

## **Understanding and Exploring Illness and Disease in South Africa: A Medical Anthropology Context**

**Bonginkosi Maxwell Nkosi**

Department of Development Studies & Anthropology  
University of Zululand  
South Africa

### **Abstract**

*Illness and disease have crippled the world so dearly and sickness seems to govern the nests of the poor. As a result, medical anthropologists were keen to get a closer look at the relationship between human health and culture holistically. The basic proposition of holism in anthropology is that human behavior and human health arises out of complex interactions taking place within the cultural systems. This includes among other aspects, the health and wellness of human being in society. This paper provides an understanding of illness and disease by exploring ethno-medicine, medical ecology and bio-cultural as sub-fields of medical anthropology and further explore the cultural causes of illness and disease in South Africa and finally explore the understanding of people within the KwaDlangezwa area in KwaZulu-Natal.*

**Key Words:** human health, illness and disease, culture.

### **Introduction**

Anthropology as a social science field views or provides a profound understanding of humanity, human existence, viewing human kind holistically and human health. The basic proposition of holism in anthropology is that human behavior and human health arises out of complex interactions taking place within the cultural systems (Haviland, 2008:34). Within the cultural system, this includes among other aspects, the health and wellness of human being in society. Medical anthropologists saw a need to explore and unpack human health, and the health care systems in society as informed or influenced by cultural tradition, customs, morals, etc.

Medical anthropology born out of this need and understanding, deeply explores human health, illness and disease. The article explores the broadness of human health and an understanding of illness in South Africa by borrowing from medical anthropology perspective. It will also engage while analysing the theoretical framework of medical anthropology since 1963, tracing its history and the emergence of traditional medicine and healing in South Africa and the health care system as a whole. The article will also explore the causes of illness by providing literature based on an understanding of illness and disease.

The primary objective of this paper/article is to offer a vivid understanding and clear exploration of illness and disease from a medical anthropology based perspective. Using the angle of medical anthropology, this objective would be met in comparison with traditions and literature linked to these causes. The secondary objective of the study is to explore the possibility of critically understanding medical anthropology as a subfield of cultural anthropology and the cultural causes of illness attached to it and how this could shape health policy in the international health sector.

### **2. Medical anthropology defined**

According to Scrimshaw, (2000), medical anthropology is an interdisciplinary field which studies "human health and disease, health care systems, and bio-cultural adaptation". This definition is popular used by many authors who have had written or commented about medical anthropology before. The definition provided by Scrimshaw (2000), McElroy (1993) and many others focuses on three key aspects namely:

- Human health and diseases that affects humanity

- Health care systems in society and
- Bio-cultural adaptation to various environments and ecology as a system.

From its beginning, Foster and Anderson (1978:1) defined medical anthropology as “the cross-cultural study of medical systems and...the bioecological and sociocultural factors that influence the incidence of health and disease now and throughout human history”. According to this understanding, Ericson (200) states that medical anthropology provides a broad understanding and interpretation of human beings-their behavior, their diseases and illnesses, their medical systems and the place of each of these in the encompassing sociocultural system.

### **2.1. Subfields of Medical Anthropology examined**

It is crucial that this article examines the crucial subfields of medical anthropology and how they all define and explain illness and how illness comes about. This includes in and among other aspects the following subfields:

- Ethno-medicine
- Medical Ecology
- Bio-cultural medical anthropology

#### **Ethno-medicine**

According to Inhorn, (2010) ethnomedicine is a sub-field medical anthropology that deals with the study of traditional medicines: not only those that have relevant written sources (e.g. Traditional Chinese Medicine, Ayurveda), but especially those, whose knowledge and practices have been orally transmitted over the centuries. The term 'ethnomedicine' is frequently used to characterize the object of study in ethnographic research on indigenous, usually non-Western, forms of healing and classifications of disease and illness. Ethnomedicine is itself defined as 'ethnomedical' since the focus of enquiry is the elucidation of indigenous concepts of sickness and its treatment. Interesting enough is how this examination or ethnographic study of indigenous concepts of sickness and disease emerge and how cultural aspects and aspirations have in this. According to McElroy (2002:4), ethnomedical perspective focuses on health beliefs and practices, cultural values and social roles. According to him, health ethnographies encompass beliefs, knowledge and values of specialists including the roles of healers, patients or clients; the implements, techniques and pharmacopoeias of specialists; legal and economic aspects of health practices and the symbolic interpretation and interpersonal experiences of illness.

