

**AN INVESTIGATION OF THE POTENTIAL ROLE OF INDIGENOUS HEALERS IN
LIFE SKILLS EDUCATION IN SCHOOLS**

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ABSTRACT

AN INVESTIGATION OF THE POTENTIAL ROLE OF INDIGENOUS HEALERS IN LIFE SKILLS EDUCATION IN SCHOOLS

In this minithesis, I investigate the potential role of indigenous healers in life skills education in South African schools. The main focus of this study is to explore how indigenous knowledge of traditional healers can contribute to the development of life skills education in South African schools. This knowledge, which has historically been repressed and marginalized, needs to be given a rightful place in the development of South Africa. I first provide an overview of education support services in South Africa and in the United States of America. I then discuss health promotion in schools in the context of life skills and health education. An international and local perspective on indigenous knowledge is also discussed. In this study I focus on both the current and potential role of indigenous healers in life skills education and support services. The issue of ethics became central in this study because it was the first study of its kind to be conducted in this country. Hence this study also investigates the research ethics when conducting research with traditional healers.

The research methods employed in this study include a review of relevant literature. Qualitative research methodology was also employed through four in-depth interviews that facilitated the collection of data from key informants who are experts in the areas of indigenous knowledge and Life Orientation.

The main finding of the study is that traditional healers have the potential to contribute to life skills education and support services. All four key informants indicated that the role of traditional healers is phenomenal in the communities but because they are not yet recognized, their work is done secretly. Traditional healers need to be included in the multidisciplinary teams where they can work alongside the educational psychologists and social workers, looking after the well-

being of learners in a holistic manner. Traditional healers could also be guest speakers in schools, where they could address the school community on indigenous ways of looking at and addressing health and life skills education. They could also be used as indigenous knowledge consultants working with clusters of schools in the Western Cape Education Department.

Key words: Education support services, indigenous knowledge, indigenous health, indigenous healers, traditional healers, life skills education, South Africa, community-based support, health promoting schools, research ethics.



DECLARATION

I declare that An investigation of the potential role of indigenous healers in life skills education in schools is my own work, that it had not been submitted for any degree or examination in any other university, and that all the sources I have quoted have been indicated and acknowledged by complete references.

Study Paul Dangala

MAY 2006

SIGNED:.....

DATE:.....



DEDICATION

To my late father Mr Lebeko Dangala, a mine worker, who in spite of not having attained formal education, taught me the essence of education as a key to a better life and laboured to provide all his children with basic education. I wish you were alive to see and celebrate this accomplishment.

To my mother Nokwinyi Lydia Dangala, for building self belief in me from a tender age and teaching me that everything comes to those who believe and work hard. You have always been my pillar of strength when I was discouraged.

To all my brothers and sisters for their support and encouragement during the difficult times of separation. Leaving you was the toughest decision I ever made. Thank you.

To God Almighty for giving me the ability to rise above difficult circumstances and make my dreams come true.



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CHAPTER ONE

CONTEXTUALIZING THE STUDY

1.1 INTRODUCTION

The central focus of this research is to investigate the potential role of traditional healers in life skills education in South African schools. The research also seeks to strengthen Education Support Services in the South African education system, in order to address barriers to learning (White Paper 6, 2001) with a focus on a community-based approach to education support. The research attempts to investigate how community resources could effectively be utilized for better learning and teaching processes in schools. The emphasis is put on the potential role of indigenous knowledge of traditional healers (Department of Education, 2001). The White Paper 6: Building an Inclusive Education and Training System (Department of Education, 2001) states that there should be a joint venture in building an inclusive education to address barriers to learning.

These barriers to learning are linked to health challenges such as substance abuse, violence, malnutrition and HIV/AIDS and many other health-related issues in school-going age learners. This research therefore aims at contributing towards minimizing the health risks in South African schools by investigating the potential role of indigenous knowledge of traditional healers in life skills education.

This chapter highlights some health challenges that manifest themselves in schools as a background to the study and outlines the theoretical framework used in this study. Research aims and research questions are outlined in this chapter. The methodology that was employed in this study is also highlighted and an outline of this is indicated. Finally, this chapter gives a summary and introduces the next chapter.

1.2 BACKGROUND OF THE STUDY

This section outlines the health challenges that manifest themselves in schools and specifically put the youth of the Republic of South Africa at risk. Rooth (2005) highlights that youth are specifically susceptible to HIV and AIDS, and that behaviour that puts young people at risk, such as risky sexual behaviour and substance abuse, and lack of education and health services add to their vulnerability.

Numerous studies have been conducted in South Africa to ascertain the extent to which young people are at risk from self-destructive behaviour (Flisher, Joubert & Yach, 1992; Gould, King, Greenwald, Fishers, Schwab-Stone, Kramer, Goodman, Casino & Shaffer, 1998). More recently the focus has been on the relationship between various kinds of behaviour that puts young people at risk and more specifically, on the relationship between such behaviour and suicide (Flisher, Kramer, Hoven, King, Bird, Davies, Gould, Greenwald, Lahey, Regier, Schwab-Stone & Schaffer, 2000).

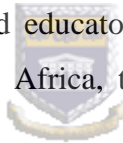


In a comprehensive nationwide survey conducted by the Medical Research Council in 2002, to demonstrate the prevalence of behaviour that puts young people at risk in South Africa, the MRC Report (2003:12) revealed the following: 17% of learners carried weapons and 41% had been bullied in the past month; 14% belonged to the injured during physical fights, while 32% felt unsafe at school. With regard to smoking, 31% had smoked and among smokers 84% had been exposed to passive smoking in the past week. Drug consumption varied from 13% having used dagga, 12% heroin, 11% inhalants and 6% mandrax. With regard to sexual behaviour, 41% of learners had had sex, and the age initiation of sexual activity was under 14 years for 14% of them. Among the learners that had had sex, 54% had had more than one past sexual partner and 14% had had sex after consuming alcohol or drugs. Only 2% practised consistent condom usage and 16% of them had been pregnant.

South Africa's history has been characterised by discrimination and impoverishment. As a result, a significant percentage of the learner population have been excluded or exposed to schools and other learning site environments which are potentially health damaging and impact negatively on their physical, mental, emotional and social well-being. High rates of, and a wide range of, infectious diseases and an unhealthy lifestyle often mar life experiences

in the formative years, and include unhealthy environments, limited intellectual stimulation, and poor social conditions. Particular national challenges and therefore, priorities that have arisen out of these include the HIV and AIDS crisis, various forms of violence particularly towards children and women, substance abuse, numerous factors relating to poverty, prejudice and discrimination around various forms of abuse of power. As a result, many learners (as well as their educators and parents) in South Africa do not enjoy the benefits of experience that promote development and health or well-being (Reddy, Panday, Swart, Jinabhai, Amosun, James, Monyeki, Stevens, Morejele, Kambaran, Omardien, & Van den Borne, 2003; Swart, Reddy, Panday, Philip, Naidoo, & Ngobeni, 2004).

The rate of HIV and AIDS infection in school-going age learners, substance abuse, malnutrition, emotional problems and other health-related problems are alarming in schools in the international context (World Health Organization, 1996). Learners' use of drugs results in school dropouts and street children. Another problem relates to many challenges of HIV and AIDS. Some learners are left orphans and as a result experiencing difficulties in concentrating at school. The impact of HIV and AIDS could also affect general life skills such as assertiveness, self-esteem in learners and educators themselves (Department of Education, 1997; 1999). It is evident that in South Africa, there are many life skills challenges that contribute to learning impediments.



The apartheid era left most South Africans in poverty. Lomofsky and Lazarus (2001) argue that poverty, underdevelopment and lack of access to basic services have been identified as the factors that have a negative influence on learning in various impoverished communities. The effect of this is a self-perpetuating cycle of sustained poverty characterised by poor living conditions such as under-nourishment, lack of, or overcrowded housing and unemployment, all of which have a deleterious impact on learners.

Lazarus' research report (2004) entitled 'An exploration of how Native Americans world views, including healing approaches, can contribute to and transform support services in education' inspired and motivated me to propose a research into the area of indigenous knowledge. I feel that this is relevant for South Africa because studies conducted in Southern Africa reveal that about 80% of South Africans regularly use traditional medicines (WHO, 2002). This means that the role of traditional healers needs to be recognised in support of life skills education in South African schools.

This research project could impact on South African schools in helping them to develop life skills education in a way that is appropriate to this country's needs and realities. It will raise awareness about the usefulness of indigenous knowledge and how it could be employed to support the education system. This research could have an impact on finding solutions to issues of life skills education such as substance abuse, HIV and AIDS, and other health related issues. This research could also inform the policy makers on how community-based support could be developed in the education system.

For example, KwaZulu-Natal, as one of the Provinces that is mostly affected by HIV and AIDS, needs an urgent strategy to circumvent the prevailing situation. In 2003, on the SABC news, it was reported that AIDS claims the life of an educator every month. It was also mentioned that in the community of KwaZulu-Natal, one can hardly walk two kilometres before being confronted by closed houses left empty as a result of deaths caused by HIV and AIDS. In his address to the Provincial Cabinet in 2002, the Premier of this province stated that the long-term goal of his administration is the eradication of poverty and arresting the spread of the HIV and AIDS pandemic. During his address the Premier, Honourable Mtsali (2002:2) said;



An estimated 15 people contracting HIV/AIDS in our Province mark each hour that goes by. KwaZulu-Natal had an estimated 80 000 HIV/AIDS related deaths in 2001. In 2001, about 40 000 of our children were infected with HIV/AIDS by their mothers. It is estimated that possibly 36% but as much as 40% of our women giving birth are HIV positive. KwaZulu-Natal has the highest prevalence of HIV/AIDS infection in our country and possibly up to 35% of our population is HIV positive.

On the basis of these statistics, I felt duty-bound to investigate how drawing from the community resources to address these health challenges could strengthen the education department. I argue in this thesis that if the health challenges are addressed in schools, particularly through life skills education, under Life Orientation in the new Revised National Curriculum Statement (RNCS), these will make a difference.

The concept of health in this thesis refers to a state of complete physical, mental, and social well-being, and not merely the absence of disease (World Health Organization, Ottawa Charter, 1986). To reach a state of physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment (Ottawa, 1986). The Life Orientation learning area in the new

Revised National Curriculum Statement (RNCS) responds to the above demands by introducing life skills as part of its programme. The common denominator in most definitions of life skills is the focus on skills and abilities needed to cope with everyday life challenges. Rooth (1995) offers a conceptual model that places life skills as a link between motivating factors of knowledge, attitudes and values, and positive health behaviour. Hence health and life skills are connected in this thesis.

Within the context of these challenges, the research attempts to unmask the role of indigenous knowledge in helping to address these issues. This knowledge has been underestimated for so long due to the country's legacy of apartheid. It is now time to deal with health challenges in the context of South Africa. This means that factors such as cultural and religious beliefs, as well as socio-economic concerns should be taken into cognisance.

1.3 THEORETICAL FRAMEWORK OF THE STUDY



The framework of this study is based on the strengthening of education support services (ESS) in the South African education system, within a community-based approach. South African schools face health challenges which in turn become barriers to learning. In order to address barriers to effective teaching and learning, this research investigates the role of traditional healers in life skills education in South African schools.

Education support services in South Africa are an infant system, and are different from the support services in the United States of America (USA). What is called 'education support services' here in South Africa is not used in the USA to refer to the comprehensive support services provided to schools and other education institutions to address barriers to learning and development (Lazarus, 2004). Support services in the USA work through the school health services (SHS) and Indian Health Services (IHS) for Native Americans (Lazarus, 2004). However, since the literature indicates that South Africa and USA share similar health challenges, except with regard to the extent of HIV and AIDS, this Native American approach to addressing health challenges in schools could be useful to life skills education in South Africa. Chapter Two provides a perspective of what is happening in South Africa and USA in support services.

Chapter Two also looks at health promotion that is envisaged to occur effectively within the health promotion framework in schools. According to Reddy and Tobias (1994), the term health promotion describes the combination of health education with relevant organizational political and economic interventions that aim to facilitate behavioural and environmental adaptations to improve or protect health in individual groups or communities. Schools are important venues that reach most young people at one stage or the other. This makes them ideal venues for health promotion (Vergnani, Flisher, Lazarus, Reddy & James, 1998). And health promotion in school fits well within the framework of understanding a school as an organization (Lazarus & Davidoff, 2002).

Within the health promoting school framework, this study discusses life skills education at length. Life skills education is central to the Life Orientation learning area in South Africa. Life skills is defined in many ways, for instance, Rooth (1995) states that life skills are skills necessary for living and learning. She offers a conceptual model that places life skills as a link between motivating factors of knowledge, attitudes and values, and positive health behaviour. Life skills education is described as education interventions aimed at developing attitudes, skills, insights, and knowledge that facilitates effective engagement with life and its challenges (Donald, Lazarus & Lolwana, 1997 cited in Rooth, 2000).

What in South Africa is called 'life skills education' seems to occur primarily through health education programmes in the public schools sector and the Native American schools under tribal governments in the USA (Lazarus, 2004). In this report, Lazarus mentions that within all these school settings, there are many programmes that focus on various risk factors that have been identified through research by the Centre for Disease Control (CDC) and other federal, state, and local community organizations. She says that these risk factors include similar foci to South Africa, for instance, substance abuse, violence, HIV and AIDS, as well as general life skills such as assertiveness, self-esteem development, and so on.

The focus of this study is on unmasking the long marginalized indigenous knowledge in South Africa. It is necessary now to bring indigenous knowledge on board to help to address health challenges in South Africa, including the challenges of HIV and AIDS that continue to wreak havoc in South Africa. 'Indigenous knowledge' is often associated in the Western context with the primitive, the wild, and the natural. However, for others, especially the millions of indigenous people of Africa, Latin America, Asia, and Oceania, indigenous

knowledge (or what others have called the “native ways of knowing”) is everyday rationalization that rewards individuals who live in a given locality (Semali, 1999).

The role and potential influence of indigenous knowledge in the world today has been highlighted by many (e.g Gorjestanil, 2003; Kofi Akosah-Sarpony, 2001). Approximately 80% of the South Africans consult traditional health practitioners when they experience an imbalance in their lives. The fact that there are about 20, 000 indigenous healers in South Africa, (Gericke, cited in Norman, Snyman, & Cohen, 1996) suggest that they could play a tremendous role in life skills education in South African schools. The Traditional Health Practitioners’ Bill of 2003, approved by the National Assembly, gives formal recognition to traditional healers and sets ethical norms and standards to control the profession (Cape Times, September, 2004).

1.4 RESEARCH AIMS AND RESEARCH QUESTIONS

The central purpose of this research is to investigate how traditional healers can contribute in education to address barriers to learning in South African schools. The study looks at strengthening education support services with the involvement of traditional healers’ indigenous knowledge in life skills education. This effort of drawing from the community resources is endorsed by the Education White Paper 6 on Inclusive Education, (Department of Education, 2001).

The aim of the research:

This research aims to investigate how the indigenous knowledge of traditional healers can play a role in life skills education in South African schools.

Research question:

What role can the indigenous knowledge of traditional healers play in life skills education in South African Schools?

Specific research questions include:

1. How are traditional healers currently involved in education support and life skills education in South African schools?
2. How can traditional healers be involved in education support in schools in South Africa?
3. How can traditional healers be involved in life skills education in South African schools?
4. What ethical guidelines should be followed when conducting research with traditional healers aligned with life skills education in South African schools?

This last question on ethics was triggered by the fact that it appeared that there were no guidelines for conducting research with traditional healers as it was a new area of study altogether. Thus, the study also focuses on exploring ethical guidelines when conducting research with traditional healers.

1.5 RESEARCH METHODOLOGY



This study predominantly followed a relevant literature review. In addition, qualitative research methodology was employed in this study. This research approach was envisaged to be appropriate for the phenomenon in question because it allowed the researcher to obtain in-depth information on the topics under investigation. A qualitative approach allows the interaction between the researcher/interviewer and the interviewee/informants (Katzenellenbogen, Joubert & Abdool Karim, 1997). In-depth interaction makes this approach particularly appropriate for eliciting adequate information from both traditional healing experts and Life Orientation experts, as these are the two categories of participants in the study.

The reason why indigenous knowledge experts were earmarked is because they deal with issues relating to the activities of indigenous healers and the indigenous knowledge with relevance to health promotion. The reason why the life skills consultants were included is because they deal with issues relating to life skills/life orientation in their teaching profession.

They are involved in teaching this area at undergraduate and postgraduate levels in tertiary institutions.

The study used non-random sampling which enabled the researcher to choose people deemed to have relevant information for the study. Purposive sampling, also known as judgment sampling was also used in order to verify and confirm the data collected.

The primary data was collected through the use of in-depth and semi-structured interviews. The interviews were semi-structured to allow the informants to provide as much information as possible for the study. By interview I mean a face-to-face individual conversation between the researcher and the interviewee.

These techniques were chosen because they are relevant in this study as it is a new field of study, and therefore needs thorough discussion and exploration. It was believed that these techniques would elicit relevant information for this study.

The research instruments that were employed were interview schedules (see Appendix One and Two). Two separate schedules were developed, one for the indigenous knowledge and traditional healing experts and the other for the Life Orientation experts. The questions that were covered focused on the role indigenous knowledge of traditional healers can play in life skills education in South African schools.

Content analysis methodology was employed in this study. The interviews were recorded and fully transcribed, as the written word is the basic medium for analysis (Katzenellenbogen, Joubert, & Abdool Karim, 1997). This means that the data was ordered under common themes and then compiled into units of meaning or codes. Later these codes became the basis for further analysis. In order to verify and interpret the results of the interview, the transcripts were given to participants to check for accuracy.

1.6 OUTLINE OF THESIS

Chapter One highlights some evidence confirming that there is a need to conduct research of this calibre in the country. It outlines the health challenges faced by individuals in schools and outside of school that could be combated through life skills education.

Chapter Two outlines the system of education support services in South Africa. This chapter also discusses education support services in other countries, particularly the USA, as it seemed to share most of the health challenges with South Africa. Health promotion is also explored in this chapter, including the strategy of health promotion in school. Within this framework, life skills education is explored in both the South African and international context to find a common ground in addressing barriers to learning. This chapter elaborates on indigenous knowledge and the indigenous views of health and health promotion, with a particular focus on traditional healers in South Africa.

Chapter Three outlines and discusses the research methodology used in this study. The argument for why qualitative methodology was used in this study is presented in this chapter. Discussion of the techniques and processes utilized in gathering and analysing data is pursued in this chapter. In this chapter the issue of research ethics is explored as it presented some critical challenges. I asked myself the question, what ethics should one follow when conducting this kind of research?

Chapter Four dwells on the findings from the interviews. This is linked to the literature review outlined in chapter two.

Finally, Chapter Five concerns itself with the summary, conclusions and recommendations of the study. Its central focus will be to reflect on whether the aims of the study have been achieved. It also outlines limitations of the study and presents proposals for future research.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This research aims to investigate how indigenous healers can play a role in life skills education in South African schools, in response to the many health challenges in South African schools. This chapter provides the various views about indigenous knowledge globally, regionally and in South Africa. This is located within the context of the development of education support services. Education support services form the broad framework for this research as they are geared towards addressing barriers to learning and development. The paramount objective of this study is to find ways of addressing barriers to learning and development, and this could be effectively achieved by strengthening education support services at all levels of education.



Health promotion and health promoting school strategy, within the context of education support services in South Africa, is explored. I look at life skills and health education in the USA and in South Africa. The health challenges that seem prominent in South Africa are identified so that when the literature on life skills unfolds it is tailored towards addressing these challenges. The health challenges that confront the whole globe include among others, HIV and AIDS, substance abuse, violence and poverty.

These health challenges compelled me to focus on the role of indigenous healers in helping to address these challenges in schools. This chapter therefore looks at indigenous perspectives on health, globally and in a South African context. The role of traditional healers forms the corner stone of my research question, because I would like to investigate what contribution they are currently making to alleviate health challenges and, more specifically, what potential role they could play in life skills education in schools. The literature reveals that there is a lot that traditional healers are offering in the world. Since education and health complement each other, it is possible to directly involve traditional healers in education support services

through life skills education within the context of Life Orientation in South Africa's Revised National Curriculum Statement. I conclude this chapter with a consolidated framework guided by the research questions.

