INTRODUCTION AND BACKGROUND

• Infant mortality in developing countries is decreasing slow rate.
• The World Health Organization and the United Nations targeted reduction of infant mortality by two-thirds by 2015: MDG 4
  • Infant mortality rate is at 42% per 1000 birth from ‘unknown’ or undefined causes.
• The ‘unknown’ or undefined infant illnesses, according to literature, are undefined within biomedical perspective.
• However, in African indigenous societies illnesses are believed to be caused by ancestors as a way of punishment, or caused by other people with bad intentions, thus called people’s illness.
• Illnesses in African society are culturally bound illnesses usually referred as ‘ukufa kwabantu’, malwadze a vhathu, meaning ‘people’s disease or diseases.
• One of such illnesses unknown in infancy is rigoni; Sharkey et al (2011) referred to it as with a different dialect iplayit.

AIM AND OBJECTIVES

AIM: To explore the meaning of rigoni and its indigenous management by THPs.

OBJECTIVE: To co-create a theory that explains the indigenous management of infant illness rigoni.

RESEARCH QUESTIONS:

• What is the meaning of rigoni?
• How do THPs, through their indigenous knowledge, manage rigoni?
PROBLEM STATEMENT

- *Rigoni,* is ‘unknown’ in modern paediatric medicine, but known in African indigenous societies.
- Sick infants are taken to an elderly woman within the family or any trusted neighbours for assessment.
- Then the infants are sent to either a THP specialising in children’s health or experienced, knowledgeable elderly women within the community or neighbouring villages.
- *Rigoni* is an infant illness, which is vertically transmitted from the mother to the foetus while in utero or to the infant during normal vaginal birth.
- *Rigoni* is usually misdiagnosed in modern medicine resulting in increased infant mortality.

DESIGN AND METHODOLOGY

RESEARCH DESIGN: Grounded theory method was used.

THEORITICAL FRAMEWORK: The study employed indigeniety as the lens which is embedded within Indigenous Knowledge Systems.

RECRUITMENT AND SAMPLING: Participants were sample purposively through Makhado Traditional Health Practitioners Association chairperson.

Thereafter network and theoretical sampling methods followed to those specialising in the management of *rigoni.*

DATA GENERATION STRATEGIES

Focus Group Discussion x 1

Semi-structured, individual face-to-face interviews were conducted x 16 all digitally recorded

Data collection and analysis were to be done concurrently until theoretical saturation occurs.
CONCLUSION

Traditional healing and biomedicine are currently working in parallel for the same purpose: health for the children and the communities; therefore there is a need for collaboration.

The expertise of each practice needs to be respected in order to reduce infant mortality in the African societies.

The study will generate a theory that explain and guide indigenous knowledge of traditional health practitioners in the management of *rigoni*.

CONTACT INFORMATION

- Mr Rikhotso Steppies Richard  
  Email: Richard.rikhotso@up.ac.za
- Dr Mogale Ramadimetja Shirley  
  Email: Shirley.mogale@up.ac.za
- Prof Mulaudzi Fhumulani Mavis  
  Email: mavis.mulaudzi@up.ac.za

FUNDING SOURCE

- National Research Foundation of South Africa -linked bursary
- UNEDSA
- University of Pretoria (Department of Nursing Science)
Figure 1. Indigenous Management of *Rigoni*
Figure 2. Traditional Health Practitioner treating *rigoni*