

‘Quinine’, ‘*Ditaola*’ and the ‘Bible’: Investigating Batswana Health Seeking Practices¹

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Abstract

This article presents some findings from a three year field study conducted to find out Batswana health seeking practices. The study triangulated both qualitative and quantitative methods in selected districts of Botswana. Traditional healers, faith healers, modern health practitioners and administrators and users of the different health services participated in the study. The study established that the majority of Batswana first seek modern medical services when they are ill. Be that as it may, the study also established that despite widespread provision of modern/Western/allopathic health services in Botswana, traditional and spiritual/faith health services still attract

¹ Quinine, *ditaola* and the Bible represent the three systems of health provision discussed in the article, that is, modern medical healing, traditional and faith healing respectively. The authors would like to thank the University of Botswana Office of Research and Development (ORD) for funding this study. We would like to also acknowledge colleagues at the University of Botswana, at the University of South Africa (RITR) and participants at the American Academy of Religion 2015 Annual Meeting in Atlanta, Georgia, USA for the constructive comments made during the oral presentations of the earlier version of this article. We, however, remain responsible for this final version.

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Batswana. Understanding health holistically, Batswana continue to make use of all systems of health provision. In light of this, the article therefore calls for strong collaboration of the different systems of health within the country.

Keywords: quinine, *ditaola*, Bible, Batswana, Botswana, traditional healers, faith healers, modern medical practitioners.

Introduction

The government of Botswana, through the Ministry of Health, is making all efforts to make sure that Batswana³ enjoy good health. The *Long Term Vision for Botswana* (often referred to as Vision 2016⁴) actually states, ‘By the year 2016, all Batswana will have access to good quality health facilities, including both preventive and curative services within reasonable travelling distance’ (Presidential Task Group for a Long Term Vision for Botswana 1997:9). It is clear that the authors were thinking of facilities for the provision of bio-medicine. Although the same document goes further to state that the potential of traditional and spiritual healing systems will be fully tapped and utilized in co-operation with modern medical practices within the framework of modern law, it remains clear that bio-medicine is and will remain getting priority in terms of health provision. But is this how the majority of Batswana think? Do Batswana always seek bio-medicine whenever they have health needs? These questions could not be easily answered as there had not been any study to establish Batswana health seeking ways as far as these authors know. A study close to answering these questions was last done only as far back as 1995 by Byaruhanga-Akiki and Kealotswe (1995). These scholars noticed that Batswana, like all other Africans, seek holistic healing. In 2009 one of the authors of this article had the opportunity to work with the Ministry of Health officials in developing a strategy for faith based organizations response to HIV in the country. Surprisingly, the author noticed Ministry officials’ resistance to allowing medical doctors and other bio-medicine specialists in referring patients to traditional and faith healers. Thus up to this day, health policy

³ Batswana are the inhabitants of the Republic of Botswana, a Southern African country surrounded by Zimbabwe, South Africa, Namibia and Angola.

⁴ A new task group is working on the next 20 years national vision to be called Vision 2036.

makers in this country do not value other forms of healing as being at par with biomedicine. Do these officials represent the views of the majority of Batswana or are they influenced by Western culture? This article presents findings from a three year (2012-2014) field study conducted among Batswana to find their health seeking practices. The article is divided into three main sections. First, a background of the study is given in terms of objectives and research methodology. This is followed by a presentation of the findings of the study. The last section then discusses the findings in terms of the objectives in the light of what literature says, before the conclusion wraps up the article.

Background of the Study

As is the case with most Africans, Batswana have three health systems of healing: modern/Western/allopathic, traditional and spiritual/faith. Vision 2016 captures these sources or forms when it states, 'The potential of *traditional* and *spiritual* healing systems will be fully tapped and utilized in co-operation with *modern medical* practices, within the framework of modern law' (italics ours, 1997: 9). Prior to the advent of Christian missionaries among Batswana, traditional medicine remained the only health system. Christian missionaries, particularly those from the London Missionary Society, Dutch Reformed Church, Lutheran Church and Seventh Day Adventist Church introduced modern medicine through hospitals and clinics in major villages of Botswana. The rise of African Independent Churches (AICs) saw a new system of health which has come to be called faith healing. This system is practiced by *baporofiti* (prophets) who claim to heal using the power of God. Some of them read the Bible for diagnosis and therapy (Dube 2000; Kealotswe 2006).