2.2 EDUCATION SUPPORT SERVICES

2.2.1 Introduction

The main problems of the South African education system are related to the past and particularly to the policy of apartheid and its consequences (Nasson, 1990; Nkomo, 1990 cited in Donald, Lazarus & Lolwana, 2002). "Since 1994 the new democratic South Africa has been in the process of social, political, economic and educational transformation aimed at developing an egalitarian and healthy society" (Lomofsky & Lazarus, 2001: 303). Generally, education in South Africa was compartmentalized into two streams, which included mainstream and special education. The mainstream was for 'normal people' and the special education was for 'disabled people'. It was after the first democratic elections in 1994 that the government decompartmentalized education to establish one education system.

In the previous education system, provision of support services did not apply to the majority of black learners (who constituted approximately 80% of the population), who were already mainstreamed in ordinary schools by 'default' (Lomofsky & Lazarus, 2001). The support services were marginalized from mainstream education, and where they were provided, the services were being administered by many racially segregated departments, and were fragmented. The allocation of resources according to racial criteria led to sustained inequality, and perpetuated white dominance (NECC, 1993).

To counteract this legacy of apartheid, the new government had to come up with a strategy to offer support in the entire education system so that every South African citizen could access the right to education. The kind of support services envisaged by the education department is one that, instead of targeting minority learners, focuses on the entire learning system and existing learning barriers. The education support services aim to accommodate learners in the

culture and the curriculum of education institutions, and uncover and minimize barriers to learning (Department of Education, 1999).

The term ‘education support services’ does not have a specific definition. However, it could be defined as the provisioning of all the necessary assistance to help in effective teaching, learning and development of a learner, to address barriers to learning. Donald, Lazarus and Lolwana (2002) suggest that support services should be explained holistically to include supportive help from within schools as well as from external support services such as school health, social work, psychological and learning support, speech/hearing and physio-occupational therapy, and from other community resources.

Barriers to learning refer to those factors that hinder teaching and learning. These can and do occur at various levels of the education system (Department of Education, 2003). Barriers to learning can be viewed as falling into two categories: those that are intrinsic and those that are extrinsic. The intrinsic factors are those that are within the learner while the extrinsic are those that are within the learner’s environment. For example, the learner who has cognitive problems, such as forgetting, might not learn at the same pace as his peers. Likewise, the learner who comes from a background of domestic violence may also experience learning difficulties.

It is such factors that call for support in schools and other education institutions. The Department of Education (2003) states clearly that the development of learners is dependent on effective teaching, which, in turn, is dependent on the development of effective curricula and supportive teaching and learning environments. Educators and education institutions need to be constantly learning and growing, and need on-going support to achieve this. Institutions should collaborate so as to support each other. Lazarus and Davidoff (2002) clearly explain the benefits of collaboration in their integrated framework for developing schools as learning organizations.

Support services in education focus on all areas of difficulty experienced by students and educators within the general education system. Students who experience difficulties at school represent significant educational, social, and economic challenges for society. This includes a large number of school dropouts, marginalization, unemployment, and underemployment as well as the national burden of mental health problems. Education support services are needed

to address such issues. Schools are therefore important settings because they are access points to a large number of young people in their formative years, over prolonged periods of time (NECC, 1993).

A holistic approach to support services in addressing barriers to learning and development is critical for schools. It will improve the personal life skills of the learners, thereby empowering learners to deal with life challenges effectively. Empowerment means helping an individual or a group of people to gain more power. This may involve power in the social context (structural power) or individual psychological power and confidence to believe in oneself. Donald et al. (2002) point out that when there is enough support, an individual or group will sustain values that are vital for life. These include beliefs, standards or principles.

Among other things, the goal of education support services in an education system is to ensure that:

- All young people of school-going age have access to preventive physical and mental health care and academic development services;
- Young people who have special physical, mental, and academic needs have access to specialized services; and that
- Support services are maximally integrated into the general curriculum (NECC, 1993).

2.2.2 Education support services in South Africa

The South African Education Ministry believes that the cornerstone of reducing barriers to learning within all education and training institutions rests in a strengthened education support service (Department of Education, 2001). The government is committed to strengthening education support services in the country through the White Paper 6: Building an Inclusive Education and Training System (Department of Education, 2001).

The Department of Education's Consultative paper on Inclusive Education (1999) proposes the development of an integrated community-based support system, with a two-prong approach that includes a focus on the prevention of barriers to learning and development. This could be done through curriculum and institutional development and the provision of additional support to address barriers to learning and development where they occur in the

system. This integrated community-based two-prong approach reflects a re-orientation consistent with the five strategies within the Ottawa Charter (World Health Organization, 1986), as it reflects a systemic, preventative, health promotive, and community-based partnership approach (Department of Health, 2000).

The support services being developed at different levels of government in South Africa, and their respective responsibilities or support functions, are outlined below as a four-tier structure for education support.

Table One: Levels of Support Services in South Africa (Department of Education, 2003:8)

Government level	Support functions or responsibilities
National Department of education	Providing national policy and a broad framework for support.
Provincial department of education in the nine provinces	Coordinating implementation of national framework of support, in relation to provincial needs.
District-based support teams (including special/resource schools) developed within smaller geographical areas determined in different ways in the nine provinces	Providing integrated support to education institutions (ECD, schools colleges and adult learning centres) to support the development of effective teaching learning.
Institutional-level support teams (local teams in schools, colleges, early childhood and adult learning centres)	Identifying and addressing barriers to learning in the local school context-thereby promoting effective teaching and learning.

The Ministry has used a holistic approach in strengthening education support services. It has established new district-based support teams that comprise staff from provincial district, regional and head offices and from special schools (which have now been converted into resource centres). The function of these district support teams is to evaluate programmes in order to determine their effectiveness and to suggest modification programmes. Through supporting teaching, learning and management, the Education Ministry attempts to build up the capacity of schools, early childhood and adult based education and training centres,

colleges and higher education institutions, to recognise and address severe learning difficulties and to accommodate a range of learning needs (Department of Education, 2001).

The Department's Operational Guidelines for Practice emerging from the White Paper 6 states that: "The ultimate goal for educators, schools and other institutions, and for those who support them, is the development of learners" (Department of Education, 2003:18). The Guidelines emphasise that educators and education institutions need to be constantly learning and growing, and need on-going support to achieve these objective.

The White Paper 6 on Inclusive Education (Department of Education, 2001) commits itself to the development of a holistic, integrated and community-based support system in education. The Department's commitment to developing a community-based approach to education support services means that all viable support inside and outside the schools and other education institutions need to be identified and included in the provision of support to education. This includes drawing on indigenous knowledge, including traditional or indigenous healers, to understand and address the many psychosocial challenges facing schools in South Africa today. It is these challenges that informed my interest in pursuing a study on the potential role of traditional healers in life skills education in South African Schools. The literature suggests that the potential and existing contribution of traditional healers as part of the community support to life skills education in schools is great.

The development of an integrated and community-based system aims at building the capacity of all aspects of the system to respond to the diverse needs of the learner population. The integrated and community-based nature of this support includes emphasis on the need for intersectorial collaboration of all the key players involved in providing support to centres of learning, with a special focus on the inclusion and utilization of community resources in defining that support (Lomofsky & Lazarus, 2001). The challenge for South Africa is to draw from the rich human resources available in and outside the school. To achieve this community-based support, South Africans need to recognize their interdependence on one another and collaborate in order to provide quality education to all their learners (Department of Education, 1997b).

Schools in South Africa are establishing institutional-level support teams whose functions include putting in place properly coordinated learner and educator support services to support

the learning and teaching process by identifying and addressing learner, educator and institutional needs. Where appropriate, these teams should be strengthened by expertise from the local community (traditional healers are relevant here), district support teams and higher education institutions.

The Ministry, in collaboration with the provincial departments of education, through the district support teams, provides access for educators to appropriate pre-service and in-service education and training and professional support services. The Ministry also ensures that the norms and standards for the education and training of educators, trainers and other development practitioners include competencies in addressing barriers to learning and provision for the development of specialised competencies such as life skills counselling and learning support (Department of Education, 2001).

The special schools are assuming their new roles as resource centres and are being integrated into district support teams so that they can provide specialised professional support in curriculum, assessment and instruction to neighbourhood schools. The prevailing conditions of the special schools have been assessed and are currently being upgraded to the standard of resource centres and the staff is being trained so that they assume their new roles as members of district support teams.

2.2.3 Education support services in the United States of America

In this section my focus is on the education support services in the United States of America, with specific attention to Native Americans. The reason for focusing on Native Americans is that the literature suggests that the South African approach to support services shares some similarities with the Native Americans' support services system, although the Native Americans' one is not a general policy like in the South Africa. In particular, there is a shared emphasis on an integrated community-based approach which pulls together the community resources in a joint venture to support education (Lazarus (2004). I envisage that drawing from these similarities could help in strengthening the education support services in South Africa.

In the United States of America, the comprehensive support services provided to schools and other education institutions to address barriers to learning and development are not referred to

as education support services as is the case in South Africa. Lazarus (2004) highlights that these services are provided through the School Health Services and Indian Health Services, for Native Americans. In the domain of school health services in the USA as a whole, health education occurs in most schools, but too little in the senior phases where health risks are high. Health education is more infused into other subjects in the high schools, resulting in decreased coverage. With regard to physical education and activity, most schools include this in their curriculum although it is not mandatory (Lazarus (2004).

In her research, Lazarus (2004) found that in the area of staff health promotion there is currently some health screening offered to staff in the schools. With regard to family and community involvement, her findings reveal that where this occurs, it is present at school and district levels, but not at state level. Weist (2002) highlights a number of solutions to the challenges in that system. In particular, he highlights the importance of establishing collaborative partnerships with various stakeholders, including educators, families, community leaders, funding agencies, and health providers. He emphasises the need for mutual respect and effective communication within these partnerships.



The approach to education support services in the USA endorses the community-based approach to education support services, which they call ‘School-Community Partnerships’. Sanders (2001) defines school-community partnerships as the connections between schools and community, individuals, organizations, and businesses that are forged to promote students’ social, emotional, physical and intellectual development.

At the tribal college on the Fort Peck Reservation in Montana, college administrators and staff believe that a supportive family can significantly improve their students’ academic personal success (Mainor, 2001). Mainor further explains that different institutions provide support to learners differently, and that some colleges collaborate and form partnerships to create and develop programmes to support students and their families.

In the USA, tribal schools establish a framework for accountability for schools within the tribe’s jurisdiction. Within an education code framework, a tribe can hold school boards responsible for ensuring tribal children receive quality education, as defined in the code. The tribe creates its standards and rules using input from the community, parents, schools and

children. This is a kind of support service that is integrated, as it involves the various stakeholders.

Tribal codes emphasise that teachers must be certified in the culture, history, and language of the tribe, as well as the learning needs of tribal children. This provides communities with a cadre of better qualified teachers. The standard of tribal education emphasises cultural relevancy and academic achievement, and this ensures that children receive a tribally-based education. Cheryl and Sherry (1998) state that the real goal of a tribal education code is to ensure effective learning for tribal children and to remove all school barriers to learning and development, so that tribal children can become productive and contribute towards the development of their society.

The advantage of tribal colleges for Native American students and the community is that they are located within the reservations. That is, learners do not have to go out of the community in search of education. Education does not mean leaving home and having greater financial burdens. The students attend the school in the community so that they get the necessary support. The community is the immediate form of support because it knows the background of individual students (Boyer, 1990). Boyer further states that tribal colleges reflect the culture of the surrounding community and are more sensitive to unique needs of tribal students. They tailor the curricula to the needs of the reservation communities. Tribal colleges put in the forefront the support to their students to make sure that they address all the learning barriers in all the aspects. Boyer (1990) continues to say that tribal colleges create sympathetic and supportive environments that extend outward to the entire community and to all levels of the educational pipeline.

Tribal colleges work with elementary and secondary schools to build skills and confidence. These colleges offer preschool care to the children of students, and promote pride in their Indian heritage from an early age. The tribal college support services teams also offer academic and emotional support to people who may be the first in their family to get college education. The support services offered include counselling and academic advice (Boyer, 1990).

Mainor (2001) mentions that in a recent survey by Iris Heavy Runner, student support services staff at four Montana tribal colleges named family support as their students' primary

source of strength. The amount of attention a tribal college provides its students can be far more extensive than what is found at non-Indian Institutions. Boyer (1990) maintains that, in tribal colleges' students are given extensive support by the staff and the administration. Students are followed closely and if they miss classes, the Dean of Student Support Services, or another staff member, follows up to find out the reason they are missing classes. This makes students feel that somebody cares about their education. According to Mainor (2001:1), "Without family support the already difficult pathway to self-empowerment can become a rocky road". In this regard, Hermanson and Landstrom (1990) mention that the Native American Tribal College has learnt to adopt its administrative and academic procedures to accommodate students experiencing barriers to learning so that they can benefit from the education available.

All tribal colleges offer similar programmes and expect that support will come from all members of the college community, from instructors to the President's office. Tribal colleges help students by developing an economy that can support and educate the workforce and promote connections to other colleges and universities to help students who wish to continue their education. They build connections between disciplines and promote programmes that help students to make the difficult transition from tribal college life to these off-reservation institutions.

This Native American approach to education support services is relevant in the context of South Africa. This is because most South Africans were denied rights to partake in education, and the parents had no say in the education of their children during the apartheid era. However the new democracy respects these rights and offers every one the right to access education and to contribute towards the development of their education. South Africa can learn a lot from the Native Americans Tribal Colleges, particularly regarding how they draw support from the community.

The South African education system is still at the embryonic stage of establishing education support services which emphasise a community-based approach, that is, drawing from the community resources which include traditional healers with their indigenous approaches to life skills education. The Government of South Africa committed, through the White Paper 6 on inclusive education (Department of Education, 2001) to develop a holistic, integrated and community-based support system in education.

2.3 HEALTH PROMOTING SCHOOL

2.3.1 Introduction

In the context of health, The World Health Organization's commitment to 'health for all', particularly through health promotion and education, is endorsed both regionally (in Africa) and in South Africa (Department of Health, 2003). A commitment to schools as central settings for achieving this has also been identified as a priority within this context. The Department of Health in South Africa now has directorates or dedicated portfolios that focus on health promotion, at national and provincial levels. At national level, there is a clear commitment to the development of health promoting schools (Department of Health, 2000; 2003).

According to the World Health Organization, health is viewed as a state of complete physical, mental, and social well-being, and not merely the absence of disease (World Health Organization, Ottawa Charter, 1986). In the first conference on health promotion at a meeting held in Ottawa in 1986, health promotion was defined as the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment (Ottawa, 1986). According to Reddy and Williams (1996), health promotion includes educational, political, economic, environmental and medical strategies designed to reduce disease and promote health. In other words, "It is about helping people to gain and maintain good health through promoting a combination of educational and environmental supports which influence people's actions and living conditions" (Department of Health, Health Promotion Draft Policy, 1999:4). Within the context of education, this could be equated with the promotion of learning and development through removing or minimizing barriers to learning and development (Department of Education, 1999; 2001).

The term health promotion describes a combination of health education with relevant organizational political and economic interventions with the aim to facilitate behavioural and environmental adaptations to improve or protect health in individuals, groups, or communities (Reddy & Tobias, 1994). These authors describe health education as a strategy used in the

services of health promotion, defining it as “The deliberate structuring of planned learning opportunities about health which are aligned with voluntary changes in health-related behaviours to give individuals the opportunity of achieving a more favourable position on the health continuum” (Reddy & Tobias, 1994:20).

2.3.2 Health Promoting School Strategy

The World Health Organization defines a health-promoting school as a place where all members of the community work together to provide learners with integrated and positive experiences and structures that promote and protect their well-being. This includes both the formal and the informal curricula in health (including, physical, social and emotional health), the development of health-promoting policies, the creation of a safe and healthy environment, the provision of a safe and healthy environment of the family and the wider community in efforts to promote well-being (World Health Organization, 1996, in National Commission on Special Needs in Education and Training (NCSNET) and the National Committee for Education Support Services (NCESS) (Department of Education, 1997).



The World Health Organization (1993) defines health-promoting schools as aiming to achieve healthy life styles for the total school population by developing supportive environments conducive to the promotion of health. This offers opportunities for, and requires commitments to, the provision of a safe and health enhancing social and physical environment.

A health-promoting site of learning is a place that is constantly strengthening its own capacity as a health setting for living, learning and working (World Health Organization, 1996, adapted in National Commission on Special Needs in Education and Training (NCSNET) and National Committee for Education Support Services (NCESS) report, Department of Education, 1997: 72). A health promoting school is seen as a viable and instrumental vehicle to take inclusive education to greater heights. This is because inclusive education aims at restructuring the schools to respond positively to the diverse needs of all learners. Thus, a health-promoting site is an integral setting where this could take place.

Inclusive education and training highlights the following challenges that need to be addressed through health promoting schools. Inclusive education

- Is about acknowledging that all children and young people can learn and that children and young people need support
- Is about enabling education structures, systems and learning methodologies to meet the needs of all learners
- Acknowledges and respects differences in learners, due to age, gender, ethnicity, language, class, disability, HIV status, etc
- Is broader than formal schooling and acknowledges that learning also occurs in the home and community, and in both a formal and informal way
- Is about changing attitudes, behaviours, methodologies, curricula and environments to meet the needs of all learners
- Is about maximizing the participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimizing barriers to learning (Department of Health, 2000:7).

In South Africa, inclusive education is seen as a vehicle that is non-discriminatory, that addresses equity and redresses the gaps created by the apartheid regime, and that ensures cost effectiveness and maintains efficiency (Department of Education, 2001). This policy reflects the following:



- Human rights and social justice for all learners
- Optimal participation and social integration of all learners
- Equal access for all learners to a single, inclusive education system
- Access for learners to the curriculum. This means being able to engage meaningfully with the teaching and learning process.

Within the context of the Ottawa Charter (World Health Organization, 1986), the following five key components of health promoting schools serve as a holistic approach towards ensuring the development of health through health promoting programmes, providing direction for the development of health promoting schools. These components are:

- To build education and school policies which support health and well-being
- To create safe and supportive teaching and learning environments which include the creation of human rights

- To strengthen community action and participation through enhancing and expanding the relationship between schools/sites and the community
- To promote personal skills of members of the learning community, with a particular emphasis on influencing health knowledge, attitudes and practices through a culturally appropriate health and life skills curriculum, and encouraging healthy physical activities and recreation
- To provide access to and re-orientate health and education support services towards an accessible, integrated systemic approach - with a particular focus on reducing the number of learners affected by learning impairments or experiencing barriers to learning and development, reducing the increase of disease or injury, and addressing all factors that place learners at risk.

The health-promoting school approach fits well within the framework of understanding a school as a learning organization (Lazarus & Davidoff, 2002). The integrated framework developed by Lazarus and Davidoff (2002) promotes the well-being of the school community within a whole school development framework. This includes life skills education and other strategies to address issues such as HIV and AIDS, substance abuse, and violence. It also includes a commitment to developing inclusive schools that focuses on addressing barriers to learning and developing a welcoming, non-discriminatory, and flexible environment and curriculum.

The health-promoting schools framework therefore provides a framework for the provision of support services and development of life skills in South African schools. It provides comprehensive strategies for addressing health challenges that confront learners in schools (Department of Health, 2001). It addresses the need for support, the need for parent-school collaboration, community partnerships, and facilitates whole school development.

Schools are important venues that reach most young people, even if only for a year or two before they drop out. This makes them ideal venues for health promotion (Vergnani, Flisher, Lazarus, Reddy & James, 1998). The South African Schools Act (1996) makes schooling compulsory for all 7-15 years olds, (Motala & Pampalis, 2001) therefore, schools constitute a crucial venue for programmes aimed at promoting the health of young people, their families and communities. The effect of promoting the health status of school-going children is far-reaching. For instance, the physical well-being of a child directly effects educational

achievements, and contributes to a reduced drop-out rate (World Health Organization, 1992). In addition, an enhanced health status of pre-school children will lead to an increased number of children attending school for the first time (Dryfoos, 1990; World Health Organization, 1992).

The World Health Organization (1992) states that school health promotion can play a role in changing not only knowledge and attitudes, but also behaviour. By targeting young people, one can reach them before they have established behaviour patterns that place them at the risk of adverse consequences in terms of mental and physical well-being. The World Health Organization says that health messages to students also tend to be disseminated to their families and other members of the community, thereby contributing to the improved health status of the wider community.