These experiences of illness are defined based on cultural values and norms and perception on the cultural causes of illness and treatment. In some societies, indigenous understandings of sickness and modes of treatment are used as means through which to elucidate broader cultural themes in society. The ethnographic investigation of indigenous modes of healing and their relationship to underlying conceptualizations and causes of illness and health as part of a particular worldview has continued to be one of the three major orientations historically identifiable in medical anthropology. Another focus or research domain by ethnomedicine is the study of traditional healers; investigation of the comparative efficacy of 'traditional' and 'biomedical' approaches to the treatment of mental illness, or ethnopsychiatry. This has been a popular topic among both 'transcultural' psychiatrists and medical anthropologists in the recent years. When examining mental illness, medical anthropologists/ethnomedicine views such illness by exploring the cultural connotations with its implications in the mentality attributes. However, psychologists might have a more clinical point of view to this matter, but might be informed also by the value system underpinning the societal modes of operation.

#### **Medical Ecology**

It is important to examine and explore the second part of medical anthropology (medical ecology) in the understanding of illness and disease to humans. According to Dickson (2001) medical ecology is a branch of social science that investigates the effect of the environment on human health and illness. Human health and illness are as a result of the environmental degradation, effects and other negative aspects which affects the quality of air we breathe, water, food, and ultimately our own health and our own well being. Environmental degradation often leads to the various states illness and health well-being of individuals. Townsend cited in Singer & Erickson (2011:191) mentions the ever growing problem of antibiotic and pesticides resistance as another infectious disease that lends itself as an ecological challenge. At the same breath, Townsend, mentions the emergence of a new variant of influenza A H1N1 which drew the attention of Anthropologists to view the relationship between pigs and people under the conditions industrial hog farming.

Medical ecology does not separate its theory and analysis from the ecosystem and the concept of natural system. According to Townsend (2009), the concept of ecosystem functions and services helps us to describe and define the global processes that contribute to our well-being, helping to cleanse the air we breathe, the water we drink and the kind of food we eat". In fact, according to medical ecology, humans are the integral part of nature while at the same time in control of nature. Most of the time, human beings are unaware of their connectedness to the rest of the world, ecosystems and the natural resources. Medical ecology links the natural processes, ecosystem with living on earth, from the point of view of being human and how this in return impact on society.

Because of the complex damage of the ecosystem influenced by huge chemical companies and biological systems, human's health and illness has been since being affected. In the analysis and understanding grounded by medical ecology, illness greatly escalates higher and higher taking another dimension. The air we breathe is contaminated to an extent that it is not easy to escape. Many diseases that are as a result of air including tuberculosis (TB), influenza and many other diseases are prominently mounting.

According to McElroy (1996:3), medical ecology assumes that illness or disease categories are universal. Universal in a sense that illness rates can be measured and compared through time across geographical global space. However, across the globe, medical ecologists have not given much attention on how to deal with the negative effect on the ecosystem and disease. It is not evident whether medical anthropologists are part of the major environmental conferences. Even though medical ecologists studies the subsistence patterns, pregnancy and birth rates, not much attention is given or researched on. The challenges facing the ecosystem and the environment cannot be isolated from the global economic system in a sense that economic system has dictated human health system rather than human maintaining their health status quo.

### **Bio-cultural Medical Anthropology**

John (2009) defines bio-cultural medical anthropology, as a discipline that emphasizes understanding how health and healing are shaped by both biological and cultural processes. It examines disease, illness, human biology, embodiment, public health, methods, and belief systems, from the biology of stress to the bio-politics of medicine. Bio-cultural examines all the aspects of health and human being and how illness or diseases are defined culturally including healing. According to Hernandez (n.d), bio-cultural medical anthropology, is a specific approach within the more general subfield of medical anthropology, which strives to understand why people grow and develop as they do, and why they may be at risk for health problems.

