THE PERCEIVED ROLE OF INDIGENOUS HEALTH PRACTITIONERS IN COMBATING SUBSTANCE ABUSE AT MOHODI GA-MANTHATA IN LIMPOPO PROVINCE

by

KHWINANA KGOTHATSO GLIVANCE

MINI-DISSERTATION

Submitted in partial fulfilment of the requirements for the degree of

MASTER OF PUBLIC HEALTH

in the

FACULTY OF HEALTH SCIENCES

(School of Health Care Sciences)

at the

UNIVERSITY OF LIMPOPO

SUPERVISOR: Prof Matlala SF

2021

DEDICATION

This study is dedicated to my mother Francinah Khwinana and the rest of my family, without their continuous support and encouragement, I would not have been able to achieve this academic milestone. Thank you very much.

DECLARATION

I declare that **THE PERCEIVED ROLE OF INDIGENOUS HEALTH PRACTITIONERS IN COMBATING SUBSTANCE ABUSE AT MOHODI GA-MANTHATA IN LIMPOPO PROVINCE** hereby submitted to the University of Limpopo has not previously been submitted by me for a degree at this or any other University; that this is my own work in design and in execution, and that all material contained herein has been acknowledged.

Kgothatso Glivance Khwinana Date: 09 September 2021

ACKNOWLEDGEMENTS

I would like to thank God and my great ancestors for giving me the strength to complete this study.

I would also like to thank the following people for their contributions, ideas, hard work and support:

My sincere appreciation goes to my supervisor Prof S.F. Matlala for being there for me all the time, for his commitment, guidance, patience and constructive inputs throughout the research process.

Gratitude goes to my academic friends George Shiburi and David Mogoale for their support and encouragement throughout my academic journey.

Special thanks to the executive board of Ratanang Dingaka Herbal Association for giving me permission to conduct the study.

I would also like to show appreciation to all the Indigenous Health Practitioners that participated in the study. Thank you very much for your cooperation and willingness to share your information with me.

My gratitude also goes to Dr Mamogobo for taking her time co-coding my data.

Special thanks also goes to Prof Kubayi for taking his time editing my dissertation.

DEFINITION OF CONCEPTS

Perception

According to Ou (2017), perceptions refer to the way in which individuals think, understand and interpret a phenomenon within their surroundings. In this study, perceptions refer to the way in which indigenous health practitioners think, interpret, and understand their roles in combating substance abuse at Mohodi Ga-Manthata.

Role

A role is a duty that an individual is expected to perform in a given phenomenon (Cambridge Advanced Leaners Dictionary, 2017). In this study, a role is any activity that indigenous health practitioners perform to combat substance abuse at Mohodi Ga-Manthata.

Indigenous Health Practitioner

An indigenous health practitioner is an individual that uses indigenous knowledge to provide primary health care based on indigenous medicine and indigenous treatment approaches (South Africa, 2007). In this study, an indigenous health practitioner refers to an individual who uses indigenous knowledge and indigenous health care approaches to perform a role or service to combat substance abuse at Mohodi Ga-Manthata.

Combating Substance Abuse

Combating substance abuse refers to policies and initiatives taken by the state to fight substance abuse through demand reduction, supply reduction and harm reduction (South Africa, 2008). In this study, combating substance abuse refers to all the strategies applied by an indigenous health practitioner in the prevention of and treatment of substance abuse at Mohodi Ga-Manthata.

Substance Abuse

Substance abuse refers to a pattern of harmful use of psychoactive substances for mood-altering purposes that give rise to both physical and psychological dependence (Stokes, Schultz & Alpaslan, 2018; South Africa, 2008). In this study,

substance abuse refers to the overuse of psychoactive substances that include nyaope, cigarettes, alcohol and cannabis at Mohodi Ga-Manthata.

LIST OF ABBREVIATIONS

CDA:	Central Drug Authority
HPCSA:	Health Professions Council of South Africa
IHP:	Indigenous Health Practitioner
IHPCSA:	Indigenous Health Practitioners Council of South Africa
IHPs:	Indigenous Health Practitioners
MTSF:	Medium Term Strategic Framework
NDMP:	National Drug Master Plan
PHC:	Primary Health Care
RDHA:	Ratanang Dingaka Herbal Association.
SDG:	Sustainable Development Goals
TREC:	Turfloop Research Ethics Committee

TABLE OF CONTENTS

DEDICATION……………………………………………………………………..................ii

ACKNOWLEDGEMENT..iii

DECLARATION……………………………………………………………….....................iv

DEFINITION OF CONCEPTS…………………………………………………….....................v

LIST OF ABBREVIATIONS……………………………………………………….................vi

ABSTRACT..xii

CHAPTER 1: OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND……………………………………………………1

1.2. RESEARCH PROBLEM…………...3

1.3. LITERATURE REVIEW……………..4

1.4. AIM OF THE STUDY..4

1.5. OBJECTIVES OF THE STUDY..4

1.6. RESEARCH QUESTION..5

1.7. RESEARCH METHODOLOGY...5

1.8. SIGNIFICANCE OF THE STUDY..6

1.9. OUTLINE OF CHAPTERS...6

1.10. CONCLUSION...6

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION 8

2.2. THE LEGISLATIVE FRAMEWORK THAT ASSIGNS IHPs A ROLE.................8

2.3. TYPES OF IHPs THAT HAVE A ROLE..9

2.3.1. Diviner...9

2.3.2. Herbalist...10

2.4. THE PERCEPTIONS AND ROLES OF IHPS...10

2.5. INTEGRATION OF IHPs INTO HEALTH SYSTEM...13

2.6. CONCLUSION...14

CHAPTER 3: RESEARCH METHODOLOGY

3.1. INTRODUCTION..16

3.2. RESEARCH APPROACH...16

3.3. RESEARCH DESIGN..16

3.4. STUDY SITE…..17

3.5. POPULATION…...18

3.6. SAMPLING…..18
3.6.1. Inclusion criteria…..18
3.6.2. Exclusion criteria…...19
3.7. DATA COLLECTION..19
3.8. DATA ANALYSIS…..20
3.9. TRUSTWORTHINESS…...21
3.9.1. Credibility..21
3.9.2. Confomability…...21
3.9.3. Dependability…...22
3.9.4. Transferability…..22
3.10. BIAS…...22
3.11. ETHICAL CONSIDERATIONS…..23
3.11.1. Ethical clearance…..23
3.11.2. Permission to conduct the study…...23
3.11.3. Voluntary participation and informed consent …....................................23
3.11.4. Confidentiality, privacy and anonymity…..24
3.11.5. Anticipated harm…..24
3.12. CONCLUSION..25

CHAPTER 4: FINDINGS AND LITERATURE CONTROL

4.1. INTRODUCTION...26
4.2. DEMOGRAPHIC DATA OF PARTICIPANTS 26
4.3. Themes and Subthemes 27
4.3.1. Theme 1: Causes of substance abuse and relapse....................................28
4.3.1.1. Subtheme: 1.1: Availability of illicit psychoactive substances.......................28
4.3.1.2. Subtheme: 1.2: Stress and despair...31
4.3.1.3. Subtheme: 1.3: Lack of activities to keep youth busy..................................32
4.3.2. Theme 2: Effects of substance abuse..32
4.3.3. Theme 3: Strategies used by IHPs to prevent substance abuse.............33
4.3.3.1. Subtheme 3.1: Awareness campaigns to educate.......................................34
4.3.3.2. Subtheme 3.2: Involve youth in sporting and behavioural sessions.............35
4.3.4. Theme 4: Treatment approaches used by IHPs 35
4.3.4.1. Subtheme 4.1: Assessment..36
4.3.4.2.Subtheme 4.2: In-patient rehabilitation...37

4.3.4.3. Subtheme 4.3: Prescribe indigenous medicines as therapy.........................39
4.3.5. Theme 5: IHPs status of collaboration..42
4.3.6. Theme 6: IHPs medicine is secretive and confidential..............................44
4.3.7. Theme 7: Challenges encountered by IHPs..44
4.3.7.1. Subtheme7.1: Poor cooperation between police and communities.............44
4.3.7.2. Subtheme 7.2: Absence of community based treatment centre...................45
4.3.8. Theme 8: IHPs' Recommendations...47
4.3.8.1. Subtheme 8.1: Collaboration with community stakeholders to.....................47
4.3.8.2. Subtheme 8.2: Partnership with schools to expand awareness...................47
4.3.8.3. Subtheme 8.3: Funding for indigenous games and sports tournament........48
4.3.8.4. Subtheme 8.4: Partnership with rehabilitation centres and parents.............51
4.3.8.5. Subtheme 8.5: Training opportunities to expand knowledge and skills........52
4.3.8.6. Subtheme 8.6: Land to cultivate medicines...53
CHAPTER 5: SUMMARY, RECOMMENDATION, STRENGTHS, LIMITATIONS AND CONCLUSION
5.1. INTRODUCTION……………………………………………………...…….........55
5.2. SUMMARY………………………………………………………………..................55
5.3. RECOMMENDATIONS…………………………………………………….................57
5.3.1. Practice...57
5.3.2. Education...57
5.3.3. Research..58
5.4. STRENGTHS AND LIMITATIONS OF THE STUDY……...................................58
5.4.1. Strengths..58
5.4.2. Limitations..58
5.5. CONCLUSION…………………………………………………………...…….........58
REFERENCES……………………………………………………………………......................60

LIST OF APPENDICES

APPENDIX 1: INTERVIEW GUIDE IN ENGLISH...69
APPENDIX 2: INTERVIEW GUIDE SEPEDI VERSION..71
APPENDIX 3: INTERVIEW TRANSCRIPTS...73
APPENDIX 4: INDEPENDENT CODER CERTIFICATE..81
APPENDIX 5: ETHICAL CLEARANCE CERTIFICATE..82
APPENDIX 6: LETTER REQUESTING PERMISSION FROM RDHA......................83
APPENDIX 7: LETTER GRANTING PERMISSION TO COLLECT DATA.............84

APPENDIX 8: INORMED CONSENT FORM (ENGLISH)..85
APPENDIX 9: INFORMED CONSENT FORM (SEPEDI)..86
APPENDIX 10: EDITORIAL CERTIFICATE...89

LIST OF TABLES

Table 4.1: Demographic data of participants..27
Table 4.2: Themes and sub-themes..27

LIST OF FIGURES

Figure 1: The Map showing location of Mohodi Ga-Manthata at Molemole Local Municipality in Limpopo Province..17

ABSTRACT

Background: Substances abuse is affecting many young people in rural communities of Limpopo Province. There are no effective measures to combat substance abuse. Therefore, there is a need to strengthen substance abuse prevention and treatment services through the integration of indigenous health care practices. The Indigenous Health Practitioners Act No.22 of 2007 permits IHPs to provide prevention and treatment services to combat substance abuse. However, there is a lack of literature on the roles of IHPs in combating substance abuse. This paucity of literature necessitates the need to explore the perceived roles of IHPs in combating substance abuse.

Objectives: The study aimed at exploring the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.

Method: A qualitative research approach using a case study design was conducted among IHPs of RDHA at Mohodi Ga-Manthata in Molemole Local Municipality of Limpopo Province. The purposive sampling technique was used in order to select IHPs that serve the aims of the study best to ensure that data saturation was reached. Data was collected through semi-structured one-to-one interviews with selected IHPs. Braun and Clarke's six-phase framework for doing a thematic analysis was used to analyse data. An independent coder confirmed the findings.

Results: The study findings revealed that IHPs perform demand reduction activities such as conducting awareness campaigns and involving young people in sporting and behavioural sessions for prevention of substance abuse. Furthermore, the findings show that IHPs perform harm reduction activities such as assessment and diagnosis, in-patient rehabilitation, counselling, diet therapy and prescription of indigenous medicines for treatment of substance abuse.

Conclusion: The Indigenous Health Practitioners Act No.22 of 2007 permits IHPs to provide prevention and treatment services to combat substance abuse. The current study shows that IHPs have a significant role in demand reduction, harm reduction and supply reduction of substance abuse in rural communities. Therefore, there is a need for the Departments of Health and Department of Social Development to develop strategies to effectively train and integrate IHPs into the health system to ensure the provision of quality substance abuse continuum of care services and the strengthening of the health system.

Key words: Perception, Role, Indigenous Health Practitioner, Substance abuse and combating substance abuse

CHAPTER 1
OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

The abuse of psychoactive substances is a global public health problem affecting many countries, including South Africa in general and Limpopo Province specifically (Fernandes & Mokwena, 2020; Teweral, Yengopal, Munshi & Meel, 2019; Limpopo Department of Social Development, 2013). Substance abuse can lead to addiction disorder involving cravings to take the psychoactive substance, troubles in managing its use and continuing in its use despite its negative health consequences (Stokes, Schultz & Alpaslan, 2018).

Substance abuse damages health and it is one of the main contributors to the global burden of morbidity and mortality (Terawal et al, 2019; Rayan, 2017). The United Nations Office on Drugs and Crime (2020) estimates that there are 269 million substance abusers worldwide, 234 million are occasional substance abusers and 35 million are permanent substance abusers that require treatment services. In Africa, the West Africa Commission on Drugs estimates that the number of substance abusers amongst adults is between 22 and 72 million (Obot, 2013). In South Africa, substance abuse is extremely serious, and it is reported that 15% of the population are susceptible to substance abuse (Mokwena, 2016; Tshitangano & Tosin, 2016).

In spite of concerns with substance abuse, there is a scarcity of substance abuse treatment centres in the public health sector worldwide. The United Nations Office on Drugs and Crime (2020) indicates that globally, the availability of and access to treatment services of substance abuse remain limited as only one in eight people with substance abuse problem receives treatment each year. Furthermore, the World Health Organization (2010) reports that there is a lack of facilities and health care personnel for treating people with substance abuse across the world, more specifically in African countries. The gap between substance abusers and the availability of treatment services is significant and growing wider as the rate of substance abuse disorders increases (Obot, 2013). In South Africa, the high rates of unemployment in rural communities result in the available private sector treatment services being unaffordable (Mokwena, 2016). Thus, the majority of substance

abusers do not have access to rehabilitation services, and the few minorities that get access to the rehabilitation services tend to continuously relapse (Mokwena, 2016).

The Sustainable Development Goals (SDGs) target 3.5 calls for strengthening the prevention of and treatment of substance abuse. Therefore, there is a need to find an effective management of substance abuse. The Prevention of and Treatment For Substance Abuse Act No.70 of 2008 and the National Drug Master Plan (NDMP) of 2013-2017 made a variety of interventions available for individuals abusing substances (South Africa, 2008; Department of Social Development, 2017). However, the relapse rate amongst those who access treatment services is still high and addiction to substances is increasing drastically. Thus, the faith of healing from addictions of substance abuse are rooted in the religious interventions and indigenous health practice due to consistent failure of biomedicine (Rowan, Poole, Shea, Gone, Mykota, Farag, Hopkins, Hall, Mashquash & Dell, 2014). In South Africa, the NDMP of 2019-2024 is a strategy for combating substance abuse using an integrated combination strategy that falls into three categories of supply reduction, demand reduction and harm reduction. Furthermore, the Central Drug Authority (CDA) perceives the Indigenous Health Practitioner (IHP) as having a role in combating substance abuse because consultations were conducted with IHPs Associations as one of the stakeholders in developing the NDMP 2019-2024 (Department of Social Development, 2020).

IHP is an individual that specialise in providing indigenous health care services in the community in which he/she resides using indigenous health care practices and indigenous medicines based on the cultures, knowledge, attitudes and beliefs of the people that are prevalent in the community (Nemutandani, Hendrik & Mulaudzi, 2020; Ozioma & Chinwe, 2019). IHPs use an indigenous health care philosophy that includes the use of indigenous medicines to prevent, diagnose and provide treatment for physical, spiritual and psychological illnesses in individuals and the community as a whole (Nemutandani et al, 2020; Mambanga, 2019). Internationally, many communities accept indigenous health care provided by IHPs across the world, and it is estimated that approximately 80% of the sick people in developing countries such as Bangladesh and India depend on indigenous healing for their Primary Health Care (PHC) needs (Haque, Chowdhury, Shahjahan & Harun, 2018; Kala, 2017).

Furthermore, Drury (2020) argues that over 100 million Europeans use indigenous medicines. In some countries across the world, IHPs are key role players in the provision of PHC and play a crucial role in combating substance abuse. For example, in countries such as China and Canada, IHPs use indigenous methods such as Acupuncture and Two-eye-seeing method for harm reduction of substance abuse (Marsh, Coholic, Meck & Najavitis, 2015; Cui, Wu & Li, 2013). According to Obot (2013), indigenous health care accounts for a high amount of people who need treatment for substance abuse disorders in some African countries. For example, in Ghana, IHPs treat substance abuse through the provision of brief counselling to substance abusers (Kalema & Vanderplasschen, 2015).

The practice of IHPs is widespread in South Africa. There is an estimated 200 000−350 000 IHPs that are active in South Africa, and these practitioners have gained the confidence and respect of the people (Mthembu, 2021; Audet, Clemens, Ngobeni, Mkansi, Sack & Wagner, 2020). In sub-Saharan Africa, it is estimated that the ratio of IHPs to the population in Africa is 1: 500 when compared to 1:40 000 medical doctors (Mthembu, 2021). The Southern African Development Community (SADC) Indigenous Health Practitioners Association indicates that about 80% or 85% of the black community in South Africa first consult IHPs before they go to clinics and hospitals (The Citizen, 2021). IHPs are respected members of their communities and precious resources for community health, especially within the rural areas where access to health care is limited (Audet et al, 2020). However, research on the roles of IHPs in PHC in South African rural communities is extensively documented with little focus on the role of IHPs in combating substance abuse. Therefore, the present study explored the perceived role of IHPs in combating substance abuse in a rural community of Mohodi Ga-Manthata in Limpopo Province.

1.2. PROBLEM STATEMENT

A study by Limpopo Department of Social Development (2013) reveals a serious problem of substance abuse amongst the youth in Limpopo Province, and that there are no effective measures to combat substance abuse. The researcher worked as a social worker at Mohodi clinic, providing therapeutic services to individuals abusing substances. The researcher has realised that programmes in place for the prevention of and treatment of substance abuse are not effectively addressing the

problem within the community of Mohodi Ga-Manthata. Therefore, there is a need to strengthen substance abuse prevention and treatment services through the integration of indigenous health care practices. In South Africa, the Indigenous Health Practitioners Act no.22 of 2007 permits IHPs to provide prevention and treatment services to combat substance abuse (South Africa, 2007). Due to poor services of substance abuse treatments, substance abusers in the rural communities consult IHPs that are available in the community for assistance (Mokwena, 2016; Mathibela, Egan, Du Plessis & Potgieter, 2015). However, there is a lack of literature on the roles of IHPs in combating substance abuse. This paucity of literature necessitates the design of this qualitative exploratory study on the perceived roles of IHPs in combating substance abuse in a rural community of Mohodi Ga-Manthata in Limpopo Province.

1.3. LITERATURE REVIEW

The purpose of reviewing literature in this study was to identify key issues, problems and controversies surrounding the perceived roles of IHPs in combating substance abuse. This means recognising gaps in existing information and practice, and enunciating the weaknesses in the arguments of a particular approach or previous studies (Pamela, Peter & Victor, 2011). In this study, literature was sourced from online sources, journals, newspaper articles, theses and research papers. This assisted the researcher to identify what other researchers have reported with respect to the roles of IHPs in combating substance abuse. The study reviewed literature on the following topics that are discussed in detail in Chapter 2: The legislative framework that assigns IHPs a role in the health system, the types of IHPs that have a role in combating substance abuse, the perceptions and roles of IHPs in combating substance abuse and the Integration of IHPs into the health system to combat substance abuse.

1.4 AIM OF THE STUDY

The study was aimed at exploring the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.

