Health Knowledge and Belief Systems in Africa

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To Drs. Vik Bahl and A. B. Assensoh for their humanity

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Andrew J. Gordon, PhD, MPH, is an Associate Professor in Anthropology at the University of Houston. As a field researcher with training both in public health and anthropology, he has focused on the intersection of health, development and identity in West Africa and the Caribbean. He is also actively engaged in health-care planning and has participated in a variety of projects for the Agency for International Development, the World Health Organization, the Centers for Disease Control and the World Bank, among others.

Ilzé Grobler holds an MA in Counseling Psychology from the University of Pretoria, South Africa. She is currently doing her PhD in Psychology on co-constructing knowledge in health sciences. She is involved with program development and facilitation of psychology for orthotics and prosthetics practitioners. Within Tshwane University of Technology, South Africa, she holds the position of Deputy Director for Student Development and Support Services and is also involved in the facilitation of life skills programs for undergraduate students.

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Felix Augustine Mensah, MD, is a medical doctor practicing in Ghana. His writing generally shows a bias towards inspirational pieces. In his contribution to this volume, he goes beyond seeing religion as a setback to health-care delivery in Africa, recognizing it instead as a tool which can be put to judicious use.

Femi N.O. Mimiko, PhD in International Relations. He has done post-doctoral studies at the Thomas Watson Institute for International Studies, Brown University, and The Academy of Korean Studies, Seoul, South Korea. Currently a Professor of international relations and comparative political economy at Adekunle Ajasin University, Akungba-Akoko, Nigeria, he previously taught comparative politics in the Department of Social Sciences, US Military Academy, West Point, as a Fulbright Scholar. He is the editor of *The Journal of Policy Initiatives* and is currently working on two book projects: *Perspectives in Political Science* and *A Political Economy of (Un)development in West Africa.*

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Christy Schuetze is a PhD candidate in Cultural Anthropology at the University of Pennsylvania in Philadelphia. She lived in Mozambique from 1998 to 2001, working for two years as a volunteer secondary English teacher with the Peace Corps, and then for an additional year as an independent researcher. She is currently researching the interrelationships between healing practices in rapidly-spreading Pentecostal churches and more "traditional" contexts in Mozambique. Future research will examine women's participation in different religious movements and their practices of healing.

Fiona Scorgie, PhD, is a Research Fellow at the University of KwaZulu-Natal's Centre for HIV/AIDS Networking (HIVAN) and has earned her doctorate in Social Anthropology from the University of Cambridge. She has conducted ethnographic research in the southern Drakensburg region of KwaZulu-Natal province in South Africa. Her current research interests include reproductive and sexual health, the cultural politics of HIV prevention, and contemporary religion and ritual practice in southern Africa.

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Bjørn C. Westgard is a PhD student in anthropology at the University of Wisconsin at Madison. His research interests lie in the area of francophone West Africa, with a particular emphasis on Sereer communities in Senegal.

Acknowledgments

The volume before you presents thirty-two chapters that address many questions concerning how health knowledge is acquired, utilized and interpreted by African populations, politicians, religious leaders, and health care specialists (western or otherwise). Among these questions are the following: What constitutes health "knowledge" versus "beliefs" about health issues in the African setting? How do/can lay people and scholars differentiate between the two? What are the uses and limitations of each in regard to providing effective and expedient health care to African populations? How are health knowledge and beliefs affecting Africa's response to the HIV/AIDS pandemic? How can the multifarious sources of health knowledge and beliefs be harnessed to provide better health care for Africans in the future?

These essays were originally presented at a conference on African Health and Illness held at the University of Texas at Austin from March 25–27, 2005. The conference was international in scope, bringing together over one hundred scholars from many different disciplines, countries of origin and countries of academic interest. The diversity of the participant pool is evident in this volume. Despite the diverse approaches and interests of the participants, over the course of the conference we noticed in a large plurality of the presentations a concern with the relationship between "knowledge" and "belief" as they relate to the various health care systems currently operating in African countries.