The central feature of bio-cultural approach is an effort to combine the biological and cultural aspects of medical anthropology. Leatherman & Goodman (2005) states that "human health and well being is cultural" and the notion that human health and illness are interwoven biocultural process. This bio-cultural perspective on health and illness is essential to the understanding of the following aspects that specializes in: cultural and biological influences on health and mental health; treatment choice and healing; reproductive health; how culture shapes physiology; fetal and childhood growth and development; and paleopathology, among others.

### **2.3 History of Medical Anthropology**

As a subfield of cultural anthropology, medical anthropology emerged as a need to describe and define human health in society from a cultural context. As stated by McElroy (1993), the term "medical anthropology" has been used since 1963 as a label for empirical research and theoretical production by anthropologists into the social processes and cultural representations of health, illness and the nursing/care practices associated with these.

Furthermore, in Europe the terms "anthropology of medicine", "anthropology of health" and "anthropology of illness" have also been used, and "medical anthropology", was also a translation of the nineteenth century Dutch term "medische anthropologie". In the United States, medical anthropology is as old as the discipline itself and traces back as early as 1881 (Castro & Farmer, 2007). Studies by Castro & Farmer (2007: ) reveals that some anthropologists were including study of illness and medical practices in their ethnographical observations. In the 1950's and 60's envisaged, was the rapid growth of medical anthropology as an applied discipline in the public health. Applied medical anthropologists began a journey examining cultural barriers to the promotion of health and to design health programmes in the international public health system.

This term was chosen by some authors during the 1940s to refer to philosophical studies on health and illness. These authors opened a room for the debate on the health and illness paradigm and how they relate to cultural and ethnic orientations.

Since the end of the twentieth century, medical anthropologists as McElroy (1993) have had a much more sophisticated understanding of the problem of cultural representations and social practices related to health, illness, disease and medical care and attention. This has provided a clear light and understanding to the social/cultural causes of illness in different ethnic groups and societies around the globe both industrial and non-industrial societies.

### **3. Causes of illness and disease**

How illness and disease is explained often varies from culture to culture, society to society and person to person. Similarly, the methods considered acceptable for curing illness varies significantly. One way of understanding and curing illness in one culture may be rejected by another. However, one must be in a position to differentiate between illness and disease and how these two varies considerable. Illness, in my own understanding, can be defined as a feeling of not being normal and healthy while disease is an objectively measurable condition of the body. In many cases if not the other, perceptions of illness are culture related. In this understanding, illness is morally, traditionally, custom understood and defined.

Causes of illness and disease may be traced in social or spiritual realms according to anthropology perspective. This sometimes sounds untruth and very much provocative to others, but the truth of the matter is that these spiritual or social realms causes of disease include spiritual intrusion. It is a fact, also, that all physical or tangible assets manifests in the spirit world before they become physical. Christian practices or ancestral beliefs bear testimony to this fact. Many prominent anthropologists from Victor Turner to Evans-Pritchard have discussed aspects of illness and healing in the course of describing mechanisms of social regulation, religious systems or aspects of cosmology in particular cultures, but these ethnographic works were not regarded as studies in 'medical anthropology' by their authors, nor did they take illness and healing to be their central concern (McElroy & Townsend, 2009) In such research the investigation and analysis of indigenous understandings of sickness and modes of treatment were undertaken as means through which to elucidate broader cultural themes (McElroy & Townsend, 2009). Among other factors contributing to illness or sickness include witchcraft, punishment as a result of being disobedient to the spiritual forces, which is both spirit of darkness (ancestral) or the spirit of light (Christianity). Some factors of illness or sickness is traced to power and the distribution of resources and not ignoring cultural traditions and beliefs to illness and sickness.

#### **a) Witchcraft and sorcery**

Another aspect associated with the cause of diseases and illness is witchcraft. Witchcraft is a spiritual practice or act by which forces of darkness are transmitted via the spiritual world. It is in most cases, words or names of people concerned are mentioned or curses are made in order to change ones situation for worse. Witchcraft in the kingdom of darkness is an act pressured by jealous. Witchcraft, according to Garretson (1981:139) is defined as a practice of harming others at a distance through magical means. Witchcraft is an inherent power to harm other persons by supernatural means either from a distance or other sources. Omorodion (1993: 126) when illustrating the ethnography of the Esan people makes an example of how external relationships outside the marriage provoked wives in marriages. She states that "both the core-wives and outside wives gives rise to great envy and jealousy which are as the result in women's inflicting harm and injury on their co-wives and co-wives children"

