INTERCULTURAL COMMUNICATION
BETWEEN
TRADITIONAL HEALERS
AND
MODERN HEALTH PRACTITIONERS
IN
NAMIBIA

-- A PILOT STUDY --

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Traditional Healers as an Important Link to the Underprivileged

After conducting a pilot study, it is my opinion that traditional healers may be an important and overlooked link to underprivileged members of the Namibian population. By cooperating more closely with traditional healers, the government could improve primary health care. Traditional healers are, in general, highly respected by the community, but are often ignored (or disparaged) by persons with professional education and training.

Although Namibia is heavily Christianised, this does not preclude traditional healers. For example, Christian faith healers use traditional healing techniques overlaid with a thin veneer of Christianity.

NETHA--Namibia's Only Traditional Healing Organisation

The Ministry of Health and Social Services (MOHSS) and donor agencies believe that traditional healers need to be organised if constructive cooperation with the modern health sector is to occur. Though an organisation of traditional healers does exist in Namibia, many traditional healers feel this organisation does not serve their needs and interests.

Local Cooperation with Traditional Healers

Since this organisation, the Namibia Eagle Traditional Healers Association (NETHA), is unlikely to improve, I suggest that the government and other agencies by-pass it and concentrate on securing the cooperation of traditional healers at the village level. In order for this to be effective, it is important that local primary health care workers be trained in remedial intercultural communication, ethnomedicine, and ethnopsychology. Local traditional healers and primary health care workers should be encouraged to meet and talk as much as possible so that they can work together to improve health care in the community.

Training in Intercultural Communication

Intercultural communication, medical anthropology, and psychological anthropology should be part of health workers' and social workers' training. Workshops should be offered to those who are currently working in these fields as well. In Katutura, intercultural communication between modern health practitioners and traditional healers is poor. Available reading material on other areas indicates that communication is poor or even hostile (Annex H). Interviews have revealed that communication between modern and traditional health sectors only occurs if local modern health practitioners' initiate it. There has been no training to date in medical and psychological anthropology for modern health
practitioners at the local level, thus modern health practitioners' attitudes toward traditional healers vary according to their personal belief systems.

**Traditional Healers and Empowering Women**

Women traditional healers, including traditional birth attendants, could play a very strong and positive role in empowering women at the community level. Women's groups should actively seek to establish dialogue with women traditional healers. A pilot project should be set up in this area. A strong relationship exists between empowering women and improving women's health. Women traditional healers should be recognised as integral to this equation.

**Traditional Healers and the Environment**

Diviner-medium traditional healers act as intermediaries between the natural/spiritual world and the human/social world, trying to make sure that harmony between the two worlds is protected. "Illness," in their terminology, is caused by disharmony between humans and the natural world. Thus, traditional healers have an important role to play in connecting environment to health.

I suggest that rural and community development projects be made aware of this role. Such projects should also consider (1) the connection between empowering women and preserving biodiversity; and (2) the implications of this connection for working with women traditional healers and traditional birth attendants.

**Research Permission**

Mathew Gowaseb at the Ministry of Information and Broadcasting has granted me permission to conduct any further research on the topic of traditional healers. Upon completion of said research, a copy of the report is to be donated to the library archives at the museum. Dr. Nestor Shivute at the MOHSS has expressed interest in research being carried out on traditional healing in Namibia; he is particularly interested in a traditional healer survey.

**Conclusion**

Efforts should be made to improve intercultural communication between traditional healers and modern health practitioners. Furthermore, traditional healers' roles in empowering women and in conservation should be explored. Emphasis should be placed on establishing dialogue, creating teaching tools, creating workshops, and educating traditional healers on primary health care. A survey of traditional healers might be useful for the MOHSS and donor agencies. A list of project proposals can be found in Section 5.
INTRODUCTION

The purpose of this pilot study was to explore intercultural communication between traditional healers and modern health care practitioners and to make recommendations for enhancing communication between both groups. An end purpose was to determine whether expanded research in this area is necessary. This study was conducted in the capital city of Windhoek and neighboring Katutura.

Traditional healers should be seen as a resource for primary health care and social welfare. Given that traditional healers know the cognitive symbols and processes of their communities and cultures, they are well-positioned to act as ethnopsychologists and to address community health issues such as certain physical illnesses, substance abuse, caring for those with chronic diseases, health education, the interrelationship between health and the environment, and, possibly, empowering women.

Current scientific research on body/mind interaction, as well as the maxim that a positive attitude increases well-being, means that traditional healers should be perceived as valuable health care providers. Both WHO and UNICEF support the use of indigenous healers in government-sponsored health programs (Annex A).

In some circumstances, however, traditional healing practices are recognized as having negative results. For example, certain traditional practices have been known to contribute to the spread of acquired immune deficiency syndrome (AIDS), such as traditional vaccinations with shared and/or unsterile cutting instruments, particularly razor blades. Some diseases, such as sexually transmitted diseases (STDs) that increase risk of AIDS, are not cured by traditional methods, hence traditional healers incidentally contribute to spreading these diseases.

I began with the premise that an understanding of how illness is perceived and defined affects how illness is treated. Clients choose health care treatment modalities according to their own worldviews (or reality-constructs), which may differ significantly from the biomedical model. Clients often use a variety of health care modalities, choosing different treatments for different problems, or clients may use whatever health care treatment is available, particularly if choice is limited. A client's belief system may influence the curative power of different treatment modalities. From the biomedical reality-construct, this process is labeled psychosomatic or the placebo affect. Client's health belief systems greatly affect preventative health care efforts.
According to medical and psychological anthropology, "illness" and "disease" are different. Illness is found cross-culturally, and its definition and diagnosis will vary from culture to culture. For example, an acupuncturist may diagnose a person as having too much fire. An allopathic general practitioner may diagnose that same person as having high blood pressure. A Zulu Sangoma may diagnose the person as having made a transgression that angered the ancestors. And a Western-trained psychologist may diagnose the person as having an anxiety disorder that, in turn, causes high blood pressure. All of the former are valid methods of diagnosis that treat the patient's "illness" either physically, socially, psychologically, or spiritually. In each case, treatment will be different. Each practitioner has diagnosed the patient according to a specific health care modality based on different cultural reality-constructs; each has labeled the "illness" differently.

"Disease," unlike illness, is a term used specifically in the biomedical (allopathic) paradigm. Thus, high blood pressure is a disease. Tuberculosis is a disease. Even mental illness and alcoholism have been labeled diseases by allopathic physicians. Disease is defined as a condition of an organism that impairs normal physiological functioning. Disease presumes physiology. Physiology is rooted in science. Science is a methodological activity or study. The scientific method is useful, but it must be remembered that it is only one of many available methods and can be perceived as an ethnotheory.

Given that illness is defined, diagnosed, and treated differently in different cultures, communication between different health care cultures is imperative where more than one health care culture coexists with another. Health care practitioners need to be open-minded and willing to collaborate if health care for all people is to be realized. Biomedicine and traditional healing both have a great deal to contribute to health care. Hence, one type of health care delivery should not be assigned intellectual or moral superiority over another. Cooperation between different health care systems (rather than integration of these systems) is the key. This is particularly true in the areas of mental health and health education, where social and cognitive metaphors are of immense importance.

Arguments have been made that traditional healing is less effective than biomedicine and that traditional healing is only used as a healing modality by those who cannot afford modern medicine. It should be noted that similar charges were once leveled against primary health care, the argument being that preventative health care was offered as an option only to the poor, whereas curative health care was made available to the rich. In Namibia today, it is still true that high technology occidental medicine (secondary and tertiary health care) is most available for the well-to-do and least available for the rural poor. A two-or-three-tiered health care system is intolerable. Nevertheless, social change that eases poverty, provides access to safe drinking water and adequate food, provides shelter, offers methods of child spacing, and focuses on protecting the environment is important for improved health. And traditional healers are important collaborators in this effort.

The industrialised nations have seen an explosion in the use of traditional medicine (known in these countries as "alternative medicine"), such as
acupuncture, homeopathy, naturopathy, and shamanism, but since these methods are rarely paid for by private insurance companies or the state, alternative healing methods are considered a luxury and are used predominantly by the middle and upper classes. Most people in developed nations who use alternative medicine cite the practitioners' willingness to listen to them with care and to treat them holistically as primary reasons for choosing this form of treatment. Similarly, people in less developed nations find traditional healers to be more empathetic and easier to approach than biomedical practitioners, who are often perceived as being poor communicators.