Available literature reveals that while some authors believe that traditional healing has lost its popularity, others show that it is as strong as it used to be in pre-colonial Africa and still permeates the lives of Batswana. For instance, Samita (1997) represents those who believe the former by arguing that today, many educated and Christian Africans have little or no faith in traditional medicine or traditional medical practices. On the contrary, the website of the Botswana Embassy to Japan has it that there are other Batswana (and Africans in general), even amongst the educated, who use the services of

the traditional doctors and keep it a closely guarded personal secret⁵. This use of the traditional and spiritual healers by all Batswana is strongly presented by C. J. Makgala in his epic historical novel, *The Dixie Medicine Man* (2010). Makgala shows that Batswana from all walks of life (educated, uneducated, politicians, professionals, business people, farmers and even leaders of Pentecostal churches!) do make use of traditional healers but often under the cover of darkness. In fact, Koumare (1983) and Byaruhanga-Akiki and Kealotswe (1995) estimate that in some parts of Africa, traditional medicine alone is serving up to 80-95% of the populations. As for faith healers, Amanze (1998) argues that the major attraction of African Independent Churches is their healing practice. The same has been observed in Zimbabwe (Daneel 1987), South Africa (Sundkler 1963), Swaziland (M'Passou 1994) and many other African countries. Pentecostal churches also attract many of their converts through the practice of healing (Togarasei 2009; Nkomazana & Tabalaka 2009; Togarasei & Nkomazana 2011).

For some, traditional and faith healing is only made use of when people seek psychotherapy (Byaruhanga-Akiki & Kealotswe 1995) while others (Canary 1983) see the need to integrate all systems of health care as they benefit each from the other.

Statement of the Problem

In view of what literature says about the abovementioned three systems of health, the following questions arise. How do Batswana make use of these systems? What is Batswana's first port of call when they require health services? Does this vary according to education, geographical location, gender, type of health need and so on? What influences the decision on where to first seek medical assistance?

Aim and Objectives of the Study

The aim of this study was to establish Batswana health seeking practices. To this end the study sought to:

- Find out where Batswana first go when they require medical help;

⁵ www.botswanaembassy.or.jp accessed 9 Feb. 2011.

- Establish the major determinants for one's choice;
- Discuss the implications of Batswana health seeking behaviors for promotion of health for all for Batswana; and
- Recommend ways by which holistic health can be promoted in a context where people are torn between traditional and modern healing practices.

Hypothesis

Our working assumption was that despite advances in allopathic health provision in Botswana, many Batswana still seek traditional and faith healing; educated or uneducated, rural or urban. This is because Batswana remain deeply religious and view life influenced by their religious beliefs. Thus they always want to know the cause of the illness, hence the decision to visit traditional and /or faith healers. We also hypothesized that those people far from modern health facilities do make use of the other two alternative health sources while believers of some religious groups/denominations tend to emphasize faith healing over other forms of healing.

Methodology

To collect data from the field, the study triangulated quantitative and qualitative approaches in five geographical regions of the country representing seven cities, towns and villages: Gaborone, Selibe Phikwe, Kanye, Mathethe, Masunga, Mapoka, Serowe and Paje. Convenience and purposive sampling techniques were used guided by the need to have a full representation of the population in terms of the north-south divide (for lack of finance we left out the northwest region), rural-urban divide, young and old and social class and gender differences.

We first used a quantitative approach to seek general information on Batswana's views and use of the three available health systems. This was in the form of researcher administered questionnaires. A total of 510 questionnaires were completed, an average of 100 in each region.

Three methods were used to collect qualitative data: key informant interviews, participant observation and focus group discussions. We interviewed a total of 100 people selected from key health players (medical

doctors, *dingaka* (traditional healers), faith healers, Ministry of Health officials) and patients who have used the three types of health systems. The majority of the patients were interviewed while they were seeking the services of the health providers. While conducting key informant interviews, the researchers also attended traditional and faith healing sessions to observe the rituals. On average three rituals were observed in each region, making a total of fifteen. Lastly, one focus group discussion comprising of 8-12 people was held in each geographical region.

Data from the questionnaires was analysed using SPSS version 20 while that from qualitative approaches was analysed through summarization and arrangement under different themes.

Study Findings

The findings of the study are presented under the following headings based on the research questions that were asked: Batswana's use of the three health systems and their views on the need for the collaboration of all the health practitioners.

Batswana's Use of the Three Health Systems

a) Modern Health Facilities: Hospitals and Clinics

Botswana has made major strides in the provision of modern health facilities. The majority of the respondents (90% in the case of questionnaire respondents) lived within 2-5km of a modern health facility. Over 90% of all the respondents also said that when in need of health services, Batswana first make use of modern health facilities. Traditional healers, faith healers and modern health administrators all agreed that the majority of Batswana first seek help from modern health facilities when ill. They also confirmed that they do refer patients to the hospital quite often. The main reason given was that clinics and hospitals can properly diagnose and offer proper medication which has been scientifically proven and is administered in right dosages. 'I know that they can offer me the right medication', was GA 100's⁶ response while GA 98 said,

