

Not “Every Cough” Should be taken to “The Doctor”, Cultural and Religious Observance could be a Solution: The Role of African Traditional Religion in Health and Wellness

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Abstract: *The advancement of biomedicine and modern technology has its contrasting aspects in all spheres of human life. The complexity of human physiology resulted in modern science developing professions and professionals with specialized skills for every organ and parts of the human body. This paper argues that regardless of its high cost, ineffectiveness, inefficiencies and implications in some cases, “doctors” diagnoses, treatments and pharmaceutical medicines have influenced dependency on biomedicine, even for “minor” sickness especially in urban communities. Traditional and religious methods of healing have suffered prejudices, criticisms, bias, associated with negativity by modern medicine and some “Christians”. Lack of information, misinformation, narrow-mindedness, superiority and inferiority complexes are just a few examples of stumbling blocks to the exposure of cultural and traditional methods of healing. The paper further argues that while the role of biomedicine is highly appreciated, African traditional methods of healing cannot be ignored, undermined, condemned nor unjustly criticized. African traditional healing plays a crucial role as it involves cultural and religious beliefs, and is holistic in nature. It focuses on the physical, psychological, spiritual and social aspects of individuals, families and communities. Taken into consideration some failures due to wrong diagnosis, treatment, prescriptions and financial implication of biomedicine, the paper aims to sensitize its readers without reasonable doubt to the point that not “every cough” should be taken to “the doctor”, cultural and religious observance could be a solution. The paper singles out the Zion Christian Church, in South Africa as a point of departure.*

Keywords: African, biomedicine, cultural, doctor, every cough, holistic, health, religion, traditional

1. Introduction

Every generation in every age has produced health professionals and experts in their own right, either traditional or allopathic (biomedical) practitioners; to deal with aspects pertaining to human development, health and wellness. It should be acknowledged that prior to modern civilization, the wellbeing of people in every continent, including Africa depended upon traditional knowledge (cf. Richter, 2003; Eneji et al, 2012:45; Van Rooyen, 2015:1-10; Golden & Comoroff, 2015:41ff). The arrival of Europeans and modern civilization brought different approaches to a variety of things in Africa, including issues of health, diseases, diagnoses and treatment. Ironically, misunderstanding, prejudices, misconception, misinformation, narrow-mindedness, superiority and inferiority complexes, regarding African culture and religion, led some Europeans to disregard, and perceive everything done in the content as “dark” and heathenish. In this paper, the notion of health and wellness (healing), in terms of diseases, diagnoses, treatment and cure is discussed in two contrasting world viewpoints, namely (African) traditional healing and allopathic or biomedicine respectively. The former is the sum of the total of knowledge, skills, and practices based on the theories and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illness(WHO, Facts Sheets No 134, 2008). The latter (allopathic); is a Western form of biomedicine which approaches ill-health from the perspective of what caused the sickness and how; whereas

traditional healing deals with who caused it and why (Juma, 2011:16). It includes physicians of all specialties as well as recognised allied medical-disciplines, such as nurses, physiotherapists, and radiotherapists and is located within a scientific paradigm, as it is characterized by the application of scientific medical knowledge and technology to health and the healing process (Kreitzer et al, 2009:4). Both extremes claim to address the calamities of their respective communities in their own right. The emergence of superiority and inferiority complexes among the two entities is inevitable. The paper discusses each health system objectively, without prejudices, biases or emotive with the intention to appreciate the role they play. The paper aims to inform readers that not “every cough” should be taken to “the doctor”, but that cultural and religious observance could be a solution. *Cultural observation includes:* adherence to taboos and practices which encourages harmonious living among people and nature. *Religious observation:* Harmonious living among other people, keeping the Sabbath that encourages resting from daily exhausting routines. The paper singles out the Zion Christian Church (ZCC), in the Republic of South Africa, as a point of departure. Focusing on the ZCC among many other bodies does not mean that it is irreproachable, without fault. The author is aware of the controversies, and negative publicity regarding the ZCC and the African traditional method(s) of healing, together with its practices. Equally important, the author is not intending to discredit the Western (allopathic) health system. The advancement of biomedicine is recognized around the globe. On the other hand, the author condemns any system that imposes danger on the lives of people and animals in the

form of abuse, torture, or destruction (including killing/murder) in the name of “culture” or “religion”.

2. Terminology

Allopathy: Refers to “the treatment of disease by conventional means (Pearsall, 1999), which includes persons who are traditionally part of the multi-disciplinary team working with mental (and other) health care users (psychiatrists, psychologists, and social workers (Van Niekerk et al, 2014:20).

Culture: According to Airhihenbuwas & De Witt (2004:5), culture is the bedrock on which people build their views of health matters, including HIV through these views people elucidate and comprehend health issues that affect them.

“Doctor”: The word, is used inclusively in this context. It refers mainly to health practitioners as perceived by the Western healing system.

“Every cough”: The phrase refers to a number of concepts, diseases, illness, sickness and can be used interchangeably with any of them.

Disease: refers to an abnormal condition affecting an organism. This abnormal condition could be due to infection, degeneration of tissue, injury/trauma, toxic exposure, development of cancer, etcetera. It is defined as a condition that is diagnosed by a physician or other medical expert (Wikiman, 2005:450).

Illness: refers to issues as feelings like pain, fatigue, weakness, discomfort, distress confusion, dysfunction, and the like. It is referred to by Kleinman (1978) as the socio-cultural dimension within which a person experiences disease.

Sickness: Sickness is related to a different phenomenon, namely the social role which a person with illness or sickness takes or is given in society (Wikman, 2005:450). According to Wikman (2005:450), the concept trilogy of “illness”, “disease,” and “sickness” has been used to capture different aspects of ill health.

Health: The concept health has been defined and understood in many different ways (Medin, 2000:502-509), and is often used as the opposite of sickness or disease, so that the more a person has of illness or disease, the less s/he has of health and vice versa (Wikiman, 2005:450). The World Health Organization (WHO) defines “health” as “a state of complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity”. Mohyuddin et al (2014:60), define health in the hygienic sense, evolved over thousands of years as an approach for survival and long life.