1. TRADITIONAL HEALERS IN NAMIBIA

1.1 Number of Traditional Healers

There is no data available in Namibia on the number of traditional healers or on the ratio of traditional healers to population, either nationwide or by region. (Annex B)

It should be noted that, after extensive investigation (including numerous inquiries to different persons at the MOHSS and at the Planning Commission's Central Statistics Office), no statistics could be found on the physician-to-population ratio or the modern health practitioner-to-population ratio in Namibia either.

1.2 Location of Traditional Healers by Area

There is no specific data on traditional healers in Namibia by area or ethnic group. Informal interviews with traditional healers in Katutura pointed to the likelihood of cultural variations in traditional healing. Such cultural variations, although interesting from an ethnographic viewpoint, would be relatively insignificant in the context of encouraging traditional healers to act as co-deliverers of primary health care. In Katutura, traditional healers abound, including Sangoma, Christian faith healers (usually Independent African Church or Zionist), herbalists, neo-herbalists, homeopaths, and traditional birth attendants.*

Traditional healers in Katutura agreed that Caprivi and Kavango had numerous traditional healers but also added that traditional healing was widespread throughout Namibia. It was believed that in certain areas oppression had driven traditional healers underground and that traditional healers were now re-emerging in those areas.

A source at the Ministry of Information and Broadcasting stated that while traditional healers exist predominantly in Caprivi and Kavango, they practice in

* Note: The correct term is traditional midwife; however, traditional birth attendant is commonly used in Namibia.
Sources at the Ministry of Health stated that traditional healers are predominantly in Caprivi and Kavango. One source did not believe that many traditional healers (except for traditional birth attendants) are to be found in other regions. Another source disagreed, stating that traditional healers are everywhere.

Interviewed modern health practitioners thought that the heavily Christianized south would probably have the fewest traditional healers or none at all. This view was reiterated by a source at the Department of Water, Agriculture, and Rural Development, who had spent time in the field in the southern communal lands. However, when this same source asked the Nama-speaking people with whom she was working about traditional healers, she was told that traditional healers are readily available and much-used.

Throughout Namibia, Christian missionaries and the South African government suppressed traditional healing, thus, traditional healers may not be found here in the same number as in other areas of Africa. Nevertheless, one should not overlook the fact that colonialism and apartheid created an inequitable health care system with modern health care being unavailable to most African Namibians, particularly in rural areas. Traditional healers probably offered one of the few available health care options and kept a low profile.

In conclusion, using information offered by traditional healers in Katutura and by a medical anthropologist who specialises in traditional healing in southern Africa, I believe that traditional healers exist throughout Namibia and are used regularly by those who are ill.

1.3 Types of Traditional Healing

In Namibia, traditional healers viewed healing knowledge as rich, complex, and varied. There are currently many types of traditional healing practices here, and one can expect the types to increase now that traditional healing is legal. Most traditional healers practicing in Namibia function in one or more of the following areas: herbalism, divination-mediumship, faith healing, traditional birthing or midwifery, neo-herbalism, and homeopathy. (Annex C)

There is some cross-pollination of techniques due to improved communication, travel, migration, urbanisation, and the desire on the part of traditional healers to learn new techniques that improve patient care. The Zionist Church movement has created a Christianised veneer for many traditional southern African healing methods. An even newer influence is alternative medicine or neo-herbalism. These practitioners are generally younger and have learned their skills through formalised training abroad, usually in South Africa. They are often influenced by naturopathy and homeopathy and have moved farther away from the "mystical" aspects of traditional healing and closer to a scientific worldview.

1.4 Accreditation of Traditional Healers
Many traditional healers practicing in Katutura are accredited by traditional healing institutions outside of Namibia (Annex D). Data on accreditation of traditional healers living in areas other than Katutura is currently unavailable.

An Allied Health Professions Bill is currently before the National Assembly and the MOHSS hopes an Allied Health Professions Board will be established before the end of the year, 1993. Traditional healers will fall under the jurisdiction of this board. Some traditional healers expressed eagerness to receive government-stamped documents identifying them as Namibian traditional healers and expected this to occur once the Allied Health Professions Board is established. Others were worried about whether or not the accreditation process was being abused.

2. Namibia Eagle Traditional Healers Association

NETHA's actual role in organising traditional healers is complex and fraught with political and theoretical differences. Currently, Secretary General Dr. Eliphas Iyenda, in direct violation of the constitution, is the only active person on the national executive committee.

2.1 NETHA's Registration

Namibia Eagle Traditional Healers Association is registered as a welfare organisation under the Ministry of Health and Social Services. The organisation was formed on 7 October 1990 to organise and register all traditional healers in Namibia. The objectives, according to NETHA's registration certificate, are:

1. To provide a therapeutic community of traditional healers offering supportive environmental health programmes to the physically ill, the mentally and emotionally disturbed, and the developmentally handicapped in Namibia.
2. To provide extension management and consultancy services for traditional healers.
3. To be a link between the government, NGOs, and traditional healers.

2.2 NETHA'S Constitution

According to NETHA's Constitution, the organisation's membership shall be open to all types of traditional healers: "herbalists, midwives, diviners, spiritualists, and witchfinders." Membership will be available to all persons who have acquired a recognised standard of healing. There will be a registration fee and an annual membership fee. Members may be expelled for various infringements.

NETHA will be comprised of a National Executive Committee with 14 members: Chairman, Vice Chairman, Secretary General, Vice Secretary General, Treasurer, Vice Treasurer, Director of Research, Vice Director of Research, Publicity Secretary, Vice Publicity Secretary, and four Disciplinary Committee
2.3 Dr. Iyenda's Perception of NETHA

Dr. Eliphas Iyenda would like NETHA to receive funding for the following:
1. To carry out research projects, surveys and market research on toxico-logy, dosage, and hygiene and any other matters connected with traditional medicine and healing.
(Annex E)
2. To build worldwide links with counterpart organisations in order to exchange information and views and in order to compare cross-cultural aspects of healing, particularly in non-Christian societies.
3. To act as the sole umbrella organisation for traditional doctors and faith practitioners in Namibia.
4. To register all traditional healers in Namibia and carry out surveys on all aspects of health.

He has made numerous pleas to the MOHSS and donor agencies such as UNICEF and WHO for funding for transport and daily spending allowance (DSA) for a team to register traditional healers in every region of Namibia. Dr. Iyenda has begun building a pharmacy, expected to open October 1993 at the Katutura Community Center where NETHA is located. He also hopes to start a training college called the Holy Nationwide Herbal Educational Training College that will offer home-study courses in herbalism, naturopathy, and home nursing. Projected opening date is October 1993.

2.4 The MOHSS and U.N. Organisations' Perceptions of NETHA

The MOHSS, WHO, and UNICEF have all turned down Dr. Iyenda's requests for transport to register traditional healers, since they believe that traditional healers should organise on their own. This desire to see NETHA organised appears to be based on the perception that this will make it easier for these groups to work with traditional healers. Dr. Iyenda, however, insists that he cannot register traditional healers without funding.

Dr. Abner Xoagub of the National Aids Control Programme (NACP) at the MOHSS has been working with traditional healers on AIDS prevention and education. He recently met with traditional healers in the northeast and has plans to offer workshops on AIDS to traditional healers in all regions. He also mentioned that a visit by a Zambian traditional healer, whose role was to help NETHA organise, was arranged soon after NETHA was formed; however, rather than concentrating on organising, the Zambian traditional healer spent most of his time seeing patients.

2.5 Traditional Healers' Perceptions of NETHA

Traditional healers perceptions of NETHA are important, since NETHA is their
organisation and mouthpiece, and should be putting forward their agenda. Unfortunately, interviews with seven traditional healers in Katutura, community organisers, and a source from United Nations Fund for Population Activities (UNFPA) stated that there is widespread distrust of Dr. Iyenda and that he is not perceived as working for the benefit of all traditional healers.

Most traditional healers who were interviewed did not believe that Dr. Iyenda was working for traditional healers as a group but was working instead to enrich himself. They said that he is the national executive committee, that there are no other committee members, and that any claims that he makes that there are other traditional healers on the committee are false -- such persons would merely be his friends.

Some traditional healers mentioned that they believe that money gathered from NETHA's registration fees and dues goes into Dr. Iyenda's pockets. Several also stated that Dr. Iyenda's primary concern is to purchase a vehicle and that he is using his position as Secretary General of NETHA to try and get a vehicle from a donor agency or the MOHSS. Furthermore, a source at UNFPA, who has talked to traditional healers in Katutura, heard that NETHA's traditional healer rosters are filled with the names of persons who are not traditional healers. Whether valid or not, such beliefs make it difficult for NETHA to be viewed as representative of most traditional healers.