⁶ Each respondent was given a code at data collection stage. The letter represents the geographical region while the figure represents the respondent

'To be detected and be given proper medicine'. There is trust in scientific medicine over other alternative health systems. Thus respondent SE 53 said, 'I want to know my status beyond doubt'. GA 78 said, 'I trust that their medication can help me and it's also important to go there since they record and keep track of their diseases'. This was fully captured by MAS 097 who said, 'Because in hospitals or clinics we are treated by trained people who know how to examine a certain disease and give the right medication and prescribe correctly how to use it'. Because Botswana offers free medication, another reason was as given by GA 73, 'Their service is free. I trust their service'. MAS 009 also said, 'Because at the hospital or clinic they are fast and at traditional clinic or faith healer, they will want money before healing you'. SE74 expressed the same point saying, 'We do not pay anything there'. On the other hand, respondents pointed out that traditional healers charge consultations fees of between P20 and P200 depending on the type of service required or the type of diseases one is suffering from (SP 10, Interview, 27/06/13).

Proximity was also given as a reason for going to the hospital/clinic first. As we have pointed out above, most of our respondents lived within 2-5km of a clinic or hospital. Thus responses like 'It is near to where I stay so I get there fast since it takes time to look for other help elsewhere' (MAS 027) were quite common. Even traditional and faith healers confirmed that most of their patients would have first been to modern health facilities. One traditional healer said, 'They normally go to hospital first and when it has failed they come to me' (SE 3, Interview, 30/07/13). The majority of the patients interviewed while seeking the services of faith and traditional healers confirmed that they had been to a modern health facility first. One of them said, 'I went to hospital and the doctor said I was to go back for admission and eventual operation on Monday but I did not go. I chose to come here but if it does not work I will go back to hospital on Friday' (SE 11, 31/07/13).

number. This way the respondents' identities are protected. When a code appears with a code only and no date, it identifies a questionnaire respondent. Codes with dates identify key informant respondents. Focus group respondents are not identified by codes since it is the general consensus that is presented not individual views, except when specifically mentioned.

b) Traditional Healers (*dingaka*)

Despite the developments of allopathic health facilities, the study revealed that traditional healers still have a significant share in the health provision market. About 40% of the respondents (39.5% of questionnaire respondents) said they knew a traditional doctor operating in their locality. 52% of questionnaire respondents said they believed over 50% of the people they knew consulted traditional healers at some point in their lives. However, when it comes to the respondents' use of traditional doctors, only 3.1% of the questionnaire respondents, , said they seek their services first when they are ill. Traditional doctors themselves confirmed this as many of them reported few patients who came for their services. Traditional healer SE 15 (Interview, 31/07/13) said he was no longer seeing many patients, 'I do not know why they no longer seek help from me' while SE 22 (Interview, 3/08/13) said, 'I used to have a lot but I do not know what changed'. Traditional healer SE 2 (Interview, 30/07/13) complained that patients were now going to Pentecostal churches as she used to attend to many per day but was now attending to 2-6 people only. According to the *dingaka*, the few people who consulted them were from all social classes, although the majority of the healers themselves had an average of primary school education. 'All classes of people, soldiers, teachers, nurses, men, women and children', was the common response given by *dingaka* when asked about the class of people who consulted them. During the researchers' attendance of the healing sessions, they came across people of different age groups and classes consulting the healers. Often the traditional healers are consulted during the night. Participants in focus group discussion in one of the sampled areas underlined that traditional healers are usually consulted during the night. They said this is because the consultation should remain a *sepiri* (secret) since the patient's witches or enemies are not supposed to know who his/her traditional healer is.

Reasons given by those who consult traditional healers had mainly to do with the culture of the family. MAS 033 said, 'It is my culture and religious belief', while SE 28 said, 'I am a pure traditionalist who works with ancestors so I first consult traditional doctors to guide me where to seek help'. 'Sometimes I get diseases which cannot be addressed at the hospital and then seek help from the faith healers', was SP 79's response. Distance from modern health facilities was not a major determinant when it comes to the consultation of a traditional doctor. Patients reported walking several kilometers to consult

a traditional healer while passing through several clinics and hospitals. Traditional healers reported that their clients came from as far as South Africa, Zimbabwe, Namibia or even Mozambique. That there are specific diseases that can only be cured effectively by traditional doctors was shared by a number of respondents including medical health administrators. Mental diseases attributed to psycho-social disturbances were identified as traditional doctors' specialties as they often deal with social issues. Other diseases that some respondents said are best addressed by *dingaka* are: sexually transmitted diseases (STDs), general body pains, bad luck, headaches, overdue pregnancies, snake bites, bone fractures, *phogwana* (children's diseases) etc. Traditional healers themselves also added *boswagadi* (widowhood) and *sejeso* (food poisoning).

