METHODS OF HEALTH EDUCATION USED BY INDIGENOUS COMMUNITIES IN KUNENE AND OTJOZONDJUPA REGIONS OF NAMIBIA

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ABSTRACT

The purpose of this study was to explore the methods that Namibia's indigenous communities of Kunene and Otjozondjupa regions use to communicate and share health related information, issues and solutions. The socio-cultural theory informed this study as its main idea states that although solitude provide opportunity for learning, the social occasions of conversation, discussion, question and answer, demonstration and joint work play a critical role in teaching and

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learning. The collected interview data were analysed using a grounded theory approach and content analysis. The results show the Namibia's indigenous communities of Kunene and Otjozondjupa regions came to know through flexible and simple methods of Show and Tell, Demonstration, Observation, Imitation, Experience and Practice, Trial and Error or Experimentation, and Questioning. The study recommends more research on the documentation of Namibian indigenous health knowledge to afford future generation access to the rich knowledge their ancestors originally had a claim on. The study further recommends for these methods to be considered by stakeholders in education sector so that they can be integrated in educational policies and programmes and applied at the classroom level.

KEYWORDS: Health education method; Communication; Indigenous community; socio-cultural theory; grounded theory

INTRODUCTION

People who are likely to suffer ill health in society are those who live in rural, undeveloped and underdeveloped environments (Robert Wood Johnson Foundation, 2011). Indigenous and marginalized communities of the world live in these environments, thus suffer more from poor health and reduced quality of life (Inter-agency Support Group on Indigenous Peoples' Issues, 2014). Campbell (2016) argues that development advocates' efforts to address factors contributing to health problems suffered by indigenous people (IP) in rural communities and promote their right to health fail because indigenous communities' cultural knowledge and ways of doing things are ignored and thus not incorporated in countries' policies and programmes.

It is a worldwide phenomenon that indigenous knowledge (IK) is practised among indigenous communities mainly because of its potential to contribute value to health and well-being, conservation, and sustainable development (Sarkhel, 2016). According to the World Intellectual Property Organisation (2005) IK encompasses the content and substance of traditional know-how, innovation, information, practices, skills and learning of environmental and/or medicinal knowledge systems. Kotze (1997) further believes that IK systems reflect indigenous methods of doing things which are strongly embedded in culture.

The right to health as proclaimed by the international requirements such as United Nations, 1948, Article 25, and national imperatives such as the Constitution of the Republic of Namibia cannot be realized unless indigenous people's methods of health education and learning are recognised, valued and incorporated in educational policies and programmes. Indigenous people's ways of exchanging health information, ideas, practices as well as locally adapted solutions that are vital for their well-being and livelihood might be lost if not documented for future generations (Rogers & Shoemaker, 1971). Hays (2016) as well as Shizha and Charema (2011) are of the opinion that the consideration of local strategies of sharing and learning indigenous health knowledge offers the basis for problem solving regarding the health of indigenous, and poor communities.

Despite the global push for countries to incorporate IK into the scientific corpus and educational programmes for inclusion (Nakata, 2002), many indigenous communities' cultural knowledge and ways of doing things in the world are ignored and not yet incorporated in countries' policies and programmes. Namibia is not exceptional when it comes to this concern. This ignorance makes traditional way of passing knowledge from one generation to another to vanishing, along with the culture of practising IK and skills and keeping the culture alive. This prompted the researchers to carry out an exploratory study to identify,

describe and document methods that Namibia's IP use to communicate and share health related information and solutions in their communities. The communities investigated were Ovahimba, Ovatue and Ovazemba of Kunene region, and the San of the Otjozondjupa region. These are the indigenous communities that have strong beliefs and trust in their own traditional ways of dealing with health related problems.

CONCEPTUAL AND THEORETICAL FRAMEWORK

Health education methods refer to the ways in which health promoting activities are carried out to communicate ideas and information, and develop necessary understanding, skills and attitudes among community members, based on an integrated value systems (Mona, 2016). Communication is the process through which new ideas, innovations and development are shared with members of the social system (Sarkhel, 2016; Abah, Mashebe & Denuga, 2015; Rogers & Shoemaker, 1971).