Almost all traditional healers interviewed stated that they wanted a traditional healers organisation, but, when pressed, seemed to have little hope for the current organisation. When questioned why they did not address their complaints about NETHA to Dr. Iyenda or the MOHSS, or why they did not try to create their own organisation, they responded that since Dr. Iyenda is from Ovamboland and is a SWAPO member, he has a great deal of power. Many traditional healers in Katutura are from South Africa and assume that the Namibian government will refuse them a leadership role in NETHA.

But by far the most common complaint about Dr. Iyenda is that he "learned at the desk, not in the bush." It must be understood that traditional healers who work as diviner-mediums are granted a higher status by traditional healers than mere herbalists. Almost all diviner-mediums learn herbalism as part of their training, whereas not all herbalists learn diviner-mediumship. The exception to this rule is faith healers, who often practice diviner-mediumship without having studied herbalism.

To allopathic healers, the emphasis by traditional healers on spiritual healing may seem odd or even irrational. However, when viewed in a psychosocial context, this emphasis makes perfect sense. Traditional medicine treats a client's illness in context of family, community, and the natural/spiritual world. Herbs may heal the physical body, as they are seen to do in an biomedical paradigm, but diviner-mediumship heals a client socially, psychologically, and spiritually as well. These skills cannot be easily learned from books. There is a long tradition in most cultures of diviner-mediumship abilities being learned in the bush, either alone or with a teacher. Once these skills have been acquired, a person becomes a "true" healer.
According to interviewed Katutura healers, Dr. Iyenda's political power (bestowed by NETHA) is inappropriate due to his lack of bush training. Those who have the least trouble with Dr. Iyenda's training are neo-herbalists, that is, healers trained in alternative medicine who do not use spiritual healing methods. These tend to be younger healers with less community status. In addition, faith healers appear to have less trouble with Dr. Iyenda's status than herbalist-diviner mediums, probably because their healing areas do not overlap.

In summary, an overwhelming majority of interviewed traditional healers were dissatisfied with NETHA because they do not respect Dr. Iyenda's healing powers and suspect him of wanting to enrich himself through his political role in NETHA. This will be a major roadblock in making NETHA effective.

3. INFORMATION ON TRADITIONAL HEALING

3.1 AIDS and STDS (Annex F)

The majority of traditional healers in Namibia use razor blades or nails to give traditional vaccinations. This practice can spread AIDS. The National Aids Control Programme (NACP) is currently offering AIDS workshops for traditional healers. Aside from educating healers about the AIDS virus, NACP is asking traditional healers to have clients supply their own individual, sterile razor blades for traditional vaccinations. Those traditional healers who use nails are asked to sterilise them by boiling.

All interviewed traditional healers in Katutura either had boxes of sterile razor blades or said they asked clients to bring their own blades. Compliance in this area is probably not as high as I was led to believe it is. One traditional healer was clearly tired of hearing about AIDS. The MOHSS and NACP are also enlisting traditional healers to disseminate information on AIDS, including safe sex. Traditional healers who were interviewed were receptive to this; however, it seems doubtful that AIDS and safe sex information are being disseminated by traditional healers unless the client requests it. As a participant observer, I did not hear AIDS or safe sex mentioned at any healings. Only a homeopathic healer had AIDS pamphlets available to clients.

NACP recently met with traditional healers in Caprivi to educate them about AIDS and will be meeting with traditional healers in all other regions in Namibia. A source at NACP stated that traditional healers are excellent psychologists and have an important role to play in encouraging a "positive attitude" among those who are diagnosed as HIV-positive or as having AIDS. Most traditional healers with whom I spoke believe that they can cure AIDS. NACP is trying to convince traditional healers that they cannot, but is having little success in this area. Since persons who are HIV-positive can remain symptom-free for quite some time, many traditional healers believe that they have cured a patient of AIDS, because that person reports that he or she is feeling well. This area of confusion needs to be addressed by improving intercultural communication. If
possible, a spiritual corollary (ancestor) should be found for HIV/AIDS. Medical anthropologist Edward Green had success with this method when explaining STDs to traditional healers in Mozambique.

3.2 Diarrhoeal diseases

In numerous African countries, traditional healers have been successfully cooperating with government health workers to control diarrhoeal diseases by teaching oral rehydration therapy to clients whose children have diarrhoea. A Namibian primary health care initiative should include training community health workers to communicate with traditional healers and to share information on oral rehydration therapy. Traditional healers should be encouraged to teach oral rehydration therapy for free; however, they still may charge for whatever spiritual intercession they need to perform with the ancestors. Traditional birth attendants should also be included in this effort.

3.3 Epilepsy and Intercultural Communication

Two interviewed traditional healers stated that they can cure epilepsy and that it is their specialty. One of these healers wished that a modern health practitioner would observe him curing epilepsy; thus providing empirical proof of his ability to do so. According to this healer, it usually took 3 months to cure epilepsy. He expressed frustration with modern health practitioners' insistence that traditional healers cannot cure epilepsy, when they have not bothered to use empirical observation (a major tenet of the scientific method) to uphold their claim. Here, again, I encountered a collision of worldviews and believe that communication would improve health care.

During an informal interview, a source at the MOHSS stated that many traditional healers claim they can cure epilepsy; however, he did not believe that this was possible, since epilepsy is an organic brain disorder. When questioned, he said he did not know of any biomedical clinician who had observed traditional healers treating epilepsy.

3.4 Mental Health

The role of traditional healers as ethnopsychologists was fully acknowledged by all interviewed modern health care practitioners. One source added that traditional healers were particularly adept at calming and helping psychotic patients. In general, modern health practitioners expressed the view that since traditional healers are trained in the cognitive, psychosocial, and spiritual symbols and beliefs of their clients, they are well-positioned to deal with mental and emotional problems, but are not well-equipped to work with "organic" brain disorders, such as epilepsy. "Traditional healers are psychologists," was how one modern health practitioner put it.

In Mozambique, traditional healers are treating post traumatic stress disorder
(PTSD) caused by over a decade of war and hunger. Namibians, particularly soldiers, suffer from a high-incidence of war-related PTSD as well. This is an area in which the help of traditional healers should be elicited.

Care should be taken by trained psychologists in diagnosing schizophrenia, since it has been shown that schizophrenia is often misdiagnosed when persons have non-Western cultural beliefs. Persons who believe in ancestors, hear ancestors speaking, worry about tokoloshes, etc. should not automatically be labeled schizophrenic or psychotic, since such beliefs are quite "normal" in that person's culture. There is an abundance of readily available information on this topic. (The National Multicultural Institute in Washington, D.C., U.S.A., specialises in cross-cultural training for psychologists and can be contacted for more information.)

A traditional healer who was interviewed said that he was especially good at dealing with "mad" patients. Traditional healers believe that most "psychological problems" are actually socially and spiritually based and treat them accordingly, often offering advice based on keen insight.

Cooperation between traditional healers and modern health practitioners in mental health is particularly easy to facilitate as long as modern health practitioners have a basic respect for and understanding of ethnopsychology. It is particularly important that all health practitioners and social workers be made aware of the valuable contribution of traditional healers in this area.

Occasionally there may be negative aspects to traditional healers performing as psychologists, particularly in dealing with women. For example, most traditional healers interviewed still saw having many children as something "the ancestors desire." Traditional healers are also available to interfere on the woman's behalf with her displeased ancestors if she has aborted naturally or "unnaturally." In Namibia, women tend to be defined by their role as childbearers and nurturers. Dialogue among women traditional healers, modern health practitioners, women's activists, and women in the community on empowering women would improve women and children's health. (see 3.14).

3.5 Substance Abuse

Traditional healing is an excellent way to treat substance abusers; however, no interviewed NGOs that specifically focus on substance abuse have any knowledge of traditional healing. Shamanism has been successful in treating alcoholism and drug addiction worldwide. The Foundation for Shamanic Studies (Norwalk, Connecticut, U.S.A.) has been working in this area for quite some time, currently runs projects in the United States, and is now involved in setting up programs in Russia using shamanism to treat alcoholism.

Alcoholics Anonymous (AA) and narcotics anonymous (NA) are well-known methods for treating substance abuse in developed nations. They emphasise relying on a "higher" spiritual power for healing to occur. Since African traditional healers are already adept at spiritual healing, they should be
encouraged to work in the area of substance abuse.

