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The Nexus between Traditional Healing and Societal Organisation: Reflections on Busoga Society Socio–Cultural, Economic and Political Organisation

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ABSTRACT

Studies on traditional healing have received a lot of attention from several academic disciplines, including; anthropology, sociology, religion, and medicine. The study of use, practice, organisation, measurement and social distribution of traditional medicine has, over the years, been a case of sociological inquiry. On the other hand, anthropological studies are engrossed in the confluence of traditional healing with witchcraft practices. Whereas the world of medicine academia has been preoccupied with analysing the medicinal values of herbs and their efficacy in the treatment of infections; religious and theological scholars have discussed traditional healing as an extension of spirituality beliefs. None has ventured to analyse the relationship that exist between traditional healing and society organisation since traditional healing practices are society specific. My major proposition is that unlike biomedicine that operates on universal principles, traditional healing practices differ from one society to another, and they are a reflection of the location, beliefs, socio-cultural, economic and political organisation of those societies. There exists an inextricable relationship between a society's healing traditions and its socio-cultural, political, economic, religious beliefs, and everyday life. Using Busoga society of Uganda as a case study, this article analyses the interconnectedness between healing and society organisation. It attempts to show how healing traditions proceed from the way societies think and organise themselves. Healing practices are then presented as not only a form of medicine to treat biological infections but an 'institution' upon which society's everyday activities are based.

Keywords: Busoga, Traditional Healing, Religion, Traditions, Society.

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1. Introduction

Much has been written about traditional medicine in Africa and Uganda in particular (Isiko, 2018; Abbo, 2003; Abbo, et.al., 2008; Abdullahi, 2011; Aligawesa, 2008; Cultural Research Center, 2013; Bukyanagandi, 1993; Feerman, 1985; Flint, 2008; Romane, 2000). However, these have focused more

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on how traditional medicine and healers can be integrated with modern medicine (Courtright, et.al., 2000; Abbo, 2003, 2011; Yecho, 2014; Wreford, 2005; WHO, 1978, 2006; Rogerson, 2001). Scholarship on traditional medicine in Busoga (Cultural Research Center, 2003, 2013; Tabuti, 2003, 2006; Abbo, C. et.al, 2003, 2008) has been mostly preoccupied with herbalism and people's cultural interpretation of specific diseases like psychosis (eyiralu). These authors' major interest has been in establishing the medicinal values of herbs and their viability in treatment of specific diseases with little attention devoted to the cultural perceptions and beliefs upon which the preference for this medical practice thrives. Studies by the World Health Organisation (WHO) on traditional medicine have been concerned with the development of traditional medicine as an alternative approach to health in the developing world (WHO, 1978, 2002, 2001, 2006). Whereas the World Health Organisation's definition of 'traditional medicine' is comprehensive, its practicability has been limited to herbalism. In this paper, traditional healing is presented in its totality, looking at all forms of traditional healing among the Basoga, including divination; traditional midwifery, bone setters, koranic healers as well as herbalism. Other writers (for example, Mbiti, 1965, 1967, 1969; Parrinder, 1974; Odiko, 1999; Bukyanagandi, 1993) have approached traditional healing practices from a purely religious perspective, interpreting it solely as an act of worship of the gods and other such supernatural beings. In this case, healers are discussed as religious authorities with an intercessory role in society. Whereas disease is analysed as a result of profaning gods, healing is construed as a product of appeasement of the gods. Other writers, like Masebo (2013), Flint (2008), Schumaker et.al (2007), Pels (1997, 1998 & 2003), Ashforth (2005), and Feerman (1985), have discussed the historical challenge of the western world's engagement with traditional medicine in African societies, and the impact this has had on traditional medicine in Africa. Most of these scholars call for the integration of traditional medicine with modern western medicine. Uniquely from the above scholars, this article presents traditional healing as a product of and an influencing factor in not only the religious, but also the physical, cultural, socio-economic and political processes of society. My argument is that traditional healing is a reflection of specific societies' beliefs and challenges in which it is practised.

Using a cultural analysis approach with one-on-one interviews with key traditional healers, Busoga society's engagement with its own traditional healing practices is described and analysed in relation to its physical, socio-cultural, religious and political environment. The Basoga are one of the many significant Bantu ethnic groups found in Uganda. To describe this society's relationship between its traditional healing traditions and the socio-cultural, religious, economic and political circumstances, major events and issues that define Busoga society right from pre-colonial times up to the present day are discussed. A comparative analysis of the issues between the periods is made in terms of its demography, religion, political administration, socio-economic setting as well as the culture of the people. Struthers (2000:275) argues that it is important to consider the socio-cultural environment of a community when analysing healing traditions and ideologies because healing happens within the realms of a society's culture. The major findings presented in this article demonstrate that African traditional healing systems are intertwined with cultural and religious beliefs and are holistic in nature. A healing tradition not only consists of physical conditions but also of the psychological, religious and social aspects of individuals, families and communities (Truter, 2007:56). The traditions that make up a society's culture are the engine of the healing work. While knowledge of cultural environment helps in understanding the art of healing practised in a specific society, yet also traditional healing, in all its forms the world over, maintains a strong alliance with faith, belief, spirit, family support and the web of everyday life (Struthers, 2000: 275). Therefore, traditional healing is dependent on the economic, political and environmental consciousness of any society in which it is bred and practiced. The article opens up by providing a brief methodology on the data collection processes followed by a contextual analysis of traditional healing. In the other sections, before some concluding remarks are made, the article analyses how traditional healing is a product of, and at the same time influences the geography, demography, settlements, socio-cultural, economic and governance organisation as well as the religious setting of Busoga society. In all these sections, an attempt is made to demonstrate the inextricable relationship that exists between traditional healing practices on the one hand and societies' beliefs and organisation on the other.

2. **Brief methodology**

Two data collection methods were used. These included qualitative in-depth interviews and observations. Over the years, interviewing and limited participant observation have been regarded the most appropriate methods in cultural analysis, especially when interested in seeking to discover the practices, social discourses and interactions of people involved in producing culture, such as the healing traditions covered in this article (Davis, 2008:58). Traditional healing ideologies of indigenous societies are largely transmitted through the oral tradition. As Robbins and Dewar (2011:1) suggest, having a direct experience with traditional healers can be the most important factor in being able to grasp the nature of traditional healing of any society. Therefore, interviewing was relevant since my sole interest was about understanding, describing and analysing the Busoga society discourses on traditional healing. A total of twenty-two healers were purposively selected and interviewed. These were segmented under the following categories; eleven diviners, five herbalists, two bone setters, one Koranic healer and three traditional birth attendants. The diviners were the majority due to the nature and system of sampling which was dependent on healers themselves to provide contacts of other healers for interview. My very first contact was with the Chief diviner of Busoga, that is; Nabamba Budhagali. Then, another diviner to be interviewed was Kabaale Bitimbito the chairperson of traditional healers in Namutumba district. These interact more with healers who do the same kind of healing and it was likely that they were to provide me with more contacts for diviners than any other category of healers. Also, diviners are more popular than any other category of healers in Busoga because they tend to combine all the roles that are performed by other specialised healers. For example, some diviners undertake bone setting and provide herbs. Female diviners and herbalists have traditionally been known for performing roles of traditional birth attendants. Therefore, no bias or omission can be realized in the findings because of having more diviners than any other category of healers as respondents. Using the cultural analysis approach, empirical evidence presented in this article is based on reflections of the traditional healers' own interpretation of healing in Busoga. Analysis of the healers' views have been contextualised to Busoga society. I have therefore made an effort to analyse the cultural relevance of traditional healing within the socio-cultural, religious and political setting of contemporary Busoga society. Nevertheless, before this is done, in the next section, I present a contextual meaning of 'traditional healing', providing parameters of what the society of Busoga conceive to be 'traditional healing'.

