

Negotiating the Future of Traditional Healers in SA - Differences and Difficulties

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The complexities involved in developing a policy on the future of traditional healing in health care in South Africa are elaborate and multifaceted. Agreement between the main players will not be easily reached. There is divergence within and between the modern and traditional sectors as well as differences between political groupings. In this paper the positions of some of the major players concerned with the recognition and registration of traditional healers will be outlined, and some of the difficulties in reconciling differences will be discussed. The points of view reflected in this paper are mainly drawn from positions put forward at a conference hosted by the Centre for Health Policy entitled "Recognition and Registration of Traditional Healers - Possibilities and Problems".

Present Official Status of Traditional Healers (THs)

Officially the use of THs in South Africa is outlawed. In 1974 the Health Act forbade healers not registered with the South African Medical and Dental Council (and in 1982 amended to include those not registered with the South African Associated Health Services Professions Board) from practicing or performing any act pertaining to the medical profession. In reality, however, THs continue to practice and are generally not legally harassed by the authorities. In fact, in certain areas cooperative relationships occur between modern and traditional practitioners. For the most part, however, the modern and traditional systems operate independently with consumers choosing from whom to consult. Despite official illegality, a number of organisations organize THs. Many of these organisations are officially registered but under the Companies Act and not as health providers as such.

Differences between the Modern and Traditional Sectors

There is no single position which can be said to be the "modern health sector point of view" or the "traditional healer point of view", because differences exist within

each sector. For example, there are a substantial number of organisations which organize THs. These groupings are split by historical, geographical and political factors. There is also disagreement as to who is a bona fide TH and who is not. A tendency has developed for organisations to claim that any healer not registered with them is not a genuine healer. On the other hand, within the modern sector there are individuals who could gladly refer to THs for certain illnesses whereas others want nothing whatsoever to do with THs believing them to be complete "mumbo jumbo". In this paper the opinions put forward from the modern health sector are mainly a combination of views expressed by the Medical Association of South Africa (MASA) and the South African Medical and Dental Association (SAMDC), while the views from the traditional sector are combined views from the South African Traditional Healers Council (SATHC) and the African Traditional Healers Association (ANTHA).

Views from the Traditional Healer Perspective

THs have no doubts as to either the legitimacy or the efficacy of traditional healing. Traditional healing is believed to be part of African culture, and it is said that African healing will continue as long as African culture survives. It is pointed out that around 80% of black people in South Africa will utilize a TH as their first point of reference when they are sick. THs are also used to prevent illness and promote community harmony.

THs very often accept that in certain instances modern medicine is preferable and cure health problems which they cannot. On the other hand, they believe that their system of healing is extremely powerful and necessary. If, for example, it is divined that the reason a person is sick is because they have displeased the ancestors, then the cause must be addressed and not just the individual's physical symptoms. A person will not be truly cured without this. It is also believed that African medicines have potent healing powers, and if given by qualified people to appropriate patients, are at least as good, and in many cases, better than many modern medicines.

Training of THs very often comes following a "calling" to become a TH. This person then becomes apprenticed to an experienced healer for an unspecified period. Alternatively, some healers have knowledge passed on to them through family ties.

There are some THs who believe that their legitimacy comes from the people they serve and from their ancestor's history, and therefore do not need "modern" legislation to recognize them or to ensure that they be registered. They feel that this is not only unnecessary but may be, or may become, restricting. They think that these practices may be forced to change in some way, if registration

takes place. Many THs feel however, that current legislation is discriminatory and inhibiting and must be changed. It is said that the law impinges on people's rights and choices and constrains the development of traditional healing. Moreover it is said that there are many charlatans and "quacks" operating as THs and these should be weeded out through a process of registration. It is felt that if THs have control over issues such as the process of who should and who should not be registered: what is and what is not acceptable training; and what is not an acceptable medicine; and who should and who should not be referred to a modern doctor, then registration could become a developing rather than a limiting process for healers.

View from the Modern Health Sector

Modern medicine is founded on the technological principles of controlled experimentation, laboratory analysis and verification of diagnosis. This orientation has brought major advances in the ability to combat illnesses and, as a result, the protagonists feel very confident of the framework. Moreover, many people working in the modern health sector have experienced the consequences of traditional medicine gone wrong. The role of the SAMDC, and to a lesser degree, MASA, is to protect the public. It is thus their view that unless interventions have been scientifically evaluated, there can be no guarantee of safety and they are hence reluctant to simply recognize and accept registration of THs.