Health among Batswana is understood and described holistically; therefore other conditions that traditional healers deal with were enumerated by the respondents. GA 52 said, 'I was troubled by dreams (*Sedimo*) and I could see things that will happen before they happened'. The study established that traditional healers do not only treat diseases. Their 'healing' involves protection from diseases or other fates of life. For example, GA 51 consulted the traditional healer for 'protection' before writing examinations, 'I was to be protected before writing my JC exams and also to recover some of my books that had gone missing'. Since many Batswana live in fear of witches, respondents also said traditional healers protect their homes against the witches. GA 47 presented this as follows: 'I wanted *Go thaya lelwapa* (protect the homestead) and to protect the livestock'. Many Batswana own cattle and the traditional healer 'protects' them from theft and other forms of loss. He also cleanses haunted houses that lead people to lose sleep. They also treat migraine headaches, low sperm count and even assist those seeking jobs to get them. For instance, MAS 047 said she consulted the traditional healer because, 'It was hard for me to find a job, my boyfriend told me that he could not stay with me if I was not working'. She also said she went there to 'protect' her marriage and her car against witchcraft. Over 70% of the respondents who consulted traditional healers said they were cured.

c) Faith Healers

In this study people who identified themselves as faith healers (*baporofiti*) and were identified as such by the other respondents belong to the Christian

religion particularly those from AICs and the Pentecostal charismatic churches. There were also a few others from the traditional missionary churches who identified themselves as faith healers. By definition faith healers are people who believe in the power of prayer for healing. Whereas some of them use simple prayer, others combine it with other substances such as water, healing oil, ashes, eggs, Coca Cola, coffee or some other healing paraphernalia. About 49% of the respondents said they knew a faith healer operating in their locality. An interesting phenomenon in Botswana is the presence of traditional cum faith healers. About 40% of the healers said they were both prophets/faith healers and traditional healers. Although 48% of questionnaire respondents said they believed over 50% of the people they knew consulted traditional healers, only 6.1% of the questionnaire respondents, however, said they seek the services of faith healers first when they are ill. Generally, faith healers confirmed that they receive more patients than traditional healers. On average they said they attend to 10 patients per day, while others attended to 20 or more people during weekends. The prophets cum traditional healers received more patients than just the faith healers. *Baporofiti* interviewed were generally of low education levels while they said their patients were from all classes and ages of people.

Reasons given by those who consult faith healers had mainly to do with the Christian teaching. MAS 096, for example, said, 'I believe God is my healer and he makes all the impossible possible'. 'I believed that prayer could make them (pills) go smoothly as well as protect me' said GA 19. 'Prayer is stronger than anything else so that is what made me to use it more' was GA 21's response. MAS 086 added, 'As a Christian, I have that trust that some faith healers I know are good and can heal me' while MAS 050 also underlined, 'I believe in God and I believe they (faith healers) have the power of God to heal people'. To show the close link between traditional healers and faith healers in the views of Batswana, the same diseases that are cured by traditional healers were also mentioned under faith healers: SE 1 said, headaches, madness, painful intestines, swollen legs, poisoning and STIs are diseases treated by faith healers. SE 6 mentioned pregnant women with pains, children's diseases, STIs except HIV, insanity, thobega (treatment of a fracture) and bad luck. For SE 7 (Interview, 31/07/15) food poisoning, caterpillar eating the body manifesting in discharge of some white substance, epilepsy, STIs and *thibamo* (baby not coming right in child birth) were the diseases competently treated by faith healers. Other diseases mentioned were barrenness, wounds in the womb,

nose bleeding, failure to marry, spiritual diseases, e.g. *badimo* (possession by ancestral spirits) and *boloi* (witchcraft), problems in marriage, joblessness and a wide range of other illnesses like cancer. Over 80% of those who consult faith healers also said they got healed the last time they consulted them.

Current Collaboration of all the Health Practitioners

The study sought to establish if there is ongoing collaboration amongst the three health systems in the country. We sought this information from the traditional healers, faith healers, medical doctors and nurses and health administrators. Generally, traditional and faith healers expressed disappointment with the kind of collaboration presently in existence. Many said there was no collaboration since the Ministry of Health and its officials did not take their contribution to the nation's health seriously. SE 3 (Interview, 30/07/13) was of the conviction that, 'They think we cannot offer any help'. Other views were as follows:

- SP 3 (Interview, 26/06/13), 'They undermine traditional healers. They say we spread sickness'.
- KA 7 (Interview, 9/7/13), 'Ministry of Health personnel Umm they don't agree. I don't want to hide anything....on many occasions, they tell people not to come here for consultations. I know they say that as I hear them saying this on national TV and people always tell me. So the health personnel are the ones who tell people not to come here for consultation because they say traditional doctors won't help them'.
- SE 1 (Interview, 25/09/13), 'They have a negative attitude toward us. We sometimes meet with them in meetings and they often label us badly which shows they have not yet accepted us'.
- SE 13 (Interview, 31/07/13), 'They look down upon us as they believe we offer no help. I once referred a patient and they did not agree with what I had diagnosed'.

