

## Editorial Introduction

With 92% of the population living below the poverty line of US\$ 2 per day, and being ranked as 151 out of 186 countries in terms of the Human Development Index<sup>1</sup>, the Indian Ocean's island of Madagascar is one of the poorest countries in the world: its GNI per capita is estimated to be around 440 \$<sup>2</sup> and the national poverty headcount ratio is estimated to be 75.3. In this context, the state of the public health is a major issue. While the average health status of twenty-two million Malagasy is considered better compared to those in the sub-Saharan African region, such a system remains widely inferior to international standards. In 2010, life expectancy at birth was estimated to be 65<sup>3</sup>, while the global average is 68. Adult mortality also remains high - 236 compared to the global average of 176 - , and 100,000 children die on average every year. In Madagascar, access to medicine and formal sanitary infrastructure is limited, and according to Ramansoa (cited by Olds<sup>4</sup>) only 55% of sick persons visit a sanitary center.

On the other hand, traditional medicine also prevails in Madagascar. In rural areas, the *ombiasy*, *mpitaiza*, and traditional healers still gain notoriety. According to Sandron, "in each rural Malagasy village, traditional medicine still occupies an important place (...) For most of the villagers, the doctor is the last option. Traditional remedies are accessible, they correspond to their burse and most of all, individuals trust them. Their use is linked to local customs and beliefs."<sup>5</sup> For Mangalaza, the healer's action goes beyond the rural world and reaches urban modernity.<sup>6</sup>

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<sup>1</sup> [www.wfp.org/countries/madagascar](http://www.wfp.org/countries/madagascar)

<sup>2</sup> [Data.worldbank.org/country/madagascar](http://Data.worldbank.org/country/madagascar)

<sup>3</sup> Ministère de la Santé et du Planning Familial, Comptes nationaux de Santé 2003.

<sup>4</sup> OLDS (2006), Accès aux médicaments à Madagascar : L'Etat, la Pharmacie, et l'Usager, SIT Graduate Institute, Study abroad

<sup>5</sup> Free translation of "dans tout village rural malgache, la médecine traditionnelle prend encore une place importante (...). Pour une grande partie des villageois, le médecin constitue le dernier recours. Les remèdes traditionnels leur sont accessibles, ils correspondent à leur pouvoir d'achat et surtout les individus ont confiance en eux. Leur utilisation est très liée aux coutumes et croyances locales et les guérisseurs traditionnels jouissent encore actuellement d'une position privilégiée dans la société rurale malgré l'avancée importante des

An anthropological analysis of the cohabitation of the two types of medicine will then be of particular interest.

### **Authentic Malagasy traditional medicine specificity**

Authentic Malagasy traditional medicine is specific to Malagasy culture, mentality and identity. Identity is conceived here as the way Malagasy people conceive themselves as different from others: “A person’s identity is usually understood as in some crucial way involving the person’s self-conception, which includes a structure of aims and values.”<sup>7</sup> That is, such a notion is deeply entrenched in a person’s mind: “Being heard as a central aspect of “individuality” (particular or collective) or as a fundamental condition of social being, « identity » is referred to something supposedly deep, fundamental, constant and foundational. It distinguishes itself from aspects or attributes of the more superficial, hazardous, passing or contingent “me” and is extended to valuation, to cultivation, encouragement, to recognize and to preserve»<sup>8</sup>. If referring to a proper identity is quite arduous in Madagascar, particularly because of the lack of governmental and state action towards a specific nation-building<sup>9</sup>, this does not mean that an identity does not exist, for, “identity is a thing people [or groups] can have without being conscious about it.”<sup>10</sup>

Dubois is one of the rare authors who attempted to describe Malagasy identity. According to him, Malagasy identity is centered on a vital flux – “*aina*” (life) – and on a person which does not exist in himself but in reference to his family, his community and the cosmos.<sup>11</sup> Thus, in the Malagasy mind, the person does not assert himself/herself as an individual but rather finds his personality through the community: “Different from a European « me » who aimed to coincide with the individual person, the Malagasy « me » is a person full of « *aina* » which

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mission chrétiennes. » In Sandron, Population et développement dans les Hautes Terres de Madagascar, L’Harmattan, 1 janv. 2008

<sup>6</sup> Free translation of « A Madagascar, l’action du devin-guérisseur ne concerne pas uniquement le monde rural mais elle intéresse également le monde moderne des grandes villes. » In Mangalaza, Vie et mort chez les betsimisaraka de Madagascar : Essai d’anthropologie philosophique, L’Harmattan, 1. Janv 1999.