Health promotion includes, but involves more than, promoting physical health. It means promoting all those dimensions of development that together contribute to positive, competent, confident persons (Donald, Lazarus & Lolwana, 2002). Health promotion therefore includes all of the physical, cognitive, emotional social and spiritual aspects of development. It is when learners are positive and competent that barriers to learning could be minimal. It is therefore through health promotion that barriers to learning could be addressed. That is why schools are said to be vital for health promotion.

Health education emphasises positive affirmation, respecting differences, and developing the persons as a whole - all of which are essential if inclusive education is to succeed (Donald et al., 2002). The curriculum should be adaptable and become far more flexible and accepting of differences than it is at the moment, to meet a wider range and diversity of learning needs.

Donald et al. (2002) further affirm that health promotion is an integral and inclusive activity involving collaboration between schools, educators, students, parents and other community members. This point implies that a school is a centre for learning and development in a society and it is not only limited to students, making it an important centre for health promotion.

In the context of South Africa, the National Guidelines for the Development of Health Promoting Schools/Sites (Department of Health, 2000) propose that, in order to maintain the

development of health promoting schools, intersectorial structures need to be put in place at all levels of the education system. Among other things, more emphasis needs to be placed on partnership. In particular the partnership of the Department of Education, the Department of Health and the Department of Welfare is seen as vital to achieving the development of health-promoting schools. The World Health Organization (Jakarta Declaration, 1997) also identifies the need to break down traditional boundaries between governments and non-governmental organizations as well as public and private sectors if we want to develop health-promoting schools.

The Guidelines for the Development of Health Promoting Schools/Sites (Department of Health, 2000) emphasise the building of education and school policies that support well-being. Developing health-promoting schools entails analysing and engaging in the development of education policies at all levels of the education system: national, provincial, district/regional and institutional levels to ensure that they support the development of health and well-being of all members of the learning community.

Some of the areas that need to be addressed through school policy include; development of a supportive and welcoming environment for all members of the school community, including the development of an anti-bias, anti-discriminatory, human rights, culture; development of a safe environment that is free of harmful substances and violence and crime, and which fosters and maintains positive discipline and priority issues such as HIV and AIDS; fostering of health through the provision of nutritious food in the school (for example, in the kitchens, at the tuck-shops, from vendors, and in lunch boxes); and facilitation of coordinated, integrated support services within the schools in collaboration with district and other support services. With these points enshrined in the policies of the school, the development health promoting schools could be a possibility (Department of Health, 2000).

The issue of developing health promoting schools is a global concern. For instance in the USA, the Native Americans rely on the partnership with their community in their endeavours to promote health among young people. The Native Americans assume that for the school to be a health-promoting school, the community should play a major role. In one case study, the Alianza community's effort developed substance abuse preventive programmes for children and families in two elementary schools (Reininger, Dinh-Zarr, Sinicrope & Martin, 1999). As a result, it has turned out that programmes that aim at addressing barriers to learning such as

substance abuse are more likely to be successful when the community collaboration with the school is taken into account.

Reininger et al. (1999) mention that Native Americans participated in community projects funded by the Centre for Substance Abuse Prevention (CSAP) from 1991-1996. This consisted of eight community-based health initiatives designed to prevent substance abuse in youth. The effectiveness of the community-based health promotion lay principally on the indigenous community leadership. It was believed that asking the community to identify its own leadership would have the benefit of increasing the community's enthusiasm for working on the youth initiative. This links with one of the strategies of the Ottawa Charter (1986) which emphasises the strengthening of community action and participation through enhancing and expanding the relationship between schools and community (Department of Health, 2000).

Within the context of developing health-promoting schools, the challenge of developing personal skills includes:



- Development of compulsory implementation of health and life skills education for learners within the context of curriculum 2005
- Professional development of educators and other members of staff to promote their own and the learners' health and well-being (e.g. stress management programmes, HIV and AIDS management within the context of sexuality education, establishing and maintaining discipline in the schools and classrooms)
- Peer education/child-to-child training to learners to support and implement health promotion and prevention strategies
- Capacity development of parents and the broader community to promote the well-being of the family and community
- Capacity building for services to provide a relevant health promotion and life skills education support to sites of learning (Department of Health, 2000).

2.4 LIFE SKILLS AND HEALTH EDUCATION

2.4.1 Introduction

In this section, I review literature relating to life skills and health education which is central to the Life Orientation learning area in the South African new Revised National Curriculum Statement (RNCS).

Life skills refer to the abilities that help an individual to meet the challenges of everyday life. Life skills are essential psychosocial skills that make life easier, increase the possibility of people realizing their potential and becoming productively involved in their community. Life skills encompass the competencies necessary for effective living: self-management, interpersonal communication and effective participation in communities and organizations (Egan, 1984). Adkins (1984:44) posits that:

Life skills aims at helping people clarify feeling and values, make decisions and choices, resolve conflicts, gain self-understanding, explore environmental opportunities and constraints, communicate effectively with others and take responsibility for their actions.

The following five basic areas of life skills are identified by the World Health Organization (1999) as being relevant across cultures:

- Decision making and problem solving
- Creative thinking and critical thinking
- Communication and interpersonal skills
- Self-awareness and empathy
- Coping with emotions and coping with stress.

The common denominator in most definitions of life skills is the focus on skills and abilities needed to cope with everyday life challenges. Many authors share the same sentiments on this issue (Donald et al., 1997; Larson, 1984; Lazarus et al., 1994; Rooth, 1995; World Health Organization, 1993). Rooth (1995) offers a conceptual model that places life skills as a link between motivating factors of knowledge, attitudes and values, and positive health behaviour.

The World Health Organization (1993) states that life skills enable us to translate knowledge and attitudes into actions as actual abilities, an assertion which is confirmed by many other scholars, like Donald et al. (1997) and Rooth (2000; 1997).

Lazarus et al. (1994) define life skills broadly as not only skills but also insights, awareness, knowledge, values, attitudes and qualities that are necessary to empower individuals and their communities to cope and engage successfully with life and its challenges in the South African society. Life skills enable people to participate fully in community development and holistic environmental living (Rooth, 2000). Hopson and Scally (1981) further explain life skills as self-help skills, while Nelson-Jones (1992) sees them as personally responsible sequences of choices in specific psychological skills areas conducive to mental wellness. Rooth (2000) maintains that people require a repertoire of skills according to their developmental tasks and specific problems of living. Life skills are valuable in the process of empowering people to engage and cope successfully with life and its challenges (Donald et al., 2002). Life skills promote psychosocial competence (including physical, emotional, and social well-being) and enhance a person's coping resources and confidence.



The primary aim of life skills education is to provide knowledge, attitude, values and skills needed to empower learners to deal with the demands and challenges of everyday life situations and to promote and protect their own health and well-being (Ottawa Charter, World Health Organization, 1986). Rooth (2002) makes it clear that life skills are specific competencies while Life Orientation is a learning area, inclusive of life skills, among a range of other competencies and skills. The Life Orientation learning area equips learners for meaningful and successful living in a rapidly changing and transforming society (Department of Education, 2002). The Life Orientation Learning area is central to the holistic development of learners, as it is concerned with the social, personal, intellectual, emotional and physical growth of learners, and with the way in which these facets are interrelated. This learning area aims at an individual growth, as an effort to create a democratic society, a productive economy and an improved quality of life (Department of Education, 2002).

2.4.2 Life skills and health education in the United States of America

In this section I am going to focus on the United States of America. The reason is that USA and South Africa share many of the same health challenges. Despite the resources in the USA,

the health statistics for the general population in that country are not good (Brown & Bolen, 2003; Starfield, 2000), with the Native American communities being the worst. The main risk factors for the Native Americans in the United States of America include: poor food, poor education, unemployment, unhealthy lifestyles, cultural change, despair, eviction from land, genocide, cultural eradication, resulting in high levels of depression and other health disorders, alcoholism, infant mortality, premature mortality, heart disease, strokes, liver and lung diseases, cancer, unintentional injuries, suicide, homicide, diabetes, and growing teenage pregnancies (Bird, 2002; Echo Hawk, 1997; Guiden & Johnson, 2000; Inpuye, 1993; Joe, 2001; Kaltreida, 1998; Manson, 2000; McDavid, 2000; Pediatrics, 1999; Two Feathers, 1999, cited in Lazarus, 2004). Lazarus further states that except for the HIV and AIDS statistics, there are many similarities between health challenges facing Native America and South Africa. Moreover, these challenges are directly related to socio-economic conditions.

Attempts are being made to make life skills programmes more culturally responsive in the USA, in particular, reflecting Native American values and realities (e.g. Jacobs 2001; LaFromboise & Howard-Pitney 1995; Smith 1995 cited in Lazarus, 2004). It seems that many organizations are developing life skills packages that schools can then tailor to their own situations. These address local needs and realities, including specific cultural adaptations that need to be made in Native American and other contexts. Lazarus states that through her exposure to some tribal programmes in New Mexico, she saw how successfully this is being done, where tribes take the materials developed by an organization and change it to make sure that it reflects their own particular values and needs. These programmes include a focus on including Native American spirituality in the curriculum (Smith, 1995); character education (Jacobs, 2001) and the development of a particular life skills programme for the Zuni Pueblo in New Mexico (LaFromboise & Howard-Pitney, 1995 cited in Lazarus, 2004). These programmes focus on all the risk factors, including, for example, substance abuse and suicide, both of which have a high prevalence among Native American youth.

Navarro, Wilson, Berger, Taylor (1997) mention that substance abuse is a profoundly complicated problem involving psychological and socio-cultural factors. They emphasise that a comprehensive preventative programme must include a school-based curriculum but also individual counselling, specific health services, community involvement, and environmental changes.

2.4.3 Life skills and health education in South Africa

The Evolution of life skills and health education in South Africa

The role and influence of the World Health Organization (1993; 2000) and United Nations (2003a) were particularly important in promoting and establishing life skills as an integral construct in South African education. Emanating from these influences, there has been a gradual move in South Africa towards including life skills education as an aspect of guidance and, in some instances, as a replacement for guidance (Department of Education, 1995b, cited in Rooth, 2005). According to Rooth (2005), there has been an upsurge in the use of the term life skills and the implementation of life skills programmes in the late Nineties, primarily because of the HIV and AIDS pandemic. Life skills has become a widely known term through the introduction of diverse life skills and HIV and AIDS prevention programmes (Magome, Louw, Mothoioa, & Jack, 1998).

A growing number of NGOs in South Africa offer a broad range of life skills training courses including conflict resolution, environmental education, communication skills, crisis counselling, career education and job search skills. Various religious organizations also increasingly offer life skills training as part of their crusades for young people (Life skills NGO networking list, 2003; Peninsula Technikon and RIC, 1996). The Department of Labour has rated life skills as core for employability. Life skills as a concept and an education facet has therefore become firmly entrenched in South Africa (RSA, 2002b cited in Rooth, 2005).

Similarly, health promotion and health education has gained increasing exposure and popularity in South Africa (Rooth, 2005). The Ottawa Charter for Health Promotion (World Health Organization, 1986) reflects a move from a curative model of health service delivery to a more holistic, preventive and promotive approach and focuses on creation of healthy public policy, supportive environments, community action, personal skills and a reorientation of health services. Rooth (2005) confirms that it is specifically in the ambit of developing personal skills, that life skills education and health education within the Life Orientation learning area play a cardinal role.

Life skills and health education within Life Orientation

The Revised National Curriculum Statement (RNCS), (Department of Education, 2002) states that to address issues such as discrimination, diversity and commitment to democratic values, Life Orientation deals with human rights (as contained in the South African Constitution), social relationships and diverse cultures and religions. The Life Orientation learning area therefore includes religion under social development. The term religion here is used to include belief systems and world views. In the context of the South African Constitution, Religion Education contributes to the wide framework of education by developing in every learner the knowledge, values, attitudes and skills necessary for diverse religions to co-exist in a multi-religious society (Department of Education, 2002).

In the Revised National Curriculum Statement in South African Education, Life Orientation, as one of the eight learning areas, captures both life skills and health education. The purpose of Life Orientation is to empower learners to use their talents to achieve their full physical, intellectual, personal, emotional and social potential. Learners will develop the skills to relate positively and make a contribution to family, community and society, while practising values embedded in the constitution (Department of Education, 2002). In the Revised National Curriculum Statement the teaching of Life Orientation is done in such a way that learners will be able to demonstrate these outcomes.

In South Africa, life skills and health education are best actualised through a health-promoting framework, within the Life Orientation learning area (Rooth, 2005). Learning outcomes that address both life skills and health needs and assessment standards have therefore been specifically developed to promote the acquisition of holistic health promoting life skills to enable learners to effectively respond to needs and challenges (Rooth, 2005). However, Lazarus, Davidoff and Daniels (2000) indicate that, although life skills education is important, it is only one aspect of the health-promoting school's perspective. They regard the placing of life skills education within the broader framework to be beneficial in the sense that it ensures that comprehensive strategies are adopted in response to the various health and well-being challenges.

In the Life Orientation learning area, in order to develop skills, values and attitudes that empower learners to make informed decisions and take appropriate actions, the following five focus learning areas are included:

- Health promotion
- Social development
- Personal development
- Physical development and movement and
- Orientation to the world of work (Department of Education, 2002).

These focus areas of Life Orientation enable learners to make informed, morally responsible and accountable decisions about their health and the environment. Learners will be able to acquire and practise life skills which will assist them to respond to challenges and to play an active and responsible role in the economy and in society (Department of Education, 2002).

In the Revised National Curriculum Statement, Life Orientation Learning Outcome 1, dealing with health promotion, includes a life skills education approach (Rooth, 2005). Themes such as nutrition, violence, accident prevention, substance abuse, communicable diseases prevention, environmental health, health rights and well-being are apparent in this curriculum. These themes have proved to be the major health challenges in South Africa.

Learning Outcome 2 deals with social development, and takes a life skills education approach when dealing with human rights issues, inclusivity, communication and relationships, and many other social issues. Rooth (2005) states that Life Orientation gives learners opportunities to learn how to manage their emotions through Learning Outcome 3. Learning Outcome 3 also includes life skills dealing with conflict resolutions, violence, emotional literacy and self management.

In previous times, the life skills and health education period in the school timetable was taken as a free period by many South African schools. In the new democratic South Africa, with the revamped education system, life skills is considered as a corner stone in bringing up learners who will be critical and in turn develop into responsible citizens of the country. Donald et al. (2002) maintain that in South Africa life-skills is not an ‘add-on’ to the normal business of teaching, but is a central goal and integrated part of the curriculum.

Owing to the major challenges facing South Africa there are principles suggested by Donald et al. (2002) on the application of life skills education. Firstly, they recommend that life skills be integrated into all learning areas, particularly, issues around sexuality and relationships can be brought into most learning areas in some way or another. Vergnani et al. (1998) also argue that life skills needs to be taught across the curriculum through all other subjects (curriculum infusion) as well as offered as a separate programme. This approach has been supported by the National Commission for Special Needs Education Training (NCSNET) and National Commission for Education Support Services (NCESS) (Department of Education, 1998).

Donald et al. (2002) also argue that life skills are best learnt through discussions, interpersonal exploration, and reflection. So educators are urged to apply learner-centred methodologies in their teaching, as direct instruction (*'spray and pray'*) is not the best way of teaching life skills. It is useful for the teacher to use experiential learning and teaching methods that focus on the acquisition of knowledge, skills, attitudes and values relevant to functioning effectively in the society.

Thirdly, many life skills are learned through modelling, that is, students learn from the way teachers and other students behave. The teachers themselves should therefore behave in such a way that they develop a positive attitude to the children they teach. The teacher of Life Orientation should be flexible and always take the needs and realities of learners into account. The learners' needs and experiences form the basis for learning and teaching. Teachers need to encourage reflection and allow for the application of the knowledge and skills learnt. Furthermore, the learners must be made aware of and be taught to respect cultural diversity.

Donald et al. (2002) maintain that, while much can be done in the classroom, the development of life skills needs to become a whole-school commitment and effort. Lazarus and Davidoff (2000) explain this best in their framework for developing a school as a learning organization (whole-school development).

The World Health Organization (2003) highlights how life skills can be made specific to relevant health issues. For instance, a health topic of substance abuse, that seems to be prevalent in South Africa, can be addressed through the following life skills: communication, interpersonal skills, advocacy, negotiation and refusal skills, decision making, critical thinking skills and skills to cope with and manage stress (Rooth, 2005). Rooth further states

that health education and life skills education should be taught concomitantly as the relationship is one of reciprocity.

Physical education is included as one major aspect of Life Orientation since it ensures the complete development of the learner. Alexander elaborates this point in the following quotation: “Physical education is an educational process which promotes holistic human development of social, cognitive, affective, normative aspects through the medium of selected activities to realise this outcome” (Alexander, 1998: 58). The aim of physical education in the Life Orientation curriculum is to guide learners by means of physical activities and relevant health knowledge to develop a positive attitude and lifestyle (Western Cape Education Department, 2004).

The cardinal role played by physical education in life skills is evident in the Revised National Curriculum Statement. It is a focus area designated as physical development and movement (Department of Education, 2002b). The Department of Education (2002b) indicates that play, movement, games and sport, contribute to development of positive attitudes and values. Hence physical education is integrated in Life Orientation as a learning area, as its contribution is vital in the achievement of all Life Orientation outcomes (Rooth, 2005).



However, some specialists of physical education object to the inclusion of physical education in Life Orientation due to limited time allotted to physical education (Kloppers, 2004; Wentzel, 2001). On the other hand, Rooth (2005) argues that physical education is rightly placed within Life Orientation because the health benefits of regular physical activity are enormous. She maintains that a learner’s well-being is enhanced by physical education, particularly from within Life Orientation.

Health promotion within the ambit of Life Orientation, including health risk minimization, lends itself favourably to the incorporation of indigenous knowledge. Indigenous knowledge is one of the principles included in Life Orientation (Department of Education, 2001b; Department of Education, 2001a). This study therefore comes at a time when it is most needed so that indigenous knowledge of traditional healers is effectively utilised for the betterment of the entire society, especially for the youth of this country because they are the most vulnerable to health challenges. This is the time when education needs contributions from all the spheres of expertise to strengthen its structures because this will enable it to address the barriers to learning more effectively. In South Africa, the Minister of Health has

advised in many conferences that people living with HIV should try to use natural or indigenous medicine or herbs to boost their immune systems. There is therefore a high level of commitment to involve traditional or indigenous knowledge in the mainstream healthcare in the South African context.

2.5 INDIGENOUS KNOWLEDGE

2.5.1 Introduction

Indigenous knowledge of traditional healers has been underrated for years in South Africa and the people in possession of this knowledge were deprived of their right to exercise it. In this section I highlight the nature and importance of indigenous knowledge, as applied internationally and in South Africa.

The explanation of indigenous knowledge needs to incorporate the meaning of ‘indigenous’ and ‘indigenous people’. The concept indigenous refers to “the ‘natural’ occurrence, or innateness, of a people to a region” (Suzuki & Knodtson, 1992:6). It is the term used by the United Nations in its recognition of the special or unique rights of original inhabitants of a place.

Colomeda and Wenzel (2000: 244) say, “Indigenous people shall be people living in countries which have populations composed of different ethnic or racial groups who are descendents of earliest populations which survived in the area, and who do not, as a group, control the national government of the countries within which they live”. Indigenous knowledge is seen by Hoppers (2002) as a combination of a cultural distinctiveness and prior territorial occupancy relative to a more recently arrived population with its own distinct and subsequently dominant culture. She goes on to explain that indigenous knowledge includes systems of knowledge of philosophy and religion (Hoppers, 2002).

2.5.2 Indigenous knowledge: international context

In the years 1996 and 1997, an International Consortium for Indigenous Knowledge (ICIK) was held in Pennsylvania State University Campus. The debates at this event focused on

epistemological and practical questions emerging from the notion of indigenous knowledge and how it is valued and used in the community. One outcome of this gathering was the point that indigenous knowledge does not exist in a vacuum and that it belongs to a community. In this regard educators, scientists, and students have to take notice that access to this knowledge is gained through contact with that community (Semali, 1999). Indigenous people around the world are fighting for the right to have historically unacceptable indigenous world views and practices acknowledged, respected and valued in their own right at personal, community and political level.