The perception by traditional and faith healers that the MOH officials have a negative attitude towards their work was confirmed by the Ministry of Health officials themselves. For instance, SE 4 (Interview, 31/07/13) said, ‘Some practices of these people put the lives of patients in danger’. Also SP 7 (Interview, 27/06/13) said, ‘We do not know how their treatment works, no specific dosages, etc. Their treatment may cause further damage’. Because of the MOH’s negative attitude towards the work of faith and traditional healers, the current collaboration is only in one direction: MOH giving instructions and orders to traditional and faith healers. SE 3 (Interview, 30/07/13) complained, ‘We only meet in conferences on healing where they teach us about causes of diseases’. SE 22 (Interview, 3/08/13) added, ‘I do not know what to say because they call us to meetings and workshops to teach us, and it is mostly to teach us and not us teaching them what we know. Only in a few instances do they listen to us’. Health administrators also concurred saying, ‘We meet with them regularly and teach them how to take care of critical issues’ (SP 6, Interview, 27/06/13).

Ministry of Health officials who appreciated the work of traditional and faith healers did so in their private capacity. These are the ones who consulted these healers themselves and sometimes privately referred patients to them. Mid wives and psychiatrists were fully aware of the work of both traditional and faith healers. They pointed out that some patients either visit such healers before being admitted or while they are still on medication.

Traditional and faith healers, however, considered their collaboration to be in the form of referrals of patients to hospitals. They reported that they always refer their patients to clinics and hospitals when they see the need. A common reason or condition given for referring patients to hospitals was when the healer suspected that the patient has HIV. SP 3 (Interview, 26/06/13) affirmed, ‘Yes, I even accompany them there. I have even taken three people to the hospital’. Other traditional and faith healers said they even have documents for referring patients to hospitals and clinics. For example, KA 8 (Interview, 9/7/13) responded, ‘Yes, I have their papers. I can refer them. There are papers used to refer people to hospital. I use them to refer people there and will even tell them to come here again if they want to’. On the contrary, in general hospitals and clinics do not officially refer people to the traditional and faith healers. The most they do is to invite faith healers to come and pray for the patients as stated by SP 6 (Interview, 27/06/13), ‘We do not refer patients. We, however, can invite pastors to come and provide spiritual and psychologi-

cal care but do not allow administration of any substance'.

Respondents' Proposals on Future Collaboration

The study asked respondents whether they would want traditional healers and/or faith healers to collaborate with medical doctors in treatment of the ill in hospitals. 58.5% of questionnaire respondents said they would want to see traditional healers collaborating with medical doctors in hospitals while 64.5% said they would want faith healers to collaborate with doctors in hospitals and clinics. *Dingaka* were also generally in agreement that they need to work closely with medical doctors. For instance, SE 2 (Interview, 30/07/13) stated, 'Yes, there is need. Some diseases require modern medical health care while others require traditional health care'. SE 3 (Interview, 30/07/13) added, 'Yes, we would like hospitals to refer patients to us. They do not allow us because they say the law does not allow them to do that'. SP 4 (Interview, 26/06/13) concurred, 'We want collaboration so they can know what medicine one is on before prescribing another. MOH must also refer people to us. We want to do our work in public'. KA 8 (Interview, 9/7/13) was more elaborate:

According to me, I had a wish that there could be some collaboration between us and medical doctors because diseases differ such as a child suffering from disease such as *tlhogwana*, *metlhala*, all these can't be cured at hospitals so I believe that that collaboration is necessary. There are illnesses that they are not able to cure while others can be cured. Modern doctors believe that traditional medicine does not work, even if they know it does. The problem is that if they agree and state that *dingaka/baporofiti* help patients, they may lose their jobs.

Faith healers were also in agreement as stated by SE 13 (Interview, 31/07/13), 'Yes, because if we could be allowed we could avoid unnecessary deaths. We could even deal with the issue of traditional doctors who normally cheat people'. SE 17 (Interview, 31/07/13) added, 'Yes, I believe if this can be done a lot of people will be helped. If it does not work with *dingaka/baporofiti* then the clinic may help'. SP 5 (Interview, 26/06/13) said, 'We want to collaborate with MOH by referring people there and MOH referring people here. Hospitals and clinics should have phone numbers of faith healers and then refer people'.