Community health workers should communicate with traditional healers, discuss alcoholism and drug addiction, and encourage traditional healers to become active in treating these health problems. Whether it be faith healers, Sangoma, homeopaths, or neo-herbalists, such persons will have success "diseases" that are psychosocial/spiritual by nature.

3.6. Recognition of Traditional Birth Attendants

Several traditional healers said traditional birth attendants are now practicing "out in the open" after hiding their roles for years. They also stated that, in most communities, certain women have always been available to help with pregnancy, birthing, and educating mothers in childrearing. This is in contrast to perceptions by some modern health practitioners that traditional birth attendants in Namibia only work with their own family members.

3.7 Distribution of Simple Birthing Kits

In many African countries, simple birthing kits, recommended by the African Medical Research Foundation (AMREF) are distributed to traditional birth attendants containing, for example: a piece of soap (for washing and scrubbing), a piece of string for tying the cord, a razor blade (for cutting the cord), a piece of cloth (for swabbing) and a maize cob (for scrubbing). UNICEF has also distributed traditional birth attendant kits in Africa upon completion of training programs by traditional birth attendants (Anderson, TM, p. 202).

3.8 Beliefs Affecting Clients Choosing Traditional Birth Attendants or Maternity Clinics

According to a practicing Namibian psychologist, modern health practitioners need to understand that one reason women do not obtain natal care is because they believe they are particularly vulnerable to sorcery when they are pregnant.* Visiting a clinic broadcasts to the world that they are pregnant, thus creating a dangerous situation. Furthermore, unless health personnel have established trust with the community and understand "bewitching," there is no reason for a pregnant woman to be sure that health personnel are not sorcerors.

The foetus, placenta, and umbilical cord are strong "charms" used by sorcerors, hence it is important for maternity clinics to allow women to dispose of miscarried foetuses as well as placentas and umbilical cords. Because of modern health practices, many women prefer traditional birth attendants. Training nurses and community health workers to be sensitive to cultural differences and to work with traditional birth attendants would alleviate many problems.

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* Sorcery is not traditional healing. It is misuse of traditional healing's spiritual teachings for evil purposes. Many people do not understand the difference between traditional healing and sorcery and interchange the two terms.
3.9 Complaints by Traditional Birth Attendants and Clients About the Modern Health Sector and the Need for Outreach Programs

Women complain that they are not treated with respect by modern nurses and physicians, who often are not only cold, but also do not tell them what is occurring during delivery. According to an active community leader in Katutura, traditional birth attendants and their clients are usually frightened to go to hospital if complications occur before, during, or after delivery, because they fear they will be chastised for home-birthing by modern health practitioners. This same leader also stated that the modern health sector has made no outreach efforts to traditional birth attendants or to the community. She felt that outreach efforts overseen by the MOHSS were necessary, particularly in the area of midwifery and birth spacing. In her opinion, traditional birth attendants were eager to learn safe birthing techniques from biomedical practitioners and would cooperate eagerly with modern health practitioners if only there was an outreach program that also was culturally sensitive.

The MOHSS and Oxfam U.K. are planning to work on a program for traditional birth attendants in Namibia. Research is to begin in December 1993 and the actual program is to begin in March/April 1994. Emphasis should be placed on training health personnel in intercultural communication and medical and psychological anthropology.

3.10 Traditional Birth Attendants as PHC workers

In many African countries, traditional birth attendants send their clients to clinics for neo-natal tetanus shots and insist that mothers immunise their children. They also give advice on childrearing, the benefits of breast feeding, nutrition, etc. Thus, traditional birth attendants act as traditional midwives and primary health advisors and are not merely involved with the birthing process itself.

3.11 Sterile gloves and Supine Birthing Position

Experience in other African countries has shown that two problems are likely to arise after training traditional birth attendants; these are traditional birth attendants misusing sterile gloves and changing the birthing position to the supine position. (Anderson, TM, p. 202-203)

In Namibia, current NACP policy is not to give out sterile gloves. Traditional birth attendants are encouraged to scrub and to cover up any cuts to prevent AIDS infection and transmission. Despite this policy, another source revealed that if traditional birth attendants have good relationships with their local modern health practitioners, they may ask for and receive sterile gloves.

3.12 Massage
In Africa, most traditional birth attendants provide abdominal massage as part of prenatal care. Massage is often used to correct improper position of the foetus, to reduce backache and "waistache," and to prepare the womb and placenta for delivery. (Anderson, TM, p. 29)

One traditional healer that I spoke to in Katutura said that massage for pregnant women was his specialty. Another traditional healer said that she performed massage for pregnant women regularly. Most interviewed traditional healers in Katutura perform massage. They may overlap with the role of traditional birth attendants.

3.13 Caesarian Sections

There was an overwhelming consensus among interviewed traditional healers that too many caesarian sections (C-sections) occur in the modern health sector. Traditional healers and traditional birth attendants believed that if they could work with modern health practitioners, their knowledge of massage would drastically reduce the number of C-sections.

3.14 Empowering Women

An interesting example of the interrelationship between women traditional healers and empowering women can be illustrated by the case study of a Sangoma woman. This woman, let us call her Ella, had fallen ill after her husband left her 3 years ago. Western-trained psychologists would have labelled her as "depressed" or as having an "anxiety disorder;" however, she explained that her ancestors had become weak, so weak that she had lost all "self-confidence," become physically sick, and had almost died. She also mentioned that her husband and his girlfriend had tried to "poison her," but explained that this had been done at a psychic level. After being treated by another very powerful Sangoma, she slowly recovered. She and her husband were still not yet divorced, but she had started proceedings. Despite her abilities as a Sangoma, Ella told me she had not and would not place a "curse" on her husband but would fight him instead in court.

Ella specifically turned to the legal system to deal with her husband. Thus, as a respected member of the community and as a woman who earns a good living as a Sangoma, she set a strong example for other women. She also broadcast her opinions loudly. She encouraged other women clients to turn to whatever system was available to empower them, particularly the legal system. Ella is probably one of the few women available to empower "traditional," under-educated women who come to her as clients. Certainly, these women are rarely reached by women's groups.

The role of traditional healers in empowering women has not yet been explored, and there is no research available in this area. In addition, there is little anthropological research available on women healers. However, informal
Interviews with traditional healers in Katutura indicated that women traditional healers are interested in teaching their clients about birth spacing, whereas men traditional healers are not. It is likely that women traditional healers would be far more interested in empowering women than men traditional healers. Furthermore, women traditional healers have more power than most women (and some men) in their own culture. They earn good incomes, consider themselves professionals, and are very independent.

Traditional birth attendants are an obvious subset of traditional healers who could help empower women and, thus, improve their health. Aside from the health benefits provided by traditional birth attendants acting as midwives, traditional birth attendants could also contribute socially and psychologically to empowering women, particularly in the area of birth spacing, AIDS and STD prevention.

I suggest focusing on empowering women through facilitating dialogue among women's groups, women traditional healers (including traditional birth attendants), and women in the community. (Annex G)

3.15 The Environment

The role of traditional healers as active indigenous environmentalists has been researched and documented by anthropologists. Unfortunately, research has also revealed that outside influences, particularly modern economic systems and technology, increasingly undermine the authority and understanding of traditional healers, leaving them confused as to how to protect the relationship of their people to the environment.

According to the late Mircea Eliade, foremost scholar on shamanism, traditional healers act as intermediaries between the human/social and the natural/spiritual world. Shamans, that is traditional healers, live at the edge of the human/social world and are able to inform their people of any transgressions that have created disharmony between humans and nature. This is one reason that traditional healers consider bush training to be so important. Traditional healers must not only heal humans, but must also heal human transgressions against nature. Mere herbal knowledge learned in school does not teach the traditional healer about human beings' complex relationships with nature.

Although rapid cultural change and rapid influx of technology can overwhelm traditional healers, most traditional healers are their cultures' primary conservationists. According to the Ministry of Wildlife, Conservation, and Tourism, the relationship between traditional healers and conservation has not yet been explored in Namibia, but there is awareness that persons in other countries have worked with traditional healers in this capacity.

I would like to encourage that the link between conservation and traditional healers be pursued in Namibia. NGOs specialising in environmental issues, conservation-related rural and community development projects, and conservation based empowerment of women are likely to be interested in this link. Furthermore, since protecting the environment has been linked to health,
3.16 How Clients Choose a Healer

According to interviewed traditional healers, clients have their own personal preference as to whether or not they approach the modern health care or traditional healing sector first. Few Namibians go to the modern health sector for advice (i.e. for psychosocial reasons); whereas, many people come to traditional healers for advice, particularly about bad luck or lost objects. Modern health practitioners are considered inept in this area because they have no spiritual training.