Julek (1994) refers to various studies in which therapeutic modalities based on indigenous cultural traditions and religions have been found to be generally effective and in some cases more successful than official treatment, particularly in the rehabilitation and prevention of chemical substance dependence in Asia, the Americas and Southern Africa.

In some countries traditional healing approaches are the main resources used to address various problems relating to health and well-being, while in other countries, including many 'western' societies, traditional healers and 'western' medical practitioners are often consulted simultaneously. Brown (2001:3) affirms this point by saying that, "Working together with education, goodwill and understanding of each other's health business, and working together within mainstream health services and education may assist with healing, reconciliation and improved Aboriginal holistic health."

The value and potentially influential role of indigenous knowledge in our world today has been highlighted by many (e.g. Gorjestanil, 2003; Kofi Akosah-Sarpony, 2001). "Utilizing indigenous knowledge helps to increase the sustainability of development efforts, because the traditional integration process provides for mutual learning and adaptation, which in turn contributes to the empowerment of local communities" (Gorjestanil, 2003:2).

Brady (1997) emphasises that education should respect the right of the indigenous people to include culturally inclusive curricula. He argues for the need to utilize the essential wisdom of indigenous elders in the education process. Brady also points out that indigenous people's rights to education should coincide with the development of education systems which reflect, respect and embrace philosophies and ideologies which have shaped, nurtured and sustained indigenous people for tens of thousands years.

A community-based approach to support, including indigenous knowledge, can contribute to education. It can play a tremendous role in support services, including life skills education. Semali's (1999) view that indigenous people have used the environmental natural resources, including food, water, and medicine, to sustain their lives for centuries is relevant in this argument. For example, studies of traditional Aboriginal foodstuffs suggest an indigenous diet high in proteins, complex carbohydrates, fibre, vitamins and minerals and low in sugar and saturated fats. This diet met their nutritional requirements. Environmental degradation has contaminated many traditional food sources, particularly fish and plants, so that their consumption is now dangerous to human health (Horton, 1994, cited in Colomeda & Wenzel, 2000). Thus, knowledge about indigenous nutritional food could be of vital importance for learners and educators. Indigenous people know what valuable knowledge is and what it is not. They know from their own life experience, through trial and error, how to pass on such knowledge from one generation to the next.

In the endeavour to advance indigenous knowledge on health globally, some countries have developed a database for indigenous plants. However, there is a variance among indigenous knowledge holders on this issue as some fear that people who do not have rights to this knowledge will tap it freely (Singh, 2004). America conserves indigenous knowledge through the American Association for the Advancement of Science. It maintains a database (at www.shr.aaas.org/tek) that is open to traditional knowledge holders who want to pre-empt patenting by others. Others say that instead of relying on the databases of traditional knowledge, developing countries should follow the example of China's government, which has secured around 12,000 patents on its own traditional medicine.


2.5.3 Indigenous knowledge in South Africa

Indigenous knowledge systems are sets of knowledge and technology specific to populations and communities in particular geographic areas - in this case, South Africa. These sets of knowledge and technology need to be recorded, protected, and utilised in ways that benefit their owners and communities. Indigenous knowledge is stored in people's memories and is expressed in cultural values and beliefs (NRF, 2003).

Since this kind of knowledge has been marginalized in South Africa, an understanding is required about it and its roles in the community life from an integrated perspective that

includes both spiritual and material aspects of a society as well as the complex relation between them. In the process of understanding, it is vital to explore the potential contribution of indigenous knowledge to local developments (NRF, 2003).

The government of South Africa has taken some initiatives to recognise the importance of indigenous knowledge in South African communities. In the Department of Health there are some steps towards including indigenous knowledge in the health system, emanating from the escalating HIV and AIDS pandemic in South Africa. A Bill has been passed by Parliament which is intended to regulate the practice of traditional healers (Government Gazette, 2003). The Department of Science and Technology have also developed Indigenous Knowledge Systems (IKS) Policy which is meant to give indigenous knowledge the respect that it deserves, and address the injustices of apartheid towards indigenous knowledge systems. These are some of the words that were spoken by the Director-General of the Department of Science and Technology, during the adoption of Indigenous Knowledge Systems (IKS) Policy in South Africa:



Despite the clear association with heritage and cultural tradition, indigenous knowledge is very much at the cutting edge. For example, the problem of how to define the ownership of intellectual property by a traditional community rather than by an individual or a company has exercised the finest legal minds and challenges the boldest policy makers. The role of indigenous knowledge in innovation in the pharmaceutical industry is also well-known. These complexities, together with the wide cultural range of stake holders, have meant that the process of developing IKS by the DST has taken longer than expected (Department of Science & Technology, 2004:5).

It is clear from the above statement that indigenous knowledge in South Africa can be a backbone of the economy if utilised appropriately, and given the chance to showcase its potential. Other Government Departments such as the Education Department have to follow suit and rightfully consider indigenous knowledge in the curriculum so that the learners can learn indigenous knowledge in schools.

With the new democracy, South Africa seems to be developing indigenous knowledge in a remarkable way and it seems to offer opportunities to its neighbouring countries to benefit from this knowledge. Rankolo (cited in Norman et al., 1996), provides an example of a girl in the Botswana University who had to terminate her studies due to an attack by the ancestral spirits, and that that girl had to leave her third year in medicine in the university and go to

South Africa to undergo training and apprenticeship in traditional healing. The six months training was on sangoma skills and she graduated as a sangoma and resumed her studies at the University of Botswana. Rankolo further mentions that the girl graduated as a general medical practitioner four years later and today she combines both indigenous and modern medicine in her private clinic. This incident symbolises that South Africa has become an institution where internationals can come to undertake a discipline in indigenous healing practices.

There is a growing awareness of traditional or indigenous medical plants that could be used within the school context in South Africa. For example, The National Botanical Institute teaches some traditional healers how to propagate their own nursery of useful plants instead of poaching in protected environments such as the Cape Peninsula Park (Weekend Argus, 28 & June, 2003). Plants introduced include the common wormwood daily that is believed to cure coughs and flu, which are common in school-going children. If learners could be taught how to make their own botanical gardens of indigenous medicinal plants, their health might be promoted tremendously as problems such as flu and coughs could be cured more easily. This is supported by the notion of the Revised National Curriculum Statement, where it emphasises on the integration of Life Orientation with other Learning areas.



2.6 INDIGENOUS VIEWS OF HEALTH AND HEALTH PROMOTION

2.6.1 Introduction

In Africa the concept or cause of diseases and therefore the aim of healing focuses on three aspects; magic or spiritual aspects, conditions which have been empirically determined, and psychological phenomena. These aspects are therefore directly linked to spiritual, physical, social and psychological factors. Illness is caused by an imbalance of any of the above (Department of Health, 2000).

As mentioned earlier 'health', according to the World Health Organization is "a state of complete physical, mental and social well-being and not merely the absence of disease" (WHO, Ottawa Charter, 1986). *Indigenous* health falls on a collective and individual continuum (Durie, 2003), with an emphasis on the well-being of the individual and the

community (Australian Indigenous Health InfoNet, 2003; Commonwealth of Australia, 2001), and with a focus on the need for connection and belonging with family and community. Indigenous approaches to health also include the following characteristics:

- Healing as ‘making whole’, with a focus on restoring balance and harmony between these aspects and between oneself, others and the environment/ the earth (an ecological view) (Bhikha, 2001; Colomendo & Wenzel, 2000; Easwaran, 2003; Forstater, 2001; Frawley, 1999; Meadows, 1991).
- Cultural practices, including rituals and ceremonies (Breidlid, 2003; Colomendo & Wenzel, 2000; Australian Indigenous Health Info Net, 2003; Commonwealth of Australia, 2001; Some, 1998).
- A cyclic perception of the world, often represented by the ‘wheel’ (Some, 1998) including a co-existence of past, present and future time-frames (Durie, 2003) and
- An emphasis on autonomy and self-determination (Durie, 2003), including a sense of identity and purpose and self-esteem (Breidlid, 2003; Commonwealth of Australia; Some, 1998 cited in Lazarus, 2004).



2.6.2 Indigenous views of health promotion and education in South Africa

Indigenous knowledge systems in South Africa refer to the body of knowledge entrenched in indigenous people’s philosophical thinking and social practices that have developed over many years and continue to evolve (Department of Education, 2003b). According to Hoppers (2002:83) indigenous knowledge emphasises the interrelatedness and interdependence of all phenomena; biological, physical, psychological, social and cultural, with “indigenous cosmology” focusing on the co- evolution of spiritual, natural and human worlds. The balance between physical, emotional, spiritual and social facets of human life leads to well-being. This is understood in indigenous knowledge systems, and forms a solid base from which Life Orientation can proceed (Rooth, 2005).

Faced with “the impediment of entrenched medical dominance and inhibitory professional paradigms” (E1 Ansari, Phillips & Zwi, 2002:151), indigenous knowledge systems encounter multi-faceted barriers. For this reason colonial education is criticised by Mosha (2000) for its view that morality and education are two distinct entities. The ignoring of indigenous knowledge, morality and values may have affected psychosocial education adversely. Ntshangase (1995:7) attributes the lack of guidance implementation in schools, in part, to the

“lack of sensitivity by school guidance providers with regard to alternative views of mental health and healing, for instance, traditional healing and African cultural values”.

To facilitate the promotion of indigenous knowledge in South Africa, the Revised National Curriculum Statement underscores the principle of indigenous knowledge as part of each learning area (Department of Education, 2002a). The Life Orientation curriculum can contribute by including indigenous knowledge in all its foci, with a particular emphasis on health promotion.

Rooth (2005) mentions that there is a vast body of indigenous health knowledge in South Africa which could be drawn upon to advance well-being and health. She further explains that the Department of Health, the Medical Research Council and the Council for Scientific and Industrial Research have been working together to promote research in traditional healing.

Lazarus (2004) highlights that South Africa, through the Department of Health’s policy documents, accepts that spiritual dynamics play a role in the break down and promotion of health and well-being. It is the task of Life Orientation to promote this holistic view of health and well-being. Ritual and rites are significant to many communities in South Africa, with many indigenous rituals having an important role to play in the health and well-being of learners.

Maluleke (2001) recommends that the Limpopo Department of Health and Welfare should promote the cooperation between vukhumba (puberty rites among Vatsonga) elders and departmental health services, to ensure that this cultural traditional can be used to promote women’s health. Further recommendations are that the puberty rite should be used for teaching and for the prevention of diseases such as HIV and AIDS (Maluleke, 2001).

In physical education, Alexander (1998) suggests an approach to physical education that includes the decolonization of programmes and the promotion of movement forms from African culture. Hence the rapidly growing indigenous games in South African schools, particularly in the Western Cape Province. The indigenous games are taught to learners by experts (Cape Argus, 26 April, 2005; Cape Argus, 4 April, 2003). Solomons, the Head of Culture and Sports in the Western Cape provincial government, concurs with this aim of physical education. He has introduced traditional games in a number of schools in Cape Town

(Cape Argus, 4 April, 2003). These traditional games include 'morabaraba' a board game known across Africa, skipping rope, indigenously known as 'kgadi' and others. He said that:

The aim of the scheme is all about replacing the old physical training periods that have been discontinued in schools and about developing extramural activities in our communities. Kids have all this pent-up energy, and these traditional games are not only fun and social, they are also quite physical, to address the problem of obesity in our learners (Cape Argus, 4 April, 2003).

The non-governmental organization called The Future Factory is now teaching school children how to play traditional games. This organization teaches games in primary and high schools across the Western Cape. The primary objective of this organization is physical education in schools, as this is a fun way of developing children and young people through sport and recreation (Cape Argus, 26 April, 2005). Besides the Indigenous African games, this non-governmental organization teaches learners Irish traditional games with the assistance of a visiting volunteer from Ireland. The Future Factory holds Indigenous Games Festivals with the Department of Sport and Recreation during Holidays such as Freedom Day (Cape Argus, 26 April, 2005).



Many agree with the above mentioned strategies, for instance, Hoelscher, Feldman, Johnson, Lytle, Osganian, Parcel, Kelder, Stone and Nader (2004) and Reddy, Panday, Swart, Jinabhai, Amosun, James, Monyeki, Stevens, Morejele, Kambaran, Omardien, and Van den Borne (2003) who point out that dietary behaviours can, in conjunction with physical inactivity levels, result in non-communicable diseases such as cancer, diabetes, cardiovascular diseases and obesity. It is therefore of paramount importance that South African children are encouraged to engage in physical activities, and for educators to take into cognisance the physical development and movement focus area in the Revised National Curriculum Statement. In this way the above health challenges could be circumvented.

Provisions have also been made to promote indigenous belief systems within the Religion Education component of Life Orientation (Department of Education, 2002b). South Africa has important traditional religions that had been marginalized by the previous education system (Mnolende, 1994). Life skills education can ameliorate these injustices. The aim of Religious Education is to achieve religious literacy, including education about the religions of the world, with particular attention to the religions and worldviews of South Africa (Department of Education, 2003a cited in Rooth, 2005).

A learning area statement for Life Orientation indicates that learners need to respect the rights of others and appreciate cultural diversity and different belief systems. This is ideally suited to promote Religious Education (Department of Education, 2000b). Religion comes into play in this study because faith communities form part of the community-based approach to education, and work hand-in-hand with traditional healers.

Chidester (1996:155) posits that, “rather than bounded cultural systems, religions are intra-religious and inter-religious networks of cultural relations”. For this reason Rooth (2005) argues that Religion Education can be incorporated into Life Orientation Outcome 2 which deals with social development and citizenship education. The appropriateness of Religious Education woven into Life Orientation is evident, where learners learn about differences and similarities of an array of belief systems. Rooth (2005) mentions that learners can deal with and learn about values, festivals, rituals and customs of different belief systems. Also, the senior phase could incorporate the way “spiritual philosophies are linked to community and social values and practice” (Department of Education, 2003a:18).

As the world continues to watch the AIDS epidemic create havoc throughout the African continent, it is realized that a valuable resource - that of traditional medicine and its practitioner - is markedly under-utilised. It is estimated that in South Africa there are at least 20 000 indigenous healers (Gericke, cited in Norman, 1996). The value of this knowledge cannot be underestimated because it is helpful in remedying many health problems, and not only HIV and AIDS, for South Africans.

Very often traditional healers share the same socio-cultural values as their communities, including beliefs about the origins and significance of ill health. This confirms why South Africans and other African countries consult traditional healers as elaborated by Gilbert, Selikow and Walker (2002). They further state that the approach of the traditional healers is usually a holistic one, dealing with all aspects of the patient’s life, including his/her relationship with other people, with the natural environment and with supernatural forces, as well as any physical or emotional symptoms. In other words, traditional healers provide culturally familiar ways of explaining the course and timing of ill health and its relationship to the social and supernatural worlds.

The parliamentary Portfolio Committee on Arts, Culture, Science and Technology in South Africa aims to rectify the destruction of indigenous knowledge during apartheid, and the

Health Minister is concerned with stamping out unsafe practices and toxic phytomedicine by placing traditional healers under a new regulation. However, Morris (2001) says that stakeholders of indigenous healing have conflicting agendas in that some traditional healers worry that regulation will bring about restriction without recognition of their skills and protection of their rights, and many fear commercial exploitation.

The Health Minister, Manto Tshabalala-Msimang, was reported in the Cape Times as saying that the lack of regulation and co-ordinated development has had a negative impact on this section of healthcare (September, 2004). She said that the government would take care of the education and training needs of traditional healers and protect the country's indigenous knowledge. Morris (2001) shares the same sentiments and highlights the need for this system - one that reaches some 80% of the people across the continent. It fulfils many criteria of an ideal public health intervention: generally efficient, cheap, individualised, and culturally appropriate. He maintains that indigenous health practitioners out-number allopathic doctors by at least ten to one. Yet, particularly in South Africa, this service remains marginalized, poorly regulated and unsubsidised.

Pretorius (1989) points out that although great strides towards the integration of African traditional health care have been taken, much still has to be done and delays in this process result in an under-utilization of what is a very good source of health care. This is particularly so in the context of HIV and AIDS where traditional healers have a critical role to play in stemming the tide of the epidemic. Sodi (1996) also emphasises the strengths of traditional healing systems, saying that traditional healing is physically, socially and culturally more available and accessible than western health care.

Many developing countries have successfully taken cognisance of incorporating traditional healers into national health systems. This was a recommendation made at the historic International Conference on Primary Health care at Alma Ata in 1978 (Gericke cited in Norman et al., 1996). Nevertheless, Gericke maintains that there seems to be a variance amongst the traditional associations in so far as indigenous knowledge is concerned. Some traditional healers associations seem to be anxious to participate with academic institutions and non-governmental organizations in the process of documenting indigenous knowledge, while others feel that they should be given the resources to enable them to document the information by themselves, for themselves. This misunderstanding could possibly jeopardize

this plan of collaborating indigenous knowledge with academic institutions and non governmental organization (NGOs) in the South African context.

2.6.3 Role of traditional healers in education support services and life skills education in South Africa

There is no direct literature on the role of traditional healers in education support services and life skills education, and this is one of the reasons why this study proposes to investigate the role of traditional healers in life skills education in South African schools.

Traditional healers are native people who are involved in healing sick people, whether the sickness is emotional, physical, social or psychosocial. Traditional healers or Sangomas, as they are known in Southern Africa, diagnose sicknesses through the ancestral spirit and then offer traditional medicine or natural herbs. They are also able to foretell what is likely to happen in people's lives and give some advice on how that particular event could be avoided.

Traditional healers are generally divided into two categories: those that serve the role of diviner-diagnosticians (or diviner-mediums) and those who are healers (or herbalists). The diviner provides diagnosis usually through spiritual means, while the herbalists choose and apply relevant remedies (Jolles & Jolles, 2000). Jolles and Jolles (2000) write that traditional healers tend to take a 'holistic' approach [to illness], treating the patient's spiritual and physical well-being together. With a terminal disease like AIDS, the spiritual side becomes very important. Traditionally, Xhosa cancer patients view their illness management in the Western medical setting as inadequate, because no attempt is made to address the perceived cause of the cancer. In contrast a traditional healer will give instructions to receive the causative hostility and will advise on the best means of restoring harmony (Hacking, Gudgeon & Lubelwana, 1988).

Gilbert et al. (2002) cite Dr Ruben Sher, head of the Institute for Medical Research AIDS Division in South Africa as saying that traditional healers have an important role to play in life skills education because it is a role they have played for years in the informal community education. Likewise, Holdstock (cited in Gilbert et al., 2002) adds that, the more he learned of Africa the more he realised that Western psychology talked theories, while African psychology was acting upon those theories – healing people. These two arguments point to

the significant role that traditional healers can play in education support services and life skills education.

South Africa has taken the initiative of incorporating traditional healers into the health system, and the government is committed to taking steps to legitimise African Traditional Health Care. It recognizes that traditional healing is an integral part of health care in South Africa and various processes has been set in motion to achieve this goal (Pretorius, 1989). The Traditional Health Practitioners' Bill of 2003 that was approved in the National Assembly gives formal recognition to traditional healers and sets ethical norms and standards to control the profession (Cape Times September, 2004). The introduction of the Bill protects the public from people posing as healers and amongst other things, controls the registration, training and practice of Traditional Health Practitioners, and provides for matters incidental thereto (Department of Health, 2003). Section 5 of the Bill defines the traditional health practitioner as a person registered or required to be registered in terms of this Act and includes a traditional birth attendant and a traditional surgeon.

Traditional healers have a crucial role to play in building the health system in South Africa and strengthening and supporting the national response to HIV and AIDS. Munk (1998), in his case studies on traditional healers in Kwa-Zulu Natal, remarks on the role that traditional healers play in the psychological well-being of patients. For example, traditional healers can play an important role in providing counselling and support. For this reasons some NGOs and other institutions have initiated training in counselling for traditional healers. For instance, Lifeline NGO has provided workshops and training for traditional healers, focusing on basic counselling skills, personal growth and HIV and AIDS awareness (Lifeline, 2003). The work of the indigenous healers is tremendous in this country. This is why the Minister of Health calls for collaboration of indigenous healers and western medical practitioners in the Sunday Times (February, 2004).

