Sangomas: Problem or Solution for South Africa’s Health Care System

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During a morning session at the 2006 International Sociological Association Congress in Durban, South Africa, a panelist shared her dilemma with the audience. A young woman who worked for her had become ill. She was immediately taken to a medical doctor, who diagnosed her with AIDS. The young woman knew all along that she had the disease but did not tell her family. However, the family, suspecting she was ill, consulted a sangoma, a Zulu traditional healer. The sangoma, many of whom do not have any health care training, began to treat her at the family’s request. The young woman never told her family that she had been treated by a medical doctor.

Her employer provided her with transportation to and from her doctor’s appointments and to the pharmacist. The young woman’s condition improved as a result of this treatment, but her family attributed her “recovery” to the sangoma. The sangoma, thinking the recovery or remission was due to her efforts, asked the family to throw a party to thank the gods/ancestors for restoring their daughter’s health.

The young woman’s employer found herself in a dilemma: should she allow the sangoma to take credit for the young woman’s improvement or violate her privacy and tell the family that their daughter had been treated by a medical doctor. If the party took place, the community would think the sangoma, and not the medical doctor, had effectively treated the young woman. This belief would increase her clientele but be harmful, and perhaps fatal, to AIDS patients. HIV/AIDS patients would go to a sangoma and not a medical doctor for treatment.

Needless to say, the dilemma was not resolved that morning, but in 2004 the South African government passed legislation recognizing and attempting to register traditional healers, including sangomas. The South African Traditional Health Practitioners Act 35 of 2004 formally recognized the estimated 200,000 to 350,000 traditional healers practicing within the Republic of South Africa. The act makes provisions for the establishment of an Interim Traditional Health Practitioners Council. This body would register traditional healers and allow registrants to practice “medicine.” However, they would not be allowed to diagnose or treat terminal diseases such as cancer and HIV/AIDS.

South Africa has a population of approximately 47 million; more than 5 million are infected with HIV/AIDS. In 1994 there was one doctor for every 40,000 persons and one traditional healer for every 500. The 2006 Human Development Report says there are 77 medical doctors per 100,000 population. If we use the estimate of 250,000 traditional healers, then there are 500 traditional healers for every 100,000 people.

A traditional healer is defined by the World Health Organization as someone who is recognized by the community in which he or she lives as competent to provide health care by using vegetables, animal and mineral substances, and certain other methods based on social, cultural and religious background as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being.
This is a generic definition since traditional healers are not just found in developing countries or the Third World but in the First World and developed countries as well. In the United States, many people who are part of a racial and/or ethnic minority and/or have low income may utilize traditional healers juxtaposed with Western-trained doctors. Surveys indicate that 20% to 85% of persons using a traditional healer within the United States do not tell their health care provider.6

There are 5 types of recognized traditional healers: diviner or sangoma, herbalist, prophet or faith healer, traditional birth attendant, and traditional surgeon. Diviners or sangomas are intermediaries between humans and the supernatural world. They are called to their profession by the ancestors and/or a prolonged illness that Western medicine is unable to treat. Such illnesses are usually referred to as folk illness, culture-bound illness, or culture-bound syndrome. Herbalists are people who have knowledge of natural substances, ie, plants and animals that can be used for therapeutic purposes. Prophets or faith healers diagnose and treat patients with prayer, candles, or water. Traditional birth attendants are women with no Western midwifery training who assist at childbirth. And traditional surgeons are people who perform female genital cutting or male circumcision.7 However, this paper is only concerned with diviners or sangomas, even though there is some overlap with herbalists. That is, most sangomas will prescribe some type of herbal remedy after a diagnosis or divination.

