


Summer 2013

# Fanta Fanafody: Malagasy Traditional Medicine in a Globalized World

Mary Buswell

*SIT Study Abroad*, buswellm@carleton.edu

Follow this and additional works at: [http://digitalcollections.sit.edu/isp\\_collection](http://digitalcollections.sit.edu/isp_collection)

 Part of the [Growth and Development Commons](#), [Health Economics Commons](#), [Health Services Research Commons](#), [International Public Health Commons](#), and the [Public Health Education and Promotion Commons](#)

---

## Recommended Citation

Buswell, Mary, "Fanta Fanafody: Malagasy Traditional Medicine in a Globalized World" (2013). *Independent Study Project (ISP) Collection*. Paper 1631.

[http://digitalcollections.sit.edu/isp\\_collection/1631](http://digitalcollections.sit.edu/isp_collection/1631)

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact [digitalcollections@sit.edu](mailto:digitalcollections@sit.edu).

# Fanta Fanafody: Malagasy Traditional Medicine in a Globalized World

Mary Buswell

July 12, 2013

Social and Political Dimensions of Health

Dr. Nat Quansah

SIT Madagascar Summer 2013

## Table of Contents

I.	<b>Abstract</b> .....	3
II.	<b>Introduction</b> .....	3
	a. <i>Historical Background and Literature</i> .....	4
	b. <i>Study Objectives</i> .....	6
III.	<b>Methodology</b> .....	6
IV.	<b>Results</b> .....	7
	a. <i>Materials</i> .....	7
	b. <i>Knowledge</i> .....	8
	c. <i>Technology and the Urban/Rural Divide</i> .....	9
V.	<b>Discussion</b> .....	10
	a. <i>Preservation vs. Choice</i> .....	10
	b. <i>The Urban/Rural Divide</i> .....	11
	c. <i>The Potential of Traditional Medicine in a Globalized World: The         Integrated Health Care System</i> .....	12
	d. <i>The Challenges of Traditional Medicine and Globalization</i> .....	15
VI.	<b>Conclusion</b> .....	15
VII.	<b>References Cited</b> .....	17

## **I. Abstract**

This study investigates the relationship between traditional medicine and globalization in Madagascar. Information from interactions and interviews with both traditional and allopathic healers is used to study the current healthcare system and provide direction for the establishment of an Integrated Health Care System (IHCS). This study finds that traditional medicine and globalization have a closer and more reciprocal relationship than it would initially appear, and that traditional medicine is very adaptable to change. Because of this, it is proposed that globalization and technology could be tools to bring traditional and allopathic medicine together in an IHCS to resolve the health disparities observed between urban and rural areas in Madagascar.

## **II. Introduction**

In a small room on the top of a mountain in Kingory, a ceremony is being conducted to call upon the spirits of the ancestors buried there and ask for good health. Four healers dressed in the traditional Malagasy lambas are leading the ceremony, and each in turn is possessed by the spirit of a different ancestor to the sound of accordion and drum music. It is clear that this ceremony has its roots in ancient tradition – the healers' knowledge and power comes from their family lineage, and the ancestors to whom they speak have been buried on the mountain for hundreds of years. In the middle of the ceremony, a cell phone rings. One of the healers pulls it out from under his lamba, discreetly goes to answer it outside, and then returns a few minutes later to perform a complicated rhythmic dance as he is possessed by an ancestor. Upon first glance, this scene appears incongruous. The ring of a cell phone amid the thumping of feet and

drums, the cries of the healers, and the tune of the accordion is a stark reminder that this traditional healing ceremony is taking place in 21<sup>st</sup> century Madagascar, where globalization and traditional medicine are both powerful forces that shape people's lives.

Like the cell phone in the healing ceremony, globalization and traditional medicine are often seen as conflicting forces. Popular perceptions of globalization emphasize change, uniformity, and the influence of the Western World (Harris and Seid, 2004). In contrast, conventional beliefs about traditional medicine focus on its ancient roots, "exotic" practices, and the static nature of tradition. Though seemingly incongruous concepts, globalization and traditional medicine are intricately linked in Madagascar, and traditional medicine's ability to incorporate aspects of globalization provides hope for the future of integrated medicine.

### *Historical Background and Literature Review*

In Madagascar, globalization began in 1896 with French colonization, and initiated political and social changes that impacted the practice of traditional medicine (Dr. B. Rabarijaona, personal communication, June 19, 2013). Prior to colonization, the Malagasy people universally used traditional medicine to cure their maladies. Traditional medicine was more than just a solution when one was sick; it was an integrated part of Malagasy society. Religion centered on praying to God and the ancestors for health and the economy was boosted by people's wishes for material riches (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013). The colonial pact with France involved a transfer of supplies: raw materials from Madagascar to France in return for structural reforms to schools, finances, technology, and health (Dr. J. M. S.