Religion is defined as: “any specific system of belief, worship, or conduct that prescribes certain responses to the existence (or non-existence) and character of God”. It is also described as a set of attitudes, beliefs, and practices pertaining to supernatural power (Dobler, 1986:145ff). Religion further claims to hold the key to the perfect

understanding of divine revenge, personal salvation, the perfection of humanity and at times even the ability to invoke reward and punishment in this world, as in the world to come (Assabi, 1991:77).

3. Overview of traditional religion, cultural, and allopathic health practitioners

The dawn of modernization and the arrival of Christianity in Africa had both positive and negative effects on African communities. The positive aspects of modernization and Christianity are expressed by a variety of matters such as: introducing of a new religion (Christianity), education, massive development, sophisticated technology, which includes modes of transport, communication, health and wellness issues, professions and professionals on every field of endeavour. On the other hand, lack of information, misinformation, narrow-mindedness, superiority and inferiority complexes has caused the “West” or the “East” or the pioneers of modernization to reject, disregard, undermine, and criticize, African traditional religion, culture and everything done by Africans. For years, the African Traditional health system was perceived to be a threat to the allopathic system’s monopoly over patients’ health and to Western religious beliefs (Nemutandani, 2013:1, Summerton, 2006:15ff). This threat created tensions which to a large extent opposed the recognition and acceptance of traditional health practitioners into the main health system (Nemutandani, 2013:1, Summerton, 2006:15ff). Two contrasting views on the nature of health and wellness are briefly stated: African traditional and allopathic health systems.

3.1 African Traditional Religion and Medicine

African Traditional Religion is the faith of indigenous African people, and of the majority of communities in Africa south of the Sahara desert (Marashe, 2014:1). Traditional medicine is the sum of total of knowledge, skills, and practices based on the theories and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illness (WHO, 2008). Herbal medicines include herbs, herbal materials, herbal preparations, and finished herbal products that contain parts of plants or other plant materials as active ingredients (Chintamunne & Mohomoodly, 2012: 113-125). According to WHO (1976:8) traditional medicine/healing is “the sum of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing” and “health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicine, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose, and prevent illness or maintain well-being”. Over the years, traditional healers have played a role in preventative, promotion, curative, rehabilitative, and psychosocial care of patients and recommends the legalization of traditional healers in primary health care teams (Setswe, 1999:56).

3.1.1. Practitioners in African Traditional Medicine

The term “traditional healer” is an umbrella concept that encompasses different types of healers with different types of training and expertise (Mokgobi, 2015). “Practitioner” includes herbalists, diviners and midwives (Antwi-Baffour, 2014:49). They have a deep and personal involvement in the healing process and protect the therapeutic knowledge by keeping it a secret (Cardini, et al, 2006:282-287). Six types of traditional healers are stated: **Traditional doctor (inyanga)**: Most are males who specialize in the use of herbal and other medicinal preparations for treating diseases. They are known to possess extensive knowledge of curative herbs, natural treatments, and medicinal mixtures of animal origin (Setswe, 1999:57). **Diviners (isangoma)**: Usually a woman who defines an illness and also the circumstances of illness in the cultural context. The *sangoma* may or may not possess any knowledge of medicinal herbs. The expertise is that divination where s/he operates within a traditional religious supernatural context and acts as a medium with the ancestral shades (Karim et al, 1994:9; Mokgobi 2015:24-34). They are highly respected in their community for leadership and mystical powers. **A sanusi**: A sanusi might be both a diviner and herbalist, and in the case of African independent Christian Churches, form the form of a prophet or what the Zion Christian Church calls *lebone* (literal translation “light”). It is someone who is believed to be possessed by the (Holy) Spirit and is able to foretell the future and provide advice on how to avert an undesirable event (Mokgabi, 2015: 24-24). For healing purposes some of the prophets use water. More information on the ZCC will be discussed at a later stage in this study. **Traditional birth attendants**: These are usually elderly women who focus their attention on pregnancy problems and assist pregnant women at deliveries (Mokgabi, 2015:24-34). They have a crucial role to play, such as: teaching and giving guideline regarding avoidance of unhealthy food, activities and certain behaviours among pregnant women, ritual bathing of the mother, ritual disposal of the placentas, provision of healing medicine and traditional massage after delivery. Attaining the status of a traditional birth attendant demands certain qualities; such as that one should have had two babies in order to appreciate the agonies and joy of child birth. According to Karim et al (1999:10) and Setswe (1999:57), training entails between fifteen to twenty years before assuming the title. **Traditional surgeons**: They perform circumcision as part of an African cultural initiation ceremony. **Faith healer** (umprofiti or umthandazi): These are usually professed Christians who belong to either churches established by missionaries or African initiated Churches. They heal mostly through prayer, laying hands on patients or providing, and administering anointing oil, holy water and ash. They believe that their healing power comes from God through ecstatic and trance-contact with the Christian Holy Spirit and or ancestral spirit. Some use a combination of herbs, remedies, and holy water in their treatment (Setswe, 1999:57). This paper focuses on the faith healers, represented by the Zion Christian Church (ZCC) and the traditional birth attendants.

3.1.1.1. The Zion Christian Church (ZCC)

The presentation of the ZCC in this study does not mean that it has all the answers to the problem faced by humankind in the world nor is it exempted from all negative critiques and

reprimands. While such negativity could not be avoided, the scope of this study is limited to cover such claims if any. The reason for choosing it was to bring the role of African Traditional Religion and culture into the notion of health and wellness. The ZCC has the largest number of followers among the Independent Church in the Southern hemisphere (cf. Anderson, 2000). It was founded in 1924 by Engenas Barnabas Lekganyane, who was born at Mamabolo in the town then called Pietersburg, now (Polokwane) in 1885 (Anderson, 1999:285; Lukhaimane 1991, 227– 228; Kenkeno Mashabela, 2017). Its headquarters are situated on a mount which is called *Moria*, about seventy to eighty kilometers away from Polokwane, Limpopo, South Africa. The ZCC consists of two entities, namely one which uses the symbol of a star, and another symbolized by a dove. Both entities occupy the same mountain, one on each side. The one with a star symbol is on the eastern side of the mountain and the one with the dove symbol on the western side of the same mountain. The Church is led by two prominent bishops, namely Joseph Engenas Lekganyane and Lekganyane.