There are many people without whose help and support neither the conference nor this book would have been possible. We must thank the graduate students whose donations of time and labor made the conference possible (Roy Doron, Tyler Fleming, Ann Genova, Greg Harper, Brandon Marsh, Tricia Pearson and Kirsten Walles), as well as Laura Flack, Jerusha Murugen, Sam Saverance and Anne Turnbull. We would also like to thank the African Students Association from the University of Texas for providing lively entertainment and help during the conference. Finally, we extend our appreciation to the many departments and organizations at the University of Texas that provided funding for the conference. These include the Departments of History, English, Comparative Literature and Anthropology, as well as the Colleges of Fine Arts and Liberal Arts, and the Schools of Law and Music. Also making generous contributions were the Center for African and African-American Studies, the LBJ School of Public Affairs, the Office of Graduate Studies, the Frances Higginbotham Nalle Fund, the University Co-op, the Texas Cowboys Lectureship, the Louann and Larry Temple Fund, and the Americo Paredes Center for Cultural Studies, all of whom we owe a debt of gratitude.

Toyin Falola and Matthew M. Heaton
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Overview — Investigating Health Knowledge and Beliefs

Toyin Falola and Matthew M. Heaton

I

Few would argue that sub-Saharan Africa currently faces a health crisis of enormous and increasing proportions and has for several decades. HIV/AIDS is ravaging many countries in the region, and health care services are underfunded, understaffed, and underavailable to much of the population. Contributing to this crisis are the general instability in many African countries, the presence or prospect of war, authoritarian regimes, official corruption, and poor economies, to name just a few of the problems. Although these major problems prevent significant improvements in the prospect for health in African countries, regarding currently available health services and treatment options in sub-Saharan Africa there are many conflicts concerning health knowledge: what it is and how it should be utilized to best serve the health needs of African populations. It is this struggle to navigate within the diversity of African populations' beliefs concerning health and health knowledge that the chapters in this volume address.

Distinguishing between knowledge and belief can be a difficult task. Nowhere is this truer than in the realm of health and medicine in Africa, where certain knowledge is contested depending on the belief system from which one approaches it. This book, therefore, does not intend to engage in semantic debates about the nature of knowledge and belief; rather, it seeks to examine in a multidisciplinary way the effects that health knowledge, or, more appropriately, that knowledge about health which a person or group chooses to believe, affects the way that health-seeking behavior, health-treatment options and discourses on health issues are pursued in sub-Saharan Africa Many different factors affect how knowledge is disseminated, how people will receive this knowledge, and how they will internalize knowledge and utilize it in their everyday lives, in their approach to health-service provision, or in government policies. These are further issues that the chapters in this volume address. Whether through traditional, Christian, or secular western eyes; governmental or nongovernmental administration; lay understanding or professional expertise; the chapters presented here provide an overarching view of the varieties of health knowledge that are being spread in Africa, the diversity of approaches to accepting or rejecting this knowledge, and the multitudinous processes for assimilating this knowledge into behavior patterns.

This book is divided into five sections, each comprising chapters that deal with specific effects of health knowledge and belief systems on health care in sub-Saharan Africa. Within each of these sections the complexity of the relationship between health knowledge and belief systems becomes apparent.

II

Part A contains chapters that discuss the effects of religious beliefs and cultural values on the health-seeking behavior of African populations and on the service of health-care providers. These chapters discuss faith as an effective health-care tool, stigma as a detriment to bodily health and health-seeking behavior, and the overall importance of healthy and ordered social conditions to physical health. In these chapters, the religious and cultural lenses through which patients and health-care providers interpret health knowledge are stressed. No doubt, viewing things in a particular way often precludes other interpretations of the same information or experience. This is certainly the case in African countries, where many different social cleavages exist; between western education and traditional beliefs, between urban and rural, and between various religions, just to name a few. With this the case, J.C. Van der Merwe (Chapter 2) makes the point that in order for western and traditional medical systems to come together and provide more effective heath care to South Africans, health-care professionals and policymakers must be aware of the different worldviews, both macro and personalized, that affect the perspectives that different people bring towards health-care issues.

One set of conflicting worldviews has been that between religious faith and scientific pragmatism, particularly in the medical realm. Felix Augustine Mensah (Chapter 8) examines the relationship between western biomedicine and spirituality through interviews with Christian medical doctors in Ghana. These doctors express their belief in the spiritual dimension to health and illness through personal experiences, but note that to hold such opinions is often not acceptable amongst those who believe in biomedical absolutes. Explaining illness in terms of spirituality is scorned and raises issues of liability, Mensah argues. He concludes that this climate of opinion has squelched dialogue on the issue of spirituality in medical practice.