This is what KA 2 (Interview, 8/7/13) also expressed, ‘Yes madam, because I see that I would have improved status even though at times we can be blamed in situations whereby one loses life even before I touch such a person and everyone blames me thinking I used strong medicine on that person while I am practicing alone at home. I would be known officially so everything will be done in the open’. Patients were also in agreement with close cooperation of all healers. For instance, it was the opinion of SE 11 (Interview, 31/07/13) who said, ‘Yes, because many people get good help from them’. Many MOH officials were reluctant to work closely with alternative healers. SP 6 (Interview, 27/06/13) expressed this reluctance when he said, ‘Not likely that MOH can allow *dingaka* and *baporofiti* to work within hospitals. Collaboration should depend on level of education of *dingaka*’. SP 7 (Interview, 27/06/13) also added, ‘Not likely that MOH will accept collaboration in the same hospital’. Whereas the majority of MOH officials were reluctant, others thought close collaboration is necessary. SE 4 (Interview, 31/07/13) expressed this need for close collaboration saying, ‘Government is striving to unite traditional medicine and modern medicine. Thus in 2011 we organized the commemoration of Traditional Medicines Day where we encouraged traditional doctors to refer patients to hospitals’. This very senior MOH officer went on to say, ‘We are heading towards a time when they will be working closely with the medical doctors helping in administering healing. We may have one of them in the hospital or we refer the patients to them’.

Discussion of Study Findings

The search for health is very central in the lives of African people. It is little wonder then that most dynamic Christian churches in Africa today are those that address the subject of healing, be they the AICs or modern Pentecostal/charismatic churches. The availability of the three systems of health in Botswana, as in many other African countries, would have been a welcome development then among the people. Unfortunately, however, the accusations and counter accusations amongst these three systems particularly between modern healing system and traditional healing system tears health seekers apart. Although the majority of respondents considered the modern health facilities as their first port of call for health services, they also confessed to a widespread use of other forms of health provision. Quoting Makhurane (1980), Staugard (1986:60) says the traditional Motswana is like a young boy

standing on top of a hill with his thumb in his mouth one leg in a black hole and the other in a white one and wondering which one to lift first. He said the white hole represents the beaten path of traditional methods of health delivery via traditional doctors while the black hole represents the modern methods of health delivery via doctors and nurses. Staugard (1986:60) says, 'Every time a person falls ill, he has to face the difficult dilemma of which leg to lift first-whether to seek help from the traditional health care system, culturally and socially integrated in the village life, or whether to go to the hospital or clinic...' Although this observation was made more than 30 years ago, it still remains true in some respects as reflected by the findings of this study. Batswana still consider traditional healers and the faith cum traditional healers as competent health practitioners. Elsewhere in Africa such onslaughts have also proved to fail as Africans continue trusting traditional and faith healing. G. L. Chavhunduka (1994) argues, using the case of Zimbabwe that despite government and Christian onslaught of traditional medicine and medical practitioners, people continue making use of them. For him, this is evidence that they are benefitting from the type of medical service. However, because of the onslaught of traditional healing practices begun by the colonizers and the missionaries and which has continued due to Westernisation even in our post-colonial times and still promoted by some overzealous contemporary Pentecostal preachers, people seek their service under the cover of darkness. It was emphasized by the respondents that traditional healing is *sepiri* (secret). Although respondents attributed this secrecy to an attempt to avoid witches from knowing who their 'protectors' are, others mentioned the stigmatization associated with traditional healing. There is a general belief that traditional healers are only consulted by the backward and less educated. Therefore to avoid this stigmatization, the 'modern' and educated consult them under the cover of darkness. It appears national policies also play a great role in promoting this attitude. As the findings of this study bear witness, government health officials have a negative attitude towards other forms of health provision.

The situation is, however, different with faith healers. Since Christianity came as package of Western civilization, to be Christian soon became associated with being progressive. Accepting Christianity was soon viewed as moving from the darkness and backwardness of tradition to the light of modernity. Nowadays, this is expressed in the brand of Christianity called Pentecostalism, especially in its charismatic form. Unlike the Zionist/Apostolic

prophet who heals using ashes, candles, and other mediums and concoctions, the charismatic Pentecostal healer simply calls the name of Jesus and in some cases anoints some oil imported from some distant place and then commands healing (Chitando & Kglaba 2013). To this healer the educated flock in the light of the day. Our data, however, showed that this is not very different from the traditional healer whose healing prowess also did not only lie in his herbs and concoctions but also in his/her person. Like the traditional healer, the person of the Pentecostal prophetic healer has obvious psychological effects on those seeking his/her healing powers. What the prophet of the modern Pentecostal churches does is to modernize tradition in name or substance. For example, instead of talking about ancestors, they talk of generational cases and instead of traditional charms hanged on wrists, neck or waist or the Zionist/Apostolic prophet's cord (*ndaza*), the Pentecostal prophet introduced wrist bands. The figure of the faith cum traditional healer, that is common in Botswana (unlike in some African countries like Zimbabwe) proved to have more clients than the traditional healer. His/Her popularity proved to us the popularity of traditional healing practices when presented in and/with Christian flavor and rhetoric.