1.5. OBJECTIVES OF THE STUDY

The objectives of the study were:

- To describe the demographic characteristics of IHPs that have a role in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.
- To explore the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.
- To describe the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.

1.6. RESEARCH QUESTION

What are the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province?

1.7. RESEARCH METHODOLOGY

A qualitative, explorative and descriptive research using a case study design was conducted among IHPs of Ratanang Dingaka Herbal Association (RDHA). The qualitative research method was appropriate in this study as it allowed the researcher to get rich information on the research problem. The study was exploratory as it seeks to answer the questions "what" are the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province. The rationale for using an exploratory research was due to its ability to explore a phenomenon that little information is known about it, while descriptive research was used to describe IHPs perspectives about their roles in combating substance abuse. The researcher used a combination of intrinsic and instrumental case study designs in order to describe, interpret and gain detailed understanding of the perceived roles of IHPs in combating substance abuse

The purposive sampling technique was used to select IHPs that serve the aims of the study best to ensure that data saturation was reached. Data was collected using semi-structured, one-to-one interviews and an interview guide was used to guide discussions. A voice recorder was used to capture the data from the participants, field notes were taken and interviews were transcribed verbatim. Braun and Clarke's six-phase framework for doing a thematic analysis was used to analyse data. Trustworthiness was ensured through the principles of credibility, conformability, dependability and transferability. Ethical clearance was obtained from Turfloop

Research and Ethics Committee (TREC), and permission to conduct the study was obtained from the Executive Board of RDHA. Informed consent was obtained from all the IHPs after explaining the purpose of the study to them. The methodology used in this study will be further discussed in detail in Chapter 3.

1.8. SIGNIFICANCE OF THE STUDY

The findings of the study may contribute to the realisation of several international and national strategies of combating substance abuse. Firstly, the results may contribute to the realisation of SDG, target 3.5 that calls for the strengthening of the prevention of and treatment of substance abuse. Secondly, the findings may contribute to the realisation of one of the strategic objectives of WHO Indigenous Medicine Strategy 2014–2023 that calls for the promotion of universal health coverage by integrating indigenous health care practices into the health system. The integration of IHPs in the prevention of and treatment of substance abuse may contribute to the strengthening of the health system, and makes the NDMP 2019-2024 more effective to archive its ultimate goal of a South Africa free of substance abuse. Furthermore, the inclusion of IHPs in the health system may contribute to the realisation of one objective of the Medium Term Strategic Framework (MTSF) 2019-2024 that calls for the improvement of treatment and rehabilitation strategies to increase the number of people accessing prevention and treatment programmes for substance abuse. In addition, the inclusion of IHPs into health systems may contribute to the realisation of Principle 1 of UNODC-WHO International standards for the treatment of substance abuse disorders, which states that treatment must be available, accessible, attractive and appropriate for the needs of all citizens living in both urban and rural communities.

Lastly, the findings will make a significant contribution to the field of indigenous health care systems, add knowledge and advance understanding regarding the perceived roles of IHPs in combating substance abuse in rural communities of Limpopo Province in South Africa.

1.9. OUTLINE OF THE CHAPTERS

Chapter 1: Briefly discusses the overview of the study, the research problem, the aim of the study, objectives and the significance of the study.

Chapter 2: The literature review in the context of the research that was undertaken.

Chapter 3: Describes the research methodology and the study design

Chapter 4: Findings and literature control

Chapter 5: Summary, recommendations, strengths, limitations and conclusions

1.10. CONCLUSION

This chapter provided an overview of the study, and focused on the introduction, research problem, literature review, aim of the study, research questions, objectives, research methodology, ethical considerations and significance of the study. Chapter 2 aims to review the literature that is significant for the purposes of this study.

CHAPTER 2
LITERATURE REVIEW

2.1. INTRODUCTION

Literature review was briefly discussed in chapter 1, and this chapter will discuss it in detail. The main goal of conducting a literature review in a qualitative study is to gain a detailed understanding of the phenomenon under investigation. Furthermore, the literature review provides the researcher with an opportunity to identify gaps that may exist in the body of literature and to provide a rationale for how the study may contribute to the existing body of knowledge (Isaac, 2019). The following discussion focuses on the reviewed topics: The legislative framework that assigns IHPs a role in the health system, the types of IHPs that have a role in combating substance abuse, the perceptions and roles of IHPs in combating substance abuse and the integration of IHPs into the health system to combat substance abuse.

2.2. THE LEGISLATIVE FRAMEWORK THAT ASSIGNS IHPs A ROLE IN HEALTH SYSTEM

Globally, the World Health Organization uses the indigenous medicine strategy of 2014-2023 to regulate practices of IHPs and the use of indigenous medicines across the world (World Health Organization, 2014). The strategy is designed to assist countries to develop national policies on the evaluation of indigenous health practices for their possible integration into the health systems. This indigenous health policy was developed for WHO Member States to regulate the legal mechanisms on the promotion and maintenance of good practice as well as to ensure the authenticity, safety and efficacy of indigenous medicines (World Health Organization, 2014). In response to this strategy, several countries have implemented legislation that regulates indigenous health care practices. According to the World Health Organization (2019), as of 2018, 124 Member States (64%) responded that they had laws or regulations on indigenous medicines and indigenous health practices. For example, in Nicaragua, the general health law of 2005 and Law No.759 of indigenous medicine are used to promote the practice of indigenous health amongst the Miskito people. These legislations were enacted for Miskito people in Nicaragua to enable them to develop health methods that are

consistent with their indigenous approaches and community norms (Carrie, Mackey & Laird, 2015).

In Africa, countries such as South Africa, Ghana, Kenya and Zimbabwe have legislations that assign IHPs a role to provide PHC (World Health Organization, 2014). In South Africa, IHPs are legally recognised as essential providers of PHC, and their practices are regulated under the Indigenous Health Practitioners Act no.22 of 2007. (South Africa, 2007; Moshabela, Zuma & Gaedei, 2016). The Act serves three major purposes, for the establishment of the Interim Indigenous Health Practitioners Council of South Africa (IHPCSA); to detail regulations for registration, training and practices of IHPs in South Africa; and serve to protect the interests of members of the public who use services of IHPs. This Act also regulates students learning indigenous health practices in South Africa (Moshabela et al, 2016). On the 03 November 2015, the Minister of Health published further regulations for IHPs under the Indigenous Health Practitioners Act no.22 of 2007. In terms of section 21 of the Act, no individual is allowed to practise as IHP within South Africa unless the individual is registered in terms of this Act (South Africa, 2015).

2.3. TYPES OF IHPs THAT HAVE A ROLE IN COMBATING SUBSTANCE ABUSE

IHP is an individual who provides health care services in the community in which he/she lives using indigenous medicines and indigenous health care practices based on the cultures, knowledge, attitudes and beliefs of the people that are prevalent in the community. The individual must be observed to be a competent, experienced and trusted person to provide advice on the causation, prevention and treatment of diseases (Nemutandani et al, 2020; Mambanga, 2019; Ozioma & Chinwe, 2019). According to Beyers (2020), there are different types of IHPs. These IHPs do not fall into the same category as each IHP has a field of expertise in which they use their own methods of diagnosis and a particular set of knowledge skills to provide health care. The Indigenous Health Practitioners Act no.22 of 2007 recognises four types of IHPs in South Africa. Those are diviner, herbalist, birth attendant and surgeon (South Africa, 2015; Streets, 2016). In this study, the literature recognises a diviner and herbalist as a having a role in combating substance abuse. Below is a brief discussion of a diviner and herbalist.

2.3.1. Diviner

According to Beyers (2020), a diviner is the most senior of the IHPs, and is a type of IHP who diagnoses diseases through divination. Divination is a unique and special process by which a detailed information concerning an individual or circumstances of a disease is obtained using symbols (divination bones) to communicate with ancestors and to interpret their message in order to gain healing knowledge (Nemutandani et al, 2020; Ozioma & Chinwe, 2019). Divination is also viewed as a way to access information that is normally beyond the reach of the rational mind, and is an integral part of an indigenous technique of diagnosing diseases (Ozioma & Chinwe, 2019). According to the IHPs' regulations published by the Minister of Health on 03 November 2015, a diviner must attend training for a minimum period of twelve months, and upon completion of training, the diviner must have competencies such as ability to diagnose diseases, be able to prepare indigenous herbs and provide treatment for diseases. The minimum age for registration of IHP as a diviner is 18 years (South Africa, 2015; Street, 2016).

2.3.2. Herbalists

Herbalist*s* are the type of IHPs who have learned extensive knowledge of herbal treatments. They are able to diagnose diseases and prescribe indigenous plant components such as roots, barks and leaves that are expected to prevent and cure diseases (Nemutandani et al, 2020). According to Ozioma and Chinwe (2019), the role of an herbalist in the provision of indigenous health care is extraordinary since it comes from knowledge of the medicinal properties of indigenous plants. According to IHPs' regulations published by the Minister of Health on 03 November 2015, herbalists must attend training for a minimum period of twelve months, and upon completion of training, the herbalists must have competencies such as identification and preparation of herbs, sustainable collection and dispensing of herbs. The minimum age for registration of an IHP as an herbalist is 18 years (South Africa, 2015; Street, 2016). Audet et al (2017) postulate that herbalists are more likely to treat substance abuse than other IHPs.

2.4. THE PERCEPTIONS AND ROLES OF IHPs IN COMBATING SUBSTANCE ABUSE

According to the United Nations Office on Drugs and Crime (2017), the abuse of psychoactive substances is influenced by cultural and community contexts. Prevention and treatment programmes of substance abuse are more effective when they recognise and understand these contextual issues. Therefore, the effective development of community strategies of combating substance abuse requires input from the entire community stakeholders that include relevant cultural and professional groups, families, IHPs, religious entities, legal authorities and local health-care providers. Furthermore, the Medium Term Strategic Framework 2019-2024 indicates that effective strategies of combating substance abuse need a multi-disciplinary approach with efforts aimed at improving childrearing practices and spiritual care (Department of Planning, Monitoring and Evaluation, 2019). Therefore, as custodians of indigenous knowledge and as recognised health care providers, IHPs have a role to play in supply reduction, demand reduction and harm reduction of substance abuse in rural communities (Department of Social Development, 2020). There is a common statement in many indigenous communities that "our culture is our treatment" (Rowan et al, 2014). As a result, some indigenous communities prefer indigenous interventions of combating substance abuse provided by IHPs due to their acceptability, accessibility and affordability (World Health Organization, 2014; Ozioma & Chinwe, 2019).

According to the World Health Organization (2019), across the world, indigenous people have useful perspectives and approaches that can be utilised in the treatment of people with substance abuse problems. A study conducted by Rowan et al (2014) reveals that indigenous health care interventions provided by IHPs help to improve the substance abusers function in all areas of wellbeing in a holistically in contrast to biomedical approaches that focus on the absence of disease and mind body separation in treating addiction to psychoactive substances. For substance abuse treatment to be effective, it is important to consider the whole person rather than only their physical or mental health (Rowan et al, 2014). For example, a study conducted in North America found that a Native American adolescent indigenous-based intervention was significantly more effective at reducing substance abuse and related problems than a non-indigenous-based intervention (Rowan et al, 2014).

In Canada, IHPs of the Aboriginal people use the Two-eye-seeing method to treat substance abuse. The Two-eye-seeing method refers to a process of learning to see from one eye with the strength of indigenous knowledge and ways of understanding, from the other eye with the strength of biomedical treatment knowledge, experiences and ways of understanding (Marsh et al, 2015). In China, IHPs claim to use Acupuncture to treat substance abuse. Acupuncture is an indigenous Chinese rehabilitation procedure used for stimulating various parts on the body, most often with needles, to relieve pain or treat other physical, mental and emotional conditions (Cui et al, 2013).

The roles of IHPs in combating substance abuse have been reported in some parts of the African continent. For instance, in Ghana, IHPs claim to treat substance abuse through the provision of brief counselling to substance abusers, while they also provide indigenous medicines for substance abuse treatment (Kalema & Vanderplasschen, 2015). In South Africa, the Indigenous Health Practitioners Act No.22 of 2007 permits IHPs a role to combat substance abuse through the provision of rehabilitation services to substance abusers to enable these individuals to resume normal functioning within their family and community, as long as the practices of the IHPs comply with the regulations of IHPCSA (South Africa, 2007). The CDA perceives IHPs as having a role in combating substance abuse because consultations were conducted with IHPs associations as one of the stakeholders in developing the NDMP 2019-2024 (Department of Social Development, 2020). However, the roles that IHPs have to play in combating substance abuse are not reflected in the NDMP 2019-2024. In Limpopo Province, an IHP of a village outside Jane-Furse claims to have rehabilitated more than six hundred substance abusers mostly nyaope addicts, using the integration of indigenous medicines and biomedicines (South African Broadcasting Corporation, 2018). Furthermore, another IHP around Mokopane claims to have assisted 16 nyaope addicts to beat their addiction using a mixture made of seven indigenous herbs to help them quit abusing psychoactive substances (Chauke, 2020).

In rural communities of South Africa, IHPs are respected members of the community, and are perceived as leaders in the community. IHPs provide health advice and

guidance if needed in the community because as they have the ability to communicate well with community members, including substance abusers (Beyers, 2020; Lattiff, 2010). Furthermore, IHPs are perceived as a catalyst for a change in mind-set. They often shape their communities' thinking and psychologically help substance abusers to cope with health or spiritual problems (Van Niekerk, Dladla, Gumbi, Monareng & Thwala, 2014).

2.5. INTEGRATION OF IHPs INTO HEALTH SYSTEM TO COMBAT SUBSTANCE ABUSE

The WHO calls for the integration of IHPs into health systems to archive universal health coverage (World Health Organization, 2014). In 1978, the WHO called for official recognition of indigenous health practice and its integration into health systems, particularly at the level of PHC (Nemutandani, Hendricks & Mulaudzi, 2016). According to the World Health Organization (2014), indigenous health practices and biomedical health practices do not have to clash; they can combine in a beneficial harmony using the best features of each practice. In many countries worldwide, IHPs are partially integrated into the health systems. Switzerland is reported as the first country in Europe to integrate IHPs into the health system. Countries such as Benin, Bolivia, Brazil, Cuba, Guatemala, Haiti, India, Mali, Mexico, Nicaragua and Thailand have all affirmed that they have existing strategies of integrating indigenous medicine into their national health systems (World Health Organization, 2019). In China, indigenous Chinese medicine and biomedicine are combined to treat addiction to substance abuse (Cui et al, 2013). In the Republic of Korea, IHPs provide Korean indigenous medicines in both public, private hospitals and clinics to meet the health needs of the Koreans, including those that have substance abuse problems (World Health Organization, 2014). Many countries Worldwide are reported to be in the process of developing guidelines to lead the integration of indigenous health care in their health systems. For example, in Ecuador, there is no explicit integration plan, but there is a law that provides for implementing indigenous medicine in health services (World Health Organization, 2019).

In Africa, several countries tried to integrate indigenous health practices into their health systems with little success. Collaboration has been characterised as one-

sided referrals from IHPs to biomedical health practitioners (Maluleka & Ngoepe, 2018). For instance, in Zambia, only 40% of biomedical health practitioners expressed interest in working with IHPs. Obstacles identified as impediments of collaboration were lack of policy, as well as the scepticism regarding science and quality of health care provided by IHPs (Nemutandani et al, 2016).

In South Africa, the Indigenous Health Practitioners Act No.22 of 2007 assigns IHPs a role to combat substance abuse as long as the practices of the IHPs comply with the provisions of IHPCSA (South Africa, 2007). However, indigenous health practice remains side-lined, and IHPs are not receiving adequate support from the government. There is a negativity attached to the practices of IHPs since they do not have the academic background and scientific knowledge of biomedicine (Maluleka & Ngoepe, 2018). Furthermore, the relationship between IHPs and biomedical health practitioners is characterised by mistrust, tension and conflict, which constitutes a major setback in current efforts to integrate IHPs and forge collaboration between indigenous health practice and the mainstream health care system (Moshabela et al, 2016). A study conducted by Maluleka and Ngoepe (2018) in Limpopo Province found that the status of collaboration between biomedical health professionals and IHPs is one-sided. The IHPs always refer patients to public hospitals and local clinics. However, the biomedical health practitioners never refer patients to IHPs. According to Louw and Duvenhage (2017), IHPs expertise is of a much lower standard than those of medical doctors in South Africa. This serves as a major setback to register IHPs in terms of the Health Professions Act No.56 of 1974 as a kind of health practitioner with the Health Professions Council of South Africa (HPCSA).

The South African health system is under tremendous pressure in terms of human resources, and there are greater shortages of substance abuse health care providers and fewer facilities to provide treatment services (Mohasoa & Mokoena, 2019; Maluleka & Ngoepe, 2018). The pressure has been increased by the burden of diseases, driven by a range of risk factors, including substance abuse (Maluleka & Ngoepe, 2018). The impact of substance abuse continues to devastate the youth, families and livelihoods in rural communities. Therefore, there is an urgent need to

integrate IHP in the health system to assist in combating substance abuse. However, IHPs remain underutilised in combating substance abuse in rural communities.

2.6. CONCLUSION

This chapter discussed literature regarding perceptions and roles of IHPs in combating substance abuse. Health-related articles, international and national policies were used in this chapter. The literature shows that IHPs are recognised health care providers and have a role to play in harm reduction of substance abuse through the provision of indigenous-based interventions. The literature also shows that some countries have integrated IHPs in their national health systems of combating substance, while others are in the process of developing laws and plans to ingrate IHPs in their health systems in order to archive increased health coverage. Furthermore, the literature reveals that collaboration between IHPs and biomedical health professionals is one-sided. Obstacles identified as impediments of collaboration are lack of policy, as well as the scepticism regarding the science and quality of health care provided by IHPs. Chapter 3 will focus on the research methodology that the researcher followed in the study.

CHAPTER 3
RESEARCH METHODOLOGY

3.1. INTRODUCTION

In the previous chapter, the researcher presented a detailed review of literature as deemed relevant for the present study. Research methodology refers to all those approaches that a researcher can use to conduct research (Khothari, 2011). In the present chapter, the researcher presents a detailed discussion of the research methodology that includes research approach, design, study population, sampling methods, data collection methods, data analysis methods and ethical considerations.

3.2. RESEARCH APPROACH

The researcher chose the qualitative research approach. Qualitative exploratory and descriptive research approach were used in this study to answer questions about the complex nature of phenomena, with the purpose of seeking in-depth understanding of the phenomena and to describe the phenomena from participants' perspectives (Polit & Beck, 2021; Creswell & Poth, 2016). The qualitative research method was conducted to help the researcher obtain an in-depth understanding through first-hand experience, truthful reporting, and quotations of actual conversations about the research topic (Myers, 2013). The researcher conducted qualitative research as it was relevant in exploring, describing and understanding the roles of IHPs in combating substance abuse from participants' own perspectives.

3.3. RESEARCH DESIGN

The researcher chose a case study design. According to (De Vos, Strydom, Fouche & Delport, 2011) a case study is used when a researchers need to immerse in the activities of an individual or small group of people in order to gain deep understanding of their social world, words and actions in the context of the case as a whole. The researcher used a combination of intrinsic and instrumental case study designs in order to describe, interpret and gain detailed understanding of the perceived roles of IHPs in combating substance abuse among IHPs of RDHA. The IHPs that formed part of the case study are all registered to practice indigenous health care in terms of the Indigenous Health Practitioners Act No.22 of 2007.

3.4. STUDY SITE

The study was conducted at Mohodi Ga-Manthata, which is located at Molemole Local Municipality in Capricorn District Municipality, Limpopo Province of South Africa. Mohodi Ga-Manthata is about 75 km North-West of Polokwane. There is an estimated total population of 13128 individuals of which 5946 (45.3%) are males and 7182 (54.7%) are females (Molemole Local Municipality, 2019). The languages spoken in the community are Sepedi, Xitsonga and Tshivenda. Mohodi Clinic is the only health facility that is responsible for the provision of PHC in the community. The clinic has a responsibility to provide quality PHC to the total population of 13128 individuals and to some of the population in Molemole-West (Molemole Local Municipality, 2019). There are IHPs in the community, and the majority of these IHPs are members of RDHA. The space shaded with yellow colour on the map below shows the location of Mohodi Ga-Manthata at Molemole Local Municipality in Limpopo Province of South Africa.