<sup>7</sup> SHOEMAKER (2006), “Identity and Identities” in Daedalus, Vol 135. No4, On Identity, pp 40-48

<sup>8</sup> Free translation of « Entendue comme un aspect central de l’« individualité » (particulière ou collective) ou comme une condition fondamentale de l’être social, l’« identité » est invoquée pour désigner quelque chose de supposément profond, fondamental, constant ou fondateur. Elle se distingue d’aspects ou attributs du « moi » plus superficiels, accidentels, passagers ou contingents et est entendue comme une chose à valoriser, cultiver, encourager, reconnaître et préserver » in BRUBAKER « Au-delà de l’« identité » », Actes de la recherche en sciences sociales 4/2001 (n° 139), p. 66-85.

<sup>9</sup> [www.haisoratra.org/article.php3?id\\_article=602](http://www.haisoratra.org/article.php3?id_article=602)

<http://www.madagascar-island.com/rubrique-actus/identite-malagasy-island.html>

<sup>10</sup> Free translation of : « L’identité est quelque chose que les gens (et les groupes) peuvent avoir sans en être conscients. » in BRUBAKER, « Au-delà de l’« identité » », Actes de la recherche en sciences sociales 4/2001 (n° 139), p. 66-85

<sup>11</sup> DUBOIS (2002), « L’identité malgache », Karthala

involved all those who participate.”<sup>12</sup> Thus, “man cannot fully assume his human condition and his personal dignity unless he remains at “one” with others who share his integration into the “*aina*.”<sup>13</sup> In this regard, the Malagasy individual is not only in a constant relation with others in the community, but also with the cosmos and through the “*fihavanana*” attempts to carefully preserve this relation. Numerous authors such as Andriamanjato’ situated Malagasy personality – and by abstraction, identity - in the fear of *tsiny* and *tody*. The role of *tsiny* (blame) is “something everybody experiments with, without knowing”<sup>14</sup> but which can be defined as “others’ unhappiness and, by consequences, their reproaches and their criticisms.”<sup>15</sup> *Tsiny* is a form of social blame that the individual constantly fears which in turn defines and crafts behavior in everyday life. Thus, the Malagasy always act with a heightened awareness of *tsiny* “*tsy hananan-tsiny*”: “*Tsiny* can be considered as one of the most intense forms of awareness of the phenomenon, emphasised by modern depth psychology: interiorized by a person who feels guilty on a collective level.”<sup>16</sup> *Tody*, is a form of immanent retribution a person receives from an action – right or wrong, a kind of “giveback” naturally delivered, punctuating the “relation which has as its immediate foundation the laws which gear the cosmos: this cosmos is experienced as structured in an established order. Every time that this order and equilibrium is upset, inconveniences emerge, which reach the author of the disorder himself, on his family or on the society with whom he belongs to.”<sup>17</sup> Attempting then to constantly conform to this community and to the rules of the cosmos, the avoidance of *tsiny* and *tody* cannot but lead, and dictate, individual actions.

Thus, by conforming to the cosmos, Malagasy people accept their *anjara* (part) and their *lahatra* (destiny). The *anjara* involves a certain distribution from which everybody gets his fair and just part. This is not akin to a fatalistic posture: “*anjara ratsy*” may indeed occur but likewise “*anjara tsara*” to balance any disadvantage. Moreover “when one cannot escape “*anjara ratsy*”, one has to resign. Resignation shows that even what happens does not really have sense for everyone; there is always an unraveled sense in the earth and sky organization. This is

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<sup>12</sup> Free translation of “A la différence d’un moi européen qui entend surtout coïncider avec la personne individuelle, le moi malgache est la personne enrobée de l’aina qui porte toutes les personnes qui y participent” (in DUBOIS (1978), « Olombelona, essai sur l’existence personnelle et collective à Madagascar », L’harmattan.