3.1.1.2. Leadership structure of the ZCC

The leadership structure of the ZCC consists of a bishop, priests and prophets: The *bishop*, is the paramount figure within the Church. He represents the highest authority in spiritual, healing and administrative matters (Anderson, 1992:102; Hanekom, 1985:66). He resides at the Holy Zion City of Moria of which legends of its healing magnificence are widespread (Comaroff, 1985:240; Masilela, 2001:30–32). It is believed that Zion City Moria is “imbued as it is with the spirit and power of the Bishop and his direct ancestors” (Müller 2011:10). Prophets and priests form part of leadership based on their distinctive roles. **Prophets**: In short, prophets (*ba-prôfeta*) in the ZCC are those male and female members who mediate messages from God, the Holy Spirit and sometimes the ancestor spirits with as source the Holy Spirit (Anderson 2003:108, 1999:302; Daneel 2007:219). **Baruti**: He added that “although prophets are important in the explanation of illness, the actual treatment of illness is the concern of the minister-preacher”. Prophets and priests/ preacher (*baruti*) form the essential partnership which is the core of Zionist social organization” (Kiernan 1990:154).

3.1.1.3 The notion of healing in ZCC

The ZCC, has seriously taken into consideration the needs of African healing and the cultural context in South Africa. In other words, it has applied the principle of healing within the African cultural context. Kiernan (1985:95) wrote that African Zionists commonly accept that illness, which includes various kinds of misfortune, is caused by some sort of social disturbance. The Bishop is perceived as the human origin of all healing, God’s chosen prophet among mediators with the Holy Spirit (Comaroff 1985:238). He is expected to find solutions for his people’s spiritual, social, material and political problems (Hanekom 1975:62). The prophets and priests play a significant roles in healing matters. The explanation of illness, is usually carried out by prophets. Africans believe that the latter are entrusted with the gift of healing the sick. The prophets’ duties are to advise the sick on what their ancestors expect to be done in order to be healed (Mashabela 2016; Kiernan 1990:154).

3.1.1.4 Method of healing

The diagnoses and chosen methods of treatment in traditional African medicine rely heavily on spiritual aspects. It is believed that “nobody becomes sick without sufficient reasons (Onwuanibe, 1979:25). Traditional practitioners look at the ultimate “who” rather than “what” when locating the cause and cure of an illness, and the answer given comes from the cosmological belief of the people (Onwuanibe, 1979:25). Acts of healing occurs throughout service procedures, and at other respective places. Congregants are cleansed by the “gatekeepers” on entry to the church grounds. ZCC formations perform, providing healing to the performers and listeners both outside and inside the church grounds. Prophets continuously prophesy divine messages to those in need, while concurrently the *baruti* treat those in need. Baruti also continually conduct confessions that are perceived as necessary cleansing acts enabling healing. *Blessed living water* is made available to those in need of extra cleansing, protection and healing throughout the service. Attendees participate in *communal prayers* providing healing to all those mentioned in the prayers. “The ZCC now also uses special *tea and coffee* made for healing purposes, labelled in Sesotho, *tee ya bophelo*” (tea of life) (Anderson 1999:306). However, Anderson’s view that tea and coffee practices differs from that expressed in the interviews conducted. Everyone participates in the singing of church songs, which are also perceived as prayers and so are also instruments of healing. *Monetary donations*, even if only a ten-cent coin, are contributed with the intent to bring healing to the donator and/or loved ones. Instruments of healing such as church medallions, cords and photographs of the Bishop can be acquired at the administrative offices and are effective immediately. If vehicles are polluted and consequently could endanger the lives of passengers they are cleansed and protected inside the church grounds. Healing methods consist of a variety of features such as the use of “sanctified papers”, khutane (blue cloths on clothes), copper wires and strings (Lukhaimane (1980:62). In addition to this, the laying of hands on the sick is also used. Oil and other treaties form part of curative methods.

3.1.1.5 Adherence to rules/observance

Adherence to rules or observation of *ditaela* (instructions) is crucial in the life of the ZCC members as it is in African traditional customs generally (both religion and culture). In the case of the ZCC when members, have been in contact with birth, menstruation or death, attire may not be worn or touched for a certain period of time. Members are exempted from attending the church service and from being directly engaged in certain activities. Wearing the ZCC uniform is also prohibited. To be able to enter the ZCC’s sacred healing setting participants have to adhere to the ZCC dress code and behavioural rules and regulations. The same as in a traditional African context, disrespect in any way will disturb life’s equilibrium and corrupt the health of those involved. It is therefore imperative that these rules are observed. The ZCC badge and uniforms are perceived to be sacred, protecting the wearers against misfortune and are used as instruments of healing. Even the colours of the different attires symbolizes healing on different levels. There are also various other rules of conduct that have to be adhered to by nonmembers within the church grounds and

by members throughout their lives. Consumption of substances such as alcohol, smoking and eating certain types of food especially pork is prohibited.

3.1.1.6 Harmonious living

The ZCC encourage harmonious living among all the members of the church and people in general. There is a unique way of greeting one another, the first interlocutor utters the words *khotso* (Sepedi for peace), while the respondent replies *a iyate* (simply translated as let it be in abundance). Such greetings are not only limited to members, but include every human being as well. These words (“khotso” and “iyate”) are an indication that the ZCC promotes harmonious living among members and people in general. Members are encouraged to assist one another whenever there is a need. It is therefore evident that members of the ZCC act like members of one big family or community, irrespective of their language and ethnic differences. This phenomenon seems to be strongly related to the African humanistic concept of *ubuntu* that emphasizes active participation and mutual assistance in community context, in this case in a ZCC community context.