The concepts indigenous community and indigenous people are used interchangeably (Melchias, 2001). According to Melchias (2001), indigenous people refer to culturally distinct ethnic groups with a different identity from dominant groups in society, draw existence from local resources and are politically non-dominant. In Namibia the Ovahimba, Ovatue, Ovazemba and San people form, at present, non-dominant groups of the society. Nevertheless, they are determined to transmit and preserve their ethnic identity and cultural values, as the basis of their continued existence as people, in accordance with their own cultural patterns and social institutions to future generations (Magni, 2016). Preservation of IK requires researchers to identify and document indigenous people's ideas, practices and traditions so that these ideas can be incorporated in development strategies such as educational policies and programmes. The incorporation of indigenous people's ways of doing things contributes to the sustainable preservation of valuable culture; making it possible for future

generations to have access to their ancestors' wisdom; and address the tragedy of disappearance of IK system (Estabrooks, Thompson, Lovely & Hofmeyer 2006). Dell'Arciprete, Braunstein, Touris, Llovet and Sosa-Estani (2014) argue that in an era where change is desired community development agents that ignore local communication approaches and models often serve to hamper the diffusion of innovation.

The theoretical Framework that guided the study to investigate the methods that were used to communicate health issues and solutions to each other by the Ovahimba, Ovatue and Ovazemba of the Kunene region and the San of the Otjozondjupa region in Namibia is the Sociocultural Theory. The sociocultural theorists believe that although solitude provide opportunity for learning, the social occasions of conversation, discussion, question and answer, demonstration and joint work play a critical role in teaching and learning (Wilson & Peterson, 2006). The sociocultural theory supports the two major principles of teaching and learning: *Knowledge is inseparable from practice; and learning is fundamentally a social phenomenon that takes place within the communities people belong*.

These principles imply that people know by being actively involved in the process. In the context of this study, community members teach each other and learn from each other about health related issues and solutions by getting involved in the actual process of addressing the authentic health issue. Communities teach each other and learn from each other health related knowledge through interacting in health promoting activities they participate in, and through the interaction between individuals and the contexts or environment in which they live. These principles make the purpose of teaching and learning to be clear and meaningful to all as they help people to make sense of real life experiences. In support, Mona (2016) and Senanayake (2006) recommend that teaching and learning health related knowledge should be done through lessons that are based on meaningful contexts.

In order to increase indigenous people's participation in activities that promote sustainable health practices and bring about social change their cultural beliefs in ways of living and doing things must be recognised, valued and respected. Therefore the objective of this study was to explore and document methods that the indigenous communities (i.e. Ovahimba, Ovatue and Ovazemba of the Kunene region and the San of the Otjozondjupa region) in Namibia use to communicate health issues and solutions to each other.

METHODOLOGY

A phenomenological design of a qualitative approach was used to allow the researchers understand and describe the methods of communication and sharing health related information among family and community members.

Population and sampling

The Ovahimba of Oukongo village, Ovatue of Okongwati Settlement, Ovazemba of Ruacana, all in the Kunene region; and the San of Farm Uitkoms in the Otjozondjupa region comprised the population of the study. These four communities are among the culturally distinct people who are indigenous to Namibia. A purposive technique of a non-probability sampling was used to select participants from these communities that are well known to have strong beliefs and trust in their own traditional ways of dealing with health related problems and they still rely on the IK of their ancestors for health and wellness (Shizha & Charema, 2011).

Participants' willingness and interest to participate in the study was considered and resulted in the identification of eleven (11) Ovahimba, seven (7) Ovatue, five (5) Ovazemba and twelve (12) San participants.

Instruments

Open-ended interview guides were used to collect data during the focus group discussions which allowed researchers to observe, listen, learn and understand the details of how indigenous people communicate health related information to each other.