3. **The context of traditional healing**

Traditional healing practices are as old as humanity itself. The World Health Organisation notes that traditional medicine is not a new phenomenon since it has always been an integral part of all human cultures (WHO, 1978:9). In Uganda's context, traditional medicine has been meeting people's local health needs for centuries (NACOTHA, 2009:1). Traditional healing practices, also termed as 'traditional medicine', are defined as 'the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness' (WHO, 2001:2;1978:8). Traditional medicine includes diverse health practices, incorporating plant, animal and/or mineral-based medicines, spiritual therapies, manual techniques and exercises applied singly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (WHO, 2001:1; Kebede et al., 2006:127). 'Traditional medicine' is a comprehensive term used to refer both to traditional medicinal systems such as traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, and to refer to various other forms of indigenous medicine (WHO, 2002:1). African traditional healing is just one of them.

African Traditional Medicine can be categorized as mind-body medicine (Millar & Bertus, 2006:17). Traditional African medicine is a holistic discipline involving indigenous herbalism and African spirituality. African traditional health practitioners include herbalists, spiritual healers, bone setters, traditional midwives, and hydrotherapists (Sekagya et. al., 2006:221). The traditional health practitioner is recognised by the community in which he or she lives as being competent in providing health care. The practitioners are members of those communities where they operate (Somma & Bodiang, 2003:6;

NACOTHA, 2009:6). The traditional health practitioner uses animal, vegetable and mineral substances and 'certain other methods' that may be based on social, cultural, and religious sources, as well as knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental, and social well-being, vis-à-vis the understood causes of disease and disability (WHO, 1978:9; Abbo, 2003; Sekagya et al., 2006:221). These practitioners claim to be able to cure various conditions such as cancers, psychiatric disorders, high blood pressure, cholera, most venereal diseases, epilepsy, asthma, eczema, fever, anxiety, depression, benign prostatic hyperplasia, urinary tract infections, gout, setting bones and healing of wounds and burns (Helwig, 2010). They also deal with psycho-social challenges that affect humanity. Among the Basoga of Uganda, there are four categories of traditional healers. These include, diviners (Abalaguzi), herbalists (Abayigha b'emiti), bone setters (Abayunzi b'amagumba), traditional birth attendants (Mulerwa), and koranic healers (Abasagho Abaghalimu) (Isiko, 2018). In the following sections, analysis of the geography, demography, socio-cultural, religious, economic and political setting of Busoga is made showing how they influence the evolution of traditional healing, producing a fusion of traditional healing with the society's being.

4. Geography of busoga

The Busoga sub region is located in the eastern part of Uganda. Busoga as a distinct territory is curved by Lake Kyoga in the north. This boundary separates Busoga from the Lango and Teso Sub regions. Victoria Nile in the west separates Busoga from Buganda. Busoga and Buganda have many characteristics in common, among which is that they both belong to the Bantu ethnic group. In the south, Lake Victoria acts as the boundary that separates Busoga from other Bantu groups, and Tanzania far in the south. Mpologoma River in the east separates Busoga from the districts that make up the former Bukedi region, now composed of a multiplicity of administrative districts (Fallers, 1965:21). Because of its unique geographical location, many authors have described Busoga as an island (Fallers, 1965:21; Cohen, 1972:2; Nayenga, 1976:4; Cultural Research Center, 2013; Kyalya, 2014). Busoga is bordered by the districts of Buikwe and Kayunga to the west in Buganda region. To the east, Busoga is currently bordered by the districts of Pallisa, Butaleja, and Busia. To the south are the districts of Buvuma and Ssese Islands of Buganda sub region.

Because of the above-mentioned developments, Busoga has witnessed infiltration by people from neighbouring societies for trade, employment and leisure. Some of these have permanently settled in and among the Basoga aided by a high degree of intermarriages. This has not left Busoga's traditional healing practices unaffected. The migrants continue with their traditions, including those connected with healing. This has led to fluidity in the Kisoga healing traditions, resulting in a hybrid of traditional healing practices, especially in the urban centres. Among all its neighbours, the Basoga believe that the Banyole, in the neighbouring Butaleja district, have very powerful traditional healers. These are believed to wield power to curse and bring affliction to an offender and his/her family. Banyole healers are believed to be more powerful than healers from Basoga. Because of this belief, some of the Basoga move across the Mpologoma River into Bunyole to utilise the services of the powerful Banyole healers. The Basoga, therefore, interact with the Banyole with mixed feelings due to these perceived powers.

Special attention has to be given to Buganda society, the most proximate people to Basoga in terms of culture. The Basoga have over the years had very close interaction with the Baganda. Busoga and Buganda share several healing traditions. Some of the healing spirits used in Busoga bear names of Buganda and when they possess mediums, they communicate their will in the language of the Baganda, called Luganda. It is believed that some of these spirits are an import from Buganda. Examples of such spirits are Kintu and Mukasa. Warrior spirits also called Amayembe are believed to have originated from Buganda. Because of such shared healing traditions, traditional healers from Buganda are popular and dignified in Busoga. Indeed, a common and taken for granted reference to all traditional healers in Busoga is Baganda traditional healers, – 'Abasawo Abaganda' or 'Omusawo omuganda', used in the plural and singular forms respectively. This illustrates how healing practices are a hybrid due to interactions that exist between different societies.