3.2 The Allopathic Health System

Modern allopathic medicine has its roots in ancient medicine and it is likely that many important new remedies will be developed and commercialized in the future from the African biodiversity. This is in contrast to primary health care services which are characterized by long queues at doctor’s consultation room, clinics and hospitals, impersonal and often inconsiderate health workers, inadequate explanation of diagnoses and procedures performed, blaming individual patients for their own disease (Setswe, 1999:58). The allopathic health system includes physicians of all specialties as well as recognized allied medical-disciplines, such as nurses, physiotherapists, and radiotherapists, and is located within a scientific paradigm, as it is characterized by the application of scientific medical knowledge and technology to health and the healing process (Kreitzer et al, 2009:4). Biomedicine is primarily interested in the recognition and treatment of diseases (curing them). So paramount is this orientation that the professional training which doctors receive tends to disregard the experience of illness as a legitimate object of clinical concern. The allopathic health system nevertheless deserves praise for its advancements health issues.

4. Problem Statement

The high number of people visiting health institutions, both government and private, the continuous purchase of medication at pharmacies and at other retail stores, is an indication that health and wellness are crucial in South Africa, as in many other communities. The taking in of medication, either, over the counter and or by means of a doctors’ prescription on a regular basis, even for minor cases, suggests dependency on biomedicine. One does not need to be a “rocket scientist” to establish reasons behind the cause of people to seek medical attention, without ignoring the realities of natural calamities, communicable diseases, physical injuries, and the like. Among them, the following are obvious: stress, fatigue due to over- working, depression,

anxiety, a toxic lifestyle, bitterness, anger, sorrow, hatred, among other factors. In order to address the problem, most people have developed a dependency on medicine, described by Afolabi (2012:223,228) as a craving for it. Lack of adequate rest and sleep due to hectic schedules such as: working long hours which result in doing more than the body can manage, travelling long distances, traffic jams, continuous demands for selfish benefits, inpatients, have been associated with poor health. Ironically, the majority of people who visit institutionalized health facilities are faced with a number of challenges: In the case of *government-led institutions* (clinics and hospitals), long queues, shortages of medical practitioners, and shortages of resources have become a norm. In the case of *private institutions*, the high cost of medical health care and expensive pharmaceuticals are problematic (cf. White, 2015:1). Private health facilities are money orientated entities; without it, no services would be rendered to the sick. Medicines have proven to be very beneficial for treating illness and preventing diseases. This success has resulted in a dramatic increase in medication use in recent times. Unfortunately, this increase in use and the accompanying expansion of the pharmaceutical industry has also brought increase hazardous experiences: dependency, errors prescribing and or dispensing medicine and adverse events associated with medication use. There has been a massive increase in the number and variety of medications available. Although there are a better treatments for chronic disease, more patients take multiple medications and there are more patients with multiple-co-morbidities. This increases the likelihood of drug interactions, side-effects and mistakes in administration. Some of the concerns pertaining to the allopathic health system include: **Misuse of medicine** especially the antibiotic: Antibiotics are an important front-line instrument in the fight against various infectious diseases. However they are often used irrationally: meaning that their misuse, and the subsequent development of antibiotic resistance, it is an important health-care issue worldwide. Misuse of antibiotics has become a major public health issues all over the globe (Abdul et al, 2016:169). Selling of drugs without physicians' prescription and other factors may influence this practice of misuse. Injudicious prescription of antibiotics by doctors; and healthcare workers as well as patients using these on their own has resulted in emerging microbial resistance to various antibiotics; this trend is likely to continue given the widespread use of antibiotics (Naja Saeed Dar-Odeh OsmaAbdalla, 2010). **Inadequate knowledge** about drug indications, contraindications and drug interactions. This has become an increasing problem as the number of medicines in use has increased. **Prescribing for the wrong patient**, prescribing the wrong dose, drug, route or wrong time. These errors may sometimes occur due to lack of knowledge, but in most cases stem from human error which includes ignorance, and or intended or unintended mistake, referred to as a slip or lapse. These are the sorts of errors that are more likely to occur at early hours of the morning, or if the doctor is rushing or bored and not concentrating on tasks at hand. **Inadequate communication** could result in prescribing errors. Communication that is ambiguous might be misinterpreted. This may be a result of illegible writing or a simple misunderstanding in verbal communication. Doctors are known to write scripts which are often difficult to read. **Mathematical error** when calculating doses could

cause errors involving medications with a narrow therapeutic window can cause major effects. **Patient factor:** Patients with a number of medical problems; patients who cannot communicate well, e.g. those who are unconscious, babies and young children, people who do not speak the same language as the staff; patients who have more than one doctor prescribing medication; patients who do not take an active interest in being informed about their own health and medicine; children and babies (drug dose calculations required). **Staff factor:** Inexperience; emergency situations; multitasking; being interrupted mid-tasking; fatigue, boredom, lack of vigilance; lack of checking and double-checking habits; poor teamwork, poor communication between colleagues; reluctance to use memory aids. **Workplace design factors:** Absence of safety culture in the workplace: This may be evidenced by a lack of reporting systems and failure to learn from past near misses and adverse events; absence of readily available memory aids for staff; inadequate staff numbers; medicines not stored in an easy to use form. **Medication design factors:** Look –a- like, sound a-like medication; ambiguous labelling-different preparations or dosages of similar medication may have similar names or packaging.

5. Literature Review

The notion of healing and curing based on both the traditional and Western or modern views have been a center of discussion recently. Various scholars from varied disciplines around the globe have expressed their interests and views on the subject matter. According to Kleinman et al (1978:251), an estimated 70% to 90% of self-recognised episode of sickness are managed exclusively outside the perimeter of the formal health care system (cf. Zola 1972). **In the USA:** In 1992, a survey conducted there showed that about a third of the population made use of some alternative treatment such as herbal medicine, acupuncture, chiropractic and homeopathy. The debate nowadays is centered not on whether traditional health practice should be integrated, but on how it should be integrated. The World Health Organization (WHO) estimate that; at more than 80% of the world's population relies on traditional healing modalities and herbal means of primary health care and wellness (WHO, 2002). Traditional healers deliver front running and successful care internationally (WHO, 2002). In all cases of sickness, the "popular" or "folk" sectors (self-treatment, family care, self-help groups, religious practitioners, heterodox healers, and so forth) provide a substantial proportion of healthcare.