Data collection process

Data were obtained from both primary and secondary sources. The primary sources were people who participated in group discussions. Data from the primary sources were collected at intervals purposely to ensure that the research team developed a working relationship with participants. All of the discussions were held in participants' languages through interpreters.

Data analysis and limitation

The researchers used a grounded theory approach and content analysis to explore and understand the study communities' ways of teaching each other and learning from each other health related knowledge and skills. The analysis commenced by organising and sorting data, followed by coding and translating codes into categories and themes. Patterns about explanations that contain meaningful aspects of communication for the purpose of teaching and learning were identified between categories and themes.

At the beginning participants were reluctant to participate in the study. Indigenous people are known to be hesitant to open up to people they suspect of trying to delve into their culture, traditions as well as ways of life and norms. However, the researchers tried to build relationships and trust between them and the participants, thereby encouraging the sharing of information and knowledge freely (Patton, 2002)as well as going through traditional structures which all contributed to building participants' trust and respect of the research team.

The study's design, instruments, collection and analysis of data were done according to the international guidelines by the Council for International Organizations of Medical Sciences (2016)which provided for using humans as research subjects and the University of Namibia research ethics guidelines (UNAM, 2013).

RESULTS

The presentation of findings reflects the demographic information and participants' views regarding the methods they use to communicate and share health related knowledge and skills among family and community members.

Demographic information of the participants

The Ovahimba are the wealthiest of all the three communities, owning a number of livestock (cattle, goats and sheep). They practised indigenous ways of living in terms of agricultural production and other traditional rituals, including marriage, giving birth and any other services. The Ovazemba, claim that they are distinct from the Herero with their own language known as Oludhimba. Their main livelihood is land cultivation for Omahangu and a variety of beans, similar to the Ovawambo tribe of Namibia. The Ovatue lived a nomadic lifestyle of hunting and gathering and sometimes, herding the Ovahimba cattle and goats, for their livelihoods. The San people are artistic, clever, skilled hunters and powerful healers. Nonetheless, all the four communities are widely known for their strong cultural and social life and possession of a great deal of IK, especially on health (Suzman, 2001; Hays, 2016).

Health education methods

The study's main question was: How do Namibia's indigenous communities communicate and share knowledge, skills and experiences regarding health related issues and solutions? The data indicate at least seven (7) methods through which indigenous health knowledge and practices were shared and learned among families and other community members of the Ovahimba of Oukongo village, Ovatue of Okongwati Settlement, Ovazemba of Ruacana and the San of Farm Uitkoms.

The four study communities came to know through flexible and simple methods of Show and Tell, Demonstration, Observation, Imitation, Experience and Practice, Trial and Error or Experimentation, and Questioning. These methods across the four study communities are detailed in the paragraphs that follow. The readers must note that in this paper the concepts 'experienced person', 'practitioner' and 'instructor' are used interchangeably and they refer to one and the same person who had the leading role of sharing and communicating health knowledge to others who are also referred to as 'learners' or 'inexperienced'.

(i) *Show and Tell:* Participants claimed that the practitioner/instructor takes the learner to the veld and explain to her/him about the medicinal plants: show how they look like, what they are called, indicate the part(s) that are used and for what disease it is used as treatment. Participants explained that Show and Tell is the first level of teaching and learning indigenous knowledge on health. However, in the veld a combination of methods could be used. For example, Show and Tell could be accompanied by the process where the instructor theoretically explains the process of remedy preparation and administration while the learner listens attentively and when necessary told to asks questions for better understanding.

(ii) *Demonstration*: Participants state that the instructor models a treatment skill to a learner with the purpose of communicating knowledge. The data indicates that an experienced person brings parts of a medicinal plant (or whole plant when is possible) home and practically demonstrating how the remedy is prepared, as well as how (the dose) it can be administered and explain when it can be taken.

(iii) *Observation:* Participants explained that observation happens when a person experiencing a health problem is being treated. The practitioner may invite the inexperienced people (in many cases children and youth) to come observe how she/he is performing the treatment process. The observer is expected to observe all details of the process and should be able to remember and do the same in similar circumstances s/he would meet in life.