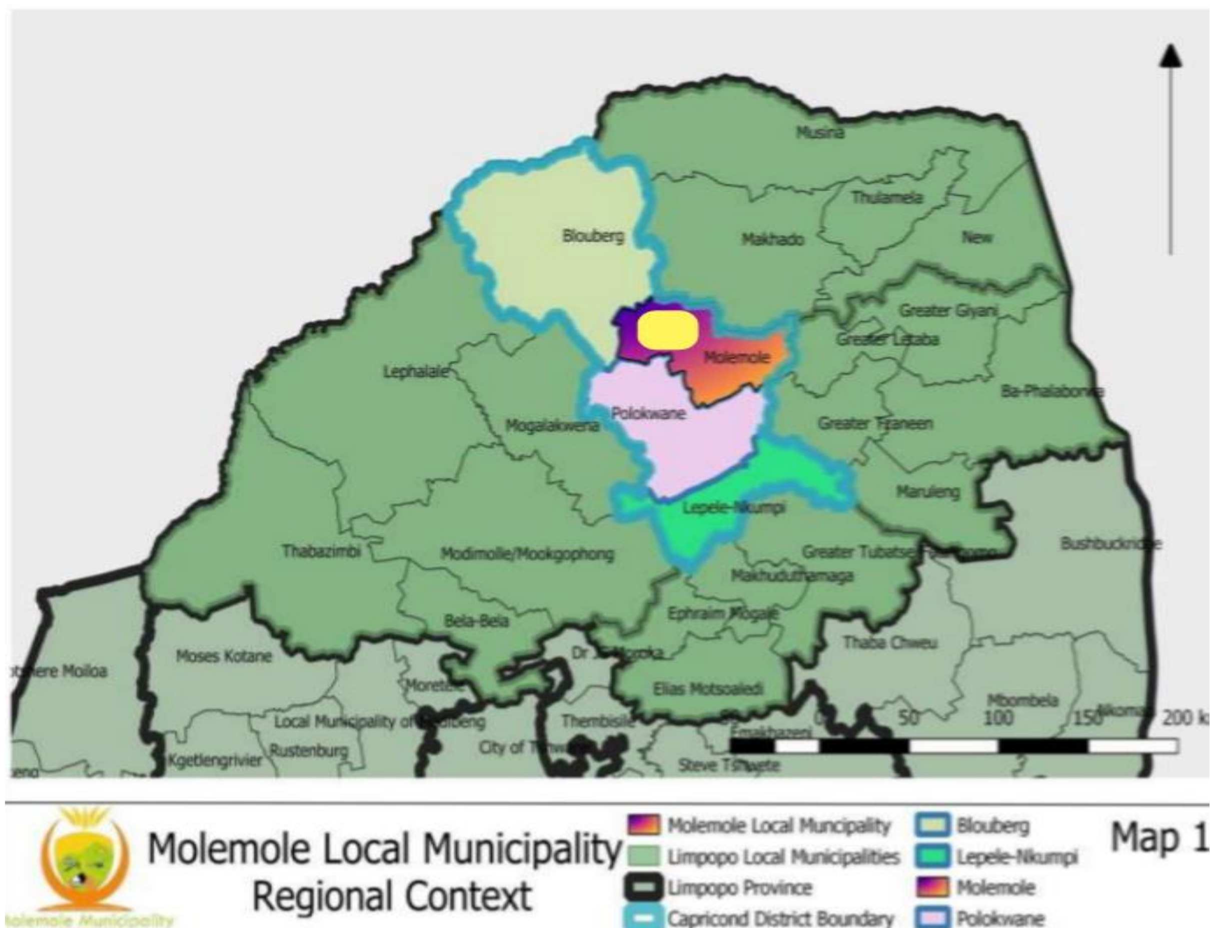


Figure1: Map showing location of Mohodi Ga-Manthata at Molemole Local Municipality in Limpopo Province.

Source: Molemole Local Municipality (2019)

3.5. STUDY POPULATION

A study population is defined as the entire target population of interest (Polit & Beck, 2021). In this study, the target population was 107 IHPs belonging to RDHA. IHPs have experience in indigenous health care practice and are registered to practise health care in terms of the Indigenous Health Practitioners Act No.22 of 2007.

3.6. SAMPLING METHOD

A sample refers to a subset of the population elements considered for actual inclusion in the study (Polit & Beck, 2021). The sample for the study was recruited and drawn from IHPs in Mohodi Ga-Manthata (Molemole Local Municipality) belonging to RDHA. This study employed non-probability sampling in the form of purposive sampling. In non-probability sampling, participants are selected by non-random approaches in which not every participant has an equal chance to be included in the study (Polit & Beck, 2021). The researcher had a meeting with the RDHA board requesting permission to conduct the study using letter attached as Appendix 6. The RDHA board granted permission to conduct the study (attached as Appendix 7) and the executive board of RDHA assisted the researcher to recruit and purposefully select IHPs with consideration of the inclusion criteria. The purposive sampling technique was entirely based on the judgement of the researcher in order to select IHPs that serve the aims of the study best (Polit & Beck, 2021; De Vos et al, 2011). This means that sampling depended not only on the availability and willingness to participate, but also on appropriateness. As a result, eight IHPs were selected and interviewed, then saturation of data was reached. Saturation of data refers to a point in data collection whereby the researcher does not find any new information from participants. The participants continue giving the same information as those interviewed previously (Tran, Porcher, Fallissard & Ravaud, 2016).

The Executive Board of RDHA assisted the researcher to select eight IHPs that meet the following inclusion criteria of the study.

3.6.1. Inclusion criteria

A purposive sampling technique was conducted to select IHPs who meet the following criteria:

- IHPs who are members of RDHA and are registered under the IHPs Act No.22 of 2007
- IHPs with three or more years of experience in practising indigenous health care. These IHPs were perceived to have sufficient information about their perceived roles in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.

3.6.2. Exclusion criteria

- IHPs that are not registered to practise indigenous health care in terms of the Indigenous Health Practitioners Act No.22 of 2007 were excluded because they are practising indigenous health care unlawfully.
- IHPs with less than three years of experience in practising indigenous health care were excluded because they were perceived as having insufficient information about their perceived roles in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province.

3.7. DATA COLLECTION

The researcher used semi-structured one-to-one interviews as a method of collecting data from the selected IHPs. According to De Vos et al (2011), semi-structured interviews are conducted to gain a detailed representation of the research topic. This method allowed the researcher and IHPs to be more flexible. The researcher was able to encourage IHPs to talk freely about their perceived role in combating substance abuse, and was able to follow up on particular interesting avenues that emerged in the interview. IHPs were able to give detailed explanations. This ensured that responses are of high quality (Polit & Beck, 2021; De Vos et al, 2011).

The researcher conducted interviews at a place that was suitable for the IHPs. The venue for interviews was determined by the IHPs with confidence that their privacy and confidentiality was not violated. An interview guide (attached as Appendix 1) was used to collect data. This interview guide comprised two sections. Section A contained questions used for collecting demographic data of the IHPs. Section B contained the main question: “What is your perception about your role in combating substance abuse at Mohodi Ga-Manthata?” Probing questions were also used to collect data on the perceived roles of IHPs in combating substance abuse at Mohodi

Ga-Manthata. Sepedi is the official language used as a medium of communication during RDHA meetings. Therefore, the interview schedule was translated into Sepedi (attached as Appendix 2) and was used to interview IHPs who could not speak or understand English. The researcher asked permission from the IHPs to record the interview processes. Recording the interview processes assisted the researcher to fully concentrate on the interview and observe non-verbal communications of IHPs (De Vos et al, 2011). Each interview took a minimum of 20 minutes and a maximum of 40 minutes.

3.8. DATA ANALYSIS

Data analysis involves the process of organising data, breaking it into manageable units, searching for patterns, discovering what is important, and deciding what is to be revealed to others (Nowell, Norris, White, & Moules, 2017). The researcher listened to the tape records attentively, transcribed and translated the responses of IHPs from Sepedi into English. The researcher used thematic analysis to analyse information provided by IHPs. Thematic analysis is the process of identifying themes within qualitative data (Maguire & Delahunt, 2017). The researcher used thematic analysis to identify themes that are important or interesting in the data collected from IHPs. The identified themes were used to address the research question and to make a conclusion about the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province. The researcher followed Braun and Clarke's six-phase framework for doing thematic analysis (Nowell et al, 2017). The steps to be followed are explained below:

- **Step 1: Becoming familiar with the data**

The first step in qualitative analysis is reading and re-reading the transcript to be familiar with the data (Maguire & Delahunt, 2017). The researcher read the transcripts of IHPs responses more than once to be immersed in the data collected from IHPs and made notes of initial ideas in order to be familiar with the information provided by IHPs.

- **Step 2: Generating initial codes**

In this step, the researcher organised information provided by IHPs in a meaningful and systematic way. The researcher used coding to reduce responses of IHPs into

small categories of meanings. The line-by-line coding method was used to code every line of the IHPs responses (Maguire & Delahunt, 2017).

- **Step 3: Searching for themes**

A theme is a pattern that captures something significant or interesting about the data and research question (Maguire & Delahunt, 2017). During this step, the researcher identified codes into themes and sub-themes that relate to the aim and objectives of the study to address the research question (Nowell et al, 2017).

- **Step 4: Reviewing themes**

Reviewing themes involves the refinement of identified codes. The researcher reviewed the themes to refine, modify and develop the themes further. The researcher assessed if the themes made sense of the IHPs responses, and all responses of IHPs are discussed according to the themes (Nowell et al, 2017).

- **Step 5: Defining themes**

This was the final refinement of the theme, whereby the researcher checked the real value of the theme and checked if the subthemes are related to the main themes.

- **Step 6: Writing up the report**

The researcher wrote and discussed the analysed data as chapter four of the study.

3.9. TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence that the data and findings are credible, transferable, confirmable and dependable (Pilot & Beck, 2021). The principles discussed below were applied to ensure trustworthiness of the current study.

3.9.1. Credibility

Credibility refers to the degree to which the research represents the authentic meanings of the data and the context in which the study has been undertaken. It is the most important principle of ensuring the trustworthiness of qualitative research (Polit & Beck, 2021; Moon, Brewer, Januchowski-Hartely, Adams & Blackman, 2016). To ensure credibility, the researcher used peer debriefing whereby he shared the research question and findings with peers who provided an additional

perspective on overall research methods, analysis and interpretation. Most importantly, the researcher worked closely with the supervisor who consistently guided the researcher.

3.9.2. Conformability

Conformability refers to the degree of neutrality in the findings. This means that the findings must be centred on the responses of IHPs not on any form of bias or personal motivation of the researcher (Polit & Beck, 2021). In order to ensure conformability of the study, raw data was sent for analysis to an independent coder who is familiar with qualitative research. The coder was provided with a clean transcript and a copy of the research proposal containing the research question, aim and objectives and a guideline of how the data was analysed. The researcher arranged a meeting with the independent coder for a consensus discussion on the themes and sub-themes that were reached independently. The coder was used to ensure that codes, themes and sub-themes are developed from genuine responses of the IHPs, not from biased or pre-set ideas of the researcher to meet certain narratives and objectives of the study (Polit & Beck, 2021; Moon et al, 2016).

3.9.3. Dependability

Dependability is the extent that other researchers can repeat the study and that the findings would be consistent and yield the same results over time (Polit & Beck, 2021). The researcher has precisely outlined how data was collected and analysed so that the results are trustworthy (Korstjens & Moser, 2018). To ensure dependability, the researcher used semi-structured one-to-one interviews to collect data from IHPs. Braun and Clarke's six-phase framework for doing a thematic analysis was followed when analysing the data.

3.9.4. Transferability

Transferability refers to the degree to which the researcher demonstrates that findings described in the study are applicable or useful to theory, practice and future research that are conducted in other settings (Polit & Beck, 2021; Moon et al, 2016). To ensure transferability, the researcher used thick description. According to Anney (2014), thick description involves the researcher explaining all the research processes, from data collection, the context of the study and the production of the

final report. The use of thick description will help other researchers to decide if this study can be replicated.

3.10. BIAS

Bias is a systematic error or deviation from the truth in data collection and sampling method. It can occur intentionally or unintentionally (Polit & Beck, 2021; Simundic, 2013). The researcher ensured that bias is avoided. However, selection bias was unavoidable in this study, because the purposive sampling method was a requirement in the study in order to select IHPs who serve the aim and objectives of the study best. Therefore, only IHPs with three or more years of experience in practising indigenous health were selected as the researcher perceived them to have sufficient information to answer the research question of this study. The researcher transcribed the recording faithfully, and ethical standards were adhered to during interviews and data interpretation. To avoid bias in data analysis, an independent coder was used to ensure that codes, themes and sub-themes are genuine responses of participants, not biased or pre-set ideas of the researcher.

3.11. ETHICAL CONSIDERATIONS

According to De Vos et al (2011), ethics are a set of moral principles which offer rules and behavioral expectations about the most correct conduct towards research participants. This section takes into consideration the ethical issues involved in conducting this study. Firstly, it details the process followed in obtaining ethical clearance and approval to conduct the research, both from the University and from RDHA. It then considers ethical issues pertinent to this study, such as protecting anonymity, confidentiality and the rights of IHPs, and minimising the potential risk of harm.

3.11.1. Ethical Clearance

The research proposal was submitted to the School of Health Care Sciences and the Faculty of Health Sciences for approval. Ethical clearance for the study was requested from the Turfloop Research Ethics Committee (TREC) of the University of Limpopo. An ethical clearance certificate was provided and is attached as Appendix 4.

3.11.2. Permission to conduct the study

The researcher conducted the study after receiving the ethical clearance certificate from TREC. Permission to collect data from IHPs was requested from the executive board of RDHA using the letter attached as Appendix 5. A letter granting permission to collect data is attached as Appendix 6.

3.11.3. Voluntary participation and informed consent

Informed consent refers to the process of informing research participants about the purpose of the research and all the aspects involved for participants to make an informed decision about participating in the study (Polit & Beck, 2021; Dimo, 2013). The IHPs were informed that certain aspects of the research would be published through a mini-dissertation or article, which will be accessible to the public. The ethical principle followed by the researcher was that of voluntary participation, which implies that no IHPs was forced to participate in this research. The IHPs were informed that they are free to withdraw from the study at any stage during the data collection process, and there was no consequences involved due to refusal to participate.

IHPs who agreed to participate in the study were requested to sign a consent form (attached as Appendix 7) which explained the purpose of the research. The form was translated into Sepedi (attached as Appendix 8) to accommodate IHPs that did not understand English. The researcher ensured that IHPs are adequately aware of the type of information the researcher wants to obtain from them, why the information was sought, what purpose it would be put to and how they were expected to participate in the study.

3.11.4. Confidentiality, privacy and anonymity

Confidentiality refers to the protection of participants by holding data in confidence or keeping data secret from the public (Polit & Beck, 2021). Anonymity refers to the protection of research participants' identity so that it cannot be linked with their personal responses (Polit & Beck, 2021; Fouka & Mantzorou, 2011). Furthermore, Fouka and Mantzorou (2011) define privacy as the freedom a research participant has in determining the time, extent and general circumstances under which private information must be shared or withheld from others. The researcher explained to the

IHPs that everything disclosed through interviews would be protected and will only be shared with people involved in the study, such as the supervisor and an independent coder. The voice recorder and field notes that contain data provided by IHPs are kept under secure conditions at all times and are only shared with people involved in the study such as the supervisor. The researcher assured IHPs that under no circumstances would their names, surnames and identities be disclosed. Instead of names or surnames of IHPs, the researcher used numbers to identify IHPs in order to ensure anonymity.

3.11.5. Protecting participants from harm

No harm to participants means that research should not injure the people taking part in the study physically, emotionally and financially (De Vos et al, 2011). Participants were protected from harm during data collection. Principles of conducting fieldwork in the context of COVID-19 were adhered to in order to prevent the transmission of COVID-19 during the one-to-one interviews (Higher Health & Universities South Africa, 2021). The researcher provided participants with alcohol-based hand sanitisers for regular cleaning of hands throughout the interview process. The researcher ensured that all participants put on their masks at all times, and physical distancing of 1,5m was maintained between the researcher and participants during the interviews. There was no harm for participating in this study.

3.12. CONCLUSION

This chapter explained the methodology used in this study, which included setting, research design, population, sampling, data collection, data analysis, measures of trustworthiness as well as ethical considerations. Chapter 4 discusses the findings and literature control of the study.

CHAPTER 4
FINDINGS AND LITERATURE CONTROL

4.1. INTRODUCTION

The previous chapter discussed the methodology, which is the roadmap that the researcher followed during the study process. This chapter aims to present in detail the findings that focused on understanding the perceived role of IHPs in combating substance abuse. This chapter presents demographic profile of IHPs, themes and sub-themes that emerged during the data analysis. Direct quotations illustrating IHPs' ideas or views are supported with recent literature that contextualises these findings.

4.2. DEMOGRAPHIC DATA OF PARTICIPANTS

This section provides demographic information of the IHPs extracted from Section A of the interview guide. In order to preserve the anonymity of the IHPs and to comply with privacy and confidentiality of the current study, each IHP was allocated a participant number that was used instead of IHPs' name. The study sample comprises eight IHPs who are members of the RDHA. Three IHPs who participated in the current study are males and five are females. These findings are similar to those by Mathibela et al (2015), who found that females dominate indigenous health care in Blouberg Local Municipality of Limpopo Province. Female dominance in indigenous health care practice is unusual as majority of previous studies reveal the dominance of males in Limpopo Province of South Africa (Semenya et al, 2014). However, the current study and studies by Mathibela et al (2015), Maluleka (2017) and Semenya (2014) show a shift from male dominance in indigenous health care practice. In some communities in Limpopo Province, both males and females are equally involved in indigenous health care practice.

IHPs who participated in the current study had licenses to practise indigenous health care in terms of the Indigenous Health Practitioners Act No.22 of 2007. Out of eight IHPs, five are practising indigenous health care as diviners and three are practising as diviner-herbalists. Zuma et al (2015) reveal that some IHPs occupy multiple categories of indigenous healing as they practise across different healing types. The IHPs' level of education ranged from Grade 6 to Grade 12 and the number of years'

experience practising as an IHP ranged from four to 29. This shows that IHPs have attended basic education that empowered them with skills such as reading and writing that serve as advantages in the provision of indigenous health care. According to Semenya et al (2014), basic education is essential for IHPs to increase their knowledge regarding issues such as diagnoses and treatment of illnesses and the preservation of indigenous knowledge and resources. Table 4.1 below summarises the demographic data of IHPs.