Many people concur that indigenous knowledge, which encompasses traditional healing and folklore remedies - is actually bearing the brunt of HIV and AIDS care and support in Africa. This is presumably why Kwa-Zulu-Natal, one of the worst affected areas in the world, has been a forerunner in strengthening traditional health care, and forging links between systems. Former Provincial Minister of Health in the Western Cape, Lissah Mtalane, who supports increased recognition and involvement of traditional healers, notes that sangomas (diviners) and inyanga (herbalists) have already proven beneficial in spreading HIV and AIDS

prevention messages, because they fit in with the psychology of the people (Morris, 2001). This involvement of traditional healers in AIDS awareness could be used as a springboard to education support services, especially in life skills and health education, located within the framework of Life Orientation Learning Area.

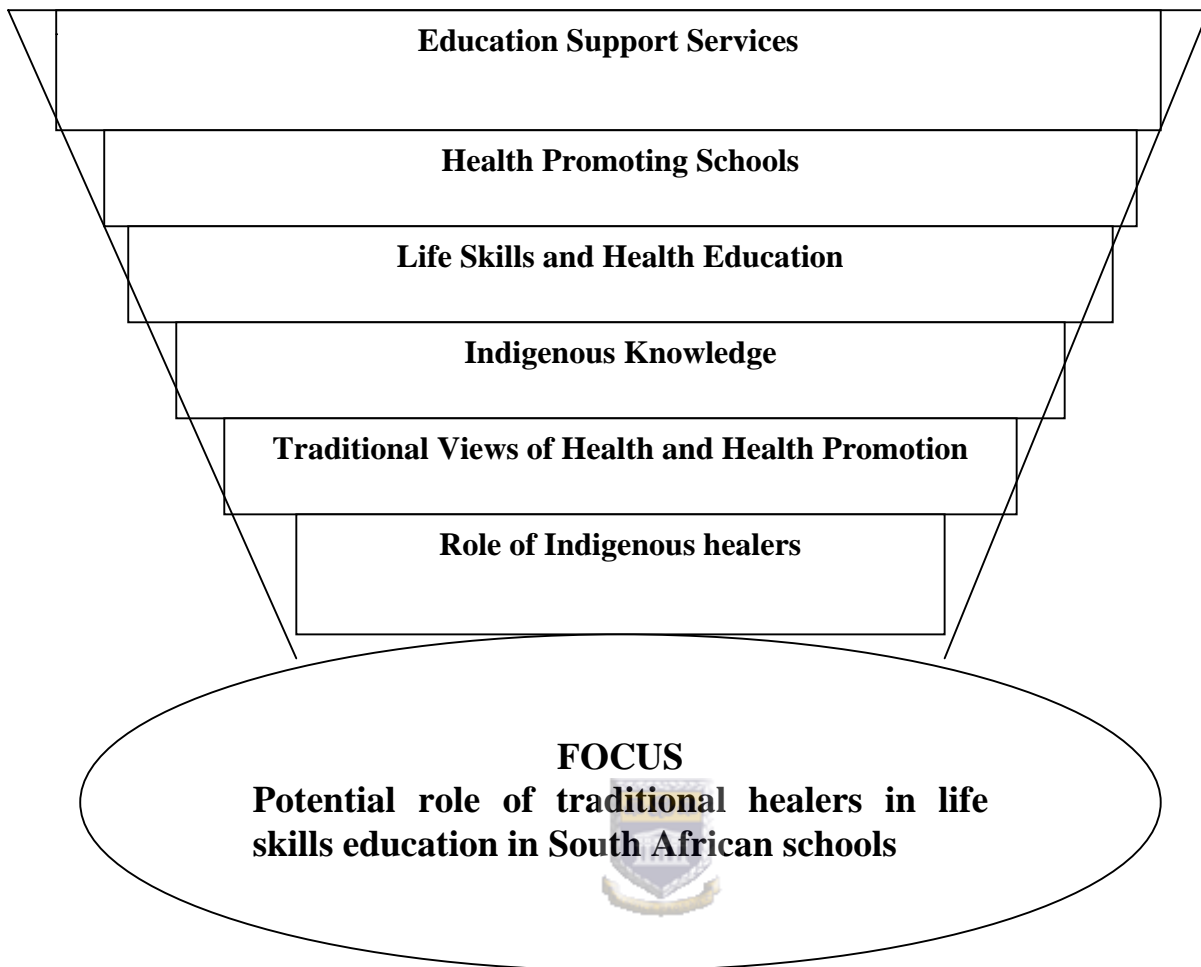
2.7 THEORETICAL FRAMEWORK FOR THIS STUDY

Education support services rest on the four levels of support in the South African education system. These are: The National Education Department, Provincial Education Departments, District Support Teams and Institutional-level Support Teams. The health-promoting school strategy is located within education support, within the framework of the whole school development (Lazarus & Davidoff, 2000). Life skills education is located within the Health Promoting School framework and is under the Life Orientation Learning Area in the new Outcome-Based Education (OBE) (Department of Education, 2002). In addressing the many health challenges confronting South Africa, indigenous knowledge should be included in this. These health challenges include substance abuse, violence, malnutrition, unemployment, poverty, HIV and AIDS and many others.

The literature suggests that the school is a viable setting to deal with these challenges (Vergnani, Flisher, Lazarus, Reddy & James, 1998). The White Paper 6 on inclusive education and training (Department of Education, 2001) states that an integrated support needs to be developed to address these challenges. It also states that all resources, including indigenous healers, should be pulled together in a joint venture aimed at addressing these problems.

Figure 1 below illustrates the relationship between the issues that frame this research. The diagram shows how the research is focused within the broad area of education support services.

Figure One: Research Framework

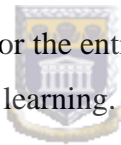


2.8 SUMMARY AND CONCLUSION

Chapter Two discusses education support services in South Africa and the USA. It appears that these two countries have the same learning barriers, most of which are rooted in health challenges. In addressing these learning barriers both countries follow a community-based approach to education support. In South Africa, in order to have a system of education that is inclusive and supportive, the government decentralised education into four levels. This was to enhance contributions from all the stakeholders towards effective teaching learning and teaching. The white paper 6 as a commitment of the government to strengthen education with the community-based approach to education support services identifies indigenous healers with their expertise in life skills as part of the stakeholders in education support (Department

of Education, 2001). In the Native American context, community-based education support is practised by the Tribal Colleges while in South Africa it is a policy for the whole education system. The tribal communities offer support to their education system to ensure that their children get the best tribal education. The administrators and staff of Tribal Colleges collaborate to follow up on the students' progress and success.

This chapter also discusses the health-promoting schools strategy because this is the route followed by the Department of Education and Department of Health in South Africa. In this chapter the health-promoting school is seen as the vehicle for practicing healthy life styles in order to ensure well-being. This is because a health-promoting school is a place where all the members of the community work together to provide learners with integrated and positive experience that protect their well-being. These facets of a health-promoting school take a school to be a viable and instrumental setting to take inclusive education to greater heights. Among other things, inclusive education policy reflects human rights and social justice for all learners, equal access for all learners to a single inclusive education system and access for learners to the curriculum, hence calling for health-promoting schools that have policies that reflect safe and accessible environments for the entire school community. This is envisaged to be a central strategy to address barriers to learning.



This chapter also addresses life skills and health education in both the USA and South African contexts, because this is the core of the study. Health challenges in the USA, with particular reference to the Native Americans, seem to be similar to those of South Africa except as far as HIV and AIDS statistics are concerned. And these challenges are directly related to socio-economic conditions. Native Americans include spirituality in the curriculum in order to foster life skills of their learners. They also develop programmes of life skills that focus on all risk factors, including, for example, substance abuse and suicide both of which are alarming among Native American young people. In the past, life skills was treated as another aspect of guidance in South Africa, but since the nineties, because of the HIV and AIDS pandemic, life skills became widely known through the introduction of diverse life skills and HIV and AIDS preventive programmes (Magome, Louw, Mathoioa & Jack, 1998). The purpose of Life Orientation is to empower learners to use their talents to achieve their full physical, intellectual, personal, emotional and social potential. For this reason, the Revised National Curriculum Statement in South African education covers life skills and health education.

Indigenous knowledge, which encapsulates indigenous views of health and health promotion, as well as the role of traditional healers in life skills education in South Africa, is explored. The indigenous knowledge that was marginalised for long in the past is explained by scholars as the knowledge in people's memories and that is expressed in cultural values and beliefs (NRF, 2003). The literature suggests that there are strides towards recognizing the existence of indigenous knowledge in South Africa, which make it even more possible to include traditional healers in education support services and life skills in South African schools. For instance, the Department of Science and Technology passed a policy on indigenous knowledge systems and the Department of Health passed the bill that regulates the practice of traditional healers.

In South Africa, the Revised National Curriculum Statement maintains the principle of indigenous knowledge as part of each learning area (Department of Education, 2002a). Indigenous knowledge can be included in Life Orientation with particular emphasis on health promotion. The aspect of research on indigenous knowledge is highlighted as a step towards formally including this knowledge in education. For example, the Medical Research Council and Council for Scientific and Industrial Research have been working together to promote traditional healing.



There is no direct literature on the role of traditional healers in education support services and life skills. However, scholars such as Gilbert et al. (2002) highlight the fact that traditional healers have an important role to play in life skills education because it is the role they have played for years in the informal community education. Indigenous knowledge is also seen as African psychology that implements the theories by healing people. These views confirm the potential role that could be played by traditional healers in education support services and life skills. Having reviewed the relevant literature and come up with an analytical framework, we now proceed to the next chapter, which will discuss the research design and methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter presents an overview of the research methodology utilized in this study. This captures the following: the research question and aims, the research approach, the data collection methods, data analysis and the research ethics. The latter section will deal particularly with research conducted with traditional healers' practitioners.

The research ethics became the fourth objective in this study because as I was engaging with literature and preparing for this research, it appeared that there were no ethics guidelines for conducting research with traditional healers in South Africa.



3.2 RESEARCH AIMS AND QUESTIONS

This research aims to investigate how the indigenous knowledge of traditional healers can play a role in life skills education in South African schools.

Research question:

What role can the indigenous knowledge of traditional healers play in life skills education in South African schools?

Specific research questions include:

1. How are traditional healers currently involved in education support and life skills education in South African schools?

2. How can traditional healers be involved in education support in schools in South Africa?
3. How can traditional healers be involved in life skills education in South African schools?
4. What ethical guidelines should be followed when conducting research with traditional healers aligned with life skills education in South African schools?

3.3 RESEARCH APPROACH

The primary research thrust in this study has been a review of relevant literature. The reason was that this was the first study of this kind to be conducted in South Africa, and thus needed an in-depth exploration of the content. In addition to the literature review, qualitative research methodology was employed. Banister, Burman, Parker, Taylor and Tindall (1994) define qualitative research as an interpretive study of a specified issue or problem in which the researcher is central to the sense that is made. They further state that qualitative research is an exploration, elaboration and systematisation of the significance of an identified phenomenon. Qualitative research is seen as a set of interpretive activities which do not privilege a single methodology over another. It draws upon and utilises a diversity of approaches, methods and techniques (Denzin & Lincoln, 2000 cited in Harris, 2004).

A qualitative approach was envisaged to be appropriate for the aims of this study because this method allows the researcher to obtain in-depth information on the topic under investigation. A qualitative approach allows the interaction between the researcher/interviewer and the interviewee/informants (Katzenellenbogen, Joubert, & Abdool Karim, 1997). This in-depth interaction makes this approach particularly appropriate to elicit adequate information from the key informants in this study. A qualitative research approach is also flexible because it allows the researcher to be innovative in his or her methods and techniques in conducting research (Henning, Van Rensburg & Smit, 2004).

In qualitative research, such methods as individual, in-depth interviewing, participant observation and focus groups are commonly used (Denzin & Lincoln, 2003:13). They explain that:

Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. Such researchers emphasize the value-laden nature of inquiry. They seek answers to questions that stress how social experience is created and given meaning.

The basic assumption for using this approach is that qualitative methods allow the researcher to study issues or events in depth (Ferreira, Mouton, Puth, Schurink & Schurink, 1998). Qualitative research is holistic and attempts to provide a contextual understanding of the complex interrelationship between the causes and consequences that affect human behaviour (Goetz & Le Compte, cited in Anderson, 1993).

This research method is primarily descriptive, and relies on people's words as the primary data (Marshall & Rossman, 1995). It requires a familiarity with the everyday life of the setting chosen for the study, and focuses on the values and perspectives of the participants. Hichcock and Hughes (1995) concur with this and mention that a qualitative approach draws both the researcher and the subject of the research together in order to be able to engage in a face-to-face interview.



The advantages of using qualitative research methods according to Norman (2000:165 cited in Matsie, 2004) are that:

A qualitative researcher analyses data by organizing it into categories on the basis of themes, concepts or similar features. He or she develops new concepts, formulates conceptual definitions and examines the relationship among concepts. Eventually he or she links concepts to each other in terms of sequence.

In summary, I used qualitative research in this study because of its exploratory nature, as the phenomenon in question is a new field of study. This means that there is a need for in-depth exploration.

3.4 RESEARCH PARTICIPANTS

In addition to conducting a relevant literature review, I asked two categories of key informants to participate in the study. The categories of participants included two traditional

healing experts and two Life skills/Life Orientation experts in the Western Cape. These participants are key informants because they deal with the above issues in their daily lives respectively. For example, the two traditional experts work closely with traditional healers and conduct research on indigenous knowledge systems and healing. While the two Life skills/Life Orientation experts lecture in higher institutions and are responsible for Life skills/Life Orientation, health promoting schools teaching and research. Their participation took the form of in-depth interviews. On the basis of the interview, I continued to explore the content through the literature to consolidate both the literature 'theory' and fieldwork results.

The sampling that was applied in this study was non-random sampling. I chose people on the basis of whether I thought they could supply relevant information. This is also known as judgment sampling. Purposive sampling was also triangulated with the above sampling techniques because it allows the researcher to select participants from the spectrum the researcher is interested in. Silverman (2000) says that purposive sampling allows the researcher to choose a case because it illustrates some feature or process in which the researcher is interested. Merriam (1998) mentions that purposeful sampling, also known as snowballing, chain, or network sampling, involves asking each participant or group of participants to refer you to other participants. It involves identifying participants or cases of interest from people who know people or cases that are information-rich, that could be good example for study, or good interview subjects. Where purposive sampling is applied, it is not the number of respondents that matters, but the potential of each person to contribute to the development of insight and understanding of the phenomenon that is important (Merriam, 1998). This is the reason why this study employed key informants as participants in interviews.

3.5 DATA COLLECTION METHODOLOGY

The literature review was guided by the following keywords: education support services, indigenous knowledge, indigenous health, indigenous healers, traditional healers, life skills education, South Africa, community-based support, health-promoting schools, and research ethics. I used the keywords interchangeably in order to access the relevant articles from the electronic database. I obtained government documents from the library, especially on

education support services, health and the health-promoting school. I read international and national documents to have a clear view of what is being said about indigenous knowledge and indigenous health.

In addition to the literature search, the primary data was collected through the use of interviews, in order to get more in-depth information. The interviews were semi-structured to allow the informants to provide as much information as possible for the study. The interviews were face-to-face individual conversations between the researcher and the interviewees.

An interview is a conversation with a purpose (Banister, Burman, Parker, Taylor & Tindall, 1994). The purpose of interviewing is to find out what is in and on someone else's mind (Xatton, 1990 cited in Merriam, 1998). Interviews can permit exploration of issues that may be too complex to investigate through quantitative means (Mishler, 1986 cited in Banister et al., 1994). Johnson (2002:103 cited in Henning, Van Rensburg & Smit, 2004) describes in-depth interviews as a "Face to face interaction between an interviewer and an informant, and which seeks to build the kind of intimacy that is common for mutual self-disclosure".

The advantage of in-depth interviews is to help the researcher to achieve the same level of knowledge and understanding as the member or participant (Henning et al., 2004). They further refer to this technique as a teacher-student relationship, where the informant would be a kind of teacher and the interviewer a student, one interested in learning the new knowledge from a veteran informant.

The in-depth interview technique is generally used when detailed information is needed from individuals, which was the case in this study. This technique also allowed the interviewer to draw out more details while the respondent was talking and thinking about the subject (Katzenellenbogen, Joubert, & Abdool Karim, 1997). However, the limitation of in-depth interviews is that the respondent may be less willing to open up than in the relaxed atmosphere or a group (Sewell, 1998). Sewell further argues that in-depth interviews are subjective in inquiry and that leads to difficulties in establishing the reliability and validity of the approaches and information. It is very difficult to prevent or detect researcher-included bias. The scope of in-depth interviewing is limited due to comprehensive data gathering approach required. In-depth interviews generally yield less systematic data that is difficult and time-consuming to classify and analyse, since different information is collected from different people. It is also more time-consuming to interpret and analyse qualitative data than analysing

quantitative data. This technique could also be more reactive to personalities, moods and interpersonal dynamics between the interviewer and the interviewee than methods such as surveys (Sewell, 1998).

According to the nature of this study, the interviews were semi-structured so as to allow the interviewer and the interviewee to explore the phenomenon in an orderly way. Semi-structured interviews may explore precisely those areas where the interviewee perceives gaps, contradictions and difficulties. It is easy with semi-structured interviews to tailor questions to the position and comments of the interviewee, without being bound by the codes of standardization and replicability to follow an interview schedule (Mishler, 1986 cited in Banister et al., 1994).

Semi-structure interviews provided the opportunity to the interviewer to probe and expand the respondents' responses. The researcher or interviewer asks certain major questions of all respondents, but each time she or he can alter the sequence in order to probe deeply and overcome a common tendency for respondents to anticipate questions (Hitchcock & Hughes, 1995). The aim of the semi-structured interview is to provide for a free flow of information between the researcher and subject. The researcher is able to develop rapport and empathy with those being interviewed, and once this is achieved the belief is that deeper, more meaningful information will be obtained (Hitchcock & Hughes, 1995).

Mishler (1986 cited in Banister et al., 1994) says that semi-structured interviews are an open and flexible research tool that can document perspectives not usually represented or even envisaged by the researchers, and hence this approach can empower disadvantaged groups by validating and publicising their views. Within a semi-structured interview approach, the researcher should respond to and follow up issues raised by the interviewee, including ones that the researcher may have anticipated.

In this study, the interviewer had a set of questions or themes upon which the discussions were based (Appendix One and Two). The respondents were given freedom to express their thoughts and opinions in trying to respond to the questions.

The research instrument that was employed was an interview schedule. Two separate schedules were developed, one for the experts on indigenous knowledge and traditional healing issues, and the other for the Life Orientation experts. The questions focused on the

role that indigenous knowledge of traditional healers can play in life skills education in South African schools (Refer to Appendices One and Two).

This technique was relevant in this study as it is a new field of study, and therefore needs a thorough discussion. It was envisaged that this technique would contribute different perspectives on the issue, thus would help in developing insights for the interviewees on life skills education from an indigenous knowledge perspective.

3.6 DATA ANALYSIS TECHNIQUES

The interviews were tape recorded and fully transcribed, as the written word is the basic medium for analysis (Katzenellenbogen, Joubert, & Abdool Karim, 1997). Ideally, verbatim transcription of recorded interview provides the best database for analysis (Merriam, 1998). However, transcribing interviews is a tedious and time-consuming project and could be expensive when you have to hire somebody to do it on your behalf (Merriam, 1998). Merriam argues that by hiring someone to transcribe for you, you lose familiarity with data which you get by doing your own transcription. On the other hand hiring someone to transcribe allows you to spend time analyzing your data instead of transcribing.

A content analysis methodology was employed in this study. Content analysis is a research strategy used to determine the presence of certain words or concepts within a text or sets of texts. This method of analysis helps the researchers to quantify and analyze the presence, meanings and relations of such words and concepts, then make inferences. This means that the data is explored under common themes and then compiled into units of meaning or codes. Later these codes become the basis for further analysis (Krippendorff, 1980).

Content analysis looks directly at communication via texts or transcripts, and hence gets at the central aspect of social interaction, and can allow for both quantitative and qualitative operations. It can be used to interpret texts for purposes such as the development of expert systems (since knowledge and rules can both be coded in terms of explicit statements about the relationships among concepts) and is an unobtrusive means of analyzing interactions that provide insight into complex models of human thought and language use (Weber, 1990).

