

THE ROLE OF TRADITIONAL HEALERS IN HIV PREVENTION IN SOUTHERN AFRICAN SOCIETY: THE CASE OF ESWATINI.

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Abstract

*This paper explores the extent of the involvement of African traditional healers in HIV prevention in southern Africa, with special reference to Eswatini (Swaziland). It proceeds from the premise that in southern Africa, as in most emerging economies, traditional healers are the leading, accessible and more approachable health care providers in society when compared with modern health practitioners. The paper notes, however, that there is paucity of literature that examines the degree of the involvement of African Traditional healers in the recently adopted global campaign to scale down and eliminate HIV infection through, inter alia, social and behaviour change. Primary data for the paper was gathered through semi-structured and open-ended interviews and focus group discussions with selected Swazi **tangoma** (diviners/spirit-mediums); while secondary data was drawn from a range of disciplinary perspectives on the subject of the role of religion in the global fight against HIV AIDS. The paper contends that there are strong pointers that in our day and era African traditional healers play a modest but meaningful advisory role in supporting current strategic interventions spearheaded by modern health practitioners and allied partners to contain the spread of HIV by fostering behavioural change among its clients.*

Key Words: Traditional healers, traditional health practitioners, **tangoma** (diviners), HIV and AIDS, HIV prevention, modern health practitioners, behavioural change, Swaziland.

Introduction

A growing body of research has convincingly shown that traditional healing plays a pivotal role in the provision of primary health care in contemporary emerging economies. Traditional healing in this paper refers to “health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, to treat, diagnose and prevent illnesses and, maintain well-being” (World Health Organisation [WHO] 2003: Fact Sheet, 134); while the term modern medicine refers to the maintenance or restoration of human health by biomedical health care providers through scientific study, diagnosis, treatment and prevention of disease and injury where possible (Makhubu 2009).

For the purposes of this paper, it is essential to give a few examples of studies that attest to the recognition of the crucial role traditional healing plays in developing societies with special attention given to Southern Africa and Swaziland in particular.

At the global level, and writing from the perspective of the United Nations Conference on Trade and Development, Xhang (2004:3) observed that in recent times there has been a sudden increase in the use of traditional/complementary and alternative medicine in developing countries. Similar claims were made by Ernst, Cohen and Stone (2004:156) and Leonti (2011:546) that the popularity of complementary and alternative medicine in both developed and developing countries was considerable. More specifically, Gavriilidis and Ostergren (2012) point out that several countries such as China, India and Ghana have integrated traditional/complementary and alternative medicine into their health-care system. For these observers, the demand for traditional/complementary and alternative medicine indicates, among other things, that modern medicine has failed to meet the health needs of all people, and that traditional healing is the preferred and most accessible health care system (Flint 2015; Ndlovu 2014; Islam and Moreau 2009).

Indeed in Africa the Joint United Nations Programme on HIV and AIDS (UNAIDS) observed that African traditional medicine is “the primary, and most often, the only, accessible health-care option for the vast majority of people living in sub-Saharan Africa” (UNAIDS 2006, cf. Eastman 2011). Significantly, the African Union, at the 2001 Assembly of Heads of State and Government, adopted an action plan for health system integration of traditional medicine/complementary and alternative medicine by 2010 (Gavriilidis and Ostergren 2012).

Significantly, Sama and Nguyen (2008:10) observe that in many African countries, deteriorating social and economic conditions, and pandemics like HIV and Aids and malaria put severe strains on the modern health system, rendering radical and pragmatic health sector reforms imperative, one of which should be the formal integration of traditional and modern systems of healing. In particular, Mugisha (2008:201) notes that in Uganda the government committed itself to forging formal co-operation between conventional and non-conventional medicine pre-eminently to ensure and optimise good health for the Ugandan populace. Relatively recently, Suleman and Alemu (2012:36), noted that in Ethiopia, the majority of the population still relied on traditional medicine to meet its basic health care needs; and that the Ethiopian government has shown interest in promoting and developing traditional medicine alongside modern medicine.

In the case of South Africa, Gavriilidis and Ostergren (2012) observe that in 2008 the Government Department of Health drafted a traditional medicine policy that endorsed the integration of African Traditional Medicine into the modern health system. The policy was rationalised on the basis of the World Health Organisation’s official declarations calling for the creation of national policies that promoted traditional medicine/complementary and alternative medicine. The policy was also justified on the grounds that most South Africans use traditional medicine for preventive, curative and palliative purposes (Nxumalo, et al 2011, Gavriilidis and Ostergren 2012).