All the traditional healers I spoke with have referred clients to hospital and to clinics. They say that they many clients, who have been hospitalised and who have not been cured, come to them.

Methods of treatment suggested by traditional healers are usually in one of these three areas: (a) herbs and intervention with the ancestors (b) suggestions for making feasts for the ancestors, including brewing homemade beer, and (c) person to person advice. Herbs without intervention with the ancestors is considered a weaker form of curing, since it is believed that herbs alone have little power and that the ancestors actually work through the herbs.

4. POSSIBLE APPROACHES TO TRADITIONAL HEALING

4.1 Two Possible Approaches

There are two possible approaches to improving cooperation between traditional healers and modern health practitioners:

- The first approach, which has been used in most African countries, calls for traditional healers to set up one or more organisations to register themselves. These traditional healing organisations are expected to "represent" traditional healers, particularly when dealing with the government and donor organisations. Namibia is pursuing this approach and wants all traditional healers registered under one umbrella group, NETHA. Registration is considered an important pre-condition to working effectively with traditional healers.

- The second approach focuses on training all health and social workers, including those in school, in communication skills and basic medical and psychological anthropology in order to improve collaboration between modern health workers and traditional healers. Such an approach does not necessitate setting up a traditional healers organisation, nor does it preclude it.
4.2 Advantages and Disadvantages of Traditional Healing Organisations

Registration provides baseline quantitative data on traditional healers such as traditional healer to population ratios, usually by region, and information on types of traditional healing performed in specific areas. It rarely provides ethnographic data.

The advantage of this policy is that it facilitates planning by government ministries and donor agencies, especially if these agencies want to disseminate information through traditional healers or change behavior practices that are perceived as being unsafe.

One disadvantage is that it does not build capacity and does nothing in and of itself to strengthen communication between traditional healers and modern health practitioners. A major disadvantage is that there is danger of corruption, which often translates into baseline data collected by such organisations being questionable. For example, persons registered as traditional healers may not actually be traditional healers.

4.3 Corruption in Traditional Healer Organisations

National traditional healing organisations have a history of being led by persons who are self-aggrandising and who are skilled politicians, but who are not respected healers. In much of Africa, healer networks (such as the Imbande in South Africa) trace kinship back to existent spiritual trainers. These networks have their own internal structures and rigorous ethics that are seen as spiritually-enforced and are, thus, rarely transgressed.

The type of healer who does not have an existent network, such as those who have learned their skills in schools, are often attracted to running national traditional healing organisations. These are usually herbalists, neo-herbalists, and other more "modern" traditional healers. Their knowledge of "modern" ways allows them to grasp what government and donor agencies want from them. They also usually speak English and are literate -- both definite advantages. Modern health practitioners are often more comfortable with herbalists who do not embrace spirit-mediumship and with other more "modern" traditional healers such as homeopaths than they are with those who practice the more mystical aspects of healing. However, just the opposite is true of most traditional healers who respect diviner-mediums more than mere herbalists or neo-herbalists.

NETHA illustrates this common organisational paradox. According to medical anthropologist Edward C. Green, top-down traditional healer organisations may be abandoned elsewhere in southern Africa and replaced by existent traditional healing networks.

4.4 Survey of Traditional Healers

A survey on traditional healers could be performed by either the MOHSS or a
consultant. It is not recommended that NETHA as it currently exists undertake this work, because the organisation does not appear capable of such survey work and the results would be suspect.

Quantitative Data

The survey should determine the:
   (a) traditional healer to population ratios by regions and
   (b) types of traditional healers in each region.

Qualitative Data

During this survey, qualitative information could also be gathered on:
   (a) traditional healers' illness specialisations;
   (b) traditional healers' perceptions of modern health care practitioners;
   (c) traditional healers' willingness to collaborate with modern health practitioners in the areas of AIDS, STDs, PHC, contraception and birth spacing, mental health, and health education;
   (d) traditional healers' willingness to use a standardized pictographic record-keeping system (non-literate healers) or a standardized written record-keeping system (literate healers) so that information could be gathered and fed into a central system for monitoring and evaluation of traditional healers and traditional birth attendants;
   (e) traditional healers' willingness to work towards empowering women through whatever channels are available, including education and cultural changes;
   (f) traditional healers' role as environmentalists, and
   (g) whether or not traditional healer networks (such as South Africa's Imbande) already exist in Namibia.

4.5 Creating a National Traditional Healing Organisation

During or following a survey, it might be possible for NETHA, the existent traditional healing organisation, to register traditional healers; however, due to NETHA's suspect status, this is not recommended. If NETHA, at the very least, created a functioning national executive committee, the organisation might go ahead with registration.

Or, during or after a survey, a new traditional healing organisation might make itself available to register traditional healers. Another possibility is that the survey might reveal that healing networks already exist. These networks could then be approached and it could be suggested that they create a traditional healing organisation.

During and after the registration of all traditional healers, communication workshops should be offered to modern health practitioners and social workers (in school and in practice) on how to enhance intercultural communication with traditional healers.
Traditional healers believe that modern health practitioners are adept at healing the physical body. However, traditional healers view modern health workers as largely ignorant of what actually causes illness in the first place. Thus, modern health practitioners are perceived as being adept at diagnosing, curing, and even preventing "disease," but as being poor at diagnosing "illness" as defined and perceived by traditional healers. Time and time again, traditional healers pointed out that modern health practitioners did not understand the spiritual aspects of healing or the root causes of illness. Clients using traditional healers felt the same way.

Furthermore, traditional healers assume that their exclusion by the biomedical community is due to modern health practitioners' fear and greed. According to this perception, modern health practitioners fear losing their patients and, more importantly, their incomes to traditional healers. All the traditional healers with whom I spoke consider modern health practitioners to be less skilled than themselves at healing, except for performing surgical operations. They assume that modern health practitioners arrogance toward them is based on jealousy. Nevertheless, traditional healers would very much like to work with modern health practitioners, if only modern health practitioners would treat them as equals.

Traditional healers' sense that they are not respected by modern health practitioners is sometimes correct. Rhetoric aside, modern health practitioners rarely grant that traditional healers are skilled in fields other than ethnopsychology and midwifery. Although intentions may be good, modern health practitioners often have little knowledge of medical and psychological anthropology and depend too much on the biomedical paradigm, rather than focusing on the social aspects of health care. This may lead to modern health care practitioners unknowingly viewing traditional healers as persons they can "use" to pass on their own more "correct" health information to the public.

Intercultural communication is only possible when there is mutual respect between different health care cultures. Unless modern health practitioners respect and value traditional healers, no communication of any value will occur.

Currently, all but cutting-edge medical theory is still immersed in mind/body dualism. This makes communication between modern health practitioners and traditional healers difficult. Traditional healers perceive healing as holistic, and, although they would like to learn more about biomedicine, they are unwilling to simultaneously reject the spiritual aspects of healing. Spirituality, however, is not a subject that is taught in biomedicine, except rarely perhaps as an adjunct to psychology. Indeed, spirituality is often considered pathogenic, superstitious, or merely irrelevant by biomedical practitioners. Thus, real communication between traditional healers and modern health practitioners would necessitate an understanding of different reality-constructs.
The traditional healer, who is a spirit-medium, believes that there are many levels of reality, that reality is polyphasic. Therefore, dreaming and altered states of consciousness are valid forms of reality for diagnosing patients. The traditional healer can "see" and intervene in nonordinary reality and these are his or her primary healing skills.

According to transpersonal psychologist Anne Simpkinson, "Transpersonal anthropologists distinguish between what they call 'monophasic' and 'polyphasic' cultures. Monophasic cultures derive their worldviews almost exclusively from a single state of consciousness -- the waking state. Polyphasic cultures derive their worldviews from multiple states -- dreams, contemplative states, etc. This helps explain why our culture -- an essentially monophasic one -- has had great difficulty making sense of polyphasic cultures." (Common Boundary, p. 41).

Modern health practitioners tend to work in only one reality-construct, monophasic, and tend to be disbelieving of those who claim to work in multiple realities. Until modern health practitioners are willing to discuss (even if it means disagreeing) multiple realities with traditional healers, it is unlikely that communication between the two groups will substantially improve. (Annex H)

I recommend that the government, the MOHSS, and donor agencies focus on training all health and social workers, including those in school, in communication skills and basic medical and psychological anthropology in order to improve collaboration between modern health workers and traditional healers. If modern health practitioners and social workers are trained to communicate and work with traditional healers and traditional birth attendants, then primary health capacity-building will occur at the community level.