Just as Christian faith plays a role in the healing experiences of these western-trained biomedical doctors, the ability to heal can also play a role in the practice of Christian faith. Fiona Scorgie (Chapter 4) discusses the interpretation of HIV/AIDS causation of the Zionist Pentecostal Church in southern KwaZulu-Natal, South Africa, the efforts of the church to treat AIDS patients, as well as the social utility of such alternative methods of treatment. While the Zionist church sees AIDS as caused by familial sins against traditional normative practices codified through religious values, patients seeking help from the Zionist church go partially because of a belief in this nosology, but also partially because it allows for treatment in a secluded environment away from the prying eyes of family and community.

Scorgie's chapter raises the issue of social stigma as a factor in health-seeking behavior of patients, particularly of HIV. This stigma could apply to many illnesses, as shown in Chapter 3 by Andrew J. Gordon and Atoulaye Sall. This chapter discusses the effect of societal shame and stigmatization on the treatment decisions among Fulani communities in Guinea. Focusing on the illness known locally as *bhururi-mnhuuru,* but encom-

passing a range of genital and abdominal disorders in western biomedicine including urinary tract disorders, hemorrhoids, and hernia, Gordon and Sall illustrate that this affliction is associated with a lifestyle that goes against traditional Fulani conceptions of upright behavior. As a result, people who suffer from bhuuri-mnhuuru tend to suffer quietly and alone until their illness becomes so life-threatening that they must make their illness known and seek treatment. According to Gordon and Sall, this kind of quiet suffering, in itself, is an effort to maintain dignity, first by keeping secret one's shame, secondly by faithfully enduring the lot that God has dealt without burdening family and friends. Gordon and Sall note, however, that this attitude is held much more commonly by males, who are supposed to take care of themselves, and less so by women, whose personal welfare is not considered their own responsibility, but that of their male relatives.

In the analyses by Scorgie and Gordon and Sall, social stigmatization comes from a lay community, however, stigma can also be doctrinal in religious organizations or government policies. Kenly Greer Fenio (Chapter 5) examines the efforts of the Ethiopain Orthodox Church (EOC) under new faith-based funding programs for health care from the United States. Fenio argues that, while religion can be an important tool in the fight against HIV/AIDS in particular, it cannot be the only tool. Furthermore, she argues that gender inequality and continued stigmatization of HIV/AIDS sufferers in Ethiopia will likely limit the effectiveness of health-care programs conducted through the EOC. Likewise, Maurice N. Amutabi (Chapter 7) explains the historical stigmatization by the Kenyan government of alternative medicine practitioners among the Abaluyia in western Kenya.

Stigmatization seems to be more effective in some instances than others. While stigmatization of HIV/AIDS suffers in South Africa and bhurri-mnhuuru victims in Guinea seems generally accepted, Amutabi notes that alternative medicine in Kenya has remained popular because of its accessibility, affordability and efficacy despite vilification and derogation through colonial and neocolonial governmental policies. Amutabi illustrates that it is only recently, in part through the efforts of academics to take a more relativistic perspective towards alternative medicine, that the Government of Kenya has officially recognized the right of alternative medical practitioners to practice their craft on a professional basis.

The continued popularity of alternative medicines raises the issue of whether and how traditional African societies might effectively deal with health issues separately from western biomedical techniques, or even through techniques rejected outright by western biomedicine because of their metaphysical approaches. Christy Schuetze (Chapter 1) provides two examples of the importance of language in therapy for spirit possession in Mozambique. The dynamic interplay between different languages and their cultural contexts in the region and the ways that demands are made and spirits dealt with have strong implications for the structuring of social relationships. In the example of a "traditional" spirit possession, Schuetze shows the ways that the discussion with the spirits possessing a local woman helped her to reorder her relationship with her overbearing husband, thereby "healing" her social world. On the other hand, the language used to cast out an "evil" spirit possessing a man in a local evangelical church invoked a sense of power and universalization of Christian values that perform the same function of social "healing" if properly adhered to. Schuetze concludes that the importance of language in these forms of spirit-possession therapy may have strong implications for the future of conflict resolution in previously war-torn Mozambique. Likewise, Bjørn Westgard (Chapter 6) discusses the ways that health knowledge is garnered and

transmitted, as well as the political interpretations of the power inherent in health knowledge among traditional health practitioners in the Fatick region of Senegal.

III

The chapters in Part B discuss issues relating to the attitudes of African governments and international agencies towards health care in the African setting. These chapters discuss the relationship of knowledge to power, the importance of effective administration over the health-care sector (whether governmental or non-governmental), and, through several chapters that take a historical approach, the importance of historical legacy in shaping the health knowledge and beliefs of Africans.

