

# The Mozambican Experience- Policies on Traditional Medicine since Independence

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Right after independence in Mozambique in 1975/76, the new leaders decided to follow only the rational and scientific approaches to solve the country's problems. As a consequence, traditional practices and concepts regarding health and disease in particular, but also other concepts, for example, initiation rites and lobolo were seen as backyard, non-scientific at best, and at worst as obscure and dangerous. No attempt was made to separate sorcery from traditional healing. All exercise of traditional medicine was officially prohibited and banned. A Penal Code, which had made the exercise of traditional practices illegal in the colonial period, was not modified. At community level this resulted in (mostly young) leaders burning down houses and instruments of traditional healers (THs) or simply ridiculing them in front of the community. THs went underground. On the other hand, the government nationalized all health care facilities and tried to extend the PHC services to the whole country, particularly the maternal and child health (MCH) programme.

Already in 1976, certain individuals, a number of medical students and MCH workers showed their interest and concern with traditional practices. On their own initiative they met with various traditional healers and in some areas the upgrading of Traditional Birth Attendants was started. In February 1977, at the third FRELIMO congress, a much more open discussion was held on the subject and it was agreed that the Ministry of Health would open a Unit for the Study of Traditional Medicine. The Alma Ata Conference reinforced this trend and recommended that its member states draw more attention to the beneficial aspects of traditional medicine. Worldwide this was mainly interpreted as studying the pharmacological properties of identified herbal remedies.

## Tacit Acceptance

From this moment on the THs were tolerated. The government did not have an official position on whether they were in favour of traditional practices or not. Another aspect of Mozambican society, however, forced the THs to try to get



Market in Maputo. Responsibilities of THs need to be defined.

*Photo: Natasha Pincus*

professional recognition. Every citizen needed documents stating his\her identity, his\her permanent residence and occupation. Without a job or profession people were considered unproductive and certainly in urban areas there was deportation to non-urban areas. THs started to demand some kind of written document to prove that they were inhabitants and professionals in a certain area. These requests were received by the local, district or provincial modern health and political authorities. It depended upon the flexibility of the person in charge whether or not a provisional registration form was provided. No national policy was adopted.

From the health perspective the THs were considered key-informants regarding medical plants. A team of ethnobotanists went to several provinces

to gather information on plant species used for their traditional properties. Field visits were however interrupted between 1982 and 1986 by the civil war. In 1986 a discussion was started within the Ministry of Health on whether or not other aspects of traditional medicine would be worth studying; on possible links with the established public health programmes and the need for adequate legislation. This led to the starting of a programme for the upgrading of Traditional Birth attendants in 1990, and to a programme on Traditional Medicine in 1991.

## Organizing THs

From 1989 on, the THs started to organize themselves into a national association. In Mozambique there is a healer: population ration of roughly 1: 200, or approximately 85 000 traditional healers. Official recognition of this professional organization and its members awaits legislation which allows specifically for the practice of traditional medicine.

The Ministry of Health now supports the THs in their struggle to get the new legislation established. It recognizes that even in a pluralistic health system, traditional healers are not and should not be part of the national health service. Traditional healers constitute a separate, parallel and largely self-regulating health service that with the right approach can formally collaborate with the government in the realization of specific public health goals, such as lowering morbidity and mortality of major life-threatening diseases.

The law which restricts the healing practices of all those lacking a recognized diploma should be revised to specifically exempt curandeiros (traditional healers), provided they do not misrepresent themselves as doctors or other diploma-holding health workers. If a TH prescribes, dispenses or sells modern medicines, or engages in modern practices such as injections, then to this extent he is no longer a TH and therefore subject to all laws governing the practice of formal or modern medicine. An exception to the foregoing is when THs as a matter of public policy have been trained by recognized health professionals in the use of specific modern medicines or health practices.

## Registration

THs operate in an environment which might be termed traditional legitimacy, where traditional sanctions serve to define proper behaviour. Modern health practitioners operate in an environment which might be called rational-legal legitimacy, where laws and regulations define proper behaviour.

As THs increasingly emigrate from their home communities to towns, cities or other rural areas, and as they begin to practice health care in non-traditional ways, it becomes increasingly desirable for them to operate in a rational-legal environment. When traditional sanctions can no longer operate easily, it serves the needs of the patient, the curandeiro, and society as a whole if the rights, responsibilities and professional domain of the THs are clearly defined.

It is exactly this duality which causes difficulties in defining exactly how to register THs.

All THs will be registered under the new legislation, but lack of scientific or objective information regarding the practices of various categories of traditional medical practitioners in Mozambique makes it difficult to define whether or not someone is a genuine TH. However, we believe most THs still operate within a framework of traditional legitimacy, subject to various traditional sanctions. For the latter type of THs, registration done by local administrative structures was proposed following consultation of the community.

Urban THs will only be registered through a properly constituted association of THs based on criteria of membership, including standards of conduct and professional competence. This will be developed and employed by the associations themselves.

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