(iv) *Imitation:* According to the data this method means practical repetition. The participants' explanation indicated this method to mean 'follow after me', as in reciting a poem. The data shows that the instructor demonstrates the process of treatment and expects a learner to imitate exactly what he or she (instructor) has done, try things out over and over again.

(v) Experience and Practice. Participants stated that the Experience method is mostly applied to people who are experiencing a certain illness or someone whose family member is experiencing an illness. Participants explained that before the practitioner starts with the treatment, he/she describes the medicinal plant she/he will use to make a remedy for that specific sickness and what part of the plant will be used. Then she/he explains how the remedy is prepared and administered. After the description and explanations, the experienced practitioner administers the prepared remedy to the sick person (who might be a learner at the same time). A family member to a sick person listens and observes the whole process. The learner may be sent to go

look for the same plant from the veld, bring the plant or the needed part to the instructor and practise remedy preparation for a follow-up session(s). If the learner did not bring the correct plant or needed part(s) then Show and Tell procedure will take over until the learner understands and does it right. The data indicates that the learner prepares and administers healing remedies under the supervision of the instructor.

(vi) *Trial and Error/Experimenting:* Participants stated that Trial and Error is usually used in trying out remedies and see if they heal. They explained that this methods is used particularly if the known medicinal plant for a specific illness is scarce and could not be found in the immediate environment or the medicinal plant which can cure a specific illness is just not known at all. Participants explained that this is actually a method where health knowledge is learned from using other plants which have the same taste or smell. If the first trial did not work in healing the health problem one continue to try another plant with similar taste or smell or any plant which belongs to the same species of the known medicinal plant usually used to treat that specific disease until the right medicinal plant is identified.

(vii) *Questioning:* The questioning method was highlighted as an important method of education among the indigenous communities. Participants claimed that sharing indigenous health knowledge involves education on what, who, when, how and why questions. They emphasised that questioning was one of the valuable tools instructors used for arousing listeners' interest, sharing knowledge and skills, and assessing understanding.

DISCUSSION

The study found that the Ovahimba of Oukongo village, Ovatue of Okongwati settlement, Ovazemba of Ruacana settlement and the San

of Farm Uitkoms in communicate and share health related knowledge and skills through Show and Tell, Demonstration, Observation, Imitation, Experience and Practice, Trial and Error or Experimentation, and Questioning methods.

In indigenous communities *Show and Tell* technique is mostly used to illustrate and teach learners the features of something and explain its purpose. An instructor explains to learners about the features of medicinal plants as well as the principles of application and administration. Giving learner opportunity to ask questions promotes learners' development of speaking, socialization, evaluation, problem solving and analyzing skills (Hubbard in Endarweni, 2014).

Demonstrating how the remedy is prepared, how it can be administered and explain when it can be taken is regarded the most supportive method of all the teaching approaches. According to Matteson and Freeman (2006) this method triggers and sustains learners' interest. However, the researchers found that the use of this method alone was limited in its effectiveness especially when the instructor use only a part of the medicinal plant for demonstration and the learner does not see how the whole medicinal plant looks like.

According to Evertson and Green (2014) observation is one of the methods that are considered effective for making learners develop theories. In support, Evertson and Green argue that observation is the source of our claims from which to draw inductive generalisations because it present confirmations, which contribute to formation of theories. Observation is always selective and its purpose is determined by who and what is to be observed, how and why it is to be observed, when and where observation is to take place. Therefore, it needs a chosen object, a definite task and a problem. The fact that inexperienced people are invited to observe the real treatment process confirms that teaching cannot be separated from the environment within which it occurs. It is essentially determined by, a specific context and environment (Nieuwoudt, 1998)

The findings about a learner expected to imitate exactly what the instructor has done and try out the process over and over is commendable as long as the instructor slowly releases the responsibility to the learner and the learner is then given the chance to eventually create his/her own work. Peterson (n.d.) believes that imitation is an important part of a learning process and that's what a learner needs to become better and grow in learning. Educators believe that imitation is a form of social learning that leads to the development of traditions, and ultimately the culture (Yannick & Charles, n. d.).