Raharinjanahary, personal communication, June 19, 2013). As a part of the colonial pact, French medicine was introduced to Madagascar, where pressure to favor the French system stigmatized the *ombiasy* (healers), and traditional medicine was banned (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013). Thus initially, globalization in Madagascar meant the oppression of traditional medical practices.

It was not until after independence that Malagasy people began to return to traditional medicine, and traditional healers did not have full legal status until 2007 (Dr. M. Ratsimbason, personal communication, June 28, 2013). Now 70% of Malagasies look to traditional medicine when ill (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013), and the government is beginning to seek integration of traditional and allopathic knowledge (Dr. Tolotra, personal communication, June 25, 2013). Though traditional medicine and globalization currently overlap in many places, it is important to consider the historical context in which they were once opposing forces.

Current literature about health and globalization highlights both the potential benefits and dangers that globalization presents to world health. In *Globalization and Health*, David Yach (2005) explains that, “for almost 5 billion people globalization has been associated with increased access to knowledge and technologies that improve life’s prospects,” but for the rest (mainly parts of Asia and sub-Saharan Africa), the benefits of globalization have yet to be realized (p. 1). Amidst concern about increasing health disparities, globalization scholars also highlight successful integrations of technology to better the health of populations. In Mexico City, a program called TelSalud uses text message reminders and updates to help chronic illness patients manage their health (Feder, 2010). The developers of the program hope that “e-health could help to bring

about a ‘democratization’ of illness in countries like Mexico – now that access to much of the world’s medical expertise is increasingly just a text message away” (Feder, 2010, p. 263). A study of the role of traditional medicine in modern Nigeria evaluated the effectiveness of traditional remedies and found many strengths of traditional medicine in areas where allopathic medicine was lacking (Isola, 2013). In our globalized world, traditional medicine and technology have the potential to improve the health of the population if used correctly.

### *Study Objectives*

In this paper, primary source materials gathered during this research to formulate an answer to the following question: What is the relationship between globalization, technology, and traditional medicine in Madagascar? In exploring this topic, the origins of these observations will be considered within the context of the political and social history of Madagascar. An understanding of how globalization influences traditional medicine is necessary to further the development of an Integrated Health Care System in Madagascar. It will be argued that traditional medicine’s incorporation of elements of globalization shows its relevance to the modern world and is evidence for the potential success of an Integrated Health Care System in modern Madagascar.

### **III. Methodology**

Primary source data were collected through lectures, interviews, and observations with a series of individuals working to promote health in Madagascar. Lectures were held at the University of Antananarivo and in Andasibe, and usually involved a presentation

followed by questions. Interviews were conducted mainly through group question and answer sessions following a lecture or a visit to a doctor, traditional healer, or researcher. This was an effective method of both giving the individual time to speak about what they believed was most important as well as ask specific questions. Student observations during visits also made up primary source material, and were promptly recorded in field notes to maintain accuracy.

Secondary sources in the form of books, journal articles, and online resources were found using the SIT library and various online databases. This paper relies more heavily on primary source data due to lack of frequent access to internet.

One significant weakness in the methodology is the potential for miscommunication, as lectures and interviews were conducted in a mixture of Malagasy, French, and English, and were often translated. This could have led to confusion and misinterpretation of the question and/or response. Additionally, since there was usually a large group of students asking questions to one individual, there was not always time to go in depth on specific topics, so responses may lack specificity and clarity.

#### **IV. Results:** Manifestations of Globalization in Traditional Medicine

##### *Materials*

It is impossible to ignore the material manifestations of globalization in Madagascar, from kids sporting Green Bay Packers t-shirts to the vendors on every street corner selling mobile phone credit. Globalization's influence extends to traditional medicine, where the materials used in rituals, diagnosis, and procedures often incorporate modern elements such as plastic bottles or processed food. For years, those who visit the



traditional healers on the mountain in Kingory have brought gifts with them to please the ancestors' spirits and sweeten their request. The gift should be sugary and nonalcoholic, but other than that there are few stipulations. Today, a bottle of orange Fanta and some plastic-wrapped hard candies make an appropriate offering. The healers will balance a few hard candies on a stone and pour the Fanta over top for the ancestors. When calling the spirits of the ancestors, the healers spray both bottled perfume and white clay over each other, and the music is played on a plastic water tub as well as an old-fashioned accordion. From these observations, it is evident that traditional healers have incorporated certain material aspects of globalization into their practice.