The role of African governments in shaping health policy and providing general security for their citizens is discussed in several chapters in this section. Obinna Innocent Ihunna (Chapter 18) compares the problems of African governance and social instability to pathologies of their own that affect not only the physical health of many Africans, but also the psychological well-being of whole African societies. Ihunna argues that the problems of African governance must be addressed before overall progress is likely to occur for Africans as a whole. On this topic, John Ngosong Morfaw (Chapter 14) discusses the benefits of implementing the Total Quality Management (TQM) business model to improve the bureaucracy and delivery of health-care services in African countries. On a slightly different note, Femi N.O. Mimiko (Chapter 17) argues that the conceptualization of global security threats needs to be expanded beyond the specter of Islamic fundamentalist terrorism. In terms of Africa, Mimiko argues that other political and socio-cultural threats are a much greater security threat to most people. He makes specific note of the HIV/AIDS pandemic, which threatens both human and national security for most African countries and will for the foreseeable future.

Mimiko raises the issue of the international security threats and, therefore, opens the door to discuss the role of the international community in African health-care efforts. Ike Anya (Chapter 10) explores the ethical relationship between African governments and international donor agencies in combating illness in African countries by raising the issues of ethics committees and informed consent in African health-care settings. Anya illustrates the historical process under which western bioethics developed in Europe and the United States, but points out that this system of bioethics is not by any means ubiquitous in Africa today. Furthermore, political, economic and cultural complications make it difficult to suggest that instituting full-scale western bioethical practices in African settings would be the most appropriate approach to providing more ethical treatment in Africa. Anya concludes that more African voices and philosophies need to be utilized in developing an effective system of bioethics for the continent.

The ethics of international health-care efforts in African countries also comes under scrutiny by Isabelle Leblanc (Chapter 11), who discusses the ethical issues relating to vaccination campaigns in Niger. Far from operating under the bioethical model of western medicine, most vaccines are given to Nigerien patients without their informed consent. Leblanc questions the ethics of this situation on many levels. First, should informed consent be offered under western bioethics? Second, should western bioethics even be applied to communities that operate under different cultural norms? Third, how should cultures outside of the western mould obtain decision making power over

the ethical practice of medicine in their societies? Grappling with questions such as these is the first step towards a more universal ethics of biomedicine, with the ultimate goal being a healthier outlook for a greater percentage of the world's population.

On the issue of training health-care workers, Ilze Grobler, Gertina J. van Schalkwyk and Claire Wagner (Chapter 16) discuss the importance of a psychological approach both in training and practice of orthotists and prosthetists. By treating the pedagogy of science not as the dissemination of concrete "truths" from expert to trainee, but rather as a process in which all parties must be active and participatory learners, a stronger personal and professional identity can be carved both by educators and students. This openness and reflection can also become internalized in trainees, who will then use the same communication process and open-mindedness to develop effective therapy regimens catered to the individual needs of specific patients.

While the chapters discussed above point out problems with the health-care delivery apparatus in African countries at present, other chapters in this section make clear the important role that the past plays in the ways that people think about health in African settings; physically, socially and environmentally, as well as how disease environments are created and the changing contexts within which health-care services are produced and consumed. Tania van der Merwe (Chapter 13) sets the stage for such discussions by illustrating the various ideologies that underlie medical practice in South Africa. On the one hand are nationalistic and survivalist ideologies related to the political history of South Africa that have prevented widespread cooperation and integration between medical systems in South Africa. On the other hand are ideologies of superiority and intractable methodology that have made western biomedicine particularly rigid in terms of experimentation and treatment approaches. Van der Merwe stresses the need to recognize these ideologies as hindrances to progressive health care in a democratic South Africa.

Kristen C. Doughty (Chapter 9) also stresses the ways that contemporary understandings of the past may actually be hindering rather than helping healing processes by bringing attention to the role that historical narratives may have in bringing about community "healing" ten years after the Rwandan genocide. Doughty explains that the decades of violent turmoil between Hutus and Tutsis which culminated in the one hundred day massacre of 1994 have been shaped over the course of the last decade of RPF rule into an oversimplified narrative depicting all Tutsis as victims and nearly all Hutu as perpetrators. This narrative, while helping to consolidate Tutsis into a cohesive socio-cultural group, does little to foster reconciliation between Tutsis and their Hutu neighbors. Doughty argues that in order for true healing to occur, the narrative must expand to represent the full range of parties involved in the conflict. This includes recognizing in public memorials not only the victims and the perpetrators, but also Hutu who either abstained from violence during the genocide or helped to hide and save Tutsis, as well as incorporating into the narrative atrocities committed by Tutsi forces against vanquished Hutu populations.