5. SUMMARY OF PROJECT OPTIONS

- **A Video on Traditional Healing -- To Increase Understanding by Modern Health Practitioners:**
  This video would be directed and produced by a consultant with input from traditional healers. The video would explain the worldview of one or more traditional healers. It would show how modern health practitioners might approach traditional healers in order to gain their cooperation. It could be used as a teaching tool alone or for training of trainers. (see 4.6)

- **A Presentation and Experiential Workshop on Traditional Healing -- To Increase Understanding by Modern Health Practitioners:**
  This presentation on traditional healing would be created by a consultant with input from traditional healers. The presentation would explain the traditional healer's worldview to modern health practitioners and social workers. Modern health practitioners and social workers would also be taught intercultural communication, medical anthropology, and psychological anthropology in order to facilitate communication with traditional healers for the purpose of improving primary health care. Experiential exercises would be used to help modern health practitioners "live" the traditional healing reality-construct. This
presentation and workshop format could be used as a teaching tool alone or for training of trainers. (see 4.6 and Annex I)

- **Survey:**
  This project would gather quantitative data by region on the number and types of traditional healers. Qualitative data could be gathered as well. The MOHSS is already interested in such a project. (see 4.4)

- **Medicinal Plant Garden:**
  A medicinal plant garden project should be created and overseen by a consultant or donor agency. This activity could be an income-generating project for women. (see Annex E)

- **The Role of Women Traditional Healers in Empowering Women:**
  This project would concentrate on establishing dialogue among community women, women's activists, and traditional healers (including traditional birth attendants) to discover if women traditional healers can be agents of change for empowering women. Empowering women is vital to primary health care for women and children. This pilot project would initially take place in one area (one town or one village) only. If successful, it could be expanded. One interesting aspect of this project is that empowering women would be undertaken within an indigenous cultural context as opposed to importing a Western feminist agenda. The project could focus on any predetermined aspects of primary health care such as birth spacing and safe sex (STDs and AIDS). (see 3.14)

Note: Oxfam U.K. (Gillian Lang) will be working with traditional birth attendants in 1994. (see 3.9 and Annex J)

- **The Role of Traditional Healers as Conservationists:**
  This project would focus on the role of traditional healers as intermediaries between the social/human world and natural/spiritual world. It could easily be incorporated into any existent rural or community development projects. Conservation would be viewed within an indigenous cultural context as opposed to within a Western environmental cultural context. Furthermore, the project could focus on the multiple links between traditional healers, empowering women, and preserving biodiversity. (see 3.15)

Note: Empowering women and preserving biodiversity is now a fundamental principle of most conservation NGOs. For more information, please read "Conservation Based Empowerment of Women," by Tara Lumpkin (available from Tara Lumpkin or Phillip Gibbs, consultants, UNICEF, Windhoek).

- **Traditional Healers and Oral Rehydration Therapy:**
  This pilot project would be undertaken in cooperation with the MOHSS. In numerous African countries, traditional healers have been successfully cooperating with government health workers to prevent childhood diarrhoeal diseases (CDD) by teaching oral rehydration therapy to clients whose children have CDD. (see 3.2)
• **Traditional Healers and Mental Health:**  
The project would focus on traditional healers as community psychologists. Mental health practitioners should, thus, be concurrently educated on traditional healers roles in community psychology. (see 3.4)

• **Traditional Healers and Substance Abuse:**  
Traditional healers are ethnopsychologists and well-positioned to work on the issue of substance abuse. (see 3.6)

• **Traditional Healers and Primary Health Care:**  
This project would emphasise the role of traditional healers as primary health care deliverers. (see 3.1 - 3.13, 3.16)

• **Traditional Birth Attendants and Primary Health Care:**  
This project would emphasise the role of traditional birth attendants as primary health care deliverers. (see 3.6 - 3.13)

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**Annex A: The World Health Organisation mandate: regarding roles for traditional healers**

**Analysis by Edward C. Green, Ph.D., Medical Anthropologist**

In 1977, the World Health Assembly of the World Health Organisation (WHO) passed a resolution promoting the development of training and research related to traditional medicine. The following year, in Alma Ata, WHO and UNICEF issued additional resolutions supporting the use of indigenous health practitioners in government-sponsored health programmes.

In 1984, WHO suggested that upgrading the skills of traditional healers makes more sense than creating new modern health care cadres, such as village health workers: "Some countries tend to create new community health workers rather than incorporate practitioners of traditional medicine into their health delivery systems, especially at the primary health care level." (WHO, Global Medium-term Programme. Programme 12.4 Traditional Medicine. Geneva, March 1984, p. 3) This document lists the option to "upgrade the skills and knowledge of traditional practitioners and to incorporate useful practices into the training programmes of other health workers." It notes that some countries try to make use of traditional healers without proper orientation or training for either the healers or the modern health workers with whom they are to work. (p. 4) Section 4c. specifically calls for training traditional healers and traditional birth attendants in countries where these practitioners "provide services to otherwise under-served segments of the population...."

Elements of traditional medicine should also be incorporated in the training curricula for modern health workers. WHO recommends that training of healers be preceded by the establishment of an official government policy regarding healers. Furthermore, elaborating a framework for the practice of traditional medicine "may be indicated" under certain circumstances, although these are not specified. (p. 5) The document goes on to say that traditional healers must be involved at all stages in planning concerning themselves "...to facilitate the ready
acceptance by their peers of suggestions for change including the assumption of new responsibilities, for example, in the field of health education." Programmes involving healers should be carried out in a way that does not "destroy their individuality." (p. 5-6)

In 1989, the 42nd World Health Assembly of WHO urged member states to explore how traditional healers might extend primary health care coverage.

**Annex B: Estimated number of traditional healers**

*Data collected by Edward C. Green, Ph.D., Medical anthropologist*

Examples of traditional healer to population ratios:

- All of Africa: 1:250
- Rural and urban Swaziland: 1:100
- Mozambique: 1:200
- Urban Zimbabwe: 1:234
- Rural Zimbabwe: 1:575
- Lagos state, Nigeria: 1:200
- Ghana: 1:407
- Peri-urban Senegal: 1:60
- Namibia: ?

**Annex C: Faithhealers**

There are several types of churches in southern Africa that involve faith healers. In South Africa, a number of Africans originally formed the Ethiopian church movement. This church's theology was similar to the Calvinist-based Methodist theology brought over by Boer colonialists and similar to the Anglican church's theology, but it allowed for black leadership. The Ethiopian church had formed close links during the first decade of its existence with the African National Congress, which was formed in 1912. As time passed, the Ethiopian church lost its importance because it tried to approach the colonial government rather than grow with the liberation movement.

By the end of the Anglo-Boer war (1902), a new group of independent churches emerged in South Africa as the Zionist movement. These churches originated from the Pentecostal movement. They were theologically eclectic with healing, speaking in tongues, purification rites and taboos.

By 1982, the Zionist movement had recognized 3000 separate churches with branches all over South Africa. Thirty percent of black Africans belonged to one of these churches. While initially the Zionist movement appeared to oppose the racist rulers of South Africa, in recent history the movement has assumed a well-defined role as a collaborator with the fascist government that is exploiting the mass basis of the religious movement for its own divide-and-rule policy.

The growth of the Zionist movement in southern Africa should be seen partially
as a response to the extremely bad health situation in the black majority population, but also as a political phenomenon. Recruitment to the church is invariably made through healing and rites concerned with the prevention and treatment of disease that dominate the typical Zionist church service. The Zionist movement has gradually adopted almost all of the centuries-old ideas and treatments of traditional healers in the various southern African cultures. (Staugard, TM, p.60-63)

Annex D: Examples of institutional accreditation of traditional healers practicing in Namibia

• Diploma in Herbal Medicines, African Herbal College, Pretoria, R.S.A.
• International Organisation of Traditional and Medical Practitioners and Researchers, Bulawayo, Zimbabwe
• Traditional Medical Practitioner and Spirit Medium, Harare, Zimbabwe
• Inyanga and Herbalist, Ulundi, Kwa Zulu Government, R.S.A.
• Kruiedokter, Windhoek, SWA/Namibia
• Hahnemann Institute of Homeopathy and Natural Medicine, London, England

Annex E: The question of traditional healing and medicinal plants

NETHA has stated that it has a policy to "carry out research projects, surveys and market research on toxicology, dosage, and hygiene and any other matters connected with traditional medicine." Unfortunately, it is not practical for NETHA or any other traditional healing organisation to pursue research on toxicology and dosage of plants. Ethnobotanical research is usually expensive and has very little positive health impact. Such research is best left to other agencies, such as academia or an agency specifically set up for this work. However, herbal plant gardens for distributing herbs and generating income would be an excellent project for NETHA (or another traditional healer organisation) to undertake. It is suggested that traditional healing organisations first, however, become organised and solvent. In the future, they then might consider working in conjunction with the Department of Agriculture or an environmental NGO on medicinal plant gardens and marketing.