In Canada: *Traditional healers were thought of as highly knowledgeable and inspired individuals.* The goal was to attain individual bio-chemical balance as a means of restoring wellness, and it was normatively achieved (Obomsawin, 2007:2; Hutchens 1973). Traditional indigenous approaches to healing are based in a world-view that seeks to take into account an integrated manner the mental, societal, spiritual, physical and ecological dimensions of health and well-being (Obomsawin, 2007:2). If the critical elements derived from the natural world, fresh air, pure water, sound nutrition, healing plants sunshine, exercise, and rest were employed both preventatively and therapeutically, as they should be, this would not only help

resolve the serious health problem of Canada's first people, but would literally revolutionize for the better the healthcare care system that serves them (Obomsawin, 2007:4). *In Asia:* Traditional Chinese medicine (TCM) is a complete system of healing that developed in China about 3000 years ago, and includes herbal medicine, acupuncture, moxibustion and massage, amongst other treatments.

One of the oldest continuously serving traditions, TCM originated as a means of maintaining good health and treating diseases in Chinese communities and has been adopted recently by other ethnic groups worldwide. Traditional Japanese medicine has been used for 1500 years and includes Kampo-yaku (herbal medicine), acupuncture and acupressure as Takahashi et al (2006; 34: 231 – 239) indicated. *In Africa:* White (2015:1) in his study on the concept of disease and health in African traditional religion in Ghana commented that there are some disease that Western medicine cannot treat, and therefore need spiritual attention. Marashe (2014:3) applauded the Zimbabwean government for passing the Traditional Leaders Act (200), Chapter 29:17 to regulate the activities of all traditional leaders. The WHO's finding (2002) on traditional healing and the like mentioned above. In some countries as many as 80 to 90% of the population fall into the category of its users (Bodeker, 2009). The most common reasons for persons choosing to employ traditional medicine are: affordability, correspondence with to the patient's values or belief, and effectiveness (Keleinman, 1987:153).

6. Theoretical framework

A concern of this paper is based on the continuous dependency of people on medicines, illicit and licit drugs, including antibiotics even for minor sicknesses whereas there are alternatives. The recognition of (the African) traditional healing methods and practitioners by WHO regards health, healing and medicine is an indication that the system is highly influential among African people. The acknowledgement by World Health Organization (WHO) on herbal medicine is an indication that traditional approach of healing deserves attention. World Health Organization reported that 80% of the emerging world population relies on traditional medicine for therapy. Herbal medicines includes herbs, herbal materials, herbal preparations, and finished herbal products that contain parts of plants or other plant materials as active ingredients (Chintamunne & Mohomoodly, 2012: 113-125).

On the other hand, there are major health-care problems on allopathic medicine, such as patients' dissatisfaction, spiraling costs, demotivated health practitioners, shortage of resources and professionals, strikes, lack of security in health institutions, maladministration and corruption, misdiagnosis, maladministration, irregular expenditure and others. Inefficiencies of remedies prescribed by physicians to cure diseases despite effective pharmacologic action indicate that wrong diagnosis and treatment has been imposed on patients. On the other hand, as intimated, self-medication and drug dependency are rife (Afolabi, 2012:228). Despite its advancements, allopathic health system alone cannot detect, prevent, solve or treat the

multiple aspects of spiritual, psychosocial, psychological and other illnesses (Shizha & Charema 2011:170).

7. Research Questions

What is the different between African Traditional Religion and an allopathic health system? What qualified biomedicine to disregard African Traditional Medicine? Who draws on traditional medicine and how prevalent is its use? Why there is a tension between traditional medicine and Western medicine? Why is there a dependency upon biomedicine among most people in urban areas? Can there be a collaboration between African medicine and Western health methods? Is biomedicine interested in providing services to the people or in making money?

8. Aims and Objectives

The intention of this paper is not to discredit the allopathic health care system (biomedicine), since such an attempt would be a futile exercise when considering its advancement in modern history. On the other hand, the paper is not attempting to credit cultural and traditional way of healing and medicine at the expense of the former as serious adverse effects can results from misidentification or misuse of healing plants (cf. Helwing, 2005). The study however condemn any form of system that poses danger, and or harm, to people and animals in the name of "religion" or "culture". Where plants and other natural resources are used, extra care should be applied. The aims and objectives of this paper are based on the topic which states that not every cough should be taken to the doctor, but that cultural and religious observance could be a solution. These goals includes the following:

- To argue that any form of health system that claim to have all the solution on health issues, while criticizing other methods should be carefully evaluated.
- To sensitize the public to the fact that regardless of the criticism it receives, traditional medicine is being used by the majority of South African people who continue to rely on African traditional medicine for their primary health care needs (Draft Policy on African Traditional Medicine) = (the DAC Draft Policy), published by the Department of Health, the government department responsible for health and related matters); Van Niekerk, 2014:20).
- To acknowledge that while a number of traditional healers have thoroughly deserved the negative publicity generated by their disreputable conduct, the system should not be unjustly criticized based on isolated cases.
- To appeal to those "Christians" and even non-"Christians" who indirectly associate the Christian faith with the West, and therefore think that everything African is fetish, idolatrous, quack and unchristian.
- To state that Western medicine alone cannot detect, prevent, solve or treat the multiple aspects of spiritual, psychosocial, and psychological illnesses (Shizha & Charema 2011:170). There are some diseases that biomedicine/Western medicine cannot treat, and therefore need African traditional and religious involvement (cf. White 2015:1).