The findings on experiential and practical method of teaching point to the promotion of 'hands on learning', meaning that the instructor exposes learners to acquire knowledge and skills through authentic context. Practice and experiential learning is supported by Vygotsky's (1978) social cognitive theory which states that the notion of practice is entrenched in experience-based learning. Lave and Wenger (1991) asserted that it is the aim of practice to provide for the authentic context within which learners are exposed to experience the complexity and richness of the reality of being a practitioner.

Participants reasoned that when they were not sure of what medicinal plant to use for a certain ailment, or when the specific plant which they normally use for that specific illness was not available in the vicinity, they try any one from the same plant species depends on the same taste or smell. Peyton Young (2009) argues that people experiment strategies and keep the one whose results improves the condition. When the experimenter does not experience or observe any payoff from a strategy change, he keeps on with a random search until a right strategy is found. In support, Jones, Clare, MacPartlin and Murphy (2010) argue that one might try something, and get an error, but if he is skillful enough, he will eventually figure out a way to get the desired results. Although people, especially indigenous Africans, believe that edible indigenous plants do not cause any harm to the consumer, the researchers consider the practice as really a desperate measure

because trusting one's health to trial and error practice puts the person's health at risk.

The finding of questioning as one of the method used by the study communities for sharing health knowledge reveals democracy which is the major aspect of effective education. The primary goal of questioning is the promotion of thinking. As the ancient proverbs states: I hear, I forget; I see, I remember; I do, I understand; and I think, I learn (Renner, 2001). Questioning as an important method of instruction and learning has been highlighted by other world thinkers, such as Albert Einstein and Socrates, who claim that questioning is the way to knowledge, you cannot know if you do not ask. Effective questioning enhances learning and higher order thinking, and promote interaction, imagination, and creative thinking among learners (Tofade, Elsner & Haines, 2013).

RECOMMENDATIONS

The aim of this study was to document the methods of health education used by indigenous communities in Kunene and Otjozondjupa Regions of Namibia. The study found that these indigenous communities use and sustained various methods to deal with health related challenges. These methods deserve to be documented and shared with stakeholders in education sector so that they can be integrated in educational policies and programmes, and applied at the classroom level. When these methods are made part of the schools and teacher education curricula it might guarantee the sustainability of IK. To prevent the disappearance of traditional ways of passing knowledge from one generation to another, along with the culture of practicing these important skills and keeping the culture alive, teachers should be trained to apply indigenous people's ways of doing things in the classrooms. More research on the documentation of Namibian indigenous health knowledge should be done to afford future generation access to the rich knowledge their ancestors originally had

a claim on. The inclusion of local strategies of sharing and learning indigenous health knowledge offers the basis for problem solving regarding the health of indigenous, and poor communities. Graham Dutfield (2006) has reminded us that protecting IK is not only vital for indigenous peoples alone but for the common future of all humanity.

CONCLUSION

This paper outlined the findings of the study on the methods of health education used by the indigenous communities in Kunene and Otjozondjupa Regions of Namibia. The communities of Ovahimba of Oukongo village, Ovatue of Okongwati Settlement, Ovazemba of Ruacana, all in the Kunene region; and the San of Farm Uitkoms in the Otjozondjupa region participated in the study. The findings of the study have shown that these communities communicate and share health related knowledge and skills through Show and Tell, Demonstration, Observation, Imitation, Experience and Practice, Trial and Error or Experimentation, and Questioning methods. The socio-cultural theory which plays a major role in knowledge construction and dissemination implies the recognition of indigenous people's cultural beliefs, ways of doing things, and incorporation of indigenous knowledge in development strategies such as school curricula. The incorporation of indigenous people's ways of doing things contributes to the sustainable preservation of valuable culture; making it possible for future generations to have access to their ancestors' wisdom; and address the tragedy of disappearance of IK system.

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