### *Knowledge*

Globalization in traditional medicine is seen not only in the materials used but also in the healers' heightened awareness of the world and global processes. Rakoto (Personal communication, June 24, 2013), a traditional healer in Soavimasoandro, explained how some diseases are caused by people's actions (such as breaking a taboo or being dishonest) and others are caused by pollution. Many Malagasy traditional healers also had a general knowledge of allopathic medicine and its capacities. Rakoto (Personal communication, June 24, 2013) understands that when a patient is having diarrhea and cannot eat they need an IV, so he will refer them to the hospital. Mama Bozy (Personal communication, July 2, 2013), a traditional pediatric in Andasibe, explained that she cannot treat malaria, but it can be done at the hospital. These healers' awareness of allopathic beliefs and capabilities demonstrates a comprehensive worldview of the globalized world.

*Technology and the Urban/Rural Divide*

Substantial differences were observed between healthcare in urban Antananarivo and the rural village of Andasibe. In Antananarivo, the presence of allopathic medicine was prominent, with several large hospitals capable of surgery and complicated procedures, ambulances navigating traffic in the streets, and the University of Antananarivo Medical School. Traditional healers were found in the *Marché de Petite Vitesse* selling their herbs and remedies, at Doany Kingory on the outskirts of the city, and in a small neighborhood named Soavimasandro. Both systems are present, and thus residents of Antananarivo have many options for medical care. The plethora of choices is matched by a variety of perspectives about traditional medicine in Antananarivo.

Andasibe is home to many traditional healers, including *reninjaza* (traditional birth attendants), traditional pediatrics, and masseuses. The hospital is a Level 2 Basic Health Center (CSB II) staffed by a single doctor, two midwives, and a nurse (Dr. Rakotondrasana, personal communication, July 5, 2013). The hospital staff is often challenged by a lack of resources, and sometimes solves this problem by referring patients to traditional healers when they can provide effective alternate remedies (Dr. Rakotondrasana, personal communication, July 5, 2013). In Andasibe more than in Antananarivo, there is a strong presence of both traditional and allopathic medicine.

Looking at Antananarivo and Andasibe as case studies, there appears to be a divide between urban and rural healthcare. In urban areas, allopathic care is prominent and relies heavily on technology. Yet upon leaving Antananarivo and venturing into the countryside of Madagascar, one finds a stronger presence of traditional medicine in communities surrounded not by technology but by biodiversity containing medicinal

plants. Both allopathic and traditional healthcare workers are aware of this divide and its impact on health.

## **V. Discussion**

### *Preservation vs. Choice*

Upon first observation, the use of modern materials in traditional rituals appeared to be an incongruity produced by the clash of traditional medicine and globalization. Indeed, many would see the presence of a modern product such as Fanta in a traditional healing ritual as the “contamination” of traditional medicine by Western influences. They may deplore the breakdown of traditional medicine and loss of culture. Philosopher Kwame Anthony Appiah (2006) terms these people “culture preservationists” (p. 7). Culture preservationists seek to maintain what they call “authenticity” in traditional practices, but do not acknowledge that “cultures are made of continuities and changes, and the identity of a society can survive through these changes. Societies without change aren’t authentic; they’re dead” (Appiah, 2006, p. 8). The use of modern food and drink in a traditional ceremony does not mean the ceremony is inauthentic, instead it indicates the remarkable ability of traditional medicine to adapt and exist in the modern world.

Instead of focusing on the preservation of culture, we should emphasize traditional healers’ right to choose which aspects of globalization are desirable and which are not. Forcing a culture to retain its ancient practices is unethical and unrealistic; allowing a culture to freely grow with time is a laudable goal. When given the choice, traditional medicine will both retain some of its ancient practices and improve others with new technology. People come to Kingory for the holy water that comes from a well on

the mountain. A while ago, the location of the well was moved slightly upstream and a tap was installed to make the holy water more accessible. The healers themselves made this choice to improve their ability to reach the water and use it to heal people. As this decision illustrates, modern and ancient elements used in traditional medicine do not necessarily preclude each other. Instead, healers can simultaneously wear lambas and have cell phones, or use both bottled perfume and white clay as incense. Malagasy traditional medicine combines many elements of globalization, and as long as healers are in charge of choosing which elements to incorporate and which to leave out, they can improve their practice and adapt it to the present day.