Table 4.1: Demographic data of IHPs

Participant Number	Type of IHP	Gender	Educational status	Number of years' experience practicing as an IHP
1	Diviner	M	Grade 9	29
2	Diviner-herbalist	M	Grade 12	18
3	Diviner-herbalist	F	Grade 6	17
4	Diviner	F	Grade 12	5
5	Diviner	F	Grade 10	4
6	Diviner	F	Grade 11	6
7	Diviner-herbalist	F	Grade 10	8
8	Diviner	M	Grade 12	4

4.3. THEMES AND SUB-THEMES

The results of this study yielded eight themes and 16 subthemes. The themes and sub-themes emerged from the data analysis of the perceptions articulated by the IHPs during data collection and put into perspective using recent literature. The themes and sub-themes are summarised in Table 4.2.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
THEME 1: Causes of substance abuse and relapse	1.1. Availability of illicit psychoactive substances 1.2. Stress and despair 1.3. Lack of activities to keep youth busy
THEME 2: Effects of substance abuse	
THEME 3: Strategies used by IHPs to prevent substance abuse	3.1. Conduct awareness campaigns to educate 3.2. Involve youth in sporting and behavioural sessions

THEME 4:Treatment approaches used by IHPs to treat substance abusers	4.1. Assessment and diagnosis 4.2. In-patient rehabilitation 4.3. Prescribe indigenous medicines as therapy
THEME 5: IHPs' status of collaboration with biomedical health professionals	
THEME 6: IHPs' medicine is secretive and confidential	
THEME 7: Challenges encountered by IHPs in combating substance abuse	7.1. Poor cooperation between police and communities 7.2. Absence of community based treatment centre
THEME 8: IHPs' Recommendations for strengthening substance abuse continuum of care	8.1. Collaboration with community stakeholders to cut off supply of illicit psychoactive substances 8.2. Partnership with schools to expand awareness 8.3. A need for funding of indigenous games and sports tournament 8.4. Partnership with rehabilitation centres and parents to offer after care and reintegration services 8.5. A need for training opportunities to expand knowledge and skills 8.6.A need for land to cultivate medicines

4.3.1. Theme 1: Causes of substance abuse and relapse

This theme relates to causes of the onset of substance abuse and possible causes of relapse. Relapse refers to the reoccurrence of substance abuse after rehabilitation. It is a big problem for many young people recovering from substance abuse (Bandari, Dahal & Neupane, 2015). The following three sub-themes emerged from this theme.

4.3.1.1. Sub-theme 1.1: Availability of illicit psychoactive substances

Availability refers to the accessibility of illicit psychoactive substances to those who need them, and can be assessed in terms of distance travelled to get illicit psychoactive substances and the affordability of illicit psychoactive substances (Mokomane, Mokhele, Mathews & Mokae, 2017). An illicit psychoactive substance is a psychoactive substance that is prohibited to use, to produce and to sell, such as

marijuana and nyaope (Department of Social Development, 2020). The current study reveals that there are people selling illicit psychoactive substances in the community. The supply of illicit psychoactive substances causes the onset of substance abuse amongst the youth in the community. Furthermore, the current study shows that the presence of peers who abuse illicit psychoactive substances in the community, and the availability of illicit psychoactive substances serve as environmental triggers of relapse amongst those who are rehabilitated. The following statements evidence this:

Participant 1 said: *"People who are selling the drugs in the community are the ones at fault for children to start abusing drugs which puts their lives and health in danger. The substance abuser who goes to rehab when he or she comes back in the community they lack sense of belonging and goes back to the group of friends that abuses psychoactive substances and start abusing again*."

Participant 4 supported: *"People go to rehabilitations and when they come back, they go back to the same streets that has nyaope and goes back to the same old friends that abuses nyaope and start abusing nyaope with them".*

Participant 2 added: *"If the supply of nyaope and marijuana is still there, those that come back from rehab might start abusing nyaope again due to the high risk."*

The current study reveals that there are people selling illicit psychoactive substances in the community. This supply of illicit psychoactive substances causes the onset of substance abuse amongst the youth in the community. These findings are similar to those by Mohasoa (2018), who found that there were local and foreign nationals selling nyaope and marijuana in the community. As result, illicit psychoactive substances were easily available and accessed by the youth in rural communities in North West Province of South Africa. Studies show that illicit psychoactive substances have become common in some communities across Africa, South Africa and in Limpopo Province largely because of easy production, accessibility and affordability (Ettang, 2017; Mpanza & Govender, 2017; Nevhutalu, 2017; Setlalentoa, Ryke & Strydom, 2015; Mokoena, 2015). Furthermore, Mohasoa (2018) reveals that some people in rural communities of South Africa produce and sell marijuana out of desperation to earn an income to feed their families and to fund the education of their children.

The current study shows that the presence of peers who abuse illicit psychoactive substances in the community and the availability of illicit psychoactive substances serve as environmental triggers of relapse amongst those who are rehabilitated. These findings are similar to those by Nkosi (2017), who found that many people relapse into abusing illicit psychoactive substances because of the kind of friends they keep, even though they have planned to quit. Furthermore, a study by Nevhutalu (2017) at a rural community in Limpopo Province reveals that peer pressure contributes to the use of illicit psychoactive substances amongst the youth in the community. Additionally, Mahlangu (2016) indicates that going back to the same environment after receiving treatment is a contributing factor to relapse.

The current study reveals that nyaope and marijuana are illicit psychoactive substances troubling most of the youth in the community. Nyaope is a mixture of substances such heroin, cocaine, marijuana and antiretroviral medication that has effects on the physiological and psychological being of individuals that abuse it (Masombuka & Qalinge, 2020; Nkosi, 2017). According to Masombuka and Qalinge (2020), the precise ingredients used in production of nyaope are not known because it differs from communities, and it is named differently in different communities. In 2013, nyaope was reported as a new illicit psychoactive substance gaining popularity amongst the youth in rural communities of Limpopo Province (Limpopo Department of Social Development, 2013). Marijuana, which is also called cannabis or dagga, is an addictive illicit psychoactive substance made from the marijuana plant that tend to be smoked. It is prepared by drying and chopping the flowers and leaves of the marijuana plant into small pieces (Limpopo Department of Social Development, 2013; Mothibi, 2014). The Limpopo Department of Social Development (2013), Ettang (2017) and the National Drug Master Plan 2019-2024 reported that marijuana is the most commonly abused illicit psychoactive substance amongst the youth in rural communities of Limpopo Province and globally due to its accessibility and affordability. The following statements evidence the findings that nyaope and marijuana are illicit psychoactive substances troubling most of the youth in the community:

Participant 2 said: *"Nyaope is the one that is troubling most of the youth in the community. Marijuana does not affect the mind that much, nyaope is worse*".

Participant 1 supported: *"It is nyaope, some they mix it with marijuana"*

The current study reveals that young people in the community are poly illicit psychoactive substance abusers since they mix nyaope and marijuana. A poly illicit psychoactive substance abuser refers to an individual who abuses more than one illicit psychoactive substance simultaneously or at different times to experience a synergistic effect (Department of Social Development, 2020).

The current study reveals that nyaope is the illicit psychoactive substances troubling most of the youth in the community. In support, Masombuka and Qalinge (2020) postulate that nyaope has become a national crisis in South Africa and it is affecting mostly young people and poor unemployed people in rural communities of South Africa. Additionally, Fernandes and Mokwena (2020) state that nyaope is also one of the affordable illicit psychoactive substance available in South Africa and is easily accessible to many young people who get easily addicted and find it difficult to quit.

4.3.1.2. Sub-theme 1.2: Stress and despair

The findings of the current study show that the youth in the community start abusing illicit psychoactive substances as a method of coping with stress and despair. Stress refers to a great worry caused by a difficult situation, and despair refers to the feeling of hopelessness that nothing can be to done to improve a worrying situation (Buheji, Jahrami & Dhahi, 2020). The following statements evidence that stress and despair cause substance abuse amongst the youth in the community:

Participant 6 said: *"Most of the children are just abusing these substances because they are stressed by unemployment."*

Participant 8 added: *"Most of the youth have lost their jobs because of Covid-19, so they perceive that they no longer have future, they have thrown in the towel, and they think it is the end of the world, so they start abusing drugs as a method of coping with their situation"*

The current study shows that the youth in the community start abusing illicit psychoactive substances as a method of coping with stress and despair. In support, some studies establish that young people abuse illicit psychoactive substances as a way to make joy in their struggle, to escape the reality of everyday life, to reduce stress, to forget challenges such as unemployment confronting them, loneliness, depression and despair (Fernades & Mokwena, 2020; Mohasoa, 2018; Nevhutalu, 2017; Mothibi, 2014). Furthermore, Mohasoa (2018) reveals that young people start abusing illicit psychoactive substances because of poverty and think it is the end of the world and they cannot do anything about it.

4.3.1.3. Sub-theme 1.3: Lack of activities to keep youth busy

The current study reveals that there is lack of recreational activities to keep the youth busy, and lack of skills development centres to empower the youth with skills. As a result, young people abuse illicit psychoactive substances as a means of amusement. The following statements evidence this:

Participant 2 said: *"There is lack of sports centres and sports facilities in the community. A healthy mind stays in a healthy body, so sports centres can keep the children busy through exercising and playing sports. There is also a lack of skills development centres where the youth can keep busy learning certain skills that can help them".*

Participant 8 added: *"There is lack of sports facilities, young people are no longer interested in soccer and it is something that can keep them busy*, *because if they are not busy they start abusing substances*".

The current study reveals that due to lack of recreational activities to keep the youth busy, and lack of skills development centres to empower the youth with skills, young people engage in illicit psychoactive substance abuse for amusement. These findings are in line with a study by Mohasoa (2018), which found that illicit psychoactive substance abuse creates work for idle minds, which refers to the unpleasant mental state of not being engaged in any activity, which led young people to crave for illicit psychoactive substances. Moreover, the study by Mohasoa (2018) indicates that young people abuse illicit psychoactive substances for entertainment, for enjoyment and for leisure. According to Lebese, Ramakuela and Maputle (2014),

recreational facilities are amongst the best strategies that can be used to combat substance abuse amongst young people in rural communities of Limpopo Province. Additionally, the Limpopo Department of Social Development (2013) indicates that recreational facilities should be developed in rural communities to keep young people engaged, and as a substitute to focusing on illicit psychoactive substances.

4.3.2. Theme 2: Effects of substance abuse

The current study reveals that young people addicted to nyaope have observable mental disorders and self-care deficit. Self-care deficit refers to the impaired ability to perform self-care activities such as bathing and eating (Ali, 2018). The study further reveals that illicit psychoactive substance abuse does not only affect physical and psychological well-being of the substance abuser, it is also a health and social problem that affects the entire community. The following statements evidence this:

Participant 1 said: *“Nyaope mess up the brains of substance abusers. When you look at them, you see someone who is crazy and even people do not take them seriously”.*

Participant 2 added: *“Nyaope makes those young people to hate bathing, it make young people to lose appetite, it affects their minds, and their minds are no longer normal.”*

Participant 4 supported: *“Substance abusers act strange and their behaviour is not understandable, they might be looking at you but then not seeing you, but seeing their own things”.*

Participant 5 added: *“substance abusers are harming themselves and they are also harming us as community members, we are not safe, our properties are not safe, because these people are stealing from us”.*

The current study reveals that young people addicted to nyaope have observable mental disorders and self-care deficit. These findings are similar to those by Mahlangu (2016), who found that addiction to nyaope interferes with one’s states of psychological well-being that includes psychotic impacts such as seeing or hearings things that are not there. Furthermore, the study by Mahlangu (2018) found that people addicted to nyaope do not bathe and do not care about hygiene. Additionally,

the current study shows that illicit psychoactive substance abuse is not only a personal problem of the abuser; it is also a health and social problem affecting the entire community. To corroborate these findings, Masombuka and Qalinge (2020) indicate that illicit psychoactive substance abuse harms the health and well-being of individuals, families and communities as a holistic system.

4.3.3. Theme 3: Strategies used by IHPs to prevent substance abuse

Prevention is essential as an effective strategy to combat substance abuse in rural communities where many young people battle with a variety of socioeconomic challenges that increase their susceptibility to substance abuse (United Nations Office on Drugs and Crime office, 2017). This theme relates to demand reduction of substance abuse through primary prevention activities used by IHPs to prevent or delay the onset of substance abuse (South Africa, 2008; Mohasoa, 2018). According to the Prevention of and Treatment for Substance Abuse Act No.70 of 2008, demand reduction aims to prevent substance abuse in the entire population, whether people are at risk of substance abuse or not through primary prevention methods by educating the community (South Africa, 2008). The following two sub-themes emerged from this theme.

4.3.3.1. Sub-theme 3.1: Conduct awareness campaigns to educate

According to the Prevention of and Treatment for Substance Abuse Act No.70 of 2008 section 9(2) (a), prevention strategies must focus on creating awareness and educating the public on the dangers and consequences of substance abuse. The study shows that IHPs have a role to play in demand reduction of substance abuse through awareness campaigns to educate the youth in the community about the dangers of substance abuse. The following statements evidence this:

Participant 1 said: *“We can inform the youth about the danger of abusing substances and how they might affect them.... and they might not even reach 40 years of age”.*

Participant 2 added: *“A campaign is needed to provide the youth with information. We can give the youth the message and information about substance abuse so that they can be aware of the danger of abusing substances and the delays it brings in their lives and the benefits of abstinence of substances.”*

Participant 4 supported: *"We have to start with little children, teach them about the danger of using drugs, so that they can be aware that drugs are dangerous once you start using them you will not stop".*

The current study shows that IHPs can conduct awareness campaigns with messages communicating the harms of substance abuse. According to Chikoko, Ruparanganda, Muzvidziwa and Chimhowa-Chikoko (2019), raising awareness on the dangers of substances abuse among the public, including young people is key in combating substance abuse, and can enhance the level of understanding on issues of substance abuse. Furthermore, Mahlangu (2016) reports that education is the principal means of preventing substance abuse amongst the youth.

4.3.3.2. Sub-theme 3.2: Involve youth in sporting and behavioural sessions

According to the Prevention of and Treatment for Substance Abuse Act No.70 of 2008 section 9(2) (d), prevention strategies must focus on engaging young people in sports, and recreational activities and ensure the productive and constructive use of leisure time. The current study shows that IHPs involve young people in sports to keep them busy and provide them with guidance about healthy lifestyle behaviours that can help to keep youth out of troubles. The following statements evidence this:

Participant 2 said: *"I can take children to the playground, I have a soccer team for boys and I can recruit others to join so that I can keep them busy and keep them off the streets. The boys are also given guidance about health and healthy lifestyles behaviours and about how best they can live their lives and stay out of trouble".*

Participant 1 added: *"As indigenous health practitioners, we can use the community halls to teach the youth about life and lifestyle behaviours of how to become a better person while giving them examples with ourselves and teaching them history of the past generations"*

Naidoo, Mangoma-Chaurura, Khan, Canham, Malope-Rwodzi (2016) conducted an exploratory study on using sport as an intervention for substance abuse reduction among young people in three selected communities in South Africa. The study reveals that participation in sport is beneficial to young people as it transmits social values such as discipline and prevent risk behaviours such as violence and

substance abuse. In addition, Malesa (2012) argues that sports assist young people in maintaining a good health and adopt a healthy lifestyle. Furthermore, Segwapa (2019) indicates that interactions between adults such IHPs and young people are of primary importance for the transmission of culture from one generation to the next. Through IHPs that are active role models in some of the rural communities, young people can learn a lot, and this can make a great impact in their development. It is important that IHPs as indigenous knowledge holders in communities transfer the knowledge to the new generations so that the communities' heritage and cultures stay alive (Segwapa, 2019).

4.3.4. Theme 4: Treatment approaches used by IHPs to treat substance abusers

Substance abuse treatment approaches refer to a set of services that may include medication, counselling, and other supportive services designed to empower substance abusers to reduce substance abuse and address associated mental health problems (United States Department of Health and Human Service, 2016). These services may continue until the substance abuser is ready for reintegration into the community (Department of Social Development, 2020). This theme relates to harm reduction of substance abuse through secondary and tertiary prevention activities used by IHPs to manage substance abuse through the provision of treatment to stop progression of substance abuse and prevent possible relapse. The aim of harm reduction is to keep substance abusers alive, well and productive until treatment is complete and continue to support the substance abuser through aftercare and reintegration services (Department of Social Development, 2020). The following three sub-themes emerged from this theme.

4.3.4.1. Sub-theme 4.1: Assessment and diagnosis

According to the United States Department of Health and Human Service (2016), the first steps involved in substance abuse treatment is assessment and diagnosis. Conducting assessment is essential in order to understand the nature and severity of substance abusers' health and social problems that may have caused substance abuse (United States Department of Health and Human Service, 2016). The current study reveals that IHPs use divination and interviews to assess the substance abuser and to determine the aetiology of substance abuse in order to develop a

culturally appropriate treatment plan. Divination is a unique and special method by which information concerning the substance abuser is obtained using symbols (divination bones) to interpret the message of ancestors in order to gain healing knowledge (Nemutandani et al, 2020; Ozioma & Chinwe, 2019; Mothibe & Sibanda, 2019). Interviews are conversations that IHPs engage with the substance abuser in order to gather more information regarding the substance abuser's health problem and to facilitate therapeutic communication (Okpalaenwe & Kasie, 2018; Kajawu, Chingarande, Jack, Ward, & Taylor, 2016). The following statements evidence that IHPs use divination and interviews for assessment and diagnosis:

Participant 1 said: *"I use ditaola (divination bones) to make assessment and check what the problem with the person is"*

Participant 8 added: *"Firstly I have to sit down with the substance abuser and have a conversation, try to find out when did they start abusing the substances and why they are abusing substances, Is it because of family conflict or relationship problems and from this information, I will know which steps to take in order to assist."*

The current study reveals that IHPs use divination and interviews to assess the substance abuser and to determine the aetiology of substance abuse in order to develop a culturally appropriate treatment plan. These findings are similar to those by Mashamaite (2015), who found that IHPs use divination bones as an essential diagnostic tool in the management of mental illness. A study by Ngobe (2015) reveals that divination is a way of understanding the aetiology of substance abuse and how the substance abuse should be treated. Some previous studies have reported that IHPs conduct interviews to assess the substance abuser (Mambanga 2019; Okpalaenwe et al, 2018; Kajawu et al, 2016). During the interviews, IHPs use techniques such as open-ended questions to facilitate therapeutic communication that allows the substance abuser to provide information on the aetiology of substance abuse in order to understand the cause of substance abuse and develop an appropriate treatment plan (Mambanga 2019; Okpalaenwe et al, 2018; Kajawu et al, 2016). In addition to the findings by the current study, studies by Kajawu et al (2016), Mashamaite (2015) and Ngobe (2015) found that IHPs closely observe the substance abuser's physical appearance or presenting symptoms in order to determine the diagnosis. Furthermore, a study by Okpalaenwe et al (2018)

established that detailed history-taking is the most important diagnostic method used by most IHPs in Africa. According to Okpalaenwe et al (2018), detailed history-taking is a method in which IHPs take a very detailed physical and psychosocial history of the substance abuser through the gathering of information from secondary sources like family about the nature of onset and the symptomatology.

4.3.4.2. Sub-theme 4.2: In-patient rehabilitation

According to the Prevention of and Treatment for Substance Abuse Act no.70 of 2008, in-patient rehabilitation is a residential treatment service provided to substance abusers at a treatment centre to assist them to reduce psychoactive substance abuse in order to reach optimal physical and psychological functional levels (South Africa, 2008). The current study reveals that some IHPs provide in-patient rehabilitation of substance abusers at their homes using herbal medicines to steam and cleanse themselves as a method of treating addiction to illicit psychoactive substances while simultaneously treating mental illnesses because IHPs perceive addiction to nyaope as a form of mental illness. In support, a study by Ngobe (2015) reveals that a mental illness is common amongst people addicted to psychoactive substances. Furthermore, Dzikiti, Dreyer, Krüger and Pooe (2020) indicate that 51% of psychiatric in-patients in South Africa have a comorbid substance use disorder, whilst 57% of private substance abuse rehabilitation centre clients have at least one comorbid mental illness. The following statements evidence that IHPs provide in-patient rehabilitation:

Participant 1 said: *"The substance abuser stays with me at home while I am giving him medicinal plants. Firstly, I sit with the substance abuser down, I plead with substance abuser that you are going to eat this kind of food and here you are not going to smoke anything. I bath substance abusers to cleanse them; I steam substance abusers using mental illness medicines because the addiction to nyaope is some sort of mental illness, so during the steaming process the steams fight the cravings of the nyaope. I provide counselling to the family first and to the substance abuser as an individual and after discharge from rehabilitation substance abusers come back for check-ups."*

Participant 6 added: *"I treat substance abuser at home using my very own indigenous medicines. I will make him work to prepare the indigenous medicines, so*

that he gets busy and he does not have time to leave home. When I go to go dig medicines, I will go with him and when we come back, I will cook and boil herbs for him to drink."

