have been suggested, but these strategies mostly ignored the fact that African cultural value systems, in general, are grounded on the idea of sustainability. Perhaps, the adoption of a plural health care system might contribute in the realisation of recognition of and respect for African values and sustained scientific and faith-based interaction of the past. Indigenous knowledge systems have the potential to play a vital role in advancing social conditions, including health benefits, but this potential depends on the recognition of the relevant guiding ethos. In other words, the objectives of regulating, rebranding and standardising traditional medicine can only be achieved when the notion of sustainable development, which has been the main characteristic of the indigenous knowledge systems, include traditional medicine that dependent on the sustainability of natural resources.

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REFERENCES

- [1] J. Claessens, "The Hidden Wounds of Structural Violence: Exploring an Intersectional Understanding of Violence in Jeremiah Old Testament Essays", Vol. 31, pp. 613-629, 2018.
- [2] J. A. Hammersmith, "Converging indigenous and Western knowledge systems: implications for tertiary education" PhD thesis, University of South Africa, Tshwane, 2007.
- [3] A. H. L. Heeren, "Reflections on the politics, intercourse and trade of the ancient nations of Africa". Oxford: D.A. Talboys Press, 1832.
- [4] M. B. Ramose, "But the man does not throw bones", *Alternation*, Vol. 18, pp.71–60, 2016.
- [5] A. Espinosa and Walker, J. A., "Complexity Approach to Sustainability: Theory and Application", Singapore: Imperial College Press, 2011.
- [6] C. Bluma, D. Bunkeb, M. Hungsberg, E. Roelofsd, A. Joase, R. Joase, M. Bleepb, and H. Stolzenberga, "The concept of sustainable chemistry: Key drivers for the transition towards sustainable development", *Sustainable Chemistry and Pharmacy*, Vol. 5, pp. 94–104, 2017.
- [7] S. Leclerc-Madlala, E. Green and M. Hallin, "Traditional healers and the "Fast-Track" HIV response: Is success possible without them?", *African Journal of AIDS Research*, Vol.15, pp.185–193, 2016.
- [8] L. J. De Haan, "The livelihood approach: a critical exploration", *Erdkunde*, Vol. 66, pp.45-357. 2012.
- [9] C. M. Karam and D. Jamal, "A cross-cultural and feminist perspective on CSR in developing countries: Uncovering latent power dynamics", *Journal of Business Ethics*, Vol.142, pp.461–477, 2017.
- [10] E. Fawcett, "Liberalism: The life of an idea", 2nd Edition: Princeton University, Princeton, 2018.
- [11] M. B. Ramose, "But the man does not throw bones", *Alternation*, Vol. 18, pp.71–60, 2016.
- [12] D. W. Nabudere, "Afrikology, philosophy and wholeness: An epistemology", Africa Institute of South Africa: Pretoria, 2011.
- [13] A. Nyika, "Ethical and regulatory issues surrounding African traditional medicine in the context of HIV/AIDS", *Developing World Bioethics*, Vol.1, pp. 25–34, 2007.
- [14] South Africa, "The Witchcraft Suppression Act 3 of 1957", *Union Gazette Extraordinary*, February 1957.
- [15] T. Madonsela, "SA youth disillusioned with democracy", Unisa Founders Lecture, Senate Hall, Muckleneuk Campus, August 2018.
- [16] G. Lange, "Different types of healers in South Africa", pp. 18-23, 2018.
- [17] D. Van Rooyen, B. Pretorius, N. M. Tembani and W. Ham, "Allopathic and traditional health practitioners' collaboration", *Curatationis*, Vol. 38, pp.1495, July 2015.
- [18] S. J. Ndlovu-Gatsheni, "Coloniality of power in postcolonial Africa: Myths of decolonization", Dakar: CODESRIA, 2013.
- [19] T. P. Morwe, K. Mulaudzi, A. K. Tugli, E. K. Klu, N. J. Ramakuella and P. Matshidze, "Youth, youth culture and socialisation in the present technological era in a rural village of Limpopo Province", *Journal of Social Sciences*, Vol. 44, pp.1-7, 2015.