### *The Urban/Rural Divide*

The differences observed between urban healthcare in Antananarivo and rural healthcare in Andasibe can be explained by the social and political history of Madagascar. Prior to French colonization in 1896, traditional medicine served all healthcare needs in Madagascar (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013). Under colonial rule, allopathic medicine was first introduced and traditional medicine was quickly and intentionally stigmatized and eventually banned altogether (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013). French attempts to spread modern medicine were only effective in urban areas, where the illegality of traditional medicine was more strictly enforced. This resulted in the replacement of urban traditional medicine with allopathic medicine. Many traditional healers fled to the countryside, where they could continue to practice unnoticed by the French.

These policies of colonization created the health divide between the rural and urban populations of Madagascar that continues to this day (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013). Typically, the urban areas practiced more allopathic medicine, were primarily Christian, and had formal education systems, while rural areas practiced traditional medicine, had widespread illiteracy, and had more spiritual religion. The effects of this divide remain, as Antananarivo has a developed allopathic medicine infrastructure, and many rural areas rely more heavily on traditional medicine. Traditional medicine was only made legal again in 2007, so practitioners still remain centered in rural areas (Dr. M. Ratsimbason, personal communication, June 28, 2013). Whereas globalization once divided traditional and allopathic medicine in Madagascar, it now has the opportunity to unite them to address issues of access and resource scarcity among both urban and rural populations. Instead of viewing traditional medicine and allopathic medicine as disparate fields, it would be wise to use the already-existent socio-cultural framework of traditional medicine to collaborate with allopathic medicine so that both could exist throughout Madagascar.

*The Potential of Traditional Medicine in a Globalized World: The IHCS*

Andasibe alone has at least three *reninjaza*, yet most women in the town choose to go to the often-overwhelmed public hospital to give birth (Lilao and Tsoa Rakotoarivelo, personal communication, July 6, 2013). In this situation, it seems that the knowledge of the *reninjaza* is being underutilized, and collaboration between the hospital and traditional birth attendants is a viable solution. Dr. Rakotondrasana (personal communication, July 5, 2013) at the CSB II in Andasibe has already begun doing just

that, and will call a *reninjaza* for help with a difficult birth. At the hospital, he and the *reninjaza* collaborate to maximize efficiency: if it is a normal natural birth, the *reninjaza* is in charge, but if it is a caesarean section the doctor takes charge (Mme Helen Razanamarisoa, personal communication, July 1, 2013). Through collaboration, resources are used in the most efficient way and the patient is provided with the best quality care possible.

This type of collaboration can and should be implemented on a wider level. The role of technology and globalization can be providing communication between traditional healers and allopathic practitioners to develop an Integrated Health Care System (IHCS). If each hospital could make a directory of local traditional healers open to working with them, collaboration could be instituted as a policy in situations when the traditional remedy is equally or more effective. Likewise, traditional healers should be provided with resources from the hospital in the form of ongoing education, facility space, and a referral system from traditional healers to doctors. The same process could be implemented in urban areas, bringing the allopathic and traditional systems together to cover healthcare needs and reversing the urban/rural divide in availability and type of care.

When asked how technology affects traditional medicine, the traditional healer in Soavimasoandro posited that he believes more people will hear about and have access to traditional medicine as a result of improved communication due to globalization (Rakoto, Soavimasoandro, personal communication, June 24, 2013). Communication and collaboration are essential in developing an IHCS, as it is important to remember that “integrated does not mean simply having recognition of the importance of both modern

and traditional medical systems in an area and helping them to develop in parallel to each other” (Dr. N. Quansah, 1994, p. 20). Healers and doctors must have an ongoing dialogue if they are to effectively work together, and the technology and information provided by globalization can be the medium for those conversations.

The Malgasy government has begun an effort to integrate healthcare through bringing certified plant remedies into government healthcare centers and establishing a National Traditional Healers Association that holds conferences between traditional healers and allopathic doctors (Dr. Tolotra, personal communication, June 25, 2013; Rasoanaivo, 2003). There are already many instances of collaboration between traditional medicine and the globalizing forces of allopathic medicine. Rakoto (personal communication, June 24, 2013), will refer patients to the hospital when he knows they need an IV and it is beyond his power to cure them. He understands that some diseases are caused by people’s actions (such as breaking a taboo or being dishonest) and others are caused by pollution. His openness toward and knowledge of allopathic medicine is promising for the future of integrated medicine. From the other side, research laboratories such as the Centre National de l’Application des Recherches Pharmaceutiques (CNARP) are putting forth commendable efforts to bring the ethnobotany knowledge of traditional healers into the laboratory where they can discover new medicinal properties of plants (Dr. M. Ratsimbason, personal communication, June 28, 2013). Politics and social stigma toward traditional medicine often impede integration efforts, but the enthusiasm of certain traditional healers and researchers and their work so far provides hope for the future of integrated medicine.