- To appeal to the authorities to channel more resources towards research into efficacy and safety of traditional medicines (Richter, 2003).
- To emphasize the necessity for regulating traditional medicine as there are genuine treatments and this would minimize fake remedies and false practitioners as there are genuine treatment.

9. Methodology

A qualitative approach in the form of interview and personal observation was used as methodology in this paper. Shank (2002:5) defines qualitative research as “a form of systematic empirical inquiry into meaning”. Interviews are regarded as the prime method for qualitative data collection; also representing the most common method for gathering qualitative data (Burbs et al. 2005). Kvale (1996:174) describes an interview as a conversation, whose purpose is to gather a description of the world’s-view of the interviewee with respect to interpretation of the meanings of the phenomena. In this case, the information regarding the notion of healing and wellness in the Zion Christian Church was sought through fifty (50) participants in the study. Ten (10) of them were *barutia* (pastors... on their own rights), twenty-five (25) were members of which twelve (12) were women and thirteen (13) were men. The remaining fifteen (15) consisted of casual attendants and non-members who have high regard for the Zion Christian Church. Both semi-structured and unstructured forms of interviews were used. The interviews were designed to be informal and conversational with the aim of encouraging participants to express themselves in a naturally unfolding manner as explained by Violeta Lopez and Dean Whitehead (2013:128). *Semi-structured interviews* make use of an interview guide providing a set of questions for discussion. The questions are devised to ensure the research questions or objectives are covered. However, there is freedom to ask any questions in any order, following tangents or seeking clarification of previous answers or elaboration of responses (Shank, 2002). In other words, semi-structured interviews steer the interview yet allow for flexibility. Using both unstructured and semi-structured interviews, questions were non-directed and mainly open-ended and were designed to trigger and stimulate the participant to talk about their adaptations.

10. Discussion

Two contrasting view points on the notion of health and wellness have been discussed. The *positive aspects* of modernization and Christianity are expressed by factors mentioned earlier. On the other hand lack of information, and other issues noted previously caused the “West” or the “East” or the pioneers of modernization to react negatively to African traditional religion, culture and everything African. As indicated, for years, the African traditional health system was perceived to be a threat to the allopathic system’s monopoly over patients’ health and Western religious beliefs (Nemutandani, 2013:1; Summerton, 2006:15ff). This threat created tensions which to a large extent opposed the acceptance of traditional health practitioners into the main health system (Nemutandani, 2013:1; Summerton, 2006:15ff). The situation was worsened

by some Christian who, although they are Africans, criticize, undermine and regard African traditional method of healing as demonic and heathenish. There has been a tendency to reject African culture and practices by adopting Western cultures as a form of being a so called “born again”. This on its own caused most senior citizen to quit the Church and opt to stick to African Traditional Religion which is part of their culture. Surprisingly, some of these critics visit traditional healers during the night or go to the remote areas where they are not known. The impact of allopathic health systems is acknowledged and respected, but it has been discussed that there are some sicknesses that demand traditional and religious approaches. These different systems disagree to what causes sickness or diseases. The African one recognizes that the air we breathe, the water we drink and the food we eat, are all swarming with millions of micro-organisms but contents that if germs were to cause diseases in relation to their number, the whole human race together with the animal and vegetable kingdoms would have been exterminated long before now (Aja, 1999). Allopathic health systems regard illness as caused by scientifically demonstrated agents that bears no personal malice toward their victims. These system attribute illness to organism, such as bacteria, viruses, fungi or parasites accidents or toxic materials. The history of religion is as old as the history of humankind, and scholars have discovered that there have never existed any people, anywhere, at any time, who were not in some sense religious (Watch Tower 1990:19). Religion can be best viewed as the human being’s limited attempt to transcend his/her limitations, a venture which, by its very nature, is subject to time, subject to time, place and the evolution of thought (Assabi 1991:80). In short, “religion” can be defined as humankind’s search for God. There are many different types/kinds of religions; among them, Judaism, Christianity and Islam, are “monotheistic” as they believe in the existence of one deity (God). Although other religions believe in the Supreme Being, they do also accommodate other deities known to them one form is polytheism. African Traditional Religion is belief in a Supreme Being centered on African culture. It is premised on beliefs and practices derived from the faith of ancient indigenous people-the ancestors (Bourdillon, 1973:11). It is a way of life that permeates all spheres of everyday life (Thorpe 1999:1)

11. Findings

People around the world display beliefs and behaviours related to health and illness that stem from cultural forces and individual experiences and perceptions. Health and illness are defined, labeled, evaluated, and acted upon in the context of culture. The health and wellness of the individual are reliant on the integrated efforts of mind, body and spirit (Pesek, et al, 2006:2). Every society has various systems in place to maintain and restore the well-being of its community (Figueras & McKee, 2012:5). These systems may include the alternative medical systems, traditional healing, and the allopathic healthy systems (Van Rooyen, 2015:1; McCleod & Chung, 2012). As noted, these were found to be operating from different theoretical orientations (cf. Edwards, 1986:1274).

Recognition and usage of (African) traditional health system

Traditional medicine plays an important role in primary health care in many developing countries (Setswe 1999:56-60). Cultures around the world have practiced the healing arts for thousands of years, and still practice these holistic forms of health and wellness (Pesek et al, 2006:6). Natural and herbal health practices have been used successfully in learning the healing traditions and wisdom (Pesek et al, 2006:6). The diagnoses and chosen methods of treatment in traditional African medicine rely heavily on spiritual aspects, often based on the belief psycho-spiritual issues should be addressed before medical.

The high cost of the allopathic health system: The high cost of allopathic medical healthcare and its expensive pharmaceutical products has become unavailable to a majority of people (White 2015:1). **Allopathic health systems' limited knowledge:** Although African traditional religion, and culture acknowledge the role of this health system, its followers believe that there are certain diseases that Western medicine cannot treat and therefore that the expertise of traditional health practitioners is crucial. **Toxic relationships:** Disharmony among family members, clan, society or community is blamed as one of the causes of illnesses. Kamwaria and Katolola, 2012:52) are of the view that sickness is caused by a broken relationship. The indigenous healing rituals provide ample opportunity for the kin in the community to participate in the diagnosis, prognosis, and treatment (Kamwaria & Katola, 2012:52). **Usage of Traditional Healthcare:** It has been found that traditional healers have played a role in preventative, promotive, curative, rehabilitative and psychosocial of traditional healers in primary health care teams (Setswe, 1999:56).