Water bodies that surround Busoga are an integral element in the healing traditions. The water bodies host special features to the healing traditions of the people. For example, they are believed to be dwelling places for several spirits. Among them is river Nile, also called 'Kiira' in the Lusoga

language, which is a host to the shrines of Nabamba Budhagali, Busoga's chief diviner. Whenever misfortunes befall Busoga as a society, consultation has to be made to the spirit of Budhagali at the water falls along the Kiira river. At this place, healing rituals and ceremonies are performed by Nabamba Budhagali. Other healing shrines have been erected along Kiira in Busoga. One other notable place is Namizzi, along river Kiira, north of the Budhagali falls. Water is an important resource in the healing traditions of the Basoga because there is emphasis on bodily ritual cleansing requiring the sick and afflicted to visit these water bodies. The sick are expected to bathe wholly in order to rid themselves of sicknesses and social misfortunes. The water bodies provide healing articles and objects used by healers. The most important of the objects are the cowrie shells, also locally called 'amasonko'. The cowrie shells are commonly and widely used as medicine. Cowrie shells are sewn on the garments of traditional healers, especially the diviners. They are also used in divination to investigate the causes of misfortunes.

Besides the water bodies, Busoga experiences an even distribution of rainfall which enables luxuriant growth of vegetation, including herbal plants. Also, Busoga has friendly climatic conditions due to several other rivers that run through it. The rivers include Naigombwa and Lumbuye, which flow through to Lake Kyoga. Adequate rainfall experienced around areas near Lake Victoria in the south and Lake Kyoga in the north make these areas to produce many herbs that are used in the treatment of various ailments. Scores of herbalists in search of traditional medicines move to these areas, especially in the forest reserves of Bunya near Lake Victoria and Buyende district area near Lake Kyoga, to gather herbs. The thick forest reserve in Bunya, hosting several herbal plants, qualifies it to be one of the most feared and revered forests by diviners because of the perceived fierce spirits that reside there. Nevertheless, the adequate rainfall enables the growth of wild vegetables that are said to have high nutritional value. These wild vegetables, which grow as weeds in the gardens and around homesteads, are mostly cooked and given to children as treatment for malnutrition. Their leaves are boiled for eating, and the resultant fluid given to the children to drink in order to boost their immunity. Such wild vegetables include Dodo (*amaranthus spinosus*), eyikubi (*pisum sativum*), eyiyoby (cleome gynandra), mutere (*olitorius*), and katunkuma. Such a rich and beautiful physical environment of Busoga has been an attraction to settlers of diverse origins. In the next two sections, I analyse the settlement and demographic patterns and show how they shape the evolution of traditional healing in society.

5. Settlements of the Basoga

Busoga was one of the centralized interlacustrine kingdoms that existed around Lake Victoria. Cohen (1972:1) observes that the creation of Busoga relates to the appearance of immigrant families that reached this part of the region beginning with the 13th century. Both Cohen (1972:1) and Nayenga (1976, 2002:42) agree that the formation of Busoga was occasioned by two different groupings; that is, the Bantu and Luo speakers who came from the east and north respectively. The Luo speakers were led by a legendary figure called Mukama, whereas the Bantu people were led by another legendary figure called Kintu. They established states within this area and then moved on to the other areas with Mukama going as far as Bunyoro and Kintu crossing into Buganda.

Before the Kintu-Mukama migrations, Busoga society was dominated by various clans which determine blood relationships (Nayenga, 2002:42). Cultural relationships were also forged through the indigenous religious institutions that brought the Basoga together to worship. People all over Busoga would meet at religious shrines built for the founding figures Kintu and Mukama. The Basoga in the areas of Bukono, Busiki, Bulamogi and Buyende (found in the most northern parts of Busoga) have always observed Mukama as their patriarch, locally called Enkuni (title for founding patriarch, now worshipped as a spirit). This patriarch is occasionally consulted when there are community crises. Most of the time, traditional healers especially male diviners from the above mentioned areas carry the title of Mukama. Shrines, also called Amasabo, are erected in honour of Mukama the spirit. It is part of the tradition, in these areas, to perform ritual cleansing when facing westwards towards Bunyoro where it is believed that Mukama originated. Likewise, in the central and southern parts of Busoga, Kintu, the spirit is the most central in ritual sacrifices intended to restore health and wellness among the people. The Kintu account explains the similarity of healing spirits between the Basoga and the Baganda.

Ancestral spirits like Kintu, Kibuuka, and Mukasa are both observed both in Buganda and in the southern parts of Busoga.

Nayenga describes the precolonial indigenous Kisoga pattern of settlement, as consisting of randomly dispersed subsistence holdings that were in each village, locally called *omutala* (a highland area between swamps) (Nayenga, 2002:43). Each head of *Omutala* managed the provision of social services and amenities to be enjoyed by the people. Each *Omutala* had its water source, called 'ensulo'; a gathering ground for meetings as well as a traditional healer who provided healthcare services to the people. Every *Omutala* had its own bone setter, traditional birth attendant (*Mulerwa*), diviner and herbalist. Communal healing activities were organised by each *Omutala* whenever it was necessary. Residents had more faith in the healers on their *Omutala* than in those of the neighbouring villages. Additionally, participation in these communal healing traditions is what defined both their individual and collective identity as people who stay together (Kirmayer, 2004:33). This tradition has long since disappeared. Traditional healers in Busoga today have moved beyond these boundaries. They have dispersed into areas where their services are much needed.

A village consisted of scattered homesteads, and a homestead consisted of a house or group of houses. Traditional houses were round, beehive-shaped, and thatched with dry banana leaves from the top to the ground. During the twentieth century, this building style was converted to thatch with walls made of mud. (Nayenga, 2002:42). Healing shrines owned by herbalists and diviners have maintained these traditional architectural shapes. Shrines continue to be built in round-shaped forms using mud and dry banana leaves - *eyisandha* and grass - *eyisubi*, despite the availability and possibility of modern building materials like iron sheets. The belief is that spirits wish to continue to live in their traditional hubs they were accustomed to. These traditional houses do not disorient the healing spirits from the realities when they were still living. Whereas some traditional healers have built palatial houses for their families' accommodation, their healing shrines are still constructed using rudimentary building materials. Usually, there are several of these shrines for each ancestral spirit or *Mizimu* or *Emizimu* (both used in the plural) in one place, constituting a real homestead for these spirits.

6. Demography of Busoga

According to provisional results of the 2014 Population and Housing Census carried out by the Uganda National Bureau of Statistics, Busoga has a total population of 3,609,484 people (UBOS, 2014) which represents about 10% of Uganda's total population. Apart from Jinja, Busoga's capital, other towns like Bugembe, Busembatia, Namutumba, and Buwenge have sprung up. The fast growing urbanisation of Busoga has been due to increase in trade and government's deliberate policy of decentralization, with local governments being given semi-autonomous status. Feierman (1985:86) explains how urbanisation is notably associated with infrastructural development and increased movement of people from one place to another which inevitably enhances the transmission of communicable diseases. The trend shows that traditional healers tend to be attracted to places with a growing population. A study by the African Technology Policy Studies explains that this is because most migrants from rural areas are still attached to their traditions and still consult traditional healers for medicine (ATPS, 2013:26).