- [20] T. Ranger, "The invention of tradition revisited: The case of colonial Africa. Occasional Paper. International Development Studies, 2014.
- [21] S. R. Melato, "Traditional healers' perceptions of the integration of their practices into the South African national health system", MA dissertation, University of Natal, Pietermaritzburg, 2000.
- [22] K. E. Flint, "Healing traditions: African medicine, cultural exchange, and competition in South Africa", Pietermaritzburg: University of KwaZulu-Natal, 2008.
- [23] UNAIDS, "Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa: A literature review", Geneva: UNAIDS, 2000.
- [24] T. Zuma, D. Wight, T. Rochat and M. Moshabela, "Traditional health practitioners' management of HIV/AIDS in rural South Africa in the era of widespread antiretroviral therapy", *PMC Complementary and Alternative Medicine*, Vol. 10, 2017.
- [25] B. Tshela, "Traditional health practitioners and the authority to issue medical certificates", *South African Medical Journal*, Vol. 105, pp.279–280, 2015.
- [26] N. Mbatha, R. A. Street, M. Ngcobo and N. Gqaleni, "Sick certificates issued by South African traditional health practitioners: Current legislation, challenges and the way forward", *South African Medical Journal*, Vol. 102, pp.129–131, 2012.
- [27] N. C. Mthembu, "Black African township youth survival strategies in post-apartheid South Africa: A case study of the KwaMashu Township within eThekweni Municipality", PhD thesis, University of South Africa, Tshwane, 2017.
- [28] O. Fimyar, "What is policy? In search of frameworks and definitions for non-Western contexts", *Educate*, Vol. 14, pp.6–21, 2014.
- [29] S. Y. Stofile, "Factors affecting the implementation of inclusive education Policy: A case study in one province in South Africa", PhD thesis. University of the Western Cape, Cape Town, 2008.
- [30] M. Moshabela, T. Zuma and B. Gaede, "Bridging the gap between biomedical and traditional health practitioners in South Africa", *South African health review*, Health Systems Trust, Durban, 2016.
- [31] K. Chareonwongsak, "Balancing theory with practice", *University World News*, 50725, May 2018.
- [32] M. K. Asante, "An Afrocentric manifesto: Toward an African renaissance", Cambridge: Polity Press, 2007.
- [33] M. K. Asante, "The Afrocentric idea", Philadelphia: Temple University Press, 1987.
- [34] N. Mthembu, "The scrutiny on revival of circumcision practices in the post-apartheid South Africa: A case study of perceptions of young men based in Durban, Jozini and Hluhluwe communities in KwaZulu-Natal", University of KwaZulu-Natal, College of Humanities Strategic Research Grant. Wandsbeck: Reach Publishers, 2012.
- [35] A. Srivastava and S. B. Thomson, "Framework analysis: A qualitative methodology for an applied policy research note", *Journal of Administration and Governance*, Vol. 4, pp. 1- 8, 2009.
- [36] N. Mthembu, "Skills, equity and the labour market in post-apartheid South Africa" Saarbrücken: Lambert, 2011.
- [37] N. Mthembu, "Inkolelo yokuphila ungunaphakade e-Alkabulan (Afrika): Umnyombo wesakhiwo sendilinga/iqhugwane/ugucasithandaze", *Iphapha elethulwa kwinkomfa yonyaka i-Decolonisation and Re-Africanisation: A Conversation*, eNyuvesi yaseNingizimuyeAfrika, eTshwane, eNingizimu Afrika, ukusukela ngomhlaka ka 6 ukuya 8 kuNcwaba 2018
- [38] N. Mkhize, "The role of science technology and innovation, in Implementing the Sustainable Development Goals in South Africa: Challenges & opportunities", Fourie W. (Eds.) Pretoria: South African

SDG Hub, pp. 18-23, 2018.

[39] United Nations, "Addis Ababa Action Agenda", 2015.

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