Reasons why people use traditional medicine and healers

Traditional medicine is part of African people's culture and customs. People know the healers quite well and visit them not only for health problems but also for other problems affecting them (Maseko, 1993:3). Traditional healers are an existing source of health care, who live where people do. They adopt a holistic approach and accord due respect to the physical, psychological, and spiritual aspects of health while relating to the context of relationships between the individual, family and community (Blackett-Sliep, 1989:43). According to Setswe (1999:58), traditional healers often encourage self-reliance by stressing the important of diet, exercise and rituals, all of which may have real preventive value. Setswe further acknowledges that people continue to visit traditional healers despite the introduction of free care for all in public health services. The ongoing consultation of traditional healers by people is an indication of the value attached to the care they receive from them. It should be taken into consideration that while this does not imply rejection of the allopathic health system and practitioners, some of the reasons for not using it stated by Setswe (1999:58) as mentioned earlier, include long lines at clinics and the likes.

The participants who participated in the interview were asked, why they were attracted to the ZCC. Their responses were based on a variety of reasons including the following:

Influenced by sickness: either of themselves, or family members: In most cases they state that the ancestor appeared in a dream, and said that if they were go to the ZCC church, they would be healed. **Rules (taboos) and order:** Rules and taboos of the church were similar to and in line with that of African culture. Cultural rules expressed through taboos encouraged respect for people, and nature, so that unnecessary sicknesses are prevented. Some of the church rules includes, correct attire such as the wearing of uniforms, the taboos in the church such as the ban on pork, tobacco and alcohol, and the paying of tithes and other church dues. **Protection from Witchcraft:** Africa is known for its unique features of sorcery and witchcraft. Allopathic health systems lacked knowledge about or dismissed the reality of witchcraft and related matters. In this respect one person who was not even a member of the ZCC shared her views on sorcery. To her the ZCC provided protection against evil forces. **The biggest Church in Africa:** The fact that there are so many people who visit Moria during Easter and other varied holidays, influenced one man who felt he did not want to be left out, so was attracted to the ZCC. **Good luck and opportunities:** Five members at different places stated that there was an opportunity for ZCC members to be employed, and or be promoted. There is a perception that ZCC members are more trustworthy, and therefore stand a better chance in finding work. They are easily identified by the badges they put on. **Living harmoniously with other people:** South Africa has earned the status of being a violent country, where people are tense towards one another, where crime and criminal activities have become the order of the day. Members of the Zion Christian Church encourage harmonious living among one another, their master piece slogan *kgotso* (peace) is a perfect example. Among the people who were contacted two members applauded the ZCC for peace and stability. The ZCC was found to be the place where peace, love, support, respect and honesty prevailed.

12. Recommendations

According to Kleinman et al (1978:251; cf. Zola 1972: 1972), an estimated 70% to 90% of self-recognised episodes of sickness are managed exclusively outside the perimeter of the formal health care system. This sentiment was echoed by the World Health Organization (2002). Regardless of criticism, neglect, being undermined, and isolation, African Traditional Religion, culture and healing practices have become popular among many people. The continuous success of (the African) traditional healing system even in the presence of the allopathic health system with its sophisticated technology, professions and professionals including specialists proves its significance. Such factors as the shortage of allopathic health practitioners, the high cost, wrong diagnoses, lack of knowledge regarding cultural customs and, unavailability to most rural communities, place African traditional healing methods on a favourable platform. With those aspects in mind, scholars (Shinza & Charema, 2011: 173; Peltzer et al, 2006; and others) from varied disciplines, commentators, WHO (2002) and many more recommend integrating (African) Traditional and Biomedicine(allopathic) healing. This study highlights three fundamental issues as recommendations stemming from the discussion: Recognizing the role of African Traditional

healing methods, cultural observation and religious observation and integration.

Recognizing the role of African traditional healing methods

The importance of traditional medicine as a source of primary health care was first officially recognised by the World Health Organisation (WHO) in the Primary Health Care Declaration of Alma Ata (1978). Traditional healers and remedies made from plants play an important role in the health of millions of people. In all countries of the world there exist traditional knowledge related to the health of humans and animals (Rukangira, 179). The WHO has described traditional medicine as one of the surest means to achieve total care coverage of the world's population. The role already being played by traditional medical practitioners in rural areas in health care, should be given due consideration. On the other hand, the need to evaluate traditional healing practices should be emphasized with a view to noting procedures which need to be eliminated or modified so that traditional practitioners' contribution to health care can be improved upon (Akpomuvie, 2014).

Cultural Observation

It is recommended that appropriate behaviour, be encouraged, that is living in accordance with the values and norms of the traditions of society as explained by Iroegbu (2002). It is further imperative to emphasize that good health also includes the viewing of an individual as a collective member of the community (White, 2015:2; cf. Mbiti, 1990). Disobedience of taboos is causes of sickness and misfortunes among the individuals, family, clan and community at large. Taboos are crucial in enforcing and regulating the laws in a community, being objects or ways of life that are forbidden by a community group (Isiramen, 1998:186; White, 2015:2). They are also defined as social or and religious customs that prohibit or restrict a particular practice or an association with a particular person, place or thing (Westerlund, 2006:139). Taboos exist to make sure that the moral structures of the universe remains undisturbed for the good of humanity and animals alike. Disobeying these taboos could lead to severe illness for the person or community involved. Members of the ZCC are required to observe these taboos, which are collectively known as *ditaela* (plural, meaning instructions). By doing, people would refrain from engaging in risks and behaviours that might lead to sicknesses.