Some distinguish this supernatural power as a force emanating from sorcery which might be learnt. Witchcraft and sorcery may be attempts to invoke the spirits to work harm against people (Ember & Ember, 1985:275). In many cases, if not some, this harm may result to illness/sickness depending on the purpose of doing it. The distinguishing factor between sorcery and witchcraft is that witchcraft is said to use not tangible objects. Witchcraft, according to Ember & Ember (1985:276), is said to cause illness by means of thought and emotions alone. This means that any one in this case can be a witch. This informs us that many people might be killed by our own negative imaginations, curses and emotions, including spoken words. The practice of witchcraft varies from society to society and culture to culture.

In many societies, witchcraft is means of social control and for the expression and resolution of social tensions and conflicts while in some other societies especially small scale societies is means of idiom of interpersonal and intergroup relationships (Smith, 1986:289). In some societies describe a witch as an ugly creature. For example, the Dinka society believes witches have tails while the Amba societies believe that witches hang by their feet from trees and eat salt when they are thirsty. In Africa, witchcraft is highly believed and its existence seems to be proven without doubt even though such assumptions might be false. Some form of bad luck or ills in many rural African societies is believed to be a form of witchcraft. So many people in Africa for example are dying of HIV/AIDS solely because any sort of illness is believed to be bewitched. This has been noticed by the way in which treatment of disease is when an individual is sick or ill. The South Sotho as researched by Krige (2003: 7) apply traditional medicine in dealing with different forms of illness such as diarrhea, nausea and vomiting which are symptoms of HIV/AIDS. When treating diarrhea they usually use roots of the mosokelo plant which are dried up and boiled in water while nausea and vomiting is treated using the inside of chicken breast, dried and milled. The Tswana according to Krige (2003:6) uses crocodile skin for fever.

### **b) Punishment as a result of disobedient to supernatural forces**

Illness in many culturally influenced societies is defined as an unhealthy condition of the body.

Among other factors contributing to illness or sickness include, punishment as a result of being disobedient to the spiritual forces, which is both spirit of darkness (ancestral) or the spirit of light (Christianity). One must understand that every society is socially/culturally controlled maintained by orders that governs societal behavior. These cultural control mechanisms always define and refine order in society in many ways or the other. Both the spirit of darkness and the spirit of light are being critically explored in this article as forms of supernatural forces that may cause discomfort in the body as result of the society being disobedient to these factors.

### **Ancestor Spirits**

I have observed this kind of practice within my own family, to the backyard and down to my neighbour's house while growing up. Many people within pre-industrial societies in Africa continue to maintain the practice of ancestry as a common and most popular belief or religion. Ancestor spirits must be understood as the supernatural beings that were once human. These are the people who were once part of the family. The dead are considered important as a people of lineage, fathers and forefathers and as a result those who are alive consider them as near, joined together with them in spirit. Many Africans describe them as those who connect them with the creator or the ones who communicate on their behalf. The more they communicate to the ancestors, most people believe that ancestors bring some sort of fortune, prestige and the continuity of their descent group as strongly as the living (Ember, 1985:265). However, if there is communication breakdown or disobedient, the belief is that ancestor possess the ultimate power to punish those who commit such. The disobedient to the ancestor creates a friction or state of punishment in the form of illness, bad luck and other kind of misfortunes. Therefore, it becomes essential for the living to conduct rituals in honour of the dead.

### **Spirit of light**

As a Christian believer, dimension viewing the world of the spirit varies considerable as compared to the way the ancestors work. However, some people views the two as similar in terms of how they both function. The only distinguishing factor is that they submit to different, opposite gods with Christians believing that they submit to the Great Living God. A saint or believer is bound to be under a particular way that maintains order. The Bible, which is the word of God, is the supreme constitution that guides and provides direction for the believer. To avoid curses, the believer must live by the word of God. The bible says, "*Cursed is anyone who does not put the words of this law into practice*" (Deut 27:26) Curses according to the bible usually brings about illness, diseases and other evil spirits. By being disobedient to the word of God, it is then an opening of the door to enter all kinds of evil. The bible even mentions kinds of illness and diseases that are as the result of this. For example, the book of Deutoronomy 28 vs27 says "*the Lord will afflict you with the boils of Egypt, tumors, a festering rash, and scabies from which you cannot be cured*". This is a clear illustration that illness may be as a result of disobedient to the will and word of God. Mentioned in this verse are the variety of examples of illness that would strike the one who happened to disobey the law or the word of God.

