Psychology Research, March 2025, Vol. 15, No. 3, 125-132
doi:10.17265/2159-5542/2025.03.003

Can Traditional Healer Practice Be Legalized in PNG?*

Alfred P. Minei
University of Papua New Guinea, Waigani, Papua New Guinea

The traditional healers play a significant role for people that follow cultural beliefs. There are many traditional healers in PNG and spreading throughout the country. In Papua New Guinea (PNG) urban areas, towns, and cities, traditional healers have been operating in homes and areas not free from the public and government interference. There is no government structure such as an organization where the traditional healers could operate under but there are many of them and no records of their identities. There are reports that the practice of traditional healers and their activities are not allowed in PNG under any law. This paper suggests that to move forward is to recognize the traditional health practice in the country.

Keywords: cultural beliefs, traditional healer, legal, Papua New Guinea

Introduction

Traditional medicine lies at the crossroads of two different types of skills, values, and responsibilities. It is a kind of medicine, and traditional practitioners—to use the terms of the 1978 Declaration of Alma Ata—must be included as health workers who are called upon "to respond to the expressed health needs of the community", in the same way as physicians, nurses, midwives, auxiliaries, and community workers, on the basis of suitable training. At the same time, traditional medicine—as is explicit in the definition adopted by the World Health Organization—aims to perform the task of maintaining health as well as the prevention, diagnosis, improvement, or treatment of physical and mental illness, using knowledge, skills, and practices based on "the theories, beliefs, and experiences indigenous to different cultures".

Papua New Guinea (PNG) consists of many tribes that live throughout and scatter all over the country. It is one of the most linguistically and culturally diverse nations in the world. There are over 800 languages spoken in the country, which represents 12% of the world's living languages.

Each language group has a distinct culture, and there are large socio-cultural differences within and between provinces (National Department of Health and World Health Organization Western Pacific Region, 2016). PNG has a mixed Melanesian ethnicity, with small communities of Polynesians on outlying atolls. The non-indigenous population is small, several thousand Australians and a small Chinese population. English is the most common and official language used in communication and dissemination of information, but Tok Pisin (an English-based Creole) is more widely used, and Hiri Motu is spoken around Port Moresby and Central Province. Christianity is enshrined in PNG's Constitution, which declares that PNG is a Christian country. Christianity, an entrenched cultural legacy of missionaries since the 19th century, is practiced by 96% of all Papua New Guineans.

*Acknowledgements: We thank for their contribution in this research the following persons from University of PNG: Sandra Kwabuna and Philip Sepelung in National Capital District, PNG.

Alfred P. Minei, Ph.D., LLM, LLB(Hons), MSc, BSc; School of Law, University of Papua New Guinea, Waigani, Papua New Guinea.

Christianity permeates nearly every aspect of daily life, acting as a central framework through which people make sense of the world. Christian beliefs coexist with traditional beliefs, spirituality, and values, and have a strong influence when facing life-or-death realities. The churches play an integral and important role in the delivery of health-care services across the country.

In PNG, the family and extended family play a central role in everyday life, underpinning the basic social support system. This support system is known as the wantok system and can be loosely defined as the system of relationships or obligations between individuals of some or all of the following: common language, common kinship group, common geographical area of origin, or common social associations or religious groups. It is a prominent feature of social organization, particularly in urban areas, and plays an important role in caring for the sick, disabled, and older family members.

Land is the most important family asset and is passed down either patrilineal or matrilineal, dependent upon the culture of the relevant language group. The highest level of respect is conferred upon the oldest members of the family and society, and the male patriarch makes the decisions on behalf of the family members in some areas. In terms of gender equity, PNG was ranked 140 out of 155 countries on the United Nations (UN)'s Gender Inequality Index, the lowest level in the Western Pacific Region, and below levels in sub-Saharan Africa (United Nations Development Programme, 2017).

In most parts of PNG where customary traditions and beliefs are widespread, women have a lower status than men, with the exception of some matriarchal societies. Work is typically divided across traditional gender roles. Women are responsible for child care, cooking as well as gardening, while the men hunt, build, and prepare ground for gardening. In male dominated communities in PNG, women are struggling to make their mark. Generally, PNG men are the key decision-makers in the society, across the public, political, and private spheres, as reflected in the lack of representation of women in Parliament, where no women were elected to the Parliament in the last few national elections, except the 2022 national election when two women out of 109 members of parliament were elected.