Sangomas diagnose illnesses through observation, patient self-diagnose symptoms, and divination. Divination involves casting of objects, eg, bones, mediumistic ability (contact with the ancestors), or dreams and visions.7 Treatment usually involves

- ritual sacrifice to appease the ancestors, ritual and magical strengthening of people and possessions, steaming, purification (eg, ritual washing, or the use of emetics and purgatives), sniffing of substances, wearing charms, cuts (an African mode of injection), and piercing (an African mode of acupuncture).5

Sangomas or traditional healers are found throughout Africa and the world. Sangoma is a derivative of the Bantu word ngoma. The word means performance, drumming, dancing, celebrating, divining, and doing ritual therapy. Sangoma, the Zulu term for divining, means one who does ngoma or divining.7 Anthropologist John Janzen reports that the most common complaints for which a sangoma is consulted are pains, anxieties, sorcery, illicit sex, fortune telling, seeking assistance with job applications, exams, and romantic love.8 A study by Puckree et al found that many people visit a traditional healer for life-threatening conditions, eg, poisoning, venereal disease, hypertension, stroke, or backache, and 96% of them said they had been healed.9

According to a handbook on South African traditional healers published by Taryl Felhaber,9,10 traditional healers can treat a number of illnesses, including

- respiratory problems: colds, flu, hay fever, pneumonia, asthma, bronchitis, emphysema, and tuberculosis;
- gastrointestinal problems: diarrhea, dysentery, constipation, heartburn, indigestion, ulcers, hemorrhoids, and worms;
- cardiovascular system: angina, high blood pressure, and palpitations;
- central nervous system: headache, migraine, and stroke (traditional treatment provided after release from hospital);
- dermatology (skin and hair): eczema, boils, insect bites and stings, ringworm, and scabies;
- blood: anemia, blood cleansing (to cleanse the body of the original cause of the disease);
- urogenital system: sexually transmitted diseases, cystitis, menstrual pain, and vaginitis;
- eye: pink eye;
- musculoskeletal system: arthritis, backache, muscular pain, gout, sprains and strains, and rheumatism;
- other conditions: cancer, HIV/AIDS, fever, pain, alcoholism; and
- culture-bound illnesses: spirit possession, sorcery, ancestral wrath, neglect of cultural rites or practices, and defilement.

Peltzer et al interviewed 233 traditional healers in KwaZulu-Natal. These healers said the conditions most commonly treated by them included sexually transmitted diseases, arthritis, stroke, headache, sores/shingles, children problems, ancestral problems, sharp pain, spiritual illness, stomach problems, reverse bad luck, chest problems, magic poisoning by stepping over something, mental problems, being poisoned by food purposely, bad luck, high blood pressure/heart problems, HIV/AIDS, infertility, epilepsy, diabetes mellitus, cancer, and other. Almost 72%, or 159, of these traditional healers said they treated sexually transmitted diseases, and only 6%, or 14, said they treated HIV/AIDS.11

Treatments for these conditions are natural substances (animal, mineral, and vegetable) that are prepared by the sangoma and/or herbalist. An herbalist will have extensive knowledge regarding which plants and herbs can be used for medicinal and nutritional purposes.5 Publications on traditional healers by Pretorius5 and Felhaber10 precede the 2004 enactment of the legislation by the South African government.

The South African Traditional Health Practitioners Act 35 of 2004 prohibits traditional healers from diagnosing or treating patients with HIV/AIDS, cancer, or other
terminal illnesses; and all traditional healers must register with the interim Traditional Health Practitioners Council within 1 year of the law’s enactment. The purpose of the Interim Traditional Practitioners Council is to:

- monitor traditional healers;
- protect and serve the interest of the public that use traditional healers;
- ensure the ethical and professional standards of traditional healers;
- control and exercise authority over the training of traditional healers;
- control and regulate the practice of traditional healers and;
- make and contribute to policy that affect traditional healers education, fees, registration, professional conduct, ethics, discipline, and practice.2

However, in August of 2006 the Constitutional Court of South Africa declared the Traditional Health Practitioner Act of 2004 invalid. The act was successfully challenged by Doctors for Life International (DFL), a nongovernment organization that provides health care to the developing world. DFL challenged the law on the grounds that Parliament had failed to facilitate public involvement before passing the bill.12 The Court gave Parliament “18 months to re-enact the statute in a manner that is consistent with the Constitution.”12 The act was reinstated in October of 2007.