<sup>13</sup> Free translation of « L’homme n’assure vraiment sa condition humaine et sa dignité personnelle que s’il reste “un” avec beaucoup d’autres qui partagent son intégration au même aina.” idem

<sup>14</sup> Free translation of « quelque chose dont tout le monde croit faire l’expérience et que personne ne connaît », Andriamanjato in NAVONE, Ny atao no miverina: Ethnologies et proverbes malgaches, Librairie Ambozontany, Fianarantsoa, Madagascar, 1987

<sup>15</sup> Free translation of : « le mécontentement des autres et, par conséquent, leurs reproches et leurs critiques », NAVONE, Ny atao no miverina: Ethnologies et proverbes malgaches, Librairie Ambozontany, Fianarantsoa, Madagascar, 1987

<sup>16</sup> Free translation of : « Le *tsiny* peut être considéré comme l’une des plus aigues prises de conscience du phénomène, mis en relief par les psychologies modernes des profondeurs, de l’intériorisation par la personne qui se sent coupable lorsque la collectivité lui paraît n’être pas satisfaite de lui. » ANDRIAMANJATO, Le *tsiny* et le *tody* dans la pensée malgache, Collection Présence africaine, Paris, 1975.

<sup>17</sup> Free translation of « rapport (qui) a pour fondement immédiat les lois qui régissent le cosmos : ce cosmos qui est expérimenté comme structuré dans l’ordre établi. Chaque fois que cet ordre et cet équilibre sont bouleversés, des incon vénients surgissent, qui retombent sur l’auteur même du désordre, ou bien sur sa famille, ou sur la société à laquelle il appartient. » In NAVONE Ny atao no miverina: Ethnologies et proverbes malgaches, Librairie Ambozontany, Fianarantsoa, Madagascar, 1987

the immanent organization called *lahatra* enriching *vintana* and *anjara*.<sup>18</sup> Such a fundamental belief, then, cannot but gear a conception of health and illness.

### **Perception of health related to Malagasy identity**

Primordially, “health” (*fahasalamana*) in Malagasy mentality can be translated as “the state of being healthy” as it can be grammatically dissected as *faha-* -*na* (the way to be, the state) - *salama* – (healthy), this, inferring that the personal state and sensation “healthy” holds precedence over a general conception of “health”. Illness is said of “*aretina*” and the state of being ill deemed “*tsy salama*” (not healthy), “*manavy*” (ill with a little fever), “*marary*” (ill), according to the degree of illness..

Individual well-being carries a common caution used in declaring an illness, this, signifying a certain humility towards all that happens within the dominion of the universe. In this regard, the causes of an illness coming from without (exogenous) are underlined and may be thus perceived in relation to the Malagasy *tsiny* and *tody*, *anjara* and *lahatra*. According to Campbell,<sup>19</sup> in the Malagasy mind, an illness is caused by an exterior factor: a superior divine power or another person aiming to harm unto the victim, or destiny itself in the form of a punishment and retribution. Citing Ellis, “all diseases are supposed to be inflicted by an evil spirit, either in consequence to an evil destiny, the incantations of some enemy, or the neglect of some rite or ceremony.” This may indeed explain why any medication is called “*fanafody*” (*fanafak’ody*) (the way to remove charms) as any illness is supposed to come be sourced from the same origin. According to Campbell,<sup>20</sup> the term *fanafody* (drug) is not conceived as a correction for physical disorder but rather a remedy “which will put away the power of charms or enchantments.” Likewise, Mangalaza asserts that Malagasy people involve the body and spirit and that “according to the Malagasy vision of the world, it is fully possible that the real cause of such deregulation of the body-material (toothache, muscular tiredness, nervousity, intestinal trouble...) is far from any material order and sooner of an astral order. In an open and generalised system of Malagasy traditional medicine, one has to traverse and consider the many phenomenal realities composing life in order to find equilibrium.”<sup>21</sup>

### **Traditional and modern medicine encountering under consideration of anthropological aspect**

All the authors in this special issue of Health, Culture and Society are aware of these cultural relations between health and culture, as well as the cosmological intricacies which often compose the tableau of interpretation.