The current study reveals that some IHPs provide in-patient rehabilitation of substance abusers at their homes using herbal medicines to steam and cleanse themselves as a method of treating addiction to illicit psychoactive substances. These findings are similar to those by Ngobe (2015), who found that IHPs provide in-patient rehabilitation at home to patients who experienced a substance abuse-induced mental illness while using herbal medicines to cleanse the patient through washing, steaming and induced vomiting to treat a mental illness and to eliminate addiction to substances abuse. Additionally, Audet et al (2017) found that some IHPs treat substance abuse due to its high prevalence in the rural communities of South Africa.

The current study reveals that some IHPs provide diet therapy by pleading with the substance abuser on the types of food to eat and encourage total abstinence from smoking psychoactive substances during the in-patient rehabilitation. In support, Ozioma and Chinwe (2019) indicate that sometimes IHPs provide guidance on the foods to eat and food not to eat. Additionally, Rankoana, Nel, Mothibi, Mothiba, Mamogobo and Setwaba (2015) found that indigenous knowledge about nutrition has health benefits and indigenous vegetables and fruits are nutritious foods that strengthen the body and reduce susceptibility to diseases.

The current study reveals that some IHPs provide family and individual counselling and ongoing support to substance abusers to reduce susceptibility to relapse after in-patient rehabilitation. This finding is consistent with those by Kalema and Vanderplasschen (2015), who found that in Ghana, IHPs treat substance abuse through the provision of brief counselling to substance abusers. Additionally, the United States Department of Health and Human Service (2016) argues that behavioural therapies, including individual and family counselling, are the most commonly used forms of substance abuse treatment.

4.3.4.3. Sub-theme 4.3: Prescribe indigenous medicines as therapy

The current study reveals that some IHPs prescribe indigenous medicines that assist in vomiting, which leads to forgetting and stopping the cravings of illicit psychoactive substances. The types of indigenous medicines recommended and used by IHPs are herbal medicines prepared from indigenous medicinal plants named Bolebatša, Mphenya dingwe and a mixture made of five indigenous medicinal plants. These herbal medicines are made from indigenous medicinal plant materials such as roots, barks and leaves, and they are prepared through boiling. The method of administration for herbal medicines prescribed by IHPs is drinking and inhaling. Furthermore, the current study reveals that IHPs use zootherapy in the form of a colostrum of a pig to assist in smoking cessation. The following statements evidence this:

Participant 3 said: *"I use Bolebatša, it is a root of a plant; I cook it and give it to substance abusers to drink. So they can forget about the substance. They have to drink it three times per day. In the morning, in the afternoon and in the evening and they must always drink half a cup."*

Participant 2 added:
"There is also Mphenya dingwe. Mphenya dingwe is the leaves or barks of a certain plant you boil them and give to the substance abuser to drink." Mphenya Dingwe is used as regurgitation medicine, if you give it to the substance abuser always after smoking they will feel nauseous or end up vomiting. Then as results, the substance abuser will stop craving the substances. The other medicine is Colostrum of a pig. You apply the milk on a cigarette, rolled tobacco and rolled marijuana. Then give the milk some time to get dry on the cigarette and after few days you give that cigarette to the smoker and after smoking that cigarette they become nauseas and vomit, then whenever they sense a smell of a smoked substance such as nyaope, marijuana or tobacco they become nauseous or end up vomiting".

Participant 7 said: *"The medicine I use is a mixture of five special plants. I usually give substance abusers a 2-litre bottle and after drinking this 2-litre the substance abuser will feel the difference that their bodies are back to their usual normal."*

The current study found that some IHPs use herbal medicines such as Bolebatša and Mphenya dingwe to assist substance abusers in vomiting, which leads to forgetting and stopping the cravings of illicit psychoactive substances. This finding of

the current study corroborates those by Mashamaite (2015), who established that using Bolebatša would make the patient to forget what he or she used to do, say or think (Mashamaite, 2015). Furthermore, a study by Mohasoa (2018) found that IHPs use mixed natural herbs to treat substance abuse problems, and substance abusers are given the herbal mixture to drink. According to Drury (2020), the majority of patients seen by IHPs are given herbal medicine. Furthermore, Rankoana et al (2015), established that IHPs prescribe herbal medicine for preventive, protective and curative care. Semenya and Potgieter (2014) conducted a study on socio-cultural profile and indigenous healing practices of Bapedi IHPs in Limpopo Province. The study found that different plant parts, including bark, leaf, root, seed, stem and whole plant are utilised in the preparation of herbal medicines, and leaves are plant parts most preferred in the preparation of herbal medicines, followed by roots and barks.

The current study reveals that some IHPs use zootherapy in the form of a colostrum of pigs to assist in smoking cessation. Zootherapy is a healing of an illness by using medicines prepared from different animal products, and is one of the significant substance abuse rehabilitations practised worldwide (Borah & Prasad, 2017). In concurrence with the findings of the current study, Kajawu et al (2016) postulate that IHPs use animal products to induce a patient to vomit in an effort to remove impurities from the stomach, which they believed to cause a mental disorder such as addiction to psychoactive substances.

The current study reveals that the herbal medicines prescribed by some IHPs assists in treating withdrawal symptoms of psychoactive substance abuse. Withdrawal symptoms are sets of symptoms experienced by a substance abuser trying to discontinue with the abuse of psychoactive substances. These can include negative emotions such as stress, anxiety, as well as physical effects such as lack of energy, muscle aches, and stomach cramps, among others (United States Department of Health & Human Service, 2016). The herbal medicines prescribed by IHPs assist substance abusers in coping with withdrawal symptoms such as lack of energy, lack of appetite and stomach pains. The other health benefits of herbal medicines is that it cleanses the blood of the substance abuser. The following statements evidence this:

Participant 2 said: *"If substance abusers did not smoke Nyaope, they feel stomach pains and I can give them medicines to relieve these pains."*

Participant 6 added: *"Nyaope causes some stomach cramps, so I will give these indigenous medicines to stop these stomach pains*"

Participant 3 said: *"I can provide medicines to help them with appetite so that they be extremely hungry and can eat solid food."*

Participants 7 said: *"These medicines cleanse the blood streams in the body; they cleanse the stomach and increase appetite and they give energy that increase ability of the substance abuser to work".*

Mahlangu (2016) found that people who are addicted to nyaope experience body pains and stomach cramps when they have not taken it. A study by Mohasoa (2018) found that some IHPs give a substance abuser mixture, herbal medicines to drink. This herbal mixture is reported to cleanse the blood of the substance abuser. Furthermore, a study by Semenya and Potgieter (2014) indicate that 52 health-related problems or illnesses are reported to be treated by Bapedi IHPs in the rural communities of Limpopo Province. Such health-related problems included, among others, withdrawal symptoms of substance abuse such as lack of appetite, body pains, depression and stomach pains.

4.3.5. Theme 5: IHPs' status of collaboration with biomedical health professionals

Professional collaboration between IHPs and biomedical health practitioners in South Africa is proposed in the Indigenous Health Practitioners Act No.22 of 2007 (South Africa, 2007). Collaboration refers to co-operation between IHPs and biomedical health practitioners such as nurses, doctors, dieticians, social workers and psychologists with a common goal of strengthening the prevention of and treatment of substance abuse (Van Rooyen, Pretorius, Tembani & Ten Ham, 2015). The current study reveals that IHPs are working with biomedical health professionals through referrals. Referral is a two-way process (Maluleka, 2017). IHPs treat what is within their competency and then refer patients to local clinics or hospitals. IHPs in the current study revealed that biomedical health professionals refer patients to consult with IHPs through suggestions. The following statements evidence this:

Participant 1 said: *"We are the one referring patients to them (medical doctors and nurses) through official referrals and they also refer to us, but those from the department they have a certain way of referring to IHPs. The biomedical practitioners just suggest to the patient to come see IHPs".*

Participant 2 supported: *"I work with biomedical health professionals through something called referrals."*

Participant 3 added: *"I have previously worked with the nurses and home based carers from the clinic and I think we can still work together to combat substance abuse"*

The current study found that some IHPs treat what is within their competency and then refer patients to local clinics or hospitals. This finding is in line with those by Mohasoa (2018), who found that IHPs treat what is within their competency and then refer substance abusers to local clinics or hospitals for further treatment. Another finding of the current study is that biomedical health professionals recommend that patients should consult with IHPs as a way of referral. This finding contradicts one by Maluleka and Ngoepe (2019), who found that in some regions in Limpopo Province, collaboration between IHPs and biomedical health practitioners is one-sided. IHPs are always referring patients to hospitals and biomedical health practitioners in hospitals never consider sending patients to IHPs even when they know that the substance abuser's illness can be treated by IHPs. The current study shows that a referral is a two-way process. IHPs refer patients to hospitals and clinics and biomedical practitioners refer patients to IHPs only through suggestion, without any written referral letters. In some previous studies conducted in South Africa, IHPs expressed enthusiasm refer patients to clinics and hospitals. However, some of the biomedical health practitioners do not share the sentiment. In some instances, the policy environment does not allow for referrals from biomedical health practitioners to IHPs (Van Niekerk et al, 2014). According to Van Rooyen et al (2015), challenges remain regarding the sharing of information relating to patients. There is a need to clarify confidentiality issues first, before biomedical health practitioners will feel free to share patient information with IHPs. Some of the challenges reported as barriers to two-way referrals is that there is no uniform system such as language of diagnosing, treating and teaching, and there is little formal evidence of the efficacy of

indigenous medicines (Van Niekerk et al, 2014; Mothibe & Sibanda, 2019). Therefore, it is recommended that the government should develop policy on collaboration, detailing how it should be structured, implemented and monitored (Mothibe & Sibanda, 2019). Furthermore, Maluleka (2017) recommends that the Limpopo local government must adopt a strategy to have designated indigenous medicine managers to oversee that indigenous health practice is integrated into the municipal health system and to encourage two-way referrals and collaborations between the IHPs and biomedical health practitioners in clinics and hospitals.

4.3.6. Theme 6: IHPs' medicine is secretive and confidential

The current study reveals that some IHPs are secretive about the nature of indigenous medicines in order to protect knowledge. The following statements evidence this:

Participant 1 said: *"They are just medicinal plants from special plants".*

Participant 7 added: *"Medicinal plants are things of the ancestors, I cannot disclose them to you."*

The current study reveals that IHPs are secretive about the nature of indigenous medicines in order to protect knowledge. This finding ties in with those by Ngobe (2015), who found that most of the IHPs do not disclose information about the plants and methods they use, as they consider their knowledge of medicinal plants and practices to be inherently secretive. Moreover, the study by Ngobe (2015) highlights that divulging information about medicinal plants can tempt other people to collect the plants on their own from the bushes and use them inappropriately, which can lead to loss of lives. In support, Ozioma and Chinwe (2019) and Maluleka (2017) indicate that IHPs keep their knowledge very confidential and regard it as their personal property, and only share the information with trusted relatives, with other IHPs and trainees of IHPs who paid training fees.

4.3.7. Theme 7: challenges encountered by IHPs in combating substance abuse

According to Maluleka (2017), IHPs in Limpopo Province encounter some challenges on a daily basis when practising indigenous health care. Therefore, this theme

relates to challenges encountered by IHPs in combating substance abuse. The following two sub-themes emerged under this theme.

4.3.7.1. Sub-theme 7.1: Poor cooperation between police and communities

The current study reveals that stopping the supply of illicit psychoactive substances in the community is difficult because sometimes the police are not responsive in dealing with reported cases of trading illicit psychoactive substances. Some IHPs alleged that sometimes the police do not arrest those trading illicit psychoactive substances in the community. Instead, they take these substances from one supplier to another. Furthermore, the study reveals that the youth selling these illicit psychoactive substances are very secretive about who they work for. The following statements evidence this:

Participant 4 said: *"The problem is that the police supply these substances. Therefore, it is going to be hard for us as community and as IHPs to control supply of drugs because the police bring back these drugs in the community. Once the police take the drugs from one supplier, the police bring these drugs back into the community. The police give the drugs to children so that the children can sell them amongst each other in the community."*

Participant 6 supported: *"The police are supplying and selling these nyaope. Even if you try to report others for selling nyaope, the police do nothing or even if they do arrest the person today, tomorrow that person is back in the community selling nyaope again, even these children that are selling nyaope are very secretive about who they are working for, they never disclose any information."*

A study by Mohasoa (2018) established that police could either serve as a protective factor and risk factor for substance abuse, because at times they arrest those that are selling illicit psychoactive substances in the community if they are informed. However, sometimes due to corruption, some police members do not arrest those producing and selling illicit psychoactive substances in the community. Setlalentoa, Ryke and Strydom (2015) conducted a study on intervention strategies used to address alcohol abuse in the North West Province, South Africa. The study found that police officers often raid and arrest people selling illicit psychoactive substances, but some people continue to sell them. Additionally, a study by Masombuka and

Qalinge (2020) established that some people have lost hope in reporting people who are selling illicit psychoactive substances in the community to the police, because of resistance from some of the police officers who are involved in corrupt activities with drug dealers.

4.3.7.2. Sub-theme 7.2: Absence of community-based treatment centre

The current study reveals that due to lack of community-based treatment centres and long distances to rehabilitation centres, only few people with substance abuse disorders go to rehabilitations. The following statements evidence this:

Participant 1 said: *"Only one person in a group of substance abusers goes to rehab"*
Participant 5 said: *"As IHPs I do not use taxi to come here, I live here and I can help substance abusers because they will not travel long distances if there is a treatment centre in the community.*

Nevhutalu (2017) and Mpanza et al (2017) recognise a need for rehabilitation centres in the community due to lack of access to treatment centres. Mohasoa and Mokoena (2019) indicate that in some places where treatment centres are available, long waiting lists serves as barriers to access the treatment centres. In support, Isobell, Kamaloodien and Savahl (2015) indicate that a referral does not guarantee admission to a substance abuse treatment centre. Those referred for substance abuse treatment still require that their application forms be approved, and can only be admitted if space is available since substance abuse treatment facilities are limited.

The current study reveals that only one person in a group of substance abusers goes to rehabilitation. This finding is consistent with those by Raleigh-Cohn, Fickenscher and Novins (2014), who conducted a study on challenges to providing quality substance abuse treatment services for American and Alaska native communities. The study found that substance abuse is considered a community problem and only a small percentage of people in need of substance abuse treatment receive it. The little that is received is often of poor quality.

According to Pullen and Oser (2014), there is lack of substance abuse treatment centres in rural communities. Distances and costs of travel are significant obstacles to accessing substance abuse treatment and care. Longer travel distances reduce the possibility that individuals in rural communities will follow up on referrals for further treatment and care. At the same time, these distances reduce the enthusiasm of biomedical practitioners to travel to rural communities to provide services of combating substance abuse (United Nations Office on Drugs and Crime Office, 2017).

The Prevention of and Treatment for Substance Abuse no.70 of 2008 regulates treatment in South Africa, and makes provision for governmental, non-governmental and community treatment centres. Community treatment centres proposed by IHPs can address the lack of aftercare programmes (Mpanza & Govendor, 2017). According to Mohasoa (2018), one of the benefits of community-based treatment centres is that young people in need of treatment may be able to attend school while receiving treatment in their community. The community-based treatment centre might align the interventions of combating substance abuse in the community with principle 1 of UNODC-WHO international standards for the treatment of substance abuse disorders that states that substance abuse treatment must be available, accessible, attractive, affordable and appropriate for needs of substance abusers (United Nations Office on Drugs and Crime Office, 2017).

4.3.8. Theme 8: IHPs' Recommendations for strengthening substance abuse continuum of care

This theme relates to recommendations of IHPs to strengthen the effectiveness of substance abuse continuum of care in the community. Substance abuse continuum of care refers to an integrated system of care that starts with preventive services, and that observes substance abusers through early intervention, rehabilitation, aftercare and reintegration services (Department of Social Development, 2020). The following subthemes emerged under this theme:

4.3.8.1. Sub-theme 8.1: Collaboration with community stakeholders to cut off supply of illicit psychoactive substances

The current study reveals that some IHPs recommend working with the police, community police forums and traditional leaders in supply reduction of illicit psychoactive substances. According to the NDMP 2019-2024, supply reduction refers to strategies aimed at discontinuing the production and circulation of illicit psychoactive substances and associated crimes through law enforcement (Department of Social Development, 2020). The current study reveals that some IHPs can identify individuals selling illicit psychoactive substances and hotspots of illicit psychoactive substance abuse in the community and anonymously report to the police. Furthermore, the current study reveals that traditional leaders can assist to get rid of those supplying illicit psychoactive substances in the community. The following statements evidence this:

Participant 1 said: *"I think the government and the police must give us a chance to work with them in identifying the hotspot of drugs in the community".*

Participant 2 added: *"I think we can identify the individuals selling nyaope in the community and then report them to the police to arrest them to cut of the supply".*

Participant 8 added: *"In our community we live under authority of the traditional leaders, we have good working relationship with them and we can work together with them to combat substance abuse because they are well-respected individuals in the community and people listen to them. Therefore, during the campaigns these leaders can be our main speakers, they can also come to speak at the suggested tournaments and most importantly they can help us get rid of the people selling substances in our community."*

Some IHPs in the current study recommend to be incorporated in a community-based multi-sectoral initiative for supply reduction of illicit psychoactive substances. According to Setlalentoa et al (2015), different stakeholders bring particular skills, knowledge and experience that could yield good results in supply reduction of illicit psychoactive substances in rural communities. This is in line with the Rural Safety Strategy that recommends an appointment of rural communities' safety coordinators to interact, consult and implement appropriate measures to address illicit psychoactive substances related crimes in rural communities (South African Police Service, 2016; Mohasoa, 2018). A study by Mohasoa (2018) reveals that IHPs need to work together with traditional leaders to combat illicit psychoactive substance

abuse because traditional leaders are respected members of the community. When they speak, most of the time community members respect what they say and young people listen to them. Additionally, the study by Mohasoa (2018) found that traditional leaders could call community meetings where illicit psychoactive substance abuse matters are discussed, and information about illicit psychoactive substance abuse can be shared with community members in a language that community members understand.

4.3.8.2. Sub-theme 8.2: Partnership with schools to expand awareness

The current study reveals that some IHPs recommend working with schools to inform young people about the danger of substance abuse because most of the people abusing psychoactive substances in the community are schoolchildren. The following statements evidence this:

Participant 8 Said: "*We can start at schools and talk to children about the dangers of using substances and how they will affect their lives in future, because most of the people using substances are school children."*

Participant 2 supported: *"We can also go to schools to ask permission to inform the children about the dangers of substance abuse."*

Setlalentoa et al (2016) found that substance abuse is a real problem in schools, and young people stay away from school because they abuse psychoactive substances. According to the Department of Basic Education (2013), school-based prevention programmes should be developmental and be locally and culturally relevant. Therefore, if integrated in the substance abuse awareness campaigns and prevention programmes at school, IHPs can assist in developing culturally appropriate school-based substance abuse prevention programmes.

4.3.8.3. Sub-theme 8.3: A need for funding of indigenous games and sports tournament

The current study reveals that some IHPs propose funds to facilitate indigenous games and sports tournament to keep the youth busy.

Participant 2 said: *"I think we must have indigenous games leagues competition. We can ask for donations and financial support from the department of Traditional Affairs*

and Department of Sports, Arts & Culture so that there are rewards of participation. Whereby, the youth have a platform to show their talents and gets certificates, medals and awards while keeping busy and staying away from psychoactive substances. The games to be played in the indigenous league games is Morabaraba, Tsheretshere, Moruba, Diketo and Kgati. If the municipality can provide funds we can facilitate this tournament, which can take place during weekends."