Another study by Amoah and Gyasi (2016:1) reveals that knowledge, sources and modalities of traditional medicine vary significantly between geographically delimited rural and urban areas. Given differences in baseline characteristics of individuals on the one hand, and the diverse political, socio-cultural, ethnic and environmental orientations across space as well as the various levels of social network types and cohesion on the other hand, one would expect specific variances in the form of traditional medical modalities, information sources and sources of traditional medicine accessed between the rural-urban spectrum. Consequently, the effect of migration and urbanisation on traditional healing practices cannot be ignored.

Nonetheless, the impact of urbanisation on healthcare facilities is severe. Urban areas are faced with an increasing population yet with constrained health facilities unable to cater for the population's needs. Further, with an increasing urban population, there arise diseases that are linked with poverty as well as infectious diseases like HIV/AIDS which spreads rapidly among the poor and vulnerable. Menan Hungwe Jangu (2012:3) notes that such health challenges ultimately overwhelm the existing medical facilities, creating opportunities for traditional healers to fill the gap. Towns, therefore, become an

attraction for traditional healers who attempt to attend to the unmet health demands of the urban population alongside their other socio-economic deficiencies like poverty and unemployment.

Amoah and Gyasi (2016:1) further analyse how rural-urban migrants who settle in urban communities retain their old ways of treating their afflictions. The formation of new acquaintances in urban localities by newly migrated rural dwellers transmits knowledge and popularity of traditional medicine within their new circles. The above authors conclude that personal health philosophies of people in both rural and urban prefectures invariably have a key role to play in the decision to access and use traditional medical modalities. Above all, movement of healers and people (clients) to new settings creates conditions in which new meaning, beliefs and practices connected to health and well-being on one hand, and illness and healing on the other hand, are constructed in relation to the new environment (Hungwe, 2012:145). Laurence Kirmayer explores the challenges to healing traditions caused by the dynamism in social organisations of previously known traditional societies. He states the following:

In multicultural urban settings, however, we face situations in which many people have only a shallow connection to a tradition and healing practices themselves undergo creative change and hybridization. Globalization has increased the pace of cultural confrontation, challenge and change. The contemporary world presents us with a new situation in which the coherence of traditional systems of healing and their links to an underlying culture and worldview are challenged and strained. Systems of healing that were rooted in a particular cultural tradition, community and way of life, have been uprooted, packaged and made available in a global marketplace. This has important implications for the efficacy, ethics and politics of healing practices. (2004:44–45)

Kirmayer's views are a confirmation that healing traditions are re-invented in ways that match the needs and challenges of the people in the urbanized environments. As Flint notes, healing traditions change overtime but remain strong in whichever circumstances with a reflection of the current people's wishes and interests (Flint, 2008:16). The continued use of traditional healing among people influenced by many modern and global changes indicates resilience of traditional medicine in the face of globalisation.

But re-inventions of healing do not mean that traditional principles are scrapped altogether. This is so because those who continue to practise in the urban areas get the knowledge through parents and grandparents of the earlier generation. In Busoga, traditional healers have found their way in the weekly open public markets of Busembatia and Namutumba town councils on Fridays and Tuesdays respectively, selling herbal remedies spread on the ground. Some use loud-hailer, luring prospective clients to buy their medicines. As Rosa and Alves (2007:550) analysed similar trends among Afro-Brazilians. Traditional medicine in the urban areas have become part of the regular business that may involve advertising; the use of books, and describing the components and indications for application of traditional medicine. Nonetheless, hybridization is common where some traditional healers have adopted the use of modern medical equipment in diagnosis and treatment of the sick. It is not uncommon today to find thermometers, microscopes and test tubes in an urban traditional healing facility. Such changes are not unique to Busoga but are prevalent in other sub-Saharan countries like Ghana, where Fuso (1989:400) has studied the impact of urbanisation on healthcare provision. Therefore, the fusion of commercialisation with healing indicates the significance of traditional medicine for the urbanised people.

In addition to urbanisation, language is another demographic element that affects traditional healing traditions. Language is an intrinsic part of traditional healing, but its scale and direction of use is implicitly affected by all the demographic developments highlighted above such as population, urbanisation and migrations (O'riagain, 2002:8). There is a close relationship between a quantitative understanding of human space use, of population structure, and of cultural and linguistic patterns. It is therefore, important to analyse the population structure and language usage as they both influence provision and utilisation of traditional healing practices. Sharing a common language is one of the basic traits that define a group of human beings and this correlates with the evolution of cultural heritage (Manrubia et al., 2012:1). Urbanisation is one of the factors that influences the evolution of language through which traditional healing systems are preserved and perpetuated from one generation to another. Therefore, to understand traditional healing practices, the language of the cultural group has

to be understood. For example, the language spoken by the Basoga is Lusoga, a Bantu language in the Niger-Congo family. Just like other Bantu languages in the Lake Victoria region, nouns among the Basoga are reflected by changing prefixes. For example, human beings are indicated by the prefix ba- (plural) and mu- (singular); the name of the country (region) by the prefix bu-; the language by the prefix lu- and an adjective derived from any of these by the prefix ki-. Thus, the region is called Busoga; the people are Basoga (singular, Musoga); the language is Lusoga; and 'of the Basoga' is described as Kisoga. Understanding the manner of communication of the people in Busoga helps one to conceptualize their ideologies and interpretation of well-being and illness. The National Collaborating Centre for Aboriginal Health (NCCAH) in Canada argues that culture and language influence peoples' perceptions and experiences of health and illness. Language is 'a conveyor of culture' and the means by which knowledge, skills, and cultural values are expressed and maintained. Language suppression, particularly for the indigenous peoples, is 'a form of disempowerment and oppression' that impacts self-identity, well-being, self-esteem and empowerment, all of which are key ingredients for individual and community healing. Language maintenance and continuity is critical to revitalizing culture and to the survival of any indigenous people (NCCAH- <http://www.nccah-ccnsa.ca>). In African societies that are plagued by disease and illness, the significance of language in enhancing the health of individuals and their communities cannot be underestimated.

For example, processes and conditions of eliminating afflictions have to be interpreted in a language that the afflicted understand. Moreover, healing processes are full of metaphors and symbols of specific societies in which they are practised. Levers (2006:91) argues that this is significant because metaphor is situated in the language that links healing processes with wider social, cultural, epistemological, ontological, and cosmological considerations. Any attempt to ignore these linguistic and cultural linkages to illness and disease risks to misunderstand the most effective treatment and preventive interventions that people in specific societies believe in. Demographic characteristics are not adequate to explain a societies' healing practices. This is based on Bachrach (2014) who argues that we can understand better demographic impact if we consider along cultural norms and collective values of a given people. It is therefore important to inquire into the social factors that influence such traditional practices. In the next sections, I labour to describe and analyse the cultural institutions, religious beliefs, politico-economic arrangements, marriage and family organization, among others. In all these, I demonstrate how social attitudes, beliefs and practices are interwoven with the healing practices, producing a medicinal system that is unique to a specific society.

