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## Gender roles in traditional healing practices in Busoga

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## CHAPTER SIX

### GENERAL CONCLUSION

Traditional healing in Busoga has been in existence since time immemorial. And it continues to be a major force in meeting the healthcare needs of the local people. Even with the introduction of modern healthcare, traditional healing continues to be practised among the modern people but operating on the principles that have been handed down from one generation to another. It evolves to meet the needs of each generation. Popper (2009) has argued that traditional healing is not an archaic or exotic phenomenon isolated from historical, economic or global processes but rather a reflection of social discourse sensitive to fluctuations and contradictions. The ideology of health and well-being, for example, has evolved to the extent that sickness goes beyond society's perception of illness to include poor feeding, nutrition deficiency, poor sanitation and others. Traditional healing is therefore evolving as it transforms to match the health needs and lifestyle of each generation. Among the social discourses is gender construction, which undoubtedly influences the healthcare system. Gender structures our socio-cultural environment differently, where women and men are constructed and positioned differently in the social, cultural, religious, and political economic structures of their societies. This imposes gender needs, identities, roles and realities. When men and women fail to meet their gender identity needs, they run to traditional healers for consultation.

One of the institutions in which gender needs, identities, and roles occur quite differently for women and men is the healthcare system of any society. The ideology regarding well-being and health differs along the gender divide. For example, land and a paying job determine the health and well-being of men in Busoga society, whereas these have no significant direct effect on the well-being of women in the same society. For women, their well-being and health is determined by their ability to meet their societal function, especially the fulfilment of their reproductive roles, which society cannot do without. Ironically, these gender differences between women and men in the determination of health and wellbeing serve to promote the functionality of society. When there are roadblocks for women and men to function as such, a need arises to restore this functionality. Individual men and women recognise the centrality of traditional healing as a system that restores this functionality. There are two categories of people who visit the healers; these are patients and general clients. The patients are women and men who are suffering from physiological/biological conditions whose treatment and cure need both herbal

and spiritual mechanism. Not all those who need the services of healers have biological imbalances in their body but could have psychosocial challenges in life and spiritual disturbances necessitating the intervention of a traditional healer. Women and men are clients and patients as well as providers of traditional medicine whether as lay or professional healers.

Traditional healing and the healers are part and parcel of the cultural traditions of the society of Busoga. Healers are agents of preservation and transformation of the Basoga's ideologies on health and well-being. They are indeed the custodians of a traditional healing heritage that the Basoga have kept for centuries to date. Women occupy a very special position in the preservation of this heritage as lay custodians of traditional medicinal knowledge and as professional healers appointed by the spiritual realm of their families. Traditional healing is one of those traditions among the Basoga that is central to the perpetuation of gendered ideologies and maintenance of the social position of women and men. Unfortunately, these gendered ideologies serve to promote the health and wellbeing of men while undermining that of women. Like any other area of resource control, access, ownership, reward and rights; where women find themselves being marginalized, traditional healing practices provide another locus in which women experience exclusion and marginalization in more serious ways. The exclusion and marginalization of women in traditional healing imposes precarious consequences on the health needs of women and their well-being and consequently on entire households, given the fact that the well-being of households in traditional communities is contingent upon women. The exclusion and marginalization is through the taboo system and ritualistic healing which is largely discriminative against women. This study recommends the elimination of such discriminative health taboo system and ritual in healing. In this way women and men will attain equal chances in access to and participation in the health systems of their societies.

Traditional medicine continues to be influenced by so many changes including globalisation and cross-cultural interactions. In the traditional healing tradition of Busoga, women have the responsibility to take care of the sick at home and at the healing centres (*Amasabo*). However, these gender roles are increasingly changing. With modern trends and a monetary economy ensuing in all parts of Uganda, Busoga inclusive, the women have been freed to perform other income generating tasks rather than caring for the sick. There are now companies, with mostly male employees that offer special attention to the sick in hospitals for a pay. Men's entry into a traditionally known female role is due to the money involved. The monetization and commercialisation of healing in Busoga has ensured that women as providers

and clients in traditional healing move to the periphery. Globalization with its monetary preoccupation has made the previously almost free services of healers become monetized. Female clients with no stable income in a society where women are still constrained from ownership of means of production, find themselves in a situation where they cannot afford the healing services in their own community. Commercialisation has come along with bad practices ushered in by mainly male charlatans. These include raping of female clients and human sacrifice. All these have led to increased loss of confidence among traditional healers.