However, content analysis can be extremely time-consuming and is subject to increased error, particularly when relational analysis is used to attain a higher level of interpretation.

At the beginning of my analysis, I wrote down my reflections immediately following each interview because reflections often capture more insights from the interview. These reflections included descriptive notes on verbal and nonverbal behaviour of the informant. Merriam (1998) argues that post-interview notes allow the investigator to monitor the process of data collection as well as begin to analyse the information itself.

The tapes of the interviews were given to a specialist to transcribe in full. I wanted to reserve my energy for analysing the data. I then took the transcripts, which I read over and over again, before coming up with categories based on the research question. Under each question I pulled out all the common themes and then grouped the themes according to differences and similarities. As I did this I also looked at my reflections for each interview, to link with the themes that emerged in categorizing the data. I therefore also included non-verbal expressions as observed during interviews because they contained subtle nuances of meaning that were crucial to the overall interpretations of the data. Then, from this, I made my interpretations on the grouped themes under similarities and differences of the interview data.

3.7 RELIABILITY AND VALIDITY OF DATA

According to the American Psychology Association (1985) reliability is the extent to which an experiment, test, or any measuring procedure yields the same result on repeated trials. That is, reliability is concerned with the accuracy of the actual measuring instrument or procedure. Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. Validity is concerned with the study's success at measuring what the research set out to measure.

I developed an interview schedule which I gave to my supervisor to check and critique, and then I sent it to the indigenous knowledge and traditional healing experts and Life Orientation experts to have a look at it and to give comments to ensure reliability and validity. This emerged to be a critical issue, as the study is a new field altogether. It presented the issue of

ethics as central. In order to verify and interpret the results of the interview, the transcripts were also given to participants to check for accuracy.

3.8 RESEARCH ETHICS

In order to gain access to the respondents or interviewees, the Life Orientation experts were approached individually and asked for their willingness to participate in the interviews. The traditional healing experts were also approached to participate in the research.

Banister, Burman, Parker, Taylor and Tindall (1994) say that it is important to disclose sufficient information on the purpose of the research in order to locate ourselves firmly within both the research and the participants' world, hence ensuring interpersonal connection. This allows participants to understand the position of the researcher.

The aim of the research was explained to participants in the language of their preference. “Good research is only possible if there is mutual respect and confidence between researcher and participants. This is joined by open and honest interaction” (Banister et al., 1994). The Model Tribal Research Code for American Indians (1999) on regulations for research also states that the research being proposed, including goals and objectives, should be described.

The interviewees were told that they need not answer all the questions or continue talking about an issue that becomes uncomfortable for them. They were told that they could request for an interview to be halted, or for the tape recorder to be switched off if they become uncomfortable with it.

The participants will be informed of the findings of the research in an accessible format. This includes having access to the report of the research and the transcript of the tape recordings that transpired during the interview. Banister et al. (1994) says this is another way of reducing research power by making clear to people that the material they give is owned by them. The Model Tribal Research Code for American Indians (1999) emphasises that the researcher should indicate how confidentiality will be protected and should indicate where the raw data will be deposited and stored on the completion of the project.

Informed consent of the participants was obtained for this research (refer to Appendix Three). The above was pursued with the aid of a consent form that had to be completed by each participant. Areas covered by this form include the right to privacy, the freedom to terminate participation if necessary, and the right to access information. Banister et al. (1994) maintain that informed consent involves explaining the purpose of the research, what is involved, how it is to be conducted, the number of participants and, most importantly, what is to happen to the material collected. Therefore, the aim of the research was divulged to participants and I told them that the full document including their information will be in the library, and that they will have a copy if they so wish. I explained to the respondents that they were free to withdraw from participation at any time of the interview, and that if they do, the material gained from them will be destroyed. The participants were told that they should feel free to contact me should they wish to withdraw their consent or have further comments. Banister et al. (1994) say that this is to democratise the participation in the research.

Banister et al. (1994) emphasise the significance of accountability in research. Who are researchers accountable to? With this in mind, I explained to the participants that the research is accountable to the University of the Western Cape. The Model Tribal Research Code for American Indians outlines that to counteract the risk associated with the research, including risks to psychological well-being of individual human subject or participants and culture, social, economic and or political well-being of the community, the researcher should explain who the research is for and why it is to be conducted in their community. The above was pursued with the aid of the consent form that had to be completed by each participant.

According to The Model Tribal Research Code for American Indians (1999) it is important to explain to the participants the benefits of the research. The participants were therefore told that the benefit of the research is that education support services in South Africa will be strengthened, and hence the many barriers to teaching and learning in South African Schools will be better addressed. The indigenous knowledge of traditional healers would be considered and utilised officially at recognised levels of education. The traditional healers' community will benefit in that they would not have to offer services behind closed doors, and hence the larger community will know about them and their practices. The Life Orientation experts will benefit in that they will have multiple approaches to addressing health challenges in the South African schools that will lead to addressing barriers to learning. Thus the burden

will be eased. They will also begin to understand what ill-health means from an African perspective.

As the study unfolded, these ethical issues seemed to cross-cut the whole research process because this kind of study has never been conducted before. There are no guidelines for conducting research around indigenous healing issues. For this reason I found myself obliged to explore these ethical issues in some depth. The ethics thus became a central part of my research.

3.9 SUMMARY AND CONCLUSION

In this chapter I have discussed the research aims, research questions, research approach, overview of research design, data collection and analysis and ethics. The research seeks to investigate the role that could be played by the indigenous knowledge of traditional healers in life skills education in South Africa. The research approach in this chapter primarily followed a literature review, together with which qualitative research methodology was employed to gather enough information on the phenomena in question. The face-to-face interviews were used to allow the researcher to obtain in-depth information, especially in a new study like this one. Hence, I felt that this methodology is appropriate for my study.

Two categories of the informants participated in this study. One category was traditional healing experts and the other life skills experts. I chose these categories through non-random sampling, because I selected them in a spectrum that I thought would elicit more information on the study. Primarily data collection was through literature review, coupled with semi-structured face-to-face interviews. This kind of interview was suitable as this study needed in-depth discussion, where participants are free and less restricted.

The interviews were tape recorded and analysed through content analysis methodology. Validity and reliability were assured as the interview schedule was given to participants to check for accuracy. Ethical issues presented some difficulties because this kind of research has never been conducted on indigenous healer community. However, it is discussed in this chapter how ethical issues were handled. For instance, participants were approached

individually to participate in the interview. The aims of the research were explained to them in the language of their preference. It was also explained where the finished copy of the research will be kept for access to all the people. Now I proceed to chapter four which will focus on presenting and discussing the research findings.



CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents and discusses analysis of the data collected. The analysis process that was applied is elaborated in Chapter Three. Below is a guide that guided the data analysis processes in this study.

This research aims to investigate how the indigenous knowledge of traditional healers can play a role in life skills education in South African schools.

Research question:



What role can the indigenous knowledge of traditional healers play in life skills education in South African schools?

Specific research questions include:

1. How are traditional healers currently involved in education support and life skills education in South African schools?
2. How can traditional healers be involved in education support in schools in South Africa?
3. How can traditional healers be involved in life skills education in South African schools?
4. What ethical guidelines should be followed when conducting research with traditional healers aligned with life skills education in South African schools?

4.2 CURRENT INVOLVEMENT OF TRADITIONAL HEALERS IN EDUCATION SUPPORT SERVICES AND LIFE SKILLS EDUCATION

Category number one of the interviews required the key informants to respond to the question about the current involvement of traditional healers in education support and life skills in South African schools. The categories that emerged during the analysis include: the current involvement of traditional healers in life skills education, consultation of traditional healers by educators to address health challenges, learners consulting traditional healers to address health and life skills challenges, and parents' consultation of traditional healers for their learners (children) to address health challenges and life skills.

4.2.1 Current involvement in life skills education

According to the interview responses it seems that there is no evident formal involvement of traditional healers in education support services and life skills education in South African schools. The limited scope of this research needs to be taken into account, however. Below is what key informants had to say.



Interviewee 1 (life skills expert)

I do not know about their involvement at all. I have not heard of any examples of them being involved. I might be wrong, because I don't know everything that is going on in this country. But, I personally do not know about their involvement.

Interviewee 3 (traditional healing expert)

I think, to my knowledge the answer is none. I could be biased or I could be uninformed, but I've gone around the country and there is still hostility and resistance from most of educational systems into incorporating traditional healers as part of the support system, education support system - which is why I say that the answer is none, you see?

4.2.2 Consultation of traditional healers by educators to address health challenges

It appears that some educators consult traditional healers for various reasons relating to their well-being.

Interviewee 2 (life skills expert)

... either educators would go to an ordinary doctor and a traditional healer and the two won't actually cancel each other out, or they don't conflict. They would go for personal problems, problems in relationships, marriage problems, substance abuse problems, HIV/AIDS, fears after being diagnosed. They would go for things like poverty ... how can I arrange my budget? How can I get lucky? And then for every day illnesses like headaches, asthma, TB and life skills, like problem solving, definitely like depression, so teachers will consult traditional healers, but will also consult medical doctors.

In the rural areas definitely, I cannot speak for Cape Town. In Limpopo definitely and it wasn't seen as something to be shy of. It's normal, which is great.

Interviewee 4 (traditional healing expert)

If, for instance, we say ... two thirds of the countries in this world, I mean third world...that forms 80% of the people of this world, because they are mostly in the third world have got some problems ... and some of these problems include access to health ... and technologies, therefore these people would then rely on the best available resources, the best available technology and the best available health support systems ... and the best available health support systems would be through traditional knowledge systems, which is really run by traditional practitioners. This is why we keep saying that 80% of the population rely on the traditional healers. That is really based on that argument. Therefore, educators in the third world fall within that 80%, therefore my answer is then yes educators consult traditional healers.

4.2.3 Consultation of traditional healers by learners to address health and life skills challenges

The four interviewees seemed to concur on this question. It seems that some learners consult traditional healers because of their culture and some because it is a health system that their parents follow.

Interviewee 1 (life skills expert)

Well, I presume they do consult traditional healers with health related challenges, I'm sure. If their parents are doing it, they are doing it too. The extent, I do not know. But, I mean ... you take your parents ... if you go to traditional healers, you'll take your child to a traditional healer. So, yes ... they are. And probably related to health things ... I'm not sure about other things – you'll never know.

Interviewee 2 (life skills expert)

Oh yes, they would go for life skills issues, also problem solving like I'm confused, I'm growing up, decision making, what must I do, what choices must I make? Career choices, relationship problems, and girlfriend/boyfriend problems. Yes, obviously because of the initiation schools, then there also they would access the traditional healers. So the learners also get access there.

4.2.4 Consultation by parents of the learners to address health challenges and life skills

Based on the responses from the four key informants it appears that many parents consult traditional healers, for both personal reasons, and for their children's sake, so that they can learn effectively at school.

Interviewee 2 (life skills expert)

I think the parents will go if the learner has a problem like substance abuse or the boy learner makes the girl learner pregnant and when the family is all in confusion, they'll go. Also during adolescence, when the parents feel they're losing control of the child and there are communication problems, they would go and get advice, they would definitely go to traditional healers. Sometimes they get depressed and parents will go and get advice on what to do. I think the parents definitely do consult traditional healers. It's not termed life skills, but these are life skills, it's just not formulated life skills.

Interviewee 4 (traditional healing expert)

The answer is very simple. Yes, parents do visit traditional healers for so many reasons. These parents consult traditional healers, and on what specific issues ... it could be that they consult traditional healers for health related issues. They consult traditional healers for, I think, emotional related issues ... they consult traditional healers for psychological, you know, reasons ... lots of people consult the traditional healers for physical, you know. Now, when I talk about really physical, or psycho-physically, people have a number of problems ... whether one has a health problem or whether one wishes to fulfil a certain desire, you know, in a case when the man do not have children, because the man feels that he is not fulfilling his role as a man, you know ...

It seems that, because of the stigma that the indigenous knowledge of traditional healers have had from the past government, it is difficult for traditional healers to use their skills in supporting education and addressing health and life skills challenges that seem to affect school going children in South Africa.

The respect that traditional healers are given by the communities acts as a springboard for them to provide support in the context of education, particularly in life skills education. However, the role of traditional healers' indigenous knowledge is minimally utilized in education support services at present, but the limited scope of this particular study makes it impossible to draw any general conclusions. The White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System emphasises the joint venture in addressing the learning difficulties of learners, and that includes traditional healers (Department of Education, 2001). This needs to be implemented and not just rhetorically pronounced by the Department of Education.

The question of the current involvement of traditional healers in life skills education seems to be a difficult one. This is because traditional healers address a lot of challenges in the community and not directly within the school premises. From the responses it seems that there is no formal involvement of traditional healers in life skills education and support services in schools.

Almost all the key informants agreed that some educators, parents and learners consult traditional healers. They do so for various reasons, such as psychological problems, substance abuse, teenage pregnancy as well as life skills challenges such as problem solving and decision making. One of the life skills experts substantiates this by saying: "I think the parents will go if the learner has a problem like substance abuse or the boy learner makes the girl learner pregnant and that when the family is all in confusion, they'll go".

The literature indicates that almost 80% the South Africans consult traditional healers and use traditional medicine (WHO, 2002). This includes educators, parents and learners as they form part of the population of South Africa. One of the traditional healers experts stated that two thirds of the world's population are in the third world countries and they have problems accessing proper health facilities and technologies, and so resort to the indigenous health system. He also maintained that the argument that 80% of the population consult traditional healers is based on this.

One of the life skills experts mentioned that sometimes parents consult traditional healers when their children have a problem of substance abuse. It is also highlighted by Julek (1994) that therapeutic modalities based on indigenous culture and religions traditions have been

found to be generally as effective as, and in some cases more successful than, official treatment in the rehabilitation and prevention of chemical substance dependence in Asia, the United States of American and Southern Africa. This point suggests why the traditional healers are being consulted in South Africa by educators, parents and learners. Brown (2001) mentions that in some countries traditional healing approaches are the main resources used to address various problems relating to health and well being, while in other countries, including many ‘western’ societies, traditional healers and ‘western’ medical practitioners are often consulted simultaneously.

On the question of whether educators consult traditional healers, the life skills experts in this study mentioned that educators consult traditional healers particularly on the issue of HIV and AIDS. She mentioned that people fear the results after being diagnosed HIV positive. Jolles and Jolles (2000) write that traditional healers “tend to take a ‘holistic’ approach [to illness], treating the patient’s spiritual and physical well-being together. With a terminal disease like AIDS, the spiritual side becomes very important”.



4.3 POTENTIAL INVOLVEMENT OF TRADITIONAL HEALERS IN EDUCATION SUPPORT SERVICES IN SCHOOLS

On the potential role of indigenous knowledge of traditional healers in education support services, the responses from the key informants, are categorised as follows: potential involvement of traditional healers in education support, traditional healers assisting schools to be health-promoting, collaboration of traditional healers and medical doctors in addressing HIV and AIDS, and formalizing the contribution of indigenous healers in education support services.

4.3.1 Potential involvement of traditional healers in education support

All four key informants agreed that traditional healers can play a vital role in education support services. Two life skills experts and one traditional healer expert indicated that traditional healers can be incorporated in multidisciplinary teams and school governing bodies. These respondents emphasised the point that traditional healers are parents of

communities and custodians of culture and can therefore play a role in sustaining the values of the community through schools.

Interviewee 1 (life skills expert)

I see them as playing a role in multi-disciplinary teams, so I think that, as part of a support team they could play a role in education support services. It again depends on the type of traditional healer, whether they are open to working in a team and whether the team is going to be able to treat them as an equal partner. I think that is where your key is ... so I think therefore, that we can't deny that a large percentage of this population in this country consult traditional healers, so yes ... they should be part of the team.

Where they come into the Life skills curriculum, one would have to look at the curriculum. I'm not sure that there is that much space, but one can look at other views of health ... other views of illness ... that sort of things, yes...

Interviewee 2 (traditional healing expert)

Err ... I think we are talking about traditional healers as custodians of the culture. They could be involved. I think, in terms of educating us and educating the learners ... educating even the educators in terms of either health issues, either in terms of culture, in terms of your physical exercises, you know ... your traditional games and I think that we need to keep ourselves fit. We are also looking at traditional healers as negotiators. We are looking at traditional healers in terms of them playing a role as social workers.

We are looking at traditional healers being involved in terms of the counselling, especially for HIV and AIDS, we are also looking at traditional healers providing support, you know ... to our primary health care, in terms of integrating communication with communities at community level. And also, interacting with people at the school level, because as I mentioned that we've got is this deep cultural belief so therefore you'll have people at school who believe in this, because their parents believe in that. So, we want, I think ... mentoring to see such support.

4.3.2 Traditional healers promoting schools to be health promoting

The key informants concur that traditional healers could help schools to become health-promoting schools. Two of the key informants, one life skills expert and one traditional healers' expert, stated that traditional healers could work in a team and address health related issues. They need to educate learners on healthy behaviour. Two key informants maintained that the traditional healers should collaborate with the medical doctors to look at health, and agree on strategies of health promotion. Key informant 4, a traditional healers expert,

emphasised that traditional healers could play a role in drawing from the past so that health challenges are addressed. This does not mean going backwards.

Interviewee 1 (life skills expert)

They could very well become part of that team. And to look at the range of health related problems ...

Interviewee 4 (traditional healing expert)

Ja. That is why I'm keeping quiet, because I am saying that traditional healers have their role in health systems and they've got their own belief systems. We need to settle down with them and say ... this is what you believe and this is what we believe. Maybe the answer is somewhere in the middle.

... so therefore we want to say ... the role that we want to see traditional healers playing, would be the whole issue of good health, good behaviour, looking at ... you know, yourself, taking care of the elderly, taking care of the sick and the dying. Putting in a lot of respect into that, and that is what traditional healers were to promote.

In terms of 'health promotion,'... Health and Nutrition are inter-related, okay. Traditional healers put their role there ... in terms of health promotion, in terms of good nutrition, in terms of good physical exercises. That's the role that our traditional healers could play ... and they could also play a role in terms of health promotion and the awareness in terms of ... substance abuse, putting in a negative message to sex before marriage, putting in a very negative message I think to teenage pregnancies.

4.3.3 Collaboration of traditional healers and medical doctors in addressing HIV and AIDS

All four key informants endorsed the idea that the traditional healers and the western doctors should work hand-in-hand to address HIV and AIDS. This does not mean using one system of health. Instead the two should sit together and share ideas about how the two can work together and complement one other. It was indicated that traditional healers approach health holistically because they look at the social and well-being aspects of the patient while the western doctors concentrate on the physical being only.

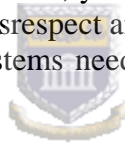
It was also said that when the two systems collaborate, the traditional health system would be recognised and regulated. People who rely on that system would therefore be free and not do it secretly. This will help to safeguard the public from false traditional healing practices.

Interviewee 1 (life skills expert)

If people are seeing both western doctors and traditional doctors, then they better have their heads together to look at a more holistic approach. And we better not make it either or ... we better say how do we work together, because if they might be getting, for instance, anti-retroviral, and at the same time seeing a traditional healer – well, we better find out how we can get together on that.

Interviewee 2 (life skill expert)

I think especially with HIV/AIDS, they need to sit together and see what can be done. If you are living with HIV, part of your treatment is your psychological well-being as well. Doctors are not looking after that whereas traditional healers will look at that part as well. Traditional healers address these issues in a realistic way. Because if you believe you are going to die tomorrow, you will die tomorrow, while it doesn't mean that. And I think there's a lot of disrespect and misunderstanding. The one side doesn't know the other side. The two systems need to understand each other and come to a consensus on working together.



They need to go and sit down and say “I think we have a lot in common” Because there is this knowledge from traditional healers and from western doctors and this can work together because each side has different knowledge.

Interviewee 4 (traditional healing expert)

If government accepts and finds a way of saying to people, we understand that those traditional views of health exist, that it is no longer a buried issue or an underground issue and that it is a value system that exists within our community. And then, we as a government take upon ourselves to regulate the system, as long as we regulate the system; you tend to regain confidence in the system.

Some traditional healers have already started blending the two systems by using the brochures from the clinics to provide the schools with, and advice learners about the HIV test and counselling available, they are ready to give extra counselling if necessary.