7. Social-cultural organisation of Busoga Society

Traditional healing practices evolve from the social-cultural construction of society. It is on this basis that Comaroff (1980:639) observes that since healing is explicitly aimed at ensuring balance and harmony between the physical, social and spiritual realms, it can only be understood better with the examination of the social-cultural system in which it is practised. Analysis of the cultural organisation of society should be a pre-requisite to understanding its healing processes (Feierman, 1985:77). Traditional healing is one of the most effective mechanisms through which African societies maintain their cultural values and institutions. Feierman argues that the person who controls traditional therapy serves as a conduit for transmitting general social values, and is also capable of reshaping and reinterpreting those values in the healing process. The interaction between traditional healers and their clients reinforces a society's cultural values and norms (Feierman, 1985:75). Doubtlessly, traditional healers are some of the perpetuators of cultural values and institutions like marriage, religion, and restrictive moral codes of conduct.

Busoga society's cultural organisation has been rich and unique for centuries. The most significant social organisation is the clan system. People who belong to a certain clan have a common ancestry (Fallers, 1965:64; Cohen, 1972:6). The clan system observes a patrilineal descent, recognising a common ancestor through the male line (Nayenga, 1976:14; Research Cultural Centre 2013:18). A clan name is an important aspect in determining one's identity. Children are believed to experience unending episodes of sickness if their mothers conceived them by a man of a clan other than that of her husband. There are also certain names that are a bad omen to the children and are linked to sickness of the infant. To determine the right clan name for the infant, a clan head or the clan's diviner performs a

naming ritual by throwing two hens on top of a house; each hen with a different name. The hen that flies off first from the roof determines the name to be given to the infant.

Normally each clan has a distinct totem which it observes in reverence. Members of a clan are forbidden from eating, mistreating, profaning or blaspheming their totem. It is, therefore, a taboo to eat a totem of a clan to which one belongs. Eating one's totem or desecrating it in any form promotes illnesses not only to the individual but also members of his/her family. This would then require traditional healers to perform certain rituals to avert the illnesses. Each clan has its specific traditional healers, who are custodians of the shrines in which the ancestral spirits dwell. Specific clans are also endowed with specialized traditional medicinal practices. Among the Basoga, the clan members of the Baise–Ndhasa are believed to be gifted in the art of removing bones stuck in the throats of people. This practice is called 'empagama'. Therefore, healing practices define the identity of specific clans. Observance of clan norms and traditions cements a society's well-being. Deviation from these traditions brings disharmony and ill-being among community members. For example, incestuous relationships are taboo and a sign of ill-being. Those involved are thought to be psychologically sick. To restore those who commit incest, clan leaders perform health rituals upon them using traditional herbs. Animal sacrifice is made to appease the spirits from delivering wrath upon the incestuous clan members (Fallers, 1965:66; Nayenga, 2002:44).

Marriage and children define the wellbeing of individual members of society. The ability to procure a wife and produce children is one way society identifies one as a man. There is suspicion of impotence for a man who fails to marry and produce children (Fallers, 1965:74). In the past, many children in a family were a safety health net among the Basoga. They provided care to the parents in old age. In a society where there are no state welfare services for the sick and elderly, the children are a 'social insurance' for their parents. However, due to the emerging tough economic times, education levels and diminishing land, many Basoga today prefer smaller families. It is, however, still a widespread practice for people to marry, establish families and have children. Elopement, known as 'okubayira' in Lusoga, is unacceptable as it brings shame to the girl's parents. Parents, especially mothers, use traditional medicines to prevent their daughters from elopement and becoming pregnant before marriage. Elopement deprives the girl of the necessary traditional health rituals that would be performed to ensure her well-being in her new home. Elopement is believed to make the eloped girl infertile because the marriage and fertility spirit would not have been appeased before her marriage. Traditional healers preside over marriage rituals through offering sacrifices to the spirit of fertility to allow the bride to be/get married in peace and produce several children. Female traditional healers provide marital counselling to the bride to be. Increasing levels of education has affected the significance of traditional healers in the institution of marriage. The urban and educated skip marriage ceremonial activities that would require traditional healers. For example, the required sacrifice of a female goat on the eve of the marriage ceremony has slowly been eroded by the educated Basoga. Female traditional healers who provided marital counselling to the bride to be have been shunned in favour of Christian priests and professional marital counsellors.

There is a close relationship between marriage, life and health among the Basoga. Life is brought forth and maintained through marriage. Married men are expected to look healthier than unmarried men, because their wives' chief role is to prepare good meals to enable them carry on with their duties in the public sphere. Blame is put on the wife whose husband looks malnourished. Marriage was and still seems to be a traditional health safety net used by the Basoga against sicknesses. Wives who take care of their sick husbands till they die are praised as heroines during funeral ceremonies. It is an honour for a wife or husband to be at the deathbed of his/her spouse until his/her death. The Basoga discourage singlehood on the part of the men because they risk not having someone to take care of them in old age and during illness. This is one of the reasons older men are encouraged to marry young women. Marriages have to be guarded against disintegration and the role of traditional healers in stabilizing marital relationships is crucial. Those who find it challenging to procure the right marriage partners find solace in traditional healers, who claim to have medicines that can soften the hearts of those whom they desire to marry. Traditional healers are believed to have powers that can undo the witchcraft practised by jealous neighbours, co-wives and ex-spouses who prevent others from acquiring marriage partners.

Traditional healers have taken centre stage as marital counsellors and sex education volunteers replacing the old and waning fabric of Aunts and Uncles who were the ultimate consultants on marital issues especially for young men and women. The efficacy of traditional healers' role in the marriage institution has less to do with the herbs and spiritual powers that they espouse to have than with their ability to offer psycho-social support to those experiencing marital challenges. They have mastered the art of marriage relationships and, some of them being elderly and having been married for quite a long time, understand the challenges involved. Traditional healers teach women among others to be submissive to their husbands look physically attractive and ensure that they maintain clean homesteads that are key ingredients to a largely patriarchal marital institution.

Traditional Busoga society had extended family organisations. Nuclear families are today preferred by those who are educated and who live in the urban centres. It should, however, be noted that each of the members in the extended family has a role to play for its well-being (Nayenga, 2002:44). The young take care of the sick and aged members of the family, whereas the old provide counselling and guidance to those who are emotionally and psychologically challenged. The older members of the extended family offer fast remedies to the sick before they are attended to by specialized healers. Extended family relationships determine health-seeking behaviour, including decision making as to where and when traditional health services can be sought. Extended family holds power over the individual sick member in determining choice of health service. Indeed, Feierman acknowledges that the efficacy of the therapy too is determined by its effect on social relations of members of the extended family. Relatives are known to hold ultimate authority over the nature of treatment to be given to the patient (1985:79–81). Relatives hold more power than the healer over the direction that the healing process should take.