I thought this could be the only example in the bible. I examined carefully the New Testament and found interesting stories.

The fifth chapter, in the book of John provides a clear explanation of illness being caused by disobedient and allowing of evil spirit to enter. In this passage of scripture we find Jesus healing a sick man on the bedroll. He says “*After, this Jesus found him in the temple complex and said to him, See you are well (healed). Do not sin anymore, so that something worse doesn’t happen to you*” (John 5:14). Jesus in this passage of scripture means that if the man continues to sin, terrible kind of illness/disease is going to trouble him even to the point of death. The more an individual continues to behave in a sinful manner or continually engage in sinful behavior, the more illness and disease enter the body.

### **c) The socioeconomic forces and power differentials that influence access to care**

Some factors of illness or sickness is traced to power differentials and the distribution of resources and access to health care system, according to the applied medical anthropologists such as McElroy. This approach analyses biomedical practice and the differentials in power and authoritative knowledge of practitioner and patient and how illness affect the significant. Clinical anthropology has been influenced by Michel Foucault's writings on the historical production of medical knowledge and the notion that the body can become an arena in which social control issues are played out (McElroy, 1996:7).

These social control issues become more influential to certain gender group in society. One of the critical gender group here are females. Tracing poor rural communities women due to patriarchal influences have been found to be vulnerable to so many diseases as compared to those who control the bedroom arena or in charge of socio-economic sector in the house. Patriarchy which is the dominance of male over female, has contributed in the spread of illness and disease especially to the rural poor in many places in Southern Africa. Women’s inferior status affords them little or no power to protect themselves by insisting on condom use or refusing sex. As a result, many females according to HIV/AIDS statistics women are more vulnerable to get infected (Modo, 2011:142). Being involved in teaching community about HIV/AIDS in areas around Durban, KwaHlabisa and other rural areas in KwaZulu-Natal, women have come out in that they are not given the right to inform her husband to use protection. While at the same time other community training project called Male Involvement seems to illustrate that male are not concerned with health issues. Some when asked responded that having more than one partner boosts their sexual drive and it is customary that a male can have as much partners as possible.

The power differentials South Africa is prevalent, where a woman has about one in three chance of being raped in her lifetime, has among the highest sexual violence statistics in the world – with obvious implications for the spread of HIV/AIDS and other sexually transmitted infections (Modo, 2011:144).

Another reality here is that many women in traditional societies lack economic power and feel they cannot risk losing their partners, and thus their source of financial support, by denying them sex or deciding to leave an abusive relationship. This has made women to depend more on male partners for financial support and financial gains. This dependency syndrome, is hard to drive out since it has become mentally instituted, rooted in their consciousness and sub consciousness. Because of this, women find it hard to access health systems or to treat themselves of any illness. They had to approach their partners for money or ask her male partner for medical aid card if he fortunately included her.

Another hard hitting point is that of accessing the health care system itself. Only those with a financial power house have access to good medical treatment. Many people of lower and middle class find themselves having medical aid that limits them to certain treatment of illness. As a result, many people consume everything in what their medical aid give them on an annual basis.

### **d) Cultural norms and practices**

Certain prevalent cultural norms and practices related to sexuality contribute to the risk and the cause of illness and sickness. Culture has been shown to have both positive and negative influences on health behaviours. Mazrui (1986: 239) defines culture as ‘a system of interrelated values active enough to influence and condition perception, judgment, communication, and behavior in a given society’. Hahn (1995) emphasizes the role of culture and society in relation to sickness and healing, and highlights the use of language in the understanding of illness concepts. According to Airhihenbuwa and DeWitt Webster (2004: 5) maintains that “this realisation of cultural centrality to health has resulted from the need to question and examine critically the assumption inherent in Western based conventional theories and models, which postulate that health behaviour is a-cultural”.