In Swaziland, the discourse on the need to formulate a policy that formally recognises medicine has spanned a period of about three decades (Makhubu 1978; Green and Makhubu 1983, Dlamini 2002, Mdluli 2002, Amusan 2007; Maseko 2007, Makhubu 2009). The need for such a policy is justified by several reasons, and these include: enhancing the delivery of health

services, protection and regulation of non-conventional medicine, promotion of the traditional healing industry, and conservation of indigenous knowledge systems for socio-economic and ideological reasons (Makhubu 2009:107; Maseko 2007:68; Dlamini 2002:60; Khumalo 1989:16). In particular, Makhubu (2009), Dlamini (2002), and Mdluli (2002) contend that in Swaziland the modern health system needs to be complemented with non-conventional medicine to meet the increased demand for medical services due to the HIV and AIDS pandemic, tuberculosis and other diseases that have spread at an alarming rate in recent times (Ndlovu, 2014).

The problem re-stated

Most of the studies that examine the roles of faith-based communities and organisations in the fight against HIV and AIDS and the promotion of HIV prevention in southern Africa tend to focus their attention primarily on documenting the challenges, successes and failures of Christian Churches (Golomski and Nyawo 2017; Chitando 2015; Togarasei, et al 2008; Haron et al 2008; Amanze, Nkomazana and Kealotswe 2007; Dlamini 2007; Zamberia and Gathu 2006). To some extent, the focus on Churches and related organisations is understandable in view of the fact that in post-colonial Africa the majority of Africans had converted to Christianity; and Africa as a whole had been classified as a Christian continent (Fiedler 1994; Samwini 2013). In addition, it has been rightly observed that Christianity has contributed immensely to the transformation of Africa accompanied by modifications of peoples, social identities, systems of morality and power relations (Ndlovu 2016)

Notwithstanding the above facts, it must be stressed that one of the salient features of African Christianity today is that it is significantly coloured, directly and indirectly, by indigenous African world views, beliefs, values and traditions as documented by many observers (Olupona, 2014; Maluleke, 2010). And there are strong indications that Africanised Christianity is likely to prevail on the African continent because of, among other reasons, the preponderance of international conventions on human rights that affirm the right to freedom of religion, thought and conscience as well as the full recognition of the rights of indigenous communities to practice their religions. Many of these conventions have not only been ratified by many African countries, but have also been incorporated into the constitutions of most (if not all) African states in sub-saharan Africa (Ndlovu 2016).

But more importantly, it must be stressed that Christianity in post-independence Africa has not replaced African indigenous values, beliefs and rituals. Rather it co-exists with them, albeit in a complex manner, as an autonomous religion in its own right (Shoko 2013; Olupona 2014). In the words of Tabona Shoko (2013), one of the consequences of the interaction of African indigenous religion with Christianity “has been Christianized version of tradition or a traditionalized version of Christianity” (2013:573).

One of the enduring traditions of African religion that co-exists in some complex way in modern African society is traditional healing, and its leading practitioners are traditional

healers. Traditional healers may be classified under three categories, namely herbalists, spirit-mediums and BaBholofidi (Christian spiritual mediums). This paper, however, focuses on the category of traditional practitioners called diviners (Izangoma/Tangoma/n'anga). Taken together, traditional healers are consulted by a broad spectrum of people including the youth, elderly, rural and urban folks, educated and semi-illiterate, men and women (Eastman, 2011); and most people consult these traditional health care practitioners simultaneously with modern health practitioners - hence the prevalence of plural health systems in contemporary African society (Flint, 2015).

Controversy surrounding traditional healers

However, the role of traditional healers in the global struggle with HIV and AIDS is fraught with controversy due to two main factors. First, many traditional healers still demonstrate gross ignorance about the aetiology of HIV and AIDS and its mode of transmission. This has given rise to incorrect presumptions about the nature of AIDS, such as claims that HIV positive persons have been bewitched, and that traditional healers can cure such people (Islam and Moreau, 2009). Some traditional healers also suggest to their clients that certain traditional medicines can be used as alternative medications to antiretroviral therapy (Flint, 2015).

The second factor is the colonial legacy and western cultural hegemony. Here the modern health care system is frequently posited as rational and scientific as opposed to traditional healing that is depicted as superstition (Flint, 2015; Ndlovu, 2014). This scenario is worsened by the political economy of medical pluralism in most African societies in which the modern health system enjoys government backing through funding, policies and legal instruments; while the traditional health system, is mostly non-governmental, and is generally ignored and unregulated; and its personnel has no legal status (Makhubu, 2009). This cleavage between modern and traditional forms of therapy has in turn contributed to a climate of mistrust and lack of mutual recognition between modern and traditional practitioners (Flint, 2015).