Many traditional healers in Katutura said that most of the herbs they use are grown in South Africa and are imported from there. They expressed interest in Namibian herb gardens and stated that traditional healers in rural areas depend more than they do upon locally grown or collected herbs. They also stated that Namibia's dry climate makes it more difficult to grow herbs here than in South Africa. It was agreed that a niche for Namibian herbs should be found that would not lose out to competition from South Africa. It was mentioned by quite a few healers that the herb devil's claw comes from Namibia.

Traditional healers in Katutura thought that Namibian-grown herbs would sell well in "muti" shops in towns and cities and that availability of more
herbs would be welcomed by traditional healers in rural areas.

The U.S.-based, NGO Conservation International (CI) has had great success with women-run herbal gardens in Brazil and Guatemala. CI concentrates on income-generating projects that simultaneously preserve biodiversity and empower women. Medicinal plant gardens have been the most popular project so far. Environmental NGOs would be likely to fund a similar project in Namibia.

Tony Cunningham, who consults for World Wildlife Fund International, has been recommended over and over for his expertise in this field. He was recently working on herbal plant gardens in Ovamboland. Another possible contact would be Kathryn Cameron Porter at Conservation International, Washington, DC, USA.

Unlike herb gardens, ethnobotanical research is difficult for NETHA to rationalise. Any research targeting the pharmaceutical industry is likely to fail (Green, "Proposal For A Program in Public Health and Traditional Health Manpower in Mozambique: Recommendations of a Consultant," p. 51-55). Unfortunately, this industry only invests in curing the diseases of those who can pay for the cure. Tropical diseases found mostly among the poor do not elicit much interest. The pharmaceutical companies already have thousands of "promising" plants lined up to be tested, but testing is time-consuming and expensive.

For example, in the past two years, laboratory analysis showed that extracts of two Mozambican plants used by traditional healers had antiparasitic action against P. falciparum (malaria). But the international pharmaceutical industry was not interested in analyzing the plants, and even if they had been, the resultant antimalarial would have been too expensive for the majority of the population.

Annex F: Possible future strategy to combat STDs and AIDS
Based on a Discussion Paper by Edward C. Green
Medical anthropologist, Ph.D.

Traditional healers have collaborated throughout Africa with governments in diarrhoea programmes and AIDS campaigns. However, they have not collaborated with governments (except in Mozambique) on STD programmes. STDs are a major co-factor in the spread of HIV infection in Africa. A fundamental problem is that in Africa treatment in most STD cases is not presented to health facilities but rather to traditional healers. This situation has been recorded in Botswana (Staugard, TH, p. 87), Mozambique (Green, "Proposal For A Program in Public Health and Traditional Health Manpower in Mozambique: Recommendations of a Consultant," p.35-43), and South Africa.

There is currently no data available as to whether or not traditional healers rather than modern health care practitioners are usually consulted for STDs in Namibia; however, it is likely that traditional healers are consulted since
Namibia's use of traditional healing systems appears similar to South Africa's. As in the rest of Africa, Namibia has high STD rates.

Traditional treatments for STDs have been found to be ineffective in most cases. For example, in Botswana, traditional healers consider first stage syphilis to be a separate entity from syphilis in its secondary and tertiary stages. Since the symptoms of first stage syphilis always subside on their own without treatment, traditional healers consider their treatments to be effective; however, the client is still able to infect others (Staugard, TH, p. 87).

If future research in Namibia reveals that clients prefer to use traditional healers for treatment of STDs, then there is a central role for traditional healers in STD control programs. Traditional healers can: (1) promote responsible sexual behavior, including using condoms and limiting the number of sexual partners; (2) follow-up with sexual partners of those infected and suggest correct treatment methods; and (3) refer clients to antibiotic treatment program facilities.

In Mozambique, due to a shortage of modern health practitioners, traditional healers have been trained in two provinces to effectively use oral antibiotics to treat STDs. Most African health ministries, however, are against the transference of materia medica from biomedical to traditional practitioners. The MOHSS must decide which course it considers appropriate.

If Namibians prefer to use traditional healers for treatment of STDs, then traditional healers (particularly those who specialise in STDs) should be trained in diagnosing STDs and referring persons with STDs to health facilities (or else traditional healers should be trained in proper use of oral antibiotics). Since traditional healers and their clients firmly believe that their treatments do work, referrals must be presented as cooperation between traditional healers and modern health practitioners. The traditional healer, like the biomedical practitioner, is not simply going to give up patients whom he or she feels are benefiting from treatment.

It is recognised that treatment of single STD patients is a losing battle unless the various sexual partners can be traced and treated. Hospitals and other health facilities often have a difficult time doing this and it seems possible that healers might be in a better position to find and treat the partners of their patients. It would seem, for example, that the partners would be more physically accessible to a healer situated in or near the patient's community, compared to a hospital or health center.

In conclusion, traditional healers should be treated as important community health workers in diagnosing STDs and in educating people on STDs and safe sex. Modern health care practitioners should provide antibiotic treatment unless the more radical step of creating a pilot project to train traditional healers to dispense antibiotics is considered necessary. Whatever approach is indicated, it should be noted that curbing STDs is of primary importance in AIDS prevention. Obviously, mutual respect between traditional healers and modern health practitioners is necessary if the two groups are to work cooperatively.
Annex G: Women in Katutura on the issue of child maintenance

Namibian women are attempting to improve their social status. The Namibian constitution guarantees them equality; however, legislation that will make this a reality is slow in being enacted.

In Katutura, at the end of June, a meeting was held to discuss how to force men to pay maintenance for their own children. It was scheduled to take place at the Arts Association at a monthly get-together of the Women's Forum, where social and economic issues concerning women and their families were routinely discussed.

Rosa Namises, a well-known community organizer and women's activist, had offered to transport anyone who lived in Katutura to the forum in Windhoek. She assumed a small number of women would turn up; however, when she arrived, she saw a crowd of over two-hundred women waiting for a ride. "I needed a bus not a bakkie," she said. "But I was pleased to see so many women taking an interest and making the time to talk about this matter. It is a burning problem for women in Katutura as the meeting showed." (The Namibian)

According to The Namibian, the women's' stories poured forth at the meeting. Almost all had found that the current law that stated that men must pay maintenance for their children whether they were married to the mother or not was unworkable. Namises said women were trying to establish a more workable system.

Annex H: Notes -- PHC/CBHC regional awareness workshop, 1991

An example of lack of awareness by community health workers in the areas of psychological and medical anthropology and in intercultural communication is exemplified by the Ministry of Health and Social Service's "Report on PHC/CBHC Regional Awareness Workshop, North-east Region." This workshop took place in Rundu on April 22-26, 1991. It was organised by the MOHSS and funded, at least in part, by UNICEF.

The group participants came up with a definition similar to WHO that defined primary health as a "state of complete physical, mental (spiritual) and social well being and not merely the absence of disease or infirmity" (p. 7). They then stated that the main roadblock to development was "dependency" (p. 8). Another problem lay in women's lack of participation in the structure and decision making process in the community (p. 11). Yet "witchcraft (belief in bewitching and evil spirits)" was cited as a "problem and constraint" to health and development. (p. 11). Later in the text, "witchcraft" was labeled a "problem" facing the community and the suggested solution was "Christianity (p. 15)."

This workshop was conducted in the North-east, where, according to various sources including the MOHSS, most traditional healers and traditional birth
attendants are found. Twenty of the fifty-four workshop participants were members of the MOHSS. Other attendants were headmen, etc. None of the attendants were traditional healers or traditional birth attendants, although the purpose of the meeting was to discuss primary health care. Nowhere in the workshop was any information or explanation of different healing paradigms given, nor was there any encouragement to look at the effects of different cultural reality-constructs in defining health.

Nowhere in the report was there any mention of traditional healers or traditional birth attendants. This was revealed by the fact that certain cultural traditions such as "fear of evil spirits and belief in bewitching" were labeled "witchcraft." Forcing Christianity, as a "solution," on persons who believe in different reality-constructs hardly seems like an appropriate method to improving primary health care.