The chapter by B.D. Marsh (Chapter 15) points out that administrative problems with health-care maintenance and service extension are not a new in Africa. Through a political analysis of the role of health administration in the Central African Federation of Southern Rhodesia, Northern Rhodesia and Nyasaland from 1953–1963, Marsh looks at the situation created by the fact that while most major government agencies remained under the control of the Colonial Office during the Federation's short reign, health was the one major department over which the Federation had complete budgetary and administrative control. Using the ideology of "multiracial partnership," the white settler leaders of the Federation argued that they would be able to provide better

health and medical services to the African population than the British ever had. Despite increases in expenditure on health throughout the Federation's tenure, the growth of health facilities for white settlers far outstripped that for the African majority, and opportunities for Africans to become licensed physicians remained minimal. By the time the Federation disbanded in 1964, it was clear that multiracial partnership had failed as an administrative ideology.

Health services always function within specific disease environments. Brandon County (Chapter 12) provides analysis into one way that new disease environments were created in Africa as a result of colonial labor policies. County looks at the various ways other than initial military contact that people in French West Africa migrated and came into contact with new disease environments. Not only did the military suffer from moving inland, but migrant workers also suffered from the new disease environments they encountered and constructed new, previously non-existent, disease environments by their very migration. Furthermore, County argues that mortality rates alone do not illustrate the full impact of "relocation costs". Rates of illness particularly affected the costs of migration and migrant labor, giving a fuller account of the effects of these new disease environments on their populations.

IV

Part C diverts from these general discussions of the role of health knowledge and belief systems in African health care to a more specific discussion of how knowledge and interpretation of knowledge have affected African responses to a specific health threat: HIV/AIDS. The chapters in this section offer portrayals of popular responses to the HIV/AIDS crisis in African settings and their effects on risky behavior, as well as clinical approaches to treating HIV/AIDS and alternative treatments options.

David Eaton (Chapter 19) analyzes the role of AIDS in public lives in equatorial Africa, offering a glimpse at the extent to which AIDS has become an undeniable aspect of the public consciousness but at the same time remains a taboo around which negative images and representations abound. By examining the lives of two of the regions most famous popular culture figures and AIDS activists, both of whom likely succumbed to AIDS in the 1990s, Eaton illustrates the ways in which these personalities brought AIDS into the public discourse through the literary and musical media, as well as through their own highly scrutinized personal battles against the disease.

This concern with the public discourse of HIV/AIDS also permeates the chapter by Ernest Ababio (Chapter 22). Ababio discusses the public policy challenges for democratic South Africa posed by the escalating rates of HIV/AIDS infectivity in the country. He notes that in the early stages the democratic government of South Africa chose either to ignore the impending crisis or to debate its causes rather than developing policy initiatives to treat sufferers and reduce infection rates. However, Ababio believes that due to the ability of those infected or affected by HIV/AIDS in democratic South Africa to voice to the government their discontent with the government's approach, more compassionate policy options have been pursued in recent years. This ability of interest groups to have their concerns heard and addressed stands as a testament to the emergence of a copasetic relationship between government and civil society under the new democratic regime.

HIV/AIDS is not only changing the relationship between civil society and government in African countries; it is also affecting cultural practices and behavior patterns for many Africans. Adam D. Kiš (Chapter 21) illustrates the changes that AIDS has had on funeral culture in a rural town in Malawi. Due to increasing death rates as a result of the preponderance of AIDS in the community, the total number of funerals in the town has been on the rise. This has caused residents to re-evaluate the cultural norms traditionally associated with funerals, particularly the obligation on the part of the community to attend the funeral and remain until its conclusion; and the responsibility of the bereaved family to feed all funeral attendees with a funeral feast. The increase in the number of funerals occurring on a regular basis has forced residents to choose which funerals they will attend and how long they will remain at the ceremony. Also, due to the frequency of funerals within families, a new pattern has emerged whereby families cannot afford to cook multiple funeral feasts substantial enough to feed all the guests. As a result, a hierarchy of feeding has developed in which the most important guests eat first, with others waiting their turn until the food runs out. As time passes, these new behaviors of expediency will become ever more common, with overall funeral culture in Malawi becoming irreversibly changed.