A central feature in the study of culture is the role of tradition and it is in this respect that the role of illness and sickness especially HIV/AIDS has been most devastating. For example, negative attitudes towards condoms, as well as difficulties negotiating and following through with their use. Men in Southern Africa and other parts of the world, regularly do not want to use condoms, because of beliefs such that “flesh to flesh” sex is equated with masculinity and is necessary for male health.

Polygamy is widely practised in some parts of Southern Africa and some extent to Africa as a continent. Polygamy is a cultural practice that allows male to have more than one partner. Even where traditional polygamy is no longer the norm, men tend to have more sexual partners and to use the services of sex workers. This is condoned by the widespread belief that males are biologically programmed to need sex with more than one woman. Apart from man transmitting illness to his wives, illness may arise among wives and co-wives as a result of envy and jealousy, with an intent to harm the other.

#### **e) Natural causes of illness**

The Western world relies on the natural explanation of illness. Natural explanation on the causes of illness assumes that illness is due to mechanistic causes in nature and can be cured using the scientific method of discovery. The natural cause of illness seem to be opposite of the social and cultural causes mentioned above. However, some traditional societies always confuses among these causes. A study conducted by Omorodion amongst the Esan communities in Nigeria illustrates the believes of this ethnic group or community. In the study findings, she (1993:4) mentions that illness like diarrhea, malaria, small pox, chicken pox and minor headaches, the causes are believed to be natural. They believe that the causes are natural in a sense that such illness is caused by lack of good water and sanitation, and poor nutrition. They increasingly believe that these natural causes are also a result of poor environment characterized by overgrown weeds, and poor water drainage resulting in stagnant waters which breeding places for mosquitoes.

#### **4. Understanding and the treatment of illness and disease (A Case Study of KwaDlangezwa)**

A qualitative study conducted at KwaDlangezwa, North Coast, KwaZulu-Natal, on how people understand illness, sickness and disease in KwaZulu Natal province, one of the provinces that has the high incidence of HIV/AIDS rate in South Africa. According to the South African Department of Health Study conducted in 2010, KwaZulu Natal was estimated as being the highest with 39,5 percent followed by Mpumalanga with 34 percent. A small clustered sampling of fifteen people was the target population in this semi-rural area. The sample included both male and female even though the ages were not considered important in the study.

Using an interview schedule to conduct face to face interviews, most people interviewed provided their own understanding of illness, sickness and diseases. It was not surprising to find out that the responses when it comes to deep understanding of illness were not similar to that of the qualitative study conducted by Omorodion in Nigeria who used the same method of enquiry.

Understanding of illness and disease is known in the area. Three participants commented that witchcraft is highly practiced in area and much of illness and sickness is a result of witchcraft. One of the three participants said “*Ubuthakathi (witchcraft) is high in this area even though it is no longer as high as in the 70’s and 80’s*”. Judging from this statement, witchcraft seems to be familiar in the area and that illness and disease are as a result of witchcraft.

Only 5 participants maintained that illness is as a form of punishment from supernatural spirits Supernatural being (God). This has resulted to this punishment being passed from generation to generation. Two of these participants made an example of lung cancer disease. “*Because my grandfather died of lung cancer, my father also died of lung cancer and my older brother is also affected by the same disease. We have accepted lung cancer as a family disease even though it hard and painful for us*”, he said.

Furthermore, others (5) responded that illness and disease is as a form of control by human spirits and demons that enters a human body and dwell there. Demons as defined as disembodied spirits that chooses to enter a human being voluntarily or by human choice. These participants responded that “*one demon enters the body system of a human being and open the close doors for others and cause so many negative aspects in that person such as ill-behaviour or sickness. To get rid of them requires God Himself to take them out*”, she said.

Apart from the fifteen people interviewed, an extended family was visited. It was later made known to us that the family is a polygamous family. The observation made at first hand is that all the three women happened to have remained as widows because the husband died. Illness and sickness is crippling the family as it was reported that the first wife was found to be seriously ill with an unknown disease. We then assumed that within polygamous family disease can be transmitted easily from one person to another in a family.

### Treatment

It seems general that most of the people interviewed maintain that they use more than one type of treatment to ensure that they complement one another. For example, a person suffering from diarrhea may take the doctors prescription while at the same time take *imbiza*, traditional medicine. When asked about factors causing people to use both types of treatment, were the desire to obtain quick recovery and the belief that each system embraced part of the truth and addressed part of the cause. Some believe that traditional treatment is able to complement the western medicine while others believe that western treatment can complement the other.

