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SUMMARY

The World Health Organisation has over the years noted that traditional medicine is attracting within the context of health care provision and health sector reform. And, in many parts of the world, such as Sub Saharan Africa, traditional medicine is becoming the preferred form of health care. Traditional healing practices are an integral element of the life of Busoga society. To better understand the ideology of traditional healing, it is very important that it is studied from the point of view of the specific society, as recommended by Kleinman (1980) using the explanatory framework of ethnomedicine. Using that explanatory model, I have demonstrated how the people of Busoga interpret and understand disease, illness and healing in their own context. Traditional medicine is practiced within the parameters of the socio-cultural, economic, religious and political constructions of traditional societies. I have established that traditional healing of all aspects of nature maintains a strong alliance with faith, belief, spirit, family support and the web of everyday life. It is therefore clear that, among the Basoga, healing traditions are interwoven with economic, political and environmental consciousness as is the case within any society in which it has not only been conceived but also practiced. In the ideology of Busoga society healing is seen as the process of bringing someone back to good health, and ensuring harmony between the community and their ancestors. Disease is not simply a physiological condition but has connections with the supernatural. Among the Basoga, through the action of healing, the communion between the living and the supernatural is strengthened.

Traditional medicinal practice is an arena for the production and maintenance of social power relations between men and women. Power relations prevalent in traditional healing are a continuum of the wider gender relations and the power forces between women and men, which subsequently determine their roles in society. The way society has constructed the roles and associated expectations of men and women has not left the practice of traditional medicine unaffected. Society defines the categories of healing in which men and women participate in terms of whether they are providers or consumers of traditional medicine. There are also restrictions that preclude a specific gender from taking part either wholly, partially or temporarily in each healing tradition. The gendered restrictions in healing are enshrined in a taboo system highly respected by members of Busoga society. The roles that women play in traditional healing also vary from one community to another and significantly vary between rural and urban areas. The gender differences about knowledge of traditional medicinal remedies are associated with the activities in which men and women are engaged because of the socially constructed and defined roles. Societal expectations of men and women as well as ascribed roles determine choice and health seeking behaviour in traditional healing.

Traditional healing practices among the Basoga are an important resource to all socio-economic groups regardless of their geographical location. The rich and poor, rural and urbanized, illiterate and educated, men and women, seek the services of traditional healers during their lifetime, though each of

the social class's access to traditional medicine is determined by its social positioning and gendered expectations. The most important reason for the preference of traditional healing practices is that they operate within the ideological confines of those to be treated, and that illness and misfortune are diagnosed and interpreted within the framework of their cultural thinking. Indeed, traditional healing practices attempt to deal with illness within its social, cultural and familial context. The fact that traditional healing practices attempt to explain the cause of the disease beyond the disease itself demands a specific approach. To give an example, although a scientific explanation for the cause of malaria is available, the Basoga tend to believe that the mosquito that bit the victim has been sent by someone, or that there are spiritual forces behind that mosquito.

Among the Basoga, the concepts of health and well-being carry spiritual connotations. Good health is influenced by the way one relates to his/her ancestors. Ancestral spirits can enable individuals to enjoy good health, but at the same time, when angry, they can be a source of illness not only to individuals but also to the entire community. Therefore, good health is achieved when there is balance and harmony between the visible and invisible world. Good health also encompasses appropriate behaviour, which entails living in accordance with the values and norms of the traditions of society. An example is how the Basoga deal with incestuous relationships. Incest is described as a sign of ill-being and that those involved in this act require ritual cleansing with herbs to take away that misfortune (*omukyeno*) from the community. Respect for one's parents or elders in the community and observing the norms and customs of the community in which one lives, embodies the description of the total well-being and health of Busoga society. Unlike biomedical practices where the sick person is viewed as an independent entity, traditional healing systems among the Basoga regard health as a community affair.

I have also demonstrated that traditional healing is a gendered practice. Busoga society interpretation of health strongly connects with people's ability to fulfill their basic social expectations, which are determined by gender, with clear distinctions between men's and women's roles. Women and men have specific roles to play in healing. These roles are complementary in the effective provision of healing services. The critical roles that women play in the maintenance of health reveal the power that African women have towards the sustenance of society. I have argued that the health and well-being of society depends largely on the special position that women have in society, not simply as mothers, the bringers of life, but as healers, the sustainers of life. Women therefore were and still are the greatest of healers in this society. Men, however, are dominant in provision of traditional healing services.