4.3.4 Formalizing the indigenous knowledge of traditional healers in education support services.

All four respondents seemed to agree that traditional healers' indigenous knowledge should be officially incorporated into the education support services. Interviewee 1 (a life skills expert) warned that this should be applied in the context, that is, introduced to communities that believe in it, and that those who do not believe in indigenous knowledge of traditional healers should not be compelled to participate in the practice. Interviewee 2 (a life skills expert) emphasised that the knowledges of all should be formalized in education, not only that of indigenous knowledge.

Interviewee 4 (traditional healing expert)

... I've also seen that there is a draft from the Department of Trade and Industry on the utilization of the Indigenous knowledge systems. I think what we then need to seriously start talking about is the indigenous knowledge systems and the education. Because, I think if you look at the other departments, they have really done well. But I think that will follow ... that will follow soon. Because as we said, we want to regain that knowledge, we want to educate our people about that knowledge and we run school outreach programmes where we literally bring school children to come and visit our department, we talk to them about traditional healers and we talk to them about issues relating to traditional medicine, issues that are relating to indigenous knowledge systems. That is how we want to start infiltrating into the old issue of curriculum, but that needs to be formalized. That needs to be formalized.

Interviewee 2 (life skills expert)

Yes, definitely, it must be there, it must be even an assessment standard for each grade from foundation phases right through to grade twelve. It shouldn't be just a token, it must be proper. In the books we write, we should also include the indigenous knowledge. We need to give assignments and projects to learners so that they can find out more because we are losing the knowledge. When I was in Limpopo I asked them to give me indigenous knowledge that they use for stress management and there were beautiful things coming out and I mean that is pure psychology. I would go further and say not only the indigenous knowledge of traditional healers, but also of other people. The holistic indigenous knowledge ... I believe you can teach the whole of life skills through indigenous knowledge. Also because life orientation triggers religion and access to worship, so this we need to include as well, because that's also very healing and fully supportive if you know you can talk to your ancestors.

The results of the interviews indicate that the wind is blowing in the direction of the involvement of traditional healers in education support services. It is imperative that the policy documents of the education system reflect this practically. The policy of education claims that every citizen has the right to education, and through the South African Schools' Act (SASA, 1996), with the establishment of School Governing Bodies (SGBs), the intention is to allow parents to take control of the education of their children (Motala & Pampallis, 2001). White Paper 6 also emphasises a community-based approach to effective education (Department of Education, 2001), indicating that the community resources and expertise should be utilised to the betterment of the education system. This expertise includes the traditional healers' expertise.

In responding to the question on the potential involvement of traditional healers in education support services all four key informants concurred that traditional healers can play a vital role in this context. Two of them, a life skills expert and traditional healers' expert, mentioned that traditional healers could play a role in multidisciplinary teams and schools governing bodies - the role that is afforded to them by SASA (1996). In addition, one traditional healer expert mentioned that traditional healers are custodians of culture, which he mentions could be an instrumental tool to health promotion and wellbeing of learners and could be used to equip learners and educators with life skills. He also highlighted that when traditional healers educate about culture, indigenous games are included so that learners are kept fit.

The literature review in Chapter Two of this study highlighted that indigenous games are vital in bringing up healthy learners that are able to learn effectively in schools (Cape Argus, 26 April, 2005; Cape Argus, 4 April, 2003). Solomons, the Head of Culture and Sports in the Western Cape provincial government said:

The aim of the scheme is all about replacing the old physical training periods that have been discontinued in schools and about developing extramural activities in our communities. Kids have all this pent-up energy, and these traditional games are not only fun and social, they are also quite physical, to address the problem of obesity in our learners (Cape Argus, 4 April, 2003).

Hoelscher, Feldman, Johnson, Lytle, Osganian, Parcel, Kelder, Stone and Nader (2004) and Reddy, Panday, Swart, Jinabhai, Amosun, James, Monyeki, Stevens, Morejele, Kambaran, Omardien and Van den Borne (2003) point out that dietary behaviours can, in conjunction with physical inactivity levels, result in non communicable diseases such as cancer, diabetes, cardiovascular diseases and obesity.

On the same question on the potential involvement of traditional healers in education support services, one traditional healing expert mentioned the point that traditional healers are no different from social workers and counsellors, especially within the HIV and AIDS pandemic in this country. This is where their role in a multidisciplinary team comes into play, especially in the Western Cape Education Department through its Educational Management District Centres (EMDCs). This role of traditional healers is confirmed by many authors in the literature of this study. In Kwa-Zulu-Natal, a province with a high prevalence of HIV pandemic, the traditional healers are playing a major role in counselling HIV patients (Lifeline, 2003; Morris, 2001; Munk, 1998).

It is evident that traditional healers can play and are already playing a pivotal role in addressing the issue of HIV and AIDS. The government is beginning to realize the importance of traditional healing in the country in that it has passed a Bill on Traditional Healers Practitioners, through which the traditional healing system will be regulated (Government Gazette, 2003). The Minister of Health said that the Department has taken the first step in recognizing traditional methods of healing by setting aside more than R6 million on research into possible traditional cures for HIV and AIDS (Cape Times, September, 2004). It seems therefore that there is a move to include traditional healers in the formal health system. The Minister of Health (Cape Times, 2004) said that the government would take care of the education and training needs of traditional healers and protect the country's indigenous knowledge.

Pretorius (1989) points out that although great strides towards the integration of African traditional health care have been taken, much still has to be done and delays in this process result in an under-utilization of what is a very good source of health care. This is particularly so in the context of HIV and AIDS where traditional healers have a critical role to play in stemming the tide of the epidemic.

Two of the key informants (a traditional healing expert and life skills expert) indicated that the collaboration needs to be a harmonious one, where traditional healers and western doctors open up and disclose the way they view health so that they reach a consensus on how they could blend the two systems in addressing health challenges. These key informants mentioned that these two health systems speak one thing in different words and should just complement each other.

On the question of traditional healers promoting schools to become health-promoting schools, one of the traditional healer experts mentioned that they can encourage healthy life styles in terms of nutrition and physical exercises through indigenous games and through strongly discouraging substance abuse and teenage pregnancy:

Interviewee 4 (traditional healing expert)

... as a child you should not be, I think you know ... eating bone marrow; but you never asked why. It is only now that you begin to understand that, that was a way where traditional communities, traditional healers were in fact educating, our young boys and our young girls that if you eat such foods, therefore you will mature quickly, therefore you have desire for sex. So those are the things that were ... you know ... in terms of cultural and health and that way depicting on your own life skills and things.

4.4 POTENTIAL INVOLVEMENT OF TRADITIONAL HEALERS IN LIFE SKILLS EDUCATION IN SOUTH AFRICAN SCHOOLS



In this section I discuss the potential role of traditional healers in life skills education. The categories that emerged in the analysis include; traditional healers can help within life skills education in South African schools, traditional healers address substance abuse problems, traditional healers can address violence and suicide, and the role of culture and spirituality in life skills education in South African schools. Below are the general opinions of the key informants.

4.4.1 Traditional healers can help within life skills education in South African schools

All four key informants indicated that traditional healers can play a significant role in life skills education. One of the key informants (a life skills expert) emphasised that the traditional healers can be appropriately placed in multidisciplinary teams, but that care should be taken when they have to be in the classroom situation, teaching learners. She warned of polarization, especially with regard to issues such as HIV and AIDS. This means that they should be trained about HIV and AIDS issues so that they have an idea from both perspectives, that is, western and indigenous perspectives. One key informant (a traditional

healing expert) emphasised the role of traditional healers in educating children on respect and non-risky behaviour, and promoting healthy living life styles. It was argued that they could do this by including culture and spiritual beliefs in their education.

Interviewee 1 (life skills expert)

Well, it's a difficult one again, because you don't have doctors and many people involved directly. I mean, they could ... it would depend on the teacher, and the teacher getting those views into the classroom. Again I would see them more as a support-role, than directly being involved in the teaching. And I don't think that schools necessarily just invite traditional healers, it will have to be done in a context. And again, given the split and the dilemma that we have around things like HIV and AIDS, as soon as you open yourself to inviting a traditional healer, you have to invite the other side as well – and have that kind of debate going.

Interviewee 4 (traditional healing expert)

In an environment ... Those are the skills, you know, it be cultural or physical, those are life skills. You know, you've mentioned here a whole lot of things. Now, – let's look at the role that traditional healers, you know are playing or they use to play ... in terms of promoting healthy living lifestyles. Traditional healers have been very instrumental in terms of educating our children, in terms of behaviour, in terms of respect to the elders ... and they also play, I think, a very key role which indirectly linked to the whole issue of teenage sex. So, when we grew up they were little taboos but we do not have to ask why ... but you were in fact told that this you should not do that, you should not do that ... and those were attached to some spiritual inner-belief, which were attached to some traditional belief, which were attached also to some health issues.

4.4.2 Traditional healers addressing substance abuse problems

The interviewees concurred that traditional healers can play a role in discouraging drug abuse, given the respect that they command from the communities. They can also help learners to set goals so that they are able to handle peer pressure and resist abuse of drugs. They can also play a pivotal role by speaking to learners about drug prevention and treatment and lend a helping hand with prevention work at the Cape Town Drug Counselling Centre. One of the key informants (a traditional healing expert) mentioned that substance abuse is the result of adopting new cultures ... so indigenous healers can teach values and culture to youth so that they know where they come from.

Interviewee 2 (life skills expert)

I think they do need to come and speak to the learners to do prevention as well as treatment. They need to lend a hand at the Cape Town Drug Counselling Centre, probably in prevention work.

They also need to help equip learners with decision making skills to resist peer pressure, and also to explain the risks, “these are the risks, this is what happens” and help learners to set goals, because if you set goals, you’re sure you’re handling your life. You have motivation. You can achieve. But, if you have no goals it’s actually easier to abuse drugs and you need to do something very urgently, for example the “Tik problem”

Interviewee 4 (traditional healing expert)

... yes, you’ve mentioned substance abuse...yes, they could be very influential in terms of I think, you know, discouraging substance abuse ...

4.4.3 Traditional healers addressing violence and suicide

Three key informants (two life skills experts and one traditional healer expert) responded on the issue of violence and suicide. They all indicated that traditional healers can play a role in this regard. One of the respondents (a life skills expert) highlighted the fact that care should be taken regarding how the traditional healers are involved. This is because she believed that part of the society does not believe in traditional healers. However, she indicated that they could educate communities in schools and outside the school as this will help learners and communities to make informed decisions. Young people should be re-taught values in order to curb violence. She stated this will be cutting the tree at the root-level. One interviewee (a life skills expert) mentioned that traditional healers could provide people with alternative ways of dealing with stress.

The one other key informant (a traditional healer expert) mentioned that the respect that the traditional healers used to have should be brought back, so that they continue with their important role of community policing to ensure that the level of violence is minimised.

Interviewee 1 (life skills expert)

It all depends on the status of the traditional healers on the team that is being put together. It also depends on what the majority of the school children and parents' belief systems are in that school. So yes, in some cases, yes. In other cases, no. And we need to learn to prevent ourselves for falling in a trap to that. You see? But educating our communities in our schools and so on will help children and the community to make informed decisions when it comes to drug abuse. But to the violence, there, definitely is ... definitely I think we then need to find ways of cutting the tree right at the root-level, how we prevent these things from affecting our communities. Is this a matter of us putting borders around our communities or should we be re-educating our youth about what their values are.

Interviewee 4 (A traditional healing expert)

I think that the whole issue of violence ... you know, I want to address that. Remember we said that traditional healers had their dignity, traditional healers were respected, and traditional healers in fact, brought stability in a community because they were feared. So, if we can bring back that dignity – we can bring back respect to traditional healers then, in fact, they would play a very important role in terms of community policing in terms of ensuring that the levels of violence is minimised. Remember when we grew up in the rural areas, you now, you would have issues like 'ho thakgisa', you will go and see a traditional healer if you need to protect the fields from theft, you know, a traditional healer who is going to protect the crop, okay! That was a very effective mechanism to discourage stealing and people would never go there to steal ... But because we've now removed that trust, that respect for traditional healers, even when you do that, people would say that Ag ... that's ... whatever ...

4.4.4 Role of culture and spirituality in life skills education in South African schools

The four experts concurred that spirituality and culture already play and can play a tremendous role in life skills and education support services if incorporated into the system. They all mentioned that spirituality is what an individual believes in and acts upon. Key informant two (a life skills expert) confirmed that even the life orientation curriculum includes cultural and spiritual aspects. This highlights the fact that in order to ensure a holistic development of a learner, culture and spirituality should be taken seriously. However, it is unfortunate that the word 'spirituality' has been removed from the curriculum because some faith communities are against it. Two of the key informants (a life skills expert and a traditional healing expert) agreed that indigenous healers can play an instrumental role in promoting culture and spirituality because they have the power to mediate between the ancestors and the living. One of them (a life skills expert) mentioned that spirituality does not necessarily equate to traditional healers, but education is about values, so life skills education should be linked to solid core values that come from culture and spirituality.

Interviewee 2 (life skills expert)

I think both of them are important in life orientation. So, I would say not in the context of life skills only, because life skills are a small bit in Life Orientation as a whole. You cannot, if you are dealing with the holistic development of a learner take away his culture and spirituality aspects. I believe if we can include indigenous healing, we can promote a positive culture and spirituality. It could, but at the moment the role is very emotionally challenged. We were actually told to take out the spirituality out of the curriculum because people were complaining.

Interviewee 4 (traditional healing expert)

Spirituality is a belief, you know. I kept saying that there are different belief systems and one of the belief systems is the belief in your ancestors. It is a belief at its own respect like Christianity that believes that, when someone dies goes somewhere – you just don't die and disappear. So, it is how ... sort of attach yourself to your ancestors ... to those who have gone and left us.

That is again the only issue of spirituality. Traditional healers are fortunate in a sense that you can see that they are gifted to see things that we cannot see. And hence they become our media, passing messages from our ancestors to us. And that is something that we need to respect. It is something that we may not copy, but is something that we need to respect. So, therefore, spirituality plays a significant role. There is another belief system and this belief system is of course also our values, and that is what we need to acknowledge and accept.

Interviewee 3 (traditional healing expert)

I might be a very spiritual person, but I can hardly say that I am a very religious individual, you see. My spirituality comes from how I value certain aspects that have been taught to me ... humanity, respect, and all those other issues ... my own self, how I want to be at peace with myself, you know. Those are the value systems, which have been taught to me. Now, coming to your question; I believe that we have a responsibility as educators to teach our children the whole, which goes on to look at the whole thing and say to them this is what exists in all the value systems, all the cultural beliefs, all the ritual beliefs, all the systems ... you know, we include them in our educational system. But I don't think that you can teach our children to be spiritual. You can teach them to meditate, but I don't mean that they are spiritual, you know. You can teach them how to look at how to look at themselves and respect themselves, you know. That is a value system. But spirituality is about how they learn ... want to relate that mandate to themselves, to their own being and to their own environment, you see.

Culture is a very good point. Culture plays a role, a very huge role in the context of education.

From the above discussions it is clear that traditional healers can play a very important role in life skills education in South African schools. From the responses of the key informants above, traditional healers can be appropriately placed in the multidisciplinary teams of the education support structures. This is in line with what the White Paper 6 on inclusive education emphasises with regard to a joint venture of expertise in order to address barriers to learning and development (Department of Education, 2001). The integrated and community-based nature of this support includes an emphasis on the need for intersectorial collaboration of all the key role players involved in providing support to centres of learning, with a special focus on the inclusion and utilization of community resources in defining that support (Lomofsky & Lazarus, 2001) and that the interdependence of expertise has to be taken into account (Department of Education, 1997b).

The alarming impact of substance abuse among the youth of this country needs an integrated support approach to help to its curb impact. One respondent (a traditional healing expert) indicated that because traditional healers are respected in their communities, they can exploit that and use it in every opportunity to pass discouraging messages on substance abuse. A life skills expert indicated that in Limpopo traditional healers have helped people addicted to substance abuse and they have since stopped using the drugs. They have also helped learners to make informed decisions about life and set their own goals so that they handle peer pressure and resist temptations that negatively affect a healthy life style. Munk (1998) highlights the role that traditional healers play in the psychological well-being of patients. For example, traditional healers can play a vitally important role in providing counselling and support when the individuals are addicted to substance abuse. One life skills expert indicated that the traditional healers can work with NGOs that focus on preventative programs of drug abuse, for example, the Cape Town Drug Counselling Centre. Traditional healers have already proven beneficial in spreading HIV and AIDS prevention messages, because they fit the psychology of the people (Morris, 2001). Traditional healers are trained in basic counselling skills by some NGOs such as Life line (Lifeline, 2003; Navarro, 1997).

One of the traditional healing experts indicated that one of the roles of traditional healers in addressing substance abuse could be that of teaching learners about culture and values, since they are custodians of culture. This echoes what the scholars like Jacobs (2001), LaFromboise and Howard-Pitney (1995), Smith (1995 cited in Lazarus, 2004) have said. They state that attempts are being made to make life skills programmes more culturally responsive in the

USA, in particular, reflecting Native American values and realities. This includes specific cultural adaptations which reflect their own values and needs.

It appears that traditional healers also have a role to play in addressing violence and suicide in South African schools, though one of the key informants (a traditional healing expert) did not respond to the issue of violence and suicide. The other agreed that there is a role that they *could* play. However, one life skills expert warns us that belief systems of the community should be taken into cognisance. She concurred with one traditional healing expert who mentioned that traditional healers could teach about values, both inside and outside the school. It appears that violence and suicide reflect a failure to cope with some challenges of life, and one traditional healing expert mentions that traditional healers support victims of stress by giving them alternative methods to dealing with stress. Traditional healers could do this well because they are involved in counselling in their everyday activities.

In order to address learning barriers, a holistic approach which includes the cultural and spiritual aspects of an individual through life skills has to be employed. This was highlighted by one of the life skills experts during the interviews, and is similar to the move by the Native American life skills education programmes to include spirituality and the culture of the Native Americans in the schools' support systems (Smith, 1995 cited in Lazarus, 2004). Lazarus states that she saw how successfully these programmes were carried out in New Mexico. The Revised National Curriculum Statement highlights the significance of culture and spirituality in the learning and development of individuals, particularly young learners. The Revised National Curriculum Statement (Department of Education, 2002) states that in order to address issues such as discrimination, diversity and commitment to democratic values, Life Orientation deals with human rights, social relationships and diverse cultures and religions. Brady (1997) emphasises that education should respect the right of the indigenous people to include culturally inclusive curricula. One of my key informants, a traditional healing expert, indicated during the interview that educators have the responsibility to teach learners what is 'holistic', that is, teach them all the value systems, cultural beliefs, all the ritual beliefs. He emphasised that this should be included in the education system. This is where traditional healers could become valuable resource persons or consultants.

4.5 ETHICAL GUIDELINES TO CONSIDER IN THIS KIND OF RESEARCH

Ethics is very important in any kind of a study because it guides the researcher in terms of how to conduct research. This section will explore the ethical guidelines to be followed when researching with traditional healers. During the process of this study, the issue of ethics presented a huge challenge, compelling me to explore the ethics of researching with traditional healers. The question of ethics formed the fourth objective of this study.

4.5.1 Ethical guidelines when researching with traditional healers

Three of the key informants indicated that there are no published ethical guidelines to follow when conducting research on the indigenous knowledge of traditional healers. However, they explained that ‘respect’ is the universal tool in a research of this calibre. One of them (a traditional healing expert) indicated that indigenous knowledge of traditional healers received negative responses from the public during the apartheid government. One key informant (a traditional healing expert) indicated that there are ethical guidelines within the Medical Research Council (MRC) that guide researchers, but there are no clear guidelines for conducting research of this particular nature. They are therefore using general research guidelines used everywhere by researchers.

Interviewee 1 (life skills expert)

Sure. I think that you don't impose your values or your culture or your spirituality on anybody else. So, I think that respect. To have respect for each others' cultures and spirituality and not allowing one to silence or to dominate others. But, again I have to go to the bottom; I think that it goes to the core human values of respect; of not doing harm to other people.

Interviewee 2 (life skills expert)

Overall, one has to respect more and celebrate diversity. I would say if you are looking for ethical guidelines, I think in a life orientation curriculum, it's fine on that because it's not saying that any one religion or culture is better than anyone, or different. If others are celebrating their religion, let's respect and understand it, because through that knowledge you can understand what ancestral worship is. It's not something to be scared of, it's beautiful so you can respect that and draw similarities for a curriculum.