Our findings show that Batswana are not contented with the physical healing of the body. In their view, health goes beyond the physical well-being of the body. The state of their cattle, sheep, goats and other animals, the security of their jobs, marriages or other relations, their children's performance in class or prospects of promotion at work, all form part of their well being. What Harris (1922:10) observed about them a century ago, still stands true today:

‘(Batswana) used medicines and charms for every conceivable possibility- for their cattle and sheep, which were made to pass through the smoke of burning herbs; for their agricultural gardens and corn-fields, to make them fertile; for their wagons, to make them run well; for their guns, to make them shoot well; and even for their dogs, to make them fierce. There is not event in life, no form of sickness, no birth or death, but has its appropriate medicine or charm’.

The modern medical facility in the form of the clinic and the hospital, does not address these. Thus respondents said they seek the services of the *dingaka* or

baporofiti for this kind of health. Because of this, some Batswana expressed the need for the three health systems to be harmonized.

Writing in 1986, Staugard (1986) observed that due to Westernisation, *Dingaka* were demonstrating a high degree of adaptability by focusing their interests on those elements of traditional healing which fit into the Western concepts of rationality, such as herbalism. Our data shows a similar trend but now shown in *dingaka's* preparedness to refer patients to modern health facilities. *Dingaka* and faith healers take pride in working closely with the modern health officers but are disgruntled by the fact that these officials do not take them seriously. They want to be modern but they are still basing their diagnostic and therapeutic practices in traditional concepts in which diseases are seen as a result of a disruption of social ties in general. They give advice and find cures which endorse popular sentiment and inspire a sense of justice and security in the traditional way of thinking and living in the village. Our findings confirm findings from similar studies elsewhere in Africa. In Tanzania, for example, over 80% were said to rely on traditional medicine (Mbwambo, Mahunnah and Kayombo 2007:115). Sibanda (2015:77-100) made a similar observation in Zimbabwe. However, these scholars attributed the high use of traditional medicine and medical practitioners to high cost of biomedicine. Our findings point to the fact that traditional medicine fits within the worldview of the Africans. 'The advice of the traditional healer is therefore generally integrated in the religious and moral concepts and beliefs prevailing in the society and the *Ngaka* assumes a stabilizing role in social control' (Staugard 1986:55).

What we can learn from the findings of this study is that Batswana do not despise the allopathic health system. That is why over 90% of them said when they are ill their first port of call is the hospital or the clinic. However, as one respondent said, the hospital and the clinic treat 'not so serious diseases'. This is a loaded statement that requires Batswana/African cosmology to understand it. As J. Kunnie (1992:4) states:

The practice of medicine within African culture generally, was never seen as solely a physical, physiological or material healing: rather the illnesses and physical misfortunes of individuals, which was directly linked to the ailment of the community as a whole, was perceived as an imbalance or strain in relations between the world of human existence and that of the spirit world that surrounded that of humanity.

This same view is shared by Christians. In this world view, Western medicines treat the ‘minor’ diseases, that is, the physical, while the traditional or the faith healer’s medicine treats the ‘major’ diseases, that is, the spiritual and social causes. One respondent (SP 7 Interview, 27/06/13), a MOH administrator said, ‘We know that relatives of patients sometimes request to take patients to *dingaka* and if not allowed some of them ‘steal’ the patients and take them to *dingaka*’. Yes, the clinic and the hospital is the first port of call for health services but, it would appear that it is first along a hierarchy the topmost of which is the traditional healer. When you do not feel well, you go to the hospital, when the hospital fails you consult the faith healer, but when all these have failed, you go to the traditional doctor. This seems to be the health hierarchy in the views of Botswana. There is therefore a sense in which the traditional doctor is seen in the eyes of Botswana as the ultimate health service provider. For O. Morekwa (2004:72) AICs prophets mixed Christian and traditional healing so that their members do not go to traditional healers. This is also a view shared by Staugard (1986) when he said, faith healers represent the intermediary stage between the indigenous culture and the European (colonial) conceptions. It is probably for this reason that a number of respondents called for close collaboration of the three health systems. The Botswana case presented here therefore challenges the common view that people use alternative forms of health services only when the modern or allopathic health services are inadequate or beyond their reach (Sibanda 2015:77-100). As we have seen in this study, in Botswana, the modern public health services are cheaper than the traditional health services but people still make widespread use of them. It is therefore important for the government to take this seriously when reviewing health services policies as further recommend below.