Participant 8 added: *"Sports tournaments can help to take children out of the streets. Maybe if the mayor can introduce competitions like Mayor's cup for the youth to compete in these tournaments and the best performers are rewarded with awards and cash prices for motivations, so that we can take them out of the streets*."

Participant 7 supported: *"Sports activities and employment opportunities can help reduces the number of young people that abuse drugs"*

Some IHPs in the current study recommend the Department of Cooperative Governance and Traditional Affairs and the Department of Sports and Recreation to provide funds to facilitate indigenous games, and sports tournaments to keep the youth busy during the weekends. These findings are corroborated by Segwapa (2019) and Malesa (2012), who reveal that in rural communities of Limpopo Province, there is lack of facilities for playing indigenous games such Diketo (pebble throwing), Moruba (board game), Kgati (skipping rope), Dibeke and Morabaraba (board game). Moreover, Segwapa (2019) and Malesa (2012) propose that the Department of Sports and Recreation, together with councillors and the public inn general, should build cultural heritage centres where IHPs may offer some of their times in teaching young people some of the indigenous games that were played in the olden days. Furthermore, the Department of Sports and Recreation need to make sure that there is funding to implement indigenous games in different communities to enable young people to hold competitions and to get incentives of participating in the games (Segwapa, 2019; Malesa, 2012).

Some IHPs in the current study indicate that they can facilitate indigenous games and sports tournaments if government provides funds. In support, Segwapa (2019) postulates that IHPs as custodians of indigenous knowledge are needed to volunteer to facilitate and teach young people skills to play indigenous games. Indigenous

games are important for the moral development of young people and can assist them to discover talents and gain social skills (Segwapa, 2019; Lebese et al, 2014). Young people who play indigenous games are less likely to engage in criminal activities and substance abuse (Segwapa, 2019; Malesa, 2012). In addition, through the indigenous games, job opportunities could be created and those who do not participate in the games can visit the places in which they are played to support those that are playing and to relieve boredom (Segwapa 2019; Malesa, 2012).

Nevhutalu (2017) conducted a study on the impact of nyaope use among the youth in the rural communities of Thulamela Municipality in Limpopo Province. The study identified a need for government to offer recreational activities to keep young people busy because if they are free, one thing they think about is illicit psychoactive substances. Furthermore, a study by Mahlangu (2016) indicates that lack of recreational facilities is a problem in the community, and propose that government should build recreational facilities. Moreover, Malesa (2012) indicates that due lack of proper facilities for playing indigenous games, people in rural communities visit taverns to play games such as Moruba and Morabaraba even if they do not drink alcohol. A tavern is not a good place for children, who are denied an opportunity to learn these games because they are not allowed in shebeens and taverns.

4.3.8.4. Sub-theme 8.4: Partnership with rehabilitation centres and parents to offer aftercare and reintegration services

The provision of aftercare and reintegration services has been emphasised in the NDMP 2019-2024 and in the Prevention of and Treatment for Substance Abuse Act No.70 of 2008. Aftercare and reintegration services refer to services meant to provide on-going professional support to the substance abuser after a formal treatment to maintain sobriety, abstinence and personal growth, and to enhance self-reliance, proper social functioning and to reduce susceptibility to relapse (Department of Social Development 2020; Setlalentoa et al, 2015). The current study reveals that some IHPs recommend working together with rehabilitation centres and parents to offer integrated aftercare and reintegration services in order to prevent relapse of substance abuse. The following statements evidence this:

Participant 2 said: *"We have to find a rehabilitation for substance abusers, a rehab can help them. If we can find the phone numbers of one rehabilitation centre and inform them that as a group of IHPs, we need to work with them in rehabilitation of our youth that are troubled by nyaope. If they agree, we can identify the substance abusers in the community and then take them to the rehab if their families agree".*

Participant 1 added: *"I think when these substance abusers come back from rehabilitation, they must bring them to us so that we can also help them. At rehab, they will offer them their services and teachings. So we can also help them and provide them with our own rehabilitations for a period of three to four months. If they spent this period of time with us, it will reduce the chances of relapse rather them being released straight from rehab to their homes where after three days they get back to their friends and start using substances."*

The study reveals that some IHPs express enthusiasm to identify substance abusers in the community, and then refer them to rehabilitation centres after successful negotiation with parents and families of substance abusers. Then after the rehabilitation centres have provided treatment to the abusers, some IHPs recommend that the centres should refer them to IHPs for further indigenous rehabilitations for a period of three to four months, and then to facilitate their reintegration into the community in order to reduce susceptibility to relapse. These findings are in line with the Medium Term Strategic Framework 2019-2024 that emphasises that the fight against substance abuse need integrated approach, with strategies aimed at improving parenting skills and spiritual care (Department of Planning, Monitoring and Evaluation, 2019).

Some previous studies reveal that some of the substance abusers need rehabilitation services of IHPs. A study by Nevhutalu (2017) found that evil spirits and witchcraft triggers the onset of illicit psychoactive substance abuse, and only spiritual assistance from faith healers and IHPs could assist young people to quit abusing illicit psychoactive substances. Additionally, a study by Mohasoa (2018) reveals that some people abusing illicit psychoactive substances prefer to get assistance from IHPs because they believe that the interventions by IHPs are

effective and work for them. Therefore, there is a felt need to integrate IHPs in the substance abuse continuum of care.

4.3.8.5. Sub-theme 8.5: A need for Training opportunities to expand knowledge and skills

The current study reveals that some IHPs will appreciate receiving training on early symptoms of substance abuse, and how to help people affected by substance abuse in order to expand knowledge and skills on issues of combating substance abuse. Although IHPs reported a need for substance abuse training, the current study reveals that some IHPs have received training on substance abuse-related issues such as TB, HIV & AIDS, Gender Based Violence and Depression. The following statements evidence this:

Participant 2 said: *"I will appreciate a training whereby we are informed about the early symptoms of substance abuse."*

Participant 4 added: *"Nyaope is something new to me as IHPs, I am still trying to find solutions and ways of how I can help them and maybe workshop on how to help people affected by nyaope can help, because they are our children and we must help them."*

Participant 1 said: *"I also have certificates of TB, HIV & AIDS, Gender Based Violence and Depression. With these certificates I have gained knowledge that helps me to assist a person who comes to me with stressful problems that makes him to even consider suicide, I sit down with him and provide counselling and guidance."*

The need for training of IHPs to combat substance abuse is reinforced by the Prevention of and Treatment for Substance Abuse Act No.27 of 2008. This act states that no person may be involved in the treatment, rehabilitation and skills development of people abusing substances or affected by substance abuse unless such person has completed an accredited training provided in terms of the South African Qualification Authority Act No. 58 of 1995. Furthermore, the need for training of IHPs on issues of substance abuse is emphasised in other studies (Setlalentoa et al, 2015; Van Royeen et al, 2017). A study by Setlalentoa et al (2015) reveals a need to train community health care workers such IHPs, who would work with social

workers to combat substance abuse because there is a shortage of social workers in the country.

According Van Royeen, Pretorius, Tembani and Ham-Baloyi (2017), in 2001 the WHO developed guidelines for training IHPs in PHC. The guidelines give broad instructions to be used by individuals and organisations in South Africa to develop training programmes that will enable IHPs to play a more significant role in PHC programmes. The current study reveals that in Limpopo Province, some IHPs have been trained on substance abuse-related issues such as TB, HIV & AIDS, Gender Based Violence and Depression. Through these trainings, some IHPs have gained knowledge to assist people with stressful problems. These findings are similar to those by Nkhwashu, Mulaudzi and Masoga (2017), who found that in Mpumalanga IHPs have been provided with workshops on health education. However, the findings of the current study are in contrast with those of Van Royeen et al (2017), who reveal that in the Eastern Cape, there are gaps for lack of training programmes for IHPs (Van Royeen et al, 2017). Several studies have explored the willingness of IHPs to work alongside biomedical practitioners, and have shown that IHPs express readiness to learn beyond their own healing system (Zuma et al, 2015). Furthermore, Van Royeen et al (2017) found that to increase the acceptance of IHPs and a better understanding of IHPs capabilities by the biomedical health practitioners, there is a need for training and development of IHPs, to assist them in understanding substance abuse issues and the health system, including the Indigenous Health Practitioners Act No 22 of 2007.

4.3.8.6. Sub-theme 8.6: A need for land to cultivate medicinal plants

The current study reveals that some IHPs need a land to cultivate medicinal plants that they use to assist substance abusers. The following statements evidence this:

Participant 2 said: *"We also need a fenced land or place where we can plant the indigenous medicinal plants that we used for treatment of substance abusers and these medicines will help future generations."*

Participant 8 supported: *"We need a place to cultivate the medicinal plants that we use to assist in stopping the cravings of substances or that help the person forget about the substance".*

IHPs in the current study recommend that government should allocate a land to cultivate indigenous medicinal plants that are used in the treatment of substance abuse in order to preserve medicinal plants to help future generations. In support, a study by Chicho, Chanda and Musisi-Nkambwe (2019) reveals that to address the problems on the demand and supply of medicinal plants, there is a need to promote the planting of medicinal plants, especially those regularly used, threatened by urbanisation, and those found very far away.

4.4. CONCLUSION

This chapter presented the results of the study in the form demographic profiles of IHPs as well as themes and sub-themes that were discussed with recent literature. Eight themes and sixteen sub-themes emerged from the findings. The themes include causes of substance abuse, effects of substance abuse, strategies used by IHPs to prevent substance abuse, treatment approaches used by IHPs to treat substance abusers, status of collaboration with biomedical health professionals, IHPs medicine is secretive and confidential, challenges encountered by IHPs in combating substance abuse and recommendations for strengthening substance abuse continuum of care. The perceptions of IHPs are in accordance with the Indigenous Health Practitioners Act No.22 of 2007 that specifies provisions for IHPs to provide prevention services of substance abuse and the diagnosis, treatment and rehabilitation services to substance abusers to enable them to resume normal functioning within the families and communities. However, the Indigenous Health Practitioners Act No.22 of 2007 only limit IHPs to provide substance abuse intervention services to individual substance abusers as patients and to treat comorbidities of substance abuse such as mental illnesses. The current study shows that IHPs provide services beyond the limitations of the Indigenous Health Practitioners Act No.22 of 2007 by providing ongoing support to the family of the substance abuser. IHPs are enthusiastic to expand their prevention services to schools and their treatment services to the larger community. This chapter gives a way to the fifth chapter, which will discuss the summary, conclusions, limitations and recommendations of the study.

CHAPTER 5
SUMMARY, RECOMMENDATIONS, STRENGTHS, LIMITATIONS AND CONCLUSIONS

5.1. INTRODUCTION

The previous chapter focused on the research findings and literature control. Eight themes and sixteen sub-themes were extracted from the findings of this study and were discussed in the previous chapter. This chapter focuses on the summary of the study, the conclusion, limitations and recommendations of the study, and are based on the research objectives.

5.2. SUMMARY

The study was aimed at exploring perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province. The objectives of the study were:

- To describe demographic characteristics of IHPs that have a role in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province. This objective of the study was met since all the IHPs who participated in the study managed to answer all demographic-related questions in section A of the interview guide.

- To explore perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province. In order to ensure that this objective was met, the researcher asked the main question "what is the perceived role of IHPs in combating substance abuse?" Probing questions were also asked. IHPs were able to answer the main question and probing questions. Themes emerged and were discussed in Chapter 4.

- To describe perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province. This objective was also met, IHPs were able to describe their different perceptions about their role in combating substance abuse during data collection. These perceptions were discussed as themes and sub-themes in Chapter 4.

A qualitative research approach and case study design was followed when conducting the study. The research design, study site, population, sampling method, data collection, data analysis, measures to ensure trustworthiness, and ethical considerations were discussed in detail in Chapter 3.

Chapter 4 focused on the research findings and literature control where several themes and sub-themes were discussed. The first theme focused on the causes of substance abuse and relapse. Under this theme, the following three sub-themes were discussed: the availability of illicit psychoactive substances, stress, despair, and lack of activities to keep youth busy. The second theme focused on the effects of substance abuse. The third theme looked at strategies used by IHPs to prevent substance abuse. Under this theme, the following two sub-themes were discussed: conduct awareness campaigns to educate and involve youth in sporting and behavioural sessions. The fourth theme looked at treatment approaches used by IHPs to treat substance abusers. Under this theme, the following three sub-themes were discussed: assessment and diagnosis, in-patient rehabilitation and prescription of indigenous medicines as therapy. Theme 5 focused on IHPs status of collaborating with biomedical health professionals. Theme 6 looked at secretive and confidential nature of IHPs medicines. Theme 7 focused on challenges encountered by IHPs in combating substance abuse. Under this theme, the following two sub-themes were discussed: poor cooperation between police and communities and the absence of community-based treatment centres. Theme 8 focused on IHPs recommendations for strengthening substance abuse continuum of care. Under this theme, the following six sub-themes were discussed: collaboration with community stakeholders to cut off the supply of illicit psychoactive substances and partnership with schools to expand awareness. Further recommendations by IHPs were a need for the funding of indigenous games and sports tournaments, partnerships with rehabilitation centres and parents to offer aftercare and reintegration services, the need for training opportunities to expand knowledge and skills, and the need for land to cultivate medicines.

IHPs were able to share their perceptions about their role in combating substance abuse. Firstly, the findings revealed that IHPs perform demand reduction activities such as conducting awareness campaigns and involving young people in sporting

and behavioural sessions for the prevention of substance abuse. Secondly, the study revealed that IHPs perform harm reduction activities such as in-patient-rehabilitation, counselling, diet therapy and prescription of indigenous medicines for the treatment of substance abuse. Thirdly, the study revealed that IHPs treat what is within their competency and refer patients to biomedical health practitioners at clinics and hospitals. This shows their readiness for professional collaboration with biomedical health practitioners to combat substance abuse. Fourthly, the study revealed that IHPs encountered challenges such as lack of cooperation from the police in supply reduction of illicit psychoactive substances in the community. Furthermore, the study revealed that lack of community-based treatment centres serves as impediments for IHPs to render effective harm-reduction activities.

5.3. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed by the researcher:

5.3.1. PRACTICE

- Efforts should be made by the Department of Social Development and the Department of Health to implement strategies aimed at integrating indigenous health care provided by IHPs into substance abuse continuum of care in order to strengthen the systems of combating substance abuse in rural communities and to strengthen the health system.

- There is a need for the Department of Social Development and the Department of Health to develop policy on professional collaboration between IHPs and biomedical health professionals to combat substance abuse, detailing how it should be structured, executed and monitored.

- There is a need for the Department of Social Development to appoint a representative of IHPs in the Limpopo provincial substance abuse forum and local drug action committees that sets out measures to control and reduce the supply of, demand for, and harm caused by, psychoactive substances. This representative of IHPs will assist in developing culturally appropriate supply reduction, demand reduction and harm reduction strategies.

5.3.2. EDUCATION

- Training should be conducted to capacitate IHPs with skills and to expand their knowledge on issues of substance abuse. The training should be provided in terms of the South African Qualification Authority Act No.58 of 1995 to ensure that their practices of combating substance abuse comply with the provisions of the Prevention of and Treatment for Substance Abuse Act No.27 of 2008.

5.3.3. RESEARCH

- As this research was only conducted at Mohodi Ga-Manthata, it is recommended that future research be repeated in different contexts. For example, the same study can be done in Limpopo Province and other provinces to see if it will elicit the same or different results.

5.4. STRENGTH AND LIMITATIONS OF THE STUDY

5.4.1. Strengths

- The interviews were conducted in Sepedi, which is the home language of the IHPs. Therefore, all IHPs were able to present their perceptions and ideas about their role in combating substance abuse. The researcher gathered detailed desirable information.

5.4.2. Limitations

- The researcher and participants had to wear a mask and keep physical distance of 1.5m during interviews in order to comply with COVID-19 regulations. Therefore, the researcher was not able to observe some of the non-verbal communications. This affected the asking of probing questions.

5.5. CONCLUSION

This chapter presented the summary, recommendations, limitations and conclusions of the study. The study explored the perceived role of IHPs in combating substance abuse. The literature in Chapter 2 shows that IHPs are legally recognised health care providers, and the findings of the study in Chapter 4 show that they (IHPs) have a significant role in combating substance abuse in rural communities. The perceived roles of IHPs are in accordance with the Indigenous Health Practitioners Act No.22

of 2007, which permits IHPs to provide prevention services of substance abuse, and provides for the diagnosis, treatment and rehabilitation services to substance abusers to enable them to resume normal functioning within the family and community. However, IHPs are a potentially underutilised partner in the collective efforts to combat substance abuse in rural communities of Limpopo Province. There is a necessity that recommendations of this study be implemented in order to strengthen the health system and the systems of combating substance abuse in rural communities. The best way of integrating IHPs who are willing and eager to work with biomedical health practitioners in combating substance abuse, the Department of Health and the Department of Social Development need to develop strategies to effectively train and link IHPs to the health system to ensure the provision of quality substance abuse continuum of care services.

REFERENCES

Ali, B.H.I., 2018. Application of Orem self-care deficit theory on psychiatric patient. *Annals of Nursing and Practice*, *5*(1), 1-3.

Anney, V.N., 2014. Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, *5*(2), 272-281.

Audet, C.M., Clemens, E.M., Ngobeni, S., Mkansi, M., Sack, D.E. & Wagner, R.G., 2020. Throwing the bones to diagnose HIV: Views of rural South African traditional healers on undertaking HIV counselling and testing. *AIDS Care*, *1*(1), 1-5.

Beyers, J., 2020, 'Who may heal? A plea from traditional healers to participate in treating Covid-19', *HTS Teologiese Studies/ Theological Studies 76*(1), 1-8.

Bhandari, S., Dahal, M. & Neupane, G., 2015. Factors associated with drug abuse relapse: A study on the clients of rehabilitation centers. *Hindu*, *99* (1), 86-84.

Borah, M.P. & Prasad, S.B., 2017. Ethnozoological study of animals based medicine used by traditional healers and indigenous inhabitants in the adjoining areas of Gibbon Wildlife Sanctuary, Assam, India. *Journal of Ethnobiology and Ethnomedicine*, *13*(1), 1-13.

Buheji, M., Jahrami, H. & Dhahi, A., 2020. Minimising stress exposure during pandemics similar to COVID-19. *International Journal of Psychology and Behavioral Sciences*, *10*(1), 9-16.

Cambridge Advanced Learner's Dictionary. 2017. 4th Edition. Cambridge University Press.

Carrie, H., Mackey, T.K. & Laird, S.N., 2015. Integrating traditional indigenous medicine and western biomedicine into health systems: a review of Nicaraguan health policies and miskitu health services. *International journal for equity in health*, *14*(1), 1-7.

Chauke, M., 2020. *Traditional Healers Concoctions helps addicts on road to recovery*. Polokwane Review. From: https://reviewonline.co.za/434312/traditional-healers-concoction-helps-addicts-on-road-to-recovery (accessed 17 June 2020).

Creswell, J.W. & Poth, C.N., 2016. *Qualitative inquiry and research design: Choosing among five approaches*. 4th edition. Sage publications.

Cui, C.L., Wu, L.Z. & Li, Y.J., 2013. Acupuncture for the treatment of drug addiction. *International Review of Neurobiology*, *111*(1), 235-256.

De Vos, A.S., Strydom, H., Fouche, C.D., & Delport, C.S.L., 2011. *Research at Grassroots: For the Social Sciences and Human Profession*. 4th edition. Pretoria: Van Schaik publisher.

Department of Planning, Monitoring and Evaluation. 2019. *Medium Term Strategic Framework 2019-2024*. Department of Planning, Monitoring and Evaluation. Pretoria: Government Printers

Department of Social Development. 2017. *National Drug Master Plan: 2013-2017*. Pretoria: Department of Social Development - Government Printers.