Most of the people (about 80% of the population) live in rural areas, and most rely on agriculture as their primary means of subsistence. Income is also unequally distributed, with 38.0% of the population living in extreme poverty (2009) and a third (31.0%) of the income held by 10% of the population (World Bank, 2018). In PNG, 97% of all land is held under customary land tenure, which reflects the strong culture and social systems. Land tenure is not absolute, and land rights are held in common with other members of the clan, family, or group. There is no land title system because there is no traditional hierarchical system of ownership.

Health Status

PNG's lower level of development ranking is also reflected in the health status of the country, which demonstrates a high burden of disease attributable to communicable diseases such as tuberculosis (TB) and malaria, maternal and child health (MCH) conditions, and high levels of chronic malnutrition.[1] In addition, an increase in the prevalence of risk factors for non-communicable diseases (NCDs) and NCDs themselves reflects that PNG is in the early stages of a demographic and epidemiological transition. Mortality rates for both women and men have continued to drop over the past 25 years, resulting in a five-year increase in overall life expectancy since 1990.

[1] Health Plans 2011-2020, GovPNG.

In truth, it is not common for Papua New Guineans, especially those from the rural areas, to enter healthcare facilities to undergo a medical check-up and receive treatment. It is when they are sick and need urgent help that they would then be forced by a family relative or parents or spouse to seek help from a healthcare facility. Most sick patients demand that they are accompanied by a family member usually parent(s), spouse or a family relative. That person acts as the representative and gives the patient the confidence to remain calm, speaks for the patient and communicates on behalf of the patient to a healthcare professional.

In the rural areas many patients refuse to go to the healthcare facility to receive treatment. Instead they choose to see the traditional healer who lives in the area. Healthcare professionals at the modern care facilities acknowledge the presence of the traditional healers and their practice. The traditional healers attend to many patients from poor socio-economic standing and patients from remote rural areas who cannot afford to travel long distances into urban areas for their health needs. There is general consensus that traditional healer practices are common and in demand within the patient population.

A traditional health practitioner is defined by the World Health Organization (WHO) as a: "A person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices" (World Health Organization, 1978).

Not much has changed after the past experience where patients were attended by the traditional healers who would do almost anything or everything, for example, give herbal treatment or do massage or just offer counselling, a different approach to what the modern healthcare worker does. While the healer would talk and put his or her patient at ease, consent to be examined by the healer does not occur and as such the healer with little restriction could do so much more as compared to the care worker. Most healers would supply herbs to their patients as treatment for their illness.

In PNG a traditional healer practitioner plays a vital role in the health care of the majority of the Papua New Guinean population. This paper does not intend to describe the roles, methods, and practices of individuals involved in traditional healing. It, however, seeks to make known the situation to understand how the indigenous methods and practices involved in traditional healing are related to traditional healer practices' identity.

Traditional Healer Practice in PNG

The approach of traditional health care practitioner to health care is based on indigenous knowledge and belief systems (Levers, 2006; Mokgobi, 2012). Traditional healing consists of a combination of healing practices such as divining, herbalism, and spiritualism. The practice includes herbalists, diviners, traditional surgeons (in some areas throughout PNG traditional healers could perform male circumcisions), and traditional birth attendants.

Accordingly, the traditional healer practices are prohibited by the government of PNG.[2] A healer uses herbs, medicinal plants, sorcery, and attends to patients as if in a medical setting. In rural areas, the practice is widespread and in the communities of indigenous populations traditional healers are consulted for their explicit linkage of patients' health with their social and cultural beliefs. There are no data to estimate the number of traditional healers in PNG but the indications in some village settings were that there were about 10 traditional healers to 1,000 people. These are persons who operate without being recognized by the government but the

[2] Sorcery Act Chapter No. 274 (repealed), Part I, II, and III, GovPNG.

practice existed for many years. Many indigenous people in PNG are believed to utilize the traditional healer practice alone or along with western medicine. No studies in PNG could verify the use of traditional healer practices in one way or another or alternatively there is no empirical research aiming to capture the perspectives in PNG.

Examples of Roles Performed by Traditional Healers

In many communities, traditional healers are from among the traditional leaders, on par with the village chiefs, village headmen, and spiritual leaders (Minei, Araña, Roldan, & Kaipu, 2019). They are custodians and enforcers of traditional customs in the community. It is easier for people to respect instructions that contradict their own values when they are given by well-respected leaders as compared to unfamiliar health workers. However, as evidenced in some of the communities, misinformed traditional leaders can hinder preventive efforts (Minei et al., 2019). On the other hand, well-informed traditional leaders can potentially play crucial roles in reducing the health problems. Traditional healers help with the patients although the practice by a healer is not acceptable and the government refuses to recognize that practice. Presently it is difficult to determine the actual number of traditional healers, as they are unregistered carers; therefore, it is not possible to estimate the actual numbers of traditional healers.

