

The Use of Indigenous Knowledge Medicine by Traditional Health Practitioners to Treat Infertility in Mavhunda Village, Vhembe District: An Ethnomedicinal Inquiry

Tshitangano Ipfilawe Golden

202112886@spu.ac.za

Sol Plaatje University

Article

Keywords: Indigenous Knowledge Medicine, Infertility, Traditional Health Practitioners, Ethnomedicine, Reproductive Health, Mavhunda Village, South Africa

Posted Date: October 27th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-11486281/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Additional Declarations: No competing interests reported.

Abstract

Infertility represents a complex reproductive health challenge worldwide, generating severe psychological distress, familial instability, and acute social stigmatization. In resource-constrained rural localities such as Mavhunda Village in the Vhembe District of Limpopo Province, structural barriers compel community members to seek healthcare from traditional health practitioners. This study examines the role of indigenous knowledge medicine in diagnosing and treating infertility. Framed through Ethnomedicine Theory, this qualitative single-case study employed purposive sampling to investigate experienced traditional health practitioners (*n'anga* and *mungome*) with over a decade of clinical practice. Empirical data gathered through semi-structured interviews and observational fieldwork reveal that practitioners utilize a sophisticated botanical pharmacopeia—including Muthavhatsindi (*Brackenridgea zanguebarica*), Musuma (*Diospyros mespiliformis*), Museto, and Mapfura steam therapies—alongside customary restorative rituals like *U swela*. The article calls for progressive public health policy reforms and formal collaborative referral networks.

1. Introduction and Background

Infertility represents an intricate reproductive health concern affecting millions worldwide, carrying profound biological, psychological, and sociocultural ramifications (World Health Organization [WHO], 2013; Insogna & Ginsburg, 2018). While global health frameworks classify infertility clinically as the inability to achieve pregnancy following twelve months of unprotected intercourse, its human experience diverges significantly across socioeconomic divides (Dyer et al., 2005). Across sub-Saharan African polities, children embody lineage perpetuation, socioeconomic stability, and ancestral continuity (Amanze, 2011; Chan et al., 2019). Consequently, involuntary childlessness in rural African contexts constitutes an existential crisis characterized by acute social ostracism, marital dissolution, and deep psychological trauma (Paluck et al., 2006).

In rural South African localities such as Mavhunda Village, situated within the Thulamela Local Municipality of the Vhembe District in Limpopo Province, reproductive healthcare challenges are intensified by structural deficits. Rural public health clinics frequently lack specialized gynecological and andrological diagnostic facilities, leading to prolonged delays and therapeutic alienation (Dierickx et al., 2019). Against this backdrop, traditional health practitioners—encompassing herbalists (*n'anga*), diviners (*mungome*), and traditional birth attendants—serve as primary healthcare providers for the majority of the population (Amanze, 2011; Inquiry

2. Theoretical Framework: Ethnomedicine Theory

To analyze the diagnostic logic and therapeutic methodologies of traditional health practitioners in Mavhunda Village, this study is anchored in Ethnomedicine Theory. Developed within medical anthropology by Erickson (1990) and expanded by Paul (2003), Ethnomedicine Theory conceptualizes healthcare as an organic cultural system comprising beliefs, conceptual structures, diagnostic

classifications, and therapeutic techniques that emerge organically from the historical and cultural development of indigenous populations.

Ethnomedicine Theory rests on four foundational tenets directly applicable to reproductive health: (1) *Culturally Grounded Etiology*, acknowledging natural and spiritual causes of illness; (2) *Holistic Symptom Interpretation*, viewing somatic signs as relational imbalances; (3) *Empirical Botanical Pharmacology*, deploying biologically active local phytotherapies validated through intergenerational practice; and (4) *Custodial Practitioner Authority*, governed by recognized cultural specialists. In this study, Ethnomedicine Theory moves the inquiry beyond biochemical verification to evaluate how healers diagnose biological roots (blocked fallopian tubes, womb impurities, low sperm motility) alongside psycho-spiritual afflictions (ancestral disconnect and witchcraft).