Inheritance and succession mark one of the milestones in recognition of the dead male member of society while at the same time ensuring that his life continues to be relevant to those living. This succession system helps to ensure continuity of not only the lineage but also the home of the deceased. Cohen (1972:10–11) observes how important succession and inheritance are to the maintenance of lineages in society. Sons are appointed as inheritors of the fathers' estate. Traditional healing practices are an integral element in succession and inheritance system of the the Basoga. Firstly, last funeral rites also known as 'okwabya olumbe' in Lusoga serves to mark a new dispensation of triumph over illness as rituals are observed to ensure that the sickness that killed the buried family member does not resurface to kill another. This involves the sprinkling of herbs in and around the house of the deceased, aimed at providing protection to the living against the illness. 'Okwabya olumbe', literally meaning 'bursting death' indicates that through last funeral rites, death has been conquered and not expected to happen in that family again. The spirit of death has to be taken away from that specific family, and this is the responsibility of traditional healers who are perceived to be the link between the physical and spirit world. Secondly, when there is contestation over the rightful heir, traditional healers are called upon for determination through consulting the ancestral spirits. Nabamba Budhagali, the chief diviner in Busoga, was called on to determine who of the two rival claimants was the rightful cultural leader (also known as Kyabazinga) of the Busoga kingdom. Sons, as heirs, are to be the custodians of the family's traditions and help to ensure the continuity of the clan/family (Nayenga, 2002). Among such family traditions are the family's healing shrines, graves as well as herbal remedies, also called 'ekiti eky'obulezi', to be handed over from one generation to another. Therefore, the choice of heirs sometimes requires the guidance of the spirits through the clan's mediums and diviners. Traditional healers perform cleansing rituals upon the selected heirs to bless and protect them against any acts of witchcraft. All in all, inheritance and succession rites are indeed therapeutic to the victims and those who are affected by life threatening conditions like sicknesses.

8. Religious setting of Busoga

Traditional healing and healers are essential elements of the religious traditions of Busoga. They are the priests and custodians of the Kisoga traditional religion. Just like the Pope, Bishops, Deacons and all other clergy in the Christian religion and Sheikhs, Mufti(s), Imams are in the Islamic faith, so are the various categories of traditional healers in the traditional religious organisation of Busoga. Traditional healing and religious traditions are intertwined. In his attempt to explain this interconnectedness, Austine Okwu makes the following observations:

Traditional therapy on the whole is not meant for healing illnesses only. It is a process for restoring the harmony of relationship between man and divinity, between the individual and society, as well as for the total physical and spiritual well-being of the individual and society. (1979:24)

Okwu Austine suggests that there exists an inseparable web between religion and healing. The belief system of indigenous societies clearly portrays religion and healing as one and the same. Miller and Thoresen (2003:24) epitomize Okwu's assertions in their description of the important influence that spirituality and religion have on the health and behaviour of specific societies. Coyle Joanne's emphasis on the significance of religiosity and spirituality points to the hope and explanations that these two offer to the people as they attempt to understand the cause and preventive measures to cope with illness and adversity (Coyle, 2002:594). Further, Schumaker et al. (2007:709) argue that to attain a balanced analysis of healing traditions, it is important that one looks at the interconnectedness rather than the separateness of the material and spiritual realms.

The Basoga were notoriously religious and practised religion in all aspects of their life (Mbiti, 1969). Right from conception up to death, the life of a Musoga was steeped in religious ceremonies, rituals and observances. The religious traditions of the Basoga were much related to their cultural, economic, social and political aspects of life. The people's perception of God was rooted in their culture, and religion was their way of life. Therefore, the entire political and socio-economic organisation were controlled by religious principles. Presently, political and socio-economic activities are often flavoured with religious expressions and rituals (Agbiji and Swart, 2015:1). African political and economic elites resort to religion in their competition for the diminishing resources of wealth, political power and prestige (ibid, pp.4).

The Basoga have a supreme god who is traditionally called Lubaale. Lubaale is the Kibumba (Moulder) and the Creator (Katonda). Below Kibumba are a series of beings in the spiritual world of the Basoga who act as mediums between the Basoga and Kibumba. These spiritual beings are called 'emizimu' (singular- 'omuzimu'). These emizimu are the spirits of dead relatives and ancestors of the Basoga. Because the Basoga have a strong belief that the spirits of the dead can affect the living, effort is devoted by families to ensure that the dead are given a decent burial. These emizimu are the living dead of society (Mbiti, 1969:83), because they have died physically but continue living and influencing societal affairs in their spiritual form. These have to be revered and appeased. Failure to do so brings curses, misfortunes, sickness and death upon those supposed to be responsible. To keep peace between the living and the Mizimu, constant sacrifices are offered.

Sacrifices were a key ingredient in the pre-colonial religious traditions of the Basoga. Regular offering of sacrifices in form of cattle, sheep, goats, chicken, pigeons were made to the spirits (Musana, 1995:5). Through sacrifices, the shedding of blood was key to the appeasement of the spirits. The Basoga keep in communion with the spirits through special religious leaders (Cohen, 1972:23). These are men and women whom the spirits have chosen to be the mediums of communication to the people. The aspect of 'spirit possession' is what makes it possible for the people to get to know the will of the spirits. A spirit can be invited by the people in situations of difficulty for consultation.

Sometimes a spirit can possess one of the religious leaders to make its demands known to the people. Apart from religious leaders and family members, there exists specialized persons who act as spirit mediums. These are the diviners, also known as Baswezi. Kawanguzi (1986) provides an elaborate description of the work of the 'Baswezi' in the traditional religion of the Basoga. He emphasises their central role in healing. The 'Baswezi' practise foretelling, also known as obulaguzi. They also diagnose specific sicknesses and troubles faced by an individual or community. Mediums are specially chosen by spirits themselves (Cohen, 1972:23; Nayenga, 1976:34). Other religious leaders in Busoga society include 'traditional doctors', also called Abayigha. These heal people of various diseases and protect them against any dangers to their lives and property (Cultural Research Centre, 2003). The 'abayigha' continue to exert a lot of influence over the healthcare needs of the people. These religious traditions of Busoga are, however, diminishing due to the influence of foreign religions.

During the post-colonial era, Busoga began witnessing many other religious traditions. These have been independent churches, Islam and cultic religions. Among the independent churches are the Isa Masiya faith, and the Universal Apostles' Fellowship Church of Righteousness founded by Apostle Besweri Kaswabuli and Prophet Nuwa Nabogho respectively. The rest are numerous Pentecostal

churches and splinter religious groups. In some cases, there is fusion of Kisoga traditional healing traditions with the newer religious traditions. For example, Koranic healers, also known as 'Balaguzi Abaghalimu', are a fusion of Islamic and Kisoga traditions of healing.

