Indigenizing oral health education in South Africa – radical overhaul or progressive review?

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ABSTRACT

For ourselves and for humanity... we must turn over a new leaf, we must work out new concepts.1

Indigenization, decolonization and transformation are not merely catchphrases in the context of higher education. Provided they are properly understood and implemented, these essential notions can forge meaningful engagement and partnerships through the creation of fully transformed, inclusive and diverse educational spaces, thus providing a greater competitive edge in the knowledge economy.2

INTRODUCTION

The fierce contestations which erupted a few years ago at South African institutions of higher learning over academic ideology and politics of knowledge, have set in motion a movement in curriculum transformation in South Africa as in other parts of the world and bears testimony to the centrality of radical departure from the educational status quo.3,4

The audible calls for indigenization, transformation and decolonization of higher education has become a perceptible and inevitable necessity. The South African student movement under the banner of "#RhodesMustFall," "#FeesMustFall," and "#OutsourcingMustFall" presented a determined crusade to pressure universities towards pressure to transform or decolonise. It is estimated that 80% of the population in Africa alone, and 60% in South Africa, consult with traditional health practitioners before going to a primary health care practitioner.6 Yet mistrust, tension and conflict continue to characterise the relationship between traditional healing and biomedical systems.

The health sector is similarly experiencing enormous pressure to transform or decolonise. The failure to incorporate indigenous health practices, knowledge and cures into the mainstream health system has led to the unwarranted denial and resentment of local and indigenous health practices, including the use of traditional healers. This conflict accounts for delays in referrals and the increase in complicated cases in the hospitals, which in turn drive the cost of care and deplete the resources for the expansion of services. A health service so designed fails to recognise the role that traditional medicine plays in primary health care, and further denies the expression of patient’s preferences and choices.1,6

In this article we focus on the dual predicament that besets transformation in health sciences education and healthcare provision, specifically focusing on oral health education.

We begin by defining and exploring the meaning of indigenization, decolonization and transformation. We then advance a cogent, and morally valid case for knowledge orientation and inclusion of African and other indigenous knowledge forms.

For the proponents of this initiative, there ought to be intentionality to undermine parochialism in knowledge generation, acquisition and utilization. Similarly, time and efforts should be stepped up to emasculate the superiority of entrenched Western knowledge systems.

This existential imperative for academia is requisite to restore the respect and stimulate the development of the previously excluded knowledge systems. In so doing, this transformation could bring an end to a long history of indigenous epistemicide.3 In case of South Africa, indigenous African knowledge systems appear to be the obvious preference for inclusion in a transformed curriculum. Clarifying concepts of indigenization, decolonization and transformation.

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A deeper understanding of the indigenization, decolonization or transformation project requires a purposeful interrogation of the definitions, meaning and intents of these concepts. This process requires a leap beyond superficial use of language and discourse in education, but recognition of need for intentional inclusiveness, reconciliation and eventually transformation as requisites for lasting change.6,10

It is erroneous to use indigenization, decolonization and transformation synonymously.11 Generally speaking, indigenization refers to localization, a process geared at including indigenous knowledge systems, practices and culture in the existing system.

Decolonization is an over-arching intent to rid the educational system of external influences, whatever they maybe. In other words, decolonization seeks to decenter colonial values, teaching and culture, making it amenable to inclusion of other influences, especially the indigenous ones.

Lastly, transformation presupposes changing from one form to the other; from one system to the next. Transformation signifies an intentional outcome of a changed system.12 Epistemicide represents the killing of knowledge systems (Hall and Tandon, 2017).3

Simply put, indigenization of universities is a decolonial, transformative process aimed at entrenching indigenous knowledge systems while progressively lessening colonial hold and influence on academia. Decolonization without indigenization is incomplete transformation, and indigenization is a critical aspect of decolonization.

Gaundry and Lorenz2 advance a comprehensive and unified conceptualization of indigenization as a three phased process, namely (i) indigenization inclusion; (ii) indigenization reconciliation and (iii) decolonial in indigenization. According to their framework, transforming institutions must firstly embrace indigenous inclusion.

This means that institutions must develop policies aimed at attracting, developing, supporting and retaining indigenous staff and students in academia.13,14 Universities have to commit themselves to ease the burden of change from indigenous personnel. Further to this, it is critical for universities to dismantle those structures and obstacles that impede inclusion and representation of the indigenous persons.15,16 By so doing institutions are able to initiate a transformative process without incurring extensive financial and human costs thereby “growing their own timber” and taking advantage of the locally available talent.10

Thus, reconciliation indigenization seeks to undo the influence and assault of colonial knowledge systems on local content.17,18 Reconciliation indigenization is further aimed at changing how institutions operate both at policy level and scholarship levels. This process is critical towards achieving true transformation as it provides an unambiguously clear direction towards inclusive and indigenised spaces of learning. Conversely, poorly designed processes and policies would be nothing more than rhetoric to indigenization.

Lastly, decolonial indigenization signifies the end stage or ultimate posture of a fully transformed and inclusive university. This phase is characterised by a substantive and often difficult to imagine state of radical transformation of higher education. Decolonial indigenization would mean that universities are dismantled and built “back up again with a very different role and purpose.”

Despite the known intention of decolonization, that is to decenter “settlers” perspectives and centre indigenous knowledge systems, most “decolonizing” institutions tend to hurriedly embrace transformation without a clear understanding of the process. In so doing the “ontological and epistemological assumptions and perceptions” of indigenous staff and students are left at the gates of the university. As a result, the faculty and students are forced to abandon their reality and “assume the trappings of a new form of reality” which is foreign and strikingly dissimilar from their own.10

Episkenew19, advocates that true indigenization must go beyond making indigenous people “feel more comfortable”, but should seek to undo the perception that indigenous people are deficient and require some intervention to catapult them to the “desired” academic level in order to fit into ‘their world’.

Indigenization remains a means to ‘include’ indigenous people, in an academic context that is neither natural, neutral nor representative of human knowledge.20

Decolonised institutions intentionally move from one end of the spectrum to the other. They transition from complacency of the entrenched order to an engaged and inclusive institution.

Decolonizing oral health education in South Africa – one step at a time

Health sciences universities are by design wedged in the dual predicament that besets universities and health services; hence huge expectations for these institutions to indigenize, decoloneise and transform. As academic institutions, universities are mandated to produce the much-needed human resources of health, and as such it is incumbent on these faculties to graduate clinicians who are socially grounded and sensitive to the diversity in communities they serve.

This ideal begins with a socially responsive education system, socially attuned faculty and inclusive curriculum. Additionally, the clinical exposure and teaching should reflect inclusivity, non-racialism and plurality of cultural and linguistic diversity in the country. Yet diversity and multiculturism should not be the substitute for transformation.

The bigger question confronting schools of oral health is not whether to decolonise or not, but rather how to decolonize, and what immediate steps to follow? Hence the question: should the decolonization of dental education be a moderately progressive process or a radical overhaul of the system. This paper advocates for a more measured reform which entails incremental inclusion of previously excluded knowledge systems, and progressive thinning of the present educational organizations.
The decolonization of oral health education in South Africa is likely to be a lengthy process requiring will and determination and not mere compliance. Leadership, commitment and deep reflection about identities and practices in the intellectual spaces are necessary ingredients for the successful implementation of this project.

Decolonization starts with the commitment to emasculate, de-racialize, de-gender academic spaces. It calls for support of blossoming indigenous epistemologies, theories, methodologies and ontologies, as well as the co-creation of new and shared knowledge systems and practices.18,21

We argue that in the midst of a plethora of transformative models towards an inclusive oral health education, South Africa’s approach ought to be steady, measured, deliberate and well thought out. For example, schools of oral health in the country could adopt proactive policies; deliberately create faculty positions that address indigenous health systems priorities; forge meaningful engagement and partnerships with local communities.

Schools of oral health in the country could adopt pro-indigenous policies; deliberately create faculty positions for indigenous language and practice; create indigenous academic programs and modules; promote researches that address indigenous health systems priorities; forge meaningful engagement and partnerships with local communities.

In closing, fully transformed, inclusive and diverse universities have potentially, greater competitive edge in the knowledge economy.

References