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Citation

Isiko, A. P. (2018, June 20). *Gender roles in traditional healing practices in Busoga*. Retrieved from <https://hdl.handle.net/1887/63215>

Version: Not Applicable (or Unknown)

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Cover Page



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Date: 2018-06-20

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 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. 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 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. 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 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.