Religious Observation

As far as seeking health is concerned, people should be encouraged to make their own choice. Allopathic practitioners should not claim to have all the answers to human diseases, but should refer the African traditional health system. Envy is believed to cause illness because people with envy could cast the evil eye on someone they envied, even unwittingly, or the envious person might become ill from the emotion (Reichel-Dolmatoff & Reichel-Dolmatoff, 1961). The supernatural is another frequently viewed source of illness, especially in Africa and Asia, but not confined to those regions. In fact, the evil eye is a widespread concept, in which someone can deliberately or unwittingly bring on illness by looking at someone with envy, malice, or too hot a gaze. In cultures where most

people have dark eyes, strangers with light eyes are perceived as dangerous. Religion has the benefit of empowering the individual through connecting him/her to a community and to a superior force, which might in turn give psychological stability (Basu-Zharku, 2011), as well as harmonious life, shared identity, shared meaningful roles in the community and society at large, a variety of spiritual, social and economic support, social network and protection in time of conflict. Most sicknesses are caused by seeking material interest at the expense of health. Dissatisfaction, greed, and worry are the ingredients of unhappiness. Religious observation plays a significant role in encouraging people who choose to be guided by it.

The commandment "Observe the Sabbath and keep it holy" (Exodus 20:8-11) is important like the rest of the Decalogue. The texts informs one that the Creator, God created the universes, including the heavens and earth and everything in them in six days. It is clearly stated that the LORD God rested on the seventh day. Without debating which day of the week deserves to be a Sabbath, one needs to focus on the meaning of it: "rest"! Today many people suffer from restlessness, both employers and clients expect that everything should be done immediately (Kessler, 2012:1). Urest also involves emotional and mental state, which in turn, impacts to physical unrest, where things like high blood pressure, headaches, loss of appetite, and loss of sleep. Economic pressure, technology that keeps some people in constant touch with their job, blurring the lines between work and private life, insecurity, lack of control over work, etcetera, have a negative impact on peoples' health (Awake, 2014:4). In such a situation, the "sufferer" has no choice but to seek allopathic health practitioners. In return, the doctor (whether a general practitioner, or specialist) prescribes medication to the patient week in and week out.

Being content with what you have: The high demands of modern life which put emphasis on material possessions have caused many to accumulate wealth regardless of what it takes. This contaminate one's "inner peace". Avoidance of such negative elements and characters is helpful. ***Loving thy LORD your God ...and thy neighbour as thyself:*** The duty to "love God..." and "love one's neighbour as oneself" has been carried over from the biblical tradition into subsequent moral and legal philosophy, as a helpful way of signaling commitment to the common good (Marshall, 2013:1). Two texts from the Old Testament clearly states the demand to love both God and one's neighbour: Hear O Israel! The LORD—and the LORD alone is your God. Love the LORD your God with all your heart, with all your soul, and with all your soul (Deut 6:4-5). Likewise, "love your neighbour as you love yourself" (Lev 19:18b). The same command was echoed by Jesus Christ in the Gospels "You shall love the LORD your God with all heart, and with all your soul and with all your mind." This is the first and the great commandment. And the second is like it, "You shall love your neighbour as yourself". On these two commandments depend on all the law and the prophets (Mark 12:28-34; Matthew 22:36—40; Luke 10:25-37; Anglican Prayer Book, 1989:105). In John 13:34, Jesus said "And now I give a new commandment: Love one another. As I have loved you, so that you must love". New Testament writers ensured the notion of loving one another .The Church is obliged to

spread this commandment as mandated by the Lord Himself. The ZCC, through its harmonious living, supporting and caring for its members, demonstrate love for another.

13. Ethical Consideration

Ethics is rooted in the ancient Greek philosophical inquiry of moral life. It refers to a system of principles which can critically change previous considerations about choices and actions (Johnstone, 2009). It is said that ethics is the branch of philosophy which deals with the dynamics of decision making concerning what is right and wrong (de Jong, Hibben, and Pennell, 2016:794). Scientific research work, as with all human activities, is governed by individual, community and social values (Fouka1, Mantzorou, 2011:4). It refers to doing what is morally and legally right when conducting a study. What was expected was clearly explained to participants: *Informed consent*: In this research, participants gave their consent knowingly, voluntarily and intelligently, and in a clear and manifest way. Respect for anonymity, privacy, and confidentiality were strongly considered.

14. Limitation of this research

There is a rich and extensive literature on health beliefs and behaviors, environmental and biological contexts, health systems, and programmatic successes and failures. It is essential to take these factors into account in considering international public health work. It is impossible to claim to cover every aspect of the notion of health, diseases, diagnosis and cure in two contrasting entities (both the traditional and the allopathic health systems. The information discussed merely aimed to give a brief overview. Equally important, the information provided in this paper does not cover every aspect on African traditional medicine, including the ZCC nor of the allopathic health system.

15. Acknowledgement

The paper acknowledges individuals who have agreed to be interviewed when collecting data. Although their names and status are not mentioned for ethical and other reasons, their contribution in this paper is acknowledged. Scholarly articles consulted in producing a paper of this nature are acknowledged. Donors who made it possible to present this paper at the conference are highly appreciated.

16. Conclusion

The researcher discussed African Tradition Religion and Allopathic method of health system objectively. Positive contribution of biomedicine is expressed. On the other hand, the high cost and reluctance to recognize (the African) traditional method of healing represent is a concern. The continuous usage of African Traditional method of healing by most African people is a perfect example that it has a role to play. It should be emphasized that allopathic (Western medicine) alone cannot detect, prevent, solve or treat the multiple aspects of spiritual, psychosocial, psychological and illnesses (Shizha & Charema, 2011:170). The paper therefore, aims to argue that without reasonable doubt that

not “every cough” should be taken to “the doctor”, but that cultural and religious observance could be a solution. The paper singled out the ZCC, in the Republic of South Africa as a point of departure. As a solution to the crises described, the paper argued that cultural taboos, and religious observance such as found in Jesus’ echo of the Deuteronomic “Shema Yisrael”.

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