Department of Social Development. 2020. *National Drug Master Plan: 2019-2024*. Pretoria: Department of Social Development - Government Printers.

Dimo, M.P., 2013. *Evaluation of fieldwork practice in social work education at the University of Limpopo (Turfloop Campus). Aligning theory and practice*. Master of Arts in social work Dissertation, University of Limpopo.

Drury, A., 2020. What role do indigenous healers play in the pathway to care of psychiatric patients in Malawi, and how does it compare to other African Countries? *Journal of Psychiatry and Psychiatry Disorders*, *4*(4), 175-87.

Dzikiti, L., Dreyer, J., Krüger, C. & Pooe, J.M., 2020. Factors associated with the successful completion of a substance rehabilitation programme at a psychiatric training hospital. *South African Journal of Psychiatry*, *26*(1), 1-10.

Ettang, D.O., 2017. 'Desperados, druggies and delinquents': devising a community based security regime to combat drug related crime. *Africa Development*, *42*(3), 157-176.

Fernandes, L. & Mokwena, K.E., 2020. Nyaope addiction: The despair of a lost generation. *African Journal of Drug and Alcohol Studies*, *19*(1), 37-51.

Fouka, G. & Mantzorou, M., 2011. What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing?. *Health Science Journal, 5*(1), 3.

Haque, M.I., Chowdhury, A.A., Shahjahan, M., & Harun, M.G.D., 2018. Traditional healing practices in rural Bangladesh: a qualitative investigation. *BMC Complementary and Alternative Medicine*, *18*(1), 1-15.

Higher Health & Universities South Africa. 2021. *Planning, preparing for, and conducting fieldwork in the context of COVID-19 – a principles-based approach*. Tshwane: Higher Health.

Hikoko, W., Ruparanganda, W., Muzvidziwa, V.N. & Chimhowa-Chikoko, E.M., 2019. The challenges faced by social workers in fighting substance abuse and sexual behaviours among the street children of the Harare central business district, Zimbabwe. *Journal of Public Policy in Afrika, 6*(1), 157-166.

Isaac, R., 2019. *Factors associated with illegal drug use in South Africa: A qualitative literature review*. Masters in Criminology, Dissertation. Malmö University.

Isobell, D., Kamaloodien, K. & Savahl, S., 2015. A qualitative study of referring agents' perceptions of access barriers to in-patient substance abuse treatment centres in the Western Cape. *Harm Reduction Journal*, *12*(1), 1-14.

Kajawu, Lazarus, Sunungurai D. Chingarande, Helen Jack, Catherine Ward, & Tonya Taylor. "What do African traditional medical practitioners do in the treatment of mental disorders in Zimbabwe?." *International Journal of Culture and Mental Health* 9, no. 1 (2016): 44-55.

Kala, C.P., 2017. Traditional health care systems and herbal medicines*. European Journal of Environment and Public Health*, *1*(1), 03.

Kalema, D & Vanderplasschen., 2015. Features and challenges of alcohol abuse treatment in Uganda. *African Journal of Drug & Alcohol Studies*, *14*(2), 125-13.

Khothari, C.R., 2011*. Research methodology method and techniques.* New Delhi India: New age international publisher.

Korstjens, I, & Moser, A., 2018. Series: Practical guidance to qualitative research. Part 4: trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120-124.

Latif, S.S., 2010. *Integration of African Traditional Medicine into Health Care Management System in the Province of Limpopo*. Master of Public Administration Dissertation, University of Stellenbosch.

Lebese, R.T., Ramakuela, N.J. & Maputle, M.S., 2014. Perceptions of teenagers about substance abuse at Muyexe village, Mopani district of Limpopo Province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, *20* (1), 329-347.

Legha, R., Raleigh-Cohn, A., Fickenscher, A. & Novins, D., 2014. Challenges to providing quality substance abuse treatment services for American Indian and Alaska native communities: perspectives of staff from 18 treatment centers. *BMC Psychiatry*, *14*(1), 1-10.

Limpopo Department of Social Development. 2013. *Substance use, misuse and abuse amongst the youth in Limpopo Province*. Research Report. Government Print, Limpopo.

Louw, G., and Duvenhage, A., 2017. Does the traditional healer have a modern medical identity in South Africa?. *Australasian Medical Journal*, *10*(2), 72-77

Maguire, M. & Delahunt, B., 2017. Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *The All Ireland Journal of Teaching and Learning in Higher Education*, 9 (3).

Mahlangu, S.H., 2016. *The aftercare needs of nyaope users in the Hammanskraal community*. Doctoral dissertation, University of Pretoria.

Malesa, M.T., 2012. *The importance of the indigenous games amongst the Ba-Phalaborwa of the Limpopo Province*. Masters Dissertation, University of Limpopo.

Maluleka, J.R. & Ngoepe, M., 2018. Accumulation of cultural capital: the acquisition of indigenous knowledge by traditional healers in the Limpopo province of South Africa. *International Journal of Knowledge Management Studies*, *9*(3), 278-292.

Maluleka, J.R. & Ngoepe, M., 2019. Integrating traditional medical knowledge into mainstream healthcare in Limpopo Province. *Information Development*, *35*(5), 714-723.

Maluleka, J.R., 2017. *Acquisition, transfer and preservation of indigenous knowledge by traditional healers in the Limpopo Province of South Africa*. Doctoral Dissertation, University of South Africa.

Mambanga, P., 2019. *The role of traditional health practitioners in health promotion: A case study of the Pfura Rural District, Mashonaland Central Province, Zimbabwe*. Doctoral Dissertation, University of Venda.

Marsh, T.N., Coholic, D., Cote-Meek, S. & Najavits, L.M., 2015. Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in Northeastern Ontario, Canada. *Harm Reduction Journal,* 12(1), 1-12.

Masombuka, J. & Qalinge, L., 2020. Outcry and call for relief: experiences and support needs of parents with nyaope users. *Social Work*, *56*(1), 51-62.

Mathibela M.K, Egan BA, Du Plessis H.J & Potgieter M.J., 2015. Socio-cultural profile of Bapedi traditional healers as indigenous knowledge custodians and conservation partners in the Blouberg area, Limpopo Province, South Africa. *Journal of Ethnobiology and Ethnomedicine, 11*(1), 49.

Minichiello, V, & Kottler, J.A., 2010. *Qualitative journeys. Student mentor experiences with research*. Thousand Oaks: Sage. California.

Mohasoa, I. & Mokoena, S., 2019. Challenges facing rural communities in accessing substance abuse treatment. *International Journal of Social Sciences and Humanity Studies*, *11*(1), .35-50.

Mokwena, K., 2016. "Consider our plight": A cry for help from nyaope users*. Health SA Gesondheid*, *21*(1), 137-142.

Moon, K., Brewer, T. D., Januchowski-Hartley, S. R., Adams V. M., & Blackman, D.A., 2016. A guideline to improve qualitative social science publishing in ecology and conservation journals*. Ecology and Society*, *21*(3).

Moshabela, M., Zuma T., & Gaede, B., 2016. Bridging the gap between bio-medical and traditional health practitioners in South Africa. *South African Health Review*, 2016(1), 83-92.

Mothibe, M.E. & Sibanda, M., 2019. African traditional medicine: South African perspective. *Traditional and Complementary Medicine*, 1-27.

Mpanza, D.M. & Govender, P., 2017. Rural realities in service provision for substance abuse: a qualitative study in uMkhanyakude district, KwaZulu-Natal, South Africa. *South African Family Practice*, *59*(3), 110-115.

Mthembu, N., 2021. Relevance for Traditional Medicine in South Africa: Experiences of Urban Traditional Healers, Izinyanga. *International Journal of Medical and Health Sciences*, *15*(3), 132-145.

Myers, M.D., (2013). *Qualitative research in business and management*. Sage Publications Limited.

Naidoo, P., Mangoma-Chaurura, J., Khan, G., Canham, B., Malope-Rwodzi, N. (2016) Using sport as an intervention for substance abuse reduction among adolescents and young adults in three selected communities in South Africa: *An exploratory study. Human Sciences Research Council and Love Life*, Cape Town.

Nemutandani, M.S., Hendrick, S.J.H. & Mulaudzi, F.M., 2020. Understanding the Science of Indigenous Health System: Key to Sustainable Collaborations. In *Public Health in Developing Countries-Challenges and Opportunities*. From: https://www.intechopen.com/chapters/72878 (accessed April 2021)

Nemutandani, S.M., Hendricks, S.J. & Mulaudzi, M.F., 2016. Perceptions and experiences of allopathic health practitioners on collaboration with traditional health practitioners in post-apartheid South Africa. *African Journal of Primary Health Care & Family Medicine,* 8(2), 1-8.

Nevhutalu, P.P., 2017. *The Impact of Nyaope use among the Youth in the Rural Communities of Thulamela Municipality, Vhembe District, Limpopo Province, South Africa*. Doctoral Dissertation, University of Venda.

Ngobe, A.J. (2015). *Swati traditional healers' conceptualisation of causes and treatment of mental illness*. Master's Dissertation, University of Limpopo.

Nkhwashu, T.E., Mulaudzi, F.M. & Masoga, M.A., (2017). 'Biomedical health practitioners' views regarding the practices and health care delivery methods of the African Indigenous Health Practitioners in Mpumalanga Province, South Africa'. *Journal of Nursing and Health Science,* 6 (2), 101–106.

Nkosi, H.S., 2017. *Effects of nyaope on families with a family member that is addicted to the drug nyaope.* Honours Degree Dissertation, University of Witwatersrand.

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J., 2017. Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods,* 16(1), 160-847.

Obol, I.S., 2013. *Prevention and treatment of drug dependence in West Africa: WACD background Paper No. 2. In First Meeting of the West Africa Commission on Drugs*, Accra, Ghana.

Ou, Q., 2017. A Brief Introduction to Perception. *Studies in Literature and Language* 15 (4), 18-28.

Ozioma, E.O.J. & Chinwe, O.A.N., 2019. Herbal medicines in African traditional medicine. *Herbal Medicine*, 10, 191-214.

Pamela, D., Peter, & Victor, J., 2011. *Doing Criminological Research*. 2nd Edition. London: Sage.

Polit, D.F. & Beck, C.T., 2021. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice.* 10th Edition. Philadelphia: Wolters Kluwer.

Pullen, E. & Oser, C., 2014. Barriers to substance abuse treatment in rural and urban communities: counsellor perspectives. *Substance Use & Misuse*, *49*(7), 891-901.

Rankoana, S.A., Nel, K., Mothibi, K., Mothiba, T.M., Mamogobo, P. & Setwaba, M., 2015. The use of indigenous knowledge in primary health care: A case study of Makanye community in Limpopo Province, South Africa: indigenous knowledge system in health care. *African Journal for Physical Health Education, Recreation and Dance*, *21*(1), 272-278.

Rowan, M., Poole, N., Shea, B., Gone, J.P., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C. & Dell, C., 2014. Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 1-27.

Segwapa, S., 2019. *Participation of indigenous games by youth in Ga-Ledwaba Village in Lebowakgomo in Lepelle Nkumpi District*. Doctoral Dissertation, University of Venda.

Semenya, S.S. & Potgieter, M.J., 2014. Bapedi traditional healers in the Limpopo Province, South Africa: their socio-cultural profile and traditional healing practice. *Journal of Ethnobiology and Ethnomedicine*, *10*(1), 1-12.

Setlalentoa, M., Ryke, E & Strydom, H., 2015. Intervention strategies used to address alcohol abuse in the North West province, South Africa. *Social Work*, *51*(1), 80-100.

Simundic, A.M., 2013. Bias in research. *Biochemia Medica*, *23*(1), 12-15.

South Africa, 2007. *Traditional Health Practitioners Act, No.22 of 2007*. Pretoria: Government Printers

South Africa, 2008. *Prevention of and Treatment of Substance Abuse Act No.70 of 2008*. Cape Town: Government Printers

South African Broadcasting Corporation Online News. 2015. *Limpopo Medical Student Treats Drug Addicts*. From: https://www.sabcnews.com/sabcnews/limpopo-medical-student-treats-drug-addicts (accessed 18 March 2019).

South African. 2015. Department of Health, Notice 1052: Traditional Health Practitioners Regulations 2015. In: Government Gazette No. 39358. Pretoria: Government Printers.

Stokes, M., Schultz, P. & Alpaslan, A., 2018. Narrating the journey of sustained recovery from substance use disorder. *Substance Abuse Treatment, Prevention and Policy*, *13*(1), 1-12.

Street, R.A., 2016. Unpacking the new proposed regulations for South African traditional health practitioners. *South African Medical Journal*, *106*(4), 325-326.

Teweral, A., Yengopal, V., Musnshi, I & Meel, R., 2019. Oral health status among Nyaope users at drug rehabilitation clinics in Johannesburg. *The South African Dental Journal*, *74*(1), 13-18.

The Citizen. 2021. *Traditional doctors, sangomas want to be vaccinated alongside health workers.* 2021. The Citizen. From: https://citizen.co.za/news/covid-19/2435396/traditional-doctors-sangomas-want-to-be-vaccinated-alongside-health-workers (accessed 04 February 2021).

Tran, V.T., Porcher, R., Falissard, B. & Ravaud, P., 2016. Point of data saturation was assessed using resampling methods in a survey with open-ended questions. *Journal of Clinical Epidemiology*, 80, 88-96.

Tshitangano, T.G. & Tosin, O.H., 2016. Substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors. *African Journal of Primary Health Care & Family Medicine*, 8(2), 1-6.

United Nations Office on Drugs and Crime. 2020. World drug report. https://wdr.unodc.org/wdr2020/index.html (accessed on 01 June 2021).

United States Department of Health and Human Services. 2016. Abuse, S., US, M.H.S.A. and Office of the Surgeon General. Vision for the future: a public health approach. In *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* From: https://www.ncbi.nlm.nih.gov/books/NBK424861 (accessed June 2021)

Van Niekerk, M., Dladla, A., Gumbi, N., Monareng, L. and Thwala, W., 2014. Perceptions of the traditional health practitioner's role in the management of mental health care users and occupation: A pilot study. *South African Journal of Occupational Therapy*, *44*(1), 20-24.

Van Rooyen, D., Pretorius, B., Tembani, N.M. & Ten Ham, W., 2015. ‘Allopathic and traditional health practitioners’ collaboration’, *Curationis* 38(2), 1-10.

World Health Organization 2010. ATLAS on substance use 2010: *Resources for the prevention and treatment of substance use disorders*. Geneva: WHO.

World Health Organization, 2019. *WHO global report on traditional and complementary medicine 2019*. Geneva: WHO.

World Health Organization. 2014. *Traditional Medicine Strategy 2014-2023*. From: hhtp//www.who.int (accessed on 26 March 2019)

Zuma, T., Wight, D., Rochat, T. & Moshabela, M., 2016. The role of traditional health practitioners in Rural KwaZulu-Natal, South Africa: generic or mode specific?. *BMC Complementary and Alternative Medicine*, *16*(1), 1-13.

APPENDIX 1: INTERVIEW GUIDE

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender

Male		Female	

2. Educational Level

No formal Education		Primary		Secondary		Tertiary	

3. Type of IHP

Diviner		Herbalists		Faith Healer	

4. Years of experience as an IHP ________.

SECTION B

Main Question: What is your perception about your role in combating substance abuse at Mohodi Ga-Manthata?

Possible probing questions

1. Are there any activities that you conduct to prevent substance abuse amongst the youth and supply of substances within the community? If yes, please elaborate.

2. What is your perception concerning individuals that sell substances such as home-brewed alcohol, alcohol, marijuana, and nyaope in the community? Please elaborate

3. Are there any initiatives that you undertake to reduce the supply of substances in the community?

4. Can you explain the major health harm caused by substance abuse at Mohodi Ga-Manthata, from your perspective as an IHP?

5. Can you please explain your perception as an IHP about your role in reducing the health harm caused by substance abuse?

6. What are the major indigenous medicines that you use in treatment or rehabilitation of substance abusers?

7. In your own perspective, what are the major contributing factors that pull your patients to relapse situation?

8. Are there any recommendations you would like to make to improve or strengthen the treatment of substance abuse at Mohodi Ga-Manthata?

Thank you for cooperation and participation in the study

APPENDIX 2: INTERVIEW GUIDE TRANSLATED TO SEPEDI

SENGWALWA SA TLALELETŠO SA 2: SEDIRIŠWA SA GO KGOBOKETŠA TSHEDIMOŠO

KAROLO YA A: TSHEDIMOŠO YA MAEMO A BOPHELO KA KAKARETŠO

1. Bong

Monna		Mosadi	

2. Maemo a thuto

Ga ke na thuto ya semmušo		Sekolo sa fasana		Sekolo so se phagamego		Sekolo sa godimo	

3. Mohuta wa ngaka ya go šomiša mokgwa wa setšo

Ngaka ya ditaola		Mofodiši wa go šomiša meriana		Mofodiši wa semoya goba seporofeto	

4. O na le mengwaga ye me kae ya boitemogelo bjalo ka ngaka ya setšo ________?

KAROLO YA B

Potšišokgolo: Temogo ya gago ke eng mabapi le nyako, kabo le phokotšo ya tshenyo yeo e tlišwago ke tšhomišompe ya diokobatši nageng ya mohodi ga-manthata?

Dipotšišo tše di ka botšišwago

1. Temogo ya gago ke eng mabapi le karolo goba dilo tšeo o di dirago nepo e le go thibela tšhomišompe ya diokobatši le kabo ya tšona mo motseng?

2. Temogo ya gago ke eng mabapi le batho bao ba rekišago diokobatši tša go swana le bjala (go akaretšwa le bja go hlotliwa ka gae), lebake le nyaope mo setshabeng?

3. Temogo ya gago ke eng mabapi le dilo tšeo o tlilego ka sona goba maikarabelo a gago mabapi le go fokotša kabo ya diokobatši mo setšhabeng?

4. Go ya le ka tebelelo ya gago bjalo ka ngaka ya setšo, hlalosa tshenyo ye kgolo ya lephelo ya go hlolwa ke tšhomišompe ya diokobatši mo Mohodi Ga-Manthata.

5. Bjalo ka ngaka ya setšo hlalosa temogo ya gago mabapi le karolo ye o e tšeago phokotšong ya kamompeng ya lephelo yeo e hlolwago ke tšhomišompe ya diokobatši.

6. Go ya le ka tebelelo ya gago bjalo ka ngaka ya setšo, ke meriana goba dihlare dife tša setšo tšeo di šomišwago kudu ge o alafa motho wa go šomiša diokobatši bošaedi?

7. Go ya le ka tebelelo ya gago, ke dife dilo tše dikgolo tša go dira gore seemo sa motho wa go šomiša diokobatši bošaedi se gole?

8. Go na le ditharollo tšeo o ratago go di akanya mabapi le go kaonafatša kabo le go fokotša tshenyo ya go tlišwa ke tšhomišompe ya diokobatši mo Mohodi Ga-Manthata?

Ke leboga tšhomišano le go tšea karolo nyakišišong ye!

APPENDIX 3: INTERVIEW TRANSCRIPTS

Transcripts of semi-structured interview for Participant 1

Researcher	As an Indigenous Health Practitioner, What is your perception about your role in combating substance abuse at Mohodi Ga-Manthata?
Participant 1	Eeeeeeeehh.... Myself as an Indigenous Health Practitioner firstly, I think the people who are selling the drugs in the community are the ones at fault for children to start using drugs which puts their lives and health in danger. I think the government and the police must give us a chance to work with them in identifying the hotspot of drugs in the community. Once we find the substance abusers in these hotspots, we call the police to come take them to rehab for rehabilitations. Once they take substance abusers to rehab, we will start checking and preparing how best we can look after them when they come back from rehab, while working with their parents to prepare another rehabs for them in the community. Therefore, I am saying we have to work together with the police to reduce the number of the children that are abusing substances.
Researcher	Are there any activities that you think you can perform or you are already performing to prevent substance abuse in the community?
Participant 1	Yes, already I sometimes take most children off the streets and give them some work, sometimes I give them food and clothes just to keep them busy so that they do not think of using the drugs. However, it is difficult to continue doing this alone without any support because sometimes I do not know where to take these children. Maybe if the government can offer some financial support I could take some of these children that are nyaope and stay with them, I have places where I can stay with them, offer them food and shelter.
Researcher	In your own perception as an indigenous health practitioner what is the health harm that is caused by substance abuse?