However, evidence showing how traditional healers' practices and roles are related to their categories is scant (Sodi et al., 2011; Semenya & Potgieter, 2014). Existing evidence focuses primarily on how traditional healer practices are initiated into the role of healing, their socio-cultural profile, and traditional healing practices and methods (Semenya & Potgieter, 2014; Mathibela, Egan, Du Plessis, & Potgieter, 2015; Minei, Kaipu, & Minei, 2020). However, further research is needed to understand the cultural specificity of traditional healer practice types, how they vary, and how they are related to their roles. In other countries, traditional health practices and roles are constantly met with positive and negative criticism (Hlabano, 2013).

We undertook a literature review of a few countries, especially in the South Pacific to check on the situation regarding traditional healer practice. I have reviewed the situations in many traditional settings, including the communities in Solomon's Islands, Vanuatu, Tonga, and Samoa; the views are similar to PNG. Further review was conducted, firstly, to establish how different countries addressed the traditional healer practice; and secondly, to establish the present understanding of the traditional healer practice where circumstances such as local laws impacted on the patients' decision to obtain help from the traditional healer for their healthcare needs. We browsed through the internet and made relevant search on traditional healer practice elsewhere. The references cited in each article were scrutinized for further references. Each of these was also examined for relevant references. However, traditional healer practice is the prime focus.

Experience of Other Traditional Healers' Practice

I observed in a few countries how they dealt with the traditional health practice, for example:

Federated States of Micronesia (FSM)

Traditional healing is part of the culture. FSM law regulates health and medical practitioners specifically and requires every medical practitioner to have a license to practice. Also, the Public Health, Safety and Welfare Act provides under section 101 that the Director of the Health Services must ensure that health and sanitary conditions are improved and that proper standards are adhered to by all government-owned hospitals. Section 207 of the Public Health, Safety and Welfare Act exempts traditional healers from medical health care licenses.

Therefore, the law in FSM clearly states that traditional healers who are customarily employed by the citizens of FSM do not require medical health care licenses to operate as traditional healers.[3] The law gives traditional healers all the leverage they need to operate in their customary environment and treat patients.

Fiji

The practice of seeking cure for ailments from traditional healers is an integral part of society. Both the Fijian and Indian communities have faith in traditional healing practices and traditional medicine, especially in the rural areas, which is now spreading to urban areas. Many times people consult traditional healers before certified medical practitioners. The Women's Association for Natural Medicinal Therapy, an non-governmental organization founded in 1993 which promotes the use of traditional medicine, conducted a survey and found that there were over 2,000 practicing providers of traditional medicine in 13 of the 14 provinces in Fiji (Wainimate, 1993). These surveys and interviews with the locals show great faith in modern medicine but they find traditional medicine to be more effective and cost-efficient. This survey also showed that many people use traditional medicine and seek treatment from traditional healers but do not disclose it, as traditional healing is seen to be associated with witchcraft. There is no provision in the laws of Fiji to recognize or regulate traditional healers.

Kiribati

Traditional healers and their practices are recognized under section 37 of the Medical and Dental Practitioners (Amendment) Act 1981, which states that nothing in the ordinance will affect the right of any Kiribati to practice in a responsible manner Kiribati traditional healing by means of herbal therapy, bone-setting, massage, and to demand and recover reasonable charges in respect of such practice provided that a person so practicing shall not take or use any name, title, addition, or description likely to induce anyone to believe that he is qualified to practice medicine or surgery according to modern scientific methods.[4] This shows that Kiribati gives legal recognition to traditional healing and makes sure that the traditional healer does not impersonate a medical practitioner or claim to have any title or any medical qualification. This section also provides that the traditional healer can charge a reasonable fee for his medication and treatment. However, it has to be noted that the provision does not impose any liability upon the traditional healer if his medication does not work or worsens the condition of the patient, or even if the patient dies. The law is reluctant to interfere with custom healing practices; this encourages the traditional healers to continue practicing their treatments, as they know they will not be liable under the law if a treatment goes wrong. They do not bear any duty of care or legal responsibility towards the people they treat.

South Africa

For example, the South African Traditional Health Practitioners Act (No. 35 of 2004) does not mention religion, initiation, spirits, mediums, possession, or trance states, all of which are associated with traditional healing in the popular and academic literature (Mpofu, Peltzer, & Bojuwoye, 2011; Iwuji et al., 2013). Having excluded most of what traditional healers are commonly understood to do, the Act ignores the importance of their role in spiritual enhancement when treating people, in addition to focusing on the body. A further example is that traditional health practitioