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Gender roles in traditional healing practices in Busoga

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Gender Roles in Traditional Healing Practices in Busoga

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door

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Dedication

This work is dedicated to my mother, Mukyala Edisa Isiko Namwase, who has spent much of her lifetime raising her sons, daughters and grandchildren

TABLE OF CONTENTS

Dedication iii
List of Maps viii
Abbreviations ix
'SOGA' Derivatives x
CHAPTER ONE 1
BACKGROUND, LITERATURE REVIEW AND METHODOLOGICAL ISSUES 1
1.1 Introduction 1
1.2 Contextual Definition and Background toTraditional Healing 3
1.3 Conceptual Relationship between Healing, Sorcery and Witchcraft 6
1.4 Notions of 'African(s) and African Perception(s)' in Traditional Healing 11
1.5 Ideologies of 'Tradition' and 'Traditional' in Healing 14
1.6 Conceptualising Gender and Gender Roles 22
1.7 Statement of the Problem 26
1.8 General Objective 27
1.9 Research Questions 27
1.10 Significance of the Study 27
1.11 Theoretical Framework: Ethnomedicine 29
1.11.1 Social theoretical Framework on Health 30
1.12 Colonial Influence on Gender Roles in Traditional Healing Practices in Africa 31
1.13 Gender and Access to Traditional Healing Practices 33
1.14 Factors that Influence Preference for the Utilization of Traditional Healing Practices 34
1.15 Data Collection and the Research Process 37
1.15.1 Cultural Analysis 37
1.15.2 Sources, Methods and Tools of collecting Information 38
1.15.4 Characteristics of Respondents and Implications on the Study 43
1.15.5 Sampling Methods and Procedure 46
1.16 Organisation and Overview of the Thesis 50
CHAPTER TWO 51
THE SOCIO-POLITICAL AND CULTURAL SETTING OF THE BUSOGA SOCIETY 51
2.1 Introduction 51
2.2 Geography of Busoga 52
2.3 Origins and Settlements of the Basoga 57

2.4 Demography of Busoga 62
2.5 Social-Cultural Organisation of Busoga Society 66
2.6 Religious Setting of Busoga 72
2.7 Busoga Society Economic Organisation 77
2.8 Political Setting of Busoga: Cultural and Central Governance 85
2.9 Gender Roles in Pre-colonial, Colonial and Present Busoga Society 91
2.10 Conclusion 94
CHAPTER THREE 96
PERSPECTIVES OF TRADITIONAL BUSOGA SOCIETY ON TRADITIONAL HEALING 96
3.1 Introduction 96
3.2 Health and Well-Being among the Basoga 97
3.3 The Concept of 'Illness and Healing' in Busoga Traditional Society 103
3.4 Women and Health in Traditional Busoga Society 107
3.5 Categories of Traditional Healers among the Basoga 111
3.51 Diviners 113
3.5.2 Herbalists - *abayigha* 121
3.5.3 Bone Setters 122
3.5.4 Koranic Healers - Abalaguzi Abaghalimu 123
3.5.5 Traditional Birth Attendants - *Balerwa* 124
3.6 Rituals Involved in Traditional Healing among the Basoga 125
3.7 Diseases and Illnesses Treated by Traditional Medicine among the Basoga 127
3.8 Causes of Sicknesses and Ill-Being among the Basoga 132
3.8.1 Witchcraft 134
3.8.2 Spirits 138
3.8.3 Curses 138
3.8.4 Failure to Observe Certain Taboos and Rituals 139
3.8.5 Pregnancy of Mothers 140
3.9 Taboos observed inTraditional Healing Practice in Busoga 141
3.10 Dispensing Traditional Medicine and Healing Among the Basoga 143
3.10.1 Dispensing Herbs 143
3.10.2 Cleansing (*okwambulula, okwogolola)* 143
3.10.3 Incision of Medicine (*Okusandaga obulezi)* 144
3.10.4 Fumigating - '*okunioteza obulezi'* 144

3.10.5 Healing by unearthing hidden or planted witchcraft 145
3.10.6 Bone setting - '*Okuyunga amagumba*' 145
3.10.7 Arresting evil spirits - '*okugema emizimu emibi*' 146
3.11 Conclusion 146
CHAPTER FOUR 148
THE COLONIAL IMPACT ON TRADITIONAL HEALING AMONG THE BASOGA 148
4.1 Introduction 148
4.2 The Diffusion of African Medicinal Knowledge 149
4.3 Altered Traditional Conceptions of Health and Healing 162
4.4 The Influence of Christian Missionaries on Traditional Healing in Busoga 165
4.5 Undermined Traditional Societal Mechanisms of Disease Control 166
4.6 The Invisibility of Women Healers in Busoga 172
4.7 From Endemic to Epidemic Health Conditions 174
4.8 Conclusion 182
CHAPTER FIVE 184
GENDERED PATTERNS OF ACCESS AND RESPONSIBILITIES IN HEALING 184
5.1 Introduction 184
5.2 Urban-Rural Gender differences in Traditional Healing in Busoga 184
5.3 Gendered Knowledge of Traditional Medicine 186
5.4 Sex and Menstruation Taboos in Traditional Healing 191
5.5 The Unmarried Women Diviners: *Lukowe-Isejja* Relationship 192
5.6 Gendered Images of Articles and Objects Used in Traditional Healing 193
5.7 Roles of Women and Men in Contemporary *Kisoga* Healing Practices 202
5.8 Sicknesses and Challenges handled by Traditional Healers 213
5.9 Factors Influencing the Use of Traditional Medicine among Women in Busoga 218
5.10 Conclusion 226
CHAPTER SIX 228
GENERAL CONCLUSION 228
Bibliography 233
Archival Resources 248
Newspaper Articles 248
APPENDICES 249
Appendix I: INTERVIEW GUIDE 249

Appendix II: OBSERVATION GUIDE 252
Appendix III: LIST OF PEOPLE INTERVIEWED 253
SAMENVATTING 256
SUMMARY 259
ACKNOWLEDGEMENT 264
CURRICULUM VITAE 266

List of Maps

Figure 1: Map of Uganda showing the Different Sub Regions
Figure 2: Map of Busoga Sub-Region

Abbreviations

WHO----------World Health Organization
THP----------Traditional Healing Practices
TM----------Traditional Medicine

‘SOGA’ Derivatives

It is imperative for the reader to know the meaning of all the ‘soga’ derivatives as used in this thesis, so that contextual meanings are made of statements containing any of these derivatives.

Lusoga- This is the language spoken by the Basoga. Just like it appears with other Bantu languages spoken by people around the Lake Victoria basin, nouns among the ‘Basoga’ are reflected by changing prefixes: human beings are indicated by prefix ‘*Ba’* (plural)-therefore, the people are called ‘Basoga’ and ‘*Mu’* (singular), a person is called ‘Musoga’; name of the country (region) ‘*Bu’-therefore being ‘Busoga’;* the language ‘*Lu’-therefore becoming ‘Lusoga’* and an adjective from these is ‘*Ki’*. Thus, the region is called Busoga; the people are Basoga (singular, Musoga); the language is Lusoga; and "anything of the Basoga," is described as ‘Kisoga’. Therefore, I at times write ‘Kisoga traditional healing’ or Kisoga traditional medicine, Kisoga medicine or Kisoga herbs and so on.

Busoga- this is the name given to the territorial boundary of the area under study, meaning ‘land of the ‘Soga’. But in the thesis, Iuse ‘Busoga’ to refer to the ‘society’ of people who live in the territorial boundary under study.

ABSTRACT

This thesis represents a discussion of gender roles in traditional healing practices in the Bantu ethnic society of Busoga, in the Eastern part of Uganda. I have attempted to answer the following four questions: How do the local people in Busoga perceive and interpret health and healing? How did colonial activities influence traditional health practices in Busoga, and how did this affect men and women? What are the patterns of access and responsibilities of men and women in healing among Busoga society? What are the specific roles of men and women in traditional healing practices in present day Busoga society?

This study is limited to Busoga society in Uganda, though reference to and comparison with some other societies in Sub Saharan Africa is made. The findings in this thesis are not to be generalized to the whole of Uganda and or African societies in general, but Busoga society in particular. I have used the approach of cultural analysis in combining in empirical data collection, sampling, and interpretive analysis of the collected material, as well as in the presentation and arrangement of information. Cultural analysis has much in common with ethnographic, anthropological approach, but there is one significant difference, which concerns a different emphasis on the role of cultural practice in relation to the culture in which those practices are being performed. An ethnographic approach aims to understand a culture based on cultural practices and objects. Empirical cultural analysis aims to understand cultural practices and objects against the background of a general understanding of the culture in which those practices are being performed. Traditional healers and clients formed the largest number of respondents. My major sources of information were interviews, observations and archives. Archival resources have been used to enrich the discussion and analysis of the subject under study. The major concern has been to establish people's perceptions of health and traditional healing and not to establish the number of people who provide and utilise traditional medicine.

Traditional medicine is practiced within the parameters of the socio-cultural, economic, religious and political constructions of traditional societies. I have established that traditional healing of all aspects of nature maintains a strong alliance with faith, belief, spirit, family support and the web of everyday life. It is therefore a fact that, among the Basoga, healing traditions are interwoven with economic, political and environmental consciousness as is the case within any society in which it has not only been conceived but also practiced. The ideology of a Busoga society of traditional medicine is interesting and unique. Healing is seen asthe process of bringing someone back to good health, and ensuring harmonybetween the community and their

ancestors. Disease is not simply a physiological condition but has connections with the supernatural. Among the Basoga, through the action of healing, the communion between the living and the supernatural is strengthened. These traditional healing perspectives are not static but are adaptable, flexible and therefore change over time. Some of the changes have been commercialization as well as the 'modernizing' of traditional medicinal practices. Colonialism has influenced traditional medicinal practice in Busoga. Colonial policies facilitated the diffusion of African medical knowledge and altered traditional Busoga society conceptions of health and healing. Through colonialism, African perspectives of health and healing were challenged, leading to an increased invisibility of women within the institution of traditional healing in Busoga. On the other hand, colonial policies aimed at regulating traditional medicine and transformed traditional medicine from primitive and crude methods to better practices that would eventually enhance the efficacy and credibility of traditional medicine and the healers respectively.

Traditional medicinal practice is an arena for the production and maintenance of social power relations between men and women. Power relations prevalent in traditional healing are a continuum of the wider gender relations and the power forces between women and men, which subsequently determine their roles in society. Traditional healing practices are gendered in both their provision and access. The way society has constructed the roles and associated expectations of men and women has not left the practice of traditional medicine unaffected. Society defines the categories of healing in which men and women participate in terms of whether they are providers or consumers of traditional healing. There are also restrictions that precludea specific gender from taking part either wholly, partially or temporarily in each healing tradition. The gendered restrictions in healing are enshrined in a taboo system highly respected by members of Busoga society. The roles that women play in traditional healing also vary from one community to another and significantly vary between rural and urban areas. The gender differences about knowledge of traditional medicinal remedies are associated with the activities in which men and women are engaged because of the socially constructed and defined roles. Reasons for visiting traditional healers vary significantly between male and female clients, being influenced by the expectations of men and women and the roles they are expected to fulfil in society.The significance of traditional healers in African societies is enormous asthey are greatly trusted and confided in by the local people. The people are bound to reveal personal and confidential information to traditional healers which they are not permitted to reveal to the state or those

perceived to be close. Traditional healers can therefore be used to promote good health practices among the population since they are trusted. Convincing traditional healers to become an integral element in the government health sector system would go a long way in harmonizing untapped traditional knowledge and inspiring confidence among many people in the public health care system.

CHAPTER ONE
BACKGROUND, LITERATURE REVIEW AND METHODOLOGICAL ISSUES

1.1 Introduction

Much has been written about traditional medicine in Africa and in Uganda in particular (Abbo, 2003; Abbo, etal., 2008; Abdullahi, 2011; Aligawesa, 2008; Cultural Research Center, 2013; Wreford, 2005; Rogerson, 2001; Feierman, 1985; Flint, 2008; Romane, 2000). However, these studies have focused primarily on how traditional medicine and healers can be integrated within modern medicine. Scholarship on traditional medicine in Busoga (Cultural Research Center, 2003, 2013; Tabuti, 2003, 2006; Abbo, C. etal, 2003, 2008) has been mostly preoccupied with herbalism and with people's cultural interpretation of specific diseases like psychosis (*eiralu*).These authors' major interest has been in establishing the medicinal values of herbs and their viability in treatment of specific diseases. In this study I take a broader perspective, taking all aspects of Basoga traditional medicine into account.

Studies by the World Health Organisation (WHO) on traditional medicine have been concerned with the development of traditional medicine as an alternative approach to health in the developing world (WHO, 1978, 2002, 2001, 2006). Whereas the World Health Organisation's definition of 'traditional medicine' is comprehensive enough, as shall be adduced in the next section, its practicability has been limited to herbalism. Little attention has been devoted to the cultural perceptions and beliefs upon which the preference for this medical practice thrives. Other writers (for example, Mbiti, 1965, 1967, 1969; Parrinder, 1974; Odiko, 1999; Bukyanagandi, 1993) have approached traditional healing practices from a purely religious perspective, interpreting it solely asan act of worship of the gods and other such supernatural beings. In this case, healers are discussed as religious authorities with an intercessory role in society. Disease is analysed as profaning gods as healing is a product of appeasement of the gods. This study presents traditional healing as aproduct of and an influencing factor in not only the religious, but also the cultural, socio-economic and political processes of society.

Other writers, like Masebo (2013), Flint (2008), Schumaker et.al (2007), Pels (1997, 1998 & 2003), Ashforth (2005), and Feierman (1985), have discussed the historical challenge of the western world's engagement with traditional medicine in African societies, and the impact this has had on traditional medicine in Africa. Most of these scholars call for the integration of traditional medicine with modern western medicine, but without addressing how this might

affect women and men differently. In analyses of traditional medicine, gender has largely remained invisible. Popper & Ventura (2009:7) acknowledge that the available literature on traditional healing signals a re-examination of different dimensions of traditional healing. But Popper & Ventura also restrict themselves to only fortune telling (divination) among women and no attention is drawn to other aspects of traditional healing, which this study comprehensively discusses. Moreso, these authors discuss women's role in fortune telling in the context of traditional Arab women healers in Israel, a society with a different socio-cultural and religious setting than Busoga.

However, there is a remarkable body of scholarship on gender and health in developing countries. More specifically, there exists plenty of literature on the role of African women in traditional healing, both as healers and as clients. On the level of client relationship, the authors have been preoccupied with African women's preference for traditional medicine over biomedicine, and its importance in the promotion of women's reproductive health (Alexander, 2012; Nelms, 2006; Titaley, Hunter, Dibley, Heywood, 2010). The values and beliefs that cause women to prefer traditional medicine often remain unaddressed; precisely this will be central in this study. There has been a renewed interest in African female healers,by scholars like Popper & Ventura (2009), Luizza etal.(2013), Ofisi (2010), Ehrenreich & Deirdre (1973), Anyinam (1996), Soman (2011), Struthers (2000), Voeks (2007) and Igreja etal., (2008). However, these studies too reduce female healers either to 'spiritualists' or to 'herbalists'. Anyinam (1996), Popper & Ventura (2009), Igreja etal. (2008), and Struthers (2000, 2003) present female healersas exclusively engaged in fortune telling and divination, whereas Luizza et al. (2013), Voeks (2007), Ofisi (2010) and Barpujari (2005) reduce women's role in healing to 'herbalism'. Women are presented as lay herbalists; whose knowledge and practice of herbalism is not a conscious occurrence. Yet, traditional healing in African societies embodies a wide range of aspects, with divination and fortune telling being frowned upon by society, and women participating in them taking secondary roles as assistants to the male healers. In this study I demonstrate the central role of female healers in all the healing traditions of the Basoga.

Studies on female healers often focus on their everyday experiences and family backgrounds (Struthers, 2000, 2003; Ehrenreich & Deirdre, 1973), but fail to address the gendered nature of healing itself. This thesis strives to examine the distinct rolesof men and women intraditional healing, departing from the following questions raised by Professor Charles Anyinam, an African medical geographer based in Canada: Do indigenous healing practices

operate within a framework of a division of labour? Do female healers occupy a subordinate position within the African traditional medical system? What is the role of African women in traditional healing practices? (Anyinam, 1996:103). Whereas Anyinam raises these legitimate questions, he declares his inability to provide answers, preferring to explore women's role in the provision of general healthcare in Africa. Using Busoga as a case study, I attempt to provide answers to these questions, analysing how the interplay of gender roles determine traditional healing in Busoga society.

1.2 Contextual Definition and Background toTraditional Healing

Traditional healing practices are as old as humanity itself. The World Health Organisation notes that traditional medicine is not a new phenomenon, since it has always been an integral part of all human cultures (WHO, 1978:9). In Uganda's context, traditional medicine has been meeting people's local health needs since centuries (NACOTHA, 2009:1). Traditional healing practices, also termed 'traditional medicine', are defined as'the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness'(WHO, 2001:2;1978:8). Traditional medicine includes diverse health practices, incorporating plant, animal and/or mineral-based medicines, spiritual therapies, manual techniques and exercises applied singly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (WHO, 2001:1; Kebede et al., 2006:127). 'Traditional medicine' is a comprehensive term used to refer both to traditional medicinal systems such as traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, and to various other forms of indigenous medicine (WHO, 2002:1). African traditional healing is just one of them.

African Traditional Medicine can be categorized as mind-body medicine (Millar & Bertus, 2006:17). Traditional African medicine is a holistic discipline involving indigenous herbalism and African spirituality.African traditional health practitioners include herbalists, spiritual healers, bone setters, traditional midwives, and hydrotherapists (Sekagya et. al., 2006:221)**.** The traditional health practitioner is recognised by the community in which he or she lives as being competent in providing health care. The practitioners are members of those communities where they operate (Somma & Bodiang, 2003:6; NACOTHA, 2009:6). The traditional health practitioner uses animal, vegetable and mineral substances and 'certain other

methods' that may be based on social, cultural, and religious sources, as well as knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental, and social well-being, and the understood causes of disease and disability (WHO, 1978:9; Abbo, 2003; Sekagya et al., 2006:221). These Practitioners claim to be able to cure various conditions, such as cancers, psychiatric disorders, high blood pressure, cholera, most venereal diseases, epilepsy, asthma, eczema, fever, anxiety, depression, benign prostatic hyperplasia, urinary tract infections, gout, setting bones and healing of wounds and burns (Helwig,2010).

However, diagnosis is reached through spiritual means and the treatment prescribed usually consists of an herbal remedy that not only has healing abilities, but also symbolic and spiritual significance. Traditional African medicine carries the belief that illness is not derived from chance occurrences, but through spiritual or social imbalance. Due to this, Onwuanibe (1979:25) argues that the philosophy of African medical practice is rooted in the African world-view. He stresses that those identifying the cause and cure of sickness ask about the ultimate "who rather than what". Mbiti, analysing the significance of medicine men and women in African societies states:

> On the whole, the medicine man gives much time and personal attention to the patient, which enables him to penetrate deep into the psychological state of the patient. Even if it is explained to a patient that he has malaria because a mosquito carrying malaria parasites has stung him he will still want to know why the mosquito stung him. The onlysatisfactory answerto that question is that someone has caused (or sent) the mosquito to sting a particular individual, by means of magical manipulations. (1969:169)

In Mbiti's assertions, healing is a reaction to witchcraft. I will however, come to the notion of witchcraft later in this thesis, where I show the conceptual relationship between healing and witchcraft. Traditional healers and their clients are therefore more concerned with the cause of the illness than the illness itself. They therefore become preoccupied with establishing the origin and cause of the illness, which in most cases is attributed to either the intervention of God, evil spirits or other people, who do not wish the victim well. For many local people in sub-Saharan Africa, for every illness there must be someone responsible. Establishing the identity of the suspect is an important step in the practice of traditional medicine. Knowledge of the 'causer' of the illness determines greatly the kind of healing processes that will be undertaken. For example, if the identified 'causer' is God or the gods, then healing processes will involve appeasement of their temper. In case of witchcraft, the healing processes may involve retaliation, application of protective medicine or otherwise. The answers therefore given for the diagnosis and prescription

of traditional medicine are framed in terms of the cosmological beliefs of the specific local people among whom sickness has manifested.

Traditional medicine is attracting more and more attention within the context of health care provision and health sector reform. Furthermore, in many parts of the world, such as SubSaharanAfrica, traditional medicine is becoming the preferred form of health care (WHO, 2002:1; Mubiru, 2004; Getachew et.al., 2002:23; WHO, 1978:17). However, Dawn (2003:20) notes that women have been both formally and informally marginalized in many aspects of life, including healthcare provision and utilisation. Formal marginalisation is confirmed by society's failure to address women's health needs, as well as by the provision of fewer resources devoted to the health needs of women. Informal methods of women's marginalisation are realised through the subtle discriminatory activities in society that disadvantage women in terms of living a fuller and healthier lifestyle, including their inability to seek healthcare services due to a heavy work burden which society imposes upon them.

More so, the healthcare systems in Uganda have over the years been created and recreated by foreign forces especially British colonial policies, which may have affected people's perceptions towards health and illness. It is also true that such inventions and reinventions, as I will discuss later in this chapter, may not have left social relations between men and women the same in relation to healthcare systems. These notwithstanding, colonialism's influences on indigenous women's roles in traditional medicine have not been addressed specifically in any of the literature. This implies a gap in the literature on traditional medicine, which has historically been primarily written by Eurocentric writers, usually male, who dismiss women's work altogether. Oyeronke (2002:1) argues that this has been so because gender focused research on African realities has been distilled from European and American experiences. When African realities are interpreted based on these Western claims, what we find are distortions, obfuscations in language and often a total lack of comprehension due to the incommensurability of social categories and institutions (ibid,4). She therefore suggests African research to be better informed by local concerns and interpretations and, concurrently, for African experiences to be considered in general theory-building, notwithstanding the structural racism of the global system (ibid, 1). Therefore, in my attempt to analyse gender roles in traditional medicine using the perspectives of the Basoga, I am mindful of such Euro-American influences and control in the production of knowledge concerning societies and culture. For this reason, I attempt to present the Basoga's perceptions from their own point of view, based on their local realities and thinking as

indigenous people. The challenge remains whether there can be knowledge which is purely 'Kisoga' and unadulterated, since no society may be immune to inventions and re-inventions. I will, however, come back to these arguments at a later stage in this chapter.

It is important to understand Busoga ideology on traditional healing practices because, as Millar and Bertus (2006:11) argue, in contemporary Africa, traditional knowledge and values are an important driving force in the decision-making and development activities of people. Understanding this knowledge and the way it is organized, is a major step toward building the concept of 'African science'.[1]In general, healing traditions of African societies are part of this 'African science', yet there is no homogeneity of these societies. This 'African science' has sometimes involved the manipulation of traditional epistemologies to cause pain other than well-being to society. No doubt healing and witchcraft are part and parcel of this African science.Ashforth (2005:216) argues that witchcraft and healing are an embodiment of true 'African science' as they serve as basic references for reckonings of the potentials of secret African knowledge and skills.

In some societies the ideology of healing is intertwined with perceptions of witchcraft, for they both harness supernatural forces to fulfil their intentions. This way of thinking, still a reality in some societies can be tracedback to Europe's interaction with African societies. European colonial rulers could often not tell the difference between the activities and resources used in healing and in witchcraft. As I argue in chapter four, the British colonialists, for example, misconceived Kisoga healing with witchcraft, and suppressed it. It is therefore, important that a conceptual relationship between healing and witchcraft is drawn, so that when we look at gender roles, we can be specific about which practice is analysed: healing, witchcraft or a fusion of the two.

1.3 Conceptual Relationship between Healing, Sorcery and Witchcraft

There is scholarly agreement about European invention of the term 'Witchcraft' in Africa (Pels, 2014:3; Geschiere, 1998:821; Ciekawy, 1998:120). There are, however, arguments and counter

[1]Akpan Chris, in his masterpiece titled, "The Method of African Science: A Philosophical Evaluation", defines 'African science' as 'traditional African science' which include activities of understanding, explaining, and exploiting nature (for man's use), which proceeded from African beginnings on African soil by African people. It is traditional because it proceeded from the African environment and has been passed down from generation to generation, and has not been adulterated by Western science. This presupposes that we are not limiting the word 'traditional' to our fore fathers who were the creators of such science and had since passed away. 'Traditional' also refers to the 'pure African scientists' who have refused to be adulterated by the method of modern (Western) science, and these are still many in several African communities. Indeed, it is about the traditional African man's way of observing, systematizing, testing, confirming facts of his environment, with the aim of achieving a high level of understanding of his environment to aid him in controlling or manipulating the forces of nature to his advantage or at least to escape the heavy consequences of uncertainties which characterise natural phenomena (2011:13).

arguments among scholars from both Africa and western social science over the reality of witchcraft. Peter Pels, in his recollection of western thought about witchcraft, states how colonial European rulers, ruled out the reality of witchcraft in Africa, but moved on to enact witchcraft ordinances to regulate it (Pels, 1998:200). In his analysis of Evans Pritchard's work, Pels recognises the western considerations of the unreality of witchcraft, describing it as simply an imaginary offence that cannot be proved (Pels, 1998:199). Peter Geschiere also discusses how the French, British and Belgians challenged the reality of witchcraft, accusing healers of defamation and disturbance of the peace (Geschiere, 2010:251).

On the other hand, African scholars, religious leaders and healers, as well as politicians maintain a common ground that witchcraft is a reality that ought to be considered as an integral part of African culture (Kohnert, 2003:220; Cohan, 2011:804; Sanders, 2003:339). Geschiere (2010:246-247) suggests that denial of the reality of witchcraft is not helpful if one is interested in understanding why witchcraft has a strong grip upon people. The belief in witchcraft is strong and the fear of it is real in many African societies. Witchcraft is part of modern society and influences how people think and act, also politically (Geschiere, 2010:235; Cohan, 2011:807; Diwan, 2004:352).

Forsyth and Eves (2015:1) argue for the unlimited fusion of healing with witchcraft practices and beliefs, because of the strong belief that illness, death and misfortunes are frequently caused by the deliberate interventions of individuals with special powers or magical knowledge. Restoration to life is the central theme in all African healing traditions. Ashforth (2005:211) argues that the distinction between witchcraft and healing is essentially amoral one, as healers and witches use supernatural forces supposedly for different ends, while both activities fall under the rubric of 'African science'.In this thesis, I do not intend to uncover the reality or unreality of witchcraft but seek to bring to the fore people's beliefs about witchcraft and how it intersects with healing traditions. I am inclined to making a taxonomic analysis of witchcraft, using what Turner (1970:366) calls a 'traditional-functional' approach. The detailed practice of witchcraft among the Basoga is therefore beyond the scope of this study. Firstly, I present what constitutes witchcraft and then analyse how different or similar is it to healing.

Petrus and Bogopa (2007:3-4) as well as Diwan (2004:355) argue that due to different interpretations and manifestations of witchcraft in various societies, witchcraft may have many different meanings depending on the cultural context within which it is believed to exist, and therefore formulating a single definition of witchcraft is very difficult. Kapferer (2002:10) and

Forsyth and Eves (2015:4) argue that determining actions of witchcraft can vary at different moments in the social processes depending on one's standpoint. But it is possible to make a distinction between the two concepts. African witchcraft is a broad concept that can refer to interrelated activities. It involves the use of supernatural forces for evil or harmful intent, and is thus distinguished from the use of supernatural powers for benevolent purposes, for example in divining or traditional healing. The two are, however, not mutually exclusive (Kapferer, 2002:12). English anthropologists, who have had an interest in Witchcraft Studies in Africa over the years, argue that witchcraft uses non-physical means to cause misfortune or injury to other humans and therefore can clearly be mystical and operating in the supernatural realm (Hutton, 2004:422; Cohan, 2011:809; Diwan, 2004:355).

Some scholars in anthropology, religion and cultural studies make a distinction between witchcraft and sorcery, though they often use these words interchangeably (Kapferer 2002:10; Cohan, 2011:810; Forsyth & Eves, 2015:4). To Evans Pritchard, the difference between a witch and sorcerer is that witchcraft is a purely psychic act, without any rite performed and there are no spells uttered neither does the witch possess any medicines to do his or her job. On the other hand, Evans Pritchard believed that that sorcerers cause harm to their victims by performing magic rites with bad medicines (1937:21). Cohan (2011:810) and Diwan (2004:355) have made this clearer when they describe witches to possess supernatural powers, whereas sorcerers are simply ordinary beings who have acquired techniques to harm others. About healing, Evans Pritchard (1937:1) states that against both witchcraft and sorcery, healers and diviners are the ring fence to protect the people.

Witchcraft is frequently conceived as emerging from within the community (Kapferer, 2002:12; Ciekawy & Geschiere, 1998:4). Efficacy of witchcraft is believed to increase in direct proportion to the intimacy between witch and the victim. Witchcraft is more pronounced among kinsmen and they are the first suspects when misfortunes or illness arise (Hutton, 2004:422; Ciekawy & Geschiere, 1998:4). Studies undertaken by Ciekawy and Geschiere (1998:4) and Geschiere (2010:251) in sub-Saharan Africa indicate that in many parts of Africa, witchcraft is explicitly linked to "home" and the family. They cite examples from Kenya, Ghana, Cameroon, who hold strong beliefs of witchcraft emanating from 'within'.

One consequence is that witchcraft accusations primarily target persons from within the family. Because of the kinship character of witchcraft, dealing with it requires the healing process to take place amid assembled family members. None the less witchcraft accusations

indicate the growing jealousy and aggression that exist among close relatives, who ought to live in harmony and be protective of each other in face of external aggression. In Busoga, it may involve assembling members of the whole clan, in a healing activity called *okusamira*, which is accompanied with playing of drums (also called *okukuba ensweezi*). An interview[2] with a woman in Nakyere, who asked for anonymity, indicates how the medium required them to gather all the close relatives and held a long week session of *okusamira* in her home, trying to cure the husband of impotence. This gives a glimpse of the kinship nature of witchcraft in Busoga society, as in other societies in Sub-Saharan Africa. Witches are usually known and reside among their victims. Close relatives or neighbours are the likely perpetrators of witchcraft, whereas sorcerers usually come from outside the community.

Although sorcery and witchcraft both receive social disapproval, witchcraft operates in secrecy, normally giving the intended victim no consciousness and it is done out of malice (Cohan, 2011:809). Acts of witchcraft are never treated as legitimate retribution for wrongdoing or bad character on the side of the victim (Hutton, 2004:422).Since witches are regarded as opponents to the natural order of harmonious community life, any inexplicable or unnatural misfortunes that befall a community raise suspicions of witchcraft (Cohan, 2011:805).

Cohan (2011:810) argues that traditional healers are oriented towards healing and are often employed for identifying suspected cases of witchcraft. There are, however, suspicions held by the people about traditional healers' involvement in causing witchcraft. Conan highlights the conflict of interest that traditional healers have as their status and income depends on witchcraft as the bewitched will seek them out to treat symptoms of witchcraft as well as to identify the perpetrator of the harm. People thus suspect that traditional healers work in association with the witches to raise their revenues. Some of them thrive on their clients' special problems, ignorance and naive attitude to life. And such healers are often instrumental in generating witchcraft accusations, motivated by personal grudges or rivalries that prompt them to point the finger (2011:823). Whatever the case, witchcraft and sorcery is dreaded in society and there are always serious attempts to counteract them.

Witchcraft and their activities can be resisted by fellow humans through several actions. Hutton (2004:423) mentions three major ways through which witches are dealt with in societies, namely, persuading them either to abandon the practice by divesting themselves from those special powers that empower them to practice witchcraft or reversing the victim's situation by

[2]Female client in Nakyere-Kibaale. Interviewed on 20/04/2015

undoing the witchcraft; secondly, neutralizing the power and work of the witch through detection by diviners and healers endowed with such special supernatural knowledge. But this involves sending back the witchcraft to the witch, so that he/she suffers the same way the victim suffered. The last but most common has been physical means like witch killing, banishment from the community, imprisonment (Cohan, 2011:804).

Sorcery and witchcraft carry gendered connotations. Women have been associated to be the major links and victims of sorcery and witchcraft. But what is real is that both men and women are identified as perpetrators and victims of witchcraft violence (Forsyth & Eves, 2015:7). Forsyth and Eves have described the categories of persons who could be victims of witchcraft violence as strangers on the inside such as women who have married in, or else 'insiders who have become strangers' such as community members who predominantly live away from their communities in urban settings, returning home seldom. In some societies, there are specific genders associated with witchcraft and sorcery. For example, in Papua New Guinea women are never associated with the vice and men share the monopoly of being categorized as sorcerers.

As victims of sorcery accusations, women are more vulnerable than men, due to unequal power relations and a lack of support structures and income. This has not only been the case in Africa, but in European societies too (Forsyth & Eves, 2015:7; Kivelson, 2001:67). The stereotyped image of witches as female, stemming from ancient beliefs in female susceptibility to evil, promotes the identification of women as witches (Kivelson, 2001:67). I have in various sections of the thesis shown how some actions and practices of traditional healing can be seen to have characteristics of witchcraft as discussed in this section. For example, the British colonialists' omnibus reference to all Kisoga healing practices as witchcraft may have been influenced by their failure to see any defining difference between healing and witchcraft.

However, Busoga society distinguishes healing from witchcraft, and manifestations of these in Busoga are discussed variously in the next chapters. In chapter four, I show how the colonial interventions dealt with healing and witchcraft and the inherent contradictions that arose from this. Yet still there exist unanswered questions as to whether perceptions about these healing traditions are universal. Can we talk of unified perceptions of healing across the continent? Even when the answer is rightly 'no', why then do scholars always make references to tendencies of 'African thinking' as though there exists homogeneity? In the next section I analyse the notion of 'African homogeneity', showing how and to what extent African ideologies

can be said to be ‘African’ yet there exist various categories of people on the African continent. The precise question under interrogation is ‘Does Africanness exists? Does it exist as a geographical or identity concept? Answering these questions helps in analysing whether the healing ideologies can be generalized to the whole of Africa.

1.4 Notions of ‘African(s) and African Perception(s)’ in Traditional Healing

To analyse the meaning of ‘Africa, African’ and ‘African perceptions’ I have found the works of Mbiti (1969), Parrinder (1974), Mudimbe (1988), Edward Said (1993), Ranger (1997), Mazrui (2005) and Ikpe (2010) very useful. ‘Africa’ is both a geographical and an identity concept. But in the recent past, scholars in the cultural, sociologicaland anthropological studies as well as history and political science, the concept of ‘Africa’ has been more associated with ‘identity’ rather than geographical location. I will first deal with ‘Africa’ as a geographical concept. Africa as a geographical concept is easy to define and there are no contestations over it, but the term ‘Africa’, or ‘African(s)’ as an identity concept raises much debate among scholars (Ikpe 2010:3). In his masterly ‘The Re-invention of Africa: Edward Said, VY Mudimbe, and beyond’ (2005:74), Ali Mazrui argues that ‘Africa’, both as a geographical term and an identity concept, has been a creation and recreation by several players who have enjoyed interaction with peoples on the ‘African’ continent over the years. He states that initially, Africa was a geographical fiction, which was thought of as a separate entity and regarded as a unit to the degree that the map is invested with an authority imposed on it by the mapmakers (Mazrui, 2005:68).

The name ‘Africa’ is itself an invention with no trace to naturalistic existence. There are claims that the name was an import from the Romans, Greeks, Semites or the European neighbours. The claim that the name came from a Berber language within Africa, has received little attention and acceptability (Mazrui, 2005:69). Africa has therefore been externally conceptualized to be what she is now, both as a geographical mass and as an identity concept. The creation of Africa as a continent was further a creation of the Europeans, who through their geographical societies, turned Africa into a continent by drawing up its geographical boundaries through cartography, the way it was done with other continents (Mazrui, 2005:75). The indigenous peoples of Africa did not have any hand in determining that, for example, North Arab Africa should not be part of Asia, when that part shared a lot in common with the Arab world (Mazrui, 2005:70).The word ‘African’ was applied to those who lived on the marked continental land mass, to distinguish them from non-natives. It was thought to be non-offensive. The

labelhelped in creating a sense of identity among ‘Africans’, as they were being defined as such in relation to Europeans and Indians (Mazrui, 1963:91).

Dismissing the geographical conception of ‘Africa’, Oliver (1997:114) and Said (1993:106-108, 317) agree to the fact that boundaries that define continents, nations and other places bring some form of identity, but this cannot be the envisaged unchanging identity, defining people who live in those places. This is because of the constant movements of people from one place to another, most of which, of recent, involves crossing of national and continental borders. This undermines the homogeneity of peoples thought to have been defined by the geographical boundaries. Therefore, it is more convincing to talk of ‘Africa’ as an ‘identity’ rather than a ‘geographical’ concept.

Mazrui (2005:70) consistently argues that the reference to an ‘African identity’ as being synonymous with the peoples on the African continent was a creation by her neighbours, but not a result of identical cultures on the African continent. This was birthed by many factors, including, the rise of black consciousness as opposed to people of other colour; racism and slavery imposed upon the black Africans by the Europeans; as well as Islamic religion, Arabic language and Kiswahilli, which have in combination generated a common sense of ‘Africanness’. Yet also, through colonialism, accompanied with western civilisation and Christianity, Europeans shaped and reshaped African identity the way they wanted it to be. For good or bad, they determined African identity and made Africans to realize their Africanicity, which was missing before Africa’s interaction with her neighbours.

However, beginning with the 1980s, a new paradigm developed contesting the notion of foreigners’ invention of Africa. The claim has been that Europeans distorted rather than invented what was authentically African, while replacing them with their own foreign imported traditions. This Afrocentricity School, contests alien forces such as Islam, Christianity, westernization and globalization, as having redefined African identity positively. These argue against colonialism as a blessing to defining African identity and traditions (Mazrui, 2005:77). These foreign forces led to destruction of African order while deliberately reinstating them with false memories (Ranger, 1997:212).

Throughout his book, John Mbiti (1969) argues that it is a fallacy to talk of ‘an African people’ but that it is better to talk of‘African peoples’, because of the diversity among people living on the African continent and those of African descent (Mbiti, 1969: xi). In this thesis, whereas I agree that there is no uniformity among people on the African continent, I use the

words African(s), and African perception(s) in a restricted sense. The diversity of African peoples makes it quite difficult to talk of a 'unified African people' as well as 'an African perception'. Ikpe Ibanga argues that it is very important to understand who is being referred to when the term 'African' is used,since Modern Africa has a variety of differentiated people including; black Africans, Arab Africans, and African-Americans; all of whom are spread across the African continent and beyond. Even within these categories of African peoples, there are diverse perceptions concerning realities based on clans, gender, age, rural-urban divide, education, economic status and general manner of living.

It is however true, that Africans in the sub-Saharan part of the African continent have some elevated level of unified perceptions regarding many forms of life, though their interpretations may differ depending on their geographical location and way of living. This relative homogeneity in sub-Saharan Africa was also a creation of the Colonialists. Ali Mazrui, writing in the mid 20th century argues that the continental feeling built by colonialism was more felt in Sub Saharan Africa than in other parts of Africa (1963:90). Authors writing a decade later like Parrinder (1974:11), wholesomely, had come to believe in the homogenous nature of sub Saharan Africa. Parrinder specifically argues that African peoples are more closely related than people in industrialised societies. To him, the notion that every African tribe/society is very unique is not only untrue but also a conception held by anthropologists outside Africa. Mazrui (1963) further explains how the Europeans through colonialism created sub Saharan Africa to be more undifferentiated than other indigenous societies.Therefore, in this thesis, my application of African people(s) is restricted to those who are descended from sub-Saharan black Africa in general and Busoga in particular. My restrictive usage of 'African(s)' and African perception is in conformity with the ethno-philosophical ideologies that define African and African perception as black and a native of one of the ethnic nationalities of sub-Saharan Africa (ibid; Mwandayi, 2011:58). This 'African' is also traditional, not in the sense that they have not been 'influenced by the inevitable moral and technological culture from the West but because their own outlook and cultural wellbeing remains that of traditional Africa' (Ikpe, 2010:5).

In my usage of 'African holistic perceptions' throughout the thesis, I am mindful of the fact that such perceptions are not universal among Africans living both geographically on the African continent and outside of it. These perceptions are instead collective, spontaneous, unreflective and implicit worldviews, usually accepted, consciously or unconsciously by all

Africans in general or, more especially, by all the members of anethnic group or anAfrican society (Ikpe, 2010:4-5).

As Flint (2008:18) argues, to employ the word 'African(s)' does not mean that the practices of 'Africans' described can be attributed to all groups within Africa. Rather it is a way of acknowledging a more heterogeneous group of Africans. Consequently, reference to 'African perceptions' simply portrays the corporate nature of beliefs, ideas and practices but does not in any way imply that everybody in such African societies subscribe to these beliefs and practices (Mbiti,1969:3). Healing practices are part of these traditions. I recognise that the use of the terms 'traditional' and 'tradition' further complicates the study of African ideologies on healing. In the next section, I will analyse the meaning of these words and how they shed light on healing in African societies today.

1.5 Ideologies of 'Tradition' and 'Traditional' in Healing

I present an academic discourse of the notions of 'Tradition' and 'traditional' from some of the earlier propagators, especially of the 1980s through the present times. I will later show the application of these concepts to 'healing and medicine'. 'Tradition' includes the passage of items, images, symbols, events, beliefs, behaviours, customs or practices from one generation to another over the years. For the indigenous societies, 'traditional' relates to the pre-contact era, that is the period before the coming of foreign people into their land. Sometimes, it may in a common-sense way refer to period long past or what one's ancestors used to do (Linnekin, 1983:242). This is the earlier and common sense western world understanding of the concept of 'tradition'. This definition suggests that traditions are inherited by the next generation without change and distortion (Ben-Amos, 1984:99; Flint, 2008:12). This, too, brings to light an understanding that 'tradition' exists in contrast and at the same time with what is new and modern (Handler & Linnekin, 1984:273).

Further, the common-sense perception of 'tradition' refers to the study of cultural and social backwardness of the uncivilised, non-literate, savage peoples such as the black fellows of Africa. And that the study of 'tradition' ought to be concerned with discovering the laws and customs, stories and superstitions of those peoples that have been passed on from generation to generation (Ben-Amos, 1984:100). There is strong criticism by several authors, including Handler and Linnekin (1984) against this earlier perception of tradition (Hobsbawm & Ranger, 1983; Linnekin, 1983; Ben-Amos, 1984; Mudimbe, 1988; Mazrui, 2005; Thomas, 1992; Said,

1993; Ranger, 1997; Oliver, 1997; Pels, 1997).These authors have contributed to the postulation of what is now popularly called the 'invented tradition', as a reaction towards the proposed unchanging traditions. There is agreement among theorists of the 'invented tradition' that 'traditions' are continually changing, which therefore calls for a reassessment over time (Ben-Amos, 1984:99; Hobsbawm & Ranger, 1983:2; Linnekin, 1983:241; Pels, 1997:177).The theorists of the 'invented tradition'argue against the ideology of traditions being associated with the past.Their arguments are premised on the fact that traditions are usually recent in origin and in most cases simply invented (Hobsbawm & Ranger, 1983:1; Turner, 1997:361). They look at tradition as a cultural construct, subject to change from within and without. While there may be certain values, practices and symbols that persist overtime, their meanings shift to reflect society's norms and values (Flint, 2008:12, 16). The invented tradition theorists attempt to make a link between social formations derived from the past with social actions of the present such that tradition is seen an active interpretive process in which representations of the past are forged through the present discourse (Turner, 1997:361).

For example, in reference to invention of modern governments in Africa, Karen Fields observes how the application of indirect rule by the British did not do away with the customary leadership but instead believed that sound administration would rest on the prevailing traditions of the colonised (Fields, 1982:95). Healing systems in Africa are part of the 'traditions', which indirect rule aimed to protect and change during the colonial administration (Gray, 2001:341). For Peter Pels, it is not only the traditions that are invented but also what may be called 'modernity' for a given society is invented too (1997:177). And this is what defines a society's identity at present. The very identity of society rests on this continuity of the past with the present. The legacy of the past is not immutable, but the essential identity persists over time with modifications (Handler & Linnekin, 1984:275).

Such traditions appear and disappear in new forms and overtime depending on the expectations of the current generation (Linnekin, 1983:241; Hobsbawm & Ranger, 1983:1). The present generation picks up certain aspects of cultural practices thatare relevant to them and they redefine them with symbolic values to meet their current demands (Linnekin, 1983:242; Said, 1993:4).The invented tradition becomes a product of both traditions that have been invented, constructed and formally instituted. This does not however mean that there is whole adoption of the past, rather in constructing the present using the past, some unwanted elements and narratives may be left out in the now formed tradition (Said, 1993:15). These establish themselves in a very

quick way that it becomes difficult to trace when and where they originated, looking clearly as though they have existed ever since (Hobsbawm & Ranger, 1983:1; Ben-Amos, 1984:99; Said, 1993: xxv).The concepts 'traditional' as opposed to 'new' are used in an interpretive rather than descriptive way because as already stated 'traditions' change overtime and therefore what may be seen to be new, would have simply taken on a symbolic value as 'traditional' (Handler & Linnekin, 1984:273; Ben-Amos, 1984:101).

There have risen questions of authenticity of tradition in the face of ceaseless changes in society and continuous adaptation to cultural imports. The question remains, does 'tradition' remain genuine, authentic or the same when some aspects are dropped and the new and appealing ones areimposed adopted or adapted? Critics of the invented tradition like Thomas (1992) and then later writings of Linnekin (1991) shed light on the authenticity of tradition in the presence of a changing society and colonialism.Not all authors agree with the argument that authentic traditions arise with the submerging of 'old' traditions into new ones. For example, Hobsbawm and Ranger distinguish genuine from invented traditions, arguing that invented traditions emerge in situations of rapid social change or when the historical past cannot be traced (Linnekin, 1991:447; Hobsbawm & Ranger, 1983:4). Thomas (1992:213) accuses Hobsbawm and Ranger (1983) as well as earlier works of Linnekin (1983) of often equating invention with inauthenticity. He however, argues that created identities are not somehow contrived and insincere as culture is tailored and embellished in the process of transmission, yet this process is dynamic, creative and real (Thomas, 1992:213).

Authors who oppose the notion of the 'invention of tradition' argue that its proponents present the false impression that it is an obvious fact and belief that once 'new' traditions emerge; they are automatically taken on by the present generation as they willingly drop the 'old' ones. Another false impression created by the proponents of the invented tradition, and for which they vehemently support is that cultural invention is always good for the specific group and that it is deliberately introduced to make indigenous societies better. Spear (2003:4) harshly criticised the theory of 'invention' for construing Africans as gullible subjects. Jocelyn Linnekin argues against cultural invention as a politically revisionist and anti-native rubric, which aims at undercutting the cultural authority of indigenous peoples by calling into question their authenticity. She further contends that those who propose invention of traditional culture want to discredit the authenticity of legitimate concerns and interests of indigenous groups that would otherwise accrue to them because of their long-standing position. They further want to discredit

their identity as a homogenous group with defined beliefs and legitimate political, economic, cultural and religious as well as social interests that ought to be respected and protected (Linnekin, 1991:446; Goucher, et.al., 1998:7; Bal, 2002:218). But to the proponents of the invented tradition, the inventions are common components of the ongoing development of authentic culture. Neither do they attempt to suggest that native models of culture, custom or tradition are inferior and inauthentic (Linnekin, 1991:447).

I now turn to show why and how healing practices fit into the description of being 'traditional' and being part of the 'traditions' of Busoga society. I need also to show in what context Busoga can be a 'traditional' society. Robert Thornton insists that healing practices are rapidly changing as African societies are increasingly becoming westernized and global. This implies that the term 'traditional healers' is a misnomer if by 'tradition' we mean an unchanging conservation of past beliefs and practices (Thornton, 2009:17).

Richter (2003:6-7) argues that the use of the words 'tradition' and 'traditional' to describe African healing systems is not appropriate because they do not actually represent the principles and philosophy upon which healing is practiced. However, any healing system, whether African or non-African, must be based on a knowledge foundation, with its epistemology, philosophy, scientific and logical validity, which can only be understood by the very people who practice and utilise it (Dawn, 2003:3). The techniques, principles, theories, ideologies, beliefs, opinions and customs applied in 'traditional' health practice must be unique to the society in which they are practiced (Flint, 2008:6).Authors associated with the African religious experience argue that the word 'traditional' is used for the original experience of the sacred cultivated by the African man and the concrete expression of that experience within different ecological and socio-historical backgrounds. They maintain that the term 'traditional' does not imply that African religion is static or unchanging from age to age. It further implies that the living experience and expression are handed down from one successive generation to another (Mwandayi, 2011:61). Mwandayi, citing Kofi Asare Opoku, argues that using the term 'traditional 'does not in any way mean something from the past but, rather, only indicates that it is founded ona fundamentally indigenous value system, which has its own pattern, with its own historical inheritance and tradition from the past (ibid). 'Tradition' therefore, is adaptable and durable, meaning that it can change to suit the present generation, and this is what makes it durable and relevant to all generations (Flint, 2008:10).

These notions, therefore, carry politically loaded meanings, which brings misrepresentation of the truth about healing systems in African societies. The reference to the healing systems of Africa as 'traditional' is in contrast to definitions of biomedicine or western medicine. Biomedicine is looked at as being concerned with biological diseases, using diagnostic methods and principles originating from the western world. Traditional medicine is associated with the treatment of sicknesses, with emphasis on the spiritual realm of causation, diagnosis and treatment (Truter, 2007:57). Due to competition that exists between the two medical systems operating in African societies, some people use the notions of 'tradition' and 'traditional' to portray healing as being associated with irrationality and the pre-scientific age (Feierman, 1985:110; Flint, 2008:7).

The above assumptions are however erroneous regarding realities in Busoga society.To suit the values of the current generation; healing traditions have changed in many respects. Defining African healing as belonging to the pre-scientific age is simply based on the tenets of western science; that tends to regard other societies' innovations as unscientific as long as they deviate from the modes and principles of western science (Dawn, 2003:25). The processes involved in diagnosis, treatment and preparation of traditional medicines in Busoga disqualifies the judgmental assertion made of it as being 'irrational' and 'pre-scientific'. Assertions by Sugishita (2009:450) and Schumaker et al. (2007:707) that traditional medicine is indeed scientific and rational, are based on the WHO's efforts to promote it. They argue that the promotion of traditional medicine by the World Health Organisation propounds its cultural legitimacy, scientific rationality and economic potential. As I analyse in chapters three and five, Busoga society healers have had a well-defined way of establishing the cause of sickness. Furthermore, not all traditional healers base their diagnosis and treatment on spiritual causation and effect. There are pure herbalists among them, who have mastered the chemical composition of several herbs, capable of curing certain diseases.

Traditional healers in urban areas have been influenced by advances in the modern health sector. They process their herbs in the form of tablets and purified liquids, carefully packaged in modern containers with very clear labels. They have opened herbal shops in Jinja's Napier public market. Corporate associations of healers are in existence, akin to the biomedical's Uganda Medical and Dental Practitioners body. They carry out self-censorship and regulation to weed out quack healers. Such changes have enhanced the credibility of the healers and the efficacy of their medicines. Flint (2008:2) notes that away from their previously known roles, 'traditional'

healers have transformed themselves into a powerful force that influences the politics and economics of their societies. In most of the successive presidential elections in Uganda, President Yoweri Kaguta Museveni has always held special meetings with traditional healers, whereupon they pledge to appeal to their ancestral spirits to ensure his victory.[3] The bigger picture of these encounters is thathealers hold power over those they treat, and they are respected members of their communities, capable of influencing voting patterns.

'Traditional' healers no longer sit in their healing centres to wait for clients. The examples of Maama Fina,[4] a successful businesswoman dealing in fabric garments, and Kabaale Bitimbito,[5] a diviner in Namutumba district, who is a celebrated farmer of groundnuts and maize, attests to the changes that have occurred in healing over the years. Such changes cannot by any standard belong to the irrational and pre-scientific era. Furthermore, the traditional birth attendants (*Balerwa*) use a massaging technique (*okutenga endha*) on the expectant mother to redirect the unborn baby's head towards the birth canal. Bonesetters also use a massaging technique to mend dislocated bones. These techniques cannot be pre-scientific when biomedicine uses physiotherapy methods to achieve the same.

The erroneous characterisation of 'traditional' medicine tends to reduce the numerous and diverse healing practices of Africa to 'spiritual healing and divination', which are sub components of healing traditions in Africa (Feierman, 1985:111). It is 'traditional' because it is carried out by local people in their societies (Richter, 2003:7; Rekdal, 1999:459). Feierman is explicit, stating that this is a social contextual description of 'tradition' and 'traditional'. This means that these healing practices are only carried out by 'Africans', who are special and unique, and what they do is not amenable to change. Traditional healers ought to be living among those they treat, sharing a common culture with the clients (Richter, 2003:7; Feierman, 1985:110). It was part of Busoga 'tradition' that a 'traditional' healer had to operate among their kin's people, and he/she was consulted whenever crisis or illness arose. It was a vote of no confidence in a healer, if their kin's people or fellow villagers consulted another healer in the neighbourhood.

In view of this description it would render today's' healers 'non-traditional' because Busoga has witnessed a great deal of cultural exchange. The Koranic healers (*Abasawo Abaghalimu*), known to espouse no cultural boundaries in the treatment of the sick, would be

[3]The Observer Newspaper, (2011). Museveni Courts Cult, witchdoctors and religious heads. Published February 17, 2011. www.observer.ug. Retrieved on 31st August 2017.
[4]Business name for Sylvia Namutebi, a nationally famed traditional healer and National Chairperson of Traditional Healers in Uganda. Have several businesses around Kampala city? Her known healing place is at Bulenga, along Kampala-Mityana road, about 20 kilometers from the City centre
[5]Chairperson of Traditional Healers of Namutumba District in Busoga

rendered ‘non-traditional’. This description again implies the idea of ‘localisation or villagisation’ of healing, which reduces healing practices to just divination; a practice more closely associated with mediums residing in the traditional hubs of the ancestral spirits. Healers now migrate to urban areas where they meet more clients, other than being confined to their fellow clan members or fellow villagers. The commercialisation of traditional healing in society means that services may not be accessible to even the healer’s fellow clan members or fellow villagers because they may not be able to afford to pay. Previously, it was easy to acquire herbs but due to a rapidly growing population in Busoga, much of the forest has been depleted for human settlement. Healers have to traverse long distances in search of herbs. Moreover, commercialisation of 'herbal medicines', which is accompanied by aggressive marketing and increased popularity, is likely to disconnect these treatments, and the resulting profits from the original knowledge systems and skilled practitioners who developed them (Schumaker, et al., 2007:708). Rekdal (1999:459-460), studying traditional healers among the Iraqw of Northern Tanzania, has established that the ‘healers’ in this African society are neither frequently ‘Iraqw’ nor ‘traditional’ because their attributes contrasted with the way African traditional healers have frequently been portrayed.

Herbal clinics are common in the urban areas of Jinja. These healers treat all categories of clients not known to them. Feierman (1985:110) states that regardless of the differing principles and philosophy upon which African traditional medicine and biomedicine are practiced, both are forms of ethnomedicine because they represent diverse cultural influences. Both, in fact, are supposed to be ‘traditional’ to those cultural societies from which they have originated. Flint (2008:6) argues that the exclusive use of ‘traditional’ to ‘African healing’ communicates ‘power relations’ that exist between those who believe in biomedicine on one hand and those who believe in ‘traditional medicine’ on the other hand, with the implication that biomedical practices take precedence over traditional medicine.

In a restrictive sense, the notion of ‘traditional’ in healing relates to all kinds of therapy that existed before colonial rule in African societies. Some of these therapies have withstood colonial influences (Feierman, 1985:112). African healers associate themselves with being ‘traditional’ as a demonstration of the uniqueness with which indigenous medicine is practiced being freed from the multicultural environment that exists (Flint, 2008:8, 12). Traditional healers have been influenced by socio-economic and political changes in Uganda so much so that there now exists a hybrid of traditional healing systems not commensurate with the practices of the

forefathers. There have been profound changes to healing practices in Uganda such that the notions of 'tradition' and 'traditional' are simply legendary. Other authors argue that the binary usage of 'traditional' and 'modern' is no longer valid either as observable phenomena or analytical categories (Weiss, 2001:368). Healers use the title of 'Doctor(s)' and have established and furnished their healing centres just like western trained medical doctors. They wear white overcoats, especially the herbalists. Many are becoming highly sophisticated by employing skilled laboratory technicians to investigate diseases not amenable to spiritual interpretation.

There is unprecedented collaboration between biomedical doctors and healers, though at individual levels. An interview with Kawuma Safina Nabirye revealed how she receives many referrals from biomedical doctors within Jinja especially on chronic diseases. She also refers several of her clients to biomedical health facilities, on the realisation that such a case can competently be handled by biomedical experts. The neatness associated with traditional herbalists is only comparable to the neatly arranged biomedical drugs in pharmacies. This, however, varies between rural and urban healers. Healers with a western education have resorted to high-level research using the internet and other literature to better understand the human anatomy. There exists a mixture of observance of traditions related to healing and modern systems of diagnosis and treatment.

Gender restrictive ideologies in traditional healing have not been left unaffected. There are powerful female healers, especially in herbalism, competing favourably with male healers. Female healers can afford to move from place to place looking for herbal medicines with the help of modern transportation in the form of motor vehicles rather than walking long distances on foot, which was risky. Female healers, though few, have emerged to provide leadership to traditional healers' associations being dominated by male healers in terms of membership. A case in point is the celebrated herbalist, diviner, businesswoman and philanthropist, popularly known as Maama Fina.

Age and manner of dress have shed more light on the 'level of what is traditional' in healing today. Several young men and women practising as traditional healers have refused to continue with the traditional characteristics of a traditional healer. Young female healers wear makeup, with plaited hair and fashionable clothing, and not the conventional bark cloth of yester-years. They put on priestly garments only during the time of divination. I have discussed the dress code and general characteristics of traditional healers in both chapters three and five.Thismakes it difficult to determine how much of traditional healing today is indeed

traditional. It is true that whereas 'traditional' medicine is practiced based on certain core beliefs, it has been open to non-African beliefs, practices and substances (Flint, 2008:6). Since traditions reflect the present as much as they offer a window into the past (ibid. 9), I have most often used the past tense when discussing healing traditions in Busoga because 'tradition' represents both 'what it was and how it was used'. Where I have established that a certain tradition continues to exist, I have used the present tense in reference to it.

Due to the changes that have occurred in Busoga traditional healing systems, a lot of unethical behaviours have surfaced among healers. Commercialisation of healing has come along with imposters, selling fictitious medicines. Child sacrifice has sprung up too. Rape of female clients seeking treatment from traditional healers is common. The negative connotations associated with healing make traditional healers to use the notion of 'tradition' to distance themselves from the quack healers, arguing that 'traditional' healing has nothing to do with such imposters. Traditional healers in Busoga are aware of this challenge, which is why in their classification there is emphasis on those who heal according to 'tradition', that is, following the core principles, philosophy, customs and values of Kisoga culture (*obusawo obwanakaidhongo*). Consequently, the use of the words 'tradition' and 'traditional' in healing is aimed at emphasising the authenticity and legitimacy of healing in a cultural landscape that has been adulterated (ibid. pp.12). Having demonstrated the application of the notions of African(s), 'tradition' and 'traditional' in healing, I now intend to demonstrate how gender roles differentiationispart and parcel of these notions.

1.6 Conceptualising Gender and Gender Roles

Before a scholarly relationship between gender roles and traditional healing can be made, it is important that I present a conceptual understanding of 'gender' and 'gender roles'. Several authors like Oakley (1972), West and Zimmerman (1987), Delphy (1993), and Blackstone (2003:335) have made effort to differentiate gender from sex, because many people tend to confuse the two concepts, while others use them interchangeably. Sex and gender are different terms though they serve interrelated functions. Oakley Ann, states that sex is a word that refers to the biological differences between male and female; the visible difference in genitalia, the related difference in procreative function. On the other hand, she defined gender as the social classification into masculine and feminine as determined by culture (1972:16). Blackstone Amy has expanded on Oakley's definition when she states thatsex as a biological concept, is

determined based on individual's primary sex characteristics, whereas gender refers to the meanings, values and characteristics that people ascribe to different sexes (Blackstone, 2003:337). Therefore, Gender is the social construction of male and female whereas sex relates to the biological construction of male and female (Delphy, 1993:6; West & Zimmerman, 1987:127). Gender is socially constructed, not determined by biology but it is a social elaboration in specific contexts of the obvious facts of biological difference. Being female and male is natural, but it is society that constructs who or what a 'man' or 'woman' should be. Gender is a concept that humans create socially through their interactions with one another and their environments, yet it relies heavily upon biological differences between females and males (Blackstone, 2003:335; West & Zimmerman, 1987:127).

Gender is constructed from cultural and subjective meanings that constantly shift and vary, depending on time and place (Courtenay, 2000:1387). Gender is an institutionalized system of social practices for constituting people as two significantly distinct categories, men and women, and organizing social relations of inequality based on that difference (Ridgeway & Correll, 2004:510). These gender descriptions may include one's character, behaviours, status, traits as well as roles. These gender differences determine men's and women's social roles and role-related activities, making it clearly distinctive in almost all spheres of life what is done by women and men (Bird & Rieker, 1999:748). It is therefore relevant to interrogate gender role differentiation in healing because for a very long time, cultural studies have been engrossed with the relative position of the sexes in various societies. There has been an emphasis on the roles of men and women as explanatory variables in the analysis of cultural behaviour (LeVine, 1966:183).

According to 'role theory', gender roles are simply learned (West & Zimmerman, 1987:128). Gender roles are usually hierarchical and operate to the advantage of men and to the disadvantage of women, with activities and roles performed by men being more valued than those performed by women.Gender roles are not necessarily rigidly defined in terms of men's and women's roles, as it is sometimes assumed. They are characterised by cooperation in joint activities as well as by separation. In this thesis, I have explored both healing roles that are exclusively performed by either women or men and those undertaken jointly by women and men.

Some authors have demonstrated women's presence in healing practices within specific societies. However, women's presence as healers varies from society to another and from one country to another. For example, in Zambia, 60% of traditional healers are female. This is

attributed to the HIV/AIDS epidemic in Africa, which has increased the demand for healthcare needs, some of which are gender specific (ibid.). Often, female traditional healers in this country speak of spirits guiding them to the bush to find medicinal plants. Differently, in Ghana, if a woman practices traditional healing it is only because she is considered a powerful witch who is not to be challenged. Gathering of plants in Ghana is a task for the male rather than the female traditional healer. Fathers will not send their daughters to the bush in search of plants in fear of others thinking she is a witch, and husbands will not allow their wives to help prepare medicine, stating that the concoction will consequently not work (Nelms & Gorski, 2006:186).

Popper and Ventura (2009) have studied women's involvement in healing in the Arab society, and have established that some traditional healing practices are a monopoly of the women in terms of service delivery and usage. In this society, divination is a feminine occupation. It relies upon those skills identified as feminine and takes place in the domestic space considered to be feminine, along with feminine materials, artefacts and acts. Traditional healing practices that employ daily, inexpensive and accessible artefacts and that are part of the house chores portray feminine leisure patterns and the reverse is also true (2009:16). It may be that some traditional healing practices are perceived as distinctively feminine occupations because they are the few options available to uneducated women in traditional societies to support themselves without violating basic social norms. Some researchers regard the feminine occupations of traditional healing as a choice made by women, not always consciously, to gain fulfilment, to attain status and autonomy but primarily to generate income (Scully, 1995:864). The women healers are mostly divorced, widowed, separated or unmarried. This is probably because such womendesireto exercise their healing powers unhindered by limitations that men and society impose on married women. Some of the women healers are unmarried because men are uncomfortable with their powers or because their powers demand that they remain unattached (Popper & Ventura, 2009:17).

Some other female healers are mothers of many children who can, only find a source of income through healing. This source of income is both profitable and socially acceptable. Most female healers have reported that they either inherited their occupation, especially from their mothers, or received it as a gift from supernatural entities. These claims legitimize their activity and allow them to work freely in a society that, traditionally, opposes women's work (Popper & Ventura, 2009:17). Traditional healing practices perceived as distinctive to women are usually avoided by male healers. This is because of the inferior status accorded to women's healing

practices, in comparison to the more prestigious and superior status accorded to male dominated healing practices (Scully, 1995:867). On the other hand, traditional healing practices that are masculine in nature occur in the public sphere and are accompanied by 'masculine' materials and artefacts like papers, pens, calculators and books. Some of these artefacts have undergone consecration and hence differ from women's common domestic artefacts. Consequently, masculine artefactsare part of the textual, orthodox or high culture traditional healing practices. Literature demonstrates that masculine traditional healing practices are performed via horoscope charts and numeric calculations, Holy Scriptures and fate books (Popper & Ventura, 2009:17).

For some societies in South Africa, Rogerson (2001) establishes that women are more likely to take on the divination form of healing than men, while men take on herbalism. She attributes this to the thinking in South African traditional communities that holds women to have an intuitive ability to heal. Rogerson further argues that herbalism, a domain for men, tends to involve the process of gathering, often digging for *muties*-medicinal substances, which is laborious and time-consuming. Most female healers have other reproductive roles that do not allow them to spend days if not weeks in the forests collecting medicines, hence the tendency to have more female diviners and male herbalists.

Globally, Heather (2007:7) illustrates that in many cultures, women and men have different knowledge of medicinal plants, which is linked to the division of labour, role expectations and responsibilities. In many rural-based and indigenous communities, women play key roles in the delivery of informal healthcare alternatives based on medicinal plants. This is because of women's ascribed responsibilities of domestic healthcare, reproductive roles and general care work which have been designed to be a preserve of women. As a result, policies and initiatives that ignore gender dimensions of traditional knowledge in medicine can have serious implications. Based on a World Bank report, Heather notes the following:

> As a result of this gender differentiation and specialization, the traditional medicinal knowledge and skills held by women often differ from those held by men, affecting patterns of access, use and control, while resulting in different perceptions and priorities for the innovation and use of Indigenous Knowledge. It also impacts the way in which it is disseminated, documented and passed on to future generations. (2007:7).

This World Bank report reveals discursive practices around traditional healing, in which medicinal knowledge is gendered. It further reveals an established boundary between women and men regarding knowledge of traditional medicine. It therefore becomes hard for one gender to

cross to a healing practice as it becomes controlled knowledge, operating in a controlled space that is protected. Such protective mechanisms become barriers for especially women against access and control of healing practices. This produces and nurtures structures that control healing practices, in which either men or women must be groomed into. Therefore, gender differentiation becomes a tool of influence determining what women and men can do or not do in the healing practices.Heather further documents women's roles in local knowledge systems. However, the literature on specific case studies setting out women's roles in traditional medicine knowledge and gender analyses of traditional medicine is limited, or virtually non-existent. This 'invisibility' persists in technical and scientific research, where women's knowledge and roles, responsibilities and management practices for the conservation and improvement of animal and plant genetic resources tend to be missed out altogether (Heather, 2007:8).This opens research questions focusing on the gendered nature of traditional healing practices, not only about access and participation but also in terms of the changing gender roles before and after western colonial influences upon Africa.

1.7 Statement of the Problem

Though many scholars have emphasised the crucial role of traditional medicine in societies (and there has been great concern by the WHO to have integrated traditional medicine in the World's health systems since 1990), no special attention has been given to the question regarding how this integration may work for and affect men and women in particular countries. This is supported by Millar et al. (2006:8) who significantly note that whereas much has been done in the field of health sciences and particularly for herbal medicine, very little has been done by science-based scholars on the knowledge of other African traditional healing practices. Tabuti (2006:104) similarly argues that many aspects of traditional knowledge of the Basoga have not been documented, for instance the spiritual healing aspects. Researchers have been reluctant to examine the significance that people who have used traditional medicine for generations attach to traditional healing systems. Moreover, there is insufficient research about the role of women in terms of knowledge, custody and provision of traditional healing. Additionally, most research concerning traditional healing does not disaggregate information based on gender (NWAC, 2007:3). Furthermore, feminine traditional healing practices have rarely been the focus of research (Popper & Ventura, 2009:7). Therefore, the role of gender in traditional healing practices including provision, access and utilization patterns to ascertain gender equity in

traditional healing practices has not been explored. In addition, the ideologies of provision, utilization and maintenance of traditional medicine have been ignored completely. Annandale and Hunt (2000: viii) argue that research needs to be clearer than it has been to date about the nature of the social relations of gender as they impact upon the health of men and women.

1.8 General Objective

Based on the preceding introductory reflections I can now formulate the general objective of this study. The general objective is to analyse gender roles in traditional healing practices in Busoga. More specific objectives are:

1. To analyse the ideology of traditional healing practices in Busoga society;
2. To examine the impact of colonialism on gender roles in traditional healing practices in Busoga;
3. To analyse the gendered patterns of access to and utilization of traditional healing practices in Busoga;
4. To analyse the responsibilities and influence of men and women in traditional healing practices in Busoga.

1.9 Research Questions

The general objective of this study will be concretely realized by attempting to answer the following research questions:

1. How do the people in Busoga think about traditional healing practices?
2. How did colonial activities influence traditional health practices in Busoga, and how did this affect men and women differently?
3. What are the gendered patterns of access to and utilisation of traditional healing practices in Busoga?
4. What are the roles of men and women in traditional healing practices in Busoga?

1.10 Significance of the Study

This thesis has significance both at an academic level and at a policy level, as it will advance knowledge that may help in designing strategies for effective utilization of traditional medicines, and for improving the promotional efforts of the WHO in integrating traditional medicine with Western medical regimes. The thesis contributes to an on-going discussion regarding the influence of gender relations embedded in access, utilization and practice of traditional medicine. Knowledge generated about Busoga society ideology on health and traditional healing generates further debate on the health status of individuals beyond those health indicators that are provided by Ministries of Health and other such organisations with concerns in the health sector, such as

the World Health Organisation. The ideologies held by indigenous people about health and illness is a challenge to conventional health care practitioners and policy makers, who have been preoccupied with the biological aspects of patients, neglecting their minds and souls. My argument in this thesis is that traditional healing traditions espoused by indigenous peoples provide us with a comprehensive view of health and illness, as opposed to the narrow view put forward by western biomedical practices. I also argue for the recognition and appreciation of using qualitative approaches and methods for the understanding of contemporary public health issues. This thesis highlights the significance of qualitative methodologies, filling a gap in the public health toolbox by studying cultural behaviours, attitudes and perceptions in a way that quantitative methods alone cannot. Since public health problems are complex, not only because of their multi-causality but also as a result of new and emerging domestic and international health problems, this thesis promotes appreciation of qualitative research approaches to public health issues.

This thesis outlines a conceptual understanding of how socially constructed gender beliefs determine the efficiency and effectiveness of the traditional health system as an integral part of the regular health system. It attempts to illustrate how gender-focused research complements health systems research. Health systems research is ultimately concerned with improving the health of a community by enhancing the efficiency and effectiveness of the health system. As an integral part of the overall process of health systems, the research may be described as: a set of cultural beliefs about health and illness that forms the basis for health-seeking and health-promoting behaviour, the institutional arrangements within which that behaviour occurs, and the socio-economic (political) physical context for those beliefs and the institution's socio-economic development. Indeed, as Miller (2009:186) ably put it in her study on the interpretivist approach to health, illness and healing, knowledge of socio-cultural conceptions of illness and healing play several roles in improving health systems: they inform healthcare providers, both traditional and western, about more appropriate forms of treatment; they guide local people in their increasingly complex medical choices; they help prevent health problems through changing detrimental practices; and they improve public health communication by making it more culturally informed and effective. This thesis attempts to illustrate how these gendered cultural beliefs and behaviours, as well as the gendered institutional arrangements, intersect to produce an efficient and effective health system.

1.11 Theoretical Framework: Ethnomedicine

This thesis is influenced by ethnomedicine. Ethnomedical analysis focuses on cultural systems of healing and the cognitive parameters of illness (McElroy, 1996:1).The ethnomedical perspective focuses on health beliefs and practices, cultural values, and social roles. Originally limited to the study of primitive or folk medicine, ethnomedicine has come to mean the health maintenance system of any society (McElroy, 1996:4). This thesis borrows aspects of the explanatory model of traditional medicine.

This model proposed by Arthur Kleinman (1980) attempts to explain illness and health within socio-cultural contexts. In the cultural domain, the explanatory model brings to light notions about the causes of illness, diagnostic criteria, and treatment options that people in specific cultural contexts resort to (McElroy, 1996:4). The explanatory model advances a conceptual system centred on the social and experiential peculiarities of sickness and healing, with the aim of understanding the efficacy and meaning of healing (Pilch, 1995:318). Consequently, following this model has been helpful in understanding and analysing how the Basoga construct the meaning and nature of disease and illness as well as their management interventions in case an illness arises in society. Applying this framework to the study of Busoga has helped in delineating clearly the unique ideologies of the Basoga regarding healing.

According to Wikispaces (2016) (www.medanth.wikispaces.com), the explanatory model reveals how people make sense of their illness and provides a framework whereby social science researchers and healthcare providers may engage with clients to understand their experience of illness. Such a model investigates explanations of illness and social realities that are culturally shaped, and it investigates how individuals experience disease. Explanatory models are often used to explain how people view their illness in terms of how it happens, what causes it, how it affects them and what will make them feel better. The explanatory model guides perceptions of researchers by emphasizing the importance of examining health, health seeking behaviours and medicinal decision-making within a cultural context. This model, according to Kleinman (1980) is best suited to qualitative research, using ethnography, interviews, focus groups and participant observations. In this study I use interviews. Applying the explanatory model to ethnomedicine helps to provide researchers with lived experiences of illnesses that would otherwise be overshadowed by numbers and statistics.

Miller (2009) has expanded on this explanatory model and called it the ‘interpretivist approach to healing’. She states that researchers ought to examine health systems, including

traditional healing ones, as systems of meaning (Miller, 2009:177; Pilch, 1995:324). The interpretivist approach focuses on studying illness and healing as a set of symbols and meanings. Cross-culturally, definitions of health problems and healing systems for these problems are embedded in meanings (Miller, 2009:186). Miller (2009:165) explains that the first step to be undertaken by researchers in ethnomedicine is to learn how people label, categorize, and classify health problems. This involves the study and examination of various aspects of healing, such as ritual trance and symbolic performances (Miller, 2009:177).In summary, this theoretical framework is very important in this thesis especially in ensuring the understanding of the ideology of Busoga society and the construction of illness and well-being, causes and treatment of disease and sickness among the people.

1.11.1 Social theoretical Framework on Health

My argument is alsoinfluenced by the framework of social theory on health that is postulated by Loforte (2004) and Annandale and Hunt (2000). Recent developments in social theory raise new questions about gender inequalities. The social theoretical framework on health also argues for the restructuring of gender-related experiences likely to have widespread implications for the mental and physical health of men and women in many years to come. This theoretical model considers the social construction of inequality. Special attention is thus given to socially constructed differences between men and women in terms of access to, participation and control of health resources, and with regard to inequalities among women and among men (Loforte, 2004:27). For this reason, this study seeks to analyse how socially constructed differences between men and women influence provision, access and utilization of traditional healing practices in the Busoga region.

The social theoretical framework for health puts strong emphasis on the concept of "social position", which plays a significant role in the social determinants of health inequities (Loforte, 2004:28; Annandale & Hunt, 2000:22). The framework showcases two issues: social contexts and social stratification. Social contexts, which include the structure of society or the social relations in society, create social stratification and assigns individuals to different social positions. Social stratification, in turn, engenders differential exposure to health-damaging conditions and differential vulnerability in terms of health conditions and material resource availability. In following these elements of the social theoretical framework to health, the study

concerns the analysis of the social position of men and women in Busoga and how this affects their access to traditional healing practices as providers and users.

According to Annandale and Hunt (2000), using the social theoretical framework when addressing gender equality in health requires the exploration of how gender roles and the division of labour, as well as access to information, control of resources and mobility, influences the ability of men and women to participate in activities that promote health. It also requires the identification of constraints of a cultural or material nature that constitute barriers to health service access (Loforte, 2004:28). Deploying the concept of gender roles will help in understanding the cultural setting that determines the entitlements, responsibilities and benefits of men and women in traditional medical practices in Busoga.

1.12 Colonial Influence on Gender Roles in Traditional Healing Practices in Africa

Dekker and Van Dijk (2010:1) illustrate that Africa has a long history of confrontation and contestation between different models of health and healing. The introduction of bio-medical care through the establishment of missionary health facilities, which later became incorporated in colonial and post-colonial governmental public health services, had set in motion a contestation of existing cultural-historical practices of health and healing that were increasingly placed under scrutiny and control. Postcolonial governments fostered the emergence of traditional healers' associations to formalize traditional healing, regularize membership and governing bodies, and standardize practices and amounts to be paid for treatments. At the same time, health features prominently in the UN Millennium Development Declaration, with a strong focus on bio-medical care that almost bypasses traditional healing practices (Dekker & Van Dijk, 2010:1).

Sekagya et al. (2001:2) affirms that in pre-colonial Uganda, traditional medicine was the only health system. Under colonial control, traditional medicine practice was equated with witchcraft and seen as contrary to the ideals of the pre-eminent colonial religion and western medicine. Until now, in Uganda traditional medicine was legislated under the still-functioning Witchcraft Act of 1957. This made the practice of witchcraft an offence per se, regardless of the purpose for which the act may be committed. Kazembe (2008:38) notes that African traditional medicine was suppressed and then ignored. Women's stories among the Aborigines in Deiter and Ottway (2001) show that women were deeply involved and knew a great deal about traditional medicine before the advance of European colonialism. This is illustrated by the testimony of one woman who explained that she and her grandmother knew all the traditional medicines before

the coming of the Europeans. Dorothy Rosenberg argues that the significant visibility of women in healing has been the case in many cultures from America to the Greeks, Hebrews, Asians and Africans alike. Women have since time immemorial been associated with healing. The word 'nurse', in fact, carries a synonymous explanation of women's life-giving powers (2000:140). According to Rosenburg (2000:140), in traditional matriarchal cultures healing was associated with the life-giving capacities of women. For many women, knowledge of herbal preparations was as common as knowledge of cooking is today. In addition, indigenous healing practices maintained by laywomen for thousands of years remain among the most important healing practices in most rural parts of the world (ibid).

Indeed, as Chisala (2005:2) observes, part of the misunderstanding regarding the role of African traditional health practitioners emanates from the negative colonial approach to African traditional medicine. In the pre-colonial era, the traditional medicine system was the only health system in many African communities. As already seen, at the onset of colonial rule, African traditional medicine was actively suppressed. Traditional healing practices were equated with witchcraft and seen as contrary to the cause and ideals of the pre-eminent colonial religion and 'Western' medicine. A lingering impression of that colonial illegality still shrouds traditional medicine and Traditional Healing Practice in Africa. This is contrary to the fact that the state of the African medical practice before colonialists put foot on the African soil was very good. She adds that the quality of medicine was almost as developed and advanced as that of so-called 'modern Western medicine' (Rogerson, 2001).

The impact of missionaries, boarding schools, legislations, and internalized colonialism upon several generations of men and women has been severe (Kazembe, 2008:38). This has been experienced with varying degrees among those societies that have witnessed colonialism. Kazembe, for example, explains the plight of traditional women in Zimbabwe, whose social, political, economic and spiritual well-being has been negatively affected. The National Women's Association of Canada explains also that there has been severe erosion of authority and the esteemed positions previously held by aboriginal women in Canada due to colonial influences (NWAC, 2007:2). In such societies, however, traditional women have continued to seek several ways to reassert themselves with a goal of regaining their traditional positions, especially in the traditional medicinal practice (Shoemaker, 2004:1157). In this respect Busoga society has not been an exception. Conscious or subconscious adoption of Western patriarchal ideologies by indigenous peoples cannot be measured, but is worth acknowledging. The best indicators of how

such ideologies have transformed traditional indigenous systems are the economic status and social standing of indigenous women. Dawn (2003:20) observes that colonialism's impact on indigenous women's role in traditional medicine and ceremonies worsened women's position in society.Dawn suggests that gender issues should be explored when researching and writing about traditional medicine (2003:21). Annandale and Hunt (2000) agree with Dawn on account that up to now, gender relations embedded in traditional healing practices before and after colonialism have not been analysed to ascertain how these were and have been structured.

1.13 Gender and Access to Traditional Healing Practices

The WHO (2002:1) estimates that up to 80% of the population in Africa makes use of traditional medicine. In Sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500, while medical doctors have a ratio of 1:40000 to the rest of the population (Richter, 2003:10). The South Africa's Department of Health estimates that there are 200, 000 traditional healers active in South Africa and that 97% of people living with HIV/AIDS (PWAs) first use traditional or complementary medicine and only then seek the help of a biomedical doctor if the ailment persists. Increasing efforts have been made in many African countries and beyond to include traditional healers in primary health care activities, as well as in HIV/AIDS care and prevention (ibid.).

Traditional healers and traditional medicine play an influential role in the lives of African people and have the potential to serve as crucial components of a comprehensive health-care strategy (Davids, et al., 2014:14). Traditional healing strategies produce a sense of satisfaction between the patient and practitioner; as it generates closeness between the two due to the caring attitude that is shown by the healer and the reciprocal responses of appreciation shown by the patient and -their entire family (Marianna, 1998:1032). However, at times women are further victimized in their inability to access traditional medicine as a healing tool. Citing the example of the indigenous women of Canada, Dawn (2003:18) observes that women have continuously been discriminated against from access to traditional medicine due to their financial incapacities. He further argues that this discrimination is also influenced by identity, and gender considerations in the society in which they live. There are however changing gender relations where poor women continue to have no access to traditional medicine, yet at the same time a few rich women gain unlimited access to traditional healers because of their financial ability to meet the cost. This creates unfair relations among womenregarding meeting healthcare needs.Traditional healers are

often the first interface between patients and the health system; they have the potential to influence health-seeking behaviours including access to and utilization of health services in a culturally acceptable manner. This is because traditional healers belong to the same sociocultural 'universe' as the 'community' (Somma & Bodiang, 2003:14).

Access to sacred knowledge is ordinarily restricted to particular individuals and organizations within local communities, such as initiated men or women, or to members of special religious societies (Battiste & Henderson, 2000). However, male dominance in the access and practice of traditional healing is cited by Tibuti (2003), who established traditional medicine in Bulamogi to be dominated by mature men representing 85% of the traditional healers interviewed. Tibuti states that there were few women and no young people (below the age of 40) in the practice, which may be attributed to vested power relations in that society. Today, the revitalization of traditional medicinal healing practices is becoming public or mainstream, which introduces new challenges for traditional knowledge keepers and traditional healing practitioners (Dawn, 2003:17).

1.14 Factors that Influence Preference for the Utilization of Traditional Healing Practices

According to Popper and Ventura (2009:18) some traditional healing practices are an attractive field for female patients. Literature shows that women represent the majority of those utilizing traditional healing practices as patients. In their analysis of traditional healing practices among Moslem Arabs, Popper and Ventura (2009:18) note that in many cases, a Muslim woman prefers to turn to a female healer. Indeed, Yocom (1985:49), who in her fieldwork interviewed women as well as men, identifies that the practice of traditional healing by men and women takes place in different spaces and that female healers and patients often choose to meet somewhere private and intimate. According to her, the meeting space expresses not only a 'feminine touch', but also feminine influence and control; hence the kitchen or the dining room is often chosen as a feminine meeting space. On the other hand, male healers' meeting places are dark and scary, and they often wear animal skins and use intimidating voices reflecting their patriarchal outlook.

Referring to Kenyon's work titled, 'Five Women of Sennar: Culture and Change in Central Sudan' (1991), Popper and Ventura (2009:16) note that female healers operate in the domestic or private sphere and male healers in the public sphere. This is because women's work is held in the domestic sphere as part of the 'shadow economy'thatprovides women, even in a traditional society, with some economic and personal independence. In her opinion, women deal

with opposition to their 'invasion' in the public sphere by working from home. They do not enter the public sphere, but rather bring it inside through the many patients who come to their homes. By doing so, they neither compete with men nor threaten them, but simply work in an independent manner. This private space allows women to open to each other as companions and enables them to mingle and receive their counterparts' support. This is the basic reason why more women than men turn to female healers. This scenario breaks the social hindrances that prevent women from integrating the many little fragments of their lives even though the patriarchal culture continues to question the value of such integration (Yocom, 1985:50).

The services offered by women healers are cheaper than the male healers. The small fee may explain why women pursue certain traditional healing practices. That male healers' services are often very expensive further portrays the gendered dimensions in a society connected with money and assets' acquisition. Most women must raise the necessary funds for treatment themselves, using allowances or other monetary resources they succeeded in hiding from their husbands, and thus, often choose divination as a response to their misery - a one-time inexpensive solution (Anubha, 2008:3).According to Popper and Ventura (2009:18), women's access to traditional healing practices depends mainly on relational aspects. In Arab society in Israel, for example, the social and economic status of women and their personal welfare depends upon their relationships with men. This is especially so where women have no traditional supportive networks.

In Uganda, Mubiru (2004) observes, women are the largest group visiting traditional healers precisely because of the reproductive roles that society has conferred upon them. She argues that women have the responsibility in the home for the provision of health care. They therefore often go to seek antenatal and postnatal care and seek treatment for their children, which may sometimes be such a major burden that they cannot afford to travel to health centres or even pay the bills. She also states that women are never comfortable in such patriarchal societies and therefore some visit traditional healers to seek favour over their co-wives, to have children of a particular sex, mostly boys, as well as to find love.

Additional tensions underlying the decision to turn to traditional healing are also drawn from the transition to a modern lifestyle. In contrast to the past, where decisions about relational, economic and professional issues were decided upon by the extended family, today's women are required to confront such issues themselves. These tensions, enveloped by feelings of uncertainty, frustration and helplessness, are 'modern' by nature, and the prevailing institutions

cannot offer solutions for them. Therefore, more and more women turn to women healers for answers (Popper & Ventura, 2009:19).

Women consider female healers to understand them and they also position themselves within their surroundings. Female healers have similar experiences with their female clients. These include marriage and relationship challenges as well as social exclusion in society based on their gender. Consequently, the ability of a female healer to not only understand but also heal these challenges from the angle of experience endears many female clients to them. This also makes both the female healer and her female clients to rediscover their identity as the excluded, which is the first step towards their own liberation. With adequate knowledge of the challenges that women face leading them to healers, female healers' service, through their traditional counselling techniques and from their own individual experiences, become a foundation upon which female clients' conditions will improve as better wives and mothers, in both their homes and the wider community (ibid.).

Furthermore, traditional healers are in places to which the community has easy access. This makes them popular and readily relied upon (Abdool, et al., 1994:9). Similarly, traditional birth attendants (TBAs) are popular with women for whom access to health care facilities is beyond their financial capacity (Hausmann, et al., 2003:26). A female healer acts not only as a link between the patient, her family and community, but also as a socializing agent. For example, Kissman (1990:138) regards fortune-telling as one of the ways through which older women connect younger women to their roles as wives, mothers and housewives, and through which they initiate them into the world of romantic relationships, child rearing and economic survival. Similarly, the female healer, usually much older than her patient and proficient in cultural values and community customs, serves as a mentor. The socializing role of the female healer, therefore, replaces traditional institutions such as the extended family. Some traditional healing practices serve as tools that help women's socialization and fortify their status in the domestic sphere. As a result, they relieve the anxiety arising from changes in life style, family structure and gender roles (Heather, 2007:26).

Some traditional healing practices therefore respond to feminine challenges and opportunities. Some are occupations distinctive mainly to female healers, and primarily attract female patients and in many cases, focus on issues commonly identified as feminine. One lure of female healers for female patients revolves around the fact that the healer herself is a woman who relies upon the recommendations of other women: mothers, sisters or friends. Women often

accompany each other when turning to a female healer, and the healing takes place as part of women's activity in the domestic, feminine sphere (Popper & Ventura, 2009:19). Tabuti (2003) complements this view, asserting that traditional healing practitioners are consulted not only because they are closer and more affordable than their Western-trained counterparts, but also because they are embedded, extensively and firmly, within Ugandan culture.

1.15 Data Collection and the Research Process

My studyis limited to Busoga society in Uganda, though reference to and comparison with some other Bantu societies across the African continent is made. However, the findings of this thesis are specific to Busoga society.

1.15.1 Cultural Analysis

I used the approach of cultural analysis, with interviews, observations and archival research as the primary methods of empirical data collection.Just like in Linnekin's analysis variations on Hawaiian identity (1983:242), empirical evidence presented in this thesis is based on reflections of the interviewees' own interpretation past lifeways about healing in Busoga. Cultural analysis has much in common with ethnographic, anthropological approach but there is one significant difference; a difference that concerns a different emphasis on the role of cultural practice in relation to the culture in which those practices are being performed. An ethnographic approach aims to understand a culture based on cultural practices and objects. Cultural analysis aims to understand cultural practices and objects against the background of a general understanding of the culture in which those practices are being performed (Bal, 2002:4, 9). Cultural analysis does not aim to study 'culture' as it is with anthropology, but rather involves the study of objects and practices of a cultural society; these objects and practices are analysed systematically in relation to the culture in which they exist. This approach therefore analyses the cultural relevance of objects and practices, investigating them within their contemporary cultural context. (ibid. p 9).

Since cultural analysis puts emphasis on the study of artefacts, spaces and visible patterns of behaviour by which a specific society operate (Bill, 2000), I make cultural analytical descriptions of social scenes where traditional healing takes place (*amasabo*, the healing shrines), herbal substances, objects and symbols used in healing like stools, sitting arrangements in the healing shrines, garments worn during healing like bark cloths, sticks (*olugha*), cowrieshells, as well as symbols like language and preferred colours in healing traditions.

Through observations and interviews, I establish patterns of conduct of male and female traditional healers and clients, as well as the Basoga as a cultural group of people whose shared feelings, beliefs, practices, artefacts, folk knowledge, and actions influence their healing traditions. The use of cultural analysis is significant, because this study is a process and product of establishing, describing and interpreting cultural behaviour of the Basoga in relation to their traditional healing systems. This approach assumes that those studying cultural phenomena of specific groups ought to know that 'traditions' adapt to changing circumstances. Establishing what and how the Basoga perceived healing before colonialism and the way it is being understood now to produce cultural differences in health seeking behaviour, has been possible through personal interviews I had with providers and users of traditional medicine.

The use of cultural analysis has enabled me to understand the changes that have occurred over time in the healing traditions of the Basoga, and how these traditions have been able to adapt to global changes. At times I stayed at the healers' places of work for many hours of the day, witnessing some healing processes taking place. I visited them several times to observe how roles are shared between men and women. I became a critical observer of the details that took place before, during and after healing processes.

Cultural analysis is useful in the study of gendered social systems, relations or social events, and enables to provide background information on how gender roles are manifested in traditional healing. Establishing Basoga society's key assumptions, values, artefacts and symbols, has made me gain an understanding as to how and why certain elements of traditional healing practices are done the way they are (Sarantakos 1992; Bryman 2004). It has enabled me to investigate ruling ideas about the dynamic between individual and community and how this influence health seeking behaviours of the Basoga, who thereby maintain social relationships in their day to day life, including marriage. Through interviews and observations, I have been able to establish the distinct roles of women and men in traditional healing and to deduct the underlying values, customs and taboos held by the Basoga in relation to healing.

1.15.2 Sources, Methods and Tools of collecting Information

I consulted both primary and secondary sources of information. My primary sources of information included archives, observations, and one-on-one interviews with practitioners and users of healing practices in Busoga. I used the National Archives at Entebbe with regard to analysing the colonial influence on traditional healing practices in Busoga. Work presented in Chapter Four is a combination of archival information and personal interviews with individuals I

found to be knowledgeable on the subject. Secondary sources of information included scholarly journal articles, full-length books, dissertations, newspaper articles and other such web information. A systematic review ofthe literature on traditional medicine and healing was done. My primary interest in the literature reviewed was to have a comprehensive background for understanding the theoretical debates and ideologies held by academicians and various societies respectively on traditional medicine and healing (Cronin et.al, 2008:38).

I specifically used qualitative in-depth interviews and observations as my data collection methods. Over the years, interviewing and limited participant observation have been regarded the most appropriate methods in cultural analysis, especially when interested in seeking to discover the practices, social discourses and interactions of people involved in producing culture, such as the healing traditions covered in this thesis (Davis, 2008:58). Traditional healing ideologies of indigenous societies are largely transmitted through the oral tradition. As Robbins andDewar (2011:1) suggest, having a direct experience with healers can be the most important factor in being able to grasp the nature of traditional healing of any society. Therefore, interviewing was relevant since my sole interest was about understanding, describing and analysing the Busoga society discourses on traditional healing, a cultural phenomenon that has existed in the past but continues to exist with visible modern influences.

I personally conducted the interviews with informants. This was suitable for studying traditional healers and for revealing gendered assumptions that underlie traditional systems of healing. A semi-structured interview guide was used for this purpose. An audio recorder was used to record the interviews and conversations. A digital camera was used to take photographs of traditional healers and their physical sites. These enabled me to establish Busoga's assumptions and values attached to their healing activities, patterns of behaviour of healers and their clients, as well as analyse the artefacts and symbols in the healing traditions; all of which are the key tenets of an ideal cultural analysis model. I interviewed the traditional healers about the meaning and value of the artefacts I found in their shrines. I also inquired of any restrictions that may prevail on these artefacts regarding the gender of healers and clients. In many instances, I was restricted from touching these artefacts, as they required me to undertake certain rituals for me to do so. In other cases, only the healer or those who have been consecrated to the service of the spirits have an absolute right to touch them. I was keen on observing the details on occasions when I visited the homes of the healers for interviews. I was interested in looking at the available traditional medicines as well as the articles and objects used in traditional healing. I also

witnessed a few healing rituals taking place. An observation guide was used as a tool for this purpose. Verbal consent was sought from the traditional healers to record the interviews and take the necessary photographs, especially of the healers and their artefacts. I have included some of these photographs in this thesis with verbal permission from the traditional healers who appear in them. Traditional healers wish to provide the correct record about their profession as a way of authenticating Busoga society healing ideology. They also hoped that through publishing their photographs and names, their reputation would be improved.

On the other hand, clients were not comfortable to have their photographs taken and none of their photographs have been shown. The colonial prejudices attached to traditional medicine as being inferior, backward, and ineffective has impacted negatively on its users. Many use traditional medicine but would not want to be identified in the public. The clients were however willing to share their narratives of experience with traditional healing.

During interviews, Irealised that the respondents did not have detailed information concerning the interaction and influence of British colonial administration on healing traditions in Busoga. Whereas the traditional healers and other key informants would be conversant with the traditions of healing, it was not the case when it came to the changes that may have occurred due to colonial legacy in Busoga. Some insisted that they were following what their forefathers had practiced. Largely, they held generalised prejudices about the colonial rulers that have continually been transmitted to each generation over the years. Therefore, contrary to the common practice where researchers visit and use archives to set in motion the kind of questions and interviews they will ask and hold, I went to the archives after doing most of the interviews. I wanted to get finer details about how the colonial administration reacted to traditional healing practices that were clearly not in line with their known western world scientific inquiry and approach to disease and health. I wanted to establish reality or unreality of the accusations and prejudices I had received from the interviewees. This helped in recollecting the biases I had heard from the interviews and would have been imported into the thesis findings.

The National Archives at Entebbe is a state department and therefore a public institution, open to whoever wants to use its archival resources. It provides free access to archival materials kept there. I was only required to provide a self-identification document and filling a simple form at the counter. The only setback though was that I was denied access to files dated 1960onwardsbecause they were still considered classified and confidential, and I could only access them through a lengthy process of seeking clearance from the office of the President of

Uganda. This denied me the opportunity to get data on how the immediate independence government of Uganda reacted to the colonial policies and legislations relating to traditional medicine.

I was provided with an archival records reference coded book, indicating a multiplicity of documents in the archives. I first identified selected documents and files about Busoga, regardingpolitical, religion, medical, civil, administration and legislation. I studied annual, quarterly and monthly reports made by Busoga district Commissioner(s), Eastern Provincial Commissioner's reports on Busoga and eastern province in general, reports made by Uganda's Chief Secretary, correspondences between several administrative officers within Busoga and between Busoga chiefs and higher colonial administrative offices. I studied the written legislations and policies enacted or employed by the colonial administration in Busoga in relation to health and disease (medical), labour, and taxation. Documents with demographics of Busoga population in relation to disease during the colonial period were also studied. I further studied and analysed technical reports made by technical officers during colonial period, for example, medical officer(s)' reports, tax officers' reports and other such colonial government officers.

I was faced with many archival documents concerning the issues I have already identified above. Some of the documents were worn out and not legible enough to be read, some of the documents had missing pages.I could not trace some of the documents which were listed in the reference coded book, yet titles were suggestive of very critical correspondences, directives and decisions taken by colonial administrators about the health and wellbeing of the people of Busoga at the time. This could have robbed me of the opportunity to provide evidence based balanced argument in some cases. Reading all the materials was such a daunting task, but I used content analysis to sieve out information I was looking for. I read each of the documents carefully while taking notes. I photocopied and took photographs of some of the correspondences for further scrutiny. The issues of investigation from these materials were to establish the colonial government's actions and omissions towards traditional healing systems they found in Busoga. Interest was also drawn towards establishing the health situation of the people in Busoga at the time and the interventions put in place by the colonial administration to promote the health alongside traditional forms of healing that were already established.

I categorised my notes from the archival materials under the following themes; colonial legislations on Traditional healing, colonial policies and interventions on disease control and

health promotion, colonial administrators' attitude towards the health and health systems of the Basoga, and status role of women and men in health activities during colonial period. For each specific document I earnestly read and made descriptive notes from it, placed appropriately under one of the themes listed above and the descriptive notes were numerically numbered under the specific theme. I also indicated the actual source in terms of author, recipient or audience and date. I made further effort to read over and over the descriptive notes to establish whether they providedinformation to the questions that I could not get answers from the interviews as earlier stated in this thesis. By doing so I would determine the relevance of the specific numbered descriptive notes to my study. Because I had in some instances photocopied or photographed the archival material, I sometimes made further reference to the archival material when my descriptive notes sounded unclear at a later stage. Whenever, I wanted to emphasise a specific point with an example, I turned to the photocopied or photographed archival document.

1.15.3 Sample Size and Selection

It was difficult to systematically pre-determine a sample size for this study, segmented according to the category of traditional healing. This was because I was not sure of the specific categories and numbers of traditional healers and clients that existed in Busoga to ensure proportional representation. But I was consoled by the fact that the kind of information I needed to draw conclusions about assumptions, values, artefacts and symbols in relation to Busoga society healing traditions was not largely dependent on numbers of people but rather specific categories of people with specified knowledge about experiences of the Basoga regarding healing. I therefore, reached the conclusion that qualitative research on traditional healing needs plenty of diversified information, which cannot be ascertained by mere numbers - because ideology and cultural values are like fish in the sea. A fisherman cannot predetermine how many fish there are in the sea; the best alternative is for the fisherman to go to the sea and fish as much as he can, until such a point as he has caught enough of the type he wishes.

I therefore used a theoretical sample strategy for the study (Davis, 2008:59). This was applied by simply enlisting specific categories of people linked directly to traditional healing, and these were the providers and consumers of traditional medicine. For providers of traditional medicine, it was simple for me to generate a sample of categories of traditional healers as my interviewees but was a challenge for consumers of traditional medicine as it was difficult for me to predetermine them since clients do not easily want to be identified. This may have led to some bias and omissions of potential participants on my part. This also explains why I was not able to

have an equal representation of categories of traditional healers and consumers of specific traditional medicine, with diviners being dominant in the study. My initial target was to have a total of sixty respondents for the study. This was premised on the thinking that traditional healers' associations kept records of their membership, which would help me to choose from, stratified by type of healing, gender, age, location etc. Therefore, having a predefined systematic sample of traditional healers was not done as it was just impossible to know how many and of what categories existed out there, which would be a starting point of planning for a systematic sample.

Relatedly, unlike in biomedical institutions that keep records and track of their clients, such that even follow up can be done, and with such information available to stakeholders, it is not the case with consumers of traditional medicine. I depended on the good will of the traditional healers, who referred me to some of their clients and those who were currently being attended to at the healing shrines. Upon explaining the kind of information, I wanted to get from the client; it was up to the healer to direct me to the one they thought would be useful. I took it for granted that the client I was directed to have a healer-patient relationship only, which I could not verify for authenticity. I discontinued the interviews by the 39th respondent. Below is a summary of the characteristics of interviewees for this study.

1.15.4 Characteristics of Respondents and Implications on the Study

A total of thirty-nine people were interviewed (see appendix iii). These were 24 males and 15 females. The higher number of males than females is because male healers occupy more leadership positions as owners of healing shrines or in membership of the healers' associations. This however does not mean that women are not well represented in the healing traditions of the Basoga. They are many at the healing centres but continue to work under the leadership of the male healers. They therefore remain invisible to the public, yet they perform several roles to accomplish the healing tasks of the male healer. Women mostly work as their assistants, and are not mandated to talk to strangers on happenings at the healing shrines.

The overrepresentation of the males in interviews is also attributed to the fact that my first contact was with male healers, upon whom I relied to identify more healers for the interviews. They identified and referred me to male healers with whom they had good working relationship and those they had worked with for long. Male healers tend to assume some superior status over female healers. Also, male healers tend to trust each other more than they trust their female counterparts. For divination, where there is rigorous induction of new healers, senior

male healers are responsible for inducting them due to their seniority. Women are believed to be timid at engaging in such a rigorous induction exercise, which implies that there is a more likelihood to find more male diviners than females. Reliability of information about the definite roles of women in traditional healing and avoidance of bias about their roles was achieved by triangulating interviews with observations at the healing centres. This helped in ascertaining the roles and activities that were performed by women and men in healing practices.

The average age of those interviewed was 60 years, with only 12 interviewees below the age of 50 years. I however found healers who were as young as 20 years old and below. These were working as assistants to the healer. I did not interview them though I was able to observe the kind of work they did at the healing centres. Those regarded as healers in Busoga are usually older in age, which attract respect to the healers and credibility of the healing service being offered. Old people are also believed to keep secrets of their clients. The snowball technique of identifying respondents led me to interview persons in that advanced age bracket, as healers directed me to mostly their peers in the healing practice. The much older healers I contacted first like Nabamba Budhagali and Kabaale Bitimbito could not have known young healers who had just come into the healing practice. But also, older healers have mistrust for young healers, usually referring to them as quacks. Yet again the young assistants, those technically called the 'healer', are not allowed to talk to strangers. During my first interview with Nabamba Budhagali, he rudely shut up an assistant who attempted to contribute to the interview. It was therefore not possible to get views of many of the young healers. The youngest healer I interviewed, at the age of 20 years, happened because I was not able to meet the senior healer-diviner, at Masese healing shrine, but she volunteered to provide me information. Except for the analysis of the observations I made with such young healer assistants in relation to their roles and relationship with the seniors-the healers, I missed the opportunity to have their views, which possibly could have influenced a better opinion of the changing ideology of the Basoga towards traditional healing practices. Overall, the clients were usually younger in age compared to the healers, with just four isolated cases above the age of 50 years.

Out of the 39 interviewees, 22 were healers, 14 were clients/users of traditional medicine and 03 were resourceful persons with knowledge on African traditional healing. The last category was selected because of their specialised knowledge and research experience in the fields of traditional healing. The clients were fewer because again, identification and selection of clients was through the snowball technique whereupon I depended on the traditional healers.

Many healers declined to direct me to their clients' locations for interview because they needed to protect the identity of their clients due to confidentiality relationship. But the fourteen were representative enough given the fact that they were more than half the number of the healers. The number was representative because I was able to interview at least one client who had been treated by each category of traditional healer. The views of the clients have therefore been adequately represented.

The 22 healers, who were interviewed, were segmented under the following categories. There were 11 diviners, 05 herbalists, 02 bone setters, 01 Koranic healer and 03 traditional birth attendants. The diviners were the majority because of two reasons. Firstly, this was due to the nature and system of sampling whereupon I was dependent on healers to provide contacts of other healers for interview. My very first contact was with the Chief diviner of Busoga that is Nabamba Budhagali and then Kabaale Bitimbito, another diviner but also the chairperson of traditional healers in Namutumba district. These interact more with healers who do the same kind of healing and it was likely that they were to provide me with more contacts for diviners than any other category of healers. Secondly, diviners are more popular than any other category of healers in Busoga because they tend to combine all the roles that are performed by other specialised healers. For example, some diviners undertake bone setting and provide herbs. Female diviners and herbalists have traditionally been known for performing roles of traditional birth attendants. Therefore, no bias or omission can be realized in the findings because of having more diviners than any other category of healers as respondents.

The interviewees have further between divided and analysed along the rural-urban settings. 24 of the 39 interviewees were from the rural areas and the remaining 15 interviewees were from the urbanized settings. Interviewees from Jinja district and elsewhere were categorised as being urban whereas those from Namutumba district were categorised as being rural. Indeed, much of Jinja district is urban whereas Namutumba is typically a rural district. The three resourceful persons interviewed were also categorised as urban. The discrepancy in numbers interviewed with more rural based interviewees and less urban based interviewees is due to the unsettled circumstances of the urban people compared to the rural people who are more settled in one place than the urban people. Several appointments were made with prospective interviewees in the urban areas, but they could not honour the appointments due to constant travels both within and outside their urban zones to attend to clients for the healers and to look for survival for the clients.

The eventual total number of interviewees that have been used for this study is within the confines of realistic sample sizes that many qualitative research authors have found to be useful. For example, Morse (1994:225) and Bernard (2000:178) argue that samples of between thirty and sixty are ideal for any qualitative research involving study of cultural phenomena. Furthermore, the study has taken place among the Basoga, a relatively homogenous group. Guest et al. (2006:78) argue that for studies with a high level of homogeneity among the population, a sample not exceeding sixty interviews is sufficient to enable development of meaningful themes and useful interpretation. Further, in his study '*Sample Size and Saturation in PhD Studies Using Qualitative Interviews'*, Mason (2010:12) notes that among the 560 PhD studies that were analysed for having used interviews, their sample size was between thirty and fifty, beyond which there was saturation.

1.15.5 Sampling Methods and Procedure

The interviewees were identified using the snowball technique and purposive sampling concurrently. Because identifying and penetrating the network of traditional healing practitioners and the users of traditional medicine needed cooperation , the snowball method proved very effective in identifying them. Whereas associations of traditional healers exist in Busoga, they do not keep records of membership. Again, not all traditional healers subscribe to these associations since it is voluntary and not regulated by any national law. In all matters of sample selection, an effort was made to sample according to the type of healing practice, male and female traditional healers, or male and female patients of traditional healers. This intended to exhibit a proportional representation of the different traditional healing practices in Uganda. Some practitioners and users of traditional healing, however, were more common than others. Sarantakos (1992) and Bryman (2004) agree to the fact that these two methods provide the target population with an equal chance of being selected for the study.

On the other hand, key informants of the study were sampled purposively, based on their experience, expertise and strategic position in the field of traditional healing in society. Purposive selection of respondents, was based on the fact that qualitative research approaches are not interested in an 'on average' view of a patient population. It rather aims at gaining an in-depth understanding of the experience of individuals or groups and there is therefore need to deliberately seek out individuals or groups who have the information that we need (Greenhalgh, 1997:171). Yet still, it was not a straightforward issue to get to the healers and their clients. In all circumstances, when considered a visitor, both healers and their clients are apprehensive about

divulging information about their work and their clientele. This is a challenge that preoccupies many other researchers on cultural studies, as Davis (2008: 60) notes that respondents are always fearful of interviews and the researcher must ensure that such fears are allayed, cooperation enlisted, and good relations established between the respondent and the researcher. He further notes that this challenge needs to be overcome because initial interviewees are likely to be simply gatekeepers to further interview contacts. I was able to penetrate this tight guarded information zone of the traditional healers and their clients at three levels. These were contacts with the most prominent healers, leaders of the traditional healers, personal contacts and relationships with the traditional healers in Busoga.

In specific places and circumstances, I used one of the three to have the traditional healer or the clients accept to be interviewed. Contact with the most prominent healers was established through Nabamba Budhagali. I first visited him at his shrine without any prior appointment. He is regarded as the most revered yet feared among healers, clients and the entire Busoga society. He is revered by those who know the status he holds in the Busoga cultural traditions as the chief custodian of all Busoga spirits and the most important healing shrine. He is feared by those who have heard of his stereotypicallyunrivalled spiritual prowess and healing powers. For the latter, I established that there are some of his most immediate neighbours who have never paid a visit to his home as a neighbour.

Upon my arrival, he thought I was a client who had gone for healing but was able to explain the purpose of my visit in such coherent Lusogalanguage to his delight. He was delighted by the fact that as a student I was interested in learning about Busoga cultural traditions and share them with the wider academic world. He was also delighted by the fact that I had gone to his place first, because he is regarded as the pinnacle of healing traditions and spirits in Busoga, and therefore any study of these traditions has to begin at his place. At this place I met clients and several other healers who had come for counsel and consultation. He introduced me to these healers. Wherever I went to seek for interviews with other healers and clients, Nabamba Budhagali, became my '*password'*, telling them how I had been welcomed at Budhagali's place and that he had recommended that my current interviewee would be of help to my study. A mention of my previous interaction with Budhagali to other healers enlisted their confidence that I was a credible and trustworthy person. My initial contact with Nabamba Budhagali, the chief diviner meant that as a gatekeeper (Davis, 2008:59) to healers in Busoga, he was more aware and conversant with diviners and herbalists. The Busoga society ideology on traditional healing

presented in this thesis may therefore be more skewed by more opinions of diviners and herbalists and their clients than the other categories of healers.

In many cases, my first contact with healers whether by phone call or physical visits at their shrines, they thought I was seeking for treatment. This perception by the healers provided both opportunities and challenges. The opportunity was the kind reception I would receive upon arrival as they held expectations of a business opportunity. By the time my intention was made known, I had established a good relationship with both healers and their assistants in such a short time. Secondly, to showcase their abilities to their supposed client, some of the healers spoke uncoordinated things about their healing prowess. This provided me with preliminary information before the interview. It further helped me to gauge whether the healer was quack or real depending on the level of exaggerations.

Some traditional healers asked for money before interviews. These were, however, avoided for fear of compromising their opinions about the topic of discussion. But in many circumstances, to win their confidence, I paid *'ebigali'*-money put in *fetish* baskets strategically positioned in the middle of the shrine or in front of the diviner. *Ebigali* is the equivalent of consultations fees paid by patients in biomedical practice. This usually pleased the healers most of whom then opened up about their work. Meeting leaders of the healers' association before I could identify possible respondents was useful because these leaders helped in identifying and recommending members of their associations who became my informants. Kabaale Bitimbito, a diviner and chairperson of the traditional healers in Namutumba district was very pivotal in this regard, due to his position.

The high level of secrecy with which some people practice traditional healing limited the chances to acquire some vital information. There is a growing trend showing that traditional healing practitioners and users of traditional healing do not want to be identified because of the seemingly negative connotation that is associated with traditional healing practitioners. The negative criminal practices - especially child and human sacrifice, as well as cannibalism that have caused several arrests - deprived the researcher of the opportunity to meet and interact with such respondents with potentially unique and vital information. Because of the issues mentioned above, some clients of traditional healing practitioners only visit them at night, which made it very difficult to interview them due to logistical limitations. Many healing rituals are performed at night and diviners would not let the researcher into those secluded healing sessions with their clients, whose identity they so jealously guarded. In stark contrast, traditional healing has

become a very lucrative business despite the scorn it receives. This has led the 'business' to attract 'quack traditional healers', whose interest is the exploitation of unsuspecting clients. Distinguishing a true traditional healer from a quack may therefore prove a challenge. However, use of the snowball method of identifying traditional healers, provided assurance that only those who were well-known as being genuine by colleagues in the business and the wider community were interviewed.

The thematic framework was used to classify and organize information according to key themes, concepts and emerging categories. Audio interviews were transcribed and analysed for commonly occurring concepts, ideas, and themes that provided insight into traditional health practices in Busoga. Recorded interviews in Lusoga were later translated into the English language, instead of transcribing the Lusoga verbatim. According to Ritchie et al. (2003:220); the thematic framework facilitates rigorous and transparent analysis. Transcripts from interviews were read several times to identify emerging themes. Information from the different transcripts that corresponded to particular themes was grouped together. Each audio interview was listened to several times while reading the transcripts, to ensure that all relevant information is properly captured. Subsequently, each participant's audio and transcript was reflected on, separately to grasp the phenomenon. Thematic descriptions were significantly highlighted during the reading of the transcripts. Using Struthers' methodology, redundancies were eliminated through identification of supporting essential themes with thematic descriptions and significant statement (Struthers, 2000: 265). In the subsequent interviews that were held with the key informants, these themes and other significant statements were again asked to attempt to grasp the essential meanings and how they could be contextualized with the topic.This was to ensure that information under the established themes was valid, authentic and particular to Busoga society. Struthers (2000: 265), basing on earlier studies, argues that reliability in qualitative research studies is often unwarranted and may serve to weaken claims to validity. He states that qualitative researchers should be more concerned with the validity of information than its reliability and stresses that validity of information is assured when those who provide it recognize the findings to be true according to those who live the experience. I was therefore able to always test validity of information given by asking other interviewees their opinions about issues already asked to other respondents. Provision of same or similar answers provided me the comfort that information given was valid and authentic.

1.16 Organisation and Overview of the Thesis

The thesis is logically arranged based on specific objectives as well as the themes that have emerged from information that has been collected from the respondents. The thesis is made up of six chapters. In chapter one, I show the development of traditional healing practices from the global level to Busoga society. I analyse conceptual and theoretical explanations of traditional healing and traditional healers. Chapter Two of the thesis traces the historical, socio-economic, political and religious setting of the area of study, that being Busoga society. Traditional healing practices of any society are a product of the cultural norms and values of that society that have been fused in the society's socio-economic, political and religious realms. Chapter Three describes the concepts of health, wellness, illness and ill-being among the Basoga. An attempt is made to describe and analyse the categories of traditional healing practices and healers in Busoga society, clearly showing how they execute their functions among peoples of this society. Chapter Four analyses the colonial impact on gender roles in traditional healing practices among the Basoga. This is done by showing how men and women benefited from or, alternatively, lost their once cherished social positions in traditional healing systems in Busoga as an effect of colonialism. Chapter Five discusses how the social positioning of men and women determine the roles and responsibilities performed by women and men in traditional healing practices. This chapter further discusses the gendered knowledge of traditional medicine, as well as the articles and images of male and female traditional healers in society.

CHAPTER TWO

THE SOCIO-POLITICAL AND CULTURAL SETTING OF THE BUSOGA SOCIETY

2.1 Introduction

The Basoga are one of the many significant Bantu ethnic groups found in Uganda. To describe this society, I will name the major events and issues that define Busoga right from pre-colonial times up to the present day. This helps in making a comparative analysis of where this society came from and where it is now in terms of its demography, religion, political administration, socio-economic setting as well as the culture of the people. In analyzing these aspects of Busoga society, I will distinguish three different periods: the pre-colonial era, the colonial era and the post-colonial era. Struthers (2000:275) argues that it is important to consider the socio-cultural environment of a community when analysing healing traditions and ideologies, because healing happens within the realms of a society's culture. It should also be recognised that African traditional healing systems are intertwined with cultural and religious beliefs and are holistic in nature. A healing tradition not only consists of physical conditions but also of the psychological, religious and social aspects of individuals, families and communities (Truter, 2007:56). The traditions that make up a society's culture are the engine of the healing work. As a result, knowledge of culture is important in understanding the art of healing practiced in a specific society. It is also important to recognise that traditional healing in all its forms, all over the world maintains a strong alliance with faith, belief, spirit, family support and the web of everyday life (Struthers, 2000: 275). No doubt healing has a bearing on the economic, political and environmental consciousness of any society in which it has not only been bred but also practiced.

2.2 Geography of Busoga

Figure 1: Map of Uganda showing the Different Sub Regions

Source: MK Primary School Atlas 2015
MK Publishers Ltd. Kampala
Pg. 14

The Busoga sub region is located in the eastern part of Uganda. Busoga as a distinct territory is curved by Lake Kyoga in the north. This boundary separates Busoga from the Lango and Teso Sub regions. Victoria Nile in the west separates Busoga from Buganda or currently the central region of Uganda. Busoga and Buganda have many characteristics in common, namely that they belong to the Bantu ethnic group. In the south, Lake Victoria acts as the boundary that separates Busoga from the islands that belong to the Basamia and Baganda as well as separating it from Tanzania far in the south. Mpologoma River in the east separates Busoga from the districts that make up the former Bukedi region, now composed of a multiplicity of administrative districts (Fallers, 1965:21). Because of its unique geographical location many authors have referred to this area as an island (Fallers, 1965:21; Cohen, 1972:2; Nayenga, 1976:4; Cultural Research Center, 2013; Kyalya, 2014). Busoga is bordered by the districts of Buikwe and Kayunga to the west in Buganda region. To the east, Busoga is currently bordered by the districts of Pallisa, Butaleja, and Busia. These were part of the larger Bukedi district of the colonial and immediate post-colonial eras. To the south are the districts of Buvuma and Ssese Islands of Buganda sub region.

Before colonialism, it was a major challenge for Busoga to keep in contact with herneighbours because it was squarely shielded by the waters. This is not the case at present since bridges have been erected along the Nile River to the west and Mpologoma River to the east. Ferries have been availed for people to travel along Lake Kyoga to the Teso and Lango sub regions with ease and several modern ships facilitate transport across Lake Victoria to the islands and across to Tanzania. The geographical demarcation of Busoga is also constituted as the official political administrative division of Busoga within Uganda. This has been the case since the 1890s, as demarcated by the British colonialists (Cohen, 1972:3). Busoga covers about 3443 square miles, with a length of about 100 miles and a width of a little over 50 miles (Nayenga, 2002:4).

Because of the above-mentioned developments, Busoga has witnessed infiltration by people from neighbouring societies for trade, employment and leisure. Some of these have permanently settled in and among the Basoga aided by a high degree of intermarriages. This has not left Busoga's traditional healing practices unaffected. The migrants have continued their traditions, including those connected with healing. This has produced fluidity in the Kisoga healing traditions, resulting in a hybrid of traditional healing practices, especially in the urban centres. In contact with these new inhabitants, the Basoga developed an alternative healthcare

tradition, which was apparently absent before these intrusions. Among all its neighbours, the Basoga strongly believe that the Banyole, in the neighbouring Butaleja district, have very strong traditional healers. These have been bestowed with the power to curse and bring affliction to the offender and his/her family. Banyole healers are believed to be more powerful than Basoga healers. Because of this, some of the Basoga have moved across the Mpologoma River into Bunyole to utilise the services of the powerful Banyole healers.[6] The Basoga therefore interact with the Banyole with mixed feelings due to these perceived powers.

Special attention has to be given to Buganda society, the most proximate people to Basoga in terms of geography and culture. The Basoga have always had very close interaction with the Baganda. Busoga and Buganda share several healing traditions. Some of the healing spirits used in Busoga bear Kiganda names and when they possess mediums, they communicate their will in the language of the Baganda - Luganda. Examples of these spirits are Kintu and Mukasa. Some of these spirits especially the '*amayembe'* are an import from Buganda.[7] Because of such shared healing traditions, traditional healers from Buganda are popular and dignified in Busoga. Hence, it is common to refer to all traditional healers in Busoga as '*Abasawo Abaganda'* (plural)-Baganda traditional healers or '*Omusawo omuganda'* (singular) - Muganda traditional healer. When this is said, they are indeed referring to a native traditional Musoga healer.

Areas of water that surround Busoga have always been an integral element in the healing traditions. Each of these areas of water hosts special features to the healing traditions of the people. They are also homes to many significant spirits of the Basoga. For example, the river Nile, called '*Kiira'* in the Lusoga language, is host to the shrines of Nabamba Budhagali, near the Budhagali falls. Whenever misfortunes befall Busoga as a society, consultation has to be made to the spirit of Budhagali at the falls along the Kiira River. Most of the healing rituals and ceremonies performed by Nabamba Budhagali, the chief diviner in Busoga, are made at the river Nile in the village Budhagali. Other healing shrines have been erected along the Nile in Busoga. Another notable one is for the spirit called Kiira at Namizzi, north of the Budhagali falls.

[6] Banuri Wairagala, 45 years, Herbalist, Bukonte Village, Namutumba district. Interviewed on 17-05-2015
[7] Patrick Wairagala Mandwa, diviner, 58years, Bulagala Village. Interviewed on 18-04-2015

Figure 2: Map of Busoga Sub-Region

Source: MK Primary School Atlas 2015
MK Publishers Ltd.
Kampala, Pg. 20

Water is an important resource in the healing traditions of the Basoga, as there is emphasis on bodily ritual cleansing which involves the sick and afflicted going to these areas of water to bathe wholesomely in order to rid themselves of sicknesses and social misfortunes. The water provides several healing articles and objects used by healers. The most important of these are the

cowrie shells, also locally called *'amasonko'*, that are commonly and widely used as medicine. Cowrie shells are sewn on the garments of most of the traditional healers especially the diviners. They are also used in divination to investigate the causes of misfortunes.

Busoga has two geographical zones; southern and northern. Both in the north and south zones, Busoga has an even distribution of rainfall throughout the year, with much rain between March and May, and less rain in the months between August and December. This rainfall produces a luxuriant growth of vegetation, including herbal plants. In both seasons; crops are grown depending on the relative expectation of rain. There are also characteristic crops that may be grown in the respective seasons. The March to May and August to December seasons are called '*Matoigo'* and '*Masambya'* respectively.[8] The northern zone has a few hills and rocky areas. Busoga also has friendly climatic conditions due to several rivers that run through it. The rivers include Naigombwa and Lumbuye, which flow through to Lake Kyoga. Because of the adequate rainfall that is experienced in the areas near Lake Victoria in the south and Lake Kyoga in the north, these areas are host to many herbs that are used to cure various ailments. Herbalists all over Busoga move to these areas, especially in the forest reserves of Bunya near Lake Victoria, to gather herbs. Because of its thick forest reserve, diviner Isabirye Nfuddu describes Bunya in the Mayuge district as the area most feared because of the fierce spirits that reside there.[9] Buyende district, which is in the north of Busoga, bordering Lake Kyoga receives scores of herbalists in search of traditional medicines.[10] Herbalists interviewed complained of the high costs associated with the production of traditional herbal medicine because they are fetched from distant places.[11] The adequate rainfall makes it possible for the Basoga to feed on wild vegetables that are said to have high nutritional values. These wild vegetables, which grow as weeds in the gardens and other places around the homesteads, are mostly cooked and given to children to treat malnutrition. They are boiled, and the leaves and water given to the children to eat and drink to boost their immunity.[12] Such wild vegetables include *Dodo* (amaranthus spinosus), *eikubi (*pisum sativum), *eiyobyo* (cleome gynandra), *mutere* (olitorius), and *katunkuma.*These vegetables are common in those areas that receive adequate rain throughout the year.

[8] Katende Kibenge, 82 years, at Bulagala Village-Namutumba district. Interviewed on 22nd June 2015
[9] Nfuddu Isabirye, 72years, diviner, Kimaka- Jinja district. Interviewed on 08-08-2015
[10] Ali Wairagala, 68years,Client, Bugembe-Jinja, Interviewed on 22-06-2015
[11] Kawuma Safina Nabirye, also known as 'Ssenga Wa Busoga', 54years, Herbalist/TBA, Bugembe in Jinja. Interviewed on 11-06-2015
[12] Edisa Namwase, 70 years, Client, Bulagala Village in Namutumba district. Interviewed on 22nd April 2015

2.3 Origins and Settlements of the Basoga

The word 'Basoga', which refers to the inhabitants of the area of study, has been associated with many legendary stories. Bukyanagandi (1993:3) claims that originally the Basoga were not called so, but the term came after a reasonable period following several settlements in the area. The origin of the term, in this reading, is associated with Buganda's territorial conquest of the area. In the numerous wars of conquest that the Baganda engaged with the people in this area, the would-be Basoga had a spearing technique of facing the spear downward while mutilating their enemy, the Baganda. In Lusoga language this kind of spearing is called '*okusonga'* but the Baganda rendered it as '*okusogga'* in their language which is akin to Lusoga. The Baganda therefore called their opponents the '*abasogga'*. In the long run, it developed into 'Basoga'.

Differently, some of the earliest writers about Busoga like Fallers Lyolld (1965), David William Cohen (1972) and Batala F.P Nayenga (1976), observe that the name Busoga originally used to refer to a hill located in the south-central part of the country and later it became identified with a state known as 'Busoga'. This state was in the south-west of Jinja and was ruled by the lineage of Ntembe, of the Reedbuck clan. The application of the term 'Busoga' to the whole region as we know it today began as late as the nineteenth century. By the time of Speke's arrival in Uganda in 1862, the small state of Ntembe had gained much fame. The entire island was called 'Usoga' the Swahilli word for Busoga. The unrivalled fame and influence of the small state of Ntembe was due to its attempts to subdue parts of Bunyoro and Buganda (Fallers, 1965:21; Cohen, 1972:1; Nayenga, 1976:2-3).

Busoga was one of the centralized interlacustrine kingdoms that existed around Lake Victoria. Cohen (1972:1) observes that the creation of Busoga relates to the appearance of immigrant families that reached this part of the region beginning with the 13th century. Both Cohen (1972:1) and Nayenga (1976, 2002:42) agree that the formation of Busoga was occasioned by two different groupings, that is the Bantu and Luo speakers, who came from the east and north respectively. The Luo speakers were led by a legendary figure called Mukama, whereas the Bantu people were led by another legendary figure called Kintu. They established states within this area and then moved on to the other areas, with Mukama going as far as Bunyoro and Kintu crossing into Buganda.

Before the Kintu-Mukama migrations, the Basoga socio-economic and political society was dominated by various clans, which determine blood relationships (Nayenga, 2002:42). Cultural relationships were also forged through the indigenous religious institutions that brought

the Basoga together to worship. People all over Busoga would meet at religious shrines built for the founding figures Kintu and Mukama. The Basoga in the areas of Bukono, Busiki, Bulamogi and Buyende (found in the most northern parts of Busoga) have always observed Mukama as their *Enkuni* that is occasionally consulted when there are community crises. Most of the time, traditional healers especially male diviners from these areas carry the title of Mukama. *Amasabo* are erected in these areas in honour of Mukama the spirit. It is part of the tradition in these areas to perform ritual cleansing when facing the west towards Bunyoro, where it is believed that Mukama originated. Likewise, in the central and southern parts of Busoga, Kintu, the spirit is the most central in ritual sacrifices intended to restore health and wellness among the people.[13] Kintu influenced mainly the southern areas of Busoga and crossed over to Buganda, accounts for the similarity of healing spirits between the Basoga and the Baganda. Ancestral spirits like Kintu, Kibuuka, and Mukasa are both in Buganda and in the southern parts of Busoga.To coexist with their neighbours, the Basoga, who lived near the border areas, adopted dialects that reflected their locations. Examples include groups known as the Bakenhe and the Banyala, who live on the eastern and western basins of Lake Kyoga, respectively. Although the languages (Lukenhe and Lunyala) of these groups cannot be classified as Lusoga, they are similar to Lusoga (Nayenga, 2002:42).

The indigenous Kisoga pattern of settlement consisted of randomly dispersed subsistence holdings that were in each*omutala* (a highland area between swamps). The omutala was subdivided into *ekisoko* (sub village), which had an appointed or hereditary headman who distributed land. Land was available to both relatives of the headman andnon-clan members. As long as the land occupant paid the initial dues and fulfilled the customary obligations, the occupant had secure tenure (Nayenga, 2002:43). This pattern of settlement was aligned also to provision social services and amenities to be enjoyed by the people. Each *Omutala* had its water source, called *'ensulo'*; a gathering ground for meetings as well as a traditional healer, who provided healthcare services to the people on that *Omutala.* It was very common to have a bone setter, Mulerwa, diviner and herbalist on each *Omutala*. Communal healing activities were organised by each *Omutala* whenever it was necessary.[14] Residents had more faith in the healers on their *Omutala* than in those of the neighbouring villages. Additionally, participation in these communal healing traditions is what defined both their individual and collective identity as people who stay together (Kirmayer, 2004:33). This tradition has long since disappeared.

[13] Kabaale Bitimbito, 71years, Diviner and Chairperson of Healers in Namutumba district. Interviewed on 20-04-2015
[14] Kagoya Sarah, 53years, Client, Isegero Village-Namutumba District. Interviewed on 16-05-2015

Traditional healers in Busoga today have moved beyond these boundaries. They have dispersed into areas where their services are much needed.

A village consisted of scattered homesteads, and a homestead consisted of a building or group of buildings. Traditional houses were round, beehive-shaped, and thatched with dry banana leaves from the top to the ground. During the twentieth century, this building style was converted to thatch with walls made of mud. (Nayenga, 2002:42). Photograph 1 below indicates that healing shrines owned by herbalists and diviners have maintained the traditional architectural shapes. Shrines continue to be built in round-shaped forms using mud and dry banana leaves - *eisandha* and grass - *eisubi*, despite the availability and possibility of modern building materials like iron sheets. This is because spirits wish to continue to live in their traditional hubs they were accustomed to. These traditional houses do not disorient the healing spirits from the realities when they were still living.[15] It should be noted that, whereas some traditional healers have built palatialhouses for their families' accommodation, their healing shrines are still constructed using rudimentary building materials. Usually, there are several of these shrines for each ancestral spirit or *Mizimu or Emizimu* (both used in the plural) in one place, constituting a real homestead for these spirits.

[15] Patrick Wairagala Mandwa

Photograph 1

Several grass thatched shrines at Diviner Nabamba Budhagali's Palace (embuga) for different spirits in a homestead like setting. Source: Photograph taken by the researcher- Isiko Alexander Paul, with permission from Nabamba Budhagali

Since each of these *Emizimu* (plural) play defined roles in the well-being of the living, each *Muzimu* (singular) is consulted depending on its specialty. For example, Igombe, the askari spirit can be called upon to hunt for stolen property.

British colonial rule introduced clustered settlements in Jinja (Nayenga, 2002:42).With a growing town population and scores of civil servants in the towns of Busoga, modern and sophisticated housing units have been erected. People prefer to build the so-called 'self-contained houses' especially in these urban settings.[16] Due to increase in trade, Busoga is becoming urbanized. Towns like Bugembe, Busembatia, Namutumba, Buwenge and many others along the Jinja-Iganga highway have sprung up and have become some of Uganda's major towns. Some have evolved into municipalities, like Iganga. The fast-growing urbanisation of Busoga has been due to the deliberate government policy of decentralization, with local governments being allowed some measure of freedom to determine and work on their needs. Feierman (1985:86) explains how urbanisation is notably associated with infrastructural development in terms of roads and railways as well as increased movement of people from one place to another, which inevitably enhances the transmission of communicable diseases.The trend shows that traditional healers tend to be attracted to places with a growing population.A

[16] This is a housing unit with a bathroom(s), toilet (s), kitchen, and store, inside the structure.

study by the African Technology Policy Studies explains that this is because most migrants from rural areas are still attached to their traditions and still consult traditional healers for medicine (ATPS, 2013:26). Patterns of provision, access and utilization of traditional healing practices vary along the rural-urban divide. This will be explored in detail in Chapter Five of this thesis.

Another report by Amoah and Gyasi (2016:1) reveals that knowledge of traditional medicine, various modalities of traditional medicine and the sources of traditional medicine vary significantly among the general adult population between geographically delimited rural and urban areas. Given differences in baseline characteristics of individuals on the one hand, and the diverse political, socio-cultural, ethnic and environmental orientations across space as well as the various levels of social network types and cohesion on the other hand, one would expect specific variances in the form of traditional medical modalities accessed, information sources and sources of traditional medicine between the rural-urban spectrum. Consequently, the effect of migration and urbanisation on traditional healing practices cannot be ignored.

Amoah and Gyasi (2016:1) further analyse how rural-urban migrants who settle in urban communities retain their old ways of treating their afflictions. The formation of new acquaintances in urban localities by newly migrated rural dwellers transmits knowledge and popularity of traditional medicine within their new circles. The above authors conclude that personal health philosophies of people in both rural and urban prefectures invariably have a key role to play in the decision to access and use traditional medical modalities. Above all, movement of healers and people (clients) to new settings creates conditions in which new meaning, beliefs and practices connected to health and well-being on one hand, and illness and healing on the other hand, are constructed in relation to the new environment (Hungwe, 2012:145).Laurence Kirmayer explores the challenges to healing traditions as caused by the dynamism in social organisations of previously known traditional societies. He states the following:

> In multicultural urban settings, however, we face situations in which many people have only a shallow connection to a tradition and healing practices themselves undergo creative change and hybridization. Globalization has increased the pace of cultural confrontation, challenge and change. The contemporary world presents us with a new situation in which the coherence of traditional systems of healing and their links to an underlying culture and worldview are challenged and strained. Systems of healing that were rooted in a particular cultural tradition, community and way of life, have been uprooted, packaged and made available in a global marketplace. This has important implications for the efficacy, ethics and politics of healing practices. (2004:44-45)

Kirmayer's views are a confirmation that healing traditions are re-invented in ways that match the needs and challenges of the people in the urbanized environments. As Flint notes, healing traditions change overtime but remain strong in whichever circumstances with a reflection of the current people's wishes and interests (Flint, 2008:16). The continued use of traditional healing among people influenced by many modern and global changes indicates resilience of traditional medicine in the face of globalisation.

But just as I noted earlier, re-inventions of healing do not mean that traditional principles are scrapped altogether, as those who continue to practice in the urban areas get the knowledge through parents and grandparents of the earlier generation. In Busoga, I established that traditional men and women have found their way in the weekly open public markets of Busembatia and Namutumba town councils on Fridays and Tuesdays respectively, selling herbal remedies spread on the ground; some using amplified voice speakers luring prospective clients to buy their medicines. As Rosa and Alves (2007:550) analysed similar trends among Afro-Brazilians, traditional medicine in the urban areas have become part of the regular business that may involve advertising, the use of books, describing for example the components and indications for application of traditional medicine.Animals and birds especially sheep (*entaama*) and pigeons (*engyibwa*) that are demanded by healers in treatment of the sick are now sold in the public markets.Yet hybridization is common where some traditional healers have adopted the use of modern medical equipment in the diagnosis and treatment of the sick. It is not uncommon today to find thermometers, microscopes and test tubes in an urban traditional healing facility.Such changes are not unique to Busoga but have also been noticed in other sub-Saharan countries like Ghana, where Fuso (1989:400) has studied the impact of urbanisation on healthcare provision.This not only points to the fusion of commercialisation with healing but also indicates how traditional medicine continues to hold a lot of significance for the urbanized people.

2.4 Demography of Busoga

The Busoga sub region found in the greater eastern region consists of the following ten administrative districts: Bugiri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo and Namutumba. According to provisional results of the 2014 Population and Housing Census carried out by the Uganda National Bureau of Statistics, Busoga has a total population of 3,609,484 people (UBOS, 2014), which represents about 10% of Uganda's total

population. This is no mean percentage to Uganda's total population. During British colonial rule (1895-1962), Busoga attracted immigrants who sought employment in the cotton ginneries, the sugar estate at Kakira, and factories in Jinja, which together make up Uganda's industrial heartland. In the late 1980s Jinja had a population of fifty-five thousand, making it the second largest urban centre in the country (Nayenga, 2002). Jinja has since been overtaken by Iganga district being the 12th most populated district. Iganga has a total of 506388 people as compared to Jinja's 468256 people (UBOS, 2014). Although this thesis does not undertake a quantitative approach, it would be very useful to know what percentage of this population has access to either traditional healthcare or modern health care facilities in Busoga. In this thesis, I have limited myself to analyzing perceptions, and identities of those who provide and utilise traditional healing practices in this society. Nonetheless, the impact of urbanisation on healthcare facilities is severe as urban areas are faced with an increasing population that does not match with the health facilities to cater for the population's needs. Further with increase in numbers of people in the towns, there arise diseases that are linked with poverty as well as infectious diseases like HIV/AIDS, which spreads rapidly among the poor and vulnerable. Menan Hungwe Jangu (2012:3) notes that such health challenges ultimately overwhelm the existing medical facilities, which create opportunities for traditional healers to fill the gap. Towns therefore become an attraction for several traditional healers from all walks of life, who attempt to attend to the unmet health demands of the urban population alongside their other socio-economic deficiencies like poverty and unemployment.

Language is an intrinsic part of traditional healing, but its scale and direction of use is implicitly affected by all the demographic developments highlighted above such as population, urbanisation and migrations (O'riagain, 2002:8). There is a close relationship between a quantitative understanding of human space use, of population structure, and of cultural and linguistic patterns. It is therefore very important to analyse the language of the population described above as both population structure and language usage influence both provision and utilisation of traditional healing practices. Sharing a common language is one of the basic traits that define a group of human beings and this correlates with the evolution of cultural heritage (Manrubia et al., 2012:1). Urbanisation is one of the factors that influences the evolution of language through which traditional healing systems are preserved and perpetuated from one generation to another. It is therefore important that to fully understand traditional healing practices of the Basoga, the language of this cultural group has to be understood. The language

spoken by the Basoga is Lusoga, a Bantu language in the Niger-Congo family. As in the Bantu languages in the Lake Victoria region, nouns among the Basoga are reflected by changing prefixes: human beings are indicated by the prefix *Ba* (plural) and *Mu* (singular); the name of the country (region) by the prefix *Bu;* the language by the prefix *Lu* and an adjective derived from any of these by the prefix *Ki.* Thus, the region is called Busoga; the people are Basoga (singular, Musoga); the language is Lusoga; and 'of the Basoga' is described as Kisoga.

Lusoga is further divided into two dialects: *Lupakooyo,* a dialect similar to Runyoro, was traditionally spoken in parts of north Busoga, and the Lutenga dialect was used in the south (Fallers, 1965:1; Nayenga, 2002:42). Specifically, the districts of Kamuli, Mayuge, Jinja, Iganga, Luuka, and Bugiri use mostly Lutenga. Lupakooyo is used primarily in the districts of Buyende, Namutumba (formerly Busiki and Bukono counties of traditional Busoga) and Kaliro (Bulamogi). Whereas the Basoga living in Bukono and Busiki are said to be speaking '*Lukono'* and *'Lusighini'* respectively, it is very difficult to tell whether there is any difference between the two supposed dialects, which are not just akin but truly undifferentiated from *Lulamogi*. This is the case by even those who speak these three dialects. Consequently, the three together make up *'Lupakooyo'*. Today, due to migrations and interactions with other groups of people, many other languages are becoming dominant in the area. Lusamia, for example, is common in the district of Bugiri because there has been much interaction with the Basamia Bagwe, who are the most approximate neighbours of the Basoga in this district. The *Lunyala* language, which is akin to *Lupakooyo*, is also widely used by the Banyala who live near the lakes of Kyoga, in now the Buyende district and the shores of Lake Victoria in the Mayuge and Bugiri districts.

It is very important to understand the manner of communication of the people in Busoga if one wants to fully conceptualize their ideologies and interpretation of well-being and illness. The National Collaborating Center for Aboriginal Health (NCCAH) in Canada[17] argues that culture and language influence peoples' perceptions and experiences of health and illness. Language is 'a conveyor of culture' and the means by which knowledge, skills, and cultural values are expressed and maintained. Language suppression, particularly for Indigenous peoples, is 'a form of disempowerment and oppression' that impacts self-identity, well-being, self-esteem and empowerment, all of which are key ingredients for individual and community healing. Language maintenance and continuity is critical to revitalizing culture and to the survival of any

[17] NCCAH website (2009-2010) Culture and Language as Social Determinants of First Nations, Inuit and Métis Health.http://www.nccah-ccnsa.ca/docs/fact%20sheets/social%20determinates/NCCAH_fs_culture_language_EN. Accessed on 20/02/2016.

indigenous people[18]. In African societies that are plagued by disease and illness, the significance of language in enhancing the health of individuals and the communities cannot be underestimated. For example, ancestral spirits emerging from the Mukama figure communicate their will in the Lunyoro language, whereas those akin to Kintu communicate in the Luganda language, let alone those that use native Lusoga. The processes and conditions of eliminating afflictions have to be interpreted in a language that the afflicted understand.

Moreover, healing processes are full of metaphors and symbols of specific societies in which they are practised. Levers (2006:91) argues that this is significant because metaphor is situated in the language that links healing processes with wider social, cultural, epistemological, ontological, and cosmological considerations. Any attempt to ignore these linguistic and cultural linkages to illness and disease, risks to misunderstand the most effective treatment and preventive interventions that people in specific societies believe in. Therefore, to capture the actual perceptions of the Basoga, the researcher has used several Lusoga words along with their translations, andprovided literal translations of these words. In many sections, the use of language in specific healing instances will be analysed.

Busoga, particularly southern Busoga, has experienced catastrophes since the nineteenth century. Between 1897 and 1911 Busoga lost many people to severe famine *(endhala)*, smallpox *(namusuna)*, plague, and sleeping sickness *(Mongoota)* (Nayenga, 1979:151-178). Although the population began to recover in the 1930s to the 1960s, AIDS has taken a toll since the 1980s. Traditional healers in Busoga have had remedies for all these diseases. Their efficacy in treating those suffering from these diseases is what cannot be ascertained. Even with HIV/AIDS, some traditional healers claimed that they have medicines that could cure the virus, only that they cannot be trusted by the government.[19] Due to ignorance, healers in Busoga attributed the Aids disease to witchcraft in its early beginnings, but many have come to appreciate the scientific developments made in ascertaining its cause. They now encourage their patients to undergo a voluntary counselling and testing for HIV.[20] Before colonialism, Busoga society always had traditional health safety nets to deal with these catastrophes so that they did not turn into epidemics to claim many lives. Even with the chronic Aids scourge, traditional healers have continued to play a significant role in the fight against it. Some of the herbs are said to boost

[18] Ibid.
[19] Kabaale Bitimbito
[20] Kawuma Safina Nabirye, also known as 'Ssenga Wa Busoga'

immunity among those infected. Some of the healers have provided counselling to the infected and their families.

2.5 Social-Cultural Organisation of Busoga Society

As I delve into the social-cultural organisation of Busoga, it is important to state that traditional healing practices evolve from the social-cultural construction of society. It is on this basis that Comaroff (1980:639) observes that since healing is explicitly aimed at ensuring that there is balance and harmony between the physical, social and spiritual realms, it can only be understood better with the examination of the social-cultural system in which it is practiced. Understanding the cultural organisation of society is central to understanding its healing processes (Feierman, 1985:77). I should also state here that traditional healing is one of the most effective mechanisms through which African societies maintain their cultural values and institutions. Feierman argues that the person who controls traditional therapy serves as a conduit transmitting general social values, and is also capable of reshaping and reinterpreting those values in the healing process. The interaction between traditional healers and the clients greatly reinforces a society's cultural values and norms (Feierman, 1985:75). Doubtlessly, the perpetuators of cultural values and institutions like marriage, religion, cultural leaders, and restrictive moral codes of conduct are the traditional healers.

Busoga society's cultural organisation has been rich and unique for centuries. Pre-colonial Busoga enjoyed unhindered peace and lack of influences from other cultural groupings because of its geographical location as discussed in the first part of this chapter. However, this changed greatly with the coming of the Arabs, who opened this society to trade with other peoples; and the British through colonization. Pre-colonial Busoga was arranged in small groups depending on the purpose of each group. Groups were arranged based on families, village, clans, profession and age (Musana, 1995:7). However, the most significant social organisation was the clan system. The Basoga had a clan system called '*ekika' or 'ebika'*, (singular and plural respectively) which is still prevalent in modern day Busoga. This was a composition of people who were related to each other by blood. People who belonged to a certain *kika* had a common ancestry (Fallers, 1965:64; Cohen, 1972:6). Nayenga (1976:14) and the Research Cultural Center (2013:18) note that a clan in Busoga society was and still is today a patrilineal descent group that includes individuals who recognize a common ancestor through the male line. The father is central to the clan system because all his children and those of his sons belong to his clan. A married woman was adopted into the new clan of her husband, and her names upon death could

be named after children born in her husband's clan. These later became clan names of the husband. One cannot marry a member of one's clan or one's mother's clan. A clan's identity is based on the name of its ancestors. A clan name is an important aspect in determining one's identity. Traditional healers and heads of clans play a significant role in restoring the wellbeing of those who become sick due to being given clan names where they do not belong. Children are believed to experience unending episodes of sickness if their mothers conceived them by a man of a clan other than that of her husband. There are also certain names that area bad omen the child and are linked to sickness of the infant. To determine the right clan name for the infant, a clan head or the clan's diviner performs a naming ritual by throwing two hens on top of a house; each hen with a different name. The hen that flies off first from the roof determines the name to be given to the infant.

Clan names are formed by combining the prefix *mu* (singular) or *aba* (plural) with the form *ise* (father) and with the name of the common ancestor. Basoga clans were divided into two categories: *abakopi* (commoners) clans to which the majority belonged and *abalangira* (royal clans). Intermarriages between commoners and royal families tended to close potential social gaps (Cohen, 1972:14). Currently these classifications are not as predominant in Busoga as they are in Buganda. The number of clans that make up Busoga has always been a bone of contention. In 1933, Lubogo estimated there to be approximately 133 Basoga clans, while by 1972, Cohen claimed that there were about 220. Nayenga, writing five years after Cohen, affirmed this number, but also explained that about 70 totems were shared amongst the clans. A totem is usually a plant, an animal, a bird or other natural figure that spiritually represents a group of people, who belong to the same clan. Normally each clan has a distinct totem, which it observes in reverence. Members of a clan are forbidden from eating, mistreating, profaning or blaspheming their totem. It is therefore a taboo to eat a totem of a clan to which one belongs. Eating one's totem or desecrating it in any form promotes illnesses not only in the individual but also members of his/her family. This would require traditional healers to perform certain rituals to avert the illnesses.

Because there are dire consequences for profaning one's totem, Paul Wangoola argues that the African system of totems is a demonstration that there is a very close relationship between humans, animals and plants (2000:266). By 2013, the Cultural Research Center at Jinja raised the possibility of an increased number of clans due to several cultural groups that have entered Busoga in the recent past (Cultural Research Center, 2013). The Cultural Center has not

been able to provide a definitive figure regarding clan growth. Furthermore, influential families with numerous descendants can outgrow their clans and separate from them to form new ones, usually taking on a new name but continue to observe and revere the totem of their former clans. Each clan has its specific traditional healers, who are custodians of the shrines in which the ancestral spirits dwell. They are e consulted in case of disharmony or disease to one of its members.

Specific clans are also endowed with specialized traditional medicinal practice. Among the Basoga, the *Baise- Ndhase* are believed to be gifted in the art of removing bones stuck in the throats of people. This practice is called *'empagama'*. As a result, some of these healing practices define the identity of the specific clans. Observance of clan norms and traditions cements a society's well-being. Deviation from these traditions brings disharmony and ill-being among community members. For example, incestuous relationships are taboo and a sign of ill-being. Those involved are thought to be psychologically sick. To restore those who commit incest, clan leaders perform healthritualsupon them using traditional herbs. Animal sacrifice is made to appease the spirits from delivering wrath upon the incestuous clan members (Fallers, 1965:66; Nayenga, 2002:44). The clan and lineage social systems are still very vibrant in Busoga. There is a hierarchy of clan leadership right from village level (*ekyalo* - singular or *ebyalo* - plural) up to the *saza* or *Amasaza* (counties). The leadership structure of associations of traditional healers in Busoga continues to use this socio-political structure to protect and promote traditional medicine.Marriage and children define the wellbeing of individual members of society. The ability to procure a wife and produce children is one way society identifies one as a man. There is much suspicion of impotence for a man who fails to procure a wife and have children (Fallers, 1965:74).Many children in a family were a safety health net among the Basoga. They provided care to the parents in old age. In a society where there are no state welfare services for the sick and elderly, the children are a 'social insurance' for their parents.

However, due to the emergingtough economic times, education levels and diminishing land, many Basoga today - especially those that have been to school - prefer smaller families. If one has many children today, this is not necessarily from a need to adhere to customs but often because of a lack of education and an inability to keep up with the changing demands of a globalized society. This may account for the fact that Busoga has the highest fertility rates in the country (UBOS, 2014).

It is, however, still a widespread practice for people to marry, establish families and have children. Elopement, known as *'okubayira'* in Lusoga, was unacceptable and brought shame to the girl's parents, let alone denying the family the '*omwandu'* which the man was expected to pay. Parents, especially the mothers, use traditional medicines to prevent their daughters from elopement and becoming pregnant before marriage. Elopement was and still is looked at with scorn, as it deprives the girl of the necessary traditional health rituals that would be performed to ensure her well-being in her new home. For example, she stands the risk of being infertile, since the spirit responsible for marriage and fertility would not have been appeased before her marriage. In the recent past, '*Okubayira'* has, however, become common among the young generation of Busoga. This eventually generates into cohabitation for longer periods of time and in several cases till death of either partner. Because it is now the most common in not only Busoga but in the whole of Uganda, there have been attempts to legalize it under the Marriage and Divorce Bill of 2009. During the marriage ceremonies, the role of traditional healers is significant in stabilizing marriages. Sacrifices have to be made to the spirit of fertility on the eve of the marriage. Usually, a goat is slaughtered, and its intestines are taken to the spirit's shrine, asking it to let the daughter marry in peace and have several children.

For the educated, the influence of traditional healers in the marriage arrangements has been reduced. Diviners are no longer necessary to officiate marriage ceremonies of the urban educated. Marriage rituals performed by traditional healers, like the sacrifice of a female goat on the eve of the marriage ceremony, have slowly beeneroded by theeducatedBasoga. Female traditional healers who provided marriage counselling to the bride have been shunned in favour of Christian priests and professional marriage counsellors.

There is a close relationship between marriage, life and health among the Basoga. Life is brought forth and maintained through marriage. Married men are expected to look healthier than unmarried men, because their wives' chief role is to prepare good meals to enable them carry on with their duties in the public sphere. Blame is put on the wife whose husband looks malnourished.Marriage was and still seems to be a traditional health safety net used by the Basoga against sicknesses. Wives that take care of their sick husbands till they die are praised as heroines during funeral ceremonies. It is an honour for a wife or husband to be at the deathbed of his/her spouse until his/her death. The Basoga discourage *okuwuula*[21] on the part of the men

[21]Okuwuula is used in reference to men in Busoga, who stay unmarried especially for a long period of time.

because they risk not having someone to take care of them in old age and during illness. This is one of the reasons why older men were encouraged to marry young women.[22]

Marriages have to be guarded against disintegration and the importance of traditional healers in ensuring that this happens is crucial. Suspected witchcraft on the part of co-wives is the obvious reason for such disharmony in polygamous marriages. Those who find it challenging to procure the right marriage partners, find solace in traditional healers, who claim to have medicines that can soften the hearts of those whom they desire to marry. Traditional healers are believed to have powers that can undo the witchcraft practiced by jealous neighbours, co-wives and ex-spouses, who prevent others from acquiring marriage partners.[23]

Traditional healers have taken centre stage as marriage counsellors and sex education volunteers, replacing the old and waning fabric of Aunts and Uncles, who were the ultimate consultants on these issues especially for young men and women. Having strategically placed themselves as marital counsellors, traditional healers claim to be experts on how to stabilise marriages (*okutereza Amaka)* and on sex education. No wonder many of the healers who offer these services take on the title of '*Songa* and *Kojja'* for men and women respectively. The efficacy of traditional healers' role in the marriage institution has less to do with the herbs and spiritual powers that they espouse to have, than with their ability to offer psycho-social support to those experiencing marital challenges. They have mastered the art of marriage relationships and, some of them being elderly and having been married for quite a long time, understand the challenges involved. Traditional healers teach women among others to be submissive to their husbands look physically attractive and ensure that they maintain clean homesteads.[24]

Traditional Busoga society had extended family organisations. Nuclear families were frowned upon. They were described as an imposition of Europeans. A single household composed of a husband, wives and their children, usually staying in the same house or semi-detached houses but in the same homestead. Nuclear families are today preferred by those who are educated and who live in the urban centres. It should, however, be noted that each of the members in the extended family has a role to play for its well-being (Nayenga, 2002:44). The young take care of the sick and old members of the family, whereas the old are very instrumental in providing counselling and guidance to those who are faced with emotional and psychological challenges. The old members of the extended family offer fast remedies to the sick before they

[22] Katende Kibenge
[23] Kawuma Safina Nabirye, also known as 'Ssenga Wa Busoga'
[24] ibid.

call in a known and specialized healer. In times of sickness, the choice of healing to be sought for the individual member is determined by members of the extended family but not the sick individual himself/herself. Indeed, Feierman acknowledges that the efficacy of the therapy too is determined by its effect on social relations of members of the extended family. Relatives are known to hold ultimate authority over the nature of treatment to be given to the patient (1985:79-81). Relatives hold more power than the healer over the direction that the healing process should take.

Inheritance and succession mark one of the major milestones in recognition of the dead male member of society while at the same time ensuring that his life continues to be relevant to those living. This succession system helps to ensure continuity of not only the lineage but also the home of the deceased. Cohen (1972:10-11) observes how succession and inheritance have been crucial to the maintenance of the lineages in society. Sons are appointed as inheritors of the fathers' estate.

The centrality of traditional healing practices in succession and inheritance among the Basoga cannot be ignored. Firstly, the last funeral rites, also known as '*okwabya olumbe'* in Lusoga serves to mark a new dispensation of triumph over illness as many rituals are observed to ensure that the sickness that killed the buried family member does not resurface to kill another. This involves the sprinkling of herbs in and around the house of the deceased, aimed at providing protection to the living against the illness. '*Okwabya olumbe'*, literally meaning 'bursting death' indicates that through last funeral rites, death has been conquered and not expected to happen in that family again. The spirit of death has to be taken away from that specific family that has experienced the loss of a family member; and this is the sole responsibility of traditional healers; who are perceived to be the link between the physical and spirit world. Secondly, when there is contestation over the rightful heir, traditional healers are called upon for determination through consulting the ancestral spirits. Nabamba Budhagali, the chief diviner in Busoga was called on to determine who the rightful Kyabazinga[25] of Busogawas; with two rival claimants to the throne of the Busoga kingdom.[26]Sons, as heirs are to be the custodians of the family's traditions and help to ensure the continuity of the clan/family (Nayenga, 2002). Among such family traditions, which are expected to be preserved by the sons, are the family's healing shrines, graves as well as herbal remedies, also called '*ekiti eky'obulezi'* to he handed over from one generation to

[25] 'Kyabazinga' is a title of the traditional cultural leader of the Basoga
[26]Nabamba Budhagali, 90years (approximate age), Chief Diviner, Budhagali-Budondo Subcounty. Interviewed on 15-04-2015, 16-04-2015

another. Therefore, the choice of heirs sometimes requires the guidance of the spirits through the clan's mediums and diviners. Traditional healers also perform cleansing rituals upon the selected heirs to bless and protect them against any acts of witchcraft.

All in all, the observance of inheritance and succession rites among the Basoga are indeed therapeutic to the victims and those who are affected by life threatening conditions like sicknesses.As it is with many other traditional societies in Uganda, clan leaders, extended families, as well as chiefs and other hereditary rulers are the custodians of their ancestors' shrines; they have direct access to the guardians of customary morality, the ancestral spirits. While it is the ancestors who punish their sinful descendants with sickness and misfortune, it is those elders and leaders mentioned above who bring such troublemakers to the attention of the spirits. Therefore, lineage elders—when supported by the ancestors, mystical curses, or special knowledge of medicines—can use the threat of misfortune to exercise some control over their juniors. They can invoke the wrath of the spirits upon those members who defy societal rules. The wrath is in terms of sicknesses and other such misfortunes that may plunge the defiant families into crises. These elders are associated with witchcraft that causes chronic misfortunes and disharmony upon those who threaten their positions in society (Siegel, 1996:18)

2.6 Religious Setting of Busoga

Traditional healing and healers are essential elements of the religious traditions of Busoga society. They are the priests and custodians of the Kisoga traditional religion. Just like the Pope, Bishops, Deacons and all other clergy in the Christian religion and Sheikhs, Mufti(s), Imams are in the Islamic faith, so are the various categories of traditional healers in the traditional religious organisation of Busoga. Traditional healing and the religious traditions are intertwined. In his attempt to explain the interconnectedness Austine Okwu makes the following observations:

> Traditional therapy on the whole is not meant for healing illnesses only. It is a process for restoring the harmony of relationship between man and divinity, between the individual and society, as well as for the total physical and spiritual well-being of the individual and society. (1979:24)

Okwu Austine suggests that there exists an inseparable web between religion and healing and that the belief system of indigenous societies clearly portray religion and healing as one and the same. Miller andThoresen (2003:24) epitomize Okwu's assertions when they point to the thinking and reality of people with such belief system where spirituality and religion have important influences on their health and behaviour. Coyle Joanne's emphasis on the significance

of religiosity and spirituality points to the hope and explanations that these two offer to the people as they attempt to understand the cause and preventive mechanisms or measures to cope with illness and adversity (Coyle, 2002:594). Therefore, understanding religious beliefs and practices of one society is one step towards understanding their healing traditions, as spirituality and religion serve as important principles in the health and healing of society.

Further, Schumaker et al. (2007:709) argue that to attain a balanced analysis of healing traditions, it is important that one looks at the interconnectedness rather than the separateness of the material and spiritual realms. In the pre-colonial era, Busoga, just like other African societies, was very religious. The Basoga knew and worshipped their god. This god was known by different names among which were *Kibumba* meaning Moulder, *Katonda*, meaning Creator (Mbiti, 1967). Just as Mbiti (1969) states, the Basoga were notoriously religious and practiced religion in all aspects of their life. Right from conception up to death, the life of a Musoga was steeped in religious ceremonies, rituals and observances. The religious traditions of the Basoga were much related to their cultural, economic, social and political aspects of life. The people's perception of God was rooted in their culture, and religion was their way of life. Therefore, the entire socio-economic organisation and the way society was governed were controlled by religious principles. Even today, political and socio-economic activities are often flavoured with religious expressions and rituals (Agbiji & Swart, 2015:1). African political and economic elites have often resorted to religion in their competition for the diminishing resources of wealth, political power and prestige (ibid, pp.4). The traditional religion of the Basoga was and still is cosmic and monotheistic, and without systematic forms of worship. Religion is not for an individual but rather the whole community in which individuals live and of which they are part (Musana, 1995:4).

The Basoga believe in the existence of spirit power which is omnipotent, timeless and this spirit is key in determining the occurrence or non-occurrence of certain activities in society. The influence of the spirit upon Soga society is said to be above the human level of comprehension (Nayenga, 1976: 32-35; Nayenga, 2002:45). Busoga traditional religious belief communicates a hierarchical aspect of religious observance, as are their gods and spirits. It is, however, not contestable that the Basoga are highly religious and they live an entirely religious life.

The Basoga have a supreme god who is traditionally called *Lubaale. Lubaale* is the *Kibumba* (Moulder) and the Creator *(Katonda).* Below *Kibumba* are a series of beings in the

spiritual world of the Basoga who act as mediums between the Basoga and *Kibumba*. There is a belief that *Kibumba* is far from the people, yet it is very easy to reach out to him. This is through the other beings in the spirit world. Loosely speaking, all ordinary Basoga will refer to all these spiritual beings other than *Kibumba*, the supreme god, as '*emizimu'* (singular- '*omuzimu*'). Therefore, on many occasions, all spiritual beings are referred to as *'emizimu'*. But technically speaking, the spiritual hierarchy in Busoga distinguishes between three categories of spiritual beings. These spiritual beings were *emizimu, enkuni* and *emisambwa*.

The '*Mizimu'* are the spirits of the dead relatives and ancestors of the Basoga. But the *Mizimu*, also often called '*emizimu'* are also organized in a hierarchical manner, with each *muzimu* having more power and importance in society yet complementing each other for the sustenance of Busoga society. Because the Basoga have a strong belief that the spirits of the dead can affect the living, effort is devoted by families to ensure that the dead are given a decent burial. These *Mizimu* are the living dead of society (Mbiti, 1969:83), because they have died physically but continue living and influencing societal affairs in their spiritual form. These are revered and appeased always. Failure to do so bring curses, misfortunes, and sickness upon those supposed to be responsible. In extreme circumstances, when the *muzimu* is so angry with the living it can cause death of a family member. To keep peace between the living and the *Mizimu,* constant sacrifices are offered. The *Mizimu* are respected mainly among members of the same patrilineal kinship (Cohen, 1972:19; Musana, 1995:4). The belief in spirits of the dead and the ideology that the dead continue living in the next world demonstrates how the Basoga's concept of life after death is similar to that of Christianity and Islam.

In the next category of spiritual beings is '*Nkuni'* (used as singular and plural). *Nkuni* are spirits of the founding fathers of the clans in Busoga. Each clan has this kind of spirit (Cohen, 1972:19). '*Nkuni'* also written as '*Enkuni'* represent the first place of settlement for the clan and thus this place is one of worship and reverence. The *Nkuni* rarely appears among its people and only shows up when it is a pressing issue. Places of worship are built at sites where the first settlers arrived. *Nkuni* are considered the guardians of the clan. They have the power to cure diseases, bring prosperity or punish errant individuals. Each clan has its *enkuni*, for which a special name is given. For example, the Baise Igaga clan's *enkuni* is called '*Nnendha'*. It has always been customary for members of particular clans to occasionally make pilgrimages to the site of the *enkuni* (Nayenga, 1976:33). However, with time, due to migrations within Busoga members of particular clans have begun to establish sub shrines for this *Nkuni* in those places

where they have settled. Currently, it is common to find several members of the same clan in different geographical settings of Busoga claiming to have their *Nkuni* with them with a shrine erected in this *Nkuni*'s honour. This is contrary to the traditional view in which the *enkuni* was worshipped in the particular place where the first man of the specific clan first settled.[27]

The third category of spirits is called '*Emisambwa'* or simply *'Misambwa'*. These are spirits of dead national heroes. In contrast with the *Mizimu* and *Enkuni,* which are related to individuals and groups of people, the *emisambwa* on the other hand are spirits of dead people that are regarded to be much more important to the country at large (Cohen, 1972:21). The *emisambwa* are thought to have distinguished themselves as significant actors in the sustenance of the people in their countries. They are so distinguished because they perform extraordinary things. These include single-handedly defending their countries from extinction due to invasion by neighbouring countries. The *emisambwa* are also associated with such important events such as marriage, birth, fertility and death (Cohen, 1972:21; Nayenga, 1976:34).

Examples of *emisambwa* in Busoga include Kintu, who relates to prosperity; Mukama, who is associated with the deformities of newborn children and Walumbe, who is associated with death. There are other categories of *emisambwa* in Busoga that are known to be harboured and manifested in nature. These have their 'homes' stationed in rivers or riverbanks, trees, wells and hills. For example, one of the most common *musambwa* found at wells is Meeru. Nabamba Budhagali, the protector of Busoga territory and who could walk on the waters of River Nile without drowning, has come to be the most well-known *musambwa* among the Basoga in this generation. Usually, worshipping places called shrines are erected in honour of these spirits. Those who wish to be blessed, as well as those with several sicknesses and life challenges often visit these shrines to have their problems solved. Musana (1995:5) analyses how all these various categories of supernatural beings, in the religious traditions of the Basoga have been for ensuring the ultimate well-being of the living.

Sacrifices were a key ingredient in the pre-colonial religious traditions of the Basoga. For all the spirits identified above, regular offering of sacrifices in form of cattle, sheep, goats, chicken, pigeons were made (Musana, 1995:5). Sometimes the spirit itself would demand certain special sacrifices to be made in its favour, failure of which would bring misfortunes to those concerned. In all activity of sacrifices, the shedding of blood was key to the appeasement of the spirits. Nayenga (2002:46) notes that performance of rites involving sacrifices is part and parcel

[27] Patrick Wairagala Mandwa

of the religious practices of the Basoga. To avert any misfortune or sickness as well as death thought to be caused by the *Mizimu*, sacrifices are made. Nayenga further cites circumstances when families are faced with calamities such as sickness, drought, poverty; the Basoga believe that this is due to displeasure from the spirits, who need to be appeased.The Basoga keep in contact and communion with these spirits through their special religious leaders that live among them in the communities (Cohen, 1972:23). These are men and women whom the spirits have chosen to be the mediums of communication to the people. The aspect of 'spirit possession' is what makes it possible for the people to get to know the will of the spirits. A spirit can be invited by the people in situations of difficulty for consultation.

Sometimes a spirit can possess one of the religious leaders in the community if there is something important or in case it has demands to make to the people. Whereas there are circumstances where any person within a family can be possessed by a spirit of his or her ancestor to have its will communicated to the family or clan, there are also specialized persons who act as mediums. These include the *Baswezi*-diviners; who perform *obulaguzi* (foretelling). Kawanguzi (1986) has made an elaborate description of the work of the '*Baswezi'* in the traditional religion of the Basoga. The '*Baswezi'* can diagnose the specific sicknesses and troubles faced by an individual or community. The spirits usually pick who should become the medium *(Omuswezi)* through whom their will can be known to the people (Cohen, 1972:23; Nayenga, 1976:34). Other religious leaders in Busoga society include traditional doctors, also called *Abayigha*. These heal people of various diseases and protect them against any dangers to their lives and properties (Cultural Research Center, 2003). Traditional doctors called '*abayigha'* continue to exert a lot of influence over the healthcare needs of the people of Busoga today. These will be the centre of discussion in the next chapter.

These religious traditions of Busoga are, however, diminishing due to the influence of foreign religions introduced with the coming of foreigners. New religions have had profound influence upon the religious life of the people of Busoga. Some Basoga have taken on foreign religions, abandoning their traditional religious beliefs. Others are in a 'syncretic religious box', where they subscribe to both the traditional religious beliefs and the foreign religion of their choice. Yet others have completely abandoned the religious influences that hover upon Busoga society and are atheistic.

During the colonial era, Busoga witnessed the intrusion of many foreign religions. The Arabs introduced Islam. Then there was Christianity in forms of Protestantism and Catholicism.

Christians denounced the traditional religion of the Basoga as being satanic, devilish, and uncivilized. They also erroneously labelled the traditional religion of the Basoga as having no God. The three foreign religious traditions struggled throughout the colonial period to have overwhelming impact upon the people, with instances of conflict. Today, most of the people in Busoga claim to belong to one of the foreign religions. Other religious traditions that came along with Asians, notably Hinduism and Sikhism, have not been a major influence and are only practiced by the small Indian communities in the urban centres of Busoga.

During the post-colonial era, Busoga began witnessing many other religious traditions. These have been independent churches and cultic religions. Among the independent churches are the Isa Masiya faith, founded by Apostle Besweri Kaswabuli in Busiki, now Namutumba district, and the Universal Apostles' Fellowship Church of Righteousness, founded by Prophet Nuwa Nabogho. The rest are numerous Pentecostal churches and splinter religious groups with a large following. In some cases, there has been a fusion of Kisoga traditional healing traditions with those of the new religions. The '*Balaguzi Abaghalimu*', a fusion of Islamic and Kisoga traditions of healing, is one example and will be discussed in the next chapter.

The rich religious traditions in Busoga have not left society unaffected. Religion generally affects the socio-economic and political thinking and practice of the people. Whereas the foreign religions have greatly undermined the traditional religious beliefs, they remain deeply rooted in the hearts of many Basoga. In all these religions, healing of the afflicted is a key factor that they espouse to win the minds and hearts of their adherents. The foreign religions have mainly introduced modern medical facilities to treat not only their followers but also the wider community. This is in addition to the spiritual healing they claim to undertake through the 'gods' they profess. Traditional healing, which is akin to the traditional religious beliefs of the Basoga, remains unrivalled and, as will be discussed, is still widely practiced. Indeed, the way the traditional religious beliefs of the Basoga interplay to produce a healing tradition that has been kept for ages will be the focus of discussion throughout this thesis. I now turn to analyse the economic organisation of Busoga, showing its significance to the construction and reconstruction of the healing traditions of this society.

2.7 Busoga Society Economic Organisation

In pre-colonial Busoga, the major food crop grown was banana plantain, locally called *'amatooke'* (Fallers, 1965:46-54). The hoe was significantly used in the cultivation of amatooke and other food crops. Cohen (1972:3-4) refers to pre-colonial Busoga subsistence activities as

composed of a 'hoe economy'. The Basoga were so fond of the hoe that they often referred to the 'hoe' as a 'mother' - for it could provide all they needed to survive, just as a mother does in ensuring her children's survival *Amatooke* was suitable for growing due to the plentiful rain that Busoga received throughout the year. Every Kisoga homestead had a plantain garden that provided the staple food (Mudoola, 1993: viii; Nayenga, 2002:43). *Amatooke* was the staple food until the plantain was affected by pests. A growing population also made the land to lose its fertility. In the southern part of Busoga, (present day Mayuge district), people had invaded the forest reserves for the growing of this plantain. They were evicted due to government legislation of non-settlement in government forest gazetted areas.

Amatooke is no longer as famous as it was during the pre-colonial, colonial and immediate post-colonial periods (Fallers, 1965:46). In fact, only the elderly in Busoga talk about matooke plantains with nostalgia, and this has dwindled into a legend. Currently Busoga is supplied with *Matooke* from Ankole and parts of western Buganda where the soils are still good for the plantains to flourish. Because of the scarcity of *Matooke* and the high cost associated with buying it, it has become a reserve for the well-to-do, and a preserve for the sick. Because Matooke is traditionally central among the Basoga, the sick are provided with this food to soothe the pain.[28]

In addition, each household had gardens for seasonal crops such as peanuts, millet, corn and potatoes. On the edge of the holdings were patches of uncleared bush used as a source of wood and grass. In the present, untilled land is rare in the region due to the increasing population. There is unprecedented fragmentation of land. Nonetheless, the availability of these foods was determined by where one lived. The south, which receives plenty of rain, grew plantains, beans, cassava, and potatoes, while the north, with somewhat drier conditions, grew famine-resistant crops such as finger millet *(obulo)* and sorghum (*omughemba*) (Cohen, 1972:5; Nayenga, 1976:43).

The northern kept herds of cattle. In the recent past, very few Basoga kept cattle and other such domestic animals mainly due to land fragmentation. In the 1980s, cassava and sweet potatoes were the most important food crops but sadly the cassava was affected by the most dangerous cassava wilt disease that led to the famine of the 1990-1995. The government has since introduced a cassava wilt resistant type. Sweet potatoes, maize and cassava remain the staple food crops of the area. Millet (*obulo*) and millet bread also known as 'obwita'-literally

[28] Edisa Namwase

interpreted as 'that which kills' is a much-appreciated food stuff for Basoga with much inclination to ancestry of the Luo-speaking group found in the northern parts of Busoga.

But changing climatic conditions resulting in long dry seasons negatively affects Busoga's agricultural sector. It results into lower agricultural yields, which makes it difficult for Busoga to fulfil the foodstuff requirements of her neighbours especially Buganda. The Basoga also grow foods like groundnuts, beans, peas as well as leafy vegetables like *dodo*, *eiyobyo*, and *eikubi*. The Basoga are also famed for being leaders in growing groundnuts called '*amaido'*.

The well-being of a society largely depends on its capacity to produce or import enough food for her people. Food self-sufficiency is an important indicator of material wealth and prosperity (Hungwe, 2012:23). Pre-colonial Busoga society fought malnutrition in children by ensuring that enough food was produced by individual families. This was enforced by chiefs, who demanded that each household maintained two large gardens, one for the family and another for the chief.[29] The chief did not take any of the yields from the gardens ascribed to him, but this was one way of ensuring that families produced enough food to maintain family and society well-being. Poor harvests brought worry not only to the residents but also the leaders of the society. Some of these foods are so important that they are used as medicines to minimize some diseases. In some cases, there are some foods that are used as sacrifices to the gods in healing rituals. Millet and sorghum are the most common foods offered to the spirits in Busoga. They are grains used to make a local brew, locally called '*Amalwa'*or simply '*Malwa'*. This drink is used in times of celebrations and festivities and it is also given to spirits as an offering.

The Basoga had limited commercial farming activities in the pre-colonial period. Large-scale commercial economic activities among the Basoga were introduced after the British annexation in 1895. The occurrence of famines and the outbreak of sleeping sickness between 1897 and 1911 made it difficult for the British to find a reliable source of revenue. To alleviate that problem, the British experimented with a protectorate wide "dual economic policy" between 1894 and 1923 that involved the cultivation of coffee, rubber, and cocoa on European plantations as well as African-grown cotton. Commercial cotton growing was introduced in 1905 and by 1939 had become the chief source of cash earnings for the majority of the Basoga. In addition, cotton could be grown alongside subsistence crops. Cotton cultivation also became attractive because its products were critical for industries in Jinja such as animal feed factories, textile mills, and oil and soap factories (Nayenga, 1981:185; Mudoola 1993: ix; Nayenga, 2002:43).

[29] Lameka Isiko, 100 years (approximate age), Elder & Client, Bulagala Village in Namutumba district. Interviewed on 23/05/2015

Cotton production dropped precipitously because of chronic political instability and erratic economic management during the 1970s and early 1980s. Because of the labour-intensive nature of cotton cultivation, the Basoga abandoned cotton to focus on growing cash-generating foodstuffs such as corn, peanuts, and rice. This was in addition to massive privatization carried out by the National Resistance Movement government, accompanied by dwindling cotton prices. Crops like maize, rice, *amaido*, and sweet potatoes, which were predominantly for subsistence, currently double as the major cash crops in Busoga.The decline of cotton production in Busoga diminished the region's significant role in Uganda's economy. However, the Basoga contribute to internal trade by selling food items (bananas, cassava, beans, corn [maize], potatoes, peanuts [groundnuts], and soybeans) within Busoga and to other parts of Uganda (Nayenga, 1981; 2002). Most of these food stuffs are commonly associated to the Basoga by the rest of the cultural groupings in Uganda. Their local Lusoga names are fondly talked of by their neighbouring cultural communities. For example, the Lusoga words *'embooli'* for sweet potato; *'duuma'* for maize corn; *'amaido'* for groundnuts are synonymous with the description of a Musoga.

Fishing was once a lucrative business activity as the region is surrounded by major areas of water including Lake Victoria, Lake Kyoga and the river Nile. This is no longer the case. There is overfishing in the major lakes that have led to the depletion of fish. The central government's regulation concerning the suspended fishing nets have made it tough for the Basoga whose source of livelihood was the lake. The fishing industry has grown, however, and is one of the major foreign exchange earners for Uganda. This is because foreign investors have made it difficult for the locals to enjoy the benefits of the lakes, as much of the fish is processed for export by the well-established factories.

Jinja town has always served as the major capital for the Busoga region. It was strategically developed by the colonial administrators as Uganda's major industrial hub. All the major industries and factories during the colonial and post-independence era were in Jinja. The opening of the Owen Falls Dam in 1954 catapulted Jinja to a position of potential economic leadership in Uganda. Jinja attracted several major industries, including textiles, blankets, spinning mills, copper smelters, steel rolling mills, and breweries. Poor management during the 1970s resulted either in the underuse of these facilities, or their closure. Jinja's decline as Uganda's industrial town has exacerbated Basoga's economic difficulties (Nayenga, 2002:43). The few surviving factories and companies still operational in Jinja act only as production units of major companies and factories found in the Kampala and Mukono districts in the

neighbouring Buganda region. Post independent government's deliberate policy to turn Kampala into the country's industrial hub killed the possibility of reviving Jinja's industrial glorious past. The Madhvani Group of Companies, which is located at Kakira, is one of the surviving viable enterprises in Busoga. Started in 1905, the Madhvani Group is an Indian-owned enterprise whose operations include several large companies, the largest of which is sugar production. The Madhvani Group employs over fifteen thousand people and contributes more than $50 million annually in taxes to the national economy (Nayenga, 2002:43).

Other sugar factories have also come up, one being in the Kaliro district and another in the Mayuge district. The Basoga mostly benefit from theses factories as out-growers of sugarcanes. Unfortunately, the out-growers' scheme for the sugar industry in Busoga has had a significant negative impact on subsistence farming, where there is constant shortage of foodstuffs in those homesteads that practice sugar cane growing. Other surviving factories like grain milling, Nile breweries and power generation depend mainly on skilled manpower, which has to be sourced wherever it can be procured across the country.

Division of labour is highly gendered in Busoga society just as in other societies across the African continent. This has been the case before, during and after colonialism in Busoga. Women carry out most of the work related to subsistence farming. They are responsible for ensuring that the family has enough food throughout the year. Women and their children tend the garden and cultivate most of the subsistence crops as mentioned before. The growing and tending to the plantains *(amatooke*), was women's work (Fallers, 1965:76). Men took an interest in commercial farming, and were heavily involved in cotton and coffee growing. Men usually claim to have no knowledge when it comes to undertaking roles that lead to subsistence maintenance of the household. Mudoola (1993:11) argued that the main reason though for the men to claim ignorance is based on their wish to promote their dignity and superiority. Involvement in such supposedly feminine duties will deprive them of the authority over their subordinates.

Until recently, when rice has become one of the major cash crops, men dominate in cultivating the swampy areas for the growing of rice for sale. In addition, because there are certain commodities that have to be bought, men have the responsibility of procuring them for their families. The introduction of commercial cotton cultivation enabled children to acquire a Western education and increased opportunities for individuals to work in cotton-related industries by then. Men found work in cotton ginneries, the civil service, and the private sector

(Nayenga, 1981; 2002:43). Since education was the key to obtaining these jobs, Basoga women, whose education was neglected, ended up becoming homemakers or working at low-paying jobs. However, with gender sensitization, there is general awareness of the changed roles of women in Busoga society. Women now play a key role in the economic transformation of Busoga. The uneducated are involved in the informal sector activities, as well as subsistence farming. Therefore, as of today, both women and men of Busoga are commonly acquiring their subsistence survival from the public service and service sector that require education. With limited sources of income due to decline in cotton production, a portion of food crop harvests is sold by the Basoga to ensure an income. These food crops are sold by the poor households to obtain money for healthcare services either with traditional healers or medical doctors. This is the case because some social challenges that need the attention of healers, like winning a husband's love, can wait until the afflicted has the means to contact the healer. Some healers suggest that this could be the reason why they receive more clients during harvesting and immediate post-harvest period.[30] This is a common trend with women, whose major activity is the growing of food crops. Healer Kibalya explains as follows:

> Those women are so inclined to us because we understand their problems. I have, however, realized that whenever these women get money, the first stop is to go to their healers to buy love potions and to make their husbands disown other wives. They usually come after harvesting and selling maize and rice.[31]

Healer Kibalya's argument points to a correlation between gender, health and income. Firstly, women's health problems are well attended to during the peak harvesting season because they would have got money from the agricultural proceeds to seek services of traditional healers. But even those who intend to visit biomedical visitors, there is a tendency for them to wait till the harvesting time to go and consult health workers over a chronic ailment. Secondly, women's access to healthcare service is dependent upon how much they harvest.This implies that ill health among women can be associated with poor agricultural harvests, and the reverse could be true. The patriarchal nature of Busoga society complicates women's access to health service as the income from sale of agricultural harvests can be held by the men.

In pre-colonial Busoga, land was largely communally owned, though patriarchal ideologies determined its use and transfer from one person to another or from one generation to another. Men had the upper hand in land ownership. Land was passed on from one male to

[30] Kibalya Mandwa, 65 years, Diviner, Napochopocho Village-Kibbale. Interviewed on 20-04-2015.
[31] Ibid.

another male(s). Only sons could inherit land. The men also determined how much land each woman would have had, especially in polygamous marriage arrangements. A father had absolute powers to divide his land among his sons, when still alive. But he could as well withdraw a son's share of the land, in case he exhibited unbecoming conduct in the family, especially towards his father (the owner and controller of the land). Women had absolute access to the land, as they were the major providers of subsistence food for their families, but held no control over it. This is because women held no rights to sell or transfer land to another person in society.

In pre-colonial and colonial times, the Basoga had a unique land structure. The consisted of four levels: the state level, the *omutala,* the *ekisoko,* and the individual level. Each of the pre-colonial Busoga states was subdivided into emitala (singular, *omutala*), an area of land bounded by either swamps or natural features such as rivers, valleys, or mountains. Omutala could be small or large. With these natural boundaries, the omutala became a convenient administrative unit for the allocation of land to individuals. The third level in the land structure was the *ekisoko*, a subdivision of the *omutala* and the final administrative unit in the state system. Land ownership on a small scale is the last stage in the structure. This category included the majority of cases in which individuals were granted land for daily use (Fallers, 1965:51; Cohen, 1972:16-19; Nayenga, 1976:19; Nayenga, 2002:43). Pieces of land were passed over from one generation to the next one. Land usually belonged to a clan, and members of specific clans had a share on that land. Clan land could not be sold, more so to another person outside the clan. This was for purposes of maintaining the closeness between members of the same clan and related families. It was also to keep related families from being joined by people with whom they did not share a common ancestry. This was because land and ancestry were one and the same thing in Busoga.

Land defines one's ancestry in Busoga. One has to be buried on the land where his/her ancestors were buried. This is believed to provide for communion between the spirits of the dead related to each other. The living, guard this land jealously, because it defines their identity, linking the living and the departed ancestors. There is a very close relationship between land, life and one's identity as a Musoga. It is the wish of every Musoga that upon death, they are buried at his/her *Butaka* - the land of their ancestors. This kind of feeling brings a sense of contentment about joining the ancestors. Land has always been a basis of feuds between societies and individuals. A disagreement over land, usually leads the aggrieved to undertake witchcraft to punish the other. Several deaths are attributed to witchcraft in connection to land disputes.

Namwase Edisa[32] explained that a land dispute is never won on merit; even if one of the claimants dies a natural death, it is attributed to the powerful forces of the medicine man the enemy may have visited.Though majority of women still have no ownership and control over land, the successful ones in in education, business, and politics, have generally changed and demystified the traditional land ownership structure in Busoga. Presently, ancestry ties to land have diminished. Increasing populations have led to land fragmentation and the pressure on land for both human settlement and economic utilization has made its value to skyrocket. This is due to the high demand for land titles that enable individuals with registered land and own it in perpetuity, as opposed to the pre-colonial system of communal ownership.

The significance of traditional healing in the economic organisation of African societies cannot be underestimated. The knowledge that traditional healers have on forecasting certain events, protecting crops and animals from hail and thunder storm, healing the sick, and driving away evil spirits is often not documented and as a result it is slowly going into extinction (ATPS, 2013:8). People's economic activities are greatly influenced by healing practices among indigenous people. Visiting a traditional healer is necessary, for example, before one can open up a retail shop. In pre-colonial times, there were medicines smeared on the bodies and spears of hunters prior to a hunting expedition, so that they could be able to capture some animals for food. Hunters also moved along with various herbs for treatment of bruises and snake bites while in the bush. Blessings had to be sought from diviners and specifically from the spirit for hunting, Ddungu.

The situation has not changed much within contemporary Busoga society. Traditional healers cleanse new business premises by sprinkling herbs around the premises. Some people consult a healer before they begin to dig a foundation for a new house. There are also traditional medicines for attracting clients to ones' business, called, *'akasenda abaguzi'*.[33] Protection of one's economic resources especially property is cherished among the Basoga. This is called '*okuchinga'*. The idea that some people are not always happy with another's success breeds suspicion of witchcraft among neighbours, hence the saying; '*ezira ayenda eyamwine ezare eibiri'*.[34] This literally means that no one wishes to see another person's cow or goat produce twin calves. This necessitates seeking the services of medicine men and women to provide 'protective medicine' to one's wealth. In Busoga, economic and financial stability define the

[32] Interviewed on 22-04-2015
[33] Kawuma Safina Nabirye also known as 'Ssenga wa Busoga'
[34] Kibalya Mandwa

well-being of men but also enhances their masculinity. A man whose family has plenty of food is envied by the whole society. With enough financial resources, one can seek healthcare services, not only for himself but for his wife, children and extended family as well. Such a man can take his children to good schools and provides his family with all the basic necessities of life. This is the embodiment of a model family, also called *Amaka*, which all people in Busoga wish to have.However, due to the decline in Busoga's economic activities the area is now reported to be the second poorest region in Uganda, second only to northern region, which is just recovering from a war that lasted over 20 years. With no recognised consistent cash crop, dwindling fish in the lakes, a decline in the cotton production and an increasing population which has led to land fragmentation, the socio-economic status of the people of Busoga is deplorable. A poor socio-economic situation is likely to increase the population's vulnerability to disease. Also, poor people are most likely to utilise traditional healing practices because the treatment costs are low. But most importantly, poor people guard their traditions so jealously that it is the most important non-material property they can be proud of. Traditional healing practices are not simply about the treatment of the sick, then, but also serve to respond to the socio-economic challenges that the Basoga face in their everyday situations. This is in view of Feierman's argument, who believes that political and economic influences upon African societies leads to new perceptions of diagnosis and treatment as well as health and disease among Africans (1985:73).

2.8 Political Setting of Busoga: Cultural and Central Governance

Politics determine the way societies are run. Politics influences the socio-economic, religious and cultural activities of societies. Politics supersedes all other issues of society because political actors control the resources and planning. Politics should be seen in the wider perspective of being integral to both formal and informal activities. Politics as well concerns itself with less analysed organisations, in addition to the traditional activities of having elections for political offices and having political leaders. Politics goes beyond public political activities to include all other activities that take place in society, though not publicly recognised (Bompani, 2008:666). Traditional healing is one of those informal, less analysed institutions of society and very often takes place in the private domain. Yet there is always a cross-cultural connection between medicine and power. Citing the example of the traditional Zulu nation, Flint (2008:67) argues that healers are also powerful actors in the political and military activities of their nations. It is very useful that an analysis of the political system of Busoga is made since pre-colonial times to

the present and later discusses the way traditional medicine has been an integral element in Busoga's political dispensation.

During the pre-colonial era, the clan system provided the political administrative structure of Busoga society. For each clan, there was a head known by different titles, depending on the clan. The clan head had the responsibility of protecting his people against invasion and was expected to convene and preside over clan and council meetings as and when there was need. Heads of clans also acted as judges in their areas of jurisdiction. They too had powers to allocate land to whomever was found to meet the requirements (Nayenga, 2002:43). This was so because members of a given clan usually lived in proximate geographical locations. It was rare for persons who belonged to different clans to live in geographical areas that were for another clan, unless there were servants amongst them. Therefore, there was no unified political authority holding control over the whole of Busoga in this period (Cohen, 1972:12).

The traditional political setting of Busoga was largely patriarchal. There is no record of any woman before colonialism in a leadership position, because this was not acceptable in Busoga society. Clan leadership was exclusively the role of men and sons, rather than daughters, were groomed to take on this responsibility. The women acted as being advisors to the chiefs, their husbands, and even this was only done in private. Noirfifre (2014)[35] affirms that this was the case across many African societies where women influenced a lot of decisions made at the household level.

Fallers (1965:30-45) and Nayenga (1976:19) explain that the political organisation of Busoga changed from a clan system to a state system between the 13thcentury and 18th century. This was occasioned by the incursions of new settlers, who at the time were more powerful than the indigenous inhabitants of Busoga. People coming from the Mt. Elgon area are said to have invaded Busoga and began to curve out territories for them to govern as paramount rulers over several clans that were geographically close to each other. The clans, however, still remained relevant in the new political dispensation. Clans served as the most immediate social units of organisation and administration.But the political roles of the clans were taken over by the new rulers. Clan heads only exercised their powers regarding family and lineage affairs, while difficult cases had to be referred to the new state lords.

'Busogacentric' writers like Nayenga Fredrick, Cohen Andrew, Lubogo Yekonia and Fallers Lyolld argue that Busoga was made up of many states, each with the kind of salient

[35]Author posted this unpaged article on: https://yelhispressing.wordpress.com/2014/08/14/. Accessed on 5/5/2015 and 12/5/2016

features including autonomy that make up a state. This view is pitted against the standpoint that there were no states in Busoga but chiefdoms and principalities instead. I agree with the arguments that there were states in Busoga because each of these states had a supreme ruler, who had the authority to administer justice, settle disputes and preside over council meetings and who was a representative of the royal clan. Nayenga (1976:26) notes that the supreme ruler administered the state with the help of the *katukiro* (prime minister), *abamatwale* (provincial governors), *abémitala* (village chiefs), and *abékisoko* (subvillage headmen). By the arrival of British officials in Busoga, there were eleven significant states that had an official engagement with the British, which was to culminate into takeover by the protectorate government (Cultural Research Center, 2013).

During the colonial era, Busoga's political and administrative structure changed once again. The numerous states in Busoga were amalgamated into one single and unified political unit (Fallers, 1965:144-148). The British also abolished hereditary rule in the states and instead adopted the political structure that was being used in Buganda kingdom (Nayenga, 2002:45). To hold the numerous states together and have full control over them, the British established the Busoga council, called 'Olukiiko' or simply '*Lukiiko'*, with a president as its head. Semei Kakungulu, from the kingdom of Buganda, was its first president in 1906. The *Lukiiko* was mandated to advise the colonial government on how best to manage the area and acted as the area's Supreme Court (Nayenga, 1976:29).

The title of 'President' of the Lukiiko was changed in 1939 to '*Isebantu Kyabazinga'* (the father of the people who unites them). The new title gave the position a Kisoga identity, and the incumbent was no longer a spokesperson for the council but for the entire region (Nayenga, 2002:45). This coincided with the reality that the reigning 'President' of the *Lukiiko* was a Musoga. The political and administrative structure of Busoga was once again revised to pattern that of the neighbouring Buganda kingdom. Hence, counties or *Saza* (plural - *Amasaza*) were created from the larger states. *Amasaza* was to be the second administrative tier after the kingdom headquarters led by the Kyabazinga. Below the *Amasaza*, were sub-counties or *Gombolola* (plural-*amagombolola*). The next tier was parishes or *emiluka* (singular-*omuluka*). The lowest administrative structures were the *omutala* (singular-*emitala*) and *ekisoko* (plural-*ebisoko*) respectively. At each of these political and administrative levels, the reigning cultural leaders retained their status, only now they were more like employees of the British colonial government.

After Uganda's independence in 1962, Busoga was accorded the title 'territory', a status that gave the region semi-autonomy under the leadership of the Kyabazinga. The institution of Kyabazinga, together with other monarchical institutions, was abolished in 1967. Between 1967 and 1996 Busoga was administered directly by the Uganda central government officials, who included a District Commissioner, a *Saza* (county) chief, a *Gombolola* (Sub County) chief, and a *Mutongole* (parish) chief (Nayenga, 2002:45). The Kyabazinga institution was restored in 1996, with its role limited to ceremonial and cultural functions. The administration of the kingdom is headquartered at Bugembe hill. The institution has an administrative structure made up of ministers and a parliament - the Lukiiko. The Kyabazinga is elected from among and by the designated 11 chiefs that head the eleven chiefdoms in Busoga area.

The political administration of the Busoga area has been vested in districts. The districts, ten of them, connect directly with the central government at Kampala. The districts are under a decentralized form of government but largely depend on the central government for finance. Each district is led by a Local Council 5 chairperson together with a district council composed of people's representatives from the sub counties and other interest groups. The Local Council system has been key in bringing harmony and stability in Busoga, since the local people are left to manage their own affairs and settle disputes that may arise in their areas of jurisdiction. These local councils run from the village level to the district level.

There are also parliamentary constituencies that provide a representative to the national parliament every five years. These are called Members of Parliament (MPs). These have to ensure that they present the problems and development needs of the people they represent in parliament. In all the political activities leading to the presence of political leaders, the Basoga, just like other areas of Uganda, have the sole authority to dictate who should lead them through the power of the vote. In an era of competitive politics, traditional healing has continued to be influential in determining the local politics in Busoga. Candidates offering themselves for political positions tend to seek blessings of the spirits and the healers to emerge victorious over their rivals. There is latent thinking that powerful politicians that emerge winners in elections employ traditional medicines. Politicians who are close to powerful healers have higher chances of winning the elections.[36]Traditional medicine therefore is used as a negotiating tool between population groups with different interests and access to power. Medicine becomes an arena for contestation of power between different groups of people (Flint, 2008:6).

[36] Kirya Wairagala, 42years, Client, Nawaikona village. Interviewed on 20-04-2-15

The importance of traditional healing in the political organisation of Busoga and many other traditional African societies cannot be underestimated. For example, traditional healers in Lesotho and other African countries have since pre-historic times played a major role in primary health care, counselling and the rituals performed for different purposes in the society. Traditional healers in the past had their houses located very close to the main house of the village chief. This was to ensure that the healer is always accessible to the chief, as they were not only entrusted in disease healing and driving away witchcraft, but they were also the main advisors to the chief (ATS, 2013:8). In Zululand, each king or chief had his own healer, who helped him to obtain and maintain political power. The healer also assisted the king in settling judicial cases. (Flint, 2008:67). Traditional healers perform rituals upon a new Kyabazinga before he is presented to the subjects. This is because the rationale to healing is to ensure that there is not only body equilibrium but also political harmony. A healthy chief implies a healthy community. The absence of a Kyabazinga for close to five years, after the death of Isebantu Waako Henry Mulooki, was believed to have led to the jigger epidemic in some parts of Busoga.[37] In the *Observer* newspaper, a diviner called Muyiru Waiswa Hassan argued that the unending misfortunes including the jigger epidemic in Busoga was due to the absence of a Kyabazinga in Busoga. He is quoted to have said the following:

> The spirits are enraged and have threatened to bring more calamities until a successor is found. Jiggers will continue feasting on Basoga and the region will never get rid of this deadly parasite, not until there is a fully enthroned and respected Kyabazinga in the palace. Famine, violent rainstorms, dry spells, domestic violence, accidents and internal conflicts will not end because our spirits are not happy. When the spirits are not happy they in return punish the people.[38]

Whereas this is an outright misconception about the causes of jiggers, it indicates how the Busoga think that there is a direct relationship between their socio-political institutions, health and the people's general well-being. Nonetheless, the local people are ignorant about the fact that jiggers thrive in unhealthy environments. The Kyabazinga has been central in mobilizing the communities and sensitizing them about health and promotion of hygiene. The Kyabazinga is changing the perceptions of his people about effective control of diseases and maintaining healthy lives. This is becausesocio-political institutions in Busoga are now being led by cultural leaders who have attended western educational institutions and who are more knowledgeable

[37] New Vision (2014), Institutionalization of the Kyabazinga should better the Basoga. Published on 24th September 2014. *New Vision* Newspaper.
[38] Baleke T (2013), Busoga Witchdoctor knows the origin of jiggers. *The Observer*. Published on 7th July 2013.

about the causes of diseases in their societies. These cultural leaders have therefore taken the lead to mobilize the Basoga for better health through encouragingdomestic hygiene. In the *Daily Monitor* newspaper, the Chief of Bugabula launched a jigger eradication campaign with a call for promotion of personal hygiene, and creation of bylaws to enforce cleanliness and sanitation.[39]

Politicians in traditional societies were and still act as the chief custodians of traditional knowledge. Traditional healers are among the highest in leadership hierarchy in Busoga society since time immemorial. Traditional healers are mediums of the spirits that determine the direction that a given society is to take. In Busoga, Nabamba Budhagali[40] was consulted about who should succeed the late Kyabazinga, Henry Waako Mulooki; the throne being contested between two rival chiefs, Gabula Nadiope and Waako Wambuzi. Flint (2008:67) notes that in Zululand healers were very influential in resolving disputes relating to political succession. This shows how traditional healers in Busoga have actively been involved in sustaining the political processes of this society and hence maintaining the identity of the African people.

For Uganda's case, the use of traditional medicines and healers in several politico-military confrontations has been evident over the years. The smearing of traditional herbs on weapons of war to ascertain military victory is a common practice in some cultural groups in Uganda. For example, in the mid-1980s, the Lakwena Holy Spirit Movement, rallied an army from the predominantly Acholi community in Northern Uganda to fight the National Resistance Army government, with assurance from Alice Lakwena, the female commander and spiritualist that victory was guaranteed once they smeared their bodies and guns with herbal substances. The herbal substances were to act as shields against bullets. The Lord's Resistance Army (LRA) an offshoot of the Lakwena rebel movement would smear herbal concoctions upon the abductees to scare them from escaping from captivity. And that escaping would ignite spiritual wrath against them (Sturges, 2011:76). The post-election violence of 2016 in the Rwenzori region of Uganda, which involved the local people's confrontation with government armed forces, was rooted in the Bakonzo's belief in their traditional medicine. Young men belonging to the 'Kirumiramutima' group, associated to the Rwenzururu cultural kingdom, had assurance that bullets would not strike their bodies when they attacked the government's military establishments. Because there is a belief that healing and the spiritual realm are one and the same, and there is strong fear of the

[39] The Daily Monitor, (2010), Gabula kicks off jiggers' campaign in Busoga region. Published on Thursday, October 14th, 2010. www.monitor.co.ug/news/national. Accessed on the 25th February 2016

[40] Interview with Nabamba Budhagali at his home in Budhagali in Jinja district

spirits, ill-intentioned political actors use traditional medicines to enlist fear and submission from the locals.

Finally, the political administrative structure provides a regulative framework for traditional healers in Busoga. Though the healers regulate themselves, they have a hierarchical structure that is aligned to the political administrative framework of Uganda, from the villages (*ebyalo*) to the national level. This is the case because, as Levers puts it, the political and economic forces that shaped the African continent's history also established the framework within which patterns of diagnosis and treatment, health and disease emerged (Levers, 2006:90). Therefore, traditional medicines do not concern themselves with treating the physical and social body but also the body politic (Flint, 2008:66). They also create a sense of cultural and national pride and identity. The healers play a key role in maintaining local beliefs and power structures of society (ibid.pp.7).

2.9 Gender Roles in Pre-colonial, Colonial and Present Busoga Society

Since time immemorial, Busoga society has had patriarchal institutions. It has been a male dominated society. Women were conditioned d not to talk when their husbands had already talked. This led to the popular Lusogasaying; '*Omwami kyakobye zzena ky'enkoba'*, loosely translated as 'what the husband has said is what I say, too'. Young men were socialized to take charge of their families and provide leadership and security for their wives. Young women were socialized to be obedient to their husbands. This has gradually changed with attainment of education, and the human rights movement wave that has promoted the rights of women in society.

There was inequality between women and men regarding distribution of authority and roles in society. Men were bestowed with greater authority, not only over their family members, including their wives, but also concerning the ownership of and control over economic resources (Mudoola, 1993:12). Men, especially the married ones, expected their wives and children to treat them like lords, and often their authority was unquestionable. A wife was expected to kneel when greeting her husband and address him as '*ssebo'*, the English equivalent of 'sir'. Fallers (1965:77-79) notes that male dominance in Busoga society centred on the sexual and child-bearing potentialities of women and that male dominance over women declined with the decline of these potentialities. As a result, more elderly women exercised a lot more freedom than younger women in the childbearing age bracket. Indeed, gender limitations reduce as women grow older. This accounts for the increasing authority of elderly women in society. This is not

different with healing practices in Busoga. More elderly women than younger women are involved in the provision of healing services, due to experience and respect that comes with old age. The influence of age and gender upon traditional healing practices is discussed in detail in Chapter Five.

The colonial era ushered in society opportunities that considerably changed gender roles in Busoga. Education, for example, was used as an attempt to change the gender landscape in society. Girls who had opportunity to go to school achieved a certain level of empowerment. A new consciousness began to be aroused among families, especially with the fathers, who began to realize that their successful daughters were being of greater importance to their families than their uneducated boys. Urbanisation and the subsequent employment opportunities that appeared in the towns of Jinja, Iganga, Kamuli and, provided Basoga women with an opportunity to circumvent male authority by seeking jobs in those places and factories (Fallers, 1965:79).

Women who had acquired personal resources due to employment in the urban areas began contesting the unequal social relations that were prevalent in traditional marriages in Busoga. Some refused to get married to men and rather owned small houses where men wouldvisitsolely for sexual pleasure. Since they owned these places of abode, they had the power to end those relationships with the domineering men. This group of women is popularly called '*banakyeyombekeire'* (plural) or '*nakyeyombekeire'* (singular). Later, even those without resources would contest unfair treatment from their husbands, whereupon they would separate from them and build small houses allotted on their fathers' plots of land. That time of 'separation', when the wife left her husband's home to settle at her father's or brother's home, was one way of negotiating for better relations in her marriage.

Relations between parents and their sons and daughters were somehow skewed. Sons were more preferred, while daughters were pampered more by their parents, mother and father alike. Sons ensured the continuity of the patrilineal kinship. Fallers (1965:79) observes how sons conceived of their fathers as the focus of authority in the homestead and how the relationship between the two was both close and distant. The closeness was due to the fact that they needed one another, but also distant because the son was supposed to submit to the unquestionable authority of the father. Fathers treated their sons with strictness to instilresponsibility. Mothers treated their sons with adoration, because these are the ones that ensured their legitimacy in their husbands' extended families.

Girls, differently, were treated with compassion and were overly-protected by their fathers and brothers. This "protection" also meant legitimate superior authority over them by the males. This was to ensure that they grow up with the expected female characteristics in order not to be an 'embarrassment' to the family. Well-groomed girls meant they would be highly valued and easy to be married off. Education has significantly changed these events in society. Children began to join boarding schools and their behaviour and supposed relationships with parents and siblings were no longer determined by society but rather by the westernized form of education. Many were being taught how to behave well, based on the Biblical principles of brotherhood and eldership rather than on tradition. Those children who had a chance to move beyond Uganda for further studies later returned to their societies as liberating forces.

Even with the acquisition of western education and adoption of biblical principles, relations between women and men have not changed much in traditional Busoga. Men treat their mothers with much respect and mothers usually have great influences over their children, even in old age, when it comes to important decisions to be made. Men therefore tend to give more respect to their mothers than to their own wives, resulting in tensions between wives and their mothers-in-law. This breeds feelings of disharmony not only in the family but also in the larger community. As a result, suspicions of witchcraft and visits to traditional healers become prevalent.

The mother-in-law is constructed as the witch, attempting to cause pain and agony to her daughter-in-law. The daughter-in-law is constructed as the victim, who should protect herself against the witchcraft of the mother-in-law. In some instances, when the daughter-in-law or one of her children dies, the person, that society suspects to be responsible for it, is usually the mother-in-law. This causes a division in the community, as members of the daughter-in-law's family gang against the mother-in-law to defend their daughter. Since the sick community then needs to be restored to normality, conflicts need to be resolved, which may require rituals to be performed involving the sacrifice of animals to reconcile the two families. These circumstances have changed due to enhanced mobility and migration. Sons increasingly prefer to live alone, establishing their homes quite far away from their parents. Therefore, the tensions described above have been minimized to an extent.

Some scholars on gender issues in Busoga Society contend that the position of the educated Musoga women has changed, but that the position of women in the villages has not (Mudoola, 1993:13). Patriarchal tendencies and the oppression against women are still a reality

for those who live in the poor Busoga region. However, the central government of Uganda has introduced several legislations and programmes to protect and guarantee the freedoms and rights of women and girls, not only in Busoga but in the whole of Uganda. Legislations like the Constitution of Uganda (1995); the Land Act of 1998, the Domestic Violence Act and the Equal Opportunities Act are in place to protect the fundamental rights of women and girls. Corruption, poverty, illiteracy and lack of political will among others continue to be obstacles to the implementation of the above laws to realize gender equality in society.Therefore, gender relations permeate the social, cultural, religious, political and economic spheres of life among the Basoga. Traditional healing practices have not been left unaffected. Since pre-colonial times, the roles of women and men in healing traditions have been led by division as well as complementarity. There were specialized traditional healing practices provided by women. This was true of traditional birth attendants - the *Balerwa*. Knowledge of traditional healing practices was also highly gendered, with women more knowledgeable in traditional remedies that were domestic in nature and they knew much more about herbs than men since they were charged with the responsibility of meeting the reproductive functions of society.

2.10 Conclusion

Busoga traditional society had well-defined institutions that were observed and respected by the local people. These institutions held the people together and defined the social, political and economic organisation. They outlined how people should relate to each other, enhancing social cooperation and harmony. These institutions legitimized certain forms of inequality especially between women and men, which brought about social tensions. Traditional medicine and its practitioners are intermediate factors in any Musoga's life and influenced all aspects of his/her life. It is important to note that the religions of the African people are embedded in other epistemological and metaphysical conception of reality thus the traditional healers profoundly pride themselves in possessing the ability of responding to the physical and spiritual health needs of the people. The Basoga interpret health as the physical, spiritual, psychological, environmental and social-cultural well-being both of individuals and the wider community. The masterly essay 'Celebrating the sanctity of human life among the Basoga' by the Cultural Research Center (2004) attests to this fact. A holistic analysis of the environment of society is very important too; because patterns of diseases and healing depend on the environment in which people live (Alexander, 2012:27). It will be interesting to see what role state institutions as well as other social, political and economic organisations will play, both in the development and

organisation of traditional healing and in its dispensation. An examination of Busoga's socio-economic, cultural, religious and political circumstances helps to analyse the transformations that its traditional healing practices have undergone. As Kirmayer (2004:46) puts it, systems of healing are part of local worlds of meaning and power. The meanings conferred by healing practices include the personal, social, religious and moral significance of affliction and recovery. The forms of power invoked include personal feelings of efficacy and self-control, the professional and institutional authority of healers, and larger forms of economic, political or spiritual power. The quest for meaning and power in healing cannot be entirely disentangled from one another: sometimes achieving power is enough to foreclose any further search for meaning; more often, meaning is offered as a salve for the powerless.

CHAPTER THREE

PERSPECTIVES OF TRADITIONAL BUSOGA SOCIETY ON TRADITIONAL HEALING

3.1 Introduction

The ideology of Busoga society concerning healing reveals that traditional healing practices are embedded in the socio-economic, cultural-religious and political realms of the Basoga. This chapter spells out the uniqueness of healing of the Basoga in the wider African setting. The belief that traditional medicine can be applied in all aspects of life is common among the Basoga as it is the case in many other indigenous societies all over the globe. Geest et al. show the centrality of traditional medicine in the following statement:

> Throughout human history and across cultures, people have attributed special transformative powers to material substances. A love medicine turns the world upside down in Shakespeare's *A Midsummer Night's Dream*, and in Burgess's *A Clockwork Orange*, the main character is treated with medicine to cure him of his violent behaviour. Abu-Lughod recounted a Bedouin legend about a man who took his wife's fertility medicine, became pregnant, and gave birth to a daughter. It was reported that women in Zambia have ingenious medicines to prevent their husbands from engaging in extramarital sex, and Sacks described how a medicine awakened patients from a thirty-year lethargy. The Jesuit missionary Alexandre de Rhodes wrote in his diary: "They have such reverence for holy water…They give it to all the sick to drink, with marvellous results. Every Sunday I was obliged to bless at least 500 jars of this sacred water to satisfy their pious desires. (1996:153)

Geest et.al, portrays the strong belief that indigenous societies hold about their healing traditions. They unquestionably follow and believe in the efficacy of traditional medicine. This further illustrates how traditional medicine of all nature influences people's lives in all spheres. Traditional medicine can deal with not only physiological conditions thought to be chronic like lethargy and infertility but also psycho-social challenges like strained marital relationships and deterrence of spouses' infidelity. People's faith in traditional medicine reveals that its efficacy is based on the belief that it transcends human knowledge and science due to its supernatural alliance, making it capable of treating illnesses that have been a challenge to biomedicine.

Health and illness are conceptualized and experienced differently in different societies of the world (Waldron, 2010:50). Busoga society's uniqueness to healing is based on the argument that every society embraces particular 'cultural theories' or ideologies that set the parameters within which normal, abnormal and deviant behaviour are defined (Waldron, 2010:50). In this

chapter I discuss Busoga society's perceptions of health and well being, diagnosis, treatment and prevention of diseases and illnesses, as well as practitioners and users of traditional medicine.

3.2 Health and Well-Being among the Basoga

It is important to examine the meaning of health in general among the Basoga. Romane (2000:138) states that without a healthy society, human existence cannot be possible. Perceptions and conceptions of health and wellness in Busoga were and still are gendered. This is because society has its rules and institutions that determine the roles to be performed by men and women towards the creation and maintenance of health and well-being. Sometimes, there are specific circumstances when either women or men are expected to undertake certain activities for the well-being of their families and communities. In some cases, it is a joint effort. There are at times significant variations between women and men in Busoga regarding health and wellness.[41] The health of individuals and communities involves spiritual and mental considerations. Among the Basoga, one is considered healthy if he/she does not only have any physical injuries but also having psychological, mental and social balance.

Health among the Basoga concerns all people in each community. When an individual Musoga is unhealthy, then the whole community is considered to be so. The most immediate greeting espoused and known by the Basoga is '*kodheyo*?' literally interpreted '*how are you and all those in your household*?' This greeting is a sign of concern by all regarding the well-being of others in their community. The greeting is usually an extended one in terms of time and it is comprehensive enough for one to inquire about the well-being of the chicken, goats, cows as well as gardens of community members. Below is an example of a typical greeting that I captured between two women at one of the healing centres I visited, and it goes as follows:

> ***Musoga A****: Khodheyo? (*How are you?)
> ***Musoga B****: Tuliyo (*we are fine)
> ***Musoga A****: Mulimuty'eyo?* (How is everybody at your home?)
> ***Musoga B:*** *Tuliyo* (we are fine)
> ***Musoga A:*** *Muliyo Balungi?* (Are you all well?)
> ***Musoga B:*** *Bulungi (*fine)
> ***Musoga A:*** *Abaana balibatya? Basoma bulungi? Ate abakulu, Ente eyo yazaala? Yazaala bulungi? Ooh! Eyisuuke, Kati iwe onwa ku mata*! (How about the children, are they all fine? Are they doing well at school? How about the older/elder ones at home, did your cow give birth, did it deliver very well? Ooh that is good to hear; at least you can now afford to take some milk)

[41] Kawuma Safina Nabirye 'also known as' Ssenga Wa Busoga

Musoga B: *haaa baliyo, naanhi ajja mu kyakusatu, naanhi ajja mu kyaikumi, aye naanhi neyagwa*. (They are fine, so and so passed well and is now in primary three, so and so passed well and is now in senior two, but so and so failed)
Musoga A*: Ate enkonko yo yatandika okubiika?* (How about the chicken at home, has it begun to lay eggs?)
Musoga B: *ekaali!* (Not yet!)
Musoga A*: Eeeh nga erwilewo!* (It is sad; it has taken so long to lay eggs)
Musoga A: *Eyo amadhi gatoona? Iffe enno akasana katumazzemu! Amaidho gameera?* (Are you receiving rainfall in your village? As of this village, there is too much drought! But how about the ground nuts, did they sprout?)
Musoga B: Munna gameera! Kibbumba mulungi (eehh, my friend, the groundnuts sprouted. God is good).

Verbal Greeting exchanges between two unidentified Basoga women at the home of the Chairperson of Traditional Healers of Namutumba District- Kabaale Bitimbito.

Apart from the richness in the greeting, it is institutional. The Kisoga greeting serves as a useful tool for communication and knowledge sharing about the socio-economic and well-being of households. This indicates that the health and well-being of individuals is not only dependent on their physical ability to move about with their duties, but is also dependent on the economic and social viability of their property. The spiritual dimension (*God is good*) is expressed here as an intervening variable in determining the well-being of individuals and society at large. The content of the greetings differs between men and women. Greeting between men and men revolves on wishing to know the well-being of another and is rather centred on the roles and responsibilities that men perform in society. On the other hand, greeting between women and men revolves around the reproductive functions of women in society.[42] Women are most likely to take more time than men in greeting because they are brought up as carers for the rest of the society members. This greeting is, however, not used by people who are living together, because those staying together ought to know the conditions of the other.

Ill health of a member affects the whole community. When one becomes ill, the community members gather at his/her home early in the morning to find out his/her state and to give counsel. Sometimes work has to be suspended as a sign of solidarity with the sick.[43] It is taboo for somebody to undertake any work in his/her garden, including pruning of crops, when a society member has died. This is to be observed until after burial. Community members are expected to gather at the deceased's home as a sign of oneness.[44] Those who fail to observe this

[42] Edisa Namwase
[43] Torofina Bitali, 62 years, TBA, Nawangoba Village. Namutumba district. Interviewed on 4th April 2015
[44] Mpadwa Lukowe, 73 years, Diviner, Nakawunzo Village, Namutumba district. Interviewed on 16th April 2015

practice risk being suspected as responsible for the sickness that has taken the member's life. These practices are more pronounced in the rural areas than in the urban areas. The fluidity of Kisoga norms in the urban areas due to influx of people coming from other neighbouring places lessens their strict observance. The educated and corporate employees are now governed by their company rules that demand provision of labour for at least eight hours a day, for the five working days in a week. Therefore, they find it practically impossible to suspend work to commune with the sick community members. They show their solidarity with community members through their financial generosity to the families with ill members.

Illness and subsequent death brings untold communal grief known as '*ensisi'*.[45] This is because death or illness of one person is interpreted to be an attack on the whole community. Batuuka and Nkanda (2006:65) interpret the Basoga's suspension of work when one community member has died as having moral implications. They argue that everyone is bound to die and in the event that a family loses one of its own, needs everyone's company. If one does not come to console the family of the deceased, he/she is regarded as bad or short of *Obuntu*. The punishment for that kind of lack of *Obuntu* can be administered in paying that person in kind. No one consoles such a defaulting family in their turn of grief.

The ideology of 'communal consoling' has also undergone a lot of changes, with the young generation frowning upon it. 'Communal consoling' is a form of social capital among the poor, who cannot afford to take on social challenges that befall their families single-handedly. They therefore depend on the community members to have their challenges responded to. They usually have no money to take care of the sick and fund the expenses that come along with the death of a family member. The poor therefore take 'communal consoling' with high regard. The introduction of funeral insurance and funeral services companies that perform all the expected services when a person dies is a major relief to the rich and educated members in Busoga. It has thus undermined the ideology of 'communal consoling' since those who are rich are no longer bothered with communing with other members of the community as they will not need their services when they lose their loved ones. As discussed in chapter one, the above changes are a clear manifestation that Busoga society ideologies on healing have since been adapted to new waves in society and in many instances, being completely disregarded by the young generation.
The communal attitude expressed by the Basoga aimed at promoting the common good is what many authors describe as 'Ubuntu Philosophy' (Batuuka & Nkanda, 2006:64-75; Warfield,

[45] Torofina Bitali

2008:22; Jolley, 2011:6-8; Broodryk, 2006:2; Oppenheim, 2012:370). Strict observance of the principles of 'Ubuntu philosophy' is an embodiment of a health community.

To the Basoga it is simply 'humanness and good conduct' expected of community members.The Basoga believe that good health and well being is determined by the ability of the person to exhibit good conduct according to his/her society's norms and values.[46]Following a moral code of conduct in which individuals live is crucial in defining how well individuals and communities are. This is what the Basoga call '*Obuntu bulamu'*.[47] Hence, the Kisoga saying '*Obuntu bulamu businga amaani'*[48] means literally that behaving well and living harmoniously in a community is better than being powerful. Speaking about *Obuntu Bulamu*, Ali Wairagala describes how society reports about a dead man if he exercised this humanness:

> *Omusadha oyo abaire muntu mulamu, ng'alina empisa, ate nga azira gw'alinaku mutawana yennayenna, abaire muntu mulungi innho* (translated: that man has been a humane person, well behaved yet he has not been having any problem with any one, he has been a good person).[49]

The above statement attests to the goodness of individuals as making up the well being of entire society. This comes as a result of individuals being at peace with others. Once this is done by individual persons, then society is healthy. '*Obuntu bulamu'* as conceptualized by the Basoga is the inner core defining the health and well-being of both individuals and the community in which they live. Batuuka and Nkanda (2006:65) rightly observe that this '*Obuntu bulamu'* is the ultimate state to do away with pain at both personal and communal level. Among the Bantu a human being is regarded as one with conscience and tender heart and as such must behave rationally as a free moral being. The person who possesses *Obuntu* is that generous person who cares for others with a rational sense of belonging to a society. Observance of '*Obuntu bulamu'* would result into complete wellness of both individuals and the entire community.

Somebody is considered healthy if they earnestly follow and show utmost respect to the cultural values and norms of the community in which they live. And these values may vary from one community to another. This is the reason why even the physically healthy can be regarded as 'dead' among the Basoga, if their conduct undermines the cultural moral values of the

[46]Isabirye Rashid, 53 years, Local Council 1 chairperson, and remover of small bones stuck in one's throat, also known as 'empagama'. Bulagala Village, Namutumba district. Interviewed on 20 April 2015.
[47]Fr. Gonza Kayaga, Busoga cultural research centre, Jinja. Interviewed on 16th April 2015
[48]Katende Kibenge (82years), Isegero Village, Namutumba District, Interviewed on 9th April 2015.
[49] Ali Wairagala, 68 years, Elder/Client, Bugembe, Jinja district. Interviewed on 8th August 2015

community.For example, a man who commits incest would be regarded as sick or dead. Incest among the Basoga is a disease referred to as '*amaghemukirano'*.[50].

Whereas there is much emphasis on people's relationship with ancestors as defining the health of the Basoga, health also has to do with the relationships between the living. Some of the interviewees illustrated how young people today are living unhealthy lives by not greeting elders, not respecting parents and living permissive sexual lifestyles that are not in tandem with Kisoga norms and values. The Basoga strongly believe that having unhealthy relationships with other community members defines one as having ill-health too. In attempting to show a case of how health, well-being and illness are conceived to be determined by relationships between members of specific communities in Busoga, Dube says:

> Failure of relationships results in the breakdown of health. Physical healing of the body is thus accompanied by healing of relationships. Consequently, healing is regarded as healing of all relationships. Health is therefore closely tied to health relationships. This philosophy requires an ethic of being responsible for one's own health and for that of others through maintaining health relationships. The healing of relationships is integral to treating physical pain. (2006: 143)

Dube's assertions relate squarely to Busoga society's emphasis on concern for harmonious community living, as being integral to defining well being of everybody. The Basoga seek healing from traditional healers to restore health and to ensure that there is harmonious living in the whole society. Indeed, one sick family member means that the whole family is sick. This is the reason for the greeting of '*edhibaluma'*. '*Edhibaluma'* is a short form of the greeting of '*endwayire edhibaluma*?' loosely interpreted as 'what is the health condition of the sick?'[51,52] This greeting, however, is said not specifically for the individual sick person but for the whole family that has sick members. The idea here is that it is the whole family or community of the sick person which is affected and not only the individual sick person alone.

Whereas there are general considerations among the Basoga about health and well-being, there are also significant variations between women and men about well-being. This is occasioned by the social positioning and ascribed social and reproductive responsibilities that each of them carry. Men are conceived to be in good health if they are physically capable of carrying themselves from one place to another. Men with disabilities are looked at as being unhealthy and they need to seek services of a healer to regain their health.

[50]Nabamba Budhagali
[51]Nabamba Budhagali
[52]Kabaale Bitimbito

There is, however, also a shared norm of perception of men's well-being. Ability to provide for one's family needs, having a wife or wives and biological children as well as land are essential determinants of a man's well-being. This is what defines an embodiment of a complete man called '*omusadha'*. When these are absent in the life of a Musoga man, he is less of a man and he is not '*omusadha'* in the real sense.[53]Such conceptions undermine one's masculinity. On the other hand, the well-being and health of women are determined by good health of body, which involves absence of deformities and impairments.[54] This is the reason why women with disabilities are conceived to be sick and unwell, requiring the intervention of a healer. Other determinants include being married and able to produce children, especially sons. A woman's well-being is reflected by a sense of appreciation from her husband and his relatives. Having children who are well behaved, successful in their marriages and being able to see and take care of grandchildren are all essential for the well-being of women.[55] Healthy children mean healthy parents. Whereas in other societies (especially those from the Western world) a bony woman is cherished, the Basoga look at such women with scorn and label them sick. A rotundwoman is the ultimate embodiment of a healthy woman among the Basoga. [56]

Two issues come out clearly here; women's well-being is determined by their ability to exercise and perform those feminine functions that society expects them to undertake. Secondly, women's well-being is determined by the level of contentment with their lives as women. This concerns the inner psychological satisfactions that women enjoy because of being appreciated for the complementary roles they perform for society to function. Women's ability to fulfil their reproductive roles in society as well as having accorded space to function as such brings a sense of satisfaction to them. This can be attained when basic needs of women are fulfilled, which enables them to undertake the reproductive roles. For example, marriage and children born enhances women's well-being because the two are a measure of women's key social functions in Busoga society. Barrenness and unmarried life negate women's social well-being as these conditions disable women from being active social agents in their communities.

To ensure that the whole community is devoid of disease of any sort, the Basoga have mechanisms that ensure prevention. This is called '*bulungi bwansi'*[57], which means doing communal work. Preventive health activities under '*bulungi bwansi'* in Busoga includes

[53]Kawuma Safina Nabirye also known as 'Ssenga wa Busoga'
[54]ibid
[55] Torofina Bitali
[56]Kawuma Safina Nabirye also known as Ssenga wa Busoga
[57]Nfuddu Isabirye

clearing and cleaning of water wells for domestic use, mandatory establishment of a pit latrine in each home, having gardens to fight hunger and food insecurity, construction of community roads, andinvolvement in community rites that put evil spirits under control.[58] In pre-colonial Busoga, leaders dictated that there should be two mandatory gardens in each homestead: one for the family and another for the chief.[59] This is what Fallers (1965:77) described as '*Butongole'* and '*Bwesengeze'* gardens. *Butongole* was a garden expected in every homestead by the chiefs, and the *Bwesengeze* was to be a personal estate of the homestead. Chiefs supervised every homestead to ensure that those two gardens existed. 'Mandatory gardens' was a mechanism by rulers to ensure that there was food security to ward off famine and malnutrition. However, it should be noted that activities at the communal level that were geared towards achieving a community without health challenges were performed by men only.

3.3 The Concept of 'Illness and Healing' in Busoga Traditional Society

Illness is used here to refer to the cultural construction of disease and sickness. Kleinman (1978:86) explains that all health-related concepts like 'health', 'illness', 'healing' are articulated within the cultural realm of societies; and they are part of the cultural systems. Teshome-Bahiru (2004:30) and Kleinman (1978:88), agree to the notion that disease is a biological and or physiological malfunction of the body. In other words, as according to Kleinman (1978:87), illness is the cultural shaping of disease, under the influence of cultural rules which govern the perception, valuation and expression of symptoms as well as the entire healing process of people of a specific culture. It is the way the sick person, his/her family and his/her social network perceives, label, explain, evaluate and respond to disease (Kleinman 1978:88). The understanding of Busoga society of health, well-being and illness is intrinsically connected to the cultural postulations and beliefs that the people of Busoga have followed since generations. For example, as Waldron (2010:51) and Abdullahi (2011:115) note, illnesses are culture-bound because various illnesses are based on personal understanding of health and illness that reflect the symbolic structure of specific cultures and societies, as well as local histories, and environments.

Illnesses are also defined in terms of social relations in society, and these are intertwined with gendered explanations. For example, the Basoga hold that certain sicknesses are for either men or women. Syphilis, also known as '*kabotongo'*, which is mainly transmitted through sex, is

[58] Ibid.
[59]Katende Kibenge

considered to be a man's disease. Men infected with *kabotongo* are looked at as heroes because it involved sleeping with multiple sexual partners. *Kabotongo* has come to be popularly referred to as '*endwayire* e*y'abazira'* literally meaning a disease for heroic men.[60].On the other hand, women who are diagnosed with *Kabotongo* are interpreted to be promiscuous while men are applauded. Even though such diseases are known to be transmitted through sexual contact, women are constructed to be the carriers and men as innocent victims. Yet another disease called '*Amakiro'* (the equivalence of '*Postpartum psychosis'*) [61]which involves a freshly delivered mother biting her newly-born baby is connected to the mother having committed adultery or the father having extra-marital sex during the wife's expectancy.[62]*Amakiro* is constructed to be typically a disease for women among the Basoga. Men cannot have tendencies of harming their infant children though the cause can be attributed to them. To have twin children grow up healthy, the parents are expected to follow certain strict sex taboos, which also involve avoidance of extra-marital sex.[63]In situations where men are allowed to have more than one sex partner, are bound to abandon their expectant wives and lactating mothers for other women. This affects the welfare of both the expectant and lactating mother as they lose the care and attention from their partners. Therefore, taboos that restrain men from having extra marital affairs during their wives' pregnancy are aimed at deterring the men from abandoning their wives who are expectant, to ensure their psychological well-being.

The Basoga believe that sickness is against *Kibbumba's* plan for humanity, his creation. In an interview with Fr. Kayaga Gonza, who boasts of wide experience in researching the cultural dynamics of Busoga, he argues that God created human beings, and indeed all living beings, to be free. However, when the intended health is found wanting, sickness arises.[64]Sickness is evil in the sense that the good life which God created, and which is supposed to be there, is absent at those moments when one is sick. Evil forces are against God's creation and they will always produce both physical and spiritual mishaps in God's creation. Fortunately, God, aware of the evil forces, made provisions so that what evil has taken away could be

[60]Kibalya Mandwa.

[61] Nakigudde et al. (2010), Perceptions regarding postpartum psychotic illness in two districts in Central Uganda WCPRR December 2010: 57-69, pp.58.

[62]Kirangi Monica, 80 years (approximate age), Traditional Birth Attendant, Bulagala Village- Namutumba district. interviewed 14th /4/2015.
[63] Ibid.
[64]Fr. Gonza Kayaga

restored.[65] Hence, in the physical arena, medicines have always existed and certain persons in society endowed with the gift of healing. From time immemorial, people have always known how to treat themselves each time they fell ill. Consequently, every society has had medicine men and women whose specialized work is to restore health.[66]Busoga society exhibits Truter's (2007:57) analysis of a typical African society where disease and illness relate to supernatural occurrences, governed by a hierarchy of spirits. Busoga society has several of these spirits. These include; *Emizimu, Emisambwa, Amaghembe, Ebiteegha*. Above the spirits, there is a supreme God-*Kibumba*, who can also cause sickness, when angered by the people. Traditional Busoga views on illness are nurtured from the people's beliefs in these spirits and any other supernatural beings. It is highly believed that spirits are responsible for the cause of disease and illness, but they are also the ones that can provide guidance on cure.

The interconnectedness of the forces pertaining to health and illness in Busoga is illustrated by Nzewi (2002:3) when he says that in traditional Africa, cultures recognise it when the environment is sick, diseases become prevalent; and when such diseased material or spiritual environment is rehabilitated, human health becomes secure. When the group spirit is polluted, the minds of individuals become infected, the human sphere becomes sick. When a human body is sick, the animating spirit becomes poisoned and the human sphere becomes unhealthy. The Basoga believe that an illness can only be said to concentrate in one area of the body but has over-reaching effects on the entire person. In affirmation of Busoga society's understanding of the holistic conception of health and healing, Nzewi (2002:3) postulates that the human person possesses both profane and spiritual symbiotic existence. The Basoga postulate that disease, or malfunctioning of the one impairs the stability or efficacy of the other, and thereby the health of the whole.[67] To the Basoga and many African peoples, the cure of the sick must then be holistic. The process of properly curing involves the person's psyche or spiritual well-being as well as the physiological.[68,69,70]One of the female mediums, of the age of 20 years, is conversant with the Kisoga ideology on healing:

> We treat all kinds of sicknesses. We are also aware that even if a client (*omulwaire*) comes here with a known physical ailment, we cannottake it for granted that it is the

[65] Ibid.
[66] Ibid.
[67]Kabaale Bitimbito
[68]Nabamba Budhagali
[69]Patrick Wairagala Mandwa.
[70]Namuwaya Harina, 20 years, Diviner, Masese, Jinja district. Interview date 22nd April 2015

> only problem with him/her. Firstly she/he may have been bewitched or profaned the spirits (*okusobya ku baadhadha*).[71]

The healer portrays the holistic concern of Kisoga healing. The major concern is total healing and not absence of the sickness that the client is complaining about. Healers move beyond the physical ailment to interrogate the causes which may be rooted in the spiritual realm of the individual. And just like biomedical doctors who would demand the patient to undergo several tests including urine analysis, malaria tests, and full blood count, even when the patient is complaining a simple headache, so are the healers, who do not interpret sickness at the physical value of it. Nabamba Budhagali the chief diviner, Bitimbito Kabaale, another diviner and Kawuma Safina Nabirye, the pure herbalist are in agreement with the fact that healing cosmology in Busoga is holistic. They specifically agree with what Bitimbito says:

> Human beings are sick right from the head to toes, right from the hair to the toes. And this has the semblance of the healing medicine. Because one gets sick all over the body, it is very important that you use all kinds of medicine to treat the sick.[72]

The above healers portray that holistic healing among the Basoga looks beyond the body. The Basoga take keen interest in seeking anexplanationofthecause of sicknessand how the person or community affected by the sickness can be brought back to normality. Basoga believe illness to be caused by social, moral or spiritual transgressions Nabamba Budhagali, in explaining the connection between the spiritual powers and illnesses in society stated:

> Ekisingha okuleeta endwayire mu Bantu, n'okuba nti ensi evire ku by'obuwanga byaibwe. Basobya ku ba Dhadha ate tibenda kutukiriza ebyo emizimu byedhibasaba.73 (Translation: the most common cause of sickness among the people is that society has abandoned their traditions and cultural norms. They profane the ancestral spirits, yet they do not want to accomplish the wishes of their ancestral spirits).

Nabamba Budhagali is just emphatic about how theideologyoftraditionalhealing focuses on the relationship between ancestral spirits and the living. A shaky relationship between the two, especially with the living profaning the ancestral powers breeds illnesses and social disharmony in society. Through traditional healing practices, the ancestral spirits guide society on what should be done for harmony to be realized not only between the living and the living dead but also between among the living. Traditional healers among the Basoga are looked at as the

[71] Ibid.
[72] Kabaale Bitimbito
[73] Nabamba Budhagali

agents of good health, good fortune, fertility of not only people but also of animals and plants, peace and welfare. The absence or lack of activity of traditional healers in a specific community in Busoga is not treated lightly. The '*Abayigha'* in Busoga use the natural environment to treat those that are sick and those who have psycho-social challenges. Healing in Busoga has a ritual element. These rituals are themselves real treatments in the sense that they treat the mind of the sick.[74]

To summarize the Busoga traditional concept of illness, I argue that natural and supernatural circumstances blend in a co-acting manner to cause illness. Illness is seen as an antagonism with the physiological setup of individuals, accompanied with mental and spiritual disorder as well as unusual external misfortunes. As Nzewi (2002:3) and Waldron (2010:55) have argued, sickness is not always diagnosed as the malfunctioning of the body parts or organs in isolation, but a whole system's failure that eventually affects the individual's physiological, social and spiritual realms. This is the basis for the holistic traditional medical system in Busoga. Women play a significant role in maintaining a healthy community. In both biological and cultural bound approaches, women remain the main actors.

3.4 Women and Health in Traditional Busoga Society

In traditional Busoga society, women were charged with the responsibility of ensuring that all were healthy in the family. Sicknesses that occurred in the family bore more inconvenience to the women. This was because women cared for the sick as well as those who were well. Women in Busoga were therefore an embodiment of a healthy society. A healthy woman meant a healthy family. Whenever a woman fell sick in a home, there would be a general sense of emptiness.[75]

Yet women were also blamed for illnesses and sicknesses that affected the family members. For example, venereal diseases were stigmatized upon the wife; kwashiorkor or malnutrition was blamed upon the wife, who was accused of being lazy and a poor cook.[76] Reduced physical strength of a man was further blamed on the woman; for failure to cook and prepare energy-giving food for the husband.[77,78]Persistent impotence of a husband would be blamed on the woman for being dirty and unattractive to her husband. Kirangi Monica stated this as follows:

[74]Fr. Gonza Kayaga.
[75]Kagoya Sarah
[76]Kakose Seforoza, 80 years (approximate age), Traditional Birth Attendant, Bulagala Village Namutumba district. Interviewed 14th /4/2015.
[77]Kirangi Monica
[78]Kawuma Safina Nabirye also known as Ssenga wa Busoga

> *Omubusoga ghano, abakali nhibo abanenyezebwa nga omusaizza tiyesobola omubuliri. Omukali atekwabutekwa okulola kyonakyona okubona nga omusaizza we mulamu kusa, nga amusumbira emmere emwiryamu amaanhi, ate nga n'omukaali atekwa okubba nga muyonjo omukisenge kye.* [79] (Translation: in Busoga society here, women are the ones blamed for impotence of their husbands. A woman is expected to do all that is possible to ensure that her husband is health enough by preparing for him energy giving foods, yet the woman is expected to be very clean in her bedroom).

Kirangi Monica's statements indicate that women are held accountable for failures and misfortunes that arise in the reproductive sphere. Busoga society attribute family and marital challenges to the socially disruptive behaviour of women and this is the normative view held by both healers and lay people seeking treatment, in which women are a variable (Shaw, 1985:286). Women are further blamed for bad luck upon their husbands. This is the case in situations when the husband experiences extreme poverty and failure in his economic ventures. Domestic accidents involving children are blamed upon the mothers. Mothers are blamed for being lazy and negligent. Once an accident occurs the first question is; 'where was the mother?'[80] Therefore, women in Busoga society are made to be the epitome of health and well-being in community. A woman is credited for raising healthy children and having a healthy husband, yet she is also blamed for having poorly-fed children and a malnourished husband.

Female interviewees maintained that women in Busoga have the ultimate role of ensuring that the home and its family are well and free from any attack. For example, Kirangi Monica demonstrated that women in Busoga almost never sleep. They are the first to detect if there is a night attack on the family, whereupon she will wake up the husband. Women further ensure that children are well throughout the night by constantly checking on them. And this is exercised with a willing attitude. Whereas it has generally been assumed that men offer security to their family members, they can not effectively do this without the 'intelligence work' of their wives. Women are subsistence farmers. They grow all categories of food crops, which ensure a balanced diet for the families through out the year. They maintain domestic gardens behind the houses with all sorts of vegetables like *eidhodho (*Amarnthus*), eikubi (*Pisum Sativum*), cabbages, mutere (*corchorus tridens/olitorius), *eiyobyo (*cleome frutescens), *and katunkuma (*solanum anguivi*)*.[81].

[79] Kirangi Monica.The Lusoga dialect used here is Lupakooyo, as described in chapter two of this thesis.
[80]Female interviewees like Kirangi Monica, Nabogho Juliet, Kawuma Safina, Kakose Seforoza, and Edisa Namwase; espoused these views on the centrality of women in society's well-being.
[81] Botanical names of these medicinal vegetables were adopted from: Herbal Medicine: Sustainable utilization of herbal medicine in Busoga. Compiled by the Cultural Research Center, Jinja. Published in 2013 by Marianum Press Limited, Kisubi.

Women are the professional counsellors for the sick and aggrieved in traditional society. Their socially constructed role to be the carers for other members of society makes Basoga women specialists in the traditional mechanisms of psycho-social therapy. Women, unlike men, sit near the sick to provide psycho-social therapy. Women usually stay longer with the sick. On the other hand, men gather in the compound of the sick, especially if he was a man, to contemplate on how his family would be sustained in case of incapacitation or eventual death. Women console the sick, praise them for how hard working they have been before the illness and curse the illness for attempting to disrupt the progress of the sick.[82] Women's care and their emotional display to the sick and grieved members explain the reason why mothers in Busoga share a very close relationship with their adult daughters. The idea of daughters showing emotional pain when their parents are sick, or dead is what makes mothers wish to have more daughters than sons.[83] Sons are incapable of doing this because they are socialized differently. It is this shared norm practiced by women that enjoins mothers and their adult daughters. I interviewed a mother who was categorical about daughters' concern for the well-being of mothers and she expressed her preference of daughters to sons when she commented that:

> All children are good and given to me by God (*Katonda*), and I thank Him greatly for giving me both sons and daughters. But the girl children (reads literally in Lusoga as – *abaana abawaala)* are more caring and dependable. They are always there whenever I become sick. The girls will always be near, soothing my body when I am dead in preparation for burial, which does not happen with the boys.[84]

Such beliefs indicate that poor families (especially women) rely on an effective family support during sickness. Social support rather than financial ability is more pronounced among women in times of sickness. It also indicates the caring roles nurtured among females to take care and have more concern for reproductive functions. Another revelation is that even when one is dead, the body is believed to need the social care which is part of the healing process for those left behind but also a supposed establishment of health relationship with those who are dead.Apart from the social care that girls provide to their parents in times of sickness, it has been established by Cronk (1991:390-92) that mothers in some societies including the East African region, and in poor socio-economic conditions tend to have preference for daughters to sons because the daughters attract mates who bring in more resources that enhances the well being of the parents.

[82]Interviews with Fr. Gonza Kayaga, Nalongo Budhagali, Kawuma Safina, Mpadwa Lukowe, Kirangi Monica, Kakose Seforoza, Edisa Namwase.
[83]Kagoya Sarah
[84] Ibid.

Yet to other people, daughters are desired for the help they render their parents in undertaking household roles and the companionship they offer their mothers in times of distress and general ill being (Raley & Bianchi, 2006:407; Arnold & Kuo, 1984:299, 316). Sex preference of children further illustrates the substantial differentiation in expected sex roles for boys and girls and in functions that children serve for their parents, especially in maintenance of the family well being.

Ehrenreich and Deirdre argued in the 1970s that in most societies of the world, women have been healers and the custodians of every people's health (Ehrenreich & Deirdre, 1973:1). This is a clear manifestation of the position of women in the maintenance of health and well-being. Women are therefore general practitioners of traditional medicine in their communities. They combine and practice almost all branches of traditional medicine, being midwives, herbalists, counsellors, mediums as well as nutritionists. As Ehrenreich and Deirdre (1973:1) put it, 'medicine is part of the heritage of women since time immemorial'. Indeed, women's unquestionable role in ensuring a disease-free community has been supported by research on 'the lived experience of Ojibwa and Cree Women Healers' put forth by Struthers (2000). She analysed the role of healing in society and argued that it has been the responsibility of women in all cultures right from the earliest times to the present. Caring roles have always been ascribed to women, and since the sick require a lot of care, mothers and wives are a key constituent in the healing traditions.

Women in Busoga have also been known for being specialists in diagnosis and treatment of certain ailments. They are known to be very knowledgeable in childhood diseases like measles, polio, cough and tuberculosis, as well as neo-natal infections. When children fall sick, fathers are simply informed of the sickness and the interventions that have been taken by the women. For women are expected to know much better than men the likely remedies to children's sicknesses. Men's intervention are necessary if the sickness requires the child to be taken to a specialized healer.[85],[86] This is because in circumstances of sickness, women can not take decisions involving the intervention of a healer who is not related to the family or not known to the man.

Women make thorough examination of sick children by inspecting the eyes, noses, limbs, throat as well as the skin to detect any abnormalities.[87]Detection of any abnormality in babies is

[85]Kagoya Sarah
[86]Kawuma Safina Nabirye also known as Ssenga wa Busoga
[87]Kakose Seforoza

carefully done by women immediately after birth.[88] This is because only women are expected to be present at the delivery of babies. Research done by the Cultural Research Center (2013) concerning the institution of marriage in Busoga, illustrates the enormous work in traditional Busoga, that was done by the mother, paternal grandmother and '*Songa*' of the baby to detect and diagnose any abnormalities and deformities in the children. After birth the women looked keenly to find out if the child has any deformities. They would look for signs of impotence.A girl would be laid on her back and observed to see whether she pissed in a fountain-like manner. If the observation confirmed that she did not do so, then it was a sign that the baby had a sexual deformation. (2013:23).[89]

Apart from considerable expertise in childhood diseases, women as healers in Busoga had inherent interest in ensuring the general health of fellow women. Women healers were indeed obstetricians and gynaecologists among their people. For example, women healers were specialists in the treatment of barrenness, delayed labour, prolonged menstruation as well as body odours among women.[90] Traditionally, women healers in Busoga served mainly women and their children. This has been augmented by Mbiti (1988), who has elaborated on the significant role of women in healing, all over traditional Africa. Whereas traditional healing has been the profession of women and men, it has been more often the women practitioners who handle the medical needs of children and other women. Yecho's work on the 'Role of Nigerian women in the development of the health sector: the case of Tiv women of Benue' (2014) suggests that, despite the diversity with which African culture manifests itself, women's influential position in determining the health and well-being of members of their communities was unquestionably widespread and useful in all African traditional societies.

3.5 Categories of Traditional Healers among the Basoga

Busoga society has two major categories of traditional healers.Those with innate healing power and those who acquire it.The general term for a traditional healer in Busoga is called *'Omuyigha'*[91] - simply meaning 'healer'. They are also referred to as '*Basagho ba Kisoga'* meaning 'traditional doctors'.Earlier writers like John Mbiti grouped all traditional healers in Africa as 'medicine-men'. This was in disregard of the role of African women in traditional

[88]Kirangi Monica
[89]Ibid.
[90]Nalongo Budhagali, 52 years, she is wife to Nabamba Budhagali and also doubles as a Spirit Medium. Interviewed on 15th and 16th April 2015. These skills that were taught especially to young mothers in diagnosis of ailments and discomfort among babies were echoed by other traditional birth attendants that I interviewed during the study.
[91]Nabamba Budhagali

healing. However, the name may vary depending on the type of healing one provides. In other cases, healers in Busoga have today come to be referred to as '*abasagho b'ekinansi'*,[92] meaning literally 'cultural doctors'. The implication is that the healers are expected to cause healing using the traditional culture of the Basoga.Another categorization of traditional healers in Busoga depends on the source of power to do the healing ministry. Some use mystical-spiritual powers to heal people. Those in this category believe in the invocation of the spirits or deities to effectively do the healing. Examples include diviners, also called '*Baswezi'*, and bone setters who do their work without interfacing with the patient with a fractured bone. They are popularly called *'abasagho ab'ayungira mwibanga'*. Healers that employ spiritual forces are also concerned with finding out the cause of the sickness, and ultimately 'who' might be responsible for sending that sickness. Those that use spiritual forces are also known to be more ritualistic than the pure herbalists.

The other category of healers includes those who use purely herbal medicine to treat the different sicknesses and challenges that face the people. These do not invoke any spirits to do their work. These are pure herbalists called '*abayigha b'emiti'*. They are not concerned with establishing the cause and source of the sickness or problem. Their concern is to undo witchcraft - *'eirogo'* using herbal medicine. It is, however, very common to find that a healer is a 'one stop shop centre of traditional medicine'. This means that most traditional healers common in Busoga do almost everything. They are diviners (*balaguzi*, *baswezi*), herbalists (*bayigha*), bone setters (*bayunzi b'amagumba*) etc. In this section I also discuss the various diagnostic methods and resources used by each category of traditional healers. Not all traditional healers in Busoga offer diagnostic services.[93]However, the goal for all traditional healers in Busoga is the same: to ensure that society is free of illness. In the coming sections, I discuss the following types of traditional healers that were identified in Busoga.

- Diviners- *Baswezi, Abalaguzi*
- Herbalists- *Abayigha*,
- Bone setters- *Abayunzi b'amagumba*
- Koranic healers- *Abasawo baghalimu*
- Traditional Birth Attendants - *Balerwa, Mulerwa*

[92] Ibid.
[93]Fr. Gonza Kayaga.

3.51 Diviners

Diviners are not only the most common, but also the most popular and the most feared among the Basoga. These carry several names because of the various functions they perform in the Kisoga healing tradition. Among these names are: Priests - *baswezi*, seers - *balaguzi*, mediums - *mandwa,* doctors - *basagho*, *baganga* etc. Diviners carry various descriptive roles among which are: *okulagula* - to foretell; *okulingamu* - looking into the matter; *okugya ku ndagu* - to go to the divining spirit; *okwebuuza* - to go and consult; *okugya ku musagho* - to go to the doctor etc.[94] In the performance of their duties, the diviners use spiritual or mystical powers.These descriptions ascribed to diviners are what make them 'a one stop centre for traditional medicine'.A diviner uses supernatural powers to not only diagnose the cause of the sickness but also tell the past and forecast the future. After consulting the spirits, the diviner can offer solutions.

Diviners own shrines (*amasabo-plural or eisabo-singular*), which also double as their healing centres or medical centres as in modern medical practice. The sick are expected to visit the diviner at his/her'medical centre'. The diviner acts as a medium (*mandwa*) by being possessed by the spirit(s) to establish the cause of the sickness or problem. This process of establishing the cause of the sickness is called '*okulagula'* or '*okulingamu'*[95]- i.e. foretelling or looking into the issue that is disturbing the patient. Through the diviner, the spirits will tell the cause of the sickness and prescribe the solutions.If the solution could be an herbal remedy, the same diviner will perform the function of healer - *omuyigha*. Unlike other categories of traditional healers, discovery of the cause of the sickness by diviners will always involve an element of "witchcraft". As a traditional priest, a diviner ensures that there is harmonious living between the living and the spirits. Once this is not achieved, then the spirits are believed to cause sicknesses and problems to the people.

Diviners use spiritual resources to identity the cause of the sickness. Such spiritual resources are embodied in physical objects, which have technically been labelled as 'fetishes' by scholars in the religio-cultural as well as anthropological studies. I present a conceptual description of fetishism and fetishes, which will help in understanding better, why healers use these objects and what salient purposes they serve, to enhance the believed efficacy of healing. In doing so, I show why there seems to be an obsession with fetishes as almost no healing activity take place without the playing or manipulation of some fetishes.

[94]Kibalya Mandwa
[95]Nfuddu Isabirye

The word fetish has been used over the years in religious analysis, anthropology, and psychoanalysis of sexual deviance, economics and philosophy (Pietz, 1985:5; Tanaka, 2011:134). What is generally accepted by almost all scholars is that fetishes of all nature and intentions are material objects (Pietz, 1985, 1987, 1988; MacGaffey, 1994; Pels, 1998; Tanaka, 2011; Silva, 2013:80). Tracing the origin and meaning of the word 'fetish', Silva provides some insights. 'Fetish' is from the Latin facticius, 'a thing made' (Silva, 2013:80), to which Pietz has translated as 'manufactured' (Pietz, 1985:5). Tanaka refers to William Pietz' work when he traces the word to have originated as a result of the interaction between Portuguese merchants and people living in West Africa. The merchants referred to certain objects venerated by the local people as '*fetiço'*, a word meaning 'sorcery', the root of which is also present in the word 'artifice' (Tanaka, 2011:134). Silva argues that for 'things' made or manufactured usually take the form not of material objects but of abstractions apprehended as autonomous entities. Silva further argues that fetishes do not share their ontological status, physical appearance, or functional attributes; but only share their being reifacts. To speak of fetishism is to speak of reification, the universal human tendency to apprehend abstractions as things (Silva, 2013:80).

David Graeber along with Sonia Silva (Silva, 2011:87), and Peter Pels (1998:91) argue that for all the literature about 'fetish', the most common denominator description is that of 'materiality', that is, how material objects are transformed by becoming objects of desire or value, a value that often seems somehow displaced, inordinate, or inappropriate. The fetish is irreducibly material and unlike an idol, which represents an immaterial something located elsewhere (MacGaffey, 1994:123). In David Graeber's analysis, fetishes are objects created by human beings, and impose upon them a supernatural manifestation, which then end up having power over those who created them. The people therefore bow and worship these objects (Graeber, 2016:411). In Busoga society, these material objects are synonymous with the power of the spiritual being they represent. For example, the fetishes made of horns of cows, well decorated with beads and bark cloth, are a reification of the '*amaghembe'*-warrior spirits.

Therefore, when I refer to use of fetishes (representing the spiritual) in healing traditions of the Basoga, I am looking at material objects, that have been made by the actors in the healing traditions, which are also non-absent in the practices of witchcraft. My intention is not to trace the conceptual understanding of 'fetish and fetishism' from all the academic fields it has been used, but its restrictive meanings as used in this study. I am specifically interested in showing how beliefs and practices of fetishism shed light upon a better understanding of Busoga society

ideology of healing since the use of fetishes is prevalent. In the foregoing discussions, I present several fetishes that are paramount in the healing traditions of Busoga society.[96]

The use of ancestral spirits in diagnosis of the illness is the oldest approach used by diviners in Busoga. This is usually done in a shrine (*eisabo*), a healing house that also doubles as a traditional house of prayer to the spirits. The diviner invokes the spirits by burning herbs on a potsherd, also called '*olugyo'*.[97] This is done either at the entrance to the shrine or inside the shrine, with the smoke passing over the sick. A short prayer is made to invoke the spirits to come and diagnose the patient's illness. The diviner must be dressed in his divination garments that include bark cloth, a necklace of cowrie shells, *olutembe* (this is a band of seeds of wild banana plant worn around the head of the diviner) and holding a special stick called '*oluga'*. The bark cloth is the traditional wear of the Basoga and so the spirits are pleased with it. The stick symbolizes authority and power among the Basoga.[98] The patient is then asked by the diviner to ask the spirits to address his/her problem usually in silence/nonverbal communication. The patient's prayer to the spirits is usually short.[99]The implication is that the spirits cannot intervene on their own accord, even when the client has gone in their presence. The client is required to state in very precise terms the reason for his/her visit to the spirits. Meanwhile, the diviner shakes his shakers, called '*ensaasi'* or '*enhengho'*; calling upon the spirits to come out very quickly and attend to the problem of the patient, also called '*omwidhukulu'*. All patients that come to consult the diviner are called *'baidhukulu'* - grandchildren (plural) and '*omwidhukulu*' - grandchild (singular).

Through the diviner's prayer, the spirits are requested to make their presence and respond to the client's problem.[100]The implication is that divination is part and parcel of the spiritual. The diviner's prayer facilitates the coming of spirits, which will diagnose the client' problems and subsequently recommend remedies to be undertaken. When the ancestral spirit possesses the medium (who doubles as the diviner), it asks the client a few questions before giving the diagnosis of the problem or sickness. It is against the norms of divination for the patient to disagree with the spirit's diagnosis. Disagreement with the spirit's diagnosis is being disrespectful to the spirits. But because of the confidence and trust that is bestowed upon the healers in Busoga, it is rare for patients to doubt the spirit's diagnosis.

[96]Nabirye Madina, 26 years, Diviner-Medium, Bugembe, Jinja district. Interviewed on 11 June 2015
[97]Namuwaya Harina
[98]Interviews with female mediums- Nabirye Madina and Namuwaya Harina
[99]Nabamba Budhagali
[100]Patrick Wairagala Mandwa

In instances where the diviner is the medium, after the spirit has left him/her, the possessed diviner asks the client what the spirit has said and its prescription of the treatment. However, it should be known that there are circumstances in which the diviner and the medium are two different people within the healing centre. In such a situation, the diviner invokes the spirit to come and possess another person - the medium. The diviner then becomes acquainted with what the spirit has said. In other circumstances, the patient may be the one to be possessed by the spirit(s), especially when the problem disturbing him/her is concerned with his/her clan spirits.

The use of fetish spirits, also called '*Amaghembe*', in the diagnosis and treatment of sicknesses among the Basoga is common. The difference though is that these spirits are mainly servant spirits imported from neighbouring cultural tribes of Buganda and Bunyoro.[101] This is as opposed to the ancestral spirits that have their origins in Busoga. *Amaghembe* are spirits that have been put into animal horns, gourds and sometimes animal skins and bones.[102] This process is called '*okughanga amaghembe'*, literally meaning 'installing or assembling fetish spirits'. It is believed that certain objects used in assembling fetishes have the power to attract and keep the *maghembe* so that they can be used in divination. This therefore qualifies the assertion scholars over the years have put forward that fetishes are a creation of the people, who impose spiritual value over them.

Divination using fetish spirits can be done by anybody who purchases them. Fetish spirits are of two types: Those that possess the diviner as its medium. These fetish spirits are known as *'Amaghembe ag'okumutwe'*, literally meaning spirits that speak through a medium by possession. The second category consists of self-speaking *maghembe*, which speak literally in the air or through space. The diviner and the patient cannot see them but only hear their sounds. These are known as *'Amaghembe ag'omwibbanga'*.[103] Women healers rarely become possessed by these fetish spirits because they are known to be very aggressive when possessing the medium (diviner). Women do not have the kind of physical strength to sustain being possessed by '*eighembe'* (singular for fetish spirit).[104]Generally, divination using '*Amaghembe*' in Busoga is the preserve of male traditional healers. The aggressiveness of the fetish spirits may involve hitting of the door, walls, including the visitors and patients.

Other 'fetishes' used in diagnosis and treatment include, but are not limited to, the seeds of a wild banana plant locally called *'amatembe'*, cowrie shells, water, books/Quran and pens,

[101]Patrick Wairagala Mandwa
[102]Ibid.
[103]Interviews with Kawuma Safina, Namuwaya Harina, Madina Nabirye, Patrick Wairagala Mandwa, Isabirye Baligeya
[104]Interviews with Patrick Wairagala and Namuwaya Harina

pencils, paper, talisman, birds especially chicken. Cowrie shells *(ensimbi)* and seeds of wild banana plants (*amatembe*) are a common sight with traditional healers including pure herbalists. *Amatembe* and *ensimbi* symbolize the ancestral spirits, wealth and communion between the living and the dead. They symbolize ancestral spirits in the sense that they are long lasting. These objects never lose their original shape and colour. They therefore signify the long lasting omnipresent nature of the ancestral spirits. The use of cowrie shells and *amatembe* signify the wisdom of the ancestors and are believed to discover people's problems and offer solutions to them. A diviner takes ten to twelve cowrie shells and puts them together with a similar number of *amatembe*. He takes them in his right hand, shakes them and throws them on a bark cloth or animal skin. This is done as the patient watches.

The cowrie shells and *amatembe* provide information about the problem the client is experiencing by the way they fall on the bark cloth. The diviner has the power to interpret the cowrie shells and *amatembe* by the way they have fallen. For example, if they fall in a heap, it is a sign of witchcraft or death; if two of them fall separated from the rest, it means that enemies are after the client's life; if one falls off the skin or bark cloth, it means there is a haunting spirit in the family (*omukyeno*); if one cowrie shell stands on top of another, it means the client will be victorious; if many of them fall upside down, it means someone at home is sick etc.[105]

To ensure efficacy in the interpretation of the cowrie shells and *amatembe*, the traditional healer is expected to enhance his/her wisdom by taking certain herbs before the divination. The first one is called *omuvumbula byama* - a herb that discovers secrets. The second one is called *olumanho*, which is an assortment of medicines that help the healer to get to know the unknown.[106]The throwing of cowrie shells and *amatembe* by the diviners is also important in foretelling (*okulagula*). Families use this kind of divination to get to know where their long-lost family members may be hiding. The interpretations made by the diviner may be accompanied by warnings not to get involved in certain activities. However, not all traditional healers in Busoga who are interested in the diagnosis of sicknesses and challenges of their clients have the wisdom to use cowrie shells and *amatembe* as instruments in the healing process. There are those who are specially endowed with the wisdom to use and interpret cowrie shell landings.

Just like in modern medical practices, not all medical practitioners have knowledge on using all medical equipment. I met traditional healers in Busoga who were not using either ancestral spirits or *Amaghembe* to diagnose, but exclusively used cowrie shells and *amatembe*.

[105]Nalongo Budhagali & Lukowe Kiira, Budhagali Village, Jinja district. Interviewed on the 16th April 2015.
[106] Ibid.

These can be equated to modern medical laboratory technologists, who take blood samples to establish the cause of the disease, but they cannot prescribe treatment. Other resources used in the diagnosis and treatment of the sick include but not limited to water, animals and birds, as well as herbal substances of all nature. I will discuss how each of these is used in treatment of the sick among the Basoga.

Water is a key resource used in diagnosis and treatment of sicknesses by healers in Busoga. Some of the healing spirits are believed to dwell in the major rivers and lakes. This is the reason why each domestic water well, also locally called '*ensulo'*, is named after a certain spirit. For example, names of spirits like Meeru, Naigombwa, and Walumbe are given to some *ensulo* in Busoga. Consequently, under the influence of these water spirits, some healers use water, usually drawn in a bowl and is mixed with some herbs. The diviner then invokes the ancestral spirits to come and advise them on a particular issue. Shakers (*ensaasi*) may be played above the water. The image of the ancestor is believed to appear in this water and give information concerning the issue in question. Specialists in water divination keenly look into the water to interpret the diagnosis.

Regarding the use of birds in diagnosis, I interacted with a woman who claimed to specialize in herbal medicine that cures barrenness.[107] Whereas many herbalists in Busoga do not attempt to establish the cause but are more concerned with healing the illness, she was using chicken to determine whether the patient was worthwhile to spend the medicine on. She would demand that the barren woman goes to her with one hen, which she would place in between the legs of the patient. The diagnosis was that if the hen remained there for some time as determined by the female herbalist, then it was an indication that the woman in question would conceive once given the mystical herbs. But once the hen was placed in between the woman's legs and it ran away, it meant that the woman would never conceive despite applying the mystical herb for fertility. Two issues emerge from this type of diagnosis. First, traditional healers in Busoga are trained to avoid wastage of medicine as this misuse would bring anger to the spiritual realm. Secondly, traditional healers take pride in curing illness, and inability to cause cessation to any type of illness reported to them by individuals and the community would challenge the authenticity and efficacy of their medicine.

A bitch is also used in pregnancy-related cases. According to Kayaga (2010:16), when a bitch is giving birth, it goes into hiding yet it always delivers normally. The soil from where the

[107]Lukowe Robinah, 67 years, Medium, Bulange Village, Namutumba district. Interviewed 20th April 2015

bitch delivers is used by herbalists and diviners to treat women who are due to deliver. Traditional healers pick up that soil and mix it with herbs to make '*mumbwa*'- this is clay moulding in which herbs are mixed for a purpose or for curing a particular disease. This *mumbwa* made from soil from a place where the bitch gave birth is dissolved into water and the solution given to the pregnant woman, to avert any complications during childbirth.

Despite of the existence of the above resources, most of the traditional medicines in Busoga come from plants. The roots, leaves or branches are processed into different forms including powder.[108] Herbal medicines are used in the treatment of diseases caused by bad magic, and for religious ceremonies. The use of herbs involves a health care system that treats diseases using plants. Herbs may be mixed with clay or ashes of burnt animal products, and are administered to a patient mainly through the mouth, smeared on the body especially the affected part, or bathed using water. They may also be burned or boiled so that the steam or smoke respectively can be inhaled by the patient. It is at times difficult to say whether it is the incantation or the herbs that has influence on the cure because both are used hand in hand in the treatment.

Herbs are used both in spiritually-diagnosed sicknesses and social challenges that affect the person who visits a traditional healer. According to herbalists with whom I interacted with, they claim to cure almost all diseases using the natural plants that they have in their vicinities.[109]Some claimed to cure even chronic diseases like cancer and HIV/ AIDS. There are three categories of herbal medicines used to treat sicknesses. These include household herbal medicines, specialized areas of herbal health care, and lastly herbal medicines used by the fully fledged traditional doctors (*Basagho*). The household herbal medicines are those that are generally known by everybody and can be prepared quickly and easily by anyone to treat an ailment. For example, herbal medicines for treatment of malaria are almost known by everybody in Busoga. Malaria is treated using the leaves of a common bitter plant called '*olubirizi' (Vernonia amygdalina)*[110], which are crushed, and the juice given to the patient to drink. Specialized herbal medicines include those that are known by specialized herbalists. In other words, the practitioner knows the management of only one disease. Bone setters in Busoga are accustomed to knowing only herbal medicines connected with setting bones. Traditional birth attendants usually know only herbal medicine related with pregnancy and childbirth. On the

[108]Interviews with Kawuma Safina & Baligeya Isabirye
[109]Kabaale Bitimbito
[110] Botanical name adopted from: Cultural Research centre (2013), Herbal medicine: sustainable Utilisation of herbal medicine in Busoga. Marianum press limited, Kisubi pp.282.

other hand, the fully-fledged traditional doctors like the diviners and pure herbalists provide a one-stop centre of herbal medicine. These know herbal medicines related to almost all ailments and problems that affect the people.

Animal resources are also common in the treatment of sicknesses among the Basoga. Animals play a significant role in producing medicines. Such animal resources include snake oils from snakes, cowhides and milk from cows, red ants, horns of buffaloes, feathers, bones etc. For instance, '*Ebiguuna'*, (*tinea captis)* a type of skin disease which eats away the hair on the heads of children, is treated by application of excreta of sheep on the affected area.[111] Kayaga (2010:17) also notes use of sloughed skin of a snake in treatment of pregnant women. It is common practice for pregnant women to rub the skin of a snake which has sloughed off, on their bellies. Since the snake finds no difficulty in sloughing off its skin, this very skin when rubbed on the pregnant woman's belly will help her in having quick delivery. It is therefore used for inducing labour among women. Such an obsession with 'fetishism' communicates the personification and 'agent-ification' of material objects, which reifies supernatural forces, and commands a unique reverence because of this magical attribution. Peter Pels argues that these fetishes are inherent powers of agency (Pels et.al, 2002:4).

However, fetishism is accompanied by increasing charlatanism in society. This breeds 'fake fetishes', locally known as '*amaghembe ag'ebikwangala'*. The use of fake fetishes is manifested in several ways. Firstly, charlatans overplay the significance of fetish objects found in their shrines, and may demand the clients to perform extra ordinary rites as part of the healing. For example, they may demand to sleep on a piece of wooden carving for a week, as a prerequisite to taking away misfortunes-*ebisirani*. Some of them under the influence of darkness claim to ask the fetish objects about the cause of one's illness, and then in a changed voice, usually a hoarse one, make the response claiming that it is the fetish spirit speaking. There is manipulation of clients by fake healers using these fetishes. Several fake healers have taken to making scaring objects and install them in their shrines to serve two related purposes; firstly, to instil fear among the patients, to the extent of belief that the healer (in this case a fake one) has very powerful spiritual forces in his midst. Secondly, there is common belief that the more scaring these fetishes are, the more effective the healer can be. Such charlatans assemble skeletons and dried skins of wild animals like leopards, pythons, chameleons, snakes, crocodiles and of recent increasing cases of human parts like skulls of the dead.

[111]Interview with Isabirye Baligeya & Banuri Wairagala

Vulnerable clients cannot establish the authenticity of such charlatans. This untold suffering of clients under the tutorship of fake healers using fake fetishes is prevalent in other African countries like Cameroon (Hillenbrand, 2006: 8-9). Because Uganda is becoming increasingly monetized yet with increasing unemployment, men, who are expected to be the breadwinners, have become the majority of charlatans, compared to the women. Women suffer under the hands of these charlatans. The use of a fetish stick which the fake healers claim to have entered the body of their victims and then demand for exorbitant sums of money, in order to perform rites to remove it, speaks volumes about the extent of manipulation. Traditional healers in Busoga agree that there are fake healers amongst them. News reports by The New Vision indicate that Busoga healers are split over the method to be used to weed out quacks from the profession[112]

3.5.2 Herbalists - *abayigha*

These are pure herbalists who use plant, mineral and animal resources to heal. Because their most common source of medicine are plants, they are often called *'abayighab'emiti'*, literally meaning 'doctors who use plants and trees'.[113],[114]They also have a good knowledge of herbs to counteract witchcraft. They treat both physical and psychological diseases and can undoubtedly be called Basoga's traditional pharmacists and clinicians.

These learn the various types of herbs through inheritance (*okusikira*), birth (*obuzaale*) and purchase, called *'okugula ekiti eky'obulezi'*. They collect herbs from the nearby bushes. But because of increasing deforestation, herbalists have to move long distances looking for specific herbs.[115] Whereas this is the case, herbalists also associate many of the herbs to spiritual beings, hence the need to perform certain rituals and sacrifices before obtaining the herb or using it by the patient.

In contrast to diviners, herbalists do not attempt to establish the cause of the sickness, but they have been well trained to know the specific herbs that can heal all kinds of sicknesses, including those that can be applied to ward off witchcraft and misfortune. Herbalists are doctors of African medicine and are strewn among village communities in Busoga. Their medicines rangefrom roots, leaves, mineral substances, and dried parts of animals that may be mixed with special healing rituals for healing and warding off evil. Their healing centres are usually within their courtyards.Some of the herbalists in Busoga have no permanent places to either display

[112]New Vision, (2009). Busoga Healers split over arrests. Published on 12th November 2009. www.newvision.co.ug. Accessed on Monday July 10th, 2017
[113]Isabirye Baligeya, 52 year), Herbalist, Bukonte Village, Namutumba District. Interviewed on 14th /4/2015
[114]This very description of herbalists was made by Nabamba Budhagali & Patrick Wairagala-both diviners.
[115]Ali Wairagala

their herbs or meet their patients. Some work from their sitting rooms or just any shade within their compounds. With urbanisation, herbalists in Busoga - just like in many other parts of Uganda - have become commercialized, usually moving to the urban centres where they acquire many customers. In cities, people pay them higher prices than the village clients. Apart from the spiritual element involved, herbal remedies are believed to have high medicinal value, which are effective in treatment of diseases even in cases where western medicine has not been successful, like cancer.[116]

3.5.3 Bone Setters

These are commonly referred to as '*abayunzi b'amagumba'*[117], literally meaning those 'who join bones together'. These are the orthopaedic specialists. They work not only on people but also domestic animals with bone dislocations, especially in the limbs. Bone setting has been practiced among the Basoga for a long time. Bone setters become so by inheritance. Some are born with an innate ability to do bone setting, whereas others have just acquired the powers and medicine from experts. There are two categories of bone setters in Busoga. There is the bone setter who uses herbal medicine and massaging technique. He/she does not invoke any spiritual powers to heal the fracture. He uses his bare hands, saliva, and sometimes small sticks as well as sand or soil. This kind of bone setter opens his palms, spits saliva in them, lays them on the bare ground and then places the palms together. According to the interviewed bone setters, this is intended to ignite healing power that is in their hands.[118,119] In addition to the use of their bare hands, some bone setters apply herbal medicine to the affected part as they continue to massage it gently. The most important subject with bone setting is not the herbal medicine that is smeared on the affected part, but the bone setter himself, who is believed to have power that flows through his hands to the affected part of the body.

The second category of bone setters are those that mend fractured bones at a distance. These are commonly called *'abayunzi ab'ayungira mwibanga'*.[120]These meet the patient only once and the rest of the days, the patient receives treatment while the patient and the healer are far away from each other. Bone setters with claim to mend bones at a distance use mystical forces to do their work. Some of these bone setters practice divination too. The 'technology' used is the use of a banana plant that they turn, twist and turn gently at the appointed treatment

[116] Ibid.
[117]Kassan Ddamba, 78 years, Bone setter, Bubago Village, Namutumba district. Interviewed on 19th April 2015
[118]ibid
[119]Koowa, 49years, Bone setter, Bulagala Village, Namutumba district. Interviewed on 28-04-2015
[120]Interviews with Kassan Ddamba, Koowa, Nabamba Budhagali, Patrick Wairagala Mandwa

time of the patient. At this very time when the healer is turning the banana plant, the patient is expected to feel a lot more pain because of the mending process – though healer and patient are far-removed from one another.[121]

3.5.4 Koranic Healers - Abalaguzi Abaghalimu

These are traditional healers who have received their influences from the Arab world and mixed it with the Kisoga healing traditions. These are men with respectable authority in Moslem circles. They have mastered the art of reading Arabic and the holy book of the Moslems, the Quran. These are called '*Abalaguzi Abaghalimu'*, literally meaning 'Moslem diviners' or 'diviner sheiks'. Islam was introduced in the Busoga sub region as late as 1850s.Most of the traditional healers interviewed on the types of traditional healers in Busoga, all mentioned '*abalaguzi abaghalimu'* as a distinct group of traditional healers in their locality. What makes them distinctive traditional healers in this region is that apart from receiving revelations by reading verses from the Quran to identify the cause of the sickness, the rest of the interventions relate purely to what is implemented by the diviners and herbalists. They, too, prescribe Kisoga herbal remedies to their patients.[122]

They have the capacity to 'arrest' and or 'chase away' demons or ghosts, popularly referred to as '*majini'*.[123]They can successfully deal with evil spirits the way a diviner would do so. Whereas they do not discriminate against any patients on religious grounds, most of their clients are Moslems. There are gendered peculiarities with this category of traditional healers. It is a profession which is distinctively done by men. In many Islamic religious circles women are not allowed to interact with people with whom they are not related.[124] Since this is a trade that involves meeting many people, the sick and their relatives or caretakers, it means that women are ruled out of the profession. Secondly, the reading of the Quran and the explaining of the contents therein has always been restricted to men. Yet this is a healing tradition that involves the reading and the interpretation of the Quran, a role that has been dominated by the men in Islamic religious faith.

[121]Interviews with Nabamba Budhagali & Patrick Wairagala (both diviners but claim to possess this power to carry out bone setting).
[122]Banuri Wairagala, (45 years), Herbalist, Bukonte Village, Interviewed on 17th /5/2015
[123]Samanya Hussein, 52 years, Koranic Healer, Mafubira, Jinja district. Interviewed on 19th July 2015
[124]Katuramu Ausi, 60 years, Lecturer of Islamic Theology, Kyambogo University. Interviewed on 20th June 2015

3.5.5 Traditional Birth Attendants - *Balerwa*

Traditional birth attendants commonly referred to as '*Mulerwa'* (singular) and '*Balerwa'*[125] (plural) in Busoga, are one of the categories of traditional healers. Traditional birth attendants aid the mother to deliver the baby. Traditional birth attendants use local herbs to arouse labour pains and hold the claim to have herbs that can make an expectant mother to deliver normally, without going under Caesarean section. They also have herbs to 'soften the pelvic bones' so that the expectant mother will have a safe delivery.[126] Traditional birth attendants form a healing tradition that is the domain of women alone. In a publication titled '*Celebrating the Sanctity of Human Life among the Basoga'*, by the Cultural Research Center (2004), it is observed that in traditional Kisoga society, every village had at least one renowned old woman who acted as a midwife. She would be consulted on pregnancy and birth. The Balerwa were so highly esteemed that they were only next in position to one's mother.

However, the interviewed traditional healers are hesitant to group them as being part of the 'traditional medicinal system' in Busoga. '*Balerwa'* have now been courted by the modern medical system in Uganda, and so the associations of the traditional healers have disregarded them as being part of them. Some have been trained in basic midwifery skills and integrated in the mainstream modern medical systems. *Balerwa* fall in the category of specialized herbalists, for they are concerned with knowledge of herbal medicine for pregnancy and birth only. These, too, provide both antenatal care services to expectant mothers as well as neonatal services using local herbs. As soon as the woman conceives, these *Balerwa*, who are generally very affordable, begin to provide the woman with different categories of herbs that vary at every stage of the pregnancy. Women who have ever delivered under the care of *Balerwa* attest to the fact that these women are friendly and will give the necessary support, because the Balerwa normally have a close link to the expectant mother and the unborn child. The *Balerwa*, however, do not use spiritual powers to enhance efficacy of their medicine.

Whereas the *Balerwa* have been quite useful in many communities in Busoga, their social situations and positioning is not any different from the rest of the women in the same communities, as they are grossly affected by class and gender differentiation. Interviews held with *Balerwa* reveal that they are still socially and economically disadvantaged, just like the rest of the other local women. A few that has been integrated into modern midwifery, occupy the lowest tier in the healthcare system in Uganda.

[125]Fr. Gonza Kayaga
[126]Interviews with TBA-Kakose Seforoza, Kirangi Monica and Annet Wambuzi

3.6 Rituals Involved in Traditional Healing among the Basoga

The importance of rituals in African traditional healing is underscored by many authors (Parrinder, 1974:79-100; Mbiti, 1975:126-136; Romane, 2000:141). Rituals are what facilitate healing among traditional medicinal systems in Africa. Some healing practices are more ritualistic than others. Diviners demand many rituals to be performed by either themselves or their clients. Healers that invoke a lot of spiritual influence are more ritualistic than those who are simply skilled in traditional medicine. For example, bone setters have no rituals expected to be performed by their clients, apart from spitting in their bare hands and then placing them either in some liquid herbs or soil before they can massage the affected part of the client. Traditional birth attendants are just skilled in helping fellow women deliver with application of some herbs. The rest of actions demanded of expectant mothers or lactating mothers are the usual practices that are not different from modern health facilities. Rituals performed by pure herbalists are less demanding and, in some instances, nothing at all is performed, apart from administering herbs to the client.

Rituals performed for the same sicknesses or challenges also differ from one community to another and from one healer to another depending on their background and training. The nature of rituals to be performed is influenced by the gender of not only the client but also the healer. Body cleansing rituals may be restricted when the healer is male, and the client is female. It is ethical practice among the healing traditions of Busoga for a female healer to perform body cleansing upon a female client and vice versa. However, quack healers are known to break these rules and end up sexually abusing their female clients. Some healers demand certain rituals to be performed at night while others during broad day light. Rituals in healing are not isolated from the society wide rites that traditional Basoga perform at all stages of their lives.

Just like in the modern health care sector, there is over servicing in traditional medicine through over performance of rituals upon clients, most of which are irrelevant. Some healers use rituals to assert their power over their clients. This is the case when the healer is male, and the client is female. The intrusion of quack healers worsens the influence of rituals on healing. Female clients have been the most victims to unnecessary ritual demands from quack healers. For the cure of barrenness or infertility, female interviewees reported male healers demanding their female clients to sleep with them, as an act of transfer of healing, through which medicine is administered to cure the barrenness. The claims that spirits demand to have sex with the barren client to unlock and dislodge the spirit of barrenness are common acts of treachery used by quack

healers. The practice of smearing herbs on the tip of the healer's penis to insert herbs in the female client's vagina as treatment of barrenness is rampant. These issues cast doubt on the authenticity, and efficacy of rituals in the healing processes. Ritual healing therefore involves quite a lot of manipulation of the mind of the sick, who are already vulnerable.

There are communal health rituals where, all members in that community take part in the healing process. Many rituals are performed in villages to prevent, delay, or ward off death. Even when death strikes, part of the funeral rites includes the idea of chasing away death from the family.[127] For this purpose, the homestead and its occupants are purified ritually, and this renews normal life in the home and community at large. Communal health rituals are performed for villages where there is an epidemic. Time and again there are witch hunting rituals to ensure that witches do not cause disharmony, as their powers are kept under control. There are other rituals that are performed to drive away spirits from troubling the people. These are performed at family or community levels depending on the magnitude and who is being affected. If the troubling spirits concern only the family or clan, then rituals will be made at family level. But if there are evil spirits called '*emijjini'*, troubling a village, by raping women and young girls, then rituals will be done at a community level.[128]

Materials used in the performance of health rituals are diverse. These include seeds and plants, soils, animals and birds as well as human saliva. Some of these materials are processed into powder form and mixed with other ingredients for ritual purposes. Roots, leaves, branches and flowers are all used in rituals of purification and prevention of harm. Seeds or beans are used in rituals of remembering the departed especially by placing them in domestic shrines. The Basoga also use animals as materials for health rituals. Such animals include sheep, goats, cows, etc. Animals are used to enhance good health in the community. Animals are slaughtered, and the meat eaten by those who are afflicted. The Basoga also believe that danger can be prevented by killing an animal as a way of appeasement. Some animal parts used in health rituals are more treasured than others. For example, horns of animals are very important as traditional medicines are kept in them.[129] Soldier spirits or fetishes (*Amaghembe*) are composed of shells attached to the horns in a particular fashion with the help of a string.

Blood-letting is common when blood is collected or tapped in a container from the animal being slaughtered. The blood is drunk or sprinkled upon those faced with the sickness.

[127]Katende Kibenge
[128]Kakaire Balimwikungu (72 years), Farmer/Client, Mpande Village, Namutumba district, Interviewed on 11th/4/2015
[129] Patrick Wairagala

Some of the blood is poured on the ground to appease the living dead and sustain good relations with those still living. Pouring blood on the ground is also intended to bless the ground and make it productive for the community.[130]Chicken is also used in rituals that need to be performed for one to become rich and bear many children. Fertility rituals largely require hens to be slaughtered. During personal rituals, chicken is either used alive or killed. The feathers, claws, beaks of the chicken are used in various domestic rituals. A specific colour of chicken may be desired by the healer to enhance efficacy of the healing process. In a nutshell, human life is mystically tied up with that of other animals, but this serves the purpose of ensuring the wellbeing of community.

3.7 Diseases and Illnesses Treated by Traditional Medicine among the Basoga

Traditional medicine and healing in Busoga involves three things. These are the diagnosis of diseases and social challenges, the causes of the sickness as well as the attempt to cure, protect and counteract the sickness or problem. Bitimbito Kabaale summarizes the key roles of traditional healing when he states:

> *Abasagho b'ekisoga tukola ebintu nga bisatu; tulagula, twanonenkereza kubireta endwayire, twaidhandhaba abalwayire, ate era tuwha n'obulezi obukuma abantu n'ebintu byaibwe.* (Translation: We, traditional healers perform mainly three roles; we foretell, establish the causes of sickness and treat the sick and we also provide clients with protective medicine to make people and their property safe)[131]

Bitimbito Kabaale's argument reveals the specific concerns of traditional medicine. These include; mental and spiritual illness; physical-biological conditions of illness, as well as social illnesses; which are indeed the everyday life challenges that may be social, economic, and political in nature. Biological-physiological diseases largely consist of imbalances in the body system of an individual. Such diseases include cholera, malaria, dysentery, trachoma, sexually transmitted diseases, sleeping sickness, chicken pox, menstrual disorders, disability, leprosy, child related diseases, candidacies etc. Whereas the natural causation of such diseasesis well known, the people in Busoga cannot rule out the spiritual-mystical causes of such diseases.

Mental-spiritual illnesses are those that cannot ordinarily present themselves as having a direct impact on the physiology of the victim. These conditions are thought to be caused by the contravention of rules of the spiritual realm of society. They bring about psycho-social

[130]Interview with Isabirye Baligeya & Banuri Wairagala
[131] Bitimbito Kabaale

imbalances. For example, madness (*eiraru*), epilepsy (*ensimbu*), attacks by evil spirits that make someone move naked, constant attempts to commit suicide etc.

Social illnesses include challenges such as business and employment failure, debt recovery, criminal charges; academic failure, poor harvests, and political contests. Traditional medicine is used to protect people's homes and property. This is called '*Okuchinga'*.[132] Traditional medicine used to bring good fortune, success, favour and promotion. The Basoga use traditional medicine to have their wishes in life fulfilled. For example, women in Busoga believe that traditional medicine can be used to win the love of their husbands or boyfriends.[133]Traditional medicine is believed to make people perform extraordinary things. For example, application of traditional medicine can make one walk on fire, walk on thorns and other sharp objects without being harmed. Budhagali claims to use his spiritual power to put a mere bark cloth on the river Nile and sail on it to the other bank of the river.[134] Such is the power of traditional medicine in Busoga that it is believed to enable some people to turn into animals, fly in the air like birds, as well interact with wild animals without harming them.[135]

Buwaya (1976), discusses two categories of sicknesses among the Basoga, these are the localized sicknesses and those that are believed to have been brought to Busoga by foreigners. Any sicknesses for which there is no clear explanation and whose cure is not easily attained, is claimed to be coming from outside Busoga. On the other hand, localized diseases include impotence - (*obufiirwa)*, infertility - (*obugumba),* madness - (*eiraru),* fits - (*ensimbu),* kwashiorkor - (*omusana),* dysentery - (*okwidukanaomusayi),* leprosy - *ebigenge*, and malaria - (*Omusudha)*. Localised diseases are not considered life threatening if the patient gets to the proper traditional healer. The Basoga believe that localised sicknesses and diseases can be effectively handled by healers who live amongst them. In the past, other diseases, without adequate explanation, re believed to be imposed upon the Basoga through witchcraft - '*okuloga'*.Such diseases included sleeping sickness, syphilis and other such sexually transmitted diseases, trachoma, tuberculosis and HIV/Aids.[136]

Further, because there was no clear distinction between the physical and spiritual, with the spiritual influencing the physical, a distinction between physiological-biological illnesses and mental-spiritual illnesses as well as social, economic and political challenges, is more imaginary

[132]Interviews with diviners-Nabamba Budhagali, Bitimbito Kabaale, Mandwa Kibalya, Lukowe Mpadwa, Baligeya Isabirye
[133] Kawuma Safina
[134] Nabamba Budhagali
[135]Patrick Wairagala Mandwa
[136] Kabaale Bitimbito

than practical. What would be identified as a purely biological condition of illness would eventually turn out to be spiritual and therefore necessitating spiritual intervention. For example, whereas snake bites were very common in the rural settings with known herbal remedies for snake bites, the interventions ended up being spiritual as it was thought that the snake bite was a certain aggrieved spirit in dire need of sacrifice. In this case application of herbal remedies to such a victim was not the best alternative but appeasement of the spirit. There is protective medicine that people wear to ward off attacks by evil spirits. The use of '*yilizi'*, a protective charm worn around the waist and tied around the necks of children, is meant to protect people against certain illnesses and misfortunes.

Traditional medicine is used to help a barren woman (*omugumba*) conceive and to keep the unborn child safe till delivery. For barrenness, women's interaction with traditional healers is more pronounced than with men. This is because women are solely blamed childlessness. The men cannot be *abagumba (*barren*)* in Busoga society. Scholarly works on social construction of infertility reveal a more skewed negative treatment of women than men in circumstances of barrenness. Women are always under pressure to conceive and give birth (Baloyi, 2017:1). There is a tendency to blame the woman for failed conception (Tabong & Adongo, 2013:2). There is quick judgment by some African males towards their wives when conception does not occur, and this happens even though there is no regular or normal sexual encounter between the wife and husband (Baloyi, 2017:2).

Women carry the blame and stigma of infertility within a marriage system as they suffer more socio-cultural and psychological distress than their husbands (Makoba, 2005:17).This further strain the relationship between the wife and husband let alone with the wider community. The infertile woman may be ridiculed and disrespected by her in-laws (Makoba, 2005:132-133; Tabong & Adongo, 2013:2). Traditional healers, therefore, become intervening variables in the search for a cure to the stigmatized barren woman. Among the educated and uneducated women[137] alike, the belief in the ability of traditional healers to cure infertility is great. Whereas the uneducated women will straight away visit the traditional healers, the educated women are likely to visit both biomedical doctors and traditional healers concurrently. In Busoga society, just like in some other African societies studied by Greil, et.al (2010:151), wives are more likely to initiate treatment for infertility than husbands. Women seek remedies to barrenness from

[137]Kirunda, A. (2017), Traditional Healer cons, rapes University Student. Daily Monitor Newspaper. Kampala. Monitor Publications limited. Published Thursday February 9th, 2017. www.monitor.co.ug

healers in secrecy of their husbands. Medicine for childlessness is used by women alone since there are strong beliefs that men cannot be infertile.

Since traditions change overtime, so are those related to treatment of infertility among the Basoga. It was initially a preserve of traditional birth attendants and female healers who provided treatment of infertility to fellow women. There are now a host of male healers, who claim to cure barrenness. Male healers' entry into this previously female domain was because of the increasing numbers of women, seeking for treatment, hence becoming a financially lucrative venture. In the public media, quack male healers in Busoga have been reported, whose intention is to fleece the unsuspecting desperate women.[138,139] These use trickery and manipulation to extort money and have sex with the desperate women.[140]Crimes of fraud and rape by traditional healers have been described by the Uganda Police force as endemic, with women being the most victims.[141]The efficacy of the treatment by male healers is doubted as they prescribe to sleep with the 'barren' women as a procedure of administering (inserting) the medicine in them.[142]In Bugembe Town Council of Jinja district, a fake traditional healer called Mugenza Andrew Frank was arrested after several complaints by women in the area that each time they sought for his services, he hoodwinked them into sex.[143]Another quack healer, named Sulait Mugoya, kidnapped, raped and incised a woman at his shrine in Mayuge district.[144]

Safina Nabirye (Ssenga wa Busoga), articulated how quack male healers are involved in the rape of women. Women are raped by traditional healers through what they term administration of medicine by the will of spirits.[145]Such routine continues until such a number of children the woman wishes to have. Unfortunately, such 'barren' women are made to believe that they conceive by the 'spiritual medicine' inserted in them through sex with the healers. None the less, when such women get pregnant after their sexual encounters with the healers, it gives an

[138]Ainganiza, S. (2008). Traditional Healer Arrested for Rape. Kamwenge. Uganda Radio Network. Published on 29th September 2008. https://ugandaradionetwork.com.
[139]Kirunda, A. (2017), Traditional Healer cons, rapes University Student. Daily Monitor Newspaper. Kampala. Monitor Publications limited. Published Thursday February 9th, 2017. www.monitor.co.ug
[140]Mudoola, P. (2012). Tricked, raped by a traditional healer. New Vision newspaper. Kampala. New vision publishing company limited. Published 12th June 2012. www.newvision.co.ug
[141]Walukamba, A. (2009). Jinja Police Partner with Traditional Healers to Fight Crime. Uganda Radio Network. Jinja. Published on 26th June 2009. https://ugandaradionetwork.com.
[142]Business Guide Africa, (2017). Witchdoctor Rapes a University Student in Disguise Of Administering Medicine Through Sex. http://businessguideafrica.com. Published February 9th, 2017.
[143] Kirunda, A. (2016). Busoga News Round Up. Published by Monitor Newspaper on Friday August 26th, 2016. www.monitor.co.ug. Accessed on 10th July 2017.
[144]Walukamba, A. (2010). Kasubi Woman Kidnapped by Mayuge Witchdoctor. Uganda Radio Network. ugandaradionetwork.com. Published on 23rd July 2010. Accessed on 10th July 2017.
[145]Nabirye Safina

indication that male infertility other than female infertility is the unbelieved fact as the cause of childlessness in marriage.

Traditional medicinal use continues thereafter conception. Herbs are used by the expectant mother to avoid miscarriage and premature births. At birth, herbal medicine is applied to the newborn and the mother. '*Ekyogero'*, a herbal concoction, is a mixture of several herbs prepared in a container for the newborn to be bathed in for several months. This medicine is intended to fight skin-related diseases. *Ekyogero* also has elements of herbs that ignite blessings and success upon the newborn. I have discussed in detail the functions and gendered nature of *Ekyogero* in chapter five of this thesis.

Medicine is applied onto the mother to heal any ruptures that she may have experienced during delivery. They are also given herbal medicines that improve blood regeneration and circulation. Medicine is used to make a child learn to walk very fast, whereupon herbs are smeared on his/her legs. The child can be taken to the short grasses with thick dew early in the morning. Morning dew is a common herbal remedy for children who tend to take longer time to walk. Whereas the perception is that the dew is medicinal in its real sense, it is also factual that the ice-cold grasses make the child to run from it, thus improving its motor function.

In the whole of a person's adult life, there are social, economic and political challenges that require visiting a traditional healer. People are ever on the move, hence need protective medicine against accidents, and if it happens, bone setting is very useful. Fishermen use medicine to trap as much fish as they wish, yet they also use medicine to counteract weather changes and to avoid drowning. It is the responsibility of healers to establish the actual location where a dead body is stuck in the waters upon drowning. Farmers use medicine to ensure better harvests. Finding a suitable marriage partner also involves use of medicine at some stage. Medicine is used to win a person's love and acceptance in marriage, yet there are medicines that are used to keep the marriage safe and long lasting, devoid of potential co-wives. At death and burial, medicine is used to make the spirits of the dead rest in peace without being disturbed by witchdoctors (*abalogo, basezi*) who might come after the dead body. In the past, though political rivalry and military incursions were rare among the multiplicity of states within Busoga, traditional medicine was necessary for one group to win military battles. All these are a demonstration that traditional medicine is part and parcel of the life of any Musoga.

3.8 Causes of Sicknesses and Ill-Being among the Basoga

Disease, sickness and misfortunes among the Basoga are considered supernatural experiences attributed to witchcraft, sorcery, spirits and magic; all of which have a religious connotation (Bukyanagandi, 1993:32). A scientific explanation given for the cause of disease and illness is not convincing until there is responsibility of some sort attributed to an individual. Basoga are preoccupied with establishing the cause of sickness before any remedies can be sought. This is the responsibility of the diviners, also known as *balaguzi, baswezi, or mandwa* (mediums).[146] The other people who can do this are the Moslem experts called '*BalaguziBaghalimu'*.[147] Through spirit possession or reading verses from the Quran by diviners and diviner sheiks respectively, the cause and responsibility for the illness is sought.[148]

In Busoga society, for any sickness and death recorded, there must be somebody who is held responsible.Sickness and death cannot happen suddenly and there are no 'natural' causes of sickness, including malaria, HIV/Aids, and impotence. The effects of preoccupation with the 'causer' rather than dealing with the disease directly or mitigating its occurrence or spread have dire consequences on the individual and the community at large. For contagious diseases like skin rashes, also called '*Wailindi'* in the Lusoga language is left to spread widely among the population. Busoga lost scores of people to HIV/AIDS in the 1980s and 1990s because locals believed that it was caused by witchcraft. Sexually transmitted diseases have continuously thrived among the local populace because they cannot seek for treatment believing that such diseases are the works of their detractors. Widow inheritance continued to be treasured because society believed that there was nothing like Aids but the works of evil neighbours. Due to such beliefs, the sick are left to succumb to sicknesses.Kakaire Balimwikungu[149] survived death about twenty-five years ago, when clan mates insisted on consulting their ancestral spirits, as to who was responsible for his loss of senses and mobility, yet the real cause was blood clots in the head/brain. A teenage boy succumbed to the poisonous snake bite as the Uncle spent hours consulting with spirits as to who was responsible for sending the snake. He died on his way to a modern medical facility. Another family that has had two accident victims, with a compound

[146]Kakaire Balimwikungu
[147]Fr. Gonza Kayaga

[148]Samanya Hussein
[149] Interview dated 11th /4/2015, Mpande Village in Namutumba District

fractured femur was bothered for over two months, attempting to identify the 'causer 'other than taking the sick to either a traditional bone setter or a modern Orthopaedist.[150]

The belief in establishing the causer of the illness robs the sick the opportunity to seek medical attention when the condition is still in a stage that can be controlled. Women and children are the major losers due to such beliefs. Decision making is the responsibility of men to seek for medical attention from specialized healers/doctors.Men are the ones who meet the costs of treatment for both their children and wives; except for diseases related to sexual promiscuity, in which case the wife may seek treatment in secrecy of her husband. Therefore, women's inability to meet the costs of their treatment and that of their children, makes it almost mandatory that they cannot singularly take decisions as to where and when to seek for treatment. Busoga being a patriarchal society, where masculinity is celebrated over femininity, it feels socially accepted to wait for a man to take decision when his wife or children are sick. The idea that women are dependent and vulnerable reinforces this kind of health seeking behaviour. The preoccupation with establishing the causer of the illness is also rooted in masculine behaviour which promotes vengeance for crime committed against the male and his entire household, as a way of expressing power superiority among males. There are however changes in such decision making in health seeking behaviour due to education attainment among both women and men in society.

Instances when the sick abandon specialized treatment for serious illnesses like HIV/AIDS simply because traditional healers have convinced them that their conditions have been caused by their enemies are common. Even in circumstances when an employed person loses his job due to downsizing of the company, the Basoga would believe to be the work of witches or evil spirits leading to that person's retrenchment. Nobody dies of old age. There must be somebody responsible for the death of a 'centurion'. Thus, the Kisoga saying: *'omufu tabulaku mulogo', or 'omufu tabulaku amwise'*.[151] This means that one cannot die without cause; they must have been bewitched.But the Basoga go to the extent of blaming the power of witchcraft for personal failures. Fr Gonza Kayaga[152] explained that telling lies, committing adultery, theft by individuals is attributed to witchcraft hence the Kisoga saying, '*aly'oti muloge, oba mulaame'*, literary meaning 'it is as though he or she was bewitched or cursed.This therefore, suggests the existence of an asymmetrical relationship between healing and

[150] Mpala Robert, 38 years, Kisaasi Central Zone, Kampala. Interviewed 13th June 2016
[151]Edisa Namwase
[152]Fr. Gonza Kayaga

witchcraft.The causes of sicknesses and ill-being among the Basoga include the following: witchcraft, sorcery, ancestral spirits and other such evil spirits, curses of older relatives, bad relationships with in-laws, pregnancy of mothers, failure to fulfil certain rituals etc. For purposes of understanding these phenomena, I discuss some of them in detail.

3.8.1 Witchcraft

This is the use of mystical powers for wicked purposes and is usually applied or practiced in secrecy. The motives of witchcraft are to cause harm, pain and kill the victim. The Lusoga word for witchcraft is *Bulogo*. Witchcraft takes mainly two forms. These are *Basezi (*Night dancers*)* and *Balogo (*Sorcerers*)*. Although in everyday talk the two are used synonymously, technically there is a difference. A person who practices witchcraft is called a '*mulogo'* - 'witch' (singular), and '*balogo'* (plural). Therefore, all categories of witches are loosely called '*Balogo'*, the right word for sorcerers. There is, however, a difference between *basezi* and *balogo* in Busoga as we shall see later. Both men and women can be witches, but women are more likely to be categorised as such.

The *Basezi* are driven by the spirit of evil (*ekitambo*) to harm those around them. They practice their trade especially at home, in the compounds, homes and gardens of those they intend to harm or kill. *Basezi* are said to be the major cause of sickness and ill-being in communities. They behave rather oddly in the society. For example, they walk naked at night when undertaking their evil activities, dance wildly, and scare those who move at night, walk with their heads on the ground and the legs up in the air, and are earnestly annoyed with those who identify them in the dark as *basezi*. This may lead to the death of those who identify them. They are known to dig up corpses that have just been buried to eat them, and they use certain parts of dead bodies to mix with their medicine that they use to cause sickness upon those they hate.

The *Balogo,* on the other hand, are not driven by any mystical powers. These are just ill-intentioned individuals in society who do not wish to see others progress. This is because *Bulogo* is driven by hatred for someone, quarrelling and jealousy. The Basoga believe that *Bulogo* is practiced against those whom they hate. These may include people like adulterers, co-wives, thieves, step children and those who insult others rudely without sound reason. If one has a disagreement with another and he dies suddenly, or some unfortunate experience takes place in his family, the other would automatically be called *mulogo* - being held responsible for such a misfortune. Unlike the *basezi*, who invoke mystical powers the *Balogo* use poisonous medicine

to make others sick by putting it in food, water, clothes, bed, in the kitchen. It is common among co-wives to make others sick by concealing their harmful medicine in the gardens where their victims will go to dig and collect food. These kinds of activities can only be done by someone who knows you very well. This is the very reason why upon the death of someone in Busoga or sudden illness experienced by someone, the most immediate person held responsible is the neighbour or close relative. This is the reason for the Kisoga saying '*anakwita tava wala'*, meaning that he/she who will kill you does come from far away.[153]

The Basoga contend that *balogo* can send their poisonous medicine through objects that may be living or non-living. For example, a pigeon (*engyibwa*) is a well-known bird used by sorcerers in Busoga to take poisonous medicine to the homes of perceived enemies. And because of this, pigeons are rarely kept by Basoga. Snakes can also be used. This is the reason why a snake bite cannot be taken as an accident. *Bulogo* is attributed to be the cause of accidents among the Basoga. This is supposedly the reason why some people involved in the same motor accident may die yet others survive without any scratch.[154] The sorcerers are also said to manipulate traditional medicinal power so that somebody is attacked by a wild animal. Bulogo or poisonous medicine can be employed by a sorcerer to kill one's co-wives and their children. There are instances told of how a co-wife concealed poisonous medicine targeting her co-wife and instead herself or her own children became the victims and died.[155]Several other forms of witchcraft were identified by interviewees. These include 'rain stoppers' (*abachingaamadhi*). Rain stoppers are believed to possess powers that can withhold rain for a long time. These are the first suspects when an area experiences a long dry spell. Ironically, there are circumstances when rain stoppers may be called upon to stop rain. This is in times of funeral or communal festivals, where community does not want interruption. Other witches include those who send hailstones, lightening etc.[156]

To some people, there is suspicion towards healers as the source of sickness. Later interviews I had with five respondents in mid-2017 revealed that there could be a connection between the activities of the healer and the witch. Kawanguzi Dan[157] believes that because the business of healing has become monetized, healers can send spiritual forces or plant witchcraft in one's home so that he/she could go to the healer's place for healing in exchange for money.

[153]Banuri Wairagala
[154]Ali Wairagala
[155]Interviews with Fr. Gonza Kayaga, Edisa Namwase, Banuri Wairagala and Ali Wairagala
[156] ibid
[157]Kawanguzi Dan, Special Advisor to His Royal Highness the Chief of Bulamogi-Waako Wambuzi. Interviewed on the 5/6/2017 at Kampala.

According to Kakaire Balimwikungu, witchcraft is a reality in Busoga society, as there are several persons who are believed to die of unclear causes not easily explained by medical doctors.[158]

To the ordinary mind the supposed difference between '*mulogo'* –witch and *musagho*-healer is spurious. I sought to understand the difference between healers and witches and whether healers can also be a source of sickness. Interviews with Nabamba Budhagali[159], Nfuddu Isabirye,[160] Kawuma Safina Nabirye[161] and a client Kakaire Balimwikungu[162] provided useful insights. Healers just like witches use 'medicine' (*obulezi*) to cure sicknesses and cause ill-being respectively among people. *Obulezi* meaning 'herbs' used by both could be in the form of 'tree' or 'root', translated as '*omuti'* and '*omuzzi'* respectively. Even when the healer or witch may have used other medicinal substances to promote wellbeing or suffering, the Basoga will refer to such medicine as '*omuti* or *omuzzi*, especially if they do not use the general word of '*obulezi*. Statements used in reference to application of *obulezi* can refer to either witchcraft or healing. For example, when the Basoga say, *'yamusimbira obulezi'*, literary meaning 'one applied medicine onto him or her', could mean, on one hand that the medicine applied was for promotion of the other person's health or his/her protection. On the other hand, the medicine could have been for destruction of the person upon whom it was applied.

Relatedly, the Kisoga statement '*yamuwa obulezi'*, literary meaning 'he/she was given medicine', takes both the positive attitude of healing medicine, if the context results in the person who was 'given'the medicine recovering from sickness or attaining something that brings good in his/her life. The statement also takes a negative side of witchcraft if the person who was affected by the applied medicine, experiences illness, distress and continuous challenging circumstances in his/her life. In this very context, the literal meaning of 'giving medicine', where the intention is known to the recipient is 'healing'. In the context of witchcraft, the 'giving (*yamuwa*) of medicine' is not known to the victim. This is in line with the conceptual analysis I made in chapter one, where I illustrated that witchcraft is usually performed in secrecy, quite oblivious of the victim.

Whereas, there exists a thin line between healing and witchcraft among the Basoga, there are two general indicators of difference; the intention of the medicine and the effect that the

[158]Kakaire Balimwikungu, Interviewed on 29/5/2017
[159]Nabamba Budhagali, Diviner, Diviner, Budhagali Village, Jinja district. Interviewed on 8/6/2017
[160]Nfuddu Isabirye, diviner, Kimaka, Jinja district. Interviewed on 10/6/2017
[161]Kawuma Safina Nabirye also known as Ssenga wa Busoga, Herbalist, Bugembe, Jinja district. Interviewed on 5/6/2017
[162]Kakaire Balimwikungu, Farmer, Mpande Village, Namutumba district, Interviewed on 29/5/2017

medicine brings upon the patient's or society wellbeing. If the intention is to cause harm, unhappiness and ill-being, resulting into sickness and or death, then the use of *obulezi* is witchcraft. But if the intention of the medicine is to restore well being and do away with ill being, then the use of *obulezi* is clearly *healing*. Busoga healers take on the identity of witches in circumstances when the patient dies, in the midst of healing. This is because death is associated with witches and not healers. Therefore, as Ashforth (2005:212) puts it, a distinction between healing and witchcraft is essentially amoral one, based on interpretations of the motives of persons using the *obulezi*, and the effects that the supernatural medicine brings through application of the *obulezi*.

The Basoga make exceptions to the above distinctions between witchcraft and healing. For example, they use *obulezi* to protect life and property against unauthorized agents like thieves and murderers (locally called '*okuchinga'*). Theft or attempt to steal such 'medicine protected property' may result in untold suffering of the thief including death. The community celebrates along with the person (who in the essential meaning of 'witch', as one who uses medicine to cause harm or destruction), whowould have used protective medicine to cause death of a thief. Society further tolerates a desperate husband who uses traditional medicine to make his adulterous wife 'get stuck' having sex (*okulemeramu*)[163] with her lover. Ironically, the pain that the adulterous couple experience because of 'getting stuck' during sex is not attributed to the 'evil power' of the medicine used but rather the 'effective power' of the protective medicine used by the desperate husband.

Another exception when 'witchcraft' is tolerated among the Basoga is the 'sending back' of *obulezi* (medicine)-but this time technically called '*eirogo'* to the witch. *Eirogo* is the correct word for 'medicine' when used for witchcraft intentions. All these indicate that a person can take on a dual identity of healer and witch. It is therefore; clear that the Basoga tolerate those acts of witchcraft which serve as deterrence to what society considers 'deviant behaviour'. These exceptions in witchcraft beliefs among the Basoga augments Peter Pels theory that rather than looking at witchcraft as only destructive, it should as well be a social system that is used to regulate society (Pels, 2003: 1-38). The contradictingbeliefs in witchcraft cast doubt as to whether, these practices are indeedwitchcraft, or they seem to be as Africans try to cope with the

[163]This condition is associated with several myths and beliefs among local Basoga. Modern science calls it 'penis captivus', a condition when the penis in the vagina becomes increasingly engorged while the muscles of the woman's pelvic floor contract at orgasm, making the penis to become stuck. Literary, the genitals of those having sex become inseparable, leading to pain and anxiety. Basoga people believe that this condition can happen when desperate husbands and wives wishing to arrest their partners red handed in actions of adultery use traditional medicine to make their cheating partners get stuck with their lovers during sex. Locals, especially the uneducated believe in the efficacy of traditional medicine to make this condition happen.

European's definition of witches. The European invention of witchcraft Geschiere (1998:831) presents distorting translations of local notions which often have much broader and more ambivalent meanings.

3.8.2 Spirits

Spirits are known to cause sickness as well as bring problems to people. The Basoga believe that for many unexplained deaths and diseases, the spirits are the primary cause. Such spirits include: ancestral spirits, sprits of the dead, wild spirits, fetishes, and nature spirits. Failure to sacrifice and appease spirits can ignite their anger upon humanity. Neglect of elders during their life time, leading to death and failure to accord them decent burial is believed to bring reprisals from the spirit world. The Basoga believe that the spirit of the dead, killed innocently can revenge upon those who killed the person. Sickness can also come from wandering spirits. These are believed to cause sickness to those who disturb theirhabitat. Wandering spirits rest under large trees and mountains or in cool vegetation. The sickness caused by these spirits can be experienced by members of the extended family other than the one who has disturbed their habitat. Other spirits like the '*Amaghembe'* (fetishes) are used by professional sorcerers to cause sickness. *Amaghembe* are aggressive spirits, and are believed to be militant. They can bring untold destruction to households. These are believed to have been imported from Buganda and act as employees of Busoga '*emizimu'*.[164]Certain diseases such as meningitis, madness (*eiraru*), deafness are associated with spirits. These spirits demand sacrifices and rituals to be performed by those who have been affected, to withhold their anger. The diviners or medicine men are consulted to talk to the spirits and ask them what should be done to take away the disease and misfortune.

3.8.3 Curses

This is another cause of sickness and ill-being among the Basoga. The common word for curse is '*obulame'* or '*bukolimire'* (as a noun), '*okulama'* or (as a verb). Cursing (*okukolima, okukolimira*) is applied when somebody out of anger, disgust or mere intolerance speaks or utters words of misfortune against somebody else. It is mainly the uncles (*ba'kojja*) and aunts (*Ssenga*), who are endowed with the power to curse. Other older people who may not even be related to the victim have power to curse. Fathers and mothers are believed to use this kind of power against their children only in rare circumstances. But they can do it against children of their sisters and

[164]Patrick Wairagala Mandwa

brothers as this position puts them in the category of '*Ssonga'* and '*kojja'*.[165] Their words can cause sickness, death, barrenness, miscarriages and other such misfortunes to those who provoke them into anger. Suffering because of a curse (*bulame, bukolimire*) can be done away through reconciliation with the offended elder and an appeasement ceremony thereby organized. The offended person is believed to have power to say certain words to reverse the sickness and suffering of the victim. It should be noted that unlike witchcraft and sorcery that involve the use of poisonous medicine to cause sickness and disease, cursing involves the use of words only. Sometimes it involves the offended person to simply say the word '*khale'*, loosely translated negatively as "okay", with the rest of the bad wishes of the offended person said in silence.[166]

Cursing is not applicable between people of the same status and age group. An aunt, for example, has no powers to curse a sister; a brother has no power to curse a brother. Romane (2000:139) argues from another African society perspective, the Kikuyu of Kenya, that curses are believed to affect the whole lineage or even generations of people to come in the family. Technically, cursing is a form of witchcraft though this is not accepted by many Basoga.Non-acceptance of cursing as witchcraft is based on the rationale for cursing as deterrence to offending elders. The Basoga justify cursing as the 'cursed' is blamed for having brought it upon himself/herself for failure to respect elders or perform roles that were expected of him/her. Those who curse are therefore not ostracized by community but instead plead with them to undo the curses.[167] Unlike witches, who are tormented and even killed, those known to have cursed anybody need to be appeased to reverse the situation. This attitude is premised on society thinking that people don't curse without a valid reason. Something very serious must have happened and the culprit must have failed to make amends.[168]

3.8.4 Failure to Observe Certain Taboos and Rituals

Breach or non-observance of taboos and rituals can cause social illness among the Basoga. The Basoga, for example, believe that Parkinson's disease (*obuko*) is a sickness associated with close contact between a man and his mother in law. This manifests in swollen cheeks and continuous trembling by the victims. One may also develop pale skin.[169] A man and his mother-in-law are prohibited from handshaking, sleeping in the same house, using the same basins, latrines and

[165]Interviews with Fr. Gonza Kayaga, Edisa Namwase, Banuri Wairagala and Ali Wairagala
[166]Kakaire Balimwikungu
[167]Fr. Gonza Kayaga, Busoga Cultural Research Centre, Jinja. Interviewed on 7/6/2017
[168]Cultural Research Center, (2003), Witchcraft, Divination and Healing among the Basoga, Marianum Publishing Company Ltd, Kisubi. pp.48

[169]Eyazika Isabirye, 57 years, Herbalist, Buyanga, Namutumba district. Interviewed on 20th April 2015

sharing many other items. It is a taboo for one to have sexual intercourse with in-laws, especially the mother-in law. A son in law and his mother in law are not to look at each other directly, lest they will be plagued with '*Obuko'*. The same taboo applies to both the daughter in law and her father in law. If a breach occurs, one is expected to perform some rituals and sacrifices to forestall this sickness.

Neglect of performance of rituals connected with the birth of twins is believed to cause sickness and untold suffering among family members. The mother may experience miscarriages in subsequent pregnancies. Twins are believed to have special spirits that need to be appeased all the time by preparing special baskets for them. These are placed in a special place in the house where they will dwell. Failure to do this may result in the physical twins not being able to live for long and family members experiencing misfortunes; impotence, as well as loss of skin pigment. Failure to perform the last funeral rites and installation of an heir can be dangerous for a family, as this may ignite the anger of the spirits of the dead. I have been in contact with one man, the eldest in a family, who believes that his failure in life, with many incomplete projects is a result of his failure to perform funeral rituals for his late father.[170]

3.8.5 Pregnancy of Mothers

Many people believe that a mother's pregnancy can cause sickness to her children or those of her sisters, especially the youngest. They believe that a child becomes sick during the early months of its mother's pregnancy. The Lusoga name for this sickness is '*eryuuse'*, which is 'malnutrition'.The young child manifests the following characteristics including, swollen cheeks; hair loss on the head, protruding stomach and the child becomes emaciated. The Basoga believe that *eryuuse* is caused by several issues including witchcraft from co-wives, who may be barren, and therefore envious of the fertile woman. The barren co-wives are believed to send evil spirits that drain blood from the young children, so that they can die.[171]Apart from the cultural beliefs held by the Basoga as explanations for '*eryuuse'*, it is a tendency for mothers to discontinue breastfeeding their babies when they become pregnant. Some of the mothers conceive before the babies reach the age of six months.[172] Such children become malnourished due to inadequate milk, yet the families are usually too poor to afford supplemental nutritious foodstuffs. *Eryuuse* is common among children of poor and rural families. *Eryuuse*is treated with herbal medicines that are given to the child to drink and bathe. However, the Basoga believe that this is not a

[170]Yasin Nabogho, 44 years, Painter, Bulagala Village, Namutumba district. Interviewed on 30/04/2015
[171]Kirangi Monic and Safina Nabirye
[172]ibid

serious sickness, and that it can disappear without any intervention as the mother's pregnancy progresses to maturity.

3.9 Taboos observed inTraditional Healing Practice in Busoga

There is a code of conduct expected to be followed by both healers and their clients. The expected behaviour is to be adhered to lest the medicine will be ineffective. It should be noted that although there are generalized taboos that all healers and patients are supposed to observe, there are also specific taboos for specific categories of traditional healers. With increasing mixture of Kisoga culture with other external influences, some of these taboos are fading and not taken seriously.

Some of the taboos include the following: Medicine is not to be collected very early in the morning when the dew is still on the plants, nor during or immediately after it had rained; the patient should not thank the healer until he or she has been cured. Before a healer gives medicine to a patient, the patient has to pay some money known as '*ekavundha* e*nsiko'*, meaning '*paving the way into the bush*'.[173] It is believed that failure to pay this money can ignite the disease after the healing process. Just in case one did not have the '*ekavundha nsiko'* with them at the time of seeking treatment, they are expected to make a commitment to pay later.

When one tells another individual or a student in the healing tradition the name of the traditional medicine commonly referred to as *'ekiti* or *omuti* or *omuzzi'*, the student should not utter it in affirmation as this may cause him to forget it. Other taboos concerning traditional medicine are that the client is not supposed to look behind when leaving the healing place.[174] This taboo is observed among healers who use a combination of herbs and spiritual powers. Women are restricted from visiting certain places, especially islands in Lake Victoria. These islands are host to valuable flora and fauna used to process medicinal herbs. It is taboo for women to visit and enter the once thick government forest reserve in Bunya (now Mayuge district) on the pretext that spirits of the forest reserve forbid women from visiting the forest.[175] Taboos such as those mentioned above are used to exclude women from lucrative activities in society. Women are socialized to accept and observe them as the ideal for societal function. They however put females at a disadvantage, as women become victims of subtle discrimination in traditional medicinal practice. Consequently, male healers are put in a better position to exploit herbal resources from this forest. Female healers are reduced to traditional medicine retailers and

[173] ibid
[174] Ibid.
[175] Nfuddu Isabirye

their ability to explore and discover new herbal remedies from such natural environment is curtailed by taboos.

Adultery and sex with your own partner disallows the healer from dispensing the medicine, except after thorough cleansing of body. Failure to observe this taboo makes the medicine ineffective.[176] The taboo is intended to ensure purity of medicines dispensed and kept in houses that are considered to be very holy as the spirits also dwell in them. Adultery and/or sex profane the spirits. I have made a detailed discussion of sex and menstruation taboos in chapter five. Taboos associated with traditional healing are part and parcel of the wider taboo system that governs other activities in society. The taboo system is gendered in a way that there are restrictions imposed on either gender in the process of provision and access to healing. These restrictions have obvious implications on the health and wellbeing of men and women. Taboos do not have a direct effect on the efficacy of healing, but they are used to ensure that both the healers and clients conform to the expected norms and values of society, which ultimately define their identity as a unique people.

Relatedly, observance of certain taboos during the healing process is no different from the restrictions that modern medical doctors impose on their clients, to make the treatment effective. The difference between these restrictions is that the former attaches a spiritual interpretation to the taboos. Prohibition of pork and other such categories of fatty foods, on the pretext that the spirits forbid them, could in reality be that the efficacy of traditional medicine provided can be undermined by the accumulation of fats in the body; in the same way, a modern medical doctor is likely to impose the same restrictions.

Some healers impose restrictions upon their clients regarding sharing food and household items. The sick individual must use separate saucepans, plates, basin, and cups. This is common among people receiving spiritual healing. To the healers, this taboo is imposed when the evil spirit, causing the illness has to be restricted from having contact with the rest of the individuals in the family who are not yet sick. It is, however, true that some healers use taboos to manipulate the minds of the sick to prove that they are more powerful and efficient, and therefore over-service their clients by imposing irrelevant restrictions. Restricting interaction between the sick and healthy members could be a realisation that the sickness being treated is a contagious one, which should require isolation of the sick individual from those who are well but not a need to curtail the supposed power of the ‘spirit’.

[176] Patrick Wairagala Mandwa

3.10 Dispensing Traditional Medicine and Healing Among the Basoga

There are different methods used in healing, depending on the nature of sickness. The methods of dispensing traditional medicine include the following among others: cleansing - *okwambulula*, incision of medicine - *Okusandaga*, fumigating - *okunioteza*, arresting evil spirits - *okukugemaku emizimu emibi*, drinking medicine - *okunhwa obulezi,* sending away the disease - *okusindika ewala obulwayire*, resurrecting hidden witchcraft - *okutolagho eirogo*, setting bones - *Okuyunga amagumba*, bleeding - *okulumika*.

3.10.1 Dispensing Herbs

This is the basic treatment provided by healers in Busoga. Almost every healer and patient are used to this mode of treatment. Provision of herbs may be in various forms, such as mixing with water, smearing the patient's body or putting the herbs in a specific place where the healer directs the patient. Herbs are believed to have ingredients that treat several diseases. Spirits usually direct which herbs to be given to the patient. However, in the case ofpure herbalists (*abayigha b'emiti*) who do not use divination; have mastered the herbs that effectively treat specific conditions. These do not require consulting any spirit in the prescription and dispensation of the herbs to the patient.

3.10.2 Cleansing (*okwambulula, okwogolola)*

This is used when the patient/client has to be cleansed of bad luck or witchcraft - *eirogo,* as the source of sickness. A ritual bath is prepared in a specially made basin popularly known as '*ekyogo'*.[177] The *ekyogo* is constructed from banana leaves into which herbal medicine is prepared for the patient to bathe. This ritual bath is usually done far away from the home. A patient cannot take a ritual bath in the communal bathroom. They may for example be required to go and bathe at the crossroads and usually at night. They may also be required to go and bathe deep in the bush or on top of a mountain/rock nearby. Sometimes, depending on the type of traditional healer, sacrifices accompany the cleansing. Sacrificial accompaniments are common with diviners and other such spiritualists. Pure herbalists may not require the client to make any sacrifices for complete healing to take place. Blood of the animal sacrificed may be mixed in the '*ekyogo'* for the patient to bathe. It should also be noted that in some cases, it is the responsibility of the healer to bathe the patient. But many of the healers whom I visited insist that a female client has to be bathed by another woman. That in circumstances where there is no other woman

[177]Kawuma Safina Nabirye

around, the healer gives strict instructions to the female client regarding how she is supposed to bathe with the accompanying statements she has to make in his absence.[178]In the past cleansing was widely used in circumstances where there were skin related diseases that the patient exhibited. The form and method of cleansing also helped to ensure that other people within the area do not become afflicted with the contagious disease. The healers explained that taking ritual baths at the crossroads at night was to ensure that the bad spirits could be left there to possess another person.[179]The cleansed person is thus healed and enjoys a problem-free life.

3.10.3 Incision of Medicine (*Okusandaga obulezi)*

Incising is yet another method of treating certain diseases as well as dealing with evil forces among Basoga. Incision is done by a healer on the patient's body. The healer rubs herbal medicine into the cuts so that it enters the blood stream. These incisions are usually made on the hands, legs, forehead etc. Incising is also one way of giving protective medicine to the individual against impending dangers that may ruin one's health. There are, however, some healers who vehemently argue against incision as a way of treating illness among the Basoga.

Whereas incision works as described above, it has another purpose. Through incision of herbs, traditional healing powers can be transmitted from one person to another. This is the usual form of transferring power and knowledge of bone setting among the Basoga. The intending bone setter is incised on the wrists and herbal medicine rubbed into the cuts. There is also incision of a special nature where a cut is made into the sick person for drawing blood from him as a form of treatment. This is common when one has suffered snakebite. Basoga traditional healers, though not educated in western medicine, knew that the snake's venom would be counteracted if a cut was made where it bit the victim to let the toxic poisonous blood flow out of the victim's body before it spread. In addition, after bleeding the person, herbal medicine was put in the place where the incisions had been made.

3.10.4 Fumigating - '*okunioteza obulezi*'

Healers in Busoga prescribe certain herbs to their clients for fumigating (*kunioteza*). Such herbal medicine is usually dried. The medicine is put on a potsherd and lit with fire. This involves the patient sitting in front of the burning herbs so that the smoke from the potsherd wafts over him/her. Sometimes herbs are burnt somewhere at the corner of the house of the patient without the patient seated nearby. *Okunioteza*is popularly applied in instances where and when the

[178] Interviews with Patrick Wairagala Mandwa, Nabamba Budhagali & Kawuma Safina Nabirye
[179] Ibid.Interviews with Patrick Wairagala, Nabamba Budhagali, Safina Nabirye

patient is being disturbed by evil spirits. It is also applied when the person is thought to have bad luck. The burnt herbs are believed to produce the smoke that drives away evil spirits. Several times, '*okunioteza'* is accompanied by statements that invoke the spirits to leave the person so that he/she lives in peace and attains his hearts desires.

3.10.5 Healing by unearthing hidden or planted witchcraft

Healing can be achieved by unearthing witchcraft that may have been planted in the victims' compound or house. Once such evidence of witchcraft has been unearthed and taken away or burnt, the patient regains his life and the sickness immediately disappears. Unearthing witchcraft cannot be done by anybody. The services of a traditional healer are thought to undo what was planted by the witches. Using his/her power, the spirits are invoked to identify where the bad medicine was planted. Witchcraft is unearthed either by use of spirits, use of herbs and or a combination of the two. Sometimes, herbs may be used only to counteract the power of the witchcraft, and it is rendered powerless from causing any further harm to the victim. In this case the healer also provides protective medicine to the victim.

3.10.6 Bone setting - *'Okuyunga amagumba'*

Busoga society has the uniqueness of having a specialized group of traditional healers called bone setters. These are commonly referred to as *'abayunzi b'amagumba'* (plural) and *omuyunzi w'amagumba* (singular) literally meaning 'one who joins fractured bones together'.These '*abayigha'* for bones are so specialized that they do not get involved in other healing activities. Their trade is to help people who have suffered fractures to attain normalcy. Some bone setters in Busoga claim that they are born with the innate ability to perform this traditional medical practice. Others receive the power and knowledge from established bone setters. The latter is achieved by having herbs incised into their bodies especially their hands and palms, that they use to set the fractured bones. Other traditional healers that are involved in divination and herbalism have the power and ability to perform bone setting. However, the typical bone setter in Busoga looks very ordinary, does not have a specialized work place and does not have to invoke any spirits during work.

There is a category of bone setters who claim to heal a broken bone without the physical presence of the patient. They need only to meet the client once and then treat the patient remotely. All they need is to agree on the time the treatment. At the agreed time, the bone setter uses a banana plant (*ekigogo*) that he twists and massage, as though itis the actual affected part of

the patient. At this time the patient feels a lot of pain. This category of bone setters is said to have spirits that are invoked to conduct bone setting.

3.10.7 Arresting evil spirits - *'okugema emizimu emibi'*

It is awell-known belief that a person experiences life challenges due to evil spirits. These evil spirits are thought to be responsible for person's misfortunes, bad luck, frequent sicknesses among his/her children, lack of money, impotence as well as failure to be progressive in life. Spirits like *'ebiteega'* and *'Amaghembe'*are thought to be responsible for such unhealthy incidences. To bring about good health, such spirits have to be arrested and taken captive by the greater good spirits. Such bad spirits are enticed to make their presence by the diviner using *'ensaasi'*, whereupon they can be captured from the ill person. This is accompanied by the burning of herbs also known as *'okunioteza'*, the intention being to either scare the bad spirits away from the person, or appease the same spirits into submission.

3.11 Conclusion

As Romane (2000:141) observes, among the Kikuyu of Kenya, a Bantu group akin to the Basoga, healing is perceived as a process of bringing someone to good health, and to commune with the community and with the ancestors. Healing helps to strengthen the communion between the living and the living dead. With healing, what has gone wrong is corrected. To the Basoga, healing is therefore the route to attaining humanness in its fullest sense.

Busoga society ideologies on healing are not static. Though they follow the long-established principles and norms, they are adaptable and flexible to accommodate the present generation. The healing traditions are ever evolving and engaging with the tenets of modern society. The needs and challenges that necessitate consulting a traditional healer have since evolved to include remedies that can secure individuals visas to visit and work in the Western world. Scientific advancement and modernity dictates that herbs are well packed and labelled to match the current trends yet retaining both the cultural and medicinal values that have been associated with the very traditional medicines since time immemorial. Traditional perspectives on the character of healers have since evolved from those living in ramshackle grass thatched houses to well ventilated shrines, yet they continue to undertake the same diagnosis and treatment using their local herbs as well as consulting their ancestral spirits. Some of the factors which are responsible for these changes in the healing traditions of the Basoga are globalisation, education and colonialism. The moral consciousness reflected in the solidarity exercised by the

people of Busoga as a form of social capital is waning. Today this spirit of solidarity which was a safety net against ill-being is threatened by modern capitalistic practices that are rigorously influencing many parts of the world. The capitalistic practices are packaged in knowledge systems, technology, financial investments and education. These have been sold much more effectively through colonialism. The colonial period of about one hundred years that Uganda experienced brought both opportunities and challenges to the political, socio-economic, religious and cultural fabric of society. Traditional healing was one of those social fabrics that became affected by colonialism and its associated activities.

CHAPTER FOUR

THE COLONIAL IMPACT ON TRADITIONAL HEALING AMONG THE BASOGA

4.1 Introduction

The Basoga's ideas about traditional healing have adapted to the changing circumstances of society. One major factor of influence has been colonialism. In this chapter I discuss what happened to the traditional healing systems of Busoga because of colonialism. Colonial legacies led to the diffusion of African medical knowledge, as well as the alteration of traditional conceptions of health and healing. African perspectives of health and healing were challenged, which resulted in an increased invisibility of women in Busoga's institution of traditional healing.

Before colonization of the African continent, Africans used their indigenous medical remedies as the only form of health care (NACOTHA, 2009:1; Struthers, 200:263; Schoenbrun, 2006:1403-1406). However, this changed with the arrival of colonialists on the continent (Eyong, 2007:131; Abdullahi, 2011:115; Waldron, 2010:55; Romane, 2000:144-145; Noel, 2012:1; Feierman, 1985:85-86). There is substantial evidence to show that colonialism and its associated activities like capitalism and neoliberalism brought misfortune to African traditional medical systems (Abdullahi, 2011:115-116; Millar et. al, eds. 2006:8). Mudimbe (1988:1-4) categorically states how colonialism changed the constructs of Africa from Afrocentric to Eurocentric. He argues how this involved the European domination of the mind and body of Africans as well as the infusion of western ideas into a civilization that was already established. Indeed, colonialism in Africa and elsewhere was not just about a scramble for markets and other opportunities but involved colonies being re-inscribed in European discourse (Nkomo, 2011:7).

However, other scholars believe that colonialism helped to transform traditional medicine from the primitive and less regulated ways to better practices that would eventually enhance its efficacy and credibility (Schoenbrun, 2006:1403). Many colonial policies and organisations aimed at supporting and promoting the development of traditional medicine to improve the welfare of the people of Africa (Sugishita, 2009:435). Though widely criticized by the colonized, colonial policies transformed traditional medicine into a socio-cultural heritage, for which the Africans would be proud (Elujoba et al., 2005:46; Onwuanibe, 1979:27). White (2000:235) notes that in some cases, like in Zimbabwe, there were colonial attempts to reshape traditional medicine into a health service parallel to western medicine. Abdullahi (2011:116) and

Onwuanibe (1979:27) also argue that institutionalization of modern healthcare on the African continent brought along significant innovation that helped to minimize the scourge of malaria, for which traditional medicine had failed. Feierman (1985:86) argues that despite increased recourse to witchcraft by African populations, in the wake of increased epidemics like malaria, sleeping sickness, smallpox and other diseases, there was no change in the health of the people, especially of the East African region, until the intervention of colonial rulers, who drastically minimized these epidemics.

Though traditional medicine still carries on up to date, there have been attempts to reduce it to the state of heretical medicine (Lantum, 2007:7). As discussed in chapter two and three, traditional medicine is sustained in society by the authority of traditional rulers in the context of diverse customary institutions of power sharing and governance. It exists under some, usually unwritten, local policy frameworks, which determine its internal regulations and ethics concerning the informal training of its manpower, their initiation formalities, their practices, their taboos and even their status in society. As such, the over-riding policies of the conquering authorities marginalized these traditional systems. They would even have succeeded in destroying traditional medicine, if the allopathic system had been hundred percent efficient (Lantum, 2007:8).

Discussion in this chapter is based on various sources of information: documents from the Uganda National Archives, Entebbe; resources from the Busoga Cultural Research Center in Jinja; work by African and non-African authors about the influences of western colonialism; and interviews with respondents from the Busoga sub-region. The analysis shows how the colonial legacy has impacted traditional healing in Busoga, and how women and menhavebenefited from or lost their once cherished social positions. Colonial impact on traditional healing systems in Busoga can be generalized to the whole of Uganda.

4.2 The Diffusion of African Medicinal Knowledge

During the colonial era of the late nineteenth and first half of the twentieth centuries, foreign powers encountered diverse cultures, superstitions and diseases. They labelled the entire continent dangerous and primitive. For early explorers and colonialists, diseases and the threat of ill health were what defined Africa. For Uganda, when the British introduced biomedicine, it existed alongside traditional healing systems.However; in 1912 a Witchcraft Ordinancewas

passed by the colonial government, and was revised in 1957 as the Witchcraft Law.[180] It transferred the power to control traditional healing systems in the whole of Uganda into the hands of the colonial governors. All traditional healers were classed as witches. Stringent punishments were spelt out for those guilty of practicing witchcraft. Fields Karen illustrates how Ugandan administrators charged ordinary persons under the witchcraft ordinance, when found in possession of charms, even when intended for personal means. And they had responsibility to prove that they were not intended for destruction of others (Fields, 1982b:576).

By 1946, Europeans were still grappling with the untamed confidence[181] that locals had in their traditional healers, whom the latter insisted on calling witchdoctors.[182]Peter Pels (1998:200) discusses the challenges that came with implementation of these witchcraft ordinances. Among these was the cultural transgressions that "indirect" colonial rule brought along. Busoga was chiefly governed under this same system of indirect rule, with native local chiefs acting as colonial agents in their localities. Peter Pels argues that British administrators who had to apply a Witchcraft Ordinance that said that witchcraft was, indeed, an "imaginary offence," and who had to punish those who engaged in witchcraft accusations, found that they easily lost their credibility as moral authorities when punishing those who were regarded as criminals by the people concerned. Indirect rule's conservative side-the requirement to build rule on indigenous routines-actively produced a sub-version of the Witchcraft Ordinance, allowing "witchcraft" evidence to fulfil certain functions in colonial legal practice. Karen Fields provides similar arguments for the colonial dilemma in implementing witchcraft ordinances in Zambia (1982a:98). The local chiefs were in a dilemma of allegiance, whether to report acts of witchcraft to British officials yet customary law required them to be the guardians of society customs and tradition (Fields, 1982a:105).

The colonial law in Uganda prohibited possession of any articles used in healing. Section 6 of the 1957 Witchcraft Act provided for the confiscation and destruction of herbs and any other resources used in traditional healing.[183] This marked the beginning of the marginalization of not only the healers but also the entire system of traditional healing in Busoga (World Bank, 2004; Aligawesa, 2008:2; Abbo et.al, 2008:2). Though under suppressed, traditional healing continued

[180] Uganda Protectorate (1957), Ordinances and Subsidiary Legislations Containing Orders in Council, Rules, Regulations, Proclamations, Orders, Notices, Native Laws Etc. Printed and Published by The Government Printer, Entebbe. This Document Was Accessed Through the Uganda National Archives at Entebbe.
[181] Uganda National Archives, (1946), Medical fees charged to Africans. C.570.
[182] Uganda National Archives, (1946), Medical fees charged to Africans. C.570.
[183] Uganda Protectorate (1957), Ordinances and Subsidiary Legislations Containing Orders in Council, Rules, Regulations, Proclamations, Orders, Notices, Native Laws Etc. Printed and Published by The Government Printer, Entebbe. This Document Was Accessed Through the Uganda National Archives at Entebbe.

to be practiced in a less explicit manner. In any case as suggested by Peter Pels (2014:2), Africans adopted coping mechanisms like enhancing the rationality of 'witchcraft' by calling it 'African science', which is based on traditional ritual knowledge.

The colonial administrators did not consider the good work done by traditional healers, who had for centuries been glorified. It was therefore very difficult to prove cases brought under this law and this resulted into mob justice upon those suspected to be practicing witchcraft. Therefore, the witchcraft ordinance in Uganda seemed to protect witches to the detriment of the locals. Indeed, witchcraft ordinances aimed to stop both the accusation of witches and their trial, possibly to demystify the reality of witchcraft and its allied healing practices (Fields, 1982b:576). But to Richard Waller, beneath the witchcraft ordinances was an issue of 'power'. Witchcraft was punishable because the British saw it as a powerful forceand among the native customary hands, that might in the future challenge colonial rule. On the other hand, their preoccupation with witch hunters rather than witches themselves indicated the fear that British had for witch murderers because they posed a greater threat to colonial government. Allowing witch murders would cast doubt on the power and authority of colonial rule, as to whether they possessed monopoly of force in society (Waller, 2003:244).

For example, in 1931, the High Court in Mbale and subsequently the Court of Appeal upheld a death sentence upon two men who were convicted of murdering a suspected witch.[184]Geschiere (2010:251) and Waller (2003:244) take note of similar occurrences in Cameroon and Kenya respectively, where the locals accused the whites of enacting laws that protected witches. It was such misconceived ordinances and legislations passed by the British government in Uganda that led to subsequent mistreatment of traditional healers.

The establishment of such laws and courts to try suspected offenders of the witchcraft law robbed the Basoga and other Ugandans of the opportunity to continue using their traditional systems of resolving conflicts as they arose. The Basoga had processes through which they could adequately diagnose the cause and causer of illness and death through divination. Unfortunately, this counter action was defined as witchcraft. In instances where traditional forms of diagnosis were used, the spirits and mediums could always be depended on to tell the truth.[185] In these circumstances, the Basoga avoided unwarranted deaths. In case a member was identified by the

[184] Uganda National Archives, (1931), Native Affairs-Witchcraft, C.1770
[185] Wairagala Patrick Mandwa

spirits and diviners to be guilty of the death or illness of another, mechanisms were available to make redresses.[186]

The frustration by the legal processes, which the locals could not understand, led to the killing of traditional healers in society. The worst hitwere the female traditional healers.Anecdotal evidence among the Basoga indicates that elderly women were always suspected of being witches. Though it was not possible to obtain information about specific individual women who suffered because of this severe code, it was evident that in a situation regarding a complaint of suspected witchcraft in a community, aging women were the first suspects.[187] Perusal of judicial reports submitted to the Eastern Provincial Commissioner at Jinja by the District Commissioner of Busoga during the Protectorate Government did not yield any cases of witches who were summarily prosecuted and convicted under this legislation.[188]

However, the allegation that women in Busoga suffer more than any other category of individuals regarding accusations of witchcraft continues to date. Kyalya (2014) articulates, for example, how women in the community have been accused of witchcraft, leading to their mistreatment and their sexual identity being attributed to witchcraft. Kyalya states the following:

> Most women become murderers when they lose their husbands or step children, a one-way passport to being thrown out of their deceased husband's home. (2014:4)

Kyalya's statement reveals the blame game in Busoga society whenever misfortunes arise. Secondly, it reveals how society identifies women as benefiting from the loss of the husbands and or stepchildren as this gives them an advantage over family resources along with their biological children as sole benefactors. Thirdly, the blame against women reinforces a gendered identity of women (widows) as sources of society suffering, implying that women have to bear the burden for any misfortunes that befall their communities. The phenomenon of witchcraft was not entirely unique to Busoga; this was the belief across most parts in sub-Saharan Africa, where it was believed that every evil and misfortune, including mysterious illnesses anddeathswereattributedto witchcraft as Quarmyne (2011:478) also asserts that older women and widows were the ultimate carriers of witchcraft.

[186] Ibid.
[187] These assertions were echoed by many interviewees, yet they could not provide significant examples of known individuals/women who were killed for practising witchcraft. But the thinking among many Basoga I interviewed is that most of the old women, especially those who live alone, and those widowed are believed to be witches.
[188] Uganda National Archives, Monthly Reports-Busoga 1918-1919, z.0612; Miscellaneous Reports. Quarterly-Busoga 1926-1929, z.0016/11; Busoga District Annual Report for 1918-1919, N.0146 etc.

The law then cemented people's beliefs about witches. Female traditional healers operated in fear lest they would be the first suspects should death occur in their communities. The witchcraft law was therefore, one way of passing a death sentence on women who fit into this category. They were ostracized in their own communities under the guise of the law. In effect and practice, this law was discriminative against women and led to the disenfranchising of only female traditional healers in Busoga and Uganda at large. The law would lead women to be unfairly accused and victimized of witchcraft, let alone being treated as second hand citizens in their own society. Apart from facing the punishments as stipulated by law, they faced the risk of banishment from their own communities.[189]Quarmyne (2011:483) also argues that women accused of witchcraft were likely to lose honour and respect. They would face stigmatization, leading to emotional distress and mental anguish.

Witchcraft accusations levelled against old women would also have severe social and economic impact on the crucial role of grandmothers in such communities. Elderly women were the custodians of the knowledge of social order and custom. Consequently, if these women were marginalized within their communities, younger women lost role models that would inspire them.One would be right to argue that gender inequality in healthcare provision was occasioned by such colonial policies. Women began to suffer oppression never seen before in Busoga. The fact that women were associated with witchcraft rather than the restoration of wellness meant that the power to control the life of the living was stripped away from them (Ofisi, 2010:324).Burke (1988) shows how women had, through history, been key resources as midwives and herbalists in African traditional society. Their knowledge of medicine was unquestionable compared to men in the same communities. With the introduction of western medicine related to pregnancy and child birth, Basoga midwivespopularly known as '*Balerwa'*, lost all the power accorded to them.A case in point is found in a letter to the Saza chiefs of Kamuli, when A.R Cook wrote:

> We have written this letter asking you to tell your people in the Lukiiko (local parliament) as we have sent to you a qualified midwife, that is to say a midwife, who has got a certificate of that work.[190]

A.R Cook's thoughts reveal the colonialists' ideology of healing as based on western epistemology, which is perceived to be based on rationality and institutions, which ultimately

[189] Nabogho Daniel (46 years), School Headteacher, Bukonte Village-Namutumba district. Interviewed on 26th June 2015
[190] Uganda National Archives, (1920), Letter to the Saza Chiefs of Kamuli, written by A.R Cook. N.180.

disregards the thinking of the local Basoga. It also shows the British's attempt to institutionalize values of healing through the Lukiiko. Institutionalization of such health values is a move towards modernisation of health values, an indication of serious attempts by the British to reinvent the health traditions of the Basoga, with incorporation of formal training and certification. The traditional birth attendants were relegated to the background, yet they had done this work since time immemorial. No training opportunity was available to them to upgrade their midwifery skills. This would have been ideal since they adequately knew the cultural situation of the people they were serving. The idea that a qualified healer was one who had undergone college training downplayed the knowledge, experience and wisdom of the *Balerwa*.[191] The notion that a good midwife was one with paper qualifications was counterproductive to the considerable work that had for long been done by the *Balerwa*. The demands of biomedical practices created a tier among women doing the same work, leading to suffocationof the traditional midwife.

Then arose the 'certificate syndrome', a requirement for each traditional healer to have a certificate in post-colonial Busoga and Uganda at large. This was largely an extension of European hegemony over the healing systems of the colonized. In another separate set of minutes written by A.R Cook to the District Commissioner of Busoga, he curiously pointed out that the Saza chiefs should be made to understand that the midwife being sent to them had scored a distinction in her examinations and was therefore the best to treat expectant Basoga women.[192] This was in disregard of the cultural norms of the Basoga, who felt comfortable being treated by the Balerwas. The unavailability of paper qualifications had not proved the *Balerwas* inefficient. Whatever the case, availing of midwives with paper qualifications or requiring one to have them was in effect driving *Balerwas* out of this profession.

Henceforth, the *Balerwa* were looked at as agents of a healthcare regime that endangered the lives of fellow women. Indeed, discrediting and blaming traditional healers under colonial era became the norm. In a letter to the Saza (County) chiefs of Kamuli in Busoga, A.R Cook, who was then in charge of Mengo Hospital, was very apprehensive of the use of traditional medicine by traditional birth attendants. He stated the following:

> And your Lukiiko ought to tell all the people as to how the native medicine such as *Nsamba* and some other kinds of that sort are hit poison. It is very bad to drink or a

[191] Balerwa is a Kisoga name for 'traditional birth attendant/traditional midwife
[192] Uganda National Archives, (1920), Letter to the Saza Chiefs of Kamuli, written by A.R Cook. N.180.

> woman to make another woman who is travailing to drink it. Because many women are dead from drinking that medicine.[193]

The instructions that were given to the local leaders show the British's conscious attempt to impose or reinvent Kisoga health values. It also meant disregard of traditional medicine in favour of western medicine. This is indicated by the labelling Kisoga traditional herbs as 'poisonous', the *Balerwa* of Busoga were blamed for the deaths of expectant mothers. Traditional birth attendants were under attack here because only they had the power to administer traditional medicine to expectant mothers whether before or during the delivery of a baby. The western governors were engineering negative relations between *Balerwa* and women in Busoga.

The trust and confidence that expectant mothers had in the *Balerwa* was being contested by the colonialists within Busoga. This sort of antagonism challenged the principle of sisterhood that binds women who face similar circumstances. The colonialists' perception that Balerwa would attempt to kill fellow women using their power as healers was in contradiction with the Kisoga ideology where women prefer to be treated by fellow women. Traditional birth attendants had for long been regarded as life giving mediums and not murderers. The traditional healers' status and position in society had always been exceptional. It is not clear if maternal mortality rates declined in Busoga after western midwives were introduced. Two elderly traditional birth attendants named Kirangi Monica[194] and Kakose Seforoza[195] were interviewed at Bulagala village in Namutumba district. Their story is testimony that Busoga had women who were accomplished gynaecologists and obstetricians. The two recounted how effective they were in helping fellow women to deliver babies with minimal fuss. They also highlighted their knowledge of and effectiveness of herbal remedies in quickening labour pains. However, having been labelled unclean and unhygienic, these two women were denied space to continue their work. People told me how the 'Balerwa' in Busoga were often blamed for maternal and infant mortality rates due to the perceived poor hygiene during their management of child deliveries.[196] Albert Cook's letter mentioned earlier attests to these assertions made against the Balerwa in Busoga. In the letter, it was cited that many women were dying because of drinking native medicine given to them by fellow women.[197]

[193] Uganda National Archives, (1920), Letter to the Saza Chiefs of Kamuli, written by A.R Cook. N.180.
[194] Kirangi Monica
[195] Kakose Seforoza
[196] Edisa Namwase
[197] Uganda National Archives, (1920), Letter to the Saza Chiefs of Kamuli, written by A.R Cook. N.180.

Unfortunately, by the time post-colonial governments in Uganda had the idea to give such women a basic training to integrate them in the mainstream reproductive health care system; they had become too old to engage in such training. Women's disenfranchisement led men to gain monopoly of gynaecology and obstetrics, which was not possible to accommodate in Busoga tradition. It was unacceptable for a man, including one's husband, to participate in helping any woman to deliver a baby. This had been entirely the work of women. The opening of nursing and medical training schools to men gave men an opportunity to enter what had been a predominantly women's field in Busoga.

The introduction of western midwifery medical practice had effects on social relations within Busoga and other such British colonies.Soman (2011:26) writes about the Indian experience where the promotion of new practices in health knowledge and care not only replaced the 'dias' (traditional birth attendants) and created a category of 'lady' doctors. In Busoga, it created a further stratification of roles and responsibilities. The traditional birth attendants – *Balerwa* - were the most affected. The new medical practice created a class among women in Busoga. There was now the elite class of midwives who had been to school and who had been trained. The Balerwa were isolated and replaced. They lost income, power and prestige in their communities. Another social class did, however, emerge. The women, who sought the services of the trained, registered midwives, began to enjoy a higher social status than those women who continued to use the Balerwa. This gender stratification of the consumption of the services of midwifery continues to be reflected not only in Busoga but throughout Uganda. Having been forbidden from practising medicine, the balerwa practiced secretly. Many Basoga women preferred them to the western trained midwives and their male counterparts.

Colonial officials changed the perception of the Basoga towards their own system of healing. Due to stigma and labelling, providers and users of traditional medicine were left with no other option but to participate in secrecy. Many Basoga began to seek services of traditional healers only at night. The performance of divination ceremonies and rituals at night can be understood as a coping mechanism, which healers devised to escape the wrath of British punitive structures.[198]Women's access to traditional healing was made more complicated. Society had stringent restrictions against women's movements. It was not acceptable for women to move alone at night, because the night was considered to come along with insecurity. Yet, night-time was the most conducive for healing practices, as it was difficult for the law enforcement to

[198] Isabirye Baligeya

apprehend the healers. Women found themselves excluded from access to traditional healing. Therefore, when women needed to consult a traditional healer, they had to be accompanied by their husbands or brothers, yet these escorts were the subjects of their consultations. In addition to restrictions on movement, women experienced feminine challenges like warding off co-wives, barrenness, wishing to be the most loved and favoured, for which they sought services of healers without the knowledge of their husbands. This made it difficult for women users to express their diseases and illnesses to the healers in the presence of their husbands or brothers.

The changed perception was that traditional medicine was in contradiction with the good forces that sustained life. Safina Nabirye, aka, Songa Wa Busoga as well as Dhadha Budhagali,[199] along with many other healers who were interviewed, testified how they had helped many politicians to win elections, but that they had come to the traditional healing centres at night for fear of being noticed by their electorates. This hampers the capacity of traditional healers to develop their coveted traditional medicine. For example, herbalists were successful in treating mental illnesses (*eiraru*) using local herbs through fumigation (*okunioteza*). They too had anti-psychotic herbs in form of a stick that they could use to tap on the mad person's body and she or he calms down for further diagnosis and treatment.[200] This was not only cheap but effective. Herbal plants thought to have high medicinal values were taken by European pharmacology industries and redeveloped into high efficacy medicines. They were later brought back to Busoga and Africa as a whole, to be sold at exorbitant prices. A case in point is the Aloe Vera plant (*ekikaka*) and '*Mululuza'* that had for long been used by traditional healers to fight against different ailments like malaria.[201] The high medicinal value attached to products made from *ekikaka*and*mululuza* plants is now well beyond the income of an ordinary Musoga (Millar & Havercort, 2006:17). Hassim et.al, (2007) argues that traditional healing systems were stigmatized and marginalised, which reduced the possibility of Africans to legitimatising and developing their traditional medical system.

Colonialism largely inhibited the development of indigenous technology in Africa and the indigenous manufacturing capability was deliberately undermined to facilitate European medical exports (Waldron, 2010:66; Eyong, 2007:131). This has made Busoga dependent on the western world for medicinal solutions for many otherwise uncomplicated diseases. Had this not been the case, herbalists would have continued with their work. There is no doubt that

[199] Kawuma Safina Nabirye also known as 'Senga Wa Busoga' & Nabamba Budhagali
[200] Banuri Wairagala
[201] Kakaire Balimwikungu

colonialism with its attendant effects worked to undermine the advancement of traditional medicine knowledge and its role as the major answer to African health problems (Eyong, 2007:131).

However, the modern hospitals established by the colonial administrators and the Christian missionaries enhanced the health of the people. In Busoga, there were medical clinics at each Catholic parish. The medical facility at the now renowned CMS trading centre in Iganga, for example, provided medical care to all, irrespective of their religious affiliation. Another health clinic was functional at Nawaikona, established by the Anglican Church in Busiki County.[202] I have already stated that by 1920, the colonial administrators had brought in a qualified midwife from Europe to treat and care for expectant mothers in Kamuli.[203] The hospitals established by the colonial administrators and missionaries have continued to be some of the best medical facilities. Among these is Rubaga hospital, Nsambya hospital, Mengo Hospital, Lacor Hospital, Kisubi Hospital. These hospitals have reduced the incidence and prevalence of disease among Ugandans. Despite the establishment of hospitals and dispensaries, the colonial governments initially registered low patient enrolments. This was because of the revolutionary style used to undo traditional healing mechanisms. Europeans described African healing systems as heathen, primitive, barbaric, uncivilized and ignorant. It was also associated with illiteracy, irrationality and lack of science (Shizha & Charema, 2011:171). This was true when Europeans described African peoples on traditional treatment as being archaic.[204]

Measures adopted by the colonial powers to control diseases were discriminatory and imposed by force. No time was devoted to educating them about the benefits of their medical system (Dube, 2009:7). The forceful eviction of people from the shores of Lake Victoria and the islands of Sumba and Sigulu, for example, attests to this fact.[205] Patrol police were put in place to arrest those who still lived in their huts, which were then forcefully burnt down and the inhabitants forced to relocate to faraway places.[206]Many people were beaten up and their property destroyed.[207] Ordinances like the contagious disease ordinance and the sleeping sickness ordinance were enacted, and heavy penalties were set for those who did not observe the laws. The Contagious Diseases Act of 1912 compelled chiefs, none of whom had undergone a similar medical examination, to report to the authorities anyone they suspected of having a

[202] Nabogho Daniel
[203] Uganda National Archives, (1920), Letter to the Saza Chiefs of Kamuli, written by A.R Cook. N.180.
[204] Uganda National Archives (1946) Medical Fees charged to Africans. C.570.
[205] Uganda National Archives (1927), Sleeping sickness in Busoga. Z.1268. File No.194
[206] Ibid.
[207] Uganda National Archives, (1946), Sleeping Sickness-Busoga, C.1192.

venereal disease.[208]Yet illnesses that had a connection with a person's genitalia were a secret between the patient and the healer. It was customary for women to be treated by women healers. Appointingmale chiefs to detect and arrest women suspected of having venereal diseases was in total disregard of the African cultural health values and norms. In traditional health values in Busoga, it was improper for any woman to let any other person - including her husband - know about her genital-related disease. Such diseases were only disclosed to healers and, in this case female ones, who provided the treatment. This was the basis of women's trust and confidence in other women as healers. Suchobservance of confidentiality in Kisoga traditional health system was largely for gendered reasons. Women were expected to keep high levels of hygiene in order not to disorient their husbands from making love to them.

Little or nothing at all had been done to understand the Basoga cultural health traditions upon which an acceptable health regime would be implemented. The traditional healers were neglected and not consulted albeit having experience. Onwuanibe (1979:27) argues that there was no serious attempt to investigate the scientific merit of some of the traditional medical practices, especially diagnosis of diseases and the curative power of the traditional medicine. The prevalent attitude on the part of the foreigner was that what was native was pagan and superstitious, and therefore, bad. In one of the minutes of the Lady Coryndon Maternity Training School Committee, it was decided that the Principal Medical Officer at Entebbe should request the Provincial Commissioners to use their good offices to convince the chiefs to educate their people about the advantages of the Zaliros,[209] especially at Kikoma (Mubende district) and Kamuli (Busoga district) and Nabumali in the Eastern Province, where expensive centres manned by experienced midwives had been put up but very few women were going to them for treatment.[210] It should, however, be pointed out that non-enrolment in the biomedical facilities by the locals was misconceived by the British as not only laziness and primitivity but also a lack of concern for one's own health.[211]

The British erroneously thought that shunning the biomedical facilities was a deliberate attempt to embrace bad health. Colonial health interventions painted a picture of local populations as inherently incapable of caring for their own health needs and a reservoir of

[208] Uganda National Archives, (1923), Medical: Anti-Venereal Work –Uganda: Official report about contagious diseases acts-Uganda, dated 22nd March 1922. C.0637.
[209] Also called 'Mazaliros' local word for 'maternity centres', literally 'places where mothers deliver from'
[210] Uganda National Archives, (1925), Native Affairs: Qualified Native Midwives: Letter written by Principal Medical Officer. N.180.
[211] Uganda National Archives (1946) Medical Fees charged to Africans. C.570.

venereal diseases.[212] Consequently faith was placed in western biomedicine (Dube, 2009:6), even when it could not cure some illnesses in Busoga, especially those related to spirituality. Biomedicine could not be used to treat incest, neither was it capable of appeasing angered spirits that would cause misfortunes.[213] The British were blind to the fact that healing and treatment in African societies was not exclusively at the healing centre. Very often healers went to the sick, and the performing of ceremonial rites to appease the spirits would sometimes take days for holistic healing. Such practices were castigated by the British as lack of concern and laziness on the part of the Africans.[214]

Whereas there are those convincing arguments against colonial policies on traditional healing, I have also established that in many ways colonial policy though detested by the healers and contested by majority of African scholars, has proved effective in 'modernising' traditional medicine. The criticisms labelled against traditional medicine forced its practitioners to move a step further to make their occupation professional and respectable.[215] Colonial regulations controlled charlatans, who invaded the healing systems for selfish motives. This opened the eyes of African healers to critically think of regulating themselves to weed out quacks. Busoga alone is a host to several self-regulated associations of traditional healers that coordinate their recognition and registration with local government offices. Herbalists insist on displaying their certificates of registration and recognition in their healing centres as it is with the western biomedical doctors.[216] The most pronounced traditional healers' association in Busoga is 'Uganda Nedagala lyayo'. Other healers' associations operate at district levels. Namutumba and Jinja districts, the two sampled districts of Busoga, have strong associations with an elective leadership. Each of the associations awards certificates to her members upon verification. I can therefore conclude that colonial regulation on traditional healing was well intentioned but detested by those who were charlatans. These local self-regulatory associations have their unwritten codes of practice that prohibit child and human sacrifice and hoodwinking vulnerable clients. Leadership of these associations work with district security organs to destroy quack healing centres and arrest those involved in charlatanism. The enmity heaped upon the colonial rulers for constraining traditional medicine has been transferred upon the self-regulatory associations of healers that look out for quacks.

[212] Uganda National Archives, (1923), Medical: Anti-Venereal Work –Uganda: Official report about contagious diseases acts-Uganda, dated 22nd March 1922. C.0637.
[213] Kabaale Bitimbito
[214] Uganda National Archives, (1946), Medical Fees charged to Africans. C.570.
[215] Kawanguzi Dan
[216] Isabirye Baligeya

Photograph 2

Ssenga wa Busoga alias Safina Nabirye Kawuma, a female herbalist at Bugembe-Jinja, in her herbal clinic with several processed herbal medicines. Source: Photograph taken by the researcher- Isiko Alexander Paul, with permission from the herbalist who appears in it

Schumaker et.al, (2007:708) argues that the modernisation of traditional medicine is tohealers' aspirations and to pressures from western medicine as well as global economic forces. For the case of Busoga, photograph 2 above provides a glimpse of the modernising aspect that traditional medicine in that society is undergoing. There are now educated herbal practitioners with well labelled and packaged herbs. Those in the urban settings no longer use the herbal concoctions of *ekyogero* but rather an herbal cream that healers process from the same herbal substances that composed *ekyogero*. The physical setting of traditional herbal clinics in the urban setting of Jinja would be confused with a modern health care clinic. In the left-hand side of photograph 2, there are books and files for registering clients and issuance of cash receipts to clients for payment for services. I cannot agree any more with Schumaker's arguments that the modernising comes from the need to compete favourably with colonial western medicine. Female herbalists in the urban areas have been receptive to these modernising changes of traditional medicine compared to men. They are more law abiding.

4.3 Altered Traditional Conceptions of Health and Healing

The new healthcare model introduced by the British carried along Europeans' understanding of health and disease, neglecting and negating Basoga's perception of health and healing. No doubt that whereas traditional conceptions may have been greatly affected by the new healthcare regime, there were great strides recorded in management of diseases that had for long been a challenge to the people of Busoga and Uganda at large. I discuss this point later in this section but firstly I need to discuss the ways in which the British changed Busoga society's ideology of health and ill being. One of the areas that were changed was related to procedures involved in delivery and post-natal management of babies.Basoga women had for long delivered their babies in a squatting or kneeling position, while holding onto a banana plant.[217] This was to ensure safe delivery and safeguarding against suffocating the baby to death. When this common practice was replaced with the westernized maternity beds, some women refused to give birth there.[218]

Masebo (2013:78) also contends that colonial agents used western medicine as a cultural tool to construct African health and illness. He identifies it when colonialists began to construct and control African conceptions of health and healing by redefining African conditions of health, illness and healing using their own experiences. A.R Cook's letter to the Saza chiefs of Kamuli[219] signified not only an alteration but a comprehensively drafted plan by the colonial governments to sway the Basoga from using their long-known traditional medicine. A part of this letter states:

> …and it is better for you to make this known everywhere in the Gombololas, that all women who are pregnant can always go to her (midwife) to be treated, or those who always have miscarriages, and also those who may be suffering from syphilis. They will also be taught some wisdom as how they ought to look after their children when they are born.[220]

Such directives were aimed at institutionalizing foreign health values. At the same time, it represents an agenda to erode traditional values. Indigenous knowledge was disrespected, against the western taught knowledge which was seen, as desirable and necessary for one to live a health life. Busoga had for long taught her women many things about child bearing, health and upbringing. Actually, many women in traditional Busoga society were accomplished 'paediatricians'. Eyong (2007:128) emphasized how African women had held close their

[217] Interview with Kakose Seforoza & Kirangi Monica
[218] Uganda National Archives, (1925), Native Affairs: Qualified Native Midwives: Letter written by Principal Medical Officer. N.180.
[219] At the time Kamuli composed of the current districts of Buyende, Kaliro and Kamuli
[220] Uganda National Archives, (1920), Letter to the Saza Chiefs of Kamuli, written by A.R Cook. N.180.

indigenous knowledge concerning care for their children and husbands. Mothers never went to school to study how to prepare a balanced diet. Colonial policy for African mothers to be taught how to feed and care for their children was a mark of disrespect of and lack of confidence in African indigenous knowledge on health. The notion that once women became sick they should go along with their children to visit a biomedical practitioner, was one way of taking away knowledge from the people to colonial institutions. It was contrary to the ideals of Kisoga tradition that all lives, and health belong to institutions rather than to individuals.

But it is also true that preventable diseases that the western world had decisively dealt with were continuing to endanger the lives of the African people. Such diseases were Polio, and tetanus. Polio also locally called '*Isejja'* which leads to paralysis of both upper and lower limbs had always been attributed to witchcraft. Many children died from it. There is evidence that introduction of polio vaccination led to reduction of numbers of children dying. Small pox was also contained by the colonial officials. In the previous chapter, I discussed how women were instrumental in diagnosis of disease amongst children, especially when they were breastfeeding them. However, a well spelt-out curriculum was designed by the British to teach African mothers about childcare, including what was termed as better ways of feeding and clothing of children.[221] The notion that African women were to be taught and given wisdom by a western-trained nurse undermined the knowledge that African women held about their own health and diffused the healing tradition of Africans.

European emphasis that knowledge on child health was the monopoly of the biomedical expert was wrong, because such expert knowledge was colonizing knowledge, in a system which did not recognise the power of the individual over his or her own health, but that of the expert. It is also clear that traditional healing was not trusted as sufficient to meet the health needs. There were however strong efforts to contain diseases in Busoga by the colonial officials that were depopulating the natives. Colonial administrators made track of statistics of people who were affected by most of the sicknesses, ranging from jiggers, malaria, smallpox, plague, venereal diseases, and sleeping sickness to famine. I found most of these statistics in monthly and annual reports of colonial administrators kept at the Uganda National Archives. Keeping of statistics is a clear indication of the amount of interest that the colonial administrators had in the health and well-being of the Basoga. Schneider (2009:193) discusses European colonial efforts to eradicate small pox and he argues strongly that it was due to the efforts of colonial rule that this disease is

[221] Uganda National Archives, (1956), Publications: Health in the Home. SD.400.

no longer a danger to the people in tropical Africa. Vaccination campaigns against small pox are one of the major success stories of colonial rule that cannot be disputed to date. Whereas there has been a lot of criticism against colonial rule over its draconian public health programmes, the Europeans eliminated small pox by the 1970s. In the 1916-1917-year report, the Busoga District Commissioner states:

> "In September, the senior medical officer detailed a smallpox Inspector to accompany me upon a visit to Bugwe, to assist in the furtherance of measures for the isolation of cases. And subsequently an inspector was appointed to work exclusively in this county"[222]

Besides smallpox there were rigorous attempts by the British to eliminate several other diseases. Plague also called *Kawumpuli* in the Lusoga language had claimed many lives, with the Busoga district annual reports of 1915-1916 and 1916-1917 indicating 327 and 538 deaths due to plague respectively.[223] This was widespread in the areas of Jinja and Iganga townships, commonly spread by rats. The European officials took drastic steps to promote cleanliness in both townships and ensured that there were no substances capable of harbouring rats. They ordered the destruction of produce, stored in unauthorized places. They also ordered the destruction of massive quantities of cotton seed and the burning of several grass roofed huts. They encouraged the local people to concrete the floor of their houses. [224]Generally, the colonial officials were much aware of the high cost of medical services that the local peoples were bound to meet. The sick were therefore exempted from paying taxes to re-channel the money to health service.[225]. Other recent diseases especially HIV/Aids have received great attention from Europeans. New discoveries in biomedicine have led to the Aids scourge to reach now controllable state in Sub Saharan Africa. It is now possible to have an HIV free baby even when the mother is infected. Women who more than men are vulnerable to HIV infection due to susceptibility to sexual violence can be provided with emergency medication if they have been forced into sex with someone whose HIV status is positive. Through the provision of the Anti-retroviral therapy, many HIV/Aids patients can enjoy a much higher lifespan in the recent years in comparison to the 1980s and 1990s when Basoga attributed it to witchcraft and other such supernatural forces.

[222] Uganda National Archives, Busoga District Annual Report for 1916-1917. N.0146
[223] Uganda National Archives, Busoga District Annual Reports for 1915-1916 and 1916-1917. N.0146, Z.0571
[224] Ibid.
[225] Ibid.

4.4 The Influence of Christian Missionaries on Traditional Healing in Busoga

Romane (2000:144) states that traditional healing in Africa was affected by the coming of Christianity and western scientific development. Christian missionaries championed the fight against African cultural systems. Traditional medicine and healing was no exception. Onwuanibe (1979:27) states that despite the many ways through which African healing was undermined by Christian centred medical services, the contribution of Christian missionaries is immense. Christ's healing power through biomedical services helped to fulfil a need for health services which were obviously inadequate in developing African societies.This was heightened by the establishment of modern health facilities based on western medical models, which were to provide free medical services to the people. Traditional healers found themselves in a fix - with no major demands expected of the sick in the modern health facilities, yet traditional healing and medicine demanded a lot of ritualistic expectations. Only those with proximity to traditional healers continued to shun the biomedical facilities. The Principal Medical Officer had already raised the challenge of distant locations of established expensive hospitals and dispensaries as responsible for the continued usage of the village medicine man.[226] In areas where there was easy access to biomedical facilities, there was reduced power and influence of traditional healers.

The new Christian religion unapologetically labelled African traditional healing systems as devilish and the traditional healers devil incarnates. One is right to argue that along with the gospel, Christianity came to Africa with a set of complex combination of western culture, politics, science, technology, medicine, schools and methods of conquering nature. Tabuti (2006:102) citing specific references to Busoga observed how colonialism, with its accompanying upsurge of Christian fundamental religious beliefs and values, dominated the traditional belief system including healing. Followers of these Christian religious movements became intolerant of most traditional practices, including Kisoga traditional medicines.

The new form of medical care and knowledge brought by the Europeans began to reduce infant mortality rate and put under control certain diseases like small pox, malaria and stomach ailments, which were often the main killers in Africa. This led people to begin querying the authenticity and efficacy of traditional medicine (Mbiti, 1969). The claim that Jesus was the sole healer according to the Christians led the new African converts to doubt the roles that had been performed by African traditional healers. Christianity was imposed on the Africans with disregard of their culture.

[226] Uganda National Archives, (1946), Medical Fees charged to Africans. C.570.

Christian principles and teachings alienated African converts from their culture. To win the hearts of African converts to Christianity, various churches developed a strategy of setting up modern health care facilities based on western scientific models of healing. Traditional healers therefore lost the confidence that many members of their communities had had in them. Because of the labelling that was orchestrated by the imperialists, traditional healers went into hiding and some took on new identities. They abandoned their real names and took on aliases. Healers were associated with superstitions and beliefs that missionaries sought to replace with Christianity. Missionaries used medicine to aid spiritual conversion, and "the asserted superior power of European medicine over African treatment of disease was used to demonstrate the validity of Western rational explanation over African superstition" (Ranger, 1992:258). This linkage between health and religion provided a rare common ground for Africans and missionaries, even though specific perceptions remained diverse. For many Africans, there was typically no delineation between society, health, and religion; rather all three made up the composition of daily life. It can be argued that missionaries took advantage of this perceived similarity of community to create converts. However, "mission medical provision with its scientific rationality was not experienced by Africans as a continuing part of Christ's ministry" (Ranger, 1992:259). Early biomedical incursions into African ideology were therefore rejected on the grounds of singularity, depicting widespread African beliefs of universal interconnectedness. Missionaries were often viewed as extensions of the government of the day, and colonial machinery in general.

4.5 Undermined Traditional Societal Mechanisms of Disease Control

The role of traditional healers was undermined by the emergence of complex social relations that resulted from mixture of local and Europeanideologies. Colonisation through urbanisation disrupted the otherwise close-knit family structures, leading to family fragmentation and increased social networks that were well beyond the control of the village healer, who had been pivotal in times of sickness and misfortunes (Farah et.al, 2011:4). Relatives were no longer the only determinants in choice of healing services but friends and workmates with whom they worked in the urban based factories and construction sites of Jinja. Educational institutions widened interactions between people, but also made people to acquire more knowledge to question the authenticity and efficacy of traditional healing. The school and the workplace were brought in the arena of determining health seeking choices, which obviously disadvantaged traditional healing in favour of biomedical services. Yet the traditional healer, who ordinarily

healed people using traditional means, was to compete with the modern medical practitioner, and another hybrid of modern healers, who mixed traditional and modern methods of healing. The latter, who was accommodated under the law, continue to use traditional herbal remedies but with modern technologies like microscopes to diagnose diseases. (Romane, 2000:145).

British rulers overlooked the existing strategies and practices that Africans had adapted to guard against certain diseases. For example, the practice of home treatment was viewed as lack of concern rather than moving it into the healing centre or hospital.[227] Equally overlooked was the importance of communal organization among kin groups in the realms of health and economy. The history of health and healing in Africa is one of the major meeting points of family socialites and economics; it also serves to emphasize the importance of kinship and community cooperation (Noel, 2012:1). British rulers ought to have known this but simply acted in disregard of cultural norms of Africans. The Director of Medical Services, writing in 1946, acknowledged that traditional societies in Uganda consider a sick man to be a poor man, since wealth depends almost entirely on his ability to earn a living with his hands. It was therefore construed to be true that in these communities, the healthy relatives as a rule support the weaker members in times of sickness.[228] During and after the colonial period, many of the important values and safety nets that had previously upheld the health and curative processes of Africans were renegotiated, and in some cases abandoned, leaving behind the continued yet misperceived notion of Africa as a continent continuously riddled with disease.

It should, however, not be assumed that the pre-colonial practices and safety nets of Africans were perfect or an appropriate model for the future (Noel, 2012:2). In the following paragraphs, I discuss the colonial impact on these safety nets but also show the ineffectiveness that came along with their application in African communities. I also analyse how the newly established colonial strategies have been transformed into lasting mechanisms that have contained diseases that would have swept away villages of people had they not been in existence. Colonialism came with social dislocations that made it impossible for the Basoga to continue with an extended family system as a safety net for ensuring communal health. Colonialism disabled the social mobilisation that for years had kept the Basoga confident of checking against socio-economic upheavals. Due to movement of people in form of labour to the hydroelectric and railway construction projects, sugar cane plantations, communal

[227] Ibid.
[228] Ibid.

cooperation against sicknesses and diseases was curtailed.[229] The men who used to unite against societal ills like famine through cooperative farming turned into migrant labourers in the factories that produced goods for export. Famine became rampant in some parts of Busoga with resultant malnutrition among children.[230] The sickness of '*eryuuse'*, the equivalent of kwashiorkor which was known to affect small children during their mothers' pregnancy was witnessed among the Basoga due to insufficient food production in the homes.[231] Women, left alone in the villages, could not sustain feeding their children.

I need to state here that there is no convincing evidence that extended family system and communal way of living among the Basoga had made the society disease free and that these provided the most important pillars upon which the well-being of the Basoga was based. Neither was there any assurance that these practices would stand the test of time as new diseases and sicknesses emerged and Busoga opened herself to interaction with the outside world. For example, a man having more than one wife would ordinarily expose community to widespread of sexually transmitted diseases and this could partly explain the tough measures that the colonial administrators put in place to control venereal diseases including restricting British workers from having sexual relationships with African women, which was heavily punishable.[232]It is as well a challenge in modern Busoga to maintain extended family as the cost of healthcare service would ordinarily rest on one man. Contagious diseases are likely to spread faster among people who are living communally in extended family settings than those in nuclear settings. For example, in the late 1980s a polygamous man with four wives died of a terrible skin rush also called *Wailindi* along with the wives, one dying after the other.[233]Extended family system was convenient in such a non-monetary society where all that was needed could be produced at home including medicine for maintenance of members' health. In a more monetized Busoga society of this century, extended family rather than being a safety net against communal health shocks is one of those burdens that can greatly increase healthcare costs upon family heads.

The clamping down on some of the cultural practices of the Basoga by the colonialists led to the decline of their well-being. Some of these cultural practices were efficient safety nets

[229] Uganda National Archives, Monthly Reports-Busoga 1918-1919, z.0612; Miscellaneous Reports. Quarterly-Busoga 1926-1929, z.0016/11; Busoga District Annual Report for 1918-1919, N.0146 etc.
[230] Uganda National Archives, (1908), Uganda: Correspondence Relating to famine in the Busoga district of Uganda.C 003
[231]Nabamba Budhagali.
[232]Uganda National Archives, (1908), Polygamous Marriages: Questions arising from in connection with British Nationality law. C.00192
[233]Nabogho Daniel. Telephone interview on 2nd August 2016

that ensured both the physical health and societal well-being of the Basoga. For example, undermining the practice of widow inheritance,[234]led to widespread malnutrition in many parts of Africa including Busoga (Feierman, 1985:83). In this case, women and children who would have found refuge in a family member's home were suddenly left to fend for themselves (Noel, 2012:4). Criticism against widow inheritance by the Europeans was not in any way ill-intentioned to stifle Busoga's cultural pride. It was intended to defend and promote the rights of women in a patriarchal society. Apart from being a degrading practice to womanhood, where a woman who has lost her husband is transferred to one of her late husband's brothers as her new husband, widow inheritance was one of the major avenues through which the HIV/Aids spread in Busoga during its early years. By 1997 nearly 50% of deaths that led to widowhood were Aids related (Ntozi, 1997:132). Ntozi (1997) discusses the dilemma that faces widows and the spread of Aids in Ugandan societies, Busoga inclusive. In his own words, he writes;

> Despite the knowledge that a man has died of AIDS, his widows are being inherited and sexual intercourse happening between the widows and the inheritor. Secondly, the widows of dead men have frequently been harassed and dispossessed. Thirdly, those non-AIDS widows who refuse to be inherited by men they suspect to be HIV-infected are left to fend for themselves and their children. The situation is worse with AIDS widows who are shunned by in-laws because they cannot inherit them. Widowhood in Uganda brings poverty which is worsened by the requirement for the widow to pay off the debts incurred while caring for her sick husband. (1997:128)

The practice of widow inheritance was used to subordinate desperate women and their orphaned children. Those who resisted inheritance struggled for basic needs. The practice therefore wasn't well intentioned to benefit the widow and her children but rather it was an avenue through which powerful men in society continued to exercise their power over the powerless through tokenism. The rarity of widow inheritance in Busoga today proves that it was a practice that was more of liability than one that would sustain and transform society.The Europeans' ideology that promoted the individual rather than groups of people disorganized the communal traditions of the Basoga in fighting ill health and other public sicknesses. The people had for ages operated and lived in extended lineages and clans that were interrelated in a complex social web for the well-being of their members (Fallers, 1965:64-96; Cohen, 1972:6-12; Nayenga, 1976:14-32). Using the European model of health, sick people were isolated from the community and taken to hospitals and rehabilitation centres. Buluba Hospital in present-day

[234] The practice of widow inheritance was widespread in Busoga, for the major purpose of ensuring survival and continuation of well-being of family members who would have lost a bread winner. This is emphasised by Nayenga (2002:44), Fallers (1965:64-96) as well as Cohen (1972:9-12).

Mayuge district of Busoga was established as a national hospital to treat tuberculosis and leprosy. Buluba Hospital ended up being cordoned off for normal people. This deprived the Basoga of their tradition of nursing the sick.

Whereas traditional healing is aimed at treating both the physical and psychological states, there are situations where the sick is deprived of this advantage for the good of the community. Such situations are not available in Busoga traditional health system. The sick are not isolated but made to be fully part of the community or family. Isolation strategies used by the colonial medical officials were in situations of contagious diseases to deter further spread of the diseases to those who were still unaffected. Tuberculosis for example which is airborne, isolation of patients at Buluba was one way of safeguarding the rest of the community from contracting the disease. There are also situations when traditional healers may demand the sick to stay at his/her home until he/she has recovered fully. The advantage though with the latter is that at the healer's place, the sick is not confined as it usually happens in major hospitals. The practice of isolation is very effective as has been adopted by the medical personnel in Uganda from time to time whenever a given community has had a contagious disease. During the Ebola outbreak in the Uganda, an isolation ward was opened at the main National Referral hospital-Mulago in Kampala.

In examining the role of the individual in African health and healing, Landau (1996:269) and Noel (2012:6) mention the European evasion of collective causes of disease, and how colonial medicine overlooked wider community dynamics in favour of focusing on individual bodies. The colonial focus on the individual also had roots in biomedicine, which was problematic because "Africans did not share with medical missionaries clear-cut distinctions between cause, diagnosis, disease, and cure" (White, 1995:1389). The attempt of colonialists to divide communities that valued communal cooperation was therefore a perpetuation of the practice of ignoring existing safety nets. In addition to influencing health practices and its dominance in dictating social relationships, this lack of individualism also directly influenced local African economies and labour supply. Value was placed not on accumulating personal wealth and success, but on contributing to and increasing the success of your kin and community (Cohen, 1972:6-19). The clan and community were of central importance in the broader picture of African communalism in resource production and control (Fallers, 1965:64-96).

In the face of the often-harsh realities of African life, conditions such as famine, epidemics, and warfare required communities to unite and collaborate to ensure collective well-being. Young men were often viewed as community labour resources, able to assist not only in agriculture and cattle rearing but in ensuring safety in times of conflict. This was the very reason why men abandoned labour sites and went back to assist their families in times of famine and illnesses.[235]Communities also relied on new and diverse knowledge bases to ensure their success (Kodesh, 2008:197), which is evidence against the colonial perception of African societies as immobile and static. The African emphasis on economic cooperation and resource-sharing not only contributed to stronger communities and thereforestrongercommunalwell-being, but acted as a safety net against crises. The labour policies that supplanted men from their communities were a precursor to famine that hit Busoga, negatively affecting the well-being of natives.[236]

Globalization and capitalism have effectively eroded much of the value placed on communal wealth, yet social relationships remain an important facet of everyday African life. As technology improves and mortality declines, people living with chronic diseases and other forms of debility face healing in an entirely new way. Biomedical practitioners need to learn from the experience of traditional healers who see the need to treat social disease as well as individual ill-health, and understand that resolving social tensions is part of the healing process (Marks, 1997:219). While a physical cure may continue to be elusive, the relationships surrounding a debilitated person became moreimportant.

Pre-colonialist African societies incorporated these ideas of communal well-being and cooperation into daily life, erasing the traces of separation between individual and community. They extended ideas of communal cooperation to economics and safety, issues now relegated to individual responsibility. However, “even the lives of the ‘modern’could never be fully detached from older hierarchies rooted in local notions” (Thomas, 2003:186). While communal cooperation in the realm of wealth and resources is not a viable contemporary practice to fall back on, ideologiesregarding strong personal relationships that provide social support are still important inmany facets of modern African activity.

Post-colonial governments fostered the emergence of traditional healers’ associations to formalize traditional healing, regularize membership and governing bodies, and standardize

[235] Uganda National Archives, Monthly Reports-Busoga 1918-1919, z.0612; Miscellaneous Reports. Quarterly-Busoga 1926-1929, z.0016/11; Busoga District Annual Report for 1918-1919, N.0146 etc.
[236] Ibid.

practices and amounts to be paid for treatment. This led to the unfortunate occurrence of monetization and commoditization of traditional medicine, which were never in the ideological making and dispensation of traditional healing systems in Busoga. Yet also in the cultural/historical forms of healing, the shift from kind to cash in the payment for treatment, as it occurred on a large scale in Africa, meant that healing became a 'commodity'. The market of healing is conjoined in this sense by other new markets such as that of religion, where new forms of entrepreneurialism have emerged, precisely in their use of healing-practices, for example by powerful charismatic groups providing spirit-healing to the public on a massive scale (Dekker & Dijk, 2010:1).

4.6 The Invisibility of Women Healers in Busoga

Due to outright banning of traditional healing through legislation, practising women healers lost income, status and the power they had. Herbalists were forced to modernize but women did not have the land onto which to put their shrines.

Whereas Busoga society had for a long time treated women and men healers with almost equal respect, western-European medical systems heightened the inequities. The power differences between western medicine and Kisoga traditional healing were consequently transmitted to the traditional healing systems. As Waldron (2010:51) rightly observed, the inherent power inequities between indigenous and Euro-Western knowledge are illustrated in the production, reproduction and dissemination of health discourse, and in the institutional structures that support professional practices that reflected the dominant health discourses. Traditional healers also followed suit. These relational differences were occasioned by the cultural-ideological clash that practically undermined and stigmatized the traditional health care system in Africa because of the over-riding power of Western medicine (Abdullahi, 2011:116).

All the above eventually led to the invisibility of women healers. During the pre-colonial era, women healers had been visible in society. They were accorded as much power and status as their counterparts. Apart from the wives and daughters of chiefs and rulers in Busoga, female traditional healers were high up the social ladder. Through healing they had demonstrated to society that women could have unique and specialized knowledge and wisdom that no other would possess. People would walk long distances just to go and see a specialized female traditional doctor. With the relegation of traditional healing to the periphery of society, traditional healers, especially women, became more and more invisible. Their clientele greatly reduced and so was their relevance in society. This was worsened by the fact that women healers

failed to carry on with their trade stealthily as was the case with their male counterparts. This was not only for fear of victimization but also influenced by the patriarchal social system run by the Basoga. Women were left to wallow in self-pity as they watched near syndicate play between the men and the colonialists. Slowly and steadily, women became submissive to male healers. Hence the Kisoga saying, "*omwami kyakoba zeena kyenkoba"* literally translated as "what a husband says is what I also say". This kind of subordination of the women went beyond being subjective to the men. It became the women's mindset. As a result, when the colonialists outlawed traditional healing, female healers, unlike the male healers never resisted.

The male healers' attitude could have been a sign or demonstration to show that men were not easily cowed into submission - as expected by society. What began as a mere male superiority complex resulted in a series of events that led to the waning of women's role in traditional healing in Busoga. Some of the women healers indeed continued with traditional healing but hid behind unscrupulous male healers, who then took them on as subservient workers. This further explains why mostly men own traditional healing centres, while women healers only work under them.

Tabuti (2006:102) who has undertaken considerable research on traditional knowledge in Busoga, underscores the fact that other reasons leading to loss of traditional medicine in Busoga are related to scarcity of plant species that has come because of depletion of forests. When an exploited species becomes scarce, the users are deprived and over time the medicinal herb is lost. Herbs are now being sourced from northern Busoga in Buyende and Bunya (southern Busoga), where there is still considerable forest.[237] This leaves women healers at the periphery of traditional healing as it is very difficult for them to move such great distances in search of herbs. There exist middle men in the procuring of herbal remedies, where some women healers are now forced to buy herbs at expensive prices. Restrictions on women's movement in society, especially the married ones, are also responsible for women healers' decreased participation in herbal medical practice.

Looking at the broader spectrum of the suppression of women healers in those societies where western medical practices were introduced, Ehrenreich and Deirdre (1973:2) acknowledge that the rise to dominance of male healers was not a "natural" process, resulting automatically from changes in medical science, nor was it the result of women's failure to take on healing work. It was an active takeover by male professionals. And it was not science that enabled men

[237] Ali Wairagala

to win out. The critical battles took place long before the development of modern scientific technology. Ehrenreich and Deirdre further maintain that colonial policies brought about political and economic monopolization of medicine by men, which translated into absolute control over healing systems including their institutional organizations, their theory and practice, their profits and prestige.

The suppression of female healers by the medical establishment was a political struggle, first because it was part of the history of sex struggle in general. When women healers were attacked, they were attacked as women; when they fought back, they fought back in solidarity with all women. Secondly it was part of a *class* struggle. Women healers were people's doctors, and their medicine was part of a people's subculture. To this very day, women's medical practice has thrived in the midst of rebellious lower-class movements which have struggled to be free from the established authorities (Ehrenreich and Deirdre, 1973:10).

4.7 From Endemic to Epidemic Health Conditions

Whereas it was true that the people in Busoga suffered from many diseases long before the coming of the colonialists and Christian missionaries, they had developed mechanisms of containing such diseases. The most common diseases were sleeping sickness (*mongoota*), malaria (*Omusuudha*), syphilis (*kabotongo*) and leprosy (*ebigenge*). Dube (2009:6) authoritatively puts it that these epidemics were part of Europe's own recent experience.

By 1918, influenza and leprosy had prevailed throughout the eastern province with several clerks having succumbed to the illness.[238] Small pox had become prevalent around the areas of Iganga.[239] The health conditions of the locals deteriorated because legal sanctions had been put in place to deter anybody from using traditional medicine, which was said to be witchcraft.[240] Forceful interventions through legislations to deter the spread of these diseases proved a major failure.[241]

Sleeping sickness was particularly common in southern Busoga (formerly Bunya County and present-day Mayuge district). The southern part of Busoga was covered by a forest towards Lake Victoria. These were not settlement areas for the Basoga. The few Basoga who were in these places were fishermen and hunters who, after work, went back to freer homesteads far from

[238] Uganda National Archives, (1919). Provincial Commissioner's Report on Busoga for the month of January 1919. Z.612.
[239] Uganda National Archives, (1910), Busoga District Reports for the period 1909-1910. Archival No-026
[240] Uganda Protectorate (1957), Ordinances and Subsidiary Legislations Containing Orders in Council, Rules, Regulations, Proclamations, Orders, Notices, Native Laws Etc. Printed and Published by The Government Printer, Entebbe. This Document Was Accessed Through The Uganda National Archives at Entebbe.
[241] Uganda National Archives, (1913), Contagious Diseases Acts for Britain; Medical: Anti Venereal work-Uganda C.0637.

the forest zones. In this way, there was minimal contact with the mosquitoes and tsetse flies that spread malaria (*Omusuudha*) and sleeping sickness (*mongoota*) respectively. Moreover, the environment, until then had been kept intact because herbal medicine for the treatment of those affected would easily be acquired.

Scholars like Berrang-Ford et.al (2006:224) and Masebo (2013:75-76) argue that the diseases mentioned above reached epidemic levels due to a wide range of causal factors, including eco-social imbalance caused by colonial disruption, a hut-tax system resulting in widespread movements of labourers, and changes in livestock populations following an 1889-1892 rinderpest outbreak. Masebo argued that pre-colonial Africans managed the environment by balancing population, wildlife, tsetse fly and livestock in ways that limited the possibility of sleeping sickness to transform from endemic to epidemic proportions. He further argues that environmental management involved limiting contact with causative agents of sleeping sickness, let alone mentioning that people were developing natural immunity.

Colonialism destroyed this environmental management system, loosened indigenous disease control systems and consequently transformed sleeping sickness into epidemic proportions in East Africa. They both reached the conclusion that due to colonial conquest and the subsequent activities that followed, there appeared an ecological imbalance that affected food production, social relations and individual existence which eventually led to the outbreak of sleeping sickness to such proportions that Busoga had never witnessed before in history. Due to the hut tax, men who used to be confined at home had to find alternative means of earning to fulfil colonial administrative taxes. Many men in Busoga, especially in the settlement areas of Busiki (now Namutumba district), Kigulu, Bulamogi (currently Kaliro district) as well as those in northern Busoga (currently Kamuli and Buyende districts) moved to such places in search of better income to meet the colonial tax obligations. They found themselves in the practice of agriculture on a large scale in the forest areas of Bunya. These became transmitting agents of diseases to the rest of the people once they went back to their original areas of settlement.

Men in other parts of Busoga had to move to the once fertile parts of southern Busoga, to begin extensive agriculture, and around the Lake Victoria area to do fishing. These did not settle there permanently, but used to return home, whereupon they exposed their family members to risks of infection like that of sleeping sickness. Some respondents argued that syphilis, commonly known as *'kabotongo'* had been a common disease in the area, and there were readily available herbal remedies for it, but this also grew to an epidemic situation with the introduction

of labour movements permits.[242]The few educated Basoga and those who worked in the factories did not move with their wives. This was because the colonial rulers and European employers only catered for the employee and not the whole of his family as had been the case in African traditional settings. Once in town they hooked up with other women for casual sex. The Contagious Diseases' Act that would compel the sick to report to health centres did not help to reduce the scourge.[243]

Meanwhile, the women who were left in the villages also indulged in sexual relationships with other men there. Notwithstanding the presence of local medicine, how then would sexually transmitted diseases like *Kabotongo* be controlled with such widening sexual networks?[244] Because *Kabotongo* was common among men who went in the newly established factories to work, it came to be referred to as a disease for those on the move, thus '*endwayire y'abatabazi'*.[245] This is the reason why Masebo (2013:75) asserts that the imposition of colonialism created a conducive environment for the transmission of diseases which had hitherto been under check in pre-colonial African societies.

Unbalanced power relations in favour of men facilitated further spread of the disease. *Kabotongo* was also called '*endwayire y'abazira'*, literary meaning a 'disease for the heroes or veterans'. This meant that men who contracted *Kabotongo* were believed to espouse a lot of sexual prowess as it was associated with having multiple sexual partners. And this was celebrated in Busoga society. For the men to do this there were herbs that they ate or drunk to improve on sexual functioning and delayed orgasm. The herbs included '*omulondo'*, which is a root for chewing by the men.Whereas*kabotongo* was essentially known to spread through sex, and more so because ofsexual promiscuity, men who contracted the disease were not judged but celebrated.

On the other hand, earlier detection of the disease in a woman than the man brought harsh judgment. She was seen as promiscuous and adulterous regardless whether the husband was the one who infected her. Therefore, women, who suffered from *kabotongo*, were stigmatized, which made it difficult for them to seek treatment from traditional healers for fear of isolation and rejection. Whereas society demanded wives to be unconditionally supportive of their husbands with any sickness including *kabotongo,* it enlisted tensions and conflicts if the wife was found to be the first victim to the disease. And since there were common herbs for the treatment of

[242] Ali Wairagala
[243] Uganda National Archives (1923), Medical: Anti Venereal work-Uganda, C.0637.
[244] Ibid
[245] Katende Kibenge

kabotongo, it was the responsibility of women to collect and process these herbs for the treatment of their husbands. Women often suffered from *kabotongo* silently to maintain harmony in the home.

The death rate drastically shot up. Diseases like malaria that had for long been contained by use of '*mululuza'* and '*ekikaka'* began killing Basoga in scores. The District Commissioner's reports for Busoga over the years under colonial rule were punctuated with unprecedented numbers of deaths never heard of before in Busoga's history. For example, quarterly reports between 1926 and 1929 indicated frequents outbreaks of malaria, plague (*Kawumpuli*) caused by rats.[246] At one time a whole municipal office at Jinja had to be closed due to malaria outbreak. In 1928, the Busoga district commissioner expressed worry of the rampant mosquitoes in Jinja that had made malaria an epidemic in Busoga.[247] Yet, in 1927, there had been an outbreak of plague in the areas of Busembatia and Iganga townships.[248] The Busoga district annual report for 1918-1919 showed how the natives in the district had contracted influenza and the death rate was very high, though accurate statistics were not available.[249] Dr. Major Wiggins', report to the provincial commissioner over his findings about leprosy in Busoga indicated how the disease's prevalence had reached uncontrollable levels. He stated:

> …I am convinced that it (i.e. the prevalence) is not less than 3%. At present I, have seen over 35000 lepers and the population is approximately 260000 and I do not think I have seen half of them. If as authorities agree, there are two unknown to every known case, then the matter is still more serious.[250]

In all these, the local women and children were the worst hit. Women, being responsible for the caring of the sick, meant that much more time was needed from them to do this work, yet they still had to undertake subsistence care for the rest of the family members. The cause of the escalation of diseases to epidemic levels was largely due to colonial policies. Many Basoga were recruited to work at government establishments especially in plantations, factories and construction works. This increased mobility in once upon a time stable stationed communities. Railway construction as well as the hydroelectric project demanded many numbers of labourers each month.[251]In other places of tropical Africa, the story was not any different as the labour movements did not only quicken the spread of diseases but led to disruption of disease ecologies,

[246] Uganda National Archives, (1928, 1926, 1927, 1929), Quarterly Reports-Busoga, Z.16 (2).
[247] Uganda National Archives, (1928), Quarterly Report-Busoga, Z.16 (2).
[248] Uganda National Archives, (1927), September Quarterly Report-Busoga, Z.16 (2).
[249] Uganda National Archives, (1919), Busoga District Annual Report-1918-1919. N.146
[250] Uganda National Archives, (1929), Medical: leprosy policy and principles: c.1384B
[251] Uganda National Archives, (1929), Quarterly Reports for the months of June, April, September-Busoga, Z.16 (2).

which eventually turned into epidemics (Dube, 2009:43). The colonial masters were themselves aware of how their labour policies had done much in worsening the prevalence of certain diseases. In a letter written by Uganda's Chief Secretary to his counterpart of Kenya to cooperate towards fighting the epidemic of sleeping sickness, he notes:

> …cases of sleeping sickness have recently been diagnosed close to Jinja and flies capable of transmitting the disease are known to exist within a few miles of the site of the Jinja dam, so that it is feared that the influx of labour in the near future for the construction of the hydro-electric project may result in a major outbreak of the disease.[252]

The colonial government's policy to encourage cash crop growing at the expense of food crops led to famine around 1918-1919 to levels never witnessed before in Busoga. Famine affected mainly women and children. This was due to colonial policy on cotton growing at the expense of food crops, taking away the men, as theysupplied labour in the towns and left grounds untilled for food crop growing. In one of the Provincial Commissioner's report about Busoga in March 1919, he notes:

> ...a considerable number of deaths have occurred due to famine and people eating wild animals and injurious roots. Deaths have been mostly amongst old people, women and children. In northern Busoga deaths number over 700.[253]

This, of course, was disastrous for Busoga. One of the safety nets against disease and illnesses that had traditionally been observed by Basoga was to ensure that their granaries referred to as *'ebyajji'*, were full of excess food throughout the year. There were never cases of malnutrition in traditional Busoga. Though women did much of subsistence farming, the men were charged with the duty of breaking the ground where the women would later go to prepare for gardening and subsequent tending of the crops. With the incursion of the whites, men were no more because they had presumably gone to seek greener pastures. They had been supplanted from their homes to go and work in the railway construction and the hydroelectric power projects in Jinja and other industries.

In addition, the emphasis on cotton growing which would bring in money to the families meant that even the few men who remained home concentrated on the growing of cotton to earn an income, while food crop growing was entirely relegated to the women. With reduced labour for food production, famine was eminent and indeed it occurred. The health and well-being of

[252] Uganda National Archives, (1950), Letter by Uganda's Chief Secretary; concerning sleeping sickness in Busoga. C.1192
[253] Uganda National Archives, (1918-1919) Monthly reports on Busoga. Z.612.

the Basoga was affected negatively. By 1908, about 4000 locals had died of famine.[254] There was change in the ideology of wellness and well-being. With cash crop farming, a man's wellbeing was no longer defined in terms of the amount of food that his family produced, but the amount of the money he minted out of the cotton sale. Only those men who remained cautious about the health and well-being of their families, deserted from the labour conscriptions they were in at the railway construction sites and went back to cultivate during the rainy seasons, but these were few and far in between.[255]

There was a clear indication that the colonial governments minded little about the well-being and health of the locals. Much interest was in the health of the Europeans in Africa.[256]However, I need to mention that the British colonialists should have performed their best for all people during the time they were in charge of administration. The higher numbers of diseased persons and increasing mortality recorded was due to effectiveness of the British in tracing and recording cases of sickness and mortality which was not the case before their arrival. On the contrary, there was no documentation on deaths before the British's arrival in traditional Busoga society since it was illiterate. It may not therefore be sustainable to argue for increasing mortality since we do not have actual statistics for deaths before colonial rule.

None the less, the British are believed to have misinterpreted the role of the men in the overall management of the home. In pursuing their industrialization agenda, the imperialists thought less, if at all, of the families of their labourers. In the monthly report for January 1919 about Busoga, the Provincial Commissioner of the Eastern Province noted that labour in Busoga was very unsatisfactory due to food shortage and the natural desire by natives to cultivate during the rains.[257] Indeed there was an increase of illnesses among the children and the women due to the hiring of the men in the government establishments away from their homes.[258]. Decreased labour supply for the month of January 1919 was attributed to desertion by men returning to their homes to hunt and looking for food for their families because there was much famine and illnesses.[259]

With most of the men taken to work on colonial projects, it was an impossible task to control the tsetse flies. It was common practice for men to clear the bushes in preparation for

[254] Uganda National Archives, (1908), Uganda: Correspondence Relating to famine in the Busoga district of Uganda.C 003
[255] Ibid
[256] Uganda National Archives, Monthly reports-Busoga 1915-1916. The district Commissioner for Busoga was only interested in reporting about the health of Europeans and Asians, yet the reports were about the whole district of Busoga. This was so for the months of April 1916, March 1916, February 1916, January 1916, December 1915.
[257] Ibid
[258] Ibid
[259] Uganda National Archives, (1919) Provincial Commissioner's Report on Busoga for the month of January 1919. Z.612.

farming. This was exclusively men's work since it required a lot of energy. Without the men, it was difficult for women to keep the vegetation under control. This was the case in most parts of sub-Saharan Africa. For example, in Zimbabwe and Mozambique, Dube (2009:65) noted that when men were taken to work on the colonialists' plantations and in the mines, the women could not readily take over their duties. This led to the reduction in the size of cultivated land as the women concentrated on lands already cleared, rather than clear new lands. The absence of men also meant less labour on the fields, leading to further reduction in cultivated lands. As a result, as the cultivated land shrunk, bush encroached, extending the habitat of the tsetse fly.

The British policies to control the epidemic diseases further undermined traditional healing ideologies. The colonial policy to quarantine the sick was not only alien but also against the Kisoga healing tradition, which obliged community members to visit the sick. Yet illness of one member of the community would imply ill health for the whole community. The establishment of in-patient hospitals robbed the sick free traditional psycho-social support that was mainly the domain of the women. Basoga women were therefore being kicked out of their traditionally socialized role of caring and pampering the sick. The community social support in time of illness was being sidelined, being replaced with the western trained counsellors stationed at the hospitals. The introduction of the biomedical system, which centred on the sick's physical state, neglected the social aspect of the disease as defined in the African setting.

The British rulers' policy of quarantining the sick and the affected, though intended for the common good of the society, worked to undermine traditional methods of psycho-social support.[260] Moreover, the colonial policy dealing with disease control only picked on men and neglected women.[261]The British administrators called on men to be health inspectors in the tsetse fly infested areas and curtail the cutting down of trees in the areas of Bunya County.[262]But it ought to be restated that women in most of the African societies, Busoga inclusive, had extensive knowledge of the natural environment. They were gatherers, which meant that their communities depended on them to provide nourishment or they risked starvation. Indigenous African women were custodians of vital knowledge on herbs and medicines that also ensured the survival of their communities (Ofisi, 2010:231).

This eventually led to a changing ideology towards health, with the men rather than the women as the decision makers concerning the health of family members. The policy of burning

[260] Uganda National Archives, (1913-1918) Provincial Commissioner's Report on Busoga. Z.612.
[261] Uganda National Archive, (1927), Busoga District Commissioner's letter dated 4th January 1927. M.12
[262] Bunya county currently covers the present district of Mayuge in Busoga

down huts and depopulating areas that had mosquitoes, tsetse flies as well as rats was in effect depriving the Basoga of their Butaka, which was directly linked with their culture and traditions.[263] Much of the traditional medicines were destroyed and burnt as locals were forced to move to camps and other non-infested areas. Cherished articles that were used in the healing processes were lost. The indiscriminate clearing of vegetation led to the diminishing or complete extinction of medicinal plants that were key in checking on female reproductive health diseases and maternity complications. No wonder there was widespread fear among the British colonists that infant and maternal mortality rates were on the increase during their rule.[264] Traditional dwelling places (the shrines or amasabo) of divination spirits were destroyed and this impacted on the efficacy of the spirits in divination. Some of the traditional medicine would not easily be acquired as it could only be procured by killing wild animals, rare birds and reptiles. This left the divination work originally dominated by women in ruins, and those women who sanctioned it stripped of powers.

With the traditional health safety nets destroyed, the colonial administration employed selfishly engineered disease control measures. The zeal to control the diseases by the colonial rulers was driven by their desire to have a healthy labour force rather than a healthy population. Indeed, as Dube (2009:1) has highlighted, whereas colonial policies disturbed disease ecologies due to frequent movement of labour, the Europeans were reluctant to curtail these epidemics because health service provision for the natives was driven by economic reasons rather than genuine concerns for Africans' health. A letter written by the Director of Medical Services castigating the introduction of medical charges upon natives justifies this conclusion. He stated the following:

> ...this is evident to all those who have seen Africans in their homes living unconcerned, in a state of health that cannot be allowed to continue *if we hope for progress to higher production and more wealth*……[265] (emphasis mine)

With this kind of attitude of the Europeans towards the health of Africans, the women were destined for worst times. The fact that European-initiated projects required male labourers, women who did not offer this labour had no opportunity to enjoy the medical treatment that would be offered by the Europeans. Nobody was interested in their health since it would have no bearing on the labour productivity that the colonialists were dearly wishing to maintain.Contrary

[263] Uganda National Archives (1927), Sleeping sickness in Busoga. Z.1268
[264] Uganda National Archives, (1925) Native Affairs: Qualified Native Midwives, N.180
[265] Uganda National Archives, (1946), Medical Fees charged to Africans. C.570.

to the ideals of western introduced health service delivery, the traditional health care system was aimed at ensuring that the whole community with was devoid of any disease. The approach to control the epidemics by the colonial governments was that control, treatment and prevention should be aimed at curtailing the risk of economic loss that would accrue to the government because of having an unhealthy labour force, rather than significantly aiming to suffocate epidemic resurgence. This is the reason why more women and their children became victim to these epidemics than men. With traditional healing virtually banned, and the men taken away from the villages, coupled with inexperienced methods of managing tropical diseases by Europeans, together with the inequities in the methodologies used to curtail these diseases, it was apparent that epidemics would surge at any time.

4.8 Conclusion

Part of the misunderstanding of the role of African traditional health practitioners (THP) emanates from the negative colonial approach to African traditional medicine. In the pre-colonial era, the traditional medicine system was the only health system in many African countries. Colonization of African people produced an encounter between traditional medicine and modern medicine which was strongly hinged in Western epistemology and epistemic tendencies. Modern medicine and its knowledge systems was dominating knowledge that under looked traditional medicine. Traditional medicine and its practices were viewed as witchcraft, sign of backwardness and not resonate with rationality. Since that time, all endeavours have been made to denounce traditional healing practices and medicine; and modern medicine became a tool of diagnostic analysis and standard for treating disease and illness. A lingering impression of that colonial illegality still shrouds traditional medicine and THP. In Africa, however, a century of colonialism and cultural imperialism have held back the development of African traditional health care in general and regarding medicines in particular. During several centuries of conquest and invasion, European systems of medicine were introduced by colonizers. Existing African systems were stigmatized and marginalised. Indigenous knowledge systems were denied the chance to systematize and develop. There is no doubt that African traditional health care is a legitimate branch of medicine that has been historically suppressed.

Although colonial powers and structures criticized traditional health care because of its strong spiritual component, they overlooked the fact that for many centuries European and other health care systems also had strong spiritual and religious components. One of the consequences of many years of discrimination and unregulated traditional health care practice has been the

widening of the gap between traditional healers and the practitioners of biomedicine. It should be known that the pre-colonial era witnessed African traditional medicine in its full bloom, as it was part of a people's culture without any alternative or competing medicinal system. Colonial rule, which was indeed a cultural invasion, brought along new 'western culture' of which allopathic or conventional medicine, developed on scientific basis, was an essential component to protect and heal its progenitors primarily and then the colonized people subsequently. As a matter of policy in all colonies, the imported medicinal system was instituted as part and parcel of the government administration with a budget, excluding indigenous medicine completely.

CHAPTER FIVE

GENDERED PATTERNS OF ACCESS AND RESPONSIBILITIES IN HEALING

5.1 Introduction

Feminist health activists and scholars regard the practice of medicine as an area where production and maintenance of social power is at work (Nissen, 2011:193). Soman (2007:28) illustrates that the social position and identity of women who practice traditional healing are part of wider unfair power relations that women have always worked hard to ward off. Fr. Kayaga affirms that while women and men are equally accepted in traditional medicine, their respective power depends on societal expectations.[266]

Because gender affects the division of labour, knowledge, responsibility and control over resources, women and men are not equally influential in the determination of access to and provision of traditional healing. Analyzing the power relations that affect the practice and utilization of traditional healing practices, in this chapter I discuss the rural-urban gender differences in traditional healing, gender roles and the division of labour, gender and access patterns to traditional healing, gendered images of articles and objects used in traditional healing, and the taboos that surround women's freedom and choice to practice and access traditional healing practices in Busoga. I have exclusively relied on information from the several interviews I held with healers and clients upon which I draw analyses and conclusions. (See appendix III for the list of interviewees). Because of the homogeneity of information from the various interviewees, I present fewer quotations.

5.2 Urban-Rural Gender differences in Traditional Healing in Busoga

In Busoga, gender difference in traditional healing is reflected in the geographical and social distribution of healers. Mostfemale healers live in rural settings, compared to male healers who operate in the urban and semi-urban settings. This is attributed to several reasons, one of which is that female healers are mainly in divination, acting as *Baswezi* and mediums. They become possessed with spirits who are thought to operate in the villages under large trees, swamps, wells and hill tops; and now that they are deities, they continue to hover around the places they used to

[266] Fr. Gonza Kayaga

stay while in their physical form.[267] The female *Baswezi*, who operate under the influence of these deities/spirits, are therefore bound to stay in and heal from within such rural areas.

Interviews with male healers[268] reveal that, the considerable number of those in urban settingsis primarily for economic reasons. Even Samanya Hussein,[269] the Koranic healer, currently operating at Mafubira is an emigrant, having lived in Kamuli for much of his youthful age. The male healers in the urban settings juggle between traditional healing and other forms of trade to enhance their income levels. Moreover, the polygamous lifestyle of male healers in Busoga puts a heavy family burden on them. Women healers in the urban centres, especially in the public markets of Jinja Municipal Council, are primarily engaged in the selling of processed herbal medicinal products and other associated commodities. Kawuma Safina, who is in the leadership of the Jinja traditional healers reveals that such women are usually wives to powerful male healers who own the traditional herbal product outlets where these women work.[270]Namuwaya Harina[271] and Nabirye Madina[272], two young female healers in their twenties whom I interviewed in Jinja district, recounted similar stories of how they used to work in Kampala but were never at peace because the spirits under whom they operate wanted them to go back to their traditional hubs. The type of sicknesses and challenges handled by urban and rural healers differ.Nfuddu Isabirye,[273] an urbanized healer in Jinja district argued that because the people in town are more propertied, both women and men visit traditional healers to safeguard their wealth and strengthen their position of employment.

Two issues remain predominantly unique to female and male clients in both rural and urban areas. Women visit traditional healers for domestic reasons, including securing their relationships, especially marriage, good luck for their children as well as infertility. On the other hand, male clients turn to traditional healers as a means of securing their jobs, becoming rich, making their wives faithful and vying for political positions in their communities. The Basoga have developed such confidence in traditional healing that even those in the urban settings, will first visit a traditional healer when faced with a medical condition, before they consultabiomedical practitioner.

[267] Interviews with Kibenge Katende & Patrick Wairagala
[268] Interviews with Kabaale Bitimbito, Isabirye Baligeya & Banuri Wairagala
[269]Samanya Hussein
[270]Kawuma Safina Nabirye ‘also known as’ Ssenga Wa Busoga
[271]Interviewed on 22/04/2015
[272]Interviewed on 11/06/2015
[273]Interviewed on 08/08/2015

5.3 Gendered Knowledge of Traditional Medicine

In this section I discuss the level of knowledge of traditional medicine between women and men in Busoga. I labour to distinguish who is more knowledgeable than the other and what influences their respective knowledge. This is because access to sacred knowledge like traditional healing is ordinarily restricted to particular individuals in indigenous communities such as initiated men and women (Dawn, 2003:17).

The findings of this study show that gender differences in knowledge of traditional medicinal remedies are associated with the different activities that women and men are engaged in because of the socially constructed roles. This is because of the different expectations and entitlements attributed to women and men. This is as well manifested in the access, utilization, practice and dispensation of traditional medicine. This finding relates to Howard' assertions (2006:19) who articulates that because men and women are socially accustomed to different physical and social spaces, their knowledge and practice of traditional healing is likely to differ. He underscores how such differences result from gender division of labour as well as from beliefs and norms regarding appropriate behaviour, expectations and entitlements.

Interviews with Nabamba Budhagali[274] and Bitimbito Kabaale[275] reveal knowledge acquisition of traditional medicine among the Basoga at various levels. The first level is that of spiritual inspiration where one, regardless of gender, is picked on by the spirits to serve as a traditional healer. In this case, one acquires supernatural knowledge concerning the traditional herbal remedies that may be effective in curing certain diseases. With experience, one becomes well acquainted with the medicine. The second aspect is inheritance, where young people in society take over traditional medicinal practice from their parents. This is not abrupt; healers begin early to work with their favourite children. This is followed with apprenticeship of the novice. The third aspect is that traditional medicine is a self-taught activity which employs nature to enhance capacities and capabilities. Thus, an individual with a profound knowledge of the environment and curative herbs can become a traditional healer. Many women among the Basoga acquire knowledge of traditional medicine through this last aspect. This is because they spend most of the time in the bushes and forests gathering firewood and food for home consumption. This exposes them to medicinal fauna and flora. Male healers mainly get knowledge through apprenticeship, inheritance and spiritual inspiration.

[274] Interviewed severally during the study
[275] Interviewed on 20/04/2015

Aging male healers engage their favourite sons into taking up traditional healing roles. It is not acceptable among the Basoga for a male traditional healer to pass over traditional healing knowledge to a daughter, except for bone setting. Bone setting does not involve many rituals and it does not call for the invocation of ancestral spirits at the time of healing. Kassan Ddamba,[276] a prominent bone setter in Namutumba, has already passed on bone setting knowledge to one of his daughters who has since married. Restriction of daughters to acquire this knowledge is premised on the fear of the clan losing out on such cherished healing practice when she marries into another clan. This would minimize on the competition between communities and clans in over knowledge and ownership of such indigenous knowledge relating to traditional medicine. Some forms of traditional medical practice are a birth right for specific clans. For example, the *Baise Ndase* clan is the only one with exclusive competence to deal with the condition of *'empagama'*. This happens when small bones of fish become stuck in one's throat while eating. Persons belonging to the *BaiseNdase*clan are the only ones with the skill to remove such substances from the victim.[277]

On the other hand, female healers usually pass on their knowledge to their daughters. This is because some healing practices engaged in by women are specialized to women only. This is the case with traditional birth attendants, the *Balerwa*. This practice led to a common proverb among Basoga that states thus: *'omwana w'obughala aloga na maama we'*, meaning that mothers are inclined to disclose all their secrets to their daughters and this can involve revelation of their most valuable traditional medicines.[278]Female healers who practice inherited divination are obliged to pass on their healing knowledge to daughters of their brothers or a female member of her ancestral clan. There are, however, rare cases in which a female diviner passes on divination knowledge and spirit possession to her own daughter yet they do not belong to the same clan. Among those I interviewed was Kawuma Safina Nabirye, in Jinja district, who has already passed on this divination healing to her daughter, yet they belong to different clans.[279] In such cases, economic forces are major drivers as such women are single, widowed or divorced, and would wish to continue to have a strong grip on the economic benefits that come from divination through their daughters. But pure female herbalists are most likely to transfer herbal medicinal knowledge to their daughters rather than sons. This is because acquisition of such knowledge takes a long period of time to master and comes easily when there is constant

[276]Interviewed on 19/04/2015
[277]Isabirye Rashid, 53 years, Healer/Local Leader, Bulagala Village, Interviewed on 20/04/2015
[278]Fr. Kayaga Gonzaga
[279]Ssenga Wa Busoga passed on divination to her daughter Lukowe Madina Nabirye

interaction between the healer and the novice. Girls are socialized to grow around their mothers and they are their special confidants. This is established to be the case in other African societies of Namibia that has been studied by Cheikhyoussef et.al (2011:3).

In the same way, fathers and grandfathers transfer healing knowledge and skills to their sons and grandsons. Sons are socialized to learn their fathers' trades and to work with them so that they are taught the responsibilities of being men. Part of these responsibilities is being independent, with the ability to fend for themselves. Traditional healing knowledge is given to the sons so that they can use it as a source of income to fulfil their gender role expectations as bread earners. This is what deprives the daughters of the same opportunity since it is believed that they live to be dependent upon their husbands. For male healers who use spiritual forces to diagnose and treat, the patrilineal system is followed in transmitting traditional healing knowledge and skills. In other African societies, like Namibia, this patrilineal passage of traditional healing knowledge and skills is the norm, as children learn through routine observation from their fathers and mothers respectively (Cheikhyoussef et.al 2011:3). These findings, however, contradict with what happens in some Ethiopian traditional societies where, as Semenya (2014:7) observes, male children have less chances of acquisition of traditional medicinal knowledge as daughters enjoy a very close relationship with both parents, which give them an opportunity to be trained as traditional healers. In contrast with traditional Busoga society, fathers are not expected to have that close relationship with their daughters. From puberty the daughters keep a distance. It is intended to deter the likely questioning of male authority which may arise from that close interaction. Further, close contact with one's daughter who is sexually active is believed to cause Parkinson's disease to the father (*obuko*).

Therefore, knowledge of medicinal herbs and other healing traditions are gendered among the Basoga. Women are generally noticed to possess distinguished knowledge associated with herbalism. Lay women and professional female healers are more conversant with domestic healing remedies. Women know more medicines than male healers regarding domestic challenges. This is attributed to the inherent gender division of labour that is historically prevalent in Busoga. The fact that women's key role is to ensure that the health of family members is maintained, is the reason why women know most of the healing remedies concerned with the domestic sphere. Such conditions include love, marriage, pregnancy, infertility, birthing, child health etc.

Women as chief gatherers of food and vegetables are in a better position to know the various kinds of herbal medicines. Women's knowledge of traditional healing more than men therefore is centred on the need to preserve their offspring as well as themselves. Using the case of India, Barpujari (2005:1) complements these findings, when he argues that women are closer to nature than men, and that this connection between women and nature is clearly rooted in the biological processes of reproduction, for which women are the primary bearers. However, the reason for the Indian experience, Barpujari discusses, differs from that of Busoga. For the latter, women's advanced knowledge of traditional medicine than men is rooted in their social positioning as carers in society; women are charged with the responsibility of ensuring that all family members are healthy. Voek's (2007) analysis of the gendered nature of ethnobotany in Brazil relates with the realities in Busoga where women's significant knowledge of herbal remedies as compared to men is a result of the gendered division of labour that positions women as the primary health care givers. Women's daily activities, both reproductive and productive, require that women other than men have this herbal medicinal knowledge. This is because women rather than men make greater use of wild plants for medicinal plants as well as for food, fibres, utensils, cosmetics and ornamentals (Howard, 2006:2). Awareness is growing that the 'common' knowledge of lay women is that which predominates in traditional health care systems. Most illnesses are not life threatening and expert medical advice is only sought when home remedies fail. The medical role and knowledge of women is essential to the health of household members. Healing activities of women are therefore an extension of childcare duties and their responsibility for family health and caring for the ill.

Women have extensive knowledge on treatment of reproductive diseases and sicknesses. Women in Busoga do not only hold a lot of knowledge on traditional medicine for reproductive diseases but have also been found to utilize it more for the same reasons. This is the basic reason why majority of women using traditional medicine preferred visiting female healers - because they are believed to be not only knowledgeable but also specialized in these reproductive health-related diseases common with women. Hence, women's reproductive health is concerned with issues special to women because of their physiology, their role as mothers, and because of the diseases that affect only women. And moreover, from time immemorial, women's reproductive health has always been treated by traditional specialists for women-related diseases-the *Balerwa* (Alexander, 2012:29).

Male healers dominate traditional healing practices generally, but there are specific categories of traditional healing where women are dominant. This is mainly in traditional herbal medicine and divination. Men's dominant position in traditional healing is attributed to their unrivalled position as providers for their families in both urban and rural areas. It is also known to be physically risky for women to collect medicinal plants from the bushes, leaving it to be dominated by the men.[280]For women healers with traditional gender roles set to be accomplished in their homes, it becomes difficult for them to move long distances in search of herbs. Older members of society dominate as healers. The dominance of older members of society in traditional healing is due to the many responsibilities they have, which require money to educate their children and support their basic livelihood needs.

Women are themselves medicines in one way or another. Female traditional healers and lay women alike articulated the subtle ways in which they possess inherent qualities to cause healing. Vaginal fluids when immediately applied to an area of snake bite are believed to neutralize the venom and prevent it from killing the victim[281]. This is the reason why mothers and wives are the immediate people to be called upon when their children and husbands suffer a snake bite. Women's urine is also used as medicine in the treatment of excessive consumption of alcohol that may lead to abdominal pain. It has to be used when fresh and still warm.[282] The extraction of venom is thought in some African societies to be possible by only specialized healers with spiritual powers (Luizza, et.al 2013). Among the Basoga, these specialised spiritual powers connected to containment of venom are attributed to women. There is no clear explanation that relates women to specialised spiritual power to treat snake bites. But one other thing I established is that body excretions as identified above are applied as 'first aid' in those circumstances as they are thought to neutralize the poison. A collection of other herbs is applied to the affected area of the snakebite, in addition to herbal liquids for drinking. Because it is the women who give treatment and care, society associates the cure to the women rather than the medicine itself. Application of several medicines makes it difficult to distinguish which of the herbs given provided the cure. This however, indicates the central position of women in the maintenance of health of society members, especially that of men. Apart from provision of security by the men, no instances were established in which body parts of men were used in the treatment of sicknesses that affected women. The presence of women in Busoga traditional

[280]Ali Wairagala
[281]Torofina Bitali
[282] George Nankunda (50 years old), Specialist Lecturer in African Traditional Religions, Kyambogo University, Interviewed on 14th October 2015

society therefore signifies good health, and their absence indicates incompleteness and susceptibility to poor health conditions.

5.4 Sex and Menstruation Taboos in Traditional Healing

Sexual taboos related to traditional healing are common among the Basoga. Traditional healers interviewed said that they cannot perform any healing ceremony immediately after having sexual relations.[283] This is because the spiritual powers from which healing powers are derived are so sacred that they cannot entertain impurity of the body. Semen and other body fluids produced during sexual intercourse are perceived to defile the purity of the dwelling places of the spirits-the *Amasabo*. The healer is required to wash thoroughly after sex before he/she approaches the healing centre. Sex being a pleasurable activity robs the healer's concentration upon the spiritual forces during his/her work. Spirits are offended by the healer's involvement in pleasurable sex, as healing is a religious activity thatrequires unrivalled attention of the participants' body and mind. Healers testified that forceful healing after sexual relations will prove ineffective to those being treated.[284] I am of the opinion that the requirement to abstain from sex is not really an issue of sex being unclean but the undivided attention that the spirits require to have the minds of both the healer and the client to be devoted to the spiritual activity.

Female healers in their menstrual periods cannot perform healing.Women in their menstrual periods cannot approach a traditional healer for treatment.[285] The same women are not allowed to move to the bushes to collect herbs, nor participate in the processing and preparation of the medicines. The wives of healersin their menstrual periods are prohibited from preparing food for their husbands. The problem, though, is that this curtails women healers from performing their roles in a free manner. The traditional perception that recognise women as being unclean and dirty, leads to discrimination against them in healing traditions. Female healers miss the income that would accrue to them, due to the biological condition of menstruation. The restriction of women involvement in healing both as healers and clients when in their menstrual cycle enhances the construction of social power in traditional medicine. Patriarchal societies like Busoga views menstrual blood as dirty and impure, making the body not good enough to be possessed by the spirit of healing. This reinforces patriarchal ideology that effectiveness of medicine depends on purity of women's body.

[283] Interviews Baligeya Isabirye, Banuri Wairagala & Patrick Wairagala
[284] Interviews with Nabamba Budhagali & Patrick Wairagala Mandwa
[285]Mpadwa Lukowe

Coping mechanisms that female healers use during the menstruation period serve to propagate male domination and sustainability of the perception of male superiority in healing. Thus, female healers find it 'convenient' to work alongside a male counterpart who will be able to execute healing duties when she is restricted by taboo. On the other hand, restrictions to male healers are minimal and easy to satisfy. They are restricted from entering healing centres immediately after having sex. The only demand expected from them is to ensure that they have had a thorough cleansing of the body before they can appear in the healing places.[286]It is therefore clear that the ritualistic sphere of healing provides an avenue for gender construction and reconstruction. This ideology accounts for the considerable numberof female traditional healers in Busoga who aremenopausal.

5.5 The Unmarried Women Diviners: *Lukowe-Isejja* Relationship

I sought to understand the social lifestyle of the female mediums, many of them being unmarried. Interviews with them brought to light the following issues; that women who become diviners – *Baswezi* - are usually not married or are not expected to get married ordinarily to men in their communities. The female healers also known as *Lukowe* are believed to be married to spirits. This deprives the women healers of the opportunity to enjoy the social expectations of being women and be able to practice the feminine roles and obligations that other women in the community do enjoy. They are thought to be married to *Isejja*, a male spirit, without whom *Lukowe* cannot perform her roles effectively. *Isejja* is expected to fulfil all the obligations to *Lukowe* as any physical husband would. Getting married to a physical husband requires permission to be sought from the spirits. Female diviners in Busoga are therefore mostly single. Those that manage to marry do so to fellow diviners and whom the spirits have consented tobe their husbands. It is under rare circumstances that female diviners can be married to men who are not diviners. Whereas Igreja et.al (2008:355) argues that spirit possession of a male deity to a female medium does not constitute actual marriage among the traditional societies of Mozambique, it is different for Busoga. Female healers explained circumstances when these deities come to have sexual enjoyment with them and that they are too possessive to allow them to engage in marriage with physical husbands. Failure to comply with these deity marriage guidelines calls for sanctions including loss of healing powers. A young female healer explained

[286] Patrick Wairagala Mandwa

how she has declined countless marriage proposals especially from her male clients for fear of annoying the spirits.[287]

Ordinary men are afraid of marrying the *Lukowes*. This is because of the many restrictions that marriages to such women come with. For example, these *Lukowes* usually sleep in the shrines under the instructions of the spirits, which deny the husbands opportunity to have conjugal rights. Spirits may further outlaw the *Lukowe* from having sex with her husband for such a period as they may determine. Secondly, these women will not get involved in sex when they are going to be in the presence of the spirits. Under such circumstances, men find it difficult to exercise the power expected of them over their wives. The status the *Lukowes* possess in society, gaining them respect in society from all groups of people, threaten male power. The *Lukowes* are therefore not ordinary women cowed into subordination. They enjoy good level income, beyond the average women and men in society. This makes the *Lukowes* to attain some level of independence and empowerment that make it difficult for them to be subordinated by the men. They wield power over their clients as well as their assistants, and it becomes difficult for them to accept to lose such level of empowerment through marriage.

Also, the *Lukowes* cannot leave the custodial places of the spirits to go and live in another man's home as a wife. Yet this is what makes a Musoga man to have power over his wife, as the woman is dependent on him. Men find it disempowering to move into the woman's house or any house that the woman has sole responsibility over. A man marrying a *Lukowe* would ordinarily be the one to transfer to her house near her healing centre. Moreover, the spirits take precedence over the husband as far as *Lukowe* is concerned. The spirits can determine termination of the marriage. A man who is not a traditional medicine man but accepts to marry a female diviner is frowned upon by society. Because of the above, most of the female diviners are single or widowed. It can therefore be true that women choose to become traditional healers as a way of gaining power and their refusal to get married as a demonstration against a male-dominated society. In the next section, I analyse the differences in articles and objects used by female and male healers during the healing process in society.

5.6 Gendered Images of Articles and Objects Used in Traditional Healing

Peek has analysed objects and articles that represent the non-physical world as found in healing centres. Articles and objects used by traditional healers differ depending on the category and gender of the traditional healer. These also differ depending on the specific community of the

[287]Lukowe Nabirye Madina

Basoga into which healing takes place. These articles and objects are what Peek (2013) refers to as the 'silent voices' of African healing traditions. These articles and objects are meant to serve many purposes. They are used as agents of communication between this world and the spirit world of the departed ancestors, who provide the healing powers. Some of these articles are medicinal but more importantly they portray the power that is derived to undertake healing practice. In Peek's words, these objects are symbolic, and are intended to provide answers and actions for their clients. None the less, the numerous articles and objects in *Kisoga* healing traditions confirm the healers' obsession with fetishes and fetishism, which I discussed in chapter three of this thesis. I however, prefer to use the non-offensive terms of 'articles and objects' of the spirits (*ebintu by'abadhadha*) rather than fetishes (*ebyamalogo*), which in the Lusoga language would be closer to what witches use rather healers. Using the interpretivist approach to healing (Miller 2009) and the explanatory model of health (Kleinman 1980), meanings of these articles and objects used by traditional healers and the influence they have on the healing traditions of the Basoga people have been discerned.

In this section I discuss the objects used by each category of healers. For male diviners, their environment is scary and masculine. Objects they use carry patriarchal undertones. In their shrines, there is usually a special seat, towering above the rest of the people. (See photographs 3 and 4 below). The high stool depicts the sovereignty of the male healer over his clients and assistants. No other person is allowed to use his stool/ seat because that would imply usurping the healer's power and status in his palace - also called '*embuga'*. Male diviners prefer to use red colour for the choice of decorative cloths in the healing facility. Red is not just a coincident but communicates the power with which the diviner carries out his work.

Photograph 3

Nabamba Budhagali, a male diviner - seated on a pedestal stool in his shrine; besides him are some of the divination objects (fetishes). Source: Photograph taken by the researcher- Isiko Alexander Paul

For female diviners, and mediums to male deities, sit on the floor but cross-legged. When under the influence of male deities, female mediums exhibit characteristics generally associated with men (Oyeronke 2005:3). For example, while possessed by *Igombe*, the askari deity among the Basoga, female mediums become "aggressive" under *Igombe's* masculine authority.

Female diviners sit straight and composed if serving a female deity (see photographs 4, 5, & 6). The sitting posture of healers depicts societal behaviour expected of men and women in Busoga. In photograph 4 below there is indication of power differences between women and men reflected in the sitting arrangement. Women, who are the male diviner's assistants, sit at the peripheries and can only come near the most sacred place, where the male diviner sits when called upon. In the wider Soga society, women are not allowed to sit on chairs, stools or even cross-legged. They are prohibited from sitting on a raised stand - probably not to indicate any signs of elevation above any man in society. The exception for the female medium sitting cross-legged happens only when she is possessed by a male deity.

Photograph 4

The inside view of a Healing Shrine. Diviner Nabamba Budhagali standing and his female assistants. Source: Photograph taken by the researcher- Isiko Alexander Paul

In Busoga society, there are scenarios when articles used by male and female healers are different. It has also been established that there are many incidences in which male and female healers share similar or same articles and objects used in healing. In divination, the articles vary between male and female diviners.In other categories of healing, like herbalism, traditional birth attendants, Quranic healers and bone setting, there is great sharing of articles and objects between male and female healers.

Water-related deities demand that the diviner obtains a collection of articles and instruments used on or near water bodies. These include boats {(Lusoga: *amaato* (plural) and *elyaato* (singular)} and oars or '*enkasi'*, for moving the boat on the waters. For example, among the articles found in Budhagali Nabamba's healing shrine (the most celebrated diviner among the Basoga), include spears of all lengths, *enkasi'* that are of diverse sizes (refer to photographs 3 and 4). He asserts that the deity, for whom he is a medium, moves along River Nile and crosses over to Buganda with only a bark cloth laid on the waters. Some people around the village of Bujjagali testify to seeing this diviner sail on River Nile seated on a mere bark cloth (*omugaire*). There are also shields – *engabo* of all shapes and sizes within the shrine. These are decorated and are used by the deity in times of warfare. The spears - *amafumo* and shields are used for defence

by the deity to protect the palace from invaders. A collection of all these articles pleases the deity and enhances the power of the healer upon his clients. There are also baskets used for storage of the medicines and for collection of monetary offerings to the healing deity – called '*ebigali'*. *Ebigali*also refers to money put in these baskets for purposes of divination.

Other scary masculine objects include skins of wild animals like leopards, crocodiles, cheetahs, antelopes, tortoises, as well as replicas of lions, elephants, and giraffes. Male diviners put on divination garments made of bark cloth and are well decorated with cowrie shells, and sometimes bones of some wild animals. They also have scary mouldings of people that are usually in twins, but of the male and female sex. These represent the idea that continuity of life has to be upheld by both women and men in unity and not in isolation. They also possess several pots in their shrines.Pots of male diviners have more than one mouth, where incense is burnt, or medicines are kept ready for dispensation. Male diviners carry a long hand stick also called *'oluga'*, which is a symbol of power and authority. Whereas female diviners carry these hand sticks, theirs are usually shorter and with an appended dried tail of a goat (see photograph 5).

Due to the flexibility and adaptability of traditional healing as discussed in chapter one, changes are visible in healers' lifestyle. For example, the young healers have adopted recent hairstyles prevalent with local and international celebrities of this time.Female diviners use articles and objects that are typically domestic and easy to obtain. Photograph 5 shows most of the articles described here. These articles and objects include baskets, pots, knives, grinding stone (*lubengo*) and grinding plate (*enso'*), gourds, coffee dregs, smoking pipes of all sorts and shorter handsticks. Additionally, female diviners have sauce plates, also called *ebibya* (plural) or *ekibya* (singular). *Ebibya* are communal sauce plates from which all family members dine. These are in addition to a winnowing plate also called '*olugali'*, used for winnowing cereals. Female diviners also have cups, used by clients to drink the medicine, though the gourds are the most commonly used for this purpose. Often found are *'enkata'*, that are circular pieces of banana leaves woven together. '*Enkata'* are used by women in Busoga when carrying heavy loads on their heads. All these are not only typically feminine but also domestic articles that women in their ordinary settings use in the fulfilment of their gender responsibilities. Commonly used by female diviners in treatment of infertility among women is a dried long fruit called '*Wagabeere'* - literally meaning 'large breasts'. Women diviners and lay women alike use *Wagabeere* by planting them in a prepared garden to induce high yields.

Photograph5

Lukowe Nabirye Madina displaying articles commonly found in Healing Centres (Amasabo) of Female Diviners (Abaswezi Abakazi). Source: Photograph taken by the researcher-Isiko Alexander Paul with permission from the respondent who appears in it

One other unique article used by female diviners is the 'basket for twins' locally called '*ebiibo by'abalongo'* (see photograph 6 below). These are well-decorated baskets with cowrie shells woven along the basket grids. The responsibility of tending to children is for women, the mothers. Twins are thought to be not only physical but also spiritual beings, and therefore the spiritual being of the twins are supposed to be raised and tended to in these 'baskets for twins'. Female diviners are specialists in presiding over the spiritual realm of twins.

Photograph 6

Female Diviners (Lukowe Kiira and Nabalongo Budhagali) displaying the 'Baskets for Twins' in a shrine. Source: Photograph taken by the researcher-Isiko Alexander Paul, with permission from the respondents who appear in it

The significance of the articles varies depending on the gender of the deity and client as well as its impact on the healing process. For example, whereas both male and female healers carry hand sticks (*oluga*) they are of different length, signifying varying power between male and female healers, with the male having a longer *oluga* than that of the females. The smoking pipe (*emindhi*) is used by both female and male healers principally for enhancing spiritual meditation. As part of their duty, healers especially the diviners are required to carry and smoke in a pipe that has been dictated by the spirit for which he/she is a medium. The smoking pipe has extra functions when used by female healers and clients. Smoking pipes is a medicinal prescription for women searching for husbands. Pipe smoking is used by those who wish to stabilise troubled marriages, seeking favour, love and success. Female diviners are more likely to prescribe the smoking of the pipe to their female clients than any other method. Female diviners are bound to have many more gourds than male diviners. Gourds are typically feminine objects that are used to fetch water, used as cups, and storage of dried cereals.

Traditional Birth Attendants are exclusively women, and apart from the herbal products given to expectant mothers, the other objects used in treatment are mainly domestic objects. Kirangi Monica and Kakose Seforoza, both TBAs in Namutumba district, demonstrated how they use the grinding plate (*enso*) to induce and quicken labour pains (see photograph 7). The

application of the *enso* is intended to make the mother's backbone relaxed as she gives birth. Other articles used by the *Balerwa* are a razor blade to cut the umbilical cord upon delivery. The stem of a herbal plant, whose leaves would have already been given to the expectant mother in a concoction form, is used by the *Balerwa* to gently massage the expectant mother's back as she delivers the baby. The intention and efficacy of this short herbal stem is the same as that of *enso*.

Photograph 7

Traditional Birth Attendants (Kirangi Monica and Kakose Seforoza) holding Enso and herbal plant used in inducing labour pains. Source: Photograph taken by the researcher, Isiko Alexander Paul, with permission from the Balerwa who appear in it

For the bone setters, there are no distinguished objects used by male and female practitioners. Apart from saliva that they spit in their bare hands to ignite the healing power to the fractured bone.However, due to frequent movements and exposure, male bone setters are increasingly using short sticks to align the fractured bones. Immediately after the traditional massaging of the affected area, short sticks are wrapped around the fractured bones to put them in order as it happens with the western-trained orthopaedics (see photograph 8). The short sticks are used as a rudimentary immobilization of the limb through casting used by modern orthopaedists to hold the bones together. Female bone setters are hesitant to use these short sticks, arguing that the efficacy of their traditional form of setting bones lies in the supernatural medicine that is incised in the healer's body.[288] According to female bone setters, healing takes place through touching and massaging the affected part, whereupon transmission of medicine occurs. The use of short

[288]Kassan Ddamba

sticks and the banana plant in bone setting is employed by male healers, probably to showcase that they are more knowledgeable, creative and better healers than their female counterparts.

Photograph 8

Kassan Ddamba, a Male Traditional Bone Setter, demonstrating how to use the Short Sticks in Joining Fractured Bones. Source: Photograph taken by the researcher- Isiko Alexander Paul, with permission from the bone setter who appears in it

The other two categories of traditional healers in Busoga - Quranic healers and herbalists, do not have any differentiated articles and objects specific to male or female practitioners. The only object used by Quranic healers is the Holy Quran. The Quranic healer reads specific verses from this book to diagnose the sickness, and this is accompanied by the dispensing of herbal remedies. The fact that women are not allowed to recite the Quran among the wider public except to other women makes it impossible for women to become involved in the use of the Quran in traditional healing.[289] For the pure herbalists, the articles and objects used in healing depend on the environmental situation of the healer. But most often these use basic and domestic articles like paper for wrapping medicine, motor and pestle for processing medicine, and all sorts of domestic containers for storage and transportation of the herbal products.

[289] Sheikh Katuramu Ausi Muhamud (60 years), Lecturer of Islamic Studies, Kyambogo University, Interviewed on 4th January 2016

5.7 Roles of Women and Men in Contemporary *Kisoga* Healing Practices

Of the five categories of traditional healers identified in Busoga, male healers are dominant in almost all cases, except for divination and traditional birth attendants. One of the herbalists interviewed, reasoned for male dominance as follows:

> There are more men as healers than women. This is because the men have a lot of experience in herbal medicine. Women are few in herbal medicine because when married, their husbands do not allow them to move out to look for herbal medicine. But among the *Baswezi* the women are many because men and women move together to produce more spiritual children. However, when women participate in herbal medicine, they act as sellers situated in one place especially in the markets.[290]

Whereas it is true that there is a higher ratio of female to male diviners, withafemale numerical representative advantage over males, they exercise less power in this trade than the male diviners. It is common to find three female diviners under the leadership of one male diviner. Such female healers are regulated by the chief male diviner. Women specifically work as mediums - which is a key aspect in divination. Mediums become possessed by spirits or deities, but the male diviner takes the final decision on the overall management of the sick. This includes determining the charges to be paid by the clients.

The reasons that account for the greater number of women healers as mediums is that many of the dominant spirits and deities in Busoga are male. For example, *Igombe* the Askari deity for giving protection and security, Nabamba Budhagali, Kiwanuka, etc. are all males. The healers explained that male deities opt to use women as their medium of communication, taking them on as their wives with no other man allowed to marry them.[291] The traditional outlook of Busoga, where females are subservient to males continue in the spiritual realm of society. The tradition of a spirit possessing a human being to make his/her feelings known to the living is an aspect of dominant character which some men in Busoga detest. Some healers explained that women work as mediums because they are more appealing and subservient to the deities, with which the deities are pleased and appeased.[292] This makes women to be more visible in divination.

[290] Baligeya Isabirye
[291] Interviews with Kibalya Mandwa, Lukowe Kiira & Nalongo Budhagali
[292] Ibid.

In divination, women working as assistants to the male healer perform roles that are an extension of their societal reproductive functions expected of women in Busoga. They are charged with the responsibility of performing ritual cleansing *(okwambulula)* upon female clients but on the instructions of the male healer. This involves a ritual bath, where the client is either bathed in the water concoction of medicine or herbal medicine is sprinkled upon the client when completely naked. Traditional healing ethical practices demand that this should be done by a woman when the client is female. Therefore, performance of this task of *'okwambulula'* upon female clients is an indication that female assistants' presence in the healing shrine is that of convenience rather than a way of ensuring efficacy of the medicine.

Female assistants are also charged with the responsibility of fumigating clients with the prescribed medicine *(okunioteza).* This involves the burning of medicine on *'olugyo',* a piece of broken clay pot; in front of the sick client, with the intention of banishing the misfortune. This is purely a feminine role as fumigating is a traditional primary health care intervention that is used by mothers upon their children who display signs of any sickness. Other roles that are typically assigned to female assistants are establishing *'ekyoto',* at the healing centre. '*Ekyoto'* is a burning fire that is not allowed to die out in the *'embuga'* - palace of the diviner. This is as well a feminine occupation, as women and fire in the homestead have a very close relationship, with the latter helping the former to fulfil her reproductive functions of preparing food for the family members. Women as primary gatherers of firewood and ensure that fire is available to provide warmth to the members of the homestead.

The above roles can be performed by male assistants in specific circumstances. First, if there are only males in the healing centre, then the youngest will execute these roles, but not the male diviner himself. In the absence of any female worker, a diviner's son, working as his assistant, takes on these feminine roles. This indicates the power relations that intersect in male-male relationships influenced by age.The younger the person, the lower the social status in traditional healing practice. Female diviners perform these roles; even with assistants at their disposal.They do not feel undermined to perform these roles since these are the roles they customarily undertake within their homes. Men perform the role of playing drums and shakers, also called *ensaasi* to invite the spirits. Men oversee the sacrificial animals and birds that are brought in by clients. They perform rituals upon these animals and birds, including slaughtering them when required.

Gender division of labour in healing is not a distribution of roles among men and women only. It is also a distribution of roles between men and men as well as women and women. Age is an intervening variable in this division. At any healing centre, it is customary to find assistants to the traditional healer. Men and women can be assistants, but it is common that traditional healers are older than their assistants. This is attributed to the apprenticeship that is designed for the young and supervised by an older person. Male assistants are called *Bagalagala* (plural) and *Mugalagala* (singular). Female assistants are called *Lubuga* (used both as plural and singular).[293] It is ideal that if the traditional healer is a man, he is provided with an assistant who is female, and the reverse is true. This, though, does not mean that traditional healers cannot acquire assistants of the same sex. At larger healing centres, they can afford to employ both female and male assistants.

In some cases, the assistants are also chosen by the spirits and have been consecrated for this purpose. Sometimes male healers make their wives to work as their assistants, but in such circumstances, the wife assistant is not in a position of *Lubuga* but carries more power than an ordinary *Lubuga*. A wife who is an assistant to the male healer has considerable power over the rest of the assistants (*Lubuga* and *Bagalagala*) because then, she is not just an assistant but offers services that are complementary to those of the husband healer. At the site of Budhagali Nabamba, for example, his wife Nabalongo Budhagali has her own shrines for which she is in charge, and she takes decisions on ritual ceremonies concerning twins and child-related diseases. She holds power and influence over the two male and female assistants that are found at this healing station.

There are special assistants called '*abaigha'* or '*omwigha'*, used as plural and singular respectively. These are daughters' children and they perform special healing rituals among clansmen of their mothers. The *Abaigha* are used as assistants, to perform special but 'contradictory tasks' at a healing centre. For example, in testing efficacy of traditional medicine, the *Omwigha* is used as a demonstration. Health rituals concerning deaths caused by unknown diseases including suicide, for example, are performed by *Abaigha* at the instructions of the healer. It is believed that *Abaigha* are revered by the ancestral spirits from whom healing powers are derived. However, *Omwigha*, though male, occupies a low position among his mother's clansmen. They are assigned undignified and risky roles like body cleansing of the sick and dead bodies in preparation for burial. Rituals aimed at chasing away deadly witchcraft are performed

[293] Interviews with Nabamba Budhagali, Nfuddu Isabirye & Patrick Wairagala

by the *Abaigha*. It is therefore not acceptable, at any given time, that *Omwigha* can be the main healer, with his maternal uncle as his assistant. *Omwigha* cannot assign the roles ascribed to healing assistants to his maternal uncle because he remains of lower status among his mother's clansmates. This shows how power play in traditional healing practices reflects power relations in the wider Busoga

Other roles performed by the *Bagalagala* and *Lubuga* are the processing of herbal medicine that includes pounding, drying and packing it either in containers or in papers. They also move with the healer to the bushes to collect herbs. They do not take decisions on which plant, root or object to collect as medicine, but they cut, collect and bind together herbal medicines on instructions of the healer. They also mix herbal concoctions on instructions of the healer. They are assigned the responsibility of welcoming clients to the healing centre. They further interrogate the clients to establish their reasons for the visit. Since these are mainly 'instructive roles', they can only be performed by those with less power and lower social positioning in society like women and girls or children. They, however, hold power about scheduling an appointment with the healer.

In all these matters, age has an influence in determining the apprentice roles. Assistants are usually younger than the dignified healer, since they are usually their children and or wives. This is because the older the person, the wiser he is expected to be. Old age is, associated with wisdom. Therefore, for the healer to be in position to command power and influence over the rest of his/her staff at the station, he/she has to be older than them. In situations of male-male relationships and female-female relationships, the age factor becomes an intervening variable in determining gender division of labour in traditional healing practices. The young perform roles that are looked at as being feminine and inferior. Consequently, in healing centres, where there are only *Bagalagala*, the young men or boys do the drying, grinding and pounding of herbs at the instructions of the older healer. In the same way, healing centres with only the *Lubugas*, young women or girls take orders from the older woman. Therefore, age and gender intersect to determine the power of the healer over not only his or her staff but also over the clients.

Clients are more inclined to visit traditional healers who are older than themselves. Older female healers are more trusted than young female and male healers combined. However, aged male healers enjoy further power and a much higher status than even their fellow older female healers because of their ascribed status of age and being male, which are associated with wisdom.Not all traditional healers in Busoga have assistants. Traditional birth attendants and

bonesetters manage their clients single-handedly. Bone setters comfortably work alone. Healers who use herbal medicines extensively are more likely to have assistants than other healers. For this case, pure herbalists and *Baswezi* have more assistants than bonesetters and *Balerwa*. Much elderly healers are more likely to have assistants than relatively young healers. Due to old age, it becomes difficult for them to move long distances in search for herbal medicines, a role they assign to their assistants. Some traditional healers fear to use assistants because of the fear to 'steal' their spiritual powers. Conditions when a healer's spiritual powers have been rendered impotent are common in Busoga. This is associated with assistants who stay with the healers and learn the tricks that manipulate the spiritual powers to their advantage.

Herbalism is the most common traditional healing practice among the Basoga. People's involvement in herbalism as providers and users differ depending on one's gender. The provision of herbal medicine is dictated by societal expectations, roles and responsibilities as well as the social positioning of men and women in society. Male and female herbalists deal in different types of herbs. Male herbalists are accustomed to herbs that are connected to reinvigorating success, wealth as well as protection of the home and property (*Okuchinga*). Such herbal remedies are not readily available, and the assumption is that they are obtained from a great distance away. These herbs are associated with males because men are socialized to be adventurous, risky takers and therefore ready to move long distances in search of herbs.

On the other hand, female herbalists are more involved with herbal remedies concerned with curing infertility, natural family planning, winning a man's love, also known as '*obwende'*, child-related sicknesses as well as general reproductive health challenges faced by women. The reason that women are socialized to stay at home whereas men are encouraged to move far and wide in search of a livelihood to sustain their families, largely accounts for the difference in the type of herbal remedies that are used by men and women. However, women's role in herbalism is being undermined. This is due to an increasing population that has led to depletion of so much land cover. Male herbalists are becoming predominant because they can afford to move to the faraway places of Buyende in the north of Busoga at Kyoga Lake and in Bunya to the south at Lake Victoria in search of herbal medicines.[294] With limited herbal resources, women herbalists have been reduced to the level of retailers of herbal medicines. Herbalism has become such a lucrative business. Male herbalists with the capacity to travel longer distances, searching for

[294]Interview with Ali Wairagala

herbs have become assertive middlemen, selling herbs to women herbal retailers, at exorbitant prices.[295]

There are restrictive conditions for traditional herbal practices in Busoga. Female herbalists like Kawuma Safina Nabirye[296] enumerated the challenges that female herbalists encounter in the profession. Women's reproductive roles that begin quite early in the morning leave them with little time to collect herbs in the prescribed time. Other limitations to herbal medicine practice involve the collection and gathering of herbal substances when completely naked. This is intended to have a natural connection with the spirits that ensure efficacy of the medicine. There are also herbal medicines that have male spiritual patrons, and for such herbal products, women are not allowed to get involved in their collection and processing. All these are indicators that show women being pushed to the periphery of herbal medicinal practice.

Commercialization of herbal medicinal products in Busoga is one reason that has made women herbal practitioners have a marginal role in traditional healing. Male herbal practitioners have become involved in the treatment of diseases and sicknesses that were previously a preserve for female healers. It is now common to find male herbalists claiming to be specialists in reproductive health-related diseases. Herbal medicinal practice has improved in the areas of marketing; processing and storage. Knowledge of herbal medicine alone is no longer sufficient to have a major influencein the trade but necessitates mobilization of other resources including land and modern means of transport, which is well beyond the reach of female traditional herbal practitioners. In effect, a class of powerful male herbal practitioners has emerged in Busoga. Herbal medicinal products are now marketed from village to village, town to town, which necessitates practitioners to have better means of transport rather than hawking. Male herbalists own vehicles and motorcycles (popularly called '*boda boda'*) for marketing and selling of their herbal products.

On the other hand, female herbal practitioners remain stationary at their designated homes or retail shops. Additionally, men own land, capable of planting herbal plants on relatively large areas of land. The permanent buildings put up by male healers to that act as their herbal shops and healing centres, are an attraction to the middle-income class, with ability to pay highly for the services. Female healers have had difficulties matching the standards of their male counterparts due to restrictions put on women regarding acquisition and ownership of resources.I now turn to discuss the two categories of sources of traditional herbal medicine, showing the

[295] Interview with Kawuma Safina Nabirye
[296]Interviewed on 11/06/2015

inherent division of labour between women and men in regenerating and gathering of herbal plants and resources, the processing and management of these herbal resources to their dispensation. The two sources are, 'domestic herbal sources' and 'non-domestic herbal sources'.

Domestic herbal sources include medicines from home gardens, home compounds, and firewood gathering places as well as around and along water collection points. Non-domestic herbal sources include medicine from the wild flora and fauna. These are usually plant and animal resources like insects, cowrie shells (*amasonko*), feathers of wild birds, bones and skins of dead wild animals etc. Herbal medicines gathered from non-domestic sources are collected by men and fetched from places far away from human habitation. They are gathered from places that are indeed risky to human life.Womenwhoareaccustomed to domesticity find it difficult to engage in medicines from non-domestic sources. The significance of non-domestic medicine is least pronounced among women, both as practitioners and users of traditional herbal medicine. This generates a belief in male herbalists as capable of dealing with complicated illnesses since they use herbal resources from very difficult situations

This thinking is also evident among traditional healers themselves.[297] The longer the distance the herb was gathered from correlates with its perceived effectiveness. To conform to this general perception, male herbalists move all over the East African regional countries in search of herbal medicines. The beliefs that such an herbal resource was collected from, say the shores of Lake Tanganyika in Tanzania, or around the shores of the Indian Ocean in Mombasa and brought to Busoga, enhances the perceived efficacy of the herbs.

Domestic herbal resources are deliberately planted for the sole purpose of providing medicine to the family. Some sprout in home gardens and family compounds. Such domestic herbal resources are tended to by women. This constitutes part of their reproductiveroles. Women take charge of domesticated animals and birds used in ritual healing. These birds and animals include mostly pigeons, sheep, goats and chicken.Female herbalists use more of these domestic herbal remedies for the treatment of various ailments. Domestic herbal resources are easy to obtain as they do not involve moving longer distances. These herbs are known and applied by lay women in the villages as they do not require consulting specialized traditional healers. They have been handed down to the women by other women, or from mothers to their daughters and granddaughters. Herbs like *Nnamuvu* (chenopodium opulifolium), *Kapanga* (lantana camara) and *Lubirizi* (Vernonia amygdalina) are applied by mothers for the treatment of

[297] Nfuddu Isabirye-diviner, Jinja district

fever, malaria, measles and cough among children. It is rare to find a man, especially a practising herbalist picking them. They are frowned upon by society and believed to be capable of curing minor ailments.

There are, however, domestic herbal plants that have a masculine orientation in purpose. These include plants in the homestead whose purpose is to scare away snakes and other such wild animals through smell, or the magical spiritual power embedded in them. These include herbal plants tended in the homesteads but offering protective charm to the family. One such herbal plant is '*omutangira'*. Because it is the man's responsibility to provide protection to his family and property, men, especially heads of households, hold these domestic protective herbal plants in high regard.

In some cases, there is sharing of roles between women and men. For example, women as well as men participate in prescription and distribution of traditional herbal medicine. Prescription of herbal medicine is carried out at two levels: spiritual and human, or a combination of the two. Spiritual prescription means that what is to be given to a client is determined by spiritual forces through possession of a medium. On the other hand, human prescription means that the traditional healer using his/her experience and knowledge in the practice determines what kind of medicine is to be given to the client. In spiritual prescription, traditional healers, whether men or women, act as conduits through which the spirits treat the sick.

The roles of the other categories of traditional healers are clearly delineated between women and men. There is much exclusivity in roles. For example, the role of traditional birth attendant, also called *Bulerwa*, is solely a feminine occupation where men, including the husbands of the expectant women, play no significant role. Once the time comes to give birth, the expectant mother notifies the *Mulerwa* but not her husband. It is the singular role of the *Mulerwa* to collect and process herbal concoctions that are used to help a woman give birth. A *Mulerwa* may be assisted by a select female relative of the expectant mother. Husbands are advised to move away as their wives are being assisted by the *Balerwa* to deliver. The singular responsibility of the husband is to organize a gift, also called '*Akasiimo'* to the *Mulerwa*, days after his wife has delivered. *Akasiimo* is in the form of money or sometimes physical commodities such as clothing, sugar, or soap. The exclusivity of women as traditional birth attendants is based on the belief that the will and ability to bring forth a child is dependent on women alone.

On the other hand, there is exclusivity of roles among Quranic healers, locally called *'Abasawo Abaghalimu'*. This is a 'one man' type of healing. Only men offer Quranic healing, which is a combination of recitation of Quranic verses and prescription of Kisoga herbal medicine. Since this type of healing has influences from the Arab-Moslem world, women do not have the preserve to read the Quran in public except to other women, which limits women's participation in healing using the Quran. Subsequently, men have become very knowledgeable in using the Quran to heal. In any case the derivation of the local name for a Quranic healer as *'Abasawo Abaghalimu'*, literally meaning 'Healing Sheikhs or Healing Imams' has patriarchal overtones. Only men can be Sheikhs and Imams, which makes it apparent that just as traditional birth attendants are exclusively women, so are men as Quranic healers. However, Quranic healers attract clients from both genders.

Bone setting does not have noticeable gender restrictions regarding roles. Both women and men engage in bone setting. However, since bone setting involves the touching of the affected part, male bone setters cannot touch their mothers-in-law and daughters-in-law, just as female bone setters cannot touch their fathers-in-law. Female bone setters are restricted from using massage on their fathers-in-law and sons-in-law. This has nothing to do with the efficacy of the healing but the observance of a taboo, which restricts physical contact between the above categories of people. I have already discussed this taboo system in chapter three of the thesis. However, bone setting at a distance i.e. '*abayunzi ab'ayungira mwibanga'* has no such restrictions about in-laws since this latter procedure requires that the bonesetter and the client are far apart.

Traditional healers especially diviners and herbalists have begun having 'patient admissions' at their healing stations in the recent past. Clients stay at the healing stations for a period of time. These clients have to be provided for by the healers and they are treated as though they are members of the healers' households. The *Lubugas*, the female assistants are charged with the responsibility of taking care of these 'admitted clients'. It should, however, be noted that much of the traditional healing practices in Busoga are performed in the private sphere, especially in the case offemale practitioners.

The roles of men and women in traditional healing are distinguished. But I should reiterate that women's roles are quite unique both in their capacity as lay healers and at professional level. Female lay healers are the local women in society, who are not specialised in healing as their trade but by their social position as discussed in this thesis. The female lay

healers are the mothers, grandmothers, aunts (*Ba Songa*), neighbourhood women, elder sisters and female friends and elderly women in the community. These do not have anything special. Professional female healers are special and different from the former. In the next section, I therefore discuss how one's gender affects access to traditional healing among the Basoga.

5.8 Influence of Age and Gender on Access to Traditional Medicine

Access relates to the three aspects of entry, participation and outcomes. Using experiences and narratives of traditional healers and users of traditional medicine in Busoga, I analyse the patterns of access to traditional healing, in terms of 'who' has opportunity to provide and use healing services. The politics of numbers is not a subject of discussion in this thesis.

I established the significance of age in both provision and use of traditional healing. Different age brackets visit traditional healers for different reasons. Women and men of specific age groups have specific biological and life challenges that warrant utilization of traditional medicine. Children access traditional medicines through their parents. Traditional medicines are given to infants for various reasons, sometimes gender being a major determinant. Parents, especially the mothers, ordinarily apply different traditional medicines upon their children for different challenges. For example, '*Ekyogero'* is a mixture of different herbs in water used for bathing infants to deal with skin diseases and reshaping of certain body parts especially the face and head. The types of herbs mixed in '*ekyogero'* differ for male and female infants as they are meant to serve different gender roles.

For infant boys, the herbal bath is meant to make the boys' bones and muscles stronger as they grow up. It is further intended to make the boys prosper in preparation for life challenges that face men in society. Infant girls are bathed in '*ekyogero'* to shape their bodies and faces so that they develop nice looking and attractive bodies. The mother or the child's Aunt, using her hands reshapes specific body parts like the head; nose and face of infant girls by gently pressing them with the intention of making them attain an attractive shape.*Ekyogero* is also used to wash the sexual parts of the infant girl for physiological healing, since the herbs contain ingredients that deter sex-related infections. Secondly, it is intended to make the infant girl, have higher chances of getting married and to men of high status in adulthood. Infant girls are bathed with a herb called *'Olweza'*, which is believed to unlock blessings among women.

Mothers, Aunts, grandmothers and specialized traditional birth attendants are the ones with the responsibility of preparing this e*kyogero* to bathe the infants. Sometimes the preparation of *ekyogero* may require the professional service of a traditional healer. Men are not involved in

ekyogero preparation due to the inferior status of this medicine in the healing tradition. Mothers also use herbal medicines for the treatment of 'false teeth', locally known as *'ebiino'*. The growth of 'false teeth' among children makes them develop other infections that weaken their bodies. Herbs are used to clean the mouth, and the false teeth gradually disappear.

Teenagers are also users of traditional medicine, as they have unique health and social challenges associated with age. A common health challenge to both male and female teenagers is offensive body odours, locally known as *'Kaabuvubuka'*. Mothers and Aunts have the responsibility of gathering and preparing medicine to treat *Kaabuvubuka*. However, herbal substances used to treat this health condition vary for sons and daughters. Daughters are given herbal concoctions that are intended to make their bodies beautiful and attractive to men. This special traditional medicine for teenage girls is called *'Kayayana'*; literally meaning that men will be all over them when the time for marriage comes. In many cases, teenagers are not told the purpose for the traditional medicine being applied. *Kayayana* is also used by grown-up women who are searching for husbands.

Young people are discouraged from visiting traditional healers. They are believed to have fewer problems and challenges, because they are still being catered for by their parents.The Basoga believe that when young people, especially women, visit traditional healers, it is for evil intentions.Just like biomedical drugs, traditional medicine can also be harmful when wrongly used. Parents are advised not to expose their children to traditional medicine at an early age.
Visiting traditional healers at such a youthful age is suspected to be sorcery. There is fear that a person who begins to visit traditional healers at such an early age may get addicted to them. Though it has not been my intention to make a quantitative analysis of the age factor in relation to access and utilization of traditional medicine in Busoga, it is evident that most of the people who seek the services of traditional healers are grown up people, usually in their thirties and above.

However, females begin using traditional healers at a younger age than males. Several women begin visiting traditional healers as early as twenty years of age. This is because women experience reproductive health challenges earlier in life than men. Women are more likely to have children at an early age than men, and this makes them visit health service providers including traditional healers at a younger age. Girls marry earlier than boys of the same age, which expose them to several life challenges early in life. Such challenges include relating with co-wives, competition with their mothers in law for the attention of the husband etc. This is

further attributed to the low status of women in Busoga society, which makes them susceptible to psychological stress and physical harm.[298]

Older people have high confidence in traditional healers and they are bound to use them much more than the young. As one advances in age, physical limitations set in, necessitating frequent visits to health service providers including traditional healers. For example, men dread impotence, which also comes with aging. The challenge of maintaining one's household property increases with age as well as competition for opportunities, which call for use of protective medicine. One can therefore conclude that traditional medicine use runs across all categories of age, class and gender, though this differs depending on the sicknesses and challenges that affect people in those various categories. In the next section, I analyse the sicknesses and challenges that are attended to by the healers from the various categories of people as discussed above.

5.8 Sicknesses and Challenges handled by Traditional Healers

Whereas I have already discussed in Chapter Three that traditional healing is meant to treat not only the physical but also the mental and psychological state of the human being, thereby restoring the total wellbeing of an individual, in this section I discuss sicknesses specific to men and then to women. To illustrate the significance of traditional medicine in the life of adult males, one traditional healer explains in the following words:

> Men come to be healed of all kinds of diseases and challenges. A man is faced with many challenges right from the time he moves out of the house. He is faced with jealousy and hatred from among those he lives. A man is often in an environment that necessitates that he is protected from challenges that inhibit his welfare.[299]

Another traditional healer showed that right from birth to death; men find a lot of challenges which make it inevitable to seek the services of traditional healers. Some of these challenges are physiological, while others are emotional and psychological. In his own words, he says:

> Any man needs to have a home. And as a man he may not have good yields-harvests to cater for his family. This is a sickness and as a man he is destined to find out why he is not getting good yields. Another issue with men is impotence and I can diagnose this. I can find out whether it was inherited, or is due to poor blood circulation and the man can get well. A man grows into maturity and fails to get a wife, and this can also be attended to using my traditional medicine, and he gets a wife. Since life history, men come to us

[298] Fr. Gonza Kayaga
[299] Kabaale Bitimbito

> when they have had problems with their wives and the wife has separated from the husband. We also have medicine that can induce the wife to get back to his husband.[300]

The above statements made by the two healers indicate that men are faced with challenges since childhood till death. Men are faced with challenges in both private and public sphere. Men face unique challenges at every stage of life and these are not only physiological but also emotional and psychological. In specific terms, I discuss the following issues that constitute the sicknesses and challenges that lead men to utilize the services of traditional healers. I have categorized them into three elements, that is, physiological-biological challenges, social challenges and protective medicine.

Men seek the services of traditional healers for almost all sicknesses that affect their body parts, but do so quickly when it concerns the malfunction of their manhood. Men will seek traditional medicinal treatment for cough, chest pain, physical disability, eye problems, backache, headache, bone fractures, mental illness (*eiraru*), Hiv/Aids as well as other sexually transmitted infections. However, impotence is a key threat to their human survival in a society that considers men as havingunmatched sexual prowess.Any sickness that makes men unable to function as husbands, leaders, providers, breadwinners, as well as conditions that challenge their sexual prowessmakethem to visit traditional healers for attention. In other words, men go to traditional healers for purposes of maintaining their power and status that society accords them as men.[301]

Nonetheless, sexual dysfunction is the major sickness for which men will visit a traditional healer in Busoga. Men with this problem first try herbalists and, when no improvement is registered; they visit diviners to find out the cause of the problem. Separation of the wife from her husband (locally called *'okunoba'*) as well as impotence, also locally called *'obufirwa'* is a test of one's masculinity. Men run to traditional healers quicker when these two challenges arise, more than any other issue.[302] Busoga society can contend with a poor man, but not one who is *'omufirwa'*- an impotent man. Impotence undermines one's masculinity, due to inability to have sex and produce children. Due to the high demand for the treatment of impotence, every traditional healer in Busoga claims to be the best in the treatment of this condition. Advertisements are made by traditional healers for potential clients with claimsto have the ability to enlarge the penises, and having medicine that can enable men to delay an

[300] Nabamba Budhagali
[301] Ibid.
[302] Budhagali Nabamba

ejaculation.[303]The cause of impotence is usually attributed to be spiritual, necessitating ritual cleansing. Sacrifices are made to appease the ancestral spirits. Men believe that traditional medicine is more effective than biomedicine in the treatment of impotence.[304]

Secondly, there are social challenges that take mento traditional healers. These include poverty, poor harvests of crops and animals, failure to produce sons who would be inheritors of their wealth, unemployment, winning a woman's love political success especially during elections. Such social challenges imply that unlike biomedicine, traditional medicine in Africa deals with all dimensions of a human being rather than only the physical. Thirdly, men access the services of traditional healers for 'protective medicine'. Thismedicineis aimed at shielding one's self and his property from danger, forceful grabbing, and ensuring that the owner has safety of tenure. Such protective medicine secures ones' land from grabbers, securing one's domestic animals from being stolen, securing one's home and property from invasion by thieves.

Men also access traditional protective medicine to secure themselves at their places of work, with the hope that they become indispensable. Men secure not only their own lives but also that of their wives and children against enemies and acts of witchcraft. Men seek for protective medicine to deter their wives from sleeping with other men, especially for those who work far away from their homes. This medicine is said to make women faithful to their husbands.Any other man who dares sleep with such a woman is bound to be identified as the medicine makes the couple get stuck. This condition known as '*penis captivus'* in biomedicine is believed to be induced by application of traditional medicine. Though protective medicine is believed to be very effective, it can be used by wrong elements to fulfil ill intentions. For example, thieves are believed to use protective medicine to steal without being arrested. It is believed that protective medicine can be used by criminals to convince magistrates and judges to set them free.[305] The application of protective medicine takes many forms.It can be in the form of a small root - '*omuzi'* whichis placed underneath the tongue as one speaks to the magistrate or judge. In other instances, it is believed that one holds it firmly in his hand and squeezes it when meeting and talking to the individual one wants to deceive.[306] This traditional protective medicine is called '*Okuchinga'*.

There are sicknesses and challenges peculiar to women. However, just as it is with men, these can be categorized into two: biological conditions and social conditions. Biological and

[303]Interview with Safina Nabirye-Senga wa Busoga
[304] Female interviewee in Nakyere Village-Kibbale
[305]Interview with Kawanguzi Dan, and Nabogho Yasin
[306]ibid

social conditions for which women seek the services of traditional healers vary depending on age, income level, education status, marital status, residential setting and employment status. Women will seek traditional healing for any condition that will threaten the biological-physical being of not only themselves but also their children. These conditions include psycho-social instabilities, pains in any part of the body, bone fractures etc. In contrast with men, women are preoccupied with traditional healing of reproductive health malfunctioning and child-related diseases. They seek treatment either from lay women with experience, or from professional traditional healers. But the first point of access is usually to fellow lay women.

Unlike men, women are likely to visit traditional healers they are used to or those they have been recommended to by other women. It is also likely that they will prefer a female healer to a male healer. Fr. Kayaga notes the following:

> While I may not easily know which specific sicknesses or health challenges affected women different from those of men, it should be clear that gynaecological challenges have always existed. Traditional Basoga have had herbal medicines for treating expectant mothers. As an antenatal care procedure, women had to use certain medicines, one type of which was sitting in a mixture of medicines meant to help prepare her get a smooth delivery of her child. Surely men would not sit in such medicine; hence the Kisoga expression: "*oirangayo okutyama mu bulezi ng'ozira mabunda*"!![307] (Translation as: 'never dare again to sit in the herbal concoction when you are not pregnant')

Fr. Kayaga's statement relates to the Basoga's belief that women understand other women's problems better. This is because of the unified experiences between female healers and the female clients. The reproductive health conditions that make women visit traditional healers in this society include the following: Key is infertility or barrenness. Failure to conceive and bear children is the 'worst curse' that women in Busoga can suffer from. Both married and unmarried women are preoccupied with seeking a cure to barrenness. Female healers generally have more expertise in the treatment of infertility. Female traditional healers treat women for fibroids, also called *'ebigalanga'*.Women also visit traditional healers when they want to have a change in the sex of the children. This happens when they have not yet had male children who are a necessity in marriage, as it is prestigious to produce a son who will become an heir to the estate of the husband upon death. Through male children, the legacy of the male lineage is perpetuated.

Women use traditional family planning methods provided by traditional healers including remedies that deter their daughters from getting pregnantbefore marriage. The most common traditional child spacing method used is the tying of herbal substances in a cloth or container and

[307] Fr. Kayaga-Busoga Cultural Center, Jinja

then burying it until the moment when the woman feels that it is the right time for her to conceive; at that moment, the herbal substances are untied.[308] Expectant mothers will utilize traditional medicine at one point in time during the nine months of their pregnancy. Regardless of education level, income status, religious affiliation or social setting regarding rural and urban divide, expectant women in Busoga use traditional medicine. They use a cocktail of traditional medicine called *'emumbwa'*. The belief that an expectant woman taking *emumbwa* will not undergo caesarean birth is high among women in Busoga. *Emumbwa* is also believed to enhance production of breast milk. Women go to the *Balerwa*, who are believed to change the position of the baby in the womb especially during the time when it is due for delivery. Repositioning of the foetus is called *'okutenga enda'*. The intention is to ensure that the child's head changes in the direction of the birth canal as the chances of survival of the baby are minimal when the child's legs first appear at delivery time.

Other reproductive health situations for women's access to traditional medicine relates to their sexuality.[309] Some women seek traditional medicine to enhance their sexual appeal. This includes taking herbal substances that make them more physically attractive to the men as these herbs make them grow big bums, enhance the size of the breasts - two of the agents that women believe are the most appealing to their sexual partners.[310] Female healers claim to have herbs that are effective in enhancing production of vaginal fluids that are necessary for enjoyment of sex. At the same time, other women go to healers to seek for solutions against excessive production of vaginal fluids during sex, which is believed to scare away their male sexual partners. Women use female healers' herbal solutions that enhance the tightening of the vagina.[311]

The practice of elongating (locally called 'pulling'-*okusika*) the labia minora is performed by female healers upon young girls at puberty stage. Mothers and Aunts ensure that girls are taken to these healers if they cannot do it by themselves to elongate the labia minora. The process of elongation is done with the application of herbs that are rubbed on the labia minora. The pulling of these sexual organs is believed to ignite more warmth (*eibuggumu*) in the vagina. Elongated labia minora enhances sexual stimulation of the woman as the man touches them during foreplay.All these reproductive and sexuality related conditions that push women to use traditional medicine are intended to please men, to ensure that men have a satisfying sex life. Women believe that enhancing satisfying sex to their husbands will stabilize their marriages.

[308]Interview with Kirangi Monica and Kakose Seforoza
[309]Interview with Safina Nabirye-Senga wa Busoga
[310]Ibid.
[311]Ibid.

Such health service needs have made female traditional healers to grow into a non-certified body of marriage and sex counsellors. Female clients feelthatfemale healers are the ultimate authority to the challenges of their marriage and sexuality.

However, a lot of changes have occurred which are occasioning the reduced role of healers in the reproductive health of women and girls in Busoga. Girls spend most of the time in boarding schools where they learn about sex and sexuality from peers, textbooks and the internet. There are biomedical drugs taken by women to achieve a sexually appealing look. Today's girls are more exposed to issues of sex and sexuality than the professional healers as they acquirea lot of information from the internet. Slowly, the influence of healers in women's reproductive issues is being reduced.

Women are faced with social challenges too. Female healers and their clients identified the following social challenges that can be treated using traditional medicine: Busoga being a polygamous society, especially in the rural settings, women are preoccupied with the idea of winning the husband's love. Traditional healers are known to provide love potions, also locally called *'obulezi bw'obwende'*.These are herbs that are mixed in the food and drinks given to the husbands.[312]Married women use herbs that make their husbands more submissive and love them unconditionally including in circumstances where they err. A woman who uses this medicine effectively upon her husband enjoys his absolute love as she becomes the defacto husband in the home, in terms of decision making. Consequently, thesaying '*omukazi yamulekamu gasala njira'* (*Translation: the wife bewitched her husband to the extent that he is left with only the reasonable ability to cross a road)*.The saying relates to the situation in which a woman uses these love potions upon her husband so effectively that the husband is no longer able to judge what is right or wrong, not only for himself but for his entire household, except with the wife's approval.It is therefore evident that women's use of traditional medicine relates with their reproductive role as women and need to secure themselves in a society where they are vulnerable to discrimination and exploitation. Now that it has been established that women more than men use traditional medicine, in the next section I will discuss the factors that make women in Busoga prefer traditional medicine to biomedicine.

5.9 Factors Influencing the Use of Traditional Medicine among Women in Busoga

Although biomedicine continues to be the formal healthcare system recognized by government, traditional healing practices remain popular among the population. Traditional healers are a

[312] Interview with Bitimbito Kabale, Budhagali Nabamba

major healthcare force to reckon with in the treatment of diseases and attending to the psychological challenges. In the presence of traditional healers, biomedical practice remains a luxury to a large section of the rural population in this society. Modern healthcare services are beyond the reach of most people due to their high cost. Moreover, the processes involved in seeking treatment from the modern medical practitioners puts off the rural people, especially women, who find public space intimidating.

However, the contribution of traditional healing practices in Busoga is immeasurable, especially to those who live in areas with less access to modern medical services. In the urban areas of Jinja district, public health facilities and private clinics are better staffed and accessible, thus women who enjoy somewhat higher incomes consult modern medical personnel before considering traditional practitioners. In contrast to the more distant and rural areas of Namutumba district, where modern healthcare facilities are ill equipped, women continue to rely on traditional medicine. Whereas the patient has to travel many kilometres away to see a modern medical doctor, traditional healers are always willing to come and treat the patient in his or her home. Traditional healers can stay at the patient's home for many days until there is considerable progress realized.[313] In Nakyere, where the diviner was performing healing rituals upon two brothers with erectile dysfunction, he stayed for a week in their home.[314] In the rural areas of Busoga, pregnant women who shun the *Balerwa* in favour of the distant modern medical doctors are frowned upon by other women. Domesticated women, who find it difficult to move away from their homes due to restrictions imposed on their movements, find it easy to deal with traditional healers since these can come and attend to their challenges while at home. The discrete nature with which traditional healing is practiced advantages women, who seek services of these healers without the knowledge of their husbands. Women face feminine social challenges, which they would want to solve without their husbands getting to know. Female clients interviewed, for example, reported that they have visited traditional healers without the knowledge of their husbands.[315] Such issues include the search for love potions and ensuring that they are the husband's favourite wife. Such issues endear traditional healers to women in their localities.

The costs of services of traditional healers are low. Consultation fees also called *'akavundha ensiko'* in the case of herbalists and bone setters or *'ebigali'* in the case of diviners,

[313] Kabaale Bitimbito
[314] Female client in Nakyere-Kibbale
[315] Female client in Kibbale-Nakyere

is within the reach of the poor. Women, especially in the rural areas of Namutumba district, are poor and cannot afford the high consultation fees charged in modern healthcare facilities. One female client stated the following:

> *Nze ndha kufiira ku basawo baiffe bano ab'emiti, kuba ti ba bbeeyi, ate osasula dhobanadho dhonadhona. Ate nga era n'obulezi bwaibwe obwo bukolera ilara kubizibu byaife* (translated: As for me, I will stick with our traditional healers, the herbalists because they are not expensive, and they accept any amount of money that the client has come with. Yet the medicine they give is also very effective in treating our problems.[316]

The above client's perception regarding preference of traditional medicine brings to light several issues. Firstly, the unquestionable allegiance that local women, have towards traditional healers. The perception of willingness to die rather than surrender their belief in traditional medicine attests to the unrivalled use of traditional medicine even under conditions that may clearly be dangerous or without proof of effectiveness. Secondly, the reliance on traditional medicine is a result of friendly terms of payment, which is not the case with biomedical doctors.Services of traditional birth attendants are completely free of charge. The *Balerwa* take pride in helping women to give birth. *'Akasiimo'* given to these *Balerwa* is not compulsory but a form of gift to express gratitude for work well done. It is not demanded by the *Mulerwa*, though people find it necessary to provide the *Mulerwa* with some gift. The *Akasiimo* can be given many months after delivery. Sometimes, the *Balerwa* are rewarded by being given places of honour and recognition during celebrations of the child's major milestones in life.[317]

For the traditional bone setters, apart from the *'akavundha ensiko'*, payment for the service is not predetermined but paid after the client has completely been healed. Kassan Ddamba, a bone setter, does not want to refer to this as 'payment' but 'a gesture of appreciation' from his clients.[318] Traditional healers who have become so through inheritance and are in charge of their clan's traditional medicine knowledge, are discouraged from charging fellow clansmen any money, except for the materials, articles and objects that may be required in the healing rituals. A diviner of the *Baise Igaga* clan at Bulagala village shared his experience concerning charges as follows:

> I am not expected to charge any money from members of the Baise Igaga clan because these are their ancestral spirits that picked me to be their medium and custodian of these healing shrines. I was installed in this position not to make money but to ensure that the

[316] Kagoya Sarah
[317] Edisa Namwase, 70 years- helped by a Mulerwa to give birth to five of her ten children in Namutumba district
[318] Kassan Ddamba-bone setter in Bubago-Namutumba district

> will of the ancestral spirits is fulfilled among members of this clan and that I can protect them against any sicknesses and social challenges that may come in this society. Whoever comes here to consult the spirits puts any amount of money in this basket, and s/he will obtain a favour from the spirits.[319]

The views expressed by the diviner point to the belief that traditional healing is more of a free service to the community and not one that should bring monetary benefits to the healer. Traditional healing is not to be established as a business to make profits. Principles for payment or appreciation are embedded in the overall principles that establish traditional healing traditions. The healer's views also point to an ideology that healing is a right to those members of that society, who should not be deprived of the service through prohibitive charges. Healing is provided to society members through a 'servant' whom the spirits have chosen. Regarding this 'servant', the healer is not to promote his/her interests but those of the members. The spirits and the healer derive satisfaction from healing the sick rather than the payment made to them. The little money paid by the clients (*ebigali*) is simply a sign of collective responsibility by society members to maintain the healer and healing centre.

As a result, the direct relationship that traditional medicine has with people's cultural traditions is what sways many people. Despite the availability of modern medical services and higher income in urban areas, people still consult traditional practitioners for services that modern medical personnel do not offer. Some scholars note that indigenous women prefer to be taken care of by traditional midwives, and not just because of difficult geographic or economic access to the modern approach but due to cultural attachment (Chelala, 2009). Where modern hospitals resort to blood transfusion for pregnant women with anaemia, for example, traditional healers have a traditional medicine for a blood boost and therefore, a safe delivery without incurring the financial expenses of biomedicine based facilities (Alexander, 2012:31). Kassan Ddamba, the bone setter who lives in Bubago village, some 30 kilometres away from Iganga hospital, proudly talks of how clients with fractured bones leave Iganga hospital to seek alternative traditional treatment from him. In his words:

> I am well known in the greater Iganga district. Patients come to this home from far and wide for my services. Some leave the orthopaedic unit at Iganga hospital and come here for treatment. Sometimes the doctors at Iganga hospital direct them here whenever they receive a very complicated case. In some cases, clients come here in big vehicles and take me to attend to their patients at Iganga hospital. Patients have left this home smiling and you cannot believe that some are brought here with compound fractures, but after four to

[319] Patrick Wairagala Mandwa-Bulagala village

> seven days they begin recovering steadily. This is because I have been tested for a long time and people believe in my ability to set fractured bones using the medicine that was incised in my hands.[320]

The bonesetter's arguments reveal his reputation in treatment of the sick, which has been built over a long period of time. Traditional healers who are reputable are more trustedby the people. The healers have made society believe that there are no illnesses that they are incapable of healing. Modern health workers' faith in traditional medicine has built confidence among the local populace that traditional medicine is effective. This bone setter's argument that his healing is effective, since orthopaedists from Iganga hospital refer some people to him, is shared by another herbalist Nabirye Kawuma of Bugembe.Bamidele (2010:6), who was studying traditional healers in Tiv of Nigeria points to the unquestionable belief system in African societies which drive society members to hold beliefs of incomparable effectiveness of traditional medicine. These beliefs are strengthened by the scepticism of the local people about the effectiveness of biomedical practices. However, the positive results that come with using traditional medicine instils pride among the African people, who now argue that biomedical practitioners should be coming to them to learn effective ways of treating the sick and afflicted.

Women's preference of traditional healers is driven by the cultural socialization that women go through. Women are socialized not to expose their nakedness to men who are not their husbands. They express their fear of being attended to by male doctors when they visit the modern hospitals. I have already stated in the earlier sections of this chapter that healers in Busoga have assistants of either sex who perform ritual bath upon clients of the same sex. This has made some women prefer traditional medicine to biomedicine. Women are shy being examined by male doctors in hospitals, especially gynaecologists. A woman who had been assisted by a *Mulerwa* commented in the following words:

> *Nze tyenda kunzanhilaku, abo abasawo ate nga basadha b'omumalwaliro amanene bagya bakugemagema, ate abandi baba na baana bato* (translated: for me I do not want somebody to play with my body, those male doctors in the big modern hospitals touch your body anyhow, and in most cases, these are young doctors).[321]

Traditional healers tend to abide by the customs and norms of the society in which they operate. Traditional healers undertake not to offend both individual and group norms of their clients. The statement made by the female client above, for example, expressesdissatisfaction with

[320] Kassan Ddamba-Bone setter
[321] Juliet Nabogho, mother who prefers TBA to biomedical doctors-Namutumba district

biomedical practices that do not appreciate the norms of the sick and their communities. In traditional medicine, for cases that involve touching of the client, including body cleansing (*okwambulula*), a healer assistant of the same sex as the client undertakes to do this. As discussed earlier in this chapter, the age of the healer is a determining factor for the choice of services of a traditional healer. The older the healer, the more trusted he/she becomes. Young age is associated with being playful and female clients are never comfortable being attended to by young doctors in modern hospitals.

Some women detest biomedicine, not only because it is expensive or faraway, but simply because they trust traditional medicine. Pregnant mothers who reside near modern dispensaries, for example, may prefer *balerwa* to modern hospitals. This is because culturally, they have always been treated by the *Balerwa*. Traditional medicine is thought to be effective in ensuring safe delivery of children. The drinking of '*emumbwa'*, a cocktail of medicine mixed with soil, is used by expectant mothers of all status. Traditional healers are proud of the effectiveness of this medicine. Ssonga wa Busoga, a traditional birth attendant said of this '*emumbwa'* for expectant mothers:

> *Eyo emumbwa yange, ezira mukazi aginwaku n'alemererwa kuzaala bulungi. Emumbwa ni kamala byona byona eri omukazi agya mu lutalo lw'okuzaala* (translated: this *emumbwa* is a very powerful medicine, no expectant woman uses it and fails to have safe delivery of her child. This medicine is the ultimate solution to all women about to experience labour pains).[322]

Local women also prefer traditional midwives to modern-day gynaecologists because the *Balerwa* follow the traditional modality for delivery, with distinct and well-defined rites and procedures that are part of the cultural heritage of the communities where they live. Nelms and Gorski (2006:184) contend that female healers and their clients usually share the same history and culture. Furthermore, the argument that marginalised and underserved populations tend to connect more powerfully with social institutions that provide them with a sense of belonging seems to have overwhelming influence upon this relationship between practitioners and users of traditional healing systems in Busoga (Learmonth et.al, 2015:2).

Traditional healers provide healing within the cultural confines of the clients. They usually attend to people from their societies. It is very rare to find a non-Musoga healer practising traditional healing among the Basoga. The fact that these healers are conscious of the cultural norms and values of their clients endears them to each other. This has proven to be the

[322] Traditional Birth Attendants and Herbalist located at Bugembe in Jinja

case in many indigenous communities all over the globe. Chelala's (2009) study among the Andean women in America reveals that rural and indigenous women are reluctant to deliver in a modern hospital if the doctor/healer is a man, if the process is not carried out at home, and if it is to be carried out in the horizontal position. Among women in these communities there is the widespread belief that the best position for delivering babies is the vertical position, or kneeling. Traditional birth attendants provide expectant mothers with the courage to endure labour pains, which is a rarity in the modern hospitals.[323] Using the grinding plate *(enso),* a *Mulerwa* soothes the backbone of the woman with labour pains with the following words:

> *Ogume, oyaba kwisuuka mukali, obbe nakazaire owekika kya ibagho. Ogume ng'omukali. Osindike, osindike, ogume makali* (translated: be strong and brave like a woman, you are going to be a celebrated mother, the mother of a multitude for the clan of your husband, be strong and brave like a woman. Push, push, be strong and brave like a woman).[324]

The above quotation does not simply contain words of encouragement, but they point to the immeasurable status of a mother and woman in not only her own society but worldwide. These words can only be spoken amonst women who share common ideologies. To illustrate further, among many African societies, a pregnant woman may move to the traditional birth attendant one week or so before delivery, and even earlier whenever there is any complication, and thus they stay with the attendant until delivery and post-natal care training. This process therefore implies not only care, but also the comprehension of care, which often nullifies the non-comprehension aspects of modern health dispensaries (Alexander, 2012:32). Similar reasons are shared by Titaley et.al (2010) among traditional and rural Indonesian communities, where they believe that traditional birth attendants are trusted as they follow their traditions; they share the same culture, and are long-serving members of the community. A study on the preference of using traditional healers for cervical cancer screening and treatment among Xhosa women in South Africa reveals that traditional healers' explanations and treatments of medical complaints also tend to resonate more powerfully with individuals' belief systems (Learmonth et.al, 2015:2).

Some sicknesses and challenges are believed to be spiritual in nature and require spiritual diagnosis and treatment. Such cases, it is often thought, cannot be handled by biomedical practitioners. Spirit possession that leads to loss of peace, winning a man's love, ensuring good harvests, or protecting one's home – *okuchinga,* cannot be realized using biomedical drugs but

[323] Kakose Seforoza-traditional birth attendant
[324] Kirangi –Traditional birth Attendants. The local dialect quoted here differs from the one before, as this particular one is a Kisoga dialect called Lupakooyo as opposed to Lutenga I have used in various situations before.

rather application of traditional means of healing. The need to seek solutions to recover their lost animals and stolen property necessitates purely spiritual mechanisms. Nfuddu of Makenke in Jinja is proud of having powerful traditional medicinal power that he uses to recover stolen property, compelling them to bring it back to the rightful owner with utmost humility.[325]In contrast to the western world, such ideology does not make sense because they have developed modern mechanisms to protect private property and observance of law and order through the police. However, even where these institutions are in existence in traditional African societies, they are either weak or corruptible, which deters the locals from trusting them. The locals then develop faith in *okuchinga* because the spiritual power is incorruptible and effective.

Belief in traditional medicine relating to spiritual powers provides psychological peace. Because of the spiritual realities that people attach to diseases, visiting traditional healers even for known illnesses becomes the norm. Nabamba Budhagali, a traditional healer, explained that biomedical services are not comprehensive because they cannot attend to all the health needs that define African people. In his own words:

> For me I can give fertility blessings to a couple so that they produce children. If one is poor and he comes here at my healing palace (*embuga*), he can become rich. Those biomedical doctors cannot tame evil spirits that destabilize the health and well-being of our people, but that can be ably handled here with consultation of my spirits. If one comes to this palace and asks anything to be given by the spirits, it will be done, including having a long life.[326]

The strong belief of the Basoga that bad health is caused by angered ancestral spirits explains the fact that consultation of traditional healers is considered an effective intervention in times of sickness and misfortune. Failure of biomedical interventions to effectively cure social and psychological sickness brings loss of faith among the population, and leads them to believe that the cause is supernatural and therefore requiring spiritual intervention. A female client interviewed explained how her husband and brother-in-law were suffering from erectile dysfunction and that it was impossible for them to have sexual relations, but the condition persisted even with frequent visits to modern hospitals. In her explanation, when they visited a female diviner, who performed some health rituals upon her husband and his brother, they became sexually active again.[327]

[325] Nfuddu-Kimaka of Jinja
[326] Nabamba Budhagali
[327] Client visited in Kibbale-Nakyere

Many conditions that cannot be explained by modern medical doctors are ultimately handled by traditional healers. Traditional healers like Bitimbito Kabaale, Nabamba Budhagali and Ssenga wa Busoga express pride in traditional medicine because qualified medical doctors visit them for conditions they experience but which are inadequately explained by modern medicine.[328]

One can conclude that most of the people in Busogaprefer traditional medicine to biomedicine. This is because these traditional medicinal practitioners are accessible, affordable, culturally appropriate and acceptable, explaining illness in terms that are familiar because they are part of the local belief systems in which the practitioner and the patient are culturally bound, and the practitioner has a personal interest and stake in the patient (Kazembe, 2008:38; Mapadimeng, 2009:15; Truter, 2007:59; Alexander, 2012:32).

5.10 Conclusion

Traditional healing is practised within the urban-rural dichotomy. Depending on where one is positioned, traditional healers combine the healing practice with other income generating activities to meet the economic demands of their households. Gender role differentiation is apparently evident with female healers predominantly handling domestic concerns regarding health while male healers preoccupy themselves with handling those cases that ensure personal security at the workplace, political leadership and amassing material wealth. In other words, traditional medicine aimed at restoration of harmony in the private sphere is the concern of female healers. Traditional medicine aimed at restoration of balance in the public sphere is the preoccupation of male healers.

Gender is a transgressing phenomenon that affects and influences various processes within communities, thus traditional healing knowledge is not devoid of the gender influence. Traditional healing knowledge is acquired, owned and controlled along the gender divide. Whereas male traditional healers pass on the healing knowledge to male children and members of the community, the female traditional healers on the other hand pass on their knowledge to female children. Male and female children are socialized into acquiring healing knowledge that protects and reinforces masculinity and femininity. For female traditional healers, the gendered knowledge is a source of social power that redirects society, addressing women's health needs, specifically reproductive health concerns.

The healing tradition requires both physical and spiritual purity for the healing to be effective. A healer who is in a position of impurity is not supposed to perform healing practice

[328]Interviews with Ssenga wa Busoga, Nabamba Budhagali, Bitimbito

because impurity negates the efficacy of the medicine. Women experiencing biological body changes are not only restricted from practising healing but are also not allowed to collect and process herbal medicine, neither are they allowed to come within the confines of the healing places. In such situations, women's access and practice of healing is denied unlike the male traditional healer whose practice has no restrictions. As marriage is one of the institutions for personal fulfilment and attainment of personhood in traditional societies, women diviners are restricted from marriage by the spirits. The women diviners instead get married to spirits. The women diviners are saved the subordination of women that prevails in the marriage institution, for which not getting married is a sign of empowerment and liberation from the hindrances that subjugate women's autonomy and agency.

In performing healing, traditional healers use objects and articles which are also gendered besides being symbols of power structure in the healing practice. Ultimately, the objects and articles espouse masculinity and femininity that is strongly rooted in patriarchy. It is evident that women dominate divination where they act as mediums for spirits. In other words, women diviners are a communication channel that links the physical and the spiritual world in terms of understanding and interpreting messages. The dominance of women diviners in traditional healing practices helps to illuminate the visibility of women in healing practices. Visibility is a struggle that women in traditional healing practices continue to face. The participation and involvement of women in traditional healing is constrained by gender roles and a lack of access to mobility in terms of moving to distant places to acquire herbs. Women end up accessing these herbs from their male counterparts. Much as commercialisation of herbal medicine has led to improved packaging and marketing of herbal products, women's voices and influence is hardly recognised by the protagonists of the commercial networks.

CHAPTER SIX

GENERAL CONCLUSION

Traditional healing in Busoga has been in existence since time immemorial. And it continues to be a major force in meeting the healthcare needs of the local people. Even with the introduction of modern healthcare, traditional healing continues to be a practised among the modern people but operating on the principles that have been handed down from one generation to another. It evolves to meet the needs of each generation. Popper (2009) has argued that traditional healing is not an archaic or exotic phenomenon isolated from historical, economic or global processes but rather a reflection of social discourse sensitive to fluctuations and contradictions. The ideology of health and well-being, for example, has evolved to the extent that sickness goes beyond society's perception of illness to include poor feeding, nutrition deficiency, poor sanitation and others. Traditional healing is therefore evolving as it transforms to match the health needs and lifestyle of each generation. Among the social discourses is gender construction, which undoubtedly influences the healthcare system. Gender structures our socio-cultural environment differently, where women and men are constructed and positioned differently in the social, cultural, religious, and political economic structures of their societies. This imposes gender needs, identities, roles and realities. When men and women fail to meet their gender identity needs, they run to traditional healers for consultation.

One of the institutions in which gender needs, identities, and roles occur quite differently for women and men is the healthcare system of any society. The ideology regarding well-being and health differs along the gender divide. For example, land and a paying job determine the health and well-being of men in Busoga society, whereas these have no significant direct effect on the well-being of women in the same society. For women, their well-being and health is determined by their ability to meet their societal function, especially the fulfilment of their reproductive roles, which society cannot do without. Ironically, these gender differences between women and men in the determination of health and wellbeing serve to promote the functionality of society. When there are roadblocks for women and men to function as such, a need arises to restore this functionality. Individual men and women recognise the centrality of traditional healing as a system that restores this functionality. There are two categories of people who visit the healers; these are patients and general clients. The patients are women and men who are suffering from physiological/biological conditions whose treatment and cure need both herbal

and spiritual mechanism. Not all those who need the services of healers have biological imbalances in their body but could have psychosocial challenges in life and spiritual disturbances necessitating the intervention of a traditional healer. Women and men are clients and patients as well as providers of traditional medicine whether as lay or professional healers.

Traditional healing and the healers are part and parcel of the cultural traditions of the society of Busoga. Healers are agents of preservation and transformation of the Basoga's ideologies on health and well-being. They are indeed the custodians of a traditional healing heritage that the Basoga have kept for centuries to date. Women occupy a very special position in the preservation of this heritage as lay custodians of traditional medicinal knowledge and as professional healers appointed by the spiritual realm of their families. Traditional healing is one of those traditions among the Basoga that is central to the perpetuation of gendered ideologies and maintenance of the social position of women and men. Unfortunately, these gendered ideologies serve to promote the health and wellbeing of men while undermining that of women. Like any other area of resource control, access, ownership, reward and rights; where women find themselves being marginalized, traditional healing practices provide another locus in which women experience exclusion and marginalization in more serious ways. The exclusion and marginalization of women in traditional healing imposes precarious consequences on the health needs of women and their well-being and consequently on entire households, given the fact that the well-being of households in traditional communities is contingent upon women. The exclusion and marginalization is through the taboo system and ritualistic healing which is largely discriminative against women. This study recommends the elimination of such discriminative health taboo system and ritual in healing. In this way women and men will attain equal chances in access to and participation in the health systems of their societies.

Traditional medicine continues to be influenced by so many changes including globalisation and cross-cultural interactions. In the traditional healing tradition of Busoga, women have the responsibility to take care of the sick at home and at the healing centres (*Amasabo*). However, these gender roles are increasingly changing. With modern trends and a monetary economy ensuing in all parts of Uganda, Busoga inclusive, the women have been freed to perform other income generating tasks rather than caring for the sick. There are now companies, with mostly male employees that offer special attention to the sick in hospitals for a pay. Men's entry into a traditionally known female role is due to the money involved. The monetization and commercialisation of healing in Busoga has ensured that women as providers

and clients in traditional healing move to the periphery. Globalization with its monetary preoccupation has made the previously almost free services of healers become monetized. Female clients with no stable income in a society where women are still constrained from ownership of means of production, find themselves in a situation where they cannot afford the healing services in their own community. Commercialisation has come along with bad practices ushered in by mainly male charlatans. These include raping of female clients and human sacrifice. All these have led to increased loss of confidence among traditional healers.

It is therefore important that the government speeds up the bill that will regulate traditional healers in the country, with a body mandated to recognise and certify traditional healers for purposes of weeding out quacks. This is because the self-regulatory associations remain largely weak, subjective and operating on opinionated frameworks rather than the law. In this bill, ethical practices of how to handle female clients in healing centres should be clearly spelt out so that women do not experience subtle discrimination in access to healthcare provision offered by these healers.

Commercialisation is breeding competition, which ultimately favours male healers, as they have access to resources. Generally, there are no patent rights in traditional healing practices and so when female healers come up with an effective cure, the men who have access to resources hijack such practices and knowledge. There is a need to establish mechanisms that allow patenting of traditional medicinal knowledge. The problem though is that women innovators and owners of such traditional medicinal knowledge may still be pushed to the margins of the trade as they are hoodwinked by the powerfully entrenched resourceful men who buy out those patent rights at miserable values.

Traditional healers need to adopt modern technologies of diagnosis and treatment while preserving healing principles. For physiological diseases, healers are now employing laboratory technicians to reach a scientific conclusion about disease. This therefore calls for concerted efforts to ensure that traditional knowledge on medicine is tapped so that a comprehensive healthcare system that embraces both the traditional ideologies and modern principles of medicine are fused to obtain a hybrid that will be acceptable, effective but at the same time not injuring the cultural principles of the people. This hybrid healthcare regime should embrace modern technologies of diagnosis, processing of drugs that are hygienic and validated as effective in treatment of specific illnesses. At the same time this hybrid healthcare regime should take interest in studying the spiritual analysis of disease and sickness, which is apparently absent

in modern healthcare. Taking the cultural principles upon which locals seek treatment with traditional healers will be important in understanding health seeking behaviours of a society which values gender differences. I am inclined to the proposition of Waldron (2010) who argues that in situations where traditional healing has something to offer in meeting the healthcare needs of the local people but with the untameable surge of already validated modern medicine there is need for a healthcare syncretism.

There are many aspects of traditional healing in a way that if syncretism is to be allowed, modern medical practice can learn from. The fact that a modern medical practitioner is deficient is his/her approach of patients; traditional healing practice offers the holistic approach that can transform healthcare service delivery. Modern healthcare can therefore adopt this holistic approach so that consideration of a patient's body, spirit and soul can be born in mind by the medical personnel when offering treatment. The modern medical doctor will therefore be required to not only look at the bodily ailment of the patient but also diagnose and analyse the social and spiritual state of the patient.

The modern medical doctor should transcend the boundaries of the hospital or diagnostic laboratory and move to the community of the patient to analyse the socio-economic, cultural and spiritual realm in which the patients and their community operate. Though it will require a change of the mindset of a modern medical doctor, but considering the social, physical, economic and spiritual aspects of patients during diagnosis and treatment will serve to promote modern healthcare system while making it acceptable to the local people since the local people would feel ‘well attended’ to from their cultural perspective. For example, modern medical practice ought to adopt the cherished cultural-gender ideology of healing among the Basoga where age and sex are determinants as to who will attend to a patient/client. This does not mean that modern medical practice should take on all the cultural principles esteemed by the African traditional people. They should adopt the good ones while discarding those that seem retrogressive and without much bearing on the efficacy of the medicine being provided.

On the other hand, traditional healers need to acknowledge that there are weaknesses within their healing approaches which need to be either eliminated or improved to ensure efficacy. The medicinal values of the herbs need to be ascertained and certified for the particular sicknesses. Traditional healers need to be trained in basic composition of the body and its functioning so that it can reduce on the time taken applying different herbs in a trial and error method. African traditional healers have to accept the criticisms labelled against them rather than

dismissing them out rightly as absolute attack by the white supremacists. The spiritual experiences have to be explained on how they contribute to disease causation and cessation in a way that an outsider can understand rather than hiding in superstitious frameworks which cannot be proved by science. Since there is no contestation over the value of these healing traditions, there is need to document them for posterity. This should be the case especially the spiritual experiences of disease causation, symptoms and cessation. I am of the view that these spiritual experiences should be accepted as part of the hybrid healthcare system even though it is importance will be to achieve a psychological state of balance of the patient and his/her family to give time to apply tested biomedical interventions. This will restore the confidence of people in traditional healing as it will turn into a respectable profession devoid of charlatans and quacks. The level of efficacy of these healing traditions and frameworks under which they operate needs to be documented for not only the future but also for society to be in to operate in a hybrid healthcare system.

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APPENDICES

Appendix I: INTERVIEW GUIDE

Targeted Respondents:

1. Female and Male Traditional Healers
2. Selected leaders of Traditional Healers
3. Male and Female Users of Traditional Healing Practices
4. Elders in society
5. Anybody who will be identified to have good knowledge about traditional healing among the Basoga

Purpose of the Study: Introducing the study to the respondent by explaining what it is all about and seeking permission to share his/her knowledge with the researcher on traditional healing practices in his/her society

Recording: Researcher uses an audio recorder (with permission from the respondent) to record the interview; will also be able to take notes on paper as the interview progresses. Researcher takes some photographs of relevant objects with permission from the respondent.

Section A: Background Information of the Respondent

1. Name:
2. Occupation:
3. Gender:
4. Age:
5. Marital Status:
6. District:
7. Healer or User of Traditional Healing:
8. If Healer, what type/category of traditional healing do you practice? Do you belong to any traditional healing practitioner organisation? If yes, which one?
9. What is your Status in Traditional healing practitioner's Organisation?
10. For Users of Traditional Healing medicine: Have you ever used any form of traditional healing practice/medicine in your life? For what purpose did you use the traditional medicine?

Section B: Busoga society ideology on Traditional Healing Practices

1. What constituted traditional healing practices during the pre-colonial era in your society?
2. How did the social, cultural, religious and political life affect/influence traditional healing in your society?
3. Mention artifacts used in traditional healing practices and their implications/meaning in the healing process. Do these vary between female and male healers?
4. What kind of conditions/sicknesses/circumstances did traditional healing tackle?
5. How did the people of Busoga Interpret and relate to life changes regarding traditional healing systems? E.g. poverty, death, infertility, accidents, sicknesses, marital issues etc.
6. What is the status of traditional healing and traditional healers in Busoga society? Are they respectable and why?
7. What is the power behind traditional healing?

8. Explain the Busoga society interpretation on well-being/ill-being? Is this the same or different between women and men?
9. How does one become a traditional healer in Busoga?
10. How did your society develop its traditional healing practices?
11. Is there any connection of your traditional healing practices with the traditional culture of your society? If yes, explain?
12. What was the relationship between traditional healing practices and the cultural systems of your society?
13. How are men and women involved in traditional healing (practices) in your society?
14. What are some of the common traditional healing practices in your society? Were both women and men allowed to engage in traditional healing practices as providers and users of traditional medicine? If yes, how?
15. Are there any restrictions against women involvement in traditional medicine before the coming of Europeans in your society? Explain
16. What are the specific roles of women/men in these healing practices? Does your cultural system permit women to be providers of traditional medicine? If yes, which ones and under what conditions/regulations were they permitted?

Section C: Effects of Foreign Influences on gender relations in Traditional Healing practices in Busoga

1. Is there any way in which the colonial masters interfered with the traditional healing practices in your society? If yes, how and why? How did this affect women and men as providers and users of traditional medicine in your society?
2. Who were the winners and losers of these policies?
3. Mention/Explain any regulations that existed to guide provision, utilization, and access to traditional healing before the coming of Europeans. How did these regulations change with the interface of Europeans in your society?
4. Are there circumstances where and when these regulations tended to exclude either men or women from practice and utilization of traditional medicine?
5. Are there some traditional healing practices that were eroded with the coming of Europeans in your society? If yes, which ones? How did this affect women and men as healers and users of traditional medicine?
6. Are there any gender considerations/perspectives associated with these healing practices before the coming of Europeans in your society? If yes which ones?

Section D: Gender roles in Traditional Healing Practices in Busoga

1. Are there any defined entitlements, responsibilities and benefits to women and men in traditional medical practices? If so, how do they differ between those of women and for men?
2. What kind of knowledge do women and men hold about traditional healing in your society?
3. Identify any taboos that are associated with access and utilization of traditional healing to both men and women.
4. How do women and men healers differ or relate in their performance of duties in their societies?
5. What processes are involved for women and men becoming traditional healers? Are these different for men and women? If so why? What are some of the requirements for one to become/be recognised as a traditional healer in your society?

6. What are the gender differences in practitioners, symptoms, diagnoses, and treatments, and access to traditional healers?
7. What are the characteristics of female healers in your society? What categories of healing practices do they engage in and why is it like that?
8. What are the characteristics of male healers in your society? What categories of healing practices do they engage in and why was it like that?
9. What are some of the specific roles of women/men in traditional healing? What factors/circumstances influence these roles for both women and men?
10. Mention any traditional healing practices that are engaged in specifically by either women or men? And why was it like that?
11. Mention any restrictions that are imposed on women/men in traditional healing practices
12. Mention some of the sicknesses that are healed by traditional medicine in your society. Is there specific traditional medicine for either women or men?

Section E: Gender and Access to traditional healing practices in Busoga

1. Who provides what kind of traditional healing? What kinds of tools/articles are used by women and men healers?
2. Who had more access to traditional healing/healers? And why was this like that? For what purposes do men and women visit/utilize traditional healing?
3. What are the costs associated with engaging in provision/utilization of traditional healing practices? How do these costs affect women and men in provision and utilization of traditional healing?
4. Identify the constraints that women as providers and users of traditional healing go through
5. Identify the constraints that men go through as providers and users of traditional healing practices
6. Factors that enhanced access to traditional healing practices; are there any special factors that worked for either women or men in this regard?
7. Are there any circumstances when women would find it difficult to utilize traditional healing practices? And if so, why?
8. For what sicknesses/conditions/circumstances do women visit/utilize traditional healing practices?
9. For what sicknesses/conditions/circumstances do men visit/utilize traditional healing practices?

Appendix II: OBSERVATION GUIDE

Researcher observes and participates in the following during the study: Analysis should be centred on relationship between women and men, women and women as well as men and men in these issues mentioned below

1. Traditional healing ceremonies
2. Healing places/shrines
3. Artifacts/Articles used by healers
4. Process of traditional healing
5. Behaviours of and interactions between the practitioners and users of traditional healing
6. Traditional healing medicines
7. Any other relevant issue identified

Appendix III: LIST OF PEOPLE INTERVIEWED

S/N	NAME	AGE	SEX	TITLE	INTERVIEW DATE(S)	PLACE OF INTERVIEW
1	Annet Wambuzi	47yrs	F	Client	23-06-2015	Buwenge
2	Baligeya Isabirye	52yrs	M	Herbalist	14-04-2015	Bukonte
3	Banuri Wairagala	45yrs	M	Herbalist	17-05-2015	Bukonte
4	Eyazika Isabirye	57yrs	M	Herbalist	20-04-2015	Buyanga
5	Female (declined to disclose name)	Declined to disclose her age details-Approx-45yrs	F	Client	20-04-2015	Nakyere
6	Fr. Gonza Kayaga	52yrs	M	Director, Jinja Cultural Research center	16-04-2015 07-06-2017	Jinja Municipality
7	Isabirye Rashid	53yrs	M	Healer/Local leader	20-04-2015	Bulagala
8	Kabaale Bitimbito	71yrs	M	Diviner	20-04-2015	Nawaibete
9	Kibalya Mandwa	65yrs	M	Diviner	20-04-2015	Napochopocho
10	Kagoya Sarah	53yrs	F	Client	16-05-2015	Isegero
11	Kakaire Balimwikungu	72yrs	M	Client	11-04-2015 29-05-2017	Mpande
12	Kakose Seforoza	80yrs	F	TBA	14-04-2015 16-05-2015 19-06-2015	Bulagala
13	Kassan Ddamba	78yrs	M	Bonesetter	19-04-2015	Bubago

14	Katende Kibenge	82yrs	M	Elder	9-04-2015 22-06-2015	Bulagala
15	Katuramu Ausi	60yrs	M	Lecturer	20-06-2015	Kyambogo
16	Kawanguzi Dan	40yrs	M	Chief's Special Advisor/client	02-08-2016 14-06-2017	Kampala
17	Kawuma Safina Nabirye	54yrs	F	Herbalist/TBA	11-06-2015 05-06-2017	Bugembe
18	Kirangi Monica	80yrs	F	TBA	14-04-2015 16-05-2015 19-06-2015	Bulagala
19	Kirya Wairagala	42yrs	M	client	20-04-2015	Nawaikona
20	Koowa	49yrs	M	Bonesetter	28-04-2015	Bulagala
21	Lameka Isiko	100yrs (approximate)	M	Elder/client	23-05-2015	Bulagala
22	Lukowe Kiira	Approx' 75yrs	F	Diviner	15-04-2015 16-04-2015	Budhagali/ Budondo
23	Lukowe Robinah	67yrs	F	Diviner	20-04-2015	Bulange
24	Mpadwa Lukowe	73yrs	F	Diviner	16-04-2015	Nakawunzo
25	Mpala Robert	38yrs	M	Client	13-06-2016	Kisaasi
26	Nabamba Budhagali	90yrs. (approximate)	M	Chief Diviner	15-04-2015 16-04-2015 08-06-2017	Budhagali/ Budondo
27	Nabirye Madina	26yrs	F	Diviner	11-06-2015	Bugembe
28	Nabogho Daniel	46yrs	M	Head teacher/client	26-06-2015 02-08-2016	Bukonte
29	Nabogho Juliet	34yrs	F	Client of TBA	28-06-2015	Magada
30	Nalongo	52yrs	F	Diviner/Medium	15-04-2015	Budhagali/

	Budhagali				16-04-2015	Budondo
31	Namuwaya Harina	20yrs	F	Diviner/Medium	22-04-2015	Masese
32	Namwase Edisa	70yrs	F	client	22-04-2015	Bulagala
33	Nankunda George	50yrs	M	Key informant/ Lecturer	14-10-2015	Kyambogo
34	Nfuddu Isabirye	72yrs	M	Diviner	08-08-2015 10-06-2017	Kimaka
35	Samanya Hussein	52yrs	M	Koranic Healer	19-07-2015	Mafubira
36	Torofina Bitali	62yrs	F	TBA	04-04-2015	Nawangoba
37	Ali Wairagala	68yrs	M	Client	22-06-2015 08-08-2015	Bugembe
38	Patrick Wairagala Mandwa	58yrs	M	Diviner	18-04-2015 28-04-2015	Bulagala
39	Yasin Nabogho	44yrs	M	Client	30-04-2015	Bulagala

SAMENVATTING

Volgens de Wereldgezondheidsorganisatie (WHO)zijn traditionele geneeswijzen in een groot deel van de wereld de geprefereerde vorm van geneeskunst. Dit geldt ook voor Sub-Sahara Afrika. In Busoga, een van de grootste koninkrijgen in Oeganda, nemen traditionele geneeswijzen een belangrijk plaats in binnen de maatschappij. Gebruikmakend van de benadering van "ethnomedicine" (Kleinman 1980), bestudeer ik in dit proefschrift hoe de Basoga ziekte en genezing benaderen en interpreteren en hoe traditionele geneeswijzen zich verhouden tot de socio-culturele, economische, religieuze en politieke context van Busoga. Voor de Basoga gaat genezing niet alleen over het herstellen van iemands gezondheid, maar ook over het bewaken van de harmonie tussen de gemeenschap en de voorouders. Ziekte reikt dus verder dan de fysiologische conditie van een individu en duidt ook op een verstoorde relatie tussen de gemeenschap en het bovennatuurlijke; een relatie die hersteld moet worden.

Net als binnen de bredere maatschappelijke context van Busoga, spelen gender relaties een belangrijke rol in traditionele geneeswijzen. De manier waarop geneeskunst beoefend wordt, zorgt dat bepaalde machtsrelaties tussen mannen en vrouwen in stand worden gehouden. In de verschillende genezingspraktijken die bestaan, wordt op verschillende manieren een genderonderscheid aangebracht. Zo zijn er regels (en taboes) die bepalen dat vrouwen of mannen in bepaalde praktijken wel of niet, of slechts deels of tijdelijk deel mogen nemen. De rol van vrouwelijke genezers verschilt niet alleen per gemeenschap, maar is ook sterk afhankelijk van of zij zich in de stad of op het plattenland bevindt. Genderverschillen wat betreft de kennis van traditionele geneeswijzen hebben te maken met de verschillende maatschappelijke functies van mannen en vrouwen. Deze rolverdeling bepaalt ook de verschillende verwachtingen die mannen en vrouwen hebben van traditionele geneeswijzen.

Het maakt niet uit of iemand arm of rijk is, in de stad of op het plattenland woont, geschoold of analfabeet is, man of vrouw is: alle sociaaleconomische klassen maken gebruik van traditionele geneeswijzen. Wel is de mate waarin iemand toegang heeft tot traditionele geneeswijzen klasse- en gender-afhankelijk. Een verklaring voor de populariteit van traditionele geneeskunst is datziekten niet slechts fysiologisch worden geduid, maar op een manier benaderd worden die aansluit bij de sociale en culturele context. Een goed voorbeeld is hoe er naar Malaria wordt gekeken. Ongeacht de wetenschappelijke verklaring voor deze ziekte, zijn de Basoga geneigd te geloven dat de mug die Malaria overbrengt door iemand gestuurd is, of dat er spirituele krachten achter zitten.

Voor de Basoga heeft welzijn dus spirituele betekenis. Iemands gezondheid wordt beïnvloed door de manier waarop hij of zij zich tot zijn of haar voorouders verhoudt. De geesten van de voorouders kunnen ervoor zorgen dat iemand gezond blijft, maar als de geesten ontstemd zijn kunnen ze ook ziekten veroorzaken, zelfs binnen de gehele gemeenschap. Een goede balans tussen de zichtbare en de onzichtbare wereld is dan ook cruciaal voor een ieders gezondheid. Dat bekent dat gezondheid afhangt van of iemand zich gedraagt naar de heersende normen en waarden van de traditionele gemeenschap. In

het geval van incest, bijvoorbeeld, moeten de betrokken partijen ritueel gereinigd worden om dit ongeluk (*omukyeno*) weg te nemen uit de gemeenschap. Het welzijn van de Basoga is direct verbonden met respect voor de ouderen en met respect voor de gebruiken van de gemeenschap. Gezondheid is, met andere woorden, geen individuele maar een collectieve aangelegenheid.

Gender speelt een grote rol in traditionele geneeswijzen. De Basoga verbinden gezondheidmet de sociale rolverdeling tussen mannen en vrouwen. Mannen en vrouwen vervullen specifieke, zij het complementaire rollen in genezingspraktijken. Vrouwen zijn belangrijk voor het welzijn van de gemeenschap vanwege hun positie als moeders, die het leven mogelijk maken, en als genezers, die het leven in stand houden. Maar al worden vrouwen als de belangrijkste genezers beschouwd, toch spelen mannen een dominante rol in genezingspraktijken.Dit heeft te maken met de heersende patriarchale ideologie in Busoga, die maakt dat mannen als de broodwinners van de familie worden gezien. Traditionele geneeskunst, inmiddels een lucratieve business, stelt hen dus in staat om voor hun familie te zorgen. Daarnaast is het van belang dat materiele en niet-materiele zaken van man op man worden doorgegeven, zo ook de kennis over traditionele geneeswijzen.

Vrouwelijke genezers ervaren vormen van discriminatie die laten zien dat vrouwen zich in de marge van de maatschappij bevinden, op socio-cultureel, economisch, religieus en politiek vlak. Mannelijke genezers zijn bijvoorbeeld openlijk polygaam, terwijl vrouwelijke genezers, de *Lukowe(s)*, alleen met een mannelijke genezer getrouwd kunnen zijn en anders ongetrouwd moeten blijven. Haar werk, zo luidt het argument, zou door een huwelijk gecompromitteerd worden, omdat de geest voor wie zij als medium dienst doet, eigenlijk haar wettelijke echtgenoot is. Hoe goed zij haar diagnose stelt en hoe effectief zij geneest hangt daarom af van hoe loyaal ze is aan de mannelijke godheid die haar in bezit heeft. Vrouwelijke genezers die onafhankelijk van mannelijke genezers werken en hun kunde hebben bewezen, worden desalniettemin zeer gerespecteerd, met name omdat men gelooft dat zij door de voorouders' geesten gekozen zijn en als mediums voor deze geesten dienen.

Ook de kennis over traditionele medicijnen is genderspecifiek. Zo weten vrouwen veel over het genezen van voortplantingsproblemen en kind gerelateerde ziektes. Hun kennis is, met andere woorden, vooral op huishoudelijk vlak, gekoppeld aan hun maatschappelijke rol als verzorgers. Niet alleen gender, maar ook leeftijd speelt een rol. Oudere genezers worden als wijzer en meer ervaren gezien dan jonge genezers, of deze jonge genezers nu man of vrouw zijn. Er zijn dan ook meer oudere vrouwelijke genezers dan jongere. Oudere vrouwen ervaren ook minder ongelijkheid en minder beperkingen, omdat zij onafhankelijker kunnen werken. De functie van jonge vrouwelijke en mannelijke assistenten (*Luguba en Bagalagala*) is wel een belangrijke; zij zijn het immers die de praktijk van de oudere genezers uiteindelijk overnemen en daarmee ook zorgdragen voor de voortzetting en overlevering van de traditionele geneeskunst.

De traditionele geneeskunst in Busoga is veranderd onder invloed van kolonialisme en globalisering. Onder het Britse koloniale bewind werden traditionele geneeswijzen gestigmatiseerd en in sommige gevallen ook wettelijk verboden. In eerste instantie belemmerde dit de ontwikkeling tot een effectiever gezondheidsstelsel. Later stelde het koloniale bewind zich ten doel om verbeteringen aan te brengen die uiteindelijk de geloofwaardigheid van de traditionele geneeskunst deed toenemen. Onder invloed van globalisering moesten traditionele geneeswijzen vervolgens moderniseren en commercialiseren om zo aan de huidige medische 'trends' te voldoen. Deze veranderingen in het gezondheidszorgstelsel lijken gepaard te gaan met een toenemende genderongelijkheid, waarbij vrouwelijke genezers steeds minder zichtbaar en steeds meer gemarginaliseerd worden. Wetenschappelijk onderzoek naar traditionele geneeswijzen, doorgaans vanuit een Eurocentrisch perspectief geschreven, ziet de positie van vrouwen grotendeels over het hoofd. Ik probeer dit te corrigeren door het perspectief van de Basoga centraal te stellen, met aandacht voor de lokale kennis en gebruiken, al blijft het natuurlijk de vraag of onbemiddelde kennis überhaupt mogelijk is.

In Afrikaanse maatschappijen bekleden traditionele genezers een belangrijke positie; ze worden gerespecteerd en vertrouwd, zelfs in die mate dat gevoelige of belastende informatie vaak niet aan naasten maar wel aan de genezer toevertrouwd wordt. Traditionele genezers kunnen dan ook een cruciale rol vervullen in het verspreiden van belangrijke informatie over zorg en welzijn. Om die reden zou het goed zijn om traditionele genezers over te halen om hun plek in te nemen binnen de gezondheidszorg. Zokrijgt de lokale bevolking meer vertrouwen in de publieke zorg en zo blijft traditionele kennis over geneeswijzen bewaard.

SUMMARY

The World Health Organisation has over the years noted that traditional medicine is attracting within the context of health care provision and health sector reform. And, in many parts of the world, such as Sub Saharan Africa, traditional medicine is becoming the preferred form of health care. Traditional healing practices are an integral element of the life of Busoga society. To better understand the ideology of traditional healing, it is very important that it is studied from the point of view of the specific society, as recommended by Kleinman (1980) using the explanatory framework of ethnomedicine. Using that explanatory model, I have demonstrated how the people of Busoga interpret and understand disease, illness and healing in their own context. Traditional medicine is practiced within the parameters of the socio-cultural, economic, religious and political constructions of traditional societies. I have established that traditional healing of all aspects of nature maintains a strong alliance with faith, belief, spirit, family support and the web of everyday life. It is therefore clear that, among the Basoga, healing traditions are interwoven with economic, political and environmental consciousness as is the case within any society in which it has not only been conceived but also practiced. In the ideology of Busoga society healing is seen as the process of bringing someone back to good health, and ensuring harmony between the community and their ancestors. Disease is not simply a physiological condition but has connections with the supernatural. Among the Basoga, through the action of healing, the communion between the living and the supernatural is strengthened.

Traditional medicinal practice is an arena for the production and maintenance of social power relations between men and women. Power relations prevalent in traditional healing are a continuum of the wider gender relations and the power forces between women and men, which subsequently determine their roles in society. The way society has constructed the roles and associated expectations of men and women has not left the practice of traditional medicine unaffected. Society defines the categories of healing in which men and women participate in terms of whether they are providers or consumers of traditional medicine. There are also restrictions that preclude a specific gender from taking part either wholly, partially or temporarily in each healing tradition. The gendered restrictions in healing are enshrined in a taboo system highly respected by members of Busoga society. The roles that women play in traditional healing also vary from one community to another and significantly vary between rural and urban areas. The gender differences about knowledge of traditional medicinal remedies are associated with the activities in which men and women are engaged because of the socially constructed and defined roles. Societal expectations of men and women as well as ascribed roles determine choice and health seeking behaviour in traditional healing.

Traditional healing practices among the Basoga are an important resource to all socio-economic groups regardless of their geographical location. The rich and poor, rural and urbanized, illiterate and educated, men and women, seek the services of traditional healers during their lifetime, though each of

the social class's access to traditional medicine is determined by its social positioning and gendered expectations. The most important reason for the preference of traditional healing practices is that they operate within the ideological confines of those to be treated, and that illness and misfortune are diagnosed and interpreted within the framework of their cultural thinking. Indeed, traditional healing practices attempt to deal with illness within its social, cultural and familial context. The fact that traditional healing practices attempt to explain the cause of the disease beyond the disease itself demands a specific approach. To give an example, although a scientific explanation for the cause of malaria is available, the Basoga tend to believe that the mosquito that bit the victim has been sent by someone, or that there are spiritual forces behind that mosquito.

Among the Basoga, the concepts of health and well-being carry spiritual connotations. Good health is influenced by the way one relates to his/her ancestors. Ancestral spirits can enable individuals to enjoy good health, but at the same time, when angry, they can be a source of illness not only to individuals but also to the entire community. Therefore, good health is achieved when there is balance and harmony between the visible and invisible world. Good health also encompasses appropriate behaviour, which entails living in accordance with the values and norms of the traditions of society. An example is how the Basoga deal with incestuous relationships. Incest is described as a sign of ill-being and that those involved in this act require ritual cleansing with herbs to take away that misfortune (*omukyeno*) from the community. Respect for one's parents or elders in the community and observing the norms and customs of the community in which one lives, embodies the description of the total well-being and health of Busoga society. Unlike biomedical practices where the sick person is viewed as an independent entity, traditional healing systems among the Basoga regard health as a community affair.

I have also demonstrated that traditional healing is a gendered practice. Busoga society interpretation of health strongly connects with people's ability to fulfill their basic social expectations, which are determined by gender, with clear distinctions between men's and women's roles. Women and men have specific roles to play in healing. These roles are complementary in the effective provision of healing services. The critical roles that women play in the maintenance of health reveal the power that African women have towards the sustenance of society. I have argued that the health and well-being of society depends largely on the special position that women have in society, not simply as mothers, the bringers of life, but as healers, the sustainers of life. Women therefore were and still are the greatest of healers in this society. Men, however, are dominant in provision of traditional healing services.

The dominance of men as healing practitioners is attributed to historical patriarchal societal ideology that permeates the entire fabric of Busoga society. This phenomenon is due to the following factors. First, healing has become a lucrative activity with monetary benefits. Men who are socialized as breadwinners for their families have found traditional healing practices as one of the business ventures that can enable them to look after their families. Secondly, the patrilineal system that is prevalent in Busoga demands that

material and non-material resources (land inclusive) of society or the clan are passed on to the male members. This means that more males are most likely to be healers than females because they have a higher chance of inheriting the traditional medicine knowledge from their fathers and grandfathers. However, in situations where female healers practice healing independent of male healers, after demonstrating their ability, they offer healing services that are unquestionably accepted in society. This is because people believe that such women healers have been chosen by the spirits and therefore elevated in society. These women become very powerful and highly respected in society because the fear, power and respect attached to the spirits for which the women act as mediums are also attached to the female healers.

Access to sacred knowledge of healing has restrictions to specific persons. These restrictions are aligned to gender and cultural taboos. Knowledge of traditional medicine is influenced by the different activities, expectations and roles that men and women play in their societies. Due to the fact that men and women are socialized differently, with different roles in life, their knowledge of traditional medicine differs. Women possess distinctive knowledge of traditional healing connected with reproductive malfunctioning and child related diseases. Women's knowledge of traditional medicine is related to domestic issues and often practices traditional healing in the domestic sphere. This is due to women's primary role of care giving that guarantee the health of family members. Age is another determinant, with older persons having more knowledge and roles in healing practices than young persons. Age is associated with wisdom and experience and so older healers both women and men hold much power over young healers regardless of their gender. Older women are more likely to practice healing than young women. Older women experience less gender limitations as men have less control over them. They have gained relatively more power than young women and hence enjoy a relative measure of freedom to undertake activities of their own. It should, however, be noted that the significance of young female assistants, known as *Lubuga* or male assistants known as *Bagalagala* serve to ensure that there is continuity of the healing practice, as these will be the ones to take over the practice upon death of the older healer.

The restrictions prevalent in healing traditions of Busoga society reveal subtle arenas of discrimination that women face in provision and access to health care services. These limitations reduce women's ability to practice healing. They further reflect how society constructs women to be at the periphery of socio-cultural, economic, religious and political participation in their communities. These gendered restrictions aid in the construction of identities of traditional healers in society. For example, whereas male traditional healers are overtly polygamous, female diviners- the *Lukowe(s)* are either unmarried or are conveniently married to male diviners. The argument is that *Lukowe's* marriage would compromise her work, as the spirit for which she is a medium is also said to be her legal husband. The efficacy of her diagnosis and treatment therefore depends on how loyal she is to the instructions of the male deity that possesses her.

However, it is noted that the ideology of healing in Busoga society has undergone a lot of transformation due to global forces like colonialism, Christianity and globalisation. Some other changes have been commercialization as well as the 'modernizing' of traditional medicinal practices. This is due to the fact that traditional healing perspectives are not static but are adaptable, flexible and therefore change over time. For example, colonialism stigmatized traditional medicine and in some cases banned it through legislation. Colonial policies facilitated the diffusion of African medical knowledge and altered traditional Busoga society conceptions of health and healing. Through colonialism, African perspectives of health and healing were challenged, leading to an increased invisibility of women within the institution of traditional healing in Busoga. This initially held back the development of traditional healing into a healthcare system that would be ineffective. Later, colonial policies aimed at regulating traditional medicine and transformed traditional medicine from primitive and crude methods to better practices that would eventually enhance the efficacy and credibility of traditional medicine and the healers respectively.

More so, the healthcare systems in Uganda have over the years been created and recreated by foreign forces especially British colonial policies, which have affected people's perceptions towards health and illness. It is also true that such inventions and reinventions have not left social relations between man and women the same in relation to healthcare systems. These notwithstanding, colonialism's influences on indigenous women's roles in traditional medicine have not been addressed specifically in any of the literature. This implies a gap in the literature on traditional medicine, which has historically been primarily written by Eurocentric writers, usually male, who dismiss women's work altogether. Therefore, in my attempt to analyse gender roles in traditional medicine using the perspectives of the Basoga, I am mindful of such Euro-American influences and control in the production of knowledge concerning societies and culture. For this reason, I attempt to present the Basoga's perceptions from their own point of view, based on their local realities and thinking as indigenous people. The challenge remains whether there can be knowledge which is purely 'Kisoga' and unadulterated, since no society may be immune to inventions and re-inventions.

Globalisation has forced traditional medicine to modernize without changing its ideals in order to match the current trends of modern medicinal practices. The biggest challenge though is that these new forces in traditional medicine have elevated male power in traditional healing to the extent of making the previously powerful female gender to be at the periphery of it.The significance of traditional healers in African societies is enormous as they are greatly trusted and confided in by the local people. The people are bound to reveal personal and confidential information to traditional healers which they are not permitted to reveal to the state or those perceived to be close. Traditional healers can therefore be used to promote good health practices among the population since they are trusted. Convincing traditional healers to become an integral element in the government health sector system would go a long way in

harmonizing untapped traditional knowledge and inspiring confidence among many people in the public health care system.

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CURRICULUM VITAE

Alexander Paul ISIKO was born on the 23rd of July 1978 in Bulagala village in Busoga, Uganda. He obtained a Bachelor of Arts with Education degree of Makerere University in April 2001. He obtained a Master's degree in Gender Studies from Makerere University (2010) as well as Master's degree in Religious Studies from Kyambogo University (2006). He further holds a Post Graduate Diploma in Community Based Rehabilitation; with concentration on disability studies, from Kyambogo University. In 2012 he was admitted for PhD studies at the Leiden University Institute of Cultural Disciplines (LUICID) presently the Leiden University Center of Arts in Society (LUCAS). His PhD study was under the supervision of Prof. Dr. Ernst Van Alphen and Dr. Astrid Van Weyenberg of Leiden University. His PhD research was centered on 'Gender Roles in Traditional Healing Practices in Busoga society'.

In October 2001 he was appointed a 'Tutorial Fellow' later renamed 'Teaching Assistant' in the Department of Religious Studies and Philosophy of Kyambogo University. In the year 2008, he was promoted to the position of Assistant Lecturer in the same department. In November 2012, he was promoted to the position of Lecturer for which he is holding up to the present. His masters' theses were published as monographs. He has further been instrumental in the struggle for Academic staff rights and welfare at Kyambogo University. He is a member of the Kyambogo University Council and Appointments Board.