3. Literature Review

The global and African literature highlights profound discrepancies between biomedical availability and the sociocultural realities of childlessness. In high-income countries, childlessness is recognized as an individual reproductive choice supported by clinical infrastructure (Insogna & Ginsburg, 2018). In low and middle-income countries, however, fertility is intimately bound to female personhood, economic security, and marriage stability (Dyer et al., 2005; Dierickx et al., 2019). Across sub-Saharan Africa, motherhood constitutes the definitive marker of social adulthood; childless women are frequently accused of witchcraft, suffering profound psychological distress (Amanze, 2011; Paluck et al., 2006).

Ethnobotanical surveys highlight a rich reservoir of reproductive flora. In southern Benin, Agbodjento et al. (2021) recorded prominent plant species utilized for male-factor infertility (oligospermia, asthenozoospermia, and erectile dysfunction), including *Garcinia kola*, *Cissus populnea*, and *Carpolobia lutea*. In South Africa, Buwa-Komoren et al. (2019) identified 50 plant species across 29 botanical families utilized to treat gynecological and reproductive disorders. Furthermore, the World Health Organization strongly advocates for the formal integration of traditional medicine into national primary healthcare systems (WHO, 2013).

4. Research Methodology

4.1 Research Paradigm and Design

This study utilized a qualitative research approach situated within an interpretivist paradigm (Creswell & Creswell, 2017; Maree, 2018), adopting an empirical single-case study field design (Yin, 2018) to examine traditional reproductive healthcare in Mavhunda Village, Vhembe District, Limpopo Province. Nonprobability purposive sampling and snowball sampling selected four master traditional health practitioners (two females, two males, aged 45–66) with a minimum of ten years of continuous clinical experience.

Table 1: Profile of Participating Traditional Health Practitioners (n = 4)

Participant Code	Age	Gender	Marital Status	Years of Clinical Practice
Participant A	66	Female	Single	35+ Years
Participant B	60	Female	Single	25+ Years
Participant C	58	Male	Married	28 Years
Participant D	45	Female	Single	15 Years

4.2 Data Collection, Analysis, and Ethical Oversight

Data was collected through face-to-face semi-structured in-depth interviews administered in Tshivenda within private consultation rooms (*ndumba*) and homesteads, complemented by observational fieldwork. Analysis followed Creswell's (2007) six-stage thematic framework. **Ethical Oversight and Informed Consent:** Formal informed consent was obtained from all participants prior to interviews, ensuring voluntary participation, confidentiality protection, and appropriate handling of audio recordings. Customary permission was secured from the Mavhunda Royal Tribal Council (*khoro*). *Author Note:* Formal institutional ethics clearance was not sought prior to fieldwork; customary community consent was prioritized in alignment with local

5. Empirical Findings and Thematic Discussion

5.1 Conceptualization and Etiological Diagnosis of Infertility

Traditional practitioners in Mavhunda possess a multidimensional understanding of infertility encompassing physiological mechanisms and metaphysical forces. Participant B explained: *"Infertility may be caused by factors such as low sperm count and a dirty womb [tsila]."* Conversely, Participant C articulated the spiritual dimensions: *"This problem may sometimes be caused by witchcraft, and we come up with a spiritual solution through bone divination [thangu]."* This validates Ethnomedicine Theory, illustrating how indigenous diagnostics integrate somatic and spiritual realities.