Pierlovisi explains well the process of healing under Malagasy cultural settings involves the visible and the invisible world, under a holistic and cosmic consideration. Distinguishing four categories of healthcare coexisting on

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<sup>18</sup> Free translation of « quand on ne peut plus échapper au anjara ratsy, on se doit de se résigner. La résignation montre que même ce qui arrive n’a pas vraiment de sens sur chacun ou sur certaines personnes, il y a toujours un sens impénétrable dans l’organisation terrestre et céleste. C’est cette organisation intrinsèque qu’on appelle *lahatra*, et c’est ce qui donne encore un sens au *vintana* et au *anjara* qu’on pense qu’il apporte. » In RAZAFINTSALAMA, Ny finoana sy ny fomba, Tananarive, Janvier 1978.

<sup>19</sup> Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in “Cahier d’ études africaines”, Volume 32, num. 27, pp409-453

<sup>20</sup> idem

<sup>21</sup> Free translation of : « « Selon la logique de cette vision malgache du monde, il est tout à fait possible que la cause réelle de tel dérèglement du corps-matière (maux de dents, fatigue musculaire, nervosité, trouble intestinal etc...) ne soit pas du tout d’ordre matériel mais d’ordre astral. Dans un système ouvert et généralisé qu’est la médecine traditionnel malgache, il faut jouer sur plusieurs claviers de la vie pour retrouver l’équilibre. » In Mangalaza, Vie et mort chez les betsimisaraka de Madagascar : Essai d’anthropologie philosophique, L’Harmattan, 1. Janv 1999.

the island, she explains how Malagasy traditional medicine or *indigenous* medicine is different from complementary and parallel medicine (MCP). Pointing out the fact that general perception tends to make an amalgam between indigenous medicine and complementary and parallel medicine, she criticizes political stances which value only the pharmacological aspects of traditional medicine without consideration of the sociocultural dimension. Thus, Pierlovisi's study seeks to explain the failure of the legalization and regularization process which ignores the fundamental value of authentic tradi-practicionners.

Burguet provides an insightful historical insight into the colonial period and details carefully the methods used by colonial governments. Hard methods such as coercion prevailed especially towards vaccination. Burguet explains as to how colonial governments struggle against traditional healers to neutralize their political position. But soft approaches such as incitation have also been used. Indeed, foreign biomedicine was not categorically rejected and this made room for the colonial government to introduce new approaches. Burguet, furthermore, refers to the diversification of therapeutic itineraries under which patients adopt techniques that suit them and that they consider efficient.

Legrip-Randriambelo and Regnier present important fieldwork undertaken in the Betsileo region (south-central of the Central Highlands Madagascar) to describe a "medical pluralism" where the patient flexibly visits an *ombiasy*, a doctor and a shepherd, a Christian healer of the Fifohazana movement.

Likewise, while considering the case of "*renin-jaza*" who takes charge of the pregnant mother and the newborn baby, Quashie investigates the line drawn between the traditional and modern caregiver. Quashie highlights a concern, namely that recognition is unilateral and detrimental to the traditional caregiver who is most of the time consider inferior to medical professionals, and thus occupies a lesser position in the healing and medical hierarchy.

In conclusion, it is possibly Lefevre's proposition which appears to suit a navigation of the tradition and modern. He invites us to consider traditional medicine as not static but dynamic, as not old but always renewing, crossing the epistemologies of Christianity and biomedicine. As traditional medicine deals not only with the physiological, Lefevre proposes "local therapeutic practice combating misfortune".

In summation, without considering these aspects, traditional medicine cannot be fully apprehended. Without understanding the complexity of cultural settings that many of the authors of the present a deepened understanding of traditional medicine cannot be gleaned. Advocating the cohabitation between the traditional and the modern may then not be fully effective unless the full aspect of traditional medicine is considered.

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