The dominance of men as healing practitioners is attributed to historical patriarchal societal ideology that permeates the entire fabric of Busoga society. This phenomenon is due to the following factors. First, healing has become a lucrative activity with monetary benefits. Men who are socialized as breadwinners for their families have found traditional healing practices as one of the business ventures that can enable them to look after their families. Secondly, the patrilineal system that is prevalent in Busoga demands that

material and non-material resources (land inclusive) of society or the clan are passed on to the male members. This means that more males are most likely to be healers than females because they have a higher chance of inheriting the traditional medicine knowledge from their fathers and grandfathers. However, in situations where female healers practice healing independent of male healers, after demonstrating their ability, they offer healing services that are unquestionably accepted in society. This is because people believe that such women healers have been chosen by the spirits and therefore elevated in society. These women become very powerful and highly respected in society because the fear, power and respect attached to the spirits for which the women act as mediums are also attached to the female healers.

Access to sacred knowledge of healing has restrictions to specific persons. These restrictions are aligned to gender and cultural taboos. Knowledge of traditional medicine is influenced by the different activities, expectations and roles that men and women play in their societies. Due to the fact that men and women are socialized differently, with different roles in life, their knowledge of traditional medicine differs. Women possess distinctive knowledge of traditional healing connected with reproductive malfunctioning and child related diseases. Women's knowledge of traditional medicine is related to domestic issues and often practices traditional healing in the domestic sphere. This is due to women's primary role of care giving that guarantee the health of family members. Age is another determinant, with older persons having more knowledge and roles in healing practices than young persons. Age is associated with wisdom and experience and so older healers both women and men hold much power over young healers regardless of their gender. Older women are more likely to practice healing than young women. Older women experience less gender limitations as men have less control over them. They have gained relatively more power than young women and hence enjoy a relative measure of freedom to undertake activities of their own. It should, however, be noted that the significance of young female assistants, known as *Lubuga* or male assistants known as *Bagalagala* serve to ensure that there is continuity of the healing practice, as these will be the ones to take over the practice upon death of the older healer.

The restrictions prevalent in healing traditions of Busoga society reveal subtle arenas of discrimination that women face in provision and access to health care services. These limitations reduce women's ability to practice healing. They further reflect how society constructs women to be at the periphery of socio-cultural, economic, religious and political participation in their communities. These gendered restrictions aid in the construction of identities of traditional healers in society. For example, whereas male traditional healers are overtly polygamous, female diviners- the *Lukowe(s)* are either unmarried or are conveniently married to male diviners. The argument is that *Lukowe's* marriage would compromise her work, as the spirit for which she is a medium is also said to be her legal husband. The efficacy of her diagnosis and treatment therefore depends on how loyal she is to the instructions of the male deity that possesses her.

However, it is noted that the ideology of healing in Busoga society has undergone a lot of transformation due to global forces like colonialism, Christianity and globalisation. Some other changes have been commercialization as well as the 'modernizing' of traditional medicinal practices. This is due to the fact that traditional healing perspectives are not static but are adaptable, flexible and therefore change over time. For example, colonialism stigmatized traditional medicine and in some cases banned it through legislation. Colonial policies facilitated the diffusion of African medical knowledge and altered traditional Busoga society conceptions of health and healing. Through colonialism, African perspectives of health and healing were challenged, leading to an increased invisibility of women within the institution of traditional healing in Busoga. This initially held back the development of traditional healing into a healthcare system that would be ineffective. Later, colonial policies aimed at regulating traditional medicine and transformed traditional medicine from primitive and crude methods to better practices that would eventually enhance the efficacy and credibility of traditional medicine and the healers respectively.

More so, the healthcare systems in Uganda have over the years been created and recreated by foreign forces especially British colonial policies, which have affected people's perceptions towards health and illness. It is also true that such inventions and reinventions have not left social relations between man and women the same in relation to healthcare systems. These notwithstanding, colonialism's influences on indigenous women's roles in traditional medicine have not been addressed specifically in any of the literature. This implies a gap in the literature on traditional medicine, which has historically been primarily written by Eurocentric writers, usually male, who dismiss women's work altogether. Therefore, in my attempt to analyse gender roles in traditional medicine using the perspectives of the Basoga, I am mindful of such Euro-American influences and control in the production of knowledge concerning societies and culture. For this reason, I attempt to present the Basoga's perceptions from their own point of view, based on their local realities and thinking as indigenous people. The challenge remains whether there can be knowledge which is purely 'Kisoga' and unadulterated, since no society may be immune to inventions and re-inventions.

Globalisation has forced traditional medicine to modernize without changing its ideals in order to match the current trends of modern medicinal practices. The biggest challenge though is that these new forces in traditional medicine have elevated male power in traditional healing to the extent of making the previously powerful female gender to be at the periphery of it. The significance of traditional healers in African societies is enormous as they are greatly trusted and confided in by the local people. The people are bound to reveal personal and confidential information to traditional healers which they are not permitted to reveal to the state or those perceived to be close. Traditional healers can therefore be used to promote good health practices among the population since they are trusted. Convincing traditional healers to become an integral element in the government health sector system would go a long way in

harmonizing untapped traditional knowledge and inspiring confidence among many people in the public health care system.