Recent times, however, have seen a radical change of attitude towards HIV and AIDS on the part of many traditional healers. Thanks to vigorous efforts by many non-governmental organisations and African governments to inform and educate the masses including traditional healers about HIV and AIDS. Some traditional healers support campaigns by modern practitioners to mitigate the impact of the disease. Vermund, et al (2015) attest to the fact that southern African countries have witnessed an increase in referral cases from traditional practitioners to modern hospitals. This is a positive development because more and more traditional healers have come to see modern and traditional healing systems as complementary rather than competitive. Modern medicine is viewed as concerned with removing diseases from the body while traditional healing focuses on the social, spiritual and mental health of the patient (Flint, 2015). This change of heart and mind has been observed in Eswatini as well.

Paradigm shift in traditional healer's perception of HIV and AIDS and other 'western' sicknesses in Eswatini.

Eswatini is the only country in sub-Saharan Africa that is ruled by a monarch who wields real political power. It is a predominantly Christian nation that positively cherishes its dominant indigenous customs and traditions. The country is ruled by dual monarchs, the king and his mother (the senior queen), who are recognized not only as heads of state but as symbols and representatives of Swazi culture, religion, and national identity. Although the dual monarchs commended Christianity to the Swazi, most of whom converted, the king and queen mother have resisted formal conversion. They retained the roles of high priest and priestess of Swazi Religion (Ndlovu, 2014a).

The core values of Swazi Religion include the Creator God named *Mvelinchanti* (meaning The First to Appear), ancestor veneration, traditional healing and medicine, protection of virginity before marriage, chastity, polygamy, permanence of marriage, resourcefulness, altruism, respect for seniority, obedience to civil authorities, the sacred dual monarchy, patriotism, and life after death. Mvelinchanti is the ultimate authority in the world, and he oversees it in conjunction with the ancestors. The ancestors have power and influence over the living, promoting the good of their relatives and regulating their behavior. In their invisible spiritual world the ancestors retain their earthly gender, rank, status, and obligations; thus family ancestors are expected to protect the earthly interests of their kin, while royal ancestors guard the interests of the nation, including security, peace, and progress (Ndlovu, 2014a)

Significantly, traditional healers are held in high esteem because they uphold dominant social and cultural norms of given ethnic groups. In Swaziland, for example the diviners are regarded as custodians of Swazi culture (Ndlovu, 2011).

HIV prevention in Eswatini and the role of traditional healers

Eswatini has the highest HIV prevalence in the region and the world at large (25%). The King declared the pandemic a National Disaster and implored the nation to fight it from all angles (**Yindzaba Yetfu Sonkhe** – It is everybody's concern). Different churches have played significant roles in the campaign to promote male circumcision as one of the effective HIV prevention strategies (Golomski and Nyawo, 2017). Traditional healers, especially diviners (**Tangoma**) also strive to do likewise.

It is important to emphasize that many **tangoma** in Eswatini have been familiarized with HIV and AIDS and very few of them would openly claim to cure the disease. For example, at a recent focus group discussion involving two male **tangoma** and one female **sangoma**, one male **sangoma** Y made the following comment when asked about their role as traditional healers in containing the spread of HIV and AIDS and other critical diseases in society:

Ungeke umphengule shukela, ikholera, iTB, i HIV.

Ematsambo abekelwa kugula lokutilwane.

(You cannot diagnose diabetes, cholera, Tuberculosis, HIV and AIDS using traditional systems of divination.

Divination through bones was designed for illnesses involving spirits)

(30th March 2017)

When asked the extent to which they, as traditional healers, advise their clients about HIV prevention, my informants (Swazi **Tangoma** who are tacitly recognized by Government and society as traditional **healers**) advocate:

(a) abstinence from sex; (b) sex only in marriage settings; faithfulness to one's spouse (or wives in the case of polygamous households; and the (d) use of condoms. Regarding the use of condoms, Diviner X - a female aged between 40 and 45 - had this to say:

“Sometimes young unmarried girls seek my advices on sexuality matters and marriage; I usually advise them to stay away from intimate sexual relations to preserve their private parts for marriage. But because many unmarried young women are often tempted to engage in sexual congress with their lovers, I advise them to use the condom always. Some of my clients are school –going teenagers who sneak into my household surreptitiously; I strongly advise them to use the condom to avoid contracting HIV and also to ensure that they complete school and pursue whatever professions they desire (Interviewed on 4th March 2017).

Concluding remark

This article has attempted to explore the potential and capacity of traditional healers play a crucial advisory role in HIV prevention in African society. The secondary and primary data presented suggest that there is need for sustained empirical studies of the scope on the involvement of traditional healers in the vigorous campaigns to eliminate HIV infection in southern Africa.

The enlisting of traditional healers in such a campaign would not only be sustainable, but it would ensure that all key stakeholders in the fight against the pandemic are mobilized and brought on board.

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