Conclusion and Recommendations

The findings of this study confirmed our hypothesis that despite advances in allopathic health provision in Botswana, many Botswana still seek traditional and faith healing; educated or uneducated, rural or urban. It established that although the majority of Botswana generally have the hospital and the clinic as their first port of call when in need of health services, when the disease is not quickly cured, they seek the explanation from traditional and faith healers. The view, held by colonialists and missionaries and still held by some scholars such

as Samita (1997), that with developments in education and availability of modern health facilities, traditional healing would wane cannot be sustained by our findings. As presented above, most Batswana live within 2-5km of a modern health facility. Unlike in other African countries where such health facilities may be too expensive for the ordinary person or only there in name without medication (Morekwa 2004), Botswana health facilities provide free services and are generally well stocked with medication. But despite these facts, this study has shown that Batswana still seek the services of *dingaka* and faith healers whose services are more expensive than those of modern health facilities. The situation observed by Daneel in the 1970s is still prevailing in Botswana and other African countries. Daneel (1970: 35) observed that:

Different diseases require different healers. The wife of an Ethiopian church leader experienced no conflict in combining traditional and modern treatments: 'When I am sick, I go everywhere; to the *nganga* when I'm bewitched through a foot-trap, to the prophet if I wish to find out who poisoned me, and to the mission hospital for normal symptoms of illness.

In view of this, we therefore recommend the following. First, the MOH needs to strongly engage traditional and faith healers. This study and previous studies (e.g. by Jensen & Katirayi 2011) have shown that Botswana traditional and faith healers want to collaborate with medical doctors and nurses. They even find pride in that. The problem, however, is that they believe their counterparts from allopathic health do not take them seriously. We have seen that they complain that whenever they meet with the medical officers, they are lectured to with them never given a chance to share their knowledge. This, in our opinion creates a wall of resistance. Open engagement with them and respect of their opinions would go a long way in collaboration.

Second, the Botswana government needs to come up with laws that integrate the three systems of health provision. The government's Vision 2016 promised to have fully tapped and utilized the potential of *traditional* and *spiritual* healing systems in co-operation with *modern medical* practices, within the framework of modern law by 2016. This has not happened and it is this lack of a law integrating the three that makes modern health officials unable to refer patients to traditional and faith healers. We have seen that some of them do this secretly though, proving the need for a law that integrates the

three officially. There are many advantages with such integration one of which is that the government can monitor efficiently the practices of these alternative healing practitioners. The methods of integration still need to be thought out clearly, a task beyond the scope of this paper which presents some findings.

Third, while the government has to develop policies for integration, traditional and faith healers in Botswana, in the meanwhile, need to be properly organized and constituted. Although there are associations of traditional healers, they are not as strong and as active as those in South Africa and Zimbabwe (see Chavhunduka 1994 for the case of Zimbabwe), for example. A detailed discussion of the Botswana *dingaka* associations is given by Jensen and Katirayi (2011), suffice here to say that they also noticed weaknesses in the governance of these associations one of which is the voluntary membership of the associations. This leaves room for some charlatans and fly-by-night healers who put the name of faith and traditional healers into disrepute. Traditional and faith healers need to strengthen their associations and perhaps advocate, themselves, that government institutes a law that prohibits those not registered to practice. Related to this is a recommendation made by Jensen and Katirayi (2011) that traditional and faith healers need some training of some kind if their work is to be standardized and integrated into the whole country medical system. Respondents from the modern medical field expressed concern with working with traditional and faith healers giving one reason as their lack of education and training. Traditional and faith healers in Botswana can perhaps benchmark with their counterparts in countries like Zimbabwe where a school of traditional medicine has been established for the training of traditional doctors⁷ (Tsiko 2006).

Our fourth recommendation calls researchers to intensify research on alternative health systems in Africa. Our study shows that instead of talking about three health systems in Botswana, the traditional healer cum faith healer (*ngaka-moropofiti*) perhaps needs a category of its own. This is particularly so as many *dingaka* seem to be drifting towards this practice in light of the influence of westernization, charismatic Christianity and its demonization of traditional healing.

In conclusion, it is clear that both traditional and faith healing are

⁷ The school offers certificate and diploma programmes in collaboration with University of Zimbabwe School of Pharmacy and the International Education and Research Initiative (IPERI).

strong in Botswana despite advances in allopathic health. As Morekwa (2004) and some of our respondents correctly noted, there are some Batswana who hesitate to visit hospitals and clinics blaming them for loss of lives. They therefore seek health services from traditional and faith healers. If the allopathic health professionals worked closely with traditional and faith healers, such people would not see contradictions and differences in the health systems and would accept modern health systems easily.

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