Furthermore, since empowerment of women was seen as an important consideration, would it not have made sense to have proposed talking to traditional birth attendants to empower that group of women who were already providing an important service to the community? And since dependency was also seen as a major problem, did those in the workshop consider their own dependency upon Westernized reality-constructs and value systems?

This is an important example of where previous training of the MOHSS workers in intercultural communication and medical and psychological anthropology could have allowed for a more positive approach to be taken not only toward traditional healers and traditional birth attendants but also toward providing viable primary health care to the community.

Annex I: Intercultural communication workshops for modern health practitioners and social workers
Based on programs developed by Edward C. Green, Ph.D., Medical anthropologist

General Objective:

To sensitize modern health workers in Namibia to the importance of culture in influencing health beliefs and behavior, and to make health interventions more effective, from individual contact with patients to mass health campaigns.

Workshop Components:

1. The concept of culture and how culture shapes knowledge, attitudes, beliefs and behavior, including those related to health.

2. Namibian health knowledge, attitudes and practices and their relationship to those of Africa as a whole. The concept of ethnomedicine and ethnopsychology.
3. Health-promoting and health-detracting aspects of health beliefs and behavior in Namibia.

4. The role of traditional healers (herbalists, diviners, spirit mediums, traditional birth attendants, Zionists and other religious faith healers) and their place in Namibian society and culture.

5. The importance of establishing an ethnomedical knowledge base. Qualitative and quantitative anthropological research methods.

6. The relevance of anthropology to public health. What modern health workers can do to make health interventions more effective.

7. African experience in establishing collaboration between the modern and traditional health sectors. What traditional practitioners can and should learn from modern health sciences; what scientifically-trained health professionals can and should learn from traditional medicine -- in order to improve the public health of the total rural and urban Namibian population.

8. The potential contribution of traditional health personpower in rural outreach and delivery of emergency health services as development occurs in Namibia.

Annex J: Pilot study contacts and methods of gathering research

Ministry of Health and Social Services -- Methodology: Interview

- Dr. Abner Xoagub, Namibia Aids Control Programme (NACP), Programme Officer, Currently running AIDS workshops for traditional healers, Tel: (061) 224015, Fax: (061) 224155.
- Pandu Hailong, EPI (Immunization), Tel.: (061) 2032654.
- Dr. Nestor Shivute, Deputy Director, the MOHSS, Interested in a survey being carried out on traditional healers, Tel.: (061) 2032304.
- Maggie Natanga, Working with Gillian Lang at Oxfam U.K. on traditional birth attendants and planning to begin research on their role in December, 1993, Tel.: (061) 2032332.

Ministry of Information and Broadcasting -- Methodology: Interview

- Mathew Gowaseb, Tel.: (061) 2832386.

Ministry of Water, Agriculture and Rural Development -- Methodology: Interview

- Gillian Maggs, National Herbarium, Tel.: (061) 3029111.
- Adelaide Iken, Tel.: (061) 3022170.
Ministry of Wildlife, Conservation and Tourism -- Methodology: Interview

- I.D. (Daine) Grobler, Chief, Tel.: (061) 63131, Fax: (061) 63195.
- Ben Beyttell, Deputy Chief, Tel.: (061) 63131, Fax: (061) 63195.
- Brian Jones, Community Development, Tel.: (61) 63131 ext. 257, Fax: (061) 63195.

NGOS with Information on Traditional Healers and/or Plans to Work with Traditional Healers -- Methodology: Interview

- Gillian Lang, Oxfam U.K., Plans to work with Maggie Natanga at the MOHSS on traditional birth attendants and hopes project with traditional birth attendants will begin in March/April 1994, Tel.: (061) 222065/229081
- Rosa Namises, Legal Assistance Center, Info. on traditional birth attendants communication with modern health practitioners, Tel.: (061) 223356.
- Dr. Eliphas Iyenda, Secretary General, Namibian Eagle Traditional Healers Association (NETHA), Katutura Community Center, Tel.: (061) 61621.

NGOS with no Information on Traditional Healers and No Current Plans to Work with Traditional Healers -- Methodology: Interview

- Council of Churches in Namibia (CCN)
- Namibia Development Trust
- Namibia Red Cross Society (NRC)
- Namibian Alcohol Drug Addiction (NADAC)

Traditional Healers in Katutura -- Methodology: Interview and Participant Observation

- Dr. Joel Dlamini, Traditional healer, Tel.: (061) 217440.
- Naomia Pasheka, Traditional healer (Sangoma), No telephone, 6784 Johannes Huss, Katutura.
- Rikus Kahaka, Faith healer, call NETHA for address and tel. number.
- Levi Kawahima, Faith healer, call NETHA for address and tel. number.
- Anna Mabasu, Traditional healer (Sangoma), call NETHA for address and tel. number.
- Lydia Maharero, Traditional healer (homeopath), Tel.: (061) 61525.
- Dr. T. Sibiya, Traditional healer (Sangoma), Tel.: (061) 271008.
- Dr. Machava, Traditional healer, Tel.: (061) 218305.

Miscellaneous Contacts -- Methodology: Interview

- Dr. Meagan Biesele, Anthropologist, Nyae Nyae Development Foundation of Namibia (NNDFN), Aims: Education, development of health programmes and agricultural training for the Ju/hoan people, Tel.: (061) 36327, Fax.: (061) 225997.
- Danie Botha, Member of Parliament, Degree in Theology, P.O. Box 11402, Windhoek 9000, Namibia, Tel.: (061) 36566, Fax: (061) 224184.
- Pat Craven, Ethnobotany of Damaraland, Omaruru, Tel.: (114) 062232.
• Tony Cunningham, Worked in Ovamboland on herbal gardens, 84 Watkin St., White Gum Valley, 6162 Fremantle, Western Australia.

• Nicholas Dondi, UNICEF consultant, Namibia, Tel.: (061) 229220.

• Foundation for Shamanic Studies (FSS), Programs on shamanism and substance abuse, PO Box 670, Norwalk, CT 06852, U.S.A., Tel.: 203/454-2825

• Edward C. Green, Ph.D., Medical anthropologist and consultant in international development specialising in cooperation between traditional healers and modern health practitioners in southern Africa (Mozambique, Swaziland, southern Africa), 2807 38th St., N.W., Washington, D.C. 20007, Work tel.: 202/338-3221, Fax: 202-338-2868.

• Vusumazulu Credo Mutwa, Zulu High Witchdoctor, Guardian of Tribal History and Guardian of Tribal Relics, Appears regularly on television to discuss racial relations in South Africa, Mafikeng, Bophuthatswana, (0140) 822095.

• Lesley Paton, The Namibian, Tel.: (061) 36970.

• Alan Marsh, Environment Evaluation Consultant, Tel.: 64527/229855.

• Scott Poe, Former Peace Corps worker who is now working on drought relief in Namibia, Worked on health care in Western Africa and had contact with traditional healers, Home tel.: (061) 42419, Work tel.: (061) 222788

• Marika Pottas, University of Namibia, SWAPO member, Visited NETHA and is interested in role of traditional healers, Tel.: (061) 225673.

• Tos van Tonder, Practicing Psychologist, Expressive Arts Therapist, Trained student nurses in Namibia in holistic healing, Trained teachers and students in self-esteem, Tel.: (061) 225527. Moving back to Cape Town, September, 1993: c/o Maria, 117 Ocean View Drive, Sea Point 8001, South Africa.
GLOSSARY

Allopathy is a method of treating disease by the use of agents that produce effects different from those of the disease treated (as opposed to homeopathy).

Biomedicine is the study of medicine as it relates to biological systems.

Faith healing is the use of religious faith or prayer to bring about healing. (In the context of this report, it is used to specify Christian faith as opposed to the shamanic faith of traditional healers.)

Homeopathy is a system of medical treatment based on the use of small quantities of drugs that in massive doses produce symptoms similar to those of the disease under treatment (as opposed to allopathy).

Naturopathy is a system of medical treatment based on the use of medicinal plants. (It does not involve spiritual healing and is learned at an institution, not in the bush.)

Neo-herbalism is a system of medical treatment based on the use of medicinal plants. (It does not involve spiritual healing and is learned at institutions, not in the bush.)

A shaman is a person who acts as an intermediary between the social/human world and the natural/supernatural to cure illness, foretell the future, intervene with spirits, etc.

Traditional healing is a method of healing based on using agents such as herbs and intervention with ancestors (spirits) in order to cure illness, control spiritual forces, foretell the future, etc.
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