DFL opposes any legislation recognizing traditional healers. DFL claims that traditional medicine has

- not improved the survival rate of mother and child during childbirth;
- not been validated scientifically;
- caused people to suffer complications;
- utilized intangible forces, ie, spirits and supernatural powers or the occult are involved in their therapeutic acts.

In addition, DFL claims that licensing of traditional healers will have a negative effect on the economy of South Africa because people will be given time off from work when necessitated by “ancestral spirits.”13

Traditional healers are sometimes referred to as “traditional doctors” and the facilities where they practice are “traditional hospitals.” In the future, these “doctors” and “hospitals” may be allowed to bill insurance companies for their treatment since the South African government is presently considering passing legislation that would allow this. Jillian Green compares conventional health practices with traditional practices and notes these differences (Box).2

South Africa, with a population of 47.3 million and a gross national income purchasing power parity per capita income of $12 120, has one of the highest incomes in sub-Saharan Africa, yet it has only 77 medical doctors per 100 000 people in comparison to the US ratio of 549. The infant mortality rate is one of the lowest in sub-Saharan Africa, but at 53 per 100 000 it is still high by Western standards; the same is true for the maternal mortality ratio of 150 per 100 000 live births. Almost 19% of the population between 15 and 49 is infected with HIV/AIDS.14 Black South Africans have the highest HIV/AIDS prevalence rates, 13.3%. The rate is 0.6% for whites, 1.9% for coloreds, and 1.6% for Asian Indians.15

The biggest problem facing South Africa today is providing care for those Africans infected with HIV/AIDS. In one small community outside of Cape Town, a church is offering health care training to sangomas so that they can better treat patients with AIDS16 or refer them to the proper health care provider. However, the US government may be the largest financial supporter for training sangomas. The United States, via the president’s Emergency Plan for AIDS Relief, has provided the Nelson Mandela School of Medicine at the University of KwaZulu-Natal with $700 000 to train 375 traditional healers.17,18 Two hundred had completed their training by July 2006, even with the act that formally recognized them having been invalidated and the interim

**Box. Conventional and Traditional Health Practices**

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<thead>
<tr>
<th>Conventional</th>
<th>Traditional</th>
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<tr>
<td>Doctor records history of patient.</td>
<td>Illness is revealed to the traditional healer via the patient’s ancestors.</td>
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<tr>
<td>Physical examination is done.</td>
<td>Determine what is making the patient ill. Do not treat symptoms.</td>
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<tr>
<td>Perform laboratory test if required diagnosis is made.</td>
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<tr>
<td>Prescription is given, dispensed by pharmacist.</td>
<td>Medication is produced from natural products, no chemicals added, toxicity usually not known.</td>
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<tr>
<td>Ingredients of medicine and side effects are made known to patients.</td>
<td>Focus is on physical, mind, and soul.</td>
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Traditional Health Practitioners’ Council not having been formally established.19

Even though the infrastructure is not in place to register, train, and/or regulate traditional healers, they are still practicing. The government says they cannot diagnose or treat AIDS patients, but this has not stopped them. Many traditional healers believe their treatment can help AIDS patients and advertise openly in Durban and Johannesburg. In a country where approximately 34% of the population lives on less than $2 a day,14 practicing traditional medicine can be lucrative.

Traditional healers usually charge less than Western health care practitioners. Moreover, with traditional medicine, patients do not pay the sangoma if health does not improve. You pay when cured. This industry generates R250 million (approximately $40 million) a year.20 One sangoma told me she charged R20 ($3) per visit; another charged me R50 for a consultation. This is still considerably less than what a public hospital or doctor charges.