All these religions hold the claim to attend and cure illnesses experienced by their followers. Religious groups that preach healing and exorcism receive more adherents than the rest who do not. Foreign religions like Christianity and Islam have introduced modern medical facilities to treat not only their followers but also the wider community. These two religions own some of the best private hospitals in this land. This is in addition to the spiritual healing they claim to undertake through the 'gods' they profess. However, traditional healing which is akin to the traditional religious beliefs of the Basoga remains unrivalled.

9. Busoga Society Economic Organisation

The well-being of a society largely depends on its capacity to produce enough food for her people. Food self-sufficiency is an important indicator of material wealth and prosperity (Hungwe, 2012:23). Pre-colonial Busoga society fought malnutrition in children by ensuring that enough food was produced by individual families. This was enforced by chiefs who demanded that each household maintained two large gardens, one for the family and another for the chief. The chief, however, did not take any of the yields from the gardens ascribed to him, but this was one way of ensuring that families produced enough food to maintain family and society well-being. Poor harvests brought worry not only to the residents but also the leaders of the society. Some of the foods are medicinal in themselves. Some foods are used as sacrifices to the gods in healing rituals. Millet and sorghum are the most common foods offered to the spirits. They are grains used to make a local brew, locally called 'Amalwa' or simply 'Malwa'. This drink is used in times of celebrations and festivities and it is also given to spirits as an offering.

Previously, cotton and coffee were Busoga's major cash crops but gave way to other foodstuffs like bananas, cassava, beans, corn [maize], potatoes, peanuts [groundnuts], and soybeans (Nayenga, 1981; 2002). Until recently when rice has become one of the major cash crops, men dominate in cultivating the swampy areas for the growing of rice for sale. Because agriculture is the main source of income, to cater for their basic needs including healthcare, some healers suggest that this could be the reason they receive more clients during harvesting and immediate post-harvest period. This is a common trend with women, whose major activity is the growing of food crops. One healer called Mandwa Kibalya explains as follows:

Those women are so inclined to us because we understand their problems. I have, however, realized that whenever these women get money, the first stop is to go to their healers to buy love potions and to make their husbands disown other wives. They usually come after harvesting and selling maize and rice.

Healer Kibalya's argument points to a correlation between gender, health and income. Firstly, women's health problems are well attended to during the peak harvesting season because they would have got money from the agricultural proceeds to seek services of traditional healers. Nevertheless, even those who intend to visit biomedical visitors, there is a tendency for them to wait until the harvesting time to go and consult health workers about a chronic ailment. Secondly, women's access to healthcare service is dependent upon how much they harvest. This implies that ill health among women can be associated with poor agricultural harvests, and the reverse could be true. The patriarchal nature of Busoga society complicates women's access to health service as the income from sale of agricultural harvests can be held by the men.

Land defines one's ancestry in Busoga. One has to be buried on the land where his/her ancestors were buried. This is believed to provide for communion between the spirits of the dead related to each other. The living guard this land jealously because it defines their identity, linking the living and the departed ancestors. There is a very close relationship between land, life and one's identity as a Musoga. It is the wish of every Musoga that upon death, they are buried at the land of their ancestors, also known as Butaka. This feeling brings a sense of contentment about joining the ancestors. Land is a basis of feuds between societies and individuals. A disagreement over land breeds actions of witchcraft to punish the other. Several deaths are attributed to witchcraft in connection to land disputes. An elder called Namwase Edisa explained that a land dispute is never won on merit; even

if one of the claimants dies a natural death, it is attributed to the powerful forces of the medicine man the enemy may have visited.

The significance of traditional healing in the economic organisation of African societies cannot be underestimated. The knowledge that traditional healers have on forecasting certain events, protecting crops and animals from hail and thunder storm, healing the sick, and driving away evil spirits is often not documented and as a result it is slowly going into extinction (ATPS, 2013:8). People's economic activities are influenced by healing practices among indigenous people. Visiting a traditional healer is necessary, for example, before one can open up a retail shop. In pre-colonial times, there were medicines smeared on the bodies and spears of hunters prior to a hunting expedition so that they could be able to capture some animals for food. Hunters also moved along with various herbs for treatment of bruises and snake bites while in the bush. Blessings had to be sought from diviners and specifically from the spirit for hunting, named Ddungu.

In contemporary Busoga society, traditional healers cleanse new businesses by sprinkling herbs around the premises. Some people consult a healer before they begin to dig a foundation for a new house. There are also traditional medicines for attracting clients to ones' business, called, 'akasenda abaguzi'. Protection of one's economic resources especially property is cherished among the Basoga. This is called 'okuchinga'. The idea that some people are not always happy with another's success breeds suspicion of witchcraft among neighbours, hence the saying; 'ezira ayenda eyamwine ezare eyibiri'. This literally means that no one wishes to see another person's cow or goat produce twin calves. This necessitates seeking the services of medicine men and women to provide 'protective medicine' to one's wealth. In Busoga, economic and financial stability define the well-being of men but also enhances their masculinity. A man whose family has plenty of food is envied by the whole society. With enough financial resources, one can seek healthcare services not only for himself but also for his wife, children and extended family as well. Such a man can take his children to good schools and provide his family with all the basic necessities of life. This is the embodiment of a model family, also called Amaka, which all people in Busoga wish to have.

However, due to the decline in Busoga's economic activities, the area is now reported to be the second poorest region in Uganda; second only to northern region which is just recovering from a war that lasted over 20 years. With no recognised consistent cash crop, dwindling fish in the lakes, a decline in the cotton production and an increasing population which has led to land fragmentation, the socio-economic status of the people of Busoga is deplorable. A poor socio-economic situation is likely to increase the population's vulnerability to disease. Also, poor people are most likely to utilise traditional healing practices because the treatment costs are low. But most importantly, poor people guard their traditions so jealously that it is the most important non-material property they can be proud of. Traditional healing practices are not simply about the treatment of the sick, then, but also serve to respond to the socio-economic challenges that the Basoga face in their everyday situations. This is in view of Feierman's argument who believes that political and economic influences upon African societies leads to new perceptions of diagnosis and treatment as well as health and disease among Africans (1985:73).

10. Cultural and central governance of Busoga

Politics determines the way societies are run. Politics influences the socio-economic, religious and cultural activities of societies. Politics supersedes all other issues of society because political actors control the resources. Politics should be seen in the wider perspective of being integral to both formal and informal activities. Politics as well concerns itself with less analysed organisations, in addition to the traditional activities of having elections for political offices and having political leaders. Politics goes beyond public political activities to include all other activities that take place in society, though not publicly recognised (Bompani, 2008:666). Traditional healing is one of those informal, less analysed institutions of society and very often takes place in the private domain. Yet there is always a cross-cultural connection between medicine and power. Citing the example of the traditional Zulu nation, Flint (2008:67) argues that healers are also powerful actors in the political and military activities of their nations. In an era of competitive politics, traditional healing has continued to be influential in determining the local politics in Busoga. Candidates offering themselves for political positions seek

blessings of the spirits and the healers to emerge victorious over their rivals. There is latent thinking that powerful politicians that emerge winners in elections employ traditional medicines. Politicians who are close to powerful healers have higher chances of winning the elections. Traditional medicine, therefore, is used as a negotiating tool between population groups with different interests and access to power. Medicine becomes an arena for contestation of power between different groups of people (Flint, 2008:6).