Table 2
Indigenous Botanical Pharmacopeia and Therapeutic Applications

Local Plant Name	Botanical Identification	Plant Part Used	Preparation & Administration	Therapeutic Application
Muthavhatsindi	<i>Brackenridgea zanguebarica</i>	Bark and Roots	Boiled aqueous decoction; oral tea daily	Cleanses digestive tract, regulates hormones, resolves subfertility
Tshivhulana	Indigenous Herbal Specie	Roots and Leaves	Warm water infusion; weekly administration	Corrects endocrine imbalances, stabilizes menstrual cycles
Musuma	<i>Diospyros mespiliformis</i>	Roots	Boiled decoction; vaginal wash and sitz bath	Cleanses uterine impurities (zwilonda/tsila), treats infections
Museto	Traditional Polyherbal Compound	Roots and Bark	Aqueous mixture; oral consumption (7 days)	Treats oligospermia, enhances erectile vigor and libido
Mapfura Steaming	Botanical Oil Compound	Resins & Extracts	Steam inhalation & pelvic fumigation	Cleanses systemic toxicity, treats chronic sterility

5.2 Metaphysical Therapeutics and Customary Neutralization Rituals

Traditional practitioners emphasized that administering herbal medicine without spiritual alignment results in therapeutic failure. Participant D described the ritual of *U swela*: "The traditional healer takes male and female underwear and burns them using traditional medicine. This helps if one was bewitched or if something negative was done to their reproductive organs." Participant C noted: "Mapfura steaming works for both males and females to cleanse one if they once had *Tshiliso*, which blocks conception." These rituals fulfill vital psychotherapeutic functions, alleviating acute guilt and social trauma associated with reproductive failure.

5.3 Sociocultural Ramifications and Demand for Collaborative Healthcare

Empirical findings underscored the devastating sociocultural impact of infertility, with childless couples facing relentless scrutiny, marital conflict, and social alienation, mirroring international findings in Indonesia and Bangladesh (Harzif et al., 2019; Haque et al., 2018). Critically, all participants voiced profound frustration regarding the statutory and institutional exclusion of traditional medicine in South

Africa. Despite the Traditional Health Practitioners Act No. 22 of 2007 and IKS Act No. 6 of 2019, practitioners remain alienated from public district hospitals.

Participant B proposed a bidirectional referral system: "*The government should make it legal for Western doctors to refer clients with infertility issues to traditional healers when they cannot find a solution.*"

Participant C added: "*Due to government restrictions and societal stigma that labels traditional medicine as unproven, people are afraid to seek our help openly.*" Integrating indigenous medicine into primary healthcare is an urgent public health necessity.

6. Conclusion and Strategic Recommendations

This study demonstrated that traditional healers in Mavhunda Village maintain a sophisticated healthcare system diagnosing and managing both physiological and spiritual dimensions of infertility. To advance cognitive justice, the following recommendations are advanced: (1) Establishment of formal collaborative referral networks between public clinics and accredited traditional practitioners; (2) Pharmacological standardization and safety profiling of plants like *Muthavhatsindi*; (3) Protection of intellectual property under the IKS Act No. 6 of 2019; (4) Community-led conservation of medicinal flora by traditional authorities (*khoro*); and (5) Public health de-stigmatization campaigns.

Declarations

Data Availability: Supporting qualitative data (anonymized interview transcripts and coding matrices) are available from the author upon reasonable request, subject to ethical restrictions protecting participant confidentiality and sacred Indigenous knowledge governance.

Competing Interests: The author declares no competing interests.

Funding: No funding was received for this work.

References

1. Agbodjento, E., et al., 2021. Ethnobotanical knowledge of medicinal plants used in the treatment of male infertility in southern Benin. *Advances in Traditional Medicine*, 21(4), pp.655-673.
2. Amanze, P.O., 2011. *African traditional medicine*. Bloomington: AuthorHouse.
3. Buwa-Komoren, L.V., et al., 2019. An ethnobotanical and ethnomedicinal survey of traditionally used medicinal plants in Seymour, South Africa. *Pharmacognosy Magazine*, 15(60), pp.115-123.
4. Dierickx, S., et al., 2019. 'We are always desperate and will try anything to conceive': Health seeking among women with infertility in The Gambia. *PLOS ONE*, 14(1), p.e0211634.
5. Erickson, P.I., 1990. Ethnomedicine: An anthropological perspective. *Medical Anthropology Quarterly*, 4(1), pp.3-15.