*The Challenges of Traditional Medicine and Globalization*

While communication networks can supply a basis for integrated medicine, globalization is not always a force for good when it comes to health. The World Health Organization (2001) wisely pointed out that, “the benefits of globalization are potentially enormous, as a result of increased sharing of ideas, culture, life-saving technologies, and efficient production processes,” but “the benefits are not yet reaching hundreds of millions of the world’s poor” (p.1). Indeed, while globalization has great potential to further the health of the Malagasy population, it has equally great potential to further the health of just a small sector. Currently, the divide between urban and rural areas created by French colonization still leaves health disparities between populations of different areas and socio-economic statuses. The *fracture numerique*, or digital divide, between the northern and southern hemispheres, prevents Madagascar from accessing many of the benefits of globalization (Dr. J. M. S. Raharinjanahary, personal communication, June 19, 2013; Parent et al., 2001). Furthermore, the recent political instability has caused many international aid organizations to withdraw funding, which previously made up 70% of the federal budget (Rasamindrakotroka, 2013). While globalization and traditional medicine have the ability to coexist and complement each other, it is necessary to recognize the social and political factors that pose challenges to a system of integrated medicine.

**VI. Conclusion**

In observing the intersection of traditional medicine and globalization, it is clear that traditional medicine is not a static practice rooted in the past. Instead, traditional



healers incorporate elements of globalization to improve their work and are cognizant of the role of allopathic medicine in providing a different sort of care. The ability of Malagasy traditional medicine to adapt to the modern times indicates promise for its future use, hopefully in as a part of the IHCS. While globalization furnishes such opportunities through improved technology and communication, it also provides many challenges. The political history of colonization has created a divide between allopathic and traditional medicine, and current poverty and instability limit the country's access to the positive aspects of globalization. In moving forward toward an integrated system, it is important to consider these challenges, and remember that globalization can have positive uses for traditional healers when their autonomy and decision-making are respected.

When the healers at Kingory were asked how people's requests to the ancestors have changed over time, they responded that they have not (Kingory Traditional Healers, personal communication, June 24, 2013). Throughout history, the wish for good health is universal and timeless. Traditional medicine has been addressing that wish for over 5,000 years, and can continue to do so for many more. For now, traditional healers must be invited to incorporate aspects of globalization if they see fit and to collaborate with the allopathic system. Refusing to do so means ignoring an opportunity to provide sensible, effective, and culturally-competent care to improve the overall health of the Malagasy population. Future research could investigate sentiments toward integrated medicine, as well as how traditional healers access information and which aspects of technology they may wish to incorporate into their practice or lives.

## VII. References Cited

- Appiah, K. A. (2006, Jan. 1). The Case for Contamination. *The New York Times*. Retrieved from [http://www.nytimes.com/2006/01/01/magazine/01cosmopolitan.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2006/01/01/magazine/01cosmopolitan.html?pagewanted=all&_r=0).
- Feder, J. L. (2010, Feb.). Cell-Phone Medicine Brings Care to Patients in Developing Nations. *Health Affairs* 29(2) 259-263.
- Harris, R. L. and Seid, M. (2004). Globalization and Health in the New Millenium. *Perspectives on Global Development and Technology*, 3(1-2), 1-45.
- Isola, O. I. (2013). The “Relevance” of the African Traditional Medicine (Alternative Medicine) to Health Care Delivery System in Nigeria. *The Journal of Developing Areas* 47(1), 319-338.
- Parent, F., Coppieters, Y., and Parent, M. (2001, Mar. 17). Information Technologies, Health, and Globalization: Anyone Excluded? *Journal of Medical Internet Research* 3(1).
- Quansah, N. (1994). Biocultural diversity and integrated healthcare in Madagascar. *Nature & Resources* 30(1), 18-22.
- Rasamindrakotroka, A. (2013, June 27). *Madagascar: Health sector policy after 1960* (PowerPoint slides).
- Rasoanaivo, P. (2006, Apr.). Traditional Medicine Programmes in Madagascar. *Indigenous Knowledge Notes* 91.
- World Health Organization (2001). Macroeconomics and Health: Investing in Health for Economic Development. *Report of the Commission on Macroeconomics and Health*.
- Yach, D. (2005). Globalization and Health: Exploring the opportunities and constraints for health arising from globalization. *Globalization in Health* 1(2).