Baffour K. Takyi, Gabriel B. Fosu, W. Bediako Lamousé-Smith, and Stephen Obeng-Manu Gyimah (Chapter 24) broach the issue of whether knowledge about HIV/AIDS transmission affects the behavior of migrant labor communities. The authors provide evidence from case studies in Ghana and Kenya that risk behaviors among migrants and non-migrants do not differ significantly. In terms of specific behaviors, they note that migrant men in the two countries predominantly choose to reduce their risk of contracting HIV by reducing their number of sex partners, rather than through condom use. While this is a step in the right direction, the authors note that this is an indication that condom promotion campaigns still need intensification, among other programs, to reduce high-risk behavior among migrant communities.

In terms of alternative treatments for HIV/AIDS, T.V. Jacobs (Chapter 23) provides descriptions of various herbal treatments that may be useful as immunomodulators for HIV/AIDS patients. Using a combination of traditional precedence for the use of these herbs to treat various ailments and modern, scientific evidence of the medicinal qualities of certain compounds in these herbal treatments, Jacobs points out that in terms of health knowledge concerning HIV/AIDS much is still left to learn, and it is by navigating between the biomedical and traditional belief systems that breakthroughs are likely to occur.

Nevertheless, western biomedicine does offer options for health care that traditional methods do not. One such treatment method is invasive surgery. S.J.A. Smit and R.S. du Toit (Chapter 20) conducted a clinical study of patients with Acute AIDS Abdomen (AAA). They note that while surgical methods are improving to handle such cases, the mortality rate in their study group was still 54 percent, higher than hoped. Future work on the subject must be done to improve the quality of this kind of care for qualifying patients.

V

Part D offers chapters that illustrate the function of the arts in disseminating knowledge about the health crisis in Africa and the ways that people, governments and international agencies might amend their behavior to result in better health for Africans. The

focus of these chapters ranges from the role of theater, literature and film to the popular press and even face-to-face oral discussion as media through which health knowledge and beliefs can be transmitted.

The two literature analyses provided in this section illustrate the ways that authors commingle the threats to health, in the form of HIV/AIDS, with more general threats to life and limb in the African environment. Barbara Harlow (Chapter 29) provides a literary analysis of coping with the health dangers of present-day southern Africa. In a Mozambiquan landscape littered with landmines and increasingly threatened by the anonymous specter of HIV/AIDS, it is increasingly difficult for people to protect themselves against unseen threats to their lives. The best advice that can be given is to take no "short cuts"; in other words, one should not endanger oneself by putting oneself into situations where the possibility for calamity is heightened, either by walking through strange fields, or by engaging in unprotected or casual sex. The consequences of such are too often disastrous. Similarly, Lena Khor (Chapter 27) brings attention to the overshadowing of the HIV/AIDS pandemic in pre- and post-genocide Rwanda through a literary analysis of Gil Courtmanche's *A Sunday at the Pool in Kigali.* Although the genocide responsible for the deaths of somewhere between 800,000 and one million Rwandans in the course of one hundred days ended in July 1994, the lives of Rwandans were not safe either before or since the genocide, as HIV/AIDS continues to kill at alarming rates. Khor notes that in addition to this, the atmosphere of hate and disillusionment between Rwandans and towards western aid workers at the time of the genocide also exacerbated the spread of HIV/AIDS, according to Courtmanche's fictionalized treatment.

The chaos of many African environments and the ways that this chaos contributes to understanding of health and healers is also illustrated in the chapter by Kirsten Rüther (Chapter 25). Rüther lays out the representations of African healers in the popular media of South Africa during the final two decades of the apartheid regime. Far from being framed as representatives of the viability of African culture, African healers were often portrayed as both evidence of the breakdown of state control and, simultaneously, a threat to social order. Rüther argues that these representations were depoliticized and always peripheral to the main goals of the newspaper owners, making their overall impression all the more valuable to historians interested in South African attitudes towards health and illness at the time.

