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Gender roles in traditional healing practices in Busoga

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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. Most female 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 healers²⁶⁸ reveal that, the considerable number of those in urban settings is 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 Harina²⁷¹ and Nabirye Madina²⁷², 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 consult a biomedical practitioner.

²⁶⁷ Interviews with Kibenge Katende & Patrick Wairagala

²⁶⁸ Interviews with Kabaale Bitimbito, Isabirye Baligeeya & 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 Budhagali²⁷⁴ and Bitimbito Kabaale²⁷⁵ 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

²⁷⁶Interviewed on 19/04/2015

²⁷⁷Isabirye Rashid, 53 years, Healer/Local Leader, Bulagala Village, Interviewed on 20/04/2015

²⁷⁸Fr. Kayaga Gonzaga

²⁷⁹Ssenga 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 Cheikhoussef 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 (Cheikhoussef 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 victim²⁸¹. 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

²⁸⁰Ali Wairagala

²⁸¹Torofina Bitali

²⁸²George 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 that requires 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 healers in 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 recognises 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 Baligeza 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 number of female traditional healers in Busoga who are menopausal.

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 to be 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

²⁸⁷Lukowe 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

²⁸⁸Kassan 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, mortar 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, with a female 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 Baligeza 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

²⁹⁴Interview 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 Nabirye²⁹⁶ 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 influence in 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. Women who are accustomed 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 reproductive roles. 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 of female 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 *ekyogero* 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 Bitimbuto

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 having unmatched sexual prowess. Any sickness that makes men unable to function as husbands, leaders, providers, breadwinners, as well as conditions that challenge their sexual prowess make them 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 claim to 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'. This medicine is 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*' which is 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 pregnant before 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.

³⁰⁸Interview with Kirangi Monica and Kakose Seforoza

³⁰⁹Interview with Safina Nabirye-Senga wa Busoga

³¹⁰Ibid.

³¹¹Ibid.

Such health service needs have made female traditional healers to grow into a non-certified body of marriage and sex counsellors. Female clients feel that female 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 acquire a 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, the saying '*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 baiiffe 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 trusted by 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, expresses dissatisfaction 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 amongst 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 Busoga prefer 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

³²⁸Interviews 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.