The importance of traditional healing in the political organisation of Busoga and many other traditional African societies cannot be underestimated. For example, traditional healers in Lesotho and other African countries have since pre-historic times played a major role in primary health care, and counselling. Traditional healers in the past had their houses located very close to the main house of the village chief. This was to ensure that the healer was accessible to the chief. Healers were also the main advisors to the chiefs (ATS, 2013:8). In Zululand, each king or chief had his own healer who helped him to obtain and maintain political power. The healer also assisted the king in settling judicial cases (Flint, 2008:67). In the specific case of Busoga, traditional healers perform rituals upon the new cultural leader (Kyabazinga) before he is presented to the subjects. This is to ensure both body equilibrium and political harmony. A healthy chief implies a healthy community. The absence of a Kyabazinga for close to five years, after the death of Isebantu Waako Henry Mulooki, in 2008, was believed to have led to the jigger epidemic in some parts of Busoga (Mawerere, 2014). In the Observer newspaper, a diviner called Muyiru Waiswa Hassan argued that the unending misfortunes including the jigger epidemic in Busoga was due to the absence of a Kyabazinga in Busoga. He is quoted as follows:

The spirits are enraged and have threatened to bring more calamities until a successor is found. Jiggers will continue feasting on Basoga and the region will never get rid of this deadly parasite, not until there is a fully enthroned and respected Kyabazinga in the palace. Famine, violent rainstorms, dry spells, domestic violence, accidents and internal conflicts will not end because our spirits are not happy. When the spirits are not happy they in return punish the people (Baleke, 2013).

Whereas this is an outright misconception about the causes of jiggers, it indicates that the Basoga think that there is a direct relationship between their socio-political institutions, health and the people's general well-being. Nonetheless, the local people are ignorant about the fact that jiggers thrive in unhealthy environments. The Kyabazinga has been central in mobilizing his communities about health and promotion of hygiene. The Kyabazinga is changing the perceptions of his people about effective control of diseases and maintaining healthy lives. This is because socio-political institutions in Busoga are now being led by cultural leaders who have attended western educational institutions and who are more knowledgeable about the scientific explanations of disease. In the Daily Monitor newspaper, the Chief of Bugabula launched a jigger eradication campaign with a call for promotion of personal hygiene, and creation of bylaws to enforce cleanliness and sanitation (Opio, 2010).

Politicians in traditional societies were and still act as the chief custodians of traditional knowledge. Traditional healers are among the highest in leadership hierarchy in Busoga. Traditional healers are mediums of the spirits that determine the direction that a given society is to take. In Busoga, Nabamba Budhagali was consulted about who should succeed the late Kyabazinga, Henry Waako Mulooki; the throne being contested between two rival chiefs, Gabula Nadiope and Waako Wambuzi. Flint (2008:67) notes that in Zululand, healers were very influential in resolving disputes relating to political succession. This shows how traditional healers are involved in sustenance of political processes of society; hence, maintaining the identity of the African people. Therefore, traditional medicines do not concern themselves with treating the physical and social body but also the body politic (Flint, 2008:66). They also create a sense of cultural and national pride and identity. The healers play a key role in maintaining local beliefs and power structures of society (ibid.pp.7).

For Uganda's national level, the use of traditional medicines and healers in several politico-military confrontations has been evident over the years. The smearing of traditional herbs on weapons of war to ascertain military victory is a common practice in some cultural groups in Uganda. For example, in the mid-1980s, the Lakwena Holy Spirit Movement rallied an army from the predominantly Acholi community in Northern Uganda to fight the National Resistance Army government with assurance from Alice Lakwena, the female commander and spiritualist, that victory was guaranteed once they smeared their bodies and guns with herbal substances. The herbal substances were to act as shields against bullets. The Lord's Resistance Army (LRA) an offshoot of the Lakwena Holy Spirit

movement would smear herbal concoctions upon the abductees to scare them from escaping from captivity. Thus, it was a belief that escaping would ignite spiritual wrath against them (Sturges, 2011:76). The post-election violence of 2016 in the Rwenzori region of Uganda which involved the local people's confrontation with government armed forces was rooted in the Bakonzo's belief in their traditional medicine. Young men belonging to the Kirumiramutima group, associated to the Rwenzururu cultural kingdom, had assurance that bullets would not strike their bodies when they attacked the government's military establishments. Because there is a belief that healing and the spiritual realm are one and the same, and there is strong fear of the spirits, ill-intentioned political actors use traditional medicines to elicit fear and compel submission from the populace.

Finally, the political administrative structure provides a regulative framework for traditional healers in Busoga. Though the healers regulate themselves, they have a hierarchical structure that is aligned to the political administrative framework of Uganda, from the villages (ebyalo) to the national level. This is the case because, as Levers puts it, the political and economic forces that shaped the African continent's history also established the framework within which patterns of diagnosis and treatment, health and disease emerged (Levers, 2006:90).

11. Conclusion

Busoga traditional society had well-defined institutions that were observed and respected by the local people. These institutions held the people together and defined the social, political and economic organisation. They outlined how people should relate to each other, enhancing social cooperation and harmony. Traditional healing and its practitioners are intermediaries in such societal settings. One such notable aspect is the religious setting of the Africans. Religions of the African people are embedded in other epistemological and metaphysical conception of reality thus the traditional healers profoundly pride themselves in possessing the ability of responding to the physical and spiritual health needs of the people. Traditional society interpretation of health transcends physical body wellbeing because it includes spiritual, psychological, environmental and social-cultural well-being both of individuals and the wider community. The masterly essay Celebrating the sanctity of human life among the Basoga by the Cultural Research Centre (2004) attests to this fact. Therefore, a holistic analysis of the environment of society is critical because patterns of diseases and healing depend on the socio-cultural environment in which people live (Alexander, 2012:27). State institutions as well as other social, political and economic organisations influence both the development and organisation of traditional healing. A society's socio-economic, cultural, religious and political circumstances helps to analyse the transformations that its traditional healing practices have undergone. As Kirmayer (2004:46) puts it, systems of healing are part of local worlds of meaning and power. The meanings conferred by healing practices include the personal, social, religious and moral significance of affliction and recovery. The forms of power invoked include personal feelings of efficacy and self-control, the professional and institutional authority of healers, and larger forms of economic, political or spiritual power. The quest for meaning and power in healing cannot be entirely disentangled from one another: sometimes achieving power is enough to foreclose any further search for meaning; more often, meaning is offered as a salve for the powerless.

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