While life in many African environments can be chaotic, dangerous and unhealthy, as shown in the artistic and journalistic chapters just discussed, two chapters in this section relate the therapeutic effects of self expression that can be seen in the arts, be it film or everyday conversation. Maureen Fielding (Chapter 26) relates the film *Flame,* about women combatants in the Zimbabwean war of liberation, to traditional *ngoma* practices in southern Africa. Ngoma usually involves therapeutic release from traumatic events through public dance-songs, reflected, as Fielding says, in the visual media of this film. Likewise, the focus on women's roles in the film also converges with academic and clinical interests in postcolonial theory and post-traumatic stress disorder respectively. Olivier Jean Tchouaffe (Chapter 31) picks up on the role of film in postcolonial theory, illustrating the ways that three films by Cameroonian filmmaker Jean-Marie Teno both aptly criticize the "bulimic" kleptocracy in Cameroon, while at the same time provide an informal arena for civil society and public debate of issues that cannot be discussed openly for fear of governmental reprisal.

Film is not the only medium through which therapeutic discourse occurs in contemporary Africa. Samuel Gyasi Obeng (Chapter 27) discusses the therapeutic value of dis-

course about disease in Akan society. Through discourse, the ill and their friends and relatives can mitigate the psychological trauma of disease by blaming third parties or seeking support and offers of help. Although social stigma often complicates the extent and manner to which certain illnesses can be openly discussed, through various linguistic techniques speakers manage to circumvent social customs to convey their intended meanings concerning their illnesses or those of friends and loved ones. These three chapters illustrate effectively the ways that psychological distress can be somewhat alleviated through non-clinical means.

Just as psychological trauma can be mitigated without the help of the trained therapist, health education can be spread outside of the classroom. Patrick J. Ebewo (Chapter 30) discusses the role of theater for development (TFD) in raising awareness about issues related to HIV/AIDS in Botswana and Lesotho, two of the countries with the highest HIV/AIDS prevalence rates in the world. Not only do the theater productions discussed by Ebewo deal with issues surrounding HIV contraction and transmission, but they also deal with the issue of social stigmatization, which serves as a major health impediment to many HIV sufferers in southern Africa. Ebewo provides evidence that HIV/AIDS-related theater does a great deal to convey important messages about the pandemic, as the images depicted in the plays have proved to facilitate discussion on sensitive subjects related to HIV/AIDS and sex. The theater productions have also provided long-term associations for audiences, who have internalized the meanings of the plays and remember their content long after the production has ended, proving TFD to be an invaluable method of communicating health knowledge within specific belief systems.

VI

The final section, Part E, contains two chapters discussing the important new role that information technology (IT) is playing in making health knowledge from other parts of the world available to Africans and health knowledge about Africa available to the rest of the world. Although tempered somewhat by the lack of IT resources in Africa, these two chapters nevertheless illustrate the potential for great improvement in the amount and quality of health knowledge available to African governments and health organizations that might result in quick leaps forward in the effectiveness of health-care measures in African environments.

Lenny Rhine (Chapter 32) outlines the health resources available to sub-Saharan Africa through the Internet. IT has been a rapidly growing source of health information, and many IT applications are designed specifically to aid researchers and professionals in the developing world. Rhine notes that despite this growth of availability, sub-Saharan Africa is still lagging in terms of use of available IT resources. This is partially because of a continued lack of access comparable to the industrialized world, but also it is partially due to a lack of relevant material in these sources as well as a low level of recognition of their existence and availability. Sandra Dove and Wendy Naudé, from The Valley Trust, KwaZulu-Natal, South Africa (Chapter 33), illustrate the importance of Geographic Information Systems in providing information about population movements and resource allocation that has proven very useful in determining how and where to allocate future health resources in parts of South Africa.

VII

Overall, the chapters in this volume give a large-scale picture of the effects of health knowledge and belief systems on perceptions of health, health-seeking behavior, and health-care service options in African communities across the continent. Moreover, by taking a multidisciplinary approach, these chapters portray various different methods for looking at these issues of health knowledge and the belief systems in which this knowledge functions. Such a volume of this size and diversity has not been produced previously, however there are many divergent literatures about African health, knowledge production, and belief systems that converge and intermingle in this book. These literatures in themselves offer a long history of the ways that scholars have thought about health, knowledge and belief (although not necessarily all three simultaneously) in the African context. The introduction by Susan Rasmussen adroitly grasps the strands of these precursory literatures and ties them to the contributions made by the authors in this volume. The result is a clear picture of where the inspiration for these chapters came from and the ways that these authors, and this volume as a whole, hope to break new ground for further research.