According to Omorodion, people also change the treatment from one type to another or even from one healer to another when continuing treatment is needed. This is an indication or a deep desire for one to get healed. Through a deep observation, many of these people changes from one healer to another because someone has told them about how that person has healed someone somewhere. In this case, there is a woman who first sought for a traditional healer, then she went to hospital and stayed longer than she anticipated. When she left hospital, she went to a different traditional healer for treatment. However, she did not disclose the reason why she did that. However, I assumed it was based on her traditional beliefs.

Most of the people were not much concerned or have little to tell about illness prevention, however. Prevention in this society is not a concern because no body knows if he or she is going to get ill one day. However, one of the fifteen respondents mentioned that s/he tries by all means to prevent illness by means of healthy eating and exercising. But s/he stressed that this exercise, is however, not done for prevention processes but rather as a hobby. Some of the respondents have mentioned that they were informed by health officials when visiting hospitals to take care of their well-being rather focusing on treatment measures alone.

Treatment uses variety of traditional medicine while western medicine on the other hand is considered a second option. A variety kind of *Izimbiza* is the most traditional medicine in a form of liquid used quite often. *Imbiza* is a mixture of different herbs that are put together in a form of a liquid. The mixture depends on the nature of disease that it has to treat. An *Imbiza* for diarrhea is made of roots of the *mosokelo* plants while *imbiza* for treating a stomach is different.

There are other traditional medicines apart from *Imbiza* such as *Isiwasho* (holy water). Holy water are from a diviner who is called *Umthantazi*. *Umthantazi* is little different from the other traditional healers such as *Izangoma*. *Umthantazi* does not mix the *Isiwasho* with anything. But the *Isiwasho* is water that has been prayed for by the *uMthantazi*. Others might put salt or sugar in it and pray over it. This kind of liquid is used for drinking, or when taking a shower to take away evil spirits. While some the *Isiwasho* liquid could be used for vomiting. The community has a belief that *Isiwasho* and *Imbiza* would cleanse the blood system.

Most interesting in *KwaDlangezwa* is that there are animal skins that are principal in treating diseases and illness. When a few people were interviewed on how they obtain the skin animals replied that some are from traditional healers while few mentioned that they bought such staff from the outside markets around *Mpangeni Station* and surroundings. The different types of skin animals serve different purpose.

### 5. Discussion

The causes of illness are very much notable as far as medical anthropology. It is vital that the causes of illness and disease must be understood correctly and not be separated from the traditional beliefs, norms and values people attach themselves with. Medical anthropology as a subfield of cultural anthropology must provide greater understanding of health issues tapping from various perspective as the richness of culture is concerned all over the world. Such richness of information must be added to the literature of culture and be documented in order to enculturate the future generation.



Anthropologists or economic anthropologists argue that lack of information is information asymmetry. Information on the understanding and causes of illness must add knowledge in the shaping of policy and assist policy makers in making informed decisions about the past, present and the future. Understanding of illness and disease must not be a general knowledge for reference and reading purposes in the academic field, but must inform literature and shape the health national policy in South Africa and Africa at large. Why Africa? African continent is gradually losing its cultural value system and increasingly being bought by the Western value system that defines African or cultural or indigenous health system as savage. As a result, the national health policy must consider the diverse and richness of the cultural values embedded in our society.

Furthermore, the cultural variations must not be underestimated, but be acknowledged so as not to undermine each others cultural aspirations along the way. Understanding all the causes of illness whether in a ethno medicine point of view or bio-cultural perspective is important and must enrich the way in which we are going to approach prevention and treatment strategies, but must not limit one to understand further these cultural variations and interpretations.

Many people seem to neglect the effect of religion in the understanding of illness causes and diseases. It has been noticed that the different kinds of religion has some kind of involvement in the causes of illness whether spiritual or otherwise. However, many people provide different judgments as to why some kind of religion should be considered rather the other. This has been proven that both traditional customs and Christian beliefs have some effects or inputs in the causes of illness and disease. Whether this is controversial or not, I don't mind.