Participant 1	Drugs ruins their brains, they are always drowsy, they are always oblivious and when they did not smoke, there is nothing they can do.
Researcher	Which drug does this?
Participant 1	Its Nyaope, some they mix it with Cannabis and it mess up their brains. When you look at them, you see someone who is crazy and even people do not take them serious.
Researcher	So in your perception, what do you think is your role in reducing this health harm of substance abuse?
Participant 1	I have indigenous medicine that we can use to help them. I can give them regurgitation medicines that can make them vomit whatever that causes the cravings of the substances, I can bath them to cleanse them, I can steam them using mental illness medicines because the addiction to Nyaope is some sort of mental illness, so during the steaming process the steams fight the cravings of the Nyaope.
Researcher	So what kinds of medicines are used during these mentioned processes?
Participant 1	Its medicinal plants
Researcher	What kind of medicinal plants
Participant 1	They just medicinal plants from special plants
Researcher	Okay. So according to you as an indigenous health practitioner what causes relapse from those who go to rehab?
Participant 1	The problem is that when they come back from rehab they go back to the same group of friends in the community and they start using the substances again because usually only one in a group of substance abusers goes to rehab. So the one who goes to rehab when he or she comes back in the community they lack sense of belonging and goes back to the group of substance abusers and start abusing again.
Researcher	So if that's the case, what do you think can be done to prevent relapse of substance abusers and ensure that the process of rehabilitation is effective?

Participant 1	As an indigenous health practitioner I think when these substance abusers come back from rehab, they must bring them to us so that we can also help them. At rehab they will offer them their services and teachings. So we can also help them and provide them with our own rehabilitations for a period of three to four months. If they spent this period of time with us, it will reduce the chances of relapse rather them being released straight from rehab to their homes where after three days they get back to their friends and start using substances.
Researcher	So if they bring them to you, do you have any activities that will keep them busy while they are here?
Participant 1	Yes for the boys I have a soccer team, I called it hashtag, so for the boys when they are here they can go there and play with the team or they can go to the ground for gym, running and I can also go with them to the bushes to dig some indigenous medicines while I will be teaching them about cultural herbs and nature.
Researcher	Okay. So if that's the case, how do you help a substance abuser if the family brings him to you. Can you explain the process from the beginning to the end?
Participant 1	Yes, I have already assisted some of those. There was one who was problematic and whenever he wanted R50 to buy the Nyaope he threatened to kill his mother with a knife. So they brought him to me. Firstly I sat with him down, I pleaded with him that you are going to eat this kind of food and here you are not going to smoke anything not even cigarrate.
Researcher	So do they stay with you at your home?
Participant 1	Yes, the substance abuser stays with me at home while I am giving him medicinal plants for three months to four months and when they are ready to go back home I will see them and even his parents will feel satisfied when they come to check him.
Researcher	So how do you see that he is ready to be discharged?
Participant 1	I observe him and give him task such as going to buy the groceries

	and when he come back I check if he did not smoke and if he smoked nyaope I will see him struggling to talk.
Researcher	Okay, so if you discharge him , how do you monitor progress and ensure that there is no relapse?
Participant 1	He comes back for check-ups.
Researcher	Oooh all right, So excluding treatment, what are other services that you think you can render to combat substance abuse at the community?
Participant 1	As an indigenous health practitioner, we can use the community halls to teach the youth about life and lifestyle behaviours of how to become a better person while giving them examples with ourselves and teaching them history of the past generations. We can also inform them about the danger of using or abusing substances that might affect them and they might not even reach 40 years of age.
Researcher	Are you working together with the local clinics or hospitals when helping substance abusers, Do you refer the substance abusers to them for other treatments or do they refer to you?
Participant 1	Yes, We are the one referring patients to them (medical doctors and Nurses) through official referrals and they also refer to us, but those from the department they have a certain way of referring to us, the biomedical doctors just suggest to the patient to come see us. I use the bones *(Ditaola)* to make assessment and check what is the problem with the person and then I treat those that I can treat, and then refer to clinic or hospitals for further treatments. However, I also have certificates of TB, HIV & AIDS, Gender Based Violence and Depression. With these certificates I have gained knowledge that helps me to assist a person who comes to me with stressful problems that makes him to even consider suicide, I sit down with him and provide counselling and guidance.
Researcher	So do you provide counselling?
Participant 1	Yes
Researcher	So when it comes to substance abusers what kind of counselling do you provide?

Participant 1	I assist the family first and then assist the substance abuser as an individual.
Researcher	As Indigenous health practitioner are there any recommendations you would like to make that can help to combat substance abuse in the community.
Participant 1	Yes, I recommend that we can also have cultural days and teach the youth about culture.
Researcher	We are done. Thank you very much for your time and agreeing to participate in the study.
Participant 1	Thank you.

Transcripts of semi-structured interview for Participant 2

Researcher	As an Indigenous Health Practitioner, What is your perception about your role in combating substance abuse at Mohodi Ga-Manthata?
Participant 2	Eeeeeh.... I think I can take children to the ground, I have a soccer team for boys and I can recruit others to join so that I can keep them busy and keep them off the streets.
Researcher	So what is your role in this soccer team?
Participant 2	I am the coach
Researcher	So is your team only involves playing soccer or there are some other activities?
Participant 2	Yes, mostly its soccer, but then the boys are also given guidance about health and healthy lifestyles behaviours and about how best they can leave their lives and stay out of trouble.
Researcher	In your own perception, how can we reduce the supply and availability of substances in the community?
Participant 2	I think we can identify the individuals selling psychoactive substances in the community and then report them to the police to arrest them to cut of the supply.
	So how best can you work with the police in this regard?
Participant	As an individual, I can call the policy anonymously to inform them about

2	those that are selling the substances in the community. As Indigenous Health Practitioners, we can form a concerned group of substance abuse and officially ask to work together with the police to assist in identifying and inform the police about those selling substances so that they can be arrested and taken out of the community.
Researcher	According to your own perception as an Indigenous health practitioner, what is the health harm that is caused by substances on substance abusers?
Participant 2	Nyaope makes a child to stop listening to parents, it make a child to come home late, they make children to lose weight, It makes them hate bathing, it make children to lose appetite and it affects their minds and their minds are no longer normal.
Researcher	So which substance causes all of these?
Participant 2	It is Nyaope
Researcher	Is it only Nyaope?
Participant 2	Yes, Nyaope is the one that is troubling most of the children and the youth. Cannabis does not affect the mind that much, Nyaope is worse.
Researcher	So what is your perception about your role in reducing the health harm that is caused by this substance abuse?
Participant 2	We have to find a rehab for them, a rehab can help them. If we can find the phone numbers of one rehabilitation, centre and inform them that as a group of Indigenous Health Practitioners, we need to work with you in rehabilitation of our youth that are troubled by Nyaope. If they agree, we can identify the substance abusers in the community and then take them to the rehab if their families agree.
Researcher	So as an Indigenous Health Practitioner, do you have any medications that can assist them?
Participant 2	Yes, I have some indigenous medicines that I can give to them so that they can forget about the substance and stop craving the substances.
Researcher	So what are those medicines?
Participant 2	It is called "*bolebatša*"

Researcher	So what is this *"bolebatšа*"
Participant 2	It is a root of a plant; we boil it and give it to them to drink. So they can forget about the substance but if the supply is still there, they might start using again due to the high risk.
Researcher	So *"bolebatša"* is the only medicine you use to assist substance abusers?
Participant 2	No, it is not only *"bolebatša*" there is also *"Mphenya Dingwe"*. Mphenya Dingwe is used as regurgitation medicine, if you give it to the substance abuser always after smoking they will feel nauseous or end up vomiting. Then as results, the substance abuser will stop craving the substances.
Researcher	So what is this *"Mphenya Dingwe"* if you can explain?
Participant 2	It is the leaves or barks of a certain plant you also boil them and give to the substance abuser to drink.
Researcher	So besides these two medicine, there is any other indigenous medicine that you use or recommend?
Participant 2	The other medicine is "*Colostrum milk of a pig*". You applied it on a cigarette and give the milk some time to get dry on the cigarette and then after few days you give that cigarette to the smoker and after smoking that cigarette they vomit and whenever they sense a smell of a smoked substance such as Nyaope, Cannabis or tobacco they become nauseous or end up vomiting.
Researcher	When assisting these substance abusers, have you ever worked with the other professionals from department of health or you think you can work with them?
Participant 2	Coughing…Yes, I can work with them through something called referrals. I can refer the substance abusers to Nurses to get drips for hydration and to Dieticians so they can be advised on the types of food that they can eat that will strengthen their immune systems, because once you see someone losing weight it means their immune system is weakened. We have to work together in helping these substance abusers because they are sick patients.
Researcher	Okay, So besides treatment, what are other services that you provide or think you can provide to combat substance abuse in the community

Participant 2	We can give the youth the message and information about substance abuse so that they can be aware of the danger of using substances and the delays it brings in their lives and the benefits of abstinence of substances. So a campaign is needed to provide the youth with information. We can also have pamphlets about substance abuse in the shops and we can also go to schools to ask permission to inform the children about the dangers of substance abuse.
Researcher	That is good. So Are there any recommendations you would like to make that can help strengthen or improve efforts of combating substance abuse in the community?
Participant 2	There is lack of sports centres and sports facilities in the community. A healthy mind stays in a healthy body, so Sports centres can keep the children busy through exercising and playing sports. There is also a lack of skills development centres where the youth can keep busy learning certain skills that can help them. I think children time on the phone must also be limited. Lastly, I think we must have indigenous games leagues competition. We can ask for donations and financial support from the department of Traditional Affairs and Department of Sports, Arts & Culture, so that there are rewards of participation whereby children and the youth have a platform to show their talents and gets certificates, medals and awards while keeping busy and staying away from substances.
Researcher	So what are those indigenous games that you suggesting?
Participant 2	It is *Morabaraba, Tsheretshere, Moruba, Diketo and Kgati.* If the municipality can provide funds we can facilitate this tournament, which can take place during weekends. Moreover, if there are games every weekend it means after school everyday children and the youth will be busy practising and preparing for the weekend games. With these games, we can keep many children busy at one place every weekend and this might reduce substance abuse.
Researcher	So what are other support do you need from government that can assist you in combating substance abuse in the community
Participant	Sports playing grounds must be cleaned, We also need a fenced land or

	place where we can plant the indigenous medicinal plants that we used for treatment of substance abusers and these medicines will help future generations.
Researcher	So, You do not need any sort of training on substance abuse.
Participant 2	I will appreciate a training whereby we are informed about the early symptoms of substance abuse and be provided information about the machines and equipment that are used in rehabs.
Researcher	Thank you very much for your time and for agreeing to participate in my study
Participant 2	Thanks, you are welcome.

APPEDIX 4: INDEPENDENT CODER CERTIFICATE

QUALITATIVE DATA ANALYSIS

MASTER OF PUBLIC HEALTH

For

KHWINANA KGOTHATSO GLIVANCE

STUDY: THE PERCEIVED ROLE OF INDIGENOUS HEALTH PRACTITIONERS IN COMBATING SUBSTANCE ABUSE AT MOHODI GA-MANTHATA IN LIMPOPO PROVINCE

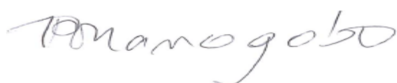
THIS IS TO CERTIFY THAT:

Dr. Pamela Mafenngwe Mamogobo has coded qualitative data based on the one-to-one interviews data collected

For the study:

I declare that the candidate and I have reached consensus on the major themes revealed by presented data during a consensus discussion meeting. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Dr. Pamela Mamogobo (PhD)



APPENDIX 5: TREC ETHICS CLEARAANCE CERTIFICATE

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email:anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: **13 April 2021**

PROJECT NUMBER: **TREC/66/2021: PG**

PROJECT:

Title:	The perceived role of indigenous health practitioners in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province
Researcher:	KG Khwinana
Supervisor:	Prof SF Matlala
Co-Supervisor/s:	N/A
School:	Health Care Sciences
Degree:	Master of Public Health

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE
The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.

ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.

iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

APPENDIX 6: LETTER REQUESTING PERMISSION TO COLLECT DATA

Khwinana Kgothatso
University of Limpopo
Sovenga
0727

Chairperson
Ratanang Dingaka Herbal Association
Mohodi, Dendron Limpopo
0715

RE: Request for Permission to collect data

I Khwinana Kgothatso Glivance hereby request permission to conduct a research study at Mohodi Ga-Manthata with IHPs. I am currently enrolled in the Master of Public Health programme at the University of Limpopo and I am in the process of writing my Master's dissertation.

The purpose of my research study is to find out the perceived roles of IHPs in combating substance abuse at Mohodi Ga-Manthata. I am requesting to conduct interviews with IHP of your association. I am looking for only the IHPs that has a minimum of three years' experience practicing indigenous health care.

Your approval to conduct this study will be appreciated.

Yours sincerely

……………………………………..

kgothatsoglivancekhwinana@gmail.com

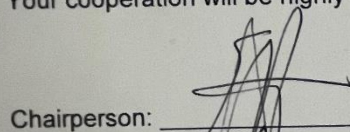
APPENDIX 7: LETTER GRANTING PERMISSION TO COLLECT DATA

RATANANG DINGAKA HERBAL ASSOCIATION
P.O BOX 110
DENDRON
0715

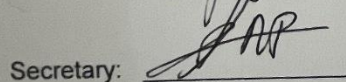
PERMISSION TO INTERVIEW INDIGENOUS HEALTH PRACTITIONERS

I DR Tlou Edgar Matjee, the chairperson of Ratanang Dingaka Herbal Association together with his board members has given Mr Khwinana KG the authority to interview the Indigenous Health Practitioners of the association for the purpose of his research project titled "**The perceived role of indigenous health practitioners in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province**". Mr Khwinana can start interviewing Indigenous Health Practitioners of the association from 06.05.2021.

Your cooperation will be highly appreciated.



Chairperson: ____________ Date: 06/05/2021



Secretary: ____________ Date: 06/05/2021

RATANANG DINGAKA HERBAL
ASSOCIATION
P. O. BOX 110
DENDRON 0715
DATE: 06/05/2021

APPENDIX 8: INFORMED CONSENT FORM

UNIVERSITY OF LIMPOPO (ENGLISH CONSENT FORM)

Statement concerning participation in a research project

Name of study: **The perceived roles of indigenous health practitioners in combating substance abuse at Mohodi, Limpopo Province.**

Information box:

My name is Khwinana KG. I am a researcher from the University of Limpopo. The aim of this study is to explore and describe the perceived roles of indigenous health practitioners in combating substance abuse at Mohodi, Limpopo Province. Participation in this study is voluntary and you may withdraw from it at any time without providing any reason. This will have no influence on my status of indigenous health practice.

For any enquiries kindly contact me on: kgothatsoglivancekhwinana@gmail.com

Participant:

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurised to participate in any way.

I understand that participation in this study is voluntary and that I may withdraw from it at any given time without supplying reasons. This will have no influence on my status of indigenous health practice.

I know that this study have been approved by the Turfloop Research and Ethics Committee (TREC), University of Limpopo. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

……………......................... ………………………..

Name of participant Signature of participant

Statement by the researcher

I provided verbal information regarding this study. I agree to answer any future questions concerning the study as best I am able. I will adhere to the approved protocol

…………………………. ……………………. ……………..

Name of researcher Signature Date

APPENDIX 9: INFORMED CONSENT FORM TRANSLATED TO SEPEDI

SENGWALWA SA TLALELETŠO SA E: FOROMO YA GO DUMELA GO KGATHA TEMA

YUNIBESITHI YA LIMPOPO (FOROMO YA SEPEDI YA GO DUMELA GO KGATHA TEMA)

Setatamente mabapi le go tšea karolo porojekeng ya nyakišišo

Hlogokgolo ya nyakišišo: **Temogo ya tema yeo e kgathwago ke dingaka tša setšo mabapi le go lwantšha tšhomišompe ya diokobatši motseng wa Mohodi phorofentsheng ya Limpopo.**

Lepokisi la tshedimošo:

Leina la ka ke Khwinana KG. Ke monyakišiši gotšwa Yunibesithing ya Limpopo. Nepokgolo ya thuto ye ke go hlohletša le go hlalosa tema ye e lemogwago ya dingaka tša setšo mabapi le go lwantšha tšhomišompe ya diokobatši nageng ya Mohodi Ga-Manthata phorofentsheng ya Limpopo. Go kgatha tema mo thutong ye ke boithaopo. O ka tlogela ka nako ye nngwe le ye nngwe yeo o nyakago ka ntle le go fa lebaka. Se ka se be le khuetšo go maemo a ka bjalo ka ngaka ya setšo.

Ge o na le dipotšišo, nkhumane nomorong tše tša mogala: 0712387115

Mokgathatema:

Ke kwele nepo le maikemišetšo a thuto ye e šišintšwego ebile ke filwe sebaka sa go botšiša dipotšišo. Ke filwe le nako ye e lekanego ya go nagananišiša taba ye. Nepo le maikemišetšo tša thuto ye di kwešišega ka botlalo. Ga go na ka tsela ye ke šušumeditšwego gore ke kgathe tema.

Ke a kwešiša gore go kgatha tema mo thutong ye ke boithaopo le gore nka tlogela ka nako ye nngwe le ye nngwe ye ke nyakago ka ntle le go fa mabaka. Se ka se be le khuetšo go maemo a ka bjalo ka ngaka ya setšo.

Ke a tseba gore thuto ye e dumeletšwe ke komiti ya tša maitswaro a mabotse a go dira nyakišišo ba Turfloop Yunibesithing ya Limpopo (Turfloop Research and Ethics Committee). Ke tloga ke tseba gore dikutullo tša thuto ye di tlo šomišwa mabapi le mabakeng a tša dinyakišišo tša saentshe ebile di ka phatlalatšwa. Ge ele gore ke a netefaletšwa gore leina la ka le ka se tšweletšwi, ke a dumela go se.

Ke dumela go kgatha tema thutong ye.

……………........................ ………………………..

Leina la mokgatatema Moseano wa mokgatatema

Setatamente ka monyakišiši

Ke file tshedimošo mabapi le thuto ye ka mokgwa wa go bolela. Ke dumela go araba dipotšišo tše dingwe le tše dingwe mabapi le thuto ye go ya le ka mokgwa wo nka kgonago nakong ye e tlago. Ke tlo latela tshepedišo yeo e dumeletšwego.

…………………………. ……………………. ……………..

Leina la monyakišiši Mosaeno letšatšikgwedi

APPENDIX 10: EDITORIAL CERTIFICATE

University of Limpopo
Department of Linguistics, Translation and Interpreting
School of Languages and Communication Studies
Private Bag x1106, Sovenga, 0727, South Africa
Tel: (015) 268 3707, Fax: (015) 268 2868, email:kubayij@yahoo.com

15 September 2021

Dear Sir/Madam

SUBJECT: EDITING OF DISSERTATION

This is to certify that the dissertation entitled 'The perceived role of indigenous health practitioners in combating substance abuse at Mohodi Ga-Manthata in Limpopo Province' by Khwinana Kgothatso Glivance has been copy-edited, and that unless further tampered with, I am content with the quality of the dissertation in terms of its adherence to editorial principles of consistency, cohesion, clarity of thought and precision.

Kind regards

Prof. SJ Kubayi (DLitt et Phil - Unisa)
Associate Professor
SATI Membership No. 1002606

Finding solutions for Africa