It is therefore important that the government speeds up the bill that will regulate traditional healers in the country, with a body mandated to recognise and certify traditional healers for purposes of weeding out quacks. This is because the self-regulatory associations remain largely weak, subjective and operating on opinionated frameworks rather than the law. In this bill, ethical practices of how to handle female clients in healing centres should be clearly spelt out so that women do not experience subtle discrimination in access to healthcare provision offered by these healers.

Commercialisation is breeding competition, which ultimately favours male healers, as they have access to resources. Generally, there are no patent rights in traditional healing practices and so when female healers come up with an effective cure, the men who have access to resources hijack such practices and knowledge. There is a need to establish mechanisms that allow patenting of traditional medicinal knowledge. The problem though is that women innovators and owners of such traditional medicinal knowledge may still be pushed to the margins of the trade as they are hoodwinked by the powerfully entrenched resourceful men who buy out those patent rights at miserable values.

Traditional healers need to adopt modern technologies of diagnosis and treatment while preserving healing principles. For physiological diseases, healers are now employing laboratory technicians to reach a scientific conclusion about disease. This therefore calls for concerted efforts to ensure that traditional knowledge on medicine is tapped so that a comprehensive healthcare system that embraces both the traditional ideologies and modern principles of medicine are fused to obtain a hybrid that will be acceptable, effective but at the same time not injuring the cultural principles of the people. This hybrid healthcare regime should embrace modern technologies of diagnosis, processing of drugs that are hygienic and validated as effective in treatment of specific illnesses. At the same time this hybrid healthcare regime should take interest in studying the spiritual analysis of disease and sickness, which is apparently absent

in modern healthcare. Taking the cultural principles upon which locals seek treatment with traditional healers will be important in understanding health seeking behaviours of a society which values gender differences. I am inclined to the proposition of Waldron (2010) who argues that in situations where traditional healing has something to offer in meeting the healthcare needs of the local people but with the untameable surge of already validated modern medicine there is need for a healthcare syncretism.

There are many aspects of traditional healing in a way that if syncretism is to be allowed, modern medical practice can learn from. The fact that a modern medical practitioner is deficient is his/her approach of patients; traditional healing practice offers the holistic approach that can transform healthcare service delivery. Modern healthcare can therefore adopt this holistic approach so that consideration of a patient's body, spirit and soul can be born in mind by the medical personnel when offering treatment. The modern medical doctor will therefore be required to not only look at the bodily ailment of the patient but also diagnose and analyse the social and spiritual state of the patient.

The modern medical doctor should transcend the boundaries of the hospital or diagnostic laboratory and move to the community of the patient to analyse the socio-economic, cultural and spiritual realm in which the patients and their community operate. Though it will require a change of the mindset of a modern medical doctor, but considering the social, physical, economic and spiritual aspects of patients during diagnosis and treatment will serve to promote modern healthcare system while making it acceptable to the local people since the local people would feel 'well attended' to from their cultural perspective. For example, modern medical practice ought to adopt the cherished cultural-gender ideology of healing among the Basoga where age and sex are determinants as to who will attend to a patient/client. This does not mean that modern medical practice should take on all the cultural principles esteemed by the African traditional people. They should adopt the good ones while discarding those that seem retrogressive and without much bearing on the efficacy of the medicine being provided.

On the other hand, traditional healers need to acknowledge that there are weaknesses within their healing approaches which need to be either eliminated or improved to ensure efficacy. The medicinal values of the herbs need to be ascertained and certified for the particular sicknesses. Traditional healers need to be trained in basic composition of the body and its functioning so that it can reduce on the time taken applying different herbs in a trial and error method. African traditional healers have to accept the criticisms labelled against them rather than

dismissing them out rightly as absolute attack by the white supremacists. The spiritual experiences have to be explained on how they contribute to disease causation and cessation in a way that an outsider can understand rather than hiding in superstitious frameworks which cannot be proved by science. Since there is no contestation over the value of these healing traditions, there is need to document them for posterity. This should be the case especially the spiritual experiences of disease causation, symptoms and cessation. I am of the view that these spiritual experiences should be accepted as part of the hybrid healthcare system even though it is importance will be to achieve a psychological state of balance of the patient and his/her family to give time to apply tested biomedical interventions. This will restore the confidence of people in traditional healing as it will turn into a respectable profession devoid of charlatans and quacks. The level of efficacy of these healing traditions and frameworks under which they operate needs to be documented for not only the future but also for society to be in to operate in a hybrid healthcare system.