Whether traditional medicine vs western modern medicine is better or not is another question that can be exhausted and be discussed further. Some people argue that the combination of the two can produce effective tangible results. The only concern though about traditional medicine as a solution to illness and disease treatment is its concentration. The volume of its concentration is much higher and is not pasteurized to a level that it may cause dissatisfactory results or perpetuate the illness.

Furthermore, more explicit understanding of policy and medical anthropology research is fundamental. Eisenberg cited in Singer and Erickson (2011) mentions a crucial fact that policy encapsulate the overall history and culture of the society that generated them, serving as a guide to societal behavior which she calls a "charter for action". As a result making policy is culture, a culture that should inform change in the field of international and national public health. Anthropological research and policy making processes should examine power structures impact the public health care systems and assess the role power and unequal access in the enforcement of policy.

### ***Conclusion***

Understanding illness and disease in South Africa seem to be no different from the rest of the African content and non industrial societies. To generalize, or provide an ethnomedical perspective of illness and disease alone is not sufficient, but it requires to be explored from both applied medical anthropology and medical ecology point of view without ignoring the cultural value system in society.

## References

- Airhihenbuwa, CO. Culture and African Contexts of HIV/AIDS prevention, care and support in Journal of Social Aspects of HIV/AIDS Research Alliance, Vol 1 No. 1, May 2004.
- Albrecht GL, Fitzpatrick R, & Scrimshaw S. 2000. *Handbook of Social Studies in Health and Medicine*. London, Sage.
- Ember, CR & Ember, M. 1986. *Cultural Anthropology (4<sup>th</sup> Edition)*. New Jersey. Prentice Hall Publishers.
- Einsberg, M. 2011. *Medical Anthropology and Public Policy*. In A Companion to Medical Anthropology, eds. Wiley-Blackwell publishing limited.
- Errickson, & Pamela, I. 2003. *Medical Anthropology and Global Health*. Medical anthropology Quarterly 17:3-4.
- Foster, George, M & Anderson, BG. 1978. *Medical Anthropology*. New York: John Wiley & Sons, Inc.
- Garretson, L & Selby, H. 1981. *Cultural Anthropology*. USA. Wm. C. Brown Publishers.
- Hahn, A. & Inhorn, M (Eds.). 2010. *Anthropology and Public Health, Second Edition: Bridging Differences in Culture and Society*. Oxford University Press
- Leatherman, T & Goodman, A. 2005a. *Context and Complexity in Human Biological Research*. In Complexities: Beyond Nature and Nurture. S. Mckinnon & S. Silverman, eds. Chicago: University of Chicago Press.
- Leatherman, T & Goodman, A. 2011. *Critical Biocultural Approaches in Medical Anthropology*. In A Companion to Medical Anthropology, eds. Wiley-Blackwell publishing limited.
- McElroy & Townsend, P. 2009. *Interdisciplinary Research in Health Problems*. In: Medical Anthropology in Ecological Perspective, 5<sup>th</sup> Edition.
- Modo, FN & Enang, PI. *Socio-cultural Factors Responsible for the Increasing Rate of HIV/AIDS in Akwa Ibom State of Nigeria*. In Ethno Med. 5(2): 141-147 (2011).
- VanWilligen, J. 1986 *Applied Anthropology*. Massachusetts: Bergin and Garvey Publishers, Inc.
- Wiley, A & John, A. 2009. *Medical Anthropology: A Biocultural Approach*. New York: Oxford University Press.
- Reining, Conrad C. 1962. *A Lost Period of Applied Anthropology American Anthropologist* (also in Clifton, James 1970 Applied Anthropology Boston: HoughtonMifflin.
- Richter, M. 2003. *Traditional Medicines and Traditional Healers in South Africa*: A discussion paper prepared for the Treatment Action Campaign and AIDS Law Project.
- Omorodion, FI. 1993. *The Socio-cultural Context of Health, Behaviour among Esan communities, Edo State, Nigeria*, in *Health Transition Review*, Vol 3 No. 2.
- Singer, M & Erickson, PI. 2011. *A Companion to Medical Anthropology*. Oxford: Wiley-Blackwell Publishing Company.
- Krige, D. (n.y). *Traditional Medicine and Healers in South Africa*. In The Journal of the European Medical Writers Association.