... If you want to interview traditional healers you know, for somebody for whom it's a first, your ethical guideline would be, to be very respectful and open. Keep feeding back, like this is what I heard from you and this is how to use it. It is a consultative process that is coming from a point of respect rather than investigation yes try to analyse but respect is your biggest guideline.

Interviewee 4 (traditional healing expert)

We do not have as yet specific clear guidelines, you know, for conducting research, especially the type of research that you are doing with traditional communities or the people of practice or whichever way you prefer to call them. However, we have developed some form of agreement, which could ... could be regarded as guidelines; in terms of how we handle the data from traditional healers. How do we handle the disclosures, of the information that the traditional healers would give us. So, we have an agreement that is governing us in terms of how you will handle that. However there are also I think other guidelines that relate to the ethics, in terms of our research that is based on indigenous knowledge systems – how we test, you know, the traditional practices ... so we have ethical guidelines ...

All the informants agreed that there are no specific ethical guidelines when researching with traditional healers. And all four mentioned the issue of respect as important. One life skills expert mentioned that, when researching with traditional healers the researcher has to provide feedback to the traditional healer to confirm that he or she received/heard the right information. She mentioned that it should be a consultative process. Good research is only possible if there is mutual respect and confidence between the researcher and participants. This is joined by open and honest interaction (Banister, Burman, Parker, Taylor & Tindall, 1994).

One traditional healing expert mentioned that the MRC has ethical guidelines but they are not specific to the traditional healers' community. The MRC have developed its own guidelines to follow when testing the medical practices of traditional healers. Until such a time when there will be ethical guidelines specifying how to conduct research with traditional healers, 'respect' remains the guiding factor. This confirms Banister et al. (1994) point that it is important to disclose sufficient information to locate oneself firmly within both the research and the participants' world and that interpersonal connection needs to be made.

In South Africa, due to 'hostility' that traditional healers have received or experienced, it is imperative for the researcher to explain to the participants the benefits of the research. This is similar to the The Model Tribal Research Code for American Indians (1999) which

emphasises that the researcher should indicate how confidentiality will be protected and should indicate where the raw data will be deposited and stored at the completion of the project. I found this to be relevant in the context of indigenous knowledge of traditional healers in South Africa because the discrimination that they experienced from the previous regime made them very sensitive about their practices. The Model Tribal Research Code for American Indians (1999) also outlines that risks to the psychological well-being of individual participant, culture, socio-economic and /or political well-being, the researcher should explain who the research is for and why it is to be conducted in their community. This is the essence of accountability when conducting research, which Banister et al. (1994) emphasise.

4.6 SUMMARY AND CONCLUSION

This chapter has presented the data which was gathered with the use of in-depth interviews on the current and potential involvement of traditional healers in life skills education and education support services in South African schools. It appears that here is no current involvement of traditional healers in life skills and education support services. The responses show that this is due to the lack of recognition the indigenous knowledge of traditional healers got from the past government. However, it also appears that people do consult traditional healers for different life challenges they experience in life and that some people use the traditional healing system together with the western system.

Emanating from the responses, it is obvious that the wind is blowing in the direction of incorporating traditional healers in the formal system of education so that their knowledge could be channelled towards supporting education for the effective learning of children and for improved teaching by educators. This could be done with particular relevance to life skills education, as traditional healers specialize in life skills from an indigenous point of view. Responses from the interviews show that traditional healers could be included in multi-disciplinary teams that will afford them the opportunity to help schools to become health-promoting schools holistically. This they could do by educating the communities in and outside of the school on substance abuse, violence and suicide. That is giving some alternatives for stress management to avoid suicide and advising them to engage in physical indigenous games so that they keep away from drugs.

It appears that traditional healers are the custodians of culture and spirituality, which have been seen to be important facets in the holistic development of the learner, that is if the traditional healers are afforded a role in multidisciplinary team in the education system. In the proceedings of this study ethical issues became a concern, and the responses highlighted that there are no ethical guidelines in conducting research with traditional healers. It appears that general guidelines are the ones used. It appears that respect could be the most paramount instrument to use because, due to the legacy of apartheid, the traditional healers' community has become so sensitive. In the next chapter, I reflect further on the findings of the study and make recommendations on the role of traditional healers in education support services and life skills education in South African schools.



CHAPTER FIVE

SUMMARY OF FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

“The underlying fact is that indigenous knowledge has always been and continues to be the primary factor in the survival and welfare of the majority of South Africans,” argues the Deputy Minister of Science and Technology during the adoption of the Indigenous Knowledge Systems Policy in 2004 (Department of Science and Technology, 2004).

This study focused on the potential role that traditional healers can play in education support services and life skills education. In-depth interviews with four key informants gave an indication of what traditional healers have done or continue to do indirectly for the welfare of the school community with regard to life skills challenges, and what they can offer within the context of education support services and life skills education in South African schools. This chapter will summarise the findings from the data analysis presented in Chapter Four. The research ethics involved in this kind of study was also a focus.

5.2 CURRENT INVOLVEMENT OF TRADITIONAL HEALERS IN EDUCATION SUPPORT SERVICES AND LIFE SKILLS EDUCATION

The findings of this study indicate that there is currently no formal involvement of traditional healers in life skills education and support services in the South African education system, but the limited scope of this particular study makes it impossible to draw any general conclusions. The knowledge of traditional healers was marginalised by the apartheid government and so it was practised secretly. In those days some traditional healers had to be taken to the prison for practising this indigenous knowledge. However, we continue to see and hear that the indigenous knowledge of traditional healers pays dividends, especially during this critical

time of the HIV and AIDS pandemic. White Paper Six on Special Needs Education: Building an Inclusive Education and Training System emphasises the need for a joint venture in addressing the learning difficulties of learners, and this includes traditional healers (Department of Education, 2001). This study has confirmed this necessity.

Two thirds of the countries in the world, including about 80% of the people in the world, resort to health support systems acquired through traditional healers (World Health Organization, 2002). The findings of this study indicate that educators, learners and parents in South Africa do consult traditional healers for various health or life skills challenges to ensure their well-being. All the key informants in this study expressed this view. It appears that this consultation of traditional healers occurs on an individual basis because people do not want to be seen with the traditional healer due to the historical stigma associated with this health system.

5.3 POTENTIAL INVOLVEMENT OF TRADITIONAL HEALERS IN EDUCATION SUPPORT SERVICES AND LIFE SKILLS EDUCATION IN SOUTH AFRICAN SCHOOLS



The findings of this research show that there is room for the traditional healers to play a vital role in education. The policy of education claims that every citizen has the right to education and through the South African Schools' Act (SASA, 1996) with the establishment of School Governing Bodies (SGBs), the intention was to allow parents to take control of the education of their children (Department of Education, 1996). The White Paper 6 also emphasises a community-based approach to facilitate effective education (Department of Education, 2001). It is imperative therefore that the policy rhetoric is reflected practically. Brady (1997) also emphasises that education should respect the right of the indigenous people and include people's culture in the curriculum. He argues that we need to utilize the essential wisdom of indigenous elders in the education process.

From the discussions in the previous chapter it is clear that traditional healers have the capacity to promote health-promoting schools, hence fostering effective teaching and learning. Traditional healers can have role to play in multidisciplinary teams at Education

Management District Centres (EMDC) or in teams at school level. A major task of these teams is to address issues of violence, suicide and substance abuse, which are major challenges for our youth in South African schools. One of the life skills experts in this study mentioned that traditional healers have proved to be helpful in addressing substance abuse in Limpopo. The problem of violence and suicide in schools comes as a result of learners not coping with some of the health challenges. This study found out that the best way to counter this is to include topics or lessons on respect and values in the school curricula.

The research findings confirm the view of the Health Department of legally involving traditional healers in the battle against HIV and AIDS in South Africa. HIV and AIDS has become a significant barrier to learning in the education system. The government of South Africa needs to utilize all resources available to curb or combat the prevalence of HIV and AIDS.

Following the Traditional Health Practitioner Bill (2003) which regulates the traditional health care services, and the Indigenous Knowledge System (IKS) Policy adopted in South Africa 2004, confirming the significance of including indigenous knowledge of traditional healers in the formal systems of government, this study's findings affirm that traditional healers need to be legally included in the education system to look after health and life skills challenges from an indigenous perspective. This is in line with the MRC's intention to extend its indigenous knowledge outreach programmes to the education system.

The research findings reveal that culture and spirituality are vital to life skills and education support services. It is my sentiment that, if we want to develop the learner holistically, culture and spirituality should not be treated as distant entities from the learner. The traditional healers could teach learners their values and different belief systems if afforded a role, so that they can respect others' belief systems.

5.4 ETHICAL GUIDELINES TO CONSIDER IN THIS KIND OF RESEARCH

The research findings from the literature and fieldwork affirm that ethical guidelines are critical to research. However, these findings highlighted a dilemma that I faced in the process

of this study, that is, of not having ethical guidelines when researching with traditional healers. However, respect was mentioned as the key to the success of research of this kind. This is also confirmed by The Model Tribal Research Code for American Indians (1999). Since traditional healers were stigmatised through lack of acknowledgement by the apartheid government, they have become sensitive and rather cautious about divulging information. Hence respect is of paramount when conducting research in indigenous contexts.

5.5 RECOMMENDATIONS

On the basis of this small scale, exploratory research, I can now make the following recommendations regarding the role of indigenous healers in education support services and life skills education in South African schools.

5.5.1 Recommendation One: Intersectoral collaboration

There should be collaboration between the relevant departments of the government, such as the Department of Health, Department of Science and Technology, Department of Social and Welfare and the Department of Education, so as to incorporate and utilise indigenous knowledge in and from each department. Although still at an embryonic stage, the recognition of indigenous knowledge and traditional healers is growing in South Africa. Some government Departments like the Department of Science and Technology have endorsed the Policy on Indigenous Knowledge Systems and the Department of Health has passed the Traditional Health Practitioners Bill (2003) that is meant to regulate the traditional health practitioners. This study recommends that the Department of Education and Department of Social and Welfare should follow suit.

5.5.2 Recommendation Two: Community Resource Assessment

The Department of Education should go deep into the community to seek the resources that are available that can contribute to education support and life skills education. This can be done through conducting further research on what contributions traditional healers can make as part of the community to education support. This will strengthen the suggestions made in

the White Paper Six on Special Needs Education: Building an Inclusive Education and Training System (Department of Education, 2001).

5.5.3 Recommendation Three: Representative Multidisciplinary teams

Indigenous healers should form part of multi-disciplinary teams in the EMDCs so that they get the platform to train educators, especially on Life Orientation issues relating to life skills, from an indigenous perspective. In these teams, traditional healers should work side by side with psychologists, social workers and Life Orientation curriculum advisers. There should be direct interaction between these bodies because they deal with the psycho-social and emotional aspects of a learner. And all this collaboration should be tailored towards addressing barriers to learning and development.

5.5.4 Recommendation Four: Capacity Building

Traditional healers should be trained to impart their indigenous knowledge in a comprehensive way to their colleagues in those multi-disciplinary teams or to educators and learners. This can be done through workshops in which all the stakeholders in education are represented. Such forums will provide opportunities for a multidisciplinary sharing of expertise among members as well as agreements on the best method for imparting the same expertise to learners and educators.

5.6 IMPLICATIONS FOR FURTHER RESEARCH

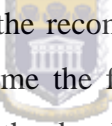
The research conducted here is by no means complete. The study has raised many aspects of the potential of indigenous knowledge of traditional healers in life skills education and education support services. A lot has to be done to include indigenous healers in the education support systems, and in life skills education. For further research on this topic I recommend that:

- i. A study be carried out to find out what traditional healers think they can contribute to education support and life skills.

- ii. Traditional healers be observed in their natural settings where they practice their activities so as to determine which activities are relevant to education support services and life skills education.
- iii. Traditional healers from more than one province should be considered for future study so as to ensure generalization of the findings.

5.7 LIMITATIONS OF THIS RESEARCH

This research was conducted in one province which makes it difficult to generalise its findings to other parts of the country, and the restricted number of participants add to this difficulty.

Given the limited scope of this research  recommendations should not be generalised to South Africa as a whole. At the same time the findings of this research present valuable lessons to be learned at this early stage of the development of indigenous knowledge systems and indigenous knowledge of traditional healers in life skills education in South African schools.

Even though this study targeted the role that traditional healers can play in education support services and life skills education, I was not able to obtain first-hand information from traditional healers. This is due to the fact that this is a mini-thesis and I did not have enough resources and time to engage with the communities concerned.

However, despite the limited number of traditional healing experts and life skills experts involved in this study, I was able to gather interesting data regarding how traditional healers operate and to argue a case for their incorporation in life skills education and education support services in South African schools.

5.8 CONCLUSION

In conclusion, the overall impression gained from this study is that traditional healers can make a valuable contribution to education support services and life skills education if afforded a formal platform. It appears that they have been contributing indirectly where they are consultants in the communities, and where parents, educators and learners consult them for issues relating to health challenges. They are currently providing this support secretly because it is less recognised. What they are contributing to the Department of Health is phenomenal and they can do the same to life skills education and education support. Traditional healers can apply their counselling skills and their holistic approach to address the many health challenges and life skills that relate to breakdown in the learning process, if they work within multidisciplinary teams.

There are currently no ethical guidelines when researching with traditional healers. However, the general ethical guidelines in conducting research seem to be relevant in this kind of research. The Model Tribal Research Code for American Indians (1999) emphasises mutual respect when conducting research with Indian Americans. This is relevant to traditional healers in South Africa. The key informants who participated in this study mentioned that respect is the universal principle when approaching traditional healers for any information.

It is imperative to find indigenous solutions to South African challenges. This research is a first attempt to reveal the potential role of indigenous healers to life skills education and support services in South African schools. It is also envisaged that indigenous approaches to addressing health challenges in schools will help to curb the many barriers to learning and development that are prevalent in South African schools.

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APPENDIX ONE

RESEARCH INSTRUMENT: INTERVIEW SCHEDULE FOR TRADITIONAL HEALING EXPERTS

Main question.

What role can indigenous knowledge of traditional healers play in life skills education in South African schools?

Note: The area of education support services and life skills, in this research includes general support to schools and other educational institutions; school development including health promoting schools interventions, life skills education programmes; and specific programmes all aimed at addressing barriers to learning and teaching, such as HIV and AIDS and other health related issues; substance abuse. Core professional staffs, such as psychologists, counsellors, learning support facilitators and teachers, nurses, social workers, therapists, currently provide this support service, with the help of the community-based organizations and people.



Section A:

Introductory Questions

- 1. Consultant/interviewee's link to research topic: What is your experience of traditional/indigenous knowledge, including traditional healers' knowledge, healing systems and practices, generally and/or within the context of education and support services and life skills education in South African schools? (A description of who you are so that all your responses can be placed in that context.)**
- 2. What research ethics should one consider when conducting research with Traditional Healers? (Are there some ethical guidelines?)**

Section B:

Current involvement of Traditional Healers in Education Support Services and Life skills Education

- How are traditional healers *currently* involved in education support and life skills education in schools?

- Do educators consult traditional healers to address problems or challenges relating to life skills, and if, yes, for what do they specifically seek help?
- Do learners consult traditional healers to address problems or challenges related to life skills, and if, yes, for what do they specifically seek help?
- Do parents of learners consult traditional healers on behalf of the learners regarding life skills issues? If yes, what health or life skills issues are they concerned about?

Section C:

Potential involvement of Traditional Healers in Education Support Services and Life skills Education

- What support can traditional healers provide to education support services in schools?
- What can traditional healers do to help schools become health-promoting schools?
- What help can traditional healers provide with regard to life skills education in South African Schools?
- In particular, how can they help to address the HIV/AIDS pandemic?
- In particular, how can they help to address substance abuse problems?
- In particular, how can they help to address issues relating to violence, including suicide?
- The government is encouraging traditional healers and medical doctors to work together to address the HIV and AIDS pandemic. How is this sentiment useful for Education Support Services and life skills education in schools?
- Do you think indigenous knowledge of traditional healers should be officially included in Education Support Services and life skills education? If no, why not? If yes, why and how?
- What role does or can culture and spirituality play in life skills education in South African schools?
- What ethical guidelines should one consider when dealing with traditional doctors aligned with life skills education?

APPENDIX TWO

RESEARCH INSTRUMENT: INTERVIEW SCHEDULE FOR LIFE ORIENTATION EXPERTS

Main question

What role can indigenous knowledge of traditional healers play in life skills education in South African Schools?

Note: The area of education support services and life skills in this research, includes general support to schools and other educational institutions; school development including health promoting schools interventions, life skills education programmes; and specific programmes all aimed at addressing barriers to learning and teaching, such as HIV and AIDS and other health related issues; substance abuse. Core professional staff, such as psychologists, counsellors, learning support facilitators and teachers, nurses, social workers, therapists, currently provides this support service, with the help of the community-based organizations and people.



Section A:

Introductory Questions

1. Consultant/interviewee's link to research topic: What is your experience of traditional/indigenous knowledge, including traditional healers' knowledge, healing systems and practices, generally and/or within the context of education and support services and life skills education in South African schools? (A description of who you are so that all your responses can be placed in that context.)
2. Ethics questions: What research ethics should one consider when conducting this research - particularly in relation to HIV AND AIDS?

Section B

Current involvement of Traditional Healers in Education Support Services and Life skills Education

- How are traditional healers currently involved in education support services and life skills education in South African Schools?
- Do educators consult traditional healers to address problems or challenges relating to life skills?
- Do learners consult traditional healers to address problems or challenges relating to life skills?
- Do learners' parents consult traditional healers on behalf of the learners regarding life skills issues? If yes, what health or life skills are being enquired about?

Section C

Potential involvement of Traditional Healers in Education Support Services and Life skills Education

- How can traditional healers be involved in education support and life skills education in South Africa?
- What can traditional healers do to help schools to become health-promoting schools?
- What help can traditional healers provide in regard to life skills education in South African Schools?
- In particular, how can traditional healers help in addressing substance abuse problems?
- In particular, how can traditional healers help to address issues relating to violence including suicide?
- The government is encouraging traditional healers and medical doctors to work together to address the HIV and AIDS pandemic. How is this sentiment of the government useful for Education Support Services and life skills education in schools?
- Do you think indigenous knowledge of traditional healers should be officially included in Education Support Services and life skills education? If no, why not? If yes, why and how?
- What role does or can culture and spirituality play in the context of life skills education and support services in South African schools?
- Are there ethical guidelines to follow when dealing with issues of spirituality and culture in the context of life skills education and support services? What does the Life Orientation Learning area in RNCS say about these issues?

APPENDIX THREE

RESEARCH INSTRUMENT: CONSENT FORM

THE POTENTIAL ROLE OF TRADITIONAL HEALERS IN LIFE SKILLS & HEALTH EDUCATION IN SOUTH AFRICAN SCHOOLS

CONSENT FORM

1. The interviewee agrees to participate voluntarily in this project, which means participating in a conversation with the researcher/interviewer, for a period of about one and a half hours, focusing on the role played and the role that can be played by traditional healers in life skills education in South African Schools.
2. We understand that the interviewee has the right to withdraw from the study at any time without any fear of penalty, including having his or her records withdrawn from the study. We also understand that the interviewee may choose at any time not to answer a particular question or set of questions.
3. We agree that the interviewee will be protected through anonymity. This means that her/his name will not be revealed on any public documentation, unless she/he specifically indicates the wish for this to occur.
4. We agree to the tape recording of the interview, unless otherwise specified by either the researcher/interviewer or interviewee before or during the interview.
5. We understand that the findings of this research will be shared with relevant communities, through forums and various kinds of publications. We therefore agree to the findings being published within the context of the aims identified above.
6. To ensure that the views of all concerned are accurately documented and shared, the researcher/interviewer agrees to provide the interviewee with any notes and/or transcriptions from her/his interview for editing purposes, if requested. The researcher also agrees to provide the interviewee with a copy or copies of any publications emerging from this research.

We have read and understood the above agreement. The interviewee is willing to participate in this project and to have the findings used in the ways described above.

Interviewee's
Signature

Date: _____

Researcher/Interviewer's
Signature: _____