It is estimated that 80% of South Africans visit traditional healers as their sole practitioners or juxtaposed with Western-trained medical doctors. Some medical doctors and other professionals are starting to practice traditional medicine. The deputy national police commissioner, Timothy Williams, became a traditional herbalist in 2001; and Mveleli Gqwede and Trevor Majoro, both qualified medical practitioners, are traditional healers practicing in the Johannesburg area.21 Are they switching careers because they believe in the medicine, or the money it will generate? To women who are poor, illiterate, and have children to support, $3 or $7 is a lot of money. The majority of sangomas are women. Peltzer et al11 reported that 75% of the 233 traditional healers they interviewed were women. Almost a quarter of the sample had no formal education, and fewer than 12% had graduated from high school.

How effective is the treatment provided by traditional healers? DFL say none of their treatment has been scientifically tested, yet traditional healers continue to promote herbal medication as effective treatment. Zeblon Gwala, a truck driver, developed the herbal medicine UBhlegane, which he says cures AIDS. He has been accused of fraud and deception.22 However, laboratory tests indicate there may be some positive benefits to the treatment that Gwala gives to HIV patients.23

Researchers at the University of KwaZulu-Natal are testing traditional medicines to assess their effectiveness. They are also training traditional healers in HIV prevention, counseling, and care. The dean of the medical school said traditional healers “fill a treatment gap” left by Western medicine.24 The health minister, Manto Tshabalala-Msimang, said intellectual property rights of traditional healers must be protected—that millions are being used to investigate the efficacy of traditional medicine. The minister wants to make sure traditional healers are well compensated for their knowledge.19

The US Department of Health has invested more than R29 million (approximately $4.4 million) to study the efficacy of traditional medicine.25 The United Kingdom also has it ethnobotanists examining the effectiveness of traditional medicine for respiratory illnesses in the hopes of exporting herbal cures to Europe.26 However, to date, no traditional medicine has been found to be effective in the treatment of HIV, and the health minister has been criticized for supporting unconventional and ineffective treatment with garlic, beetroot, and potatoes.2728

Eighty percent of South Africa’s population is literate, yet many people still believe in witches. Witches are blamed for misfortune, tragedy, illness, and lightning. In 1957 the apartheid government passed the Witchcraft Suppression Act. This act supposedly threatened to prosecute anyone who accused anyone of being a witch. The accused witch would not be prosecuted but the accuser would. Almost 50 years after this law was enacted, there are still people accused of witchcraft who are being burned, “necklaced,” or run out of town. Between 1990 and 1995 more than 500 people were accused of witchcraft and killed in 1 northern province.29 Unfortunately, it is usually a sangoma or traditional healer who will identify someone as a witch.

Women are pitted against women. Sangomas are the “witchfinders” who identify or disclose witches. Witches are poor, illiterate women whose only crime may be being single and alone; usually they have no family and few friends. Sangomas are also poor, illiterate women who have been called to the profession by the ancestors. A prolonged illness that is untreatable by Western medicine is usually interpreted as a call from the ancestors to do ngoma. Thus, poor women identify poor women as witches or the cause of misfortune and, in so doing, elevate their status. However, if sangomas believe they can identify witches, they become the problem and not the solution, since there are no witches—just people experiencing “bad luck.”

The belief in witchcraft, although not new to South Africa or Africa in general, may be more of an issue due to inadequate education of the black African population under the past Apartheid regime. The reliance on the supernatural to explain illness, disease, and tragedy demonstrates a lack of knowledge of science and logic and the role they play in explaining social phenomena. It is easier to accuse a neighbor of witchcraft and sorcery than to blame the new post-Apartheid government for lack of housing, food, clothing, jobs, and health care.

In its need to provide care and counseling to HIV/AIDS patients, the government is compelled to utilize traditional healers since they usually have first contact with AIDS patients. There are approximately 500 traditional healer per 100,000 population and only 77 doctors per 100,000, thus the necessity to expedite registration, integration, and monitoring of traditional healers into
the South African health care system. With proper training and guidance they can be an asset in the fight against HIV/AIDS; without it, they may become the problem.

REFERENCES