Traditional medicine hawker, Umtata. *Photo: Medico Health Project*

While showing a great deal of skepticism towards what THs do and how healers practice, many modern health personnel nonetheless do see a role for healers. It is often accepted that THs are acceptable, accessible and greatly utilized by African people and that this needs to be acknowledged. It is believed, in fact, that THs could play an important role in health care, as long as they are subjected to the methods and remedies of scientific investigation, and only carried out those interventions which have passed empirical scrutiny. For example, the herbs used by THs should be tested for their pharmacologically active as well as dangerous properties and passed or failed on the basis of scientific tests. It is also believed that the TH could play an important role in the "dissemination of correct and factual information to the population at large, particularly in respect of health education, hygiene, sanitation, family planning, and other health related matters". In effect, THs' would embrace and promote interventions studied and accepted within the modern health framework. There is, from this perspective, no room for "superstition" in health care and such intervention is unlikely to be accepted.

With regard to training, representatives of the modern health sector would prefer to see THs being subject to similar norms as the training of modern practitioners. That is, training should take place in a formal institution; there should be a set of minimum time frames to complete training and a standardized curriculum; there should be formal evaluation and a structured period for gaining experience before registration.

It should be clear from the above that modern and traditional healers operate from quite different worldviews. Modern medicine functions within a scientific empirical framework, whereas traditional medicine is based in African cosmology which includes the "supernatural". These differences are reflected in the reasons why a person becomes a healer/health worker: in the structure of training; in the reasons why people are perceived to be ill; in the way diagnosis is done and in the way in which treatment is given. In fact, there is not that much in common between the two systems and thus negotiating agreement is understandably rather difficult.

The Points of View of Political Parties and Organisations

The importance of what policy political parties adopt with regard to THs has implications not only in purely health terms, but also in terms of political support. For example, the antagonistic policy which the Frelimo government of Mozambique took towards THs after gaining independence in 1975 led to a lot of anger from healers and those who utilized their services. During the subsequent war with Renamo this became a rallying point for Frelimo opponents.

The view of the Nationalist Party is reflected in government policy. Current



Traditional healer, Transkei. *Photo: Medico Health Project*

legislation, as mentioned earlier, essentially disregards traditional medicine as a health care resource. Up until recently government has mainly been concerned with the health of the white population. It is not surprising therefore that THs have not been given serious consideration as a health resource. In 1990 this changed to some extent when a national plan was developed with the concept of affordable health care to all people of South Africa. THs entered into government thinking as part of this plan. As a first step they saw it as necessary to liaise and negotiate with THs on issues such as a code of ethics, standards of training, legal control and so on. As the government essentially holds similar views to that reflected by the "modern health sector" it is unclear how the negotiations will proceed. At this point some preliminary meetings have taken place, but there is little concrete progress as yet.

The ANC Health Policy Guidelines adopted at the policy conference makes no reference to THs whatsoever. Elsewhere, however, it has been stated that it is likely that the ANC would want to cooperate with THs. At the conference "Recognition and Registration of THs - Possibilities and Problems", it was said that THs would become part of the National Health Service that the ANC envisages. Nonetheless it was suggested that the ANC would push for the

registration of THs in order to monitor numbers and evaluate the quality of care given, and to allow greater cooperation between sectors. Policy, however, would not be decided unilaterally, but that much discussion was still needed with all sectors before final policy was made.

The view of the PAC is much clearer than either the Nationalist Party or the ANC. It is their view that African people have the right to express their value system unhindered, and as traditional healing and African culture are inseparable, THs should be given the same status in society as healers from the modern health sector. The PAC believes that traditional healing could cure problems where the modern sector has failed. Payment for traditional healing would come from the same or similar source of payment for care in the modern health sector. For example, medical aids would pay for traditional healing in much the same way as they paid for modern care. The PAC did not, however, have faith that the present parliament could change legislation in a way which would benefit healers. Until a majority government was in place they suggest that greater cooperation should occur between the modern and the traditional sectors at the service level.

Conclusion

There are two main similarities between the modern and traditional sectors in trying to develop a policy around traditional healing. The first concerns the way in which health and illness is conceived and treated. It is very difficult for most members of the scientific community to give legitimacy to a framework which is not based on any empirical foundation. Secondly, even if it were accepted that THs have a right to practice, the modern sector is likely to want to legitimize such practice in ways which the traditional sector may find unacceptable. For example, the modern sector may want specific criteria to be laid down as to who is a genuine healer; and where and for how long such people should be trained. These criteria are likely to be foreign and inappropriate to the traditional sector. While it is sometimes said by representatives of the modern sector that the controlling body for THs should be made up of THs, it is unlikely that such bodies will be given a *carte blanche* to set up and operate purely as they chose.

Perhaps more important than the problems though is that the modern and traditional sectors are now talking to each other, and are beginning to understand the problems of the other. It is also important that political parties are now seriously considering the future of THs and are beginning negotiations on the issue. While others are obviously some purely political concerns in doing this, hopefully the policy on THs in South Africa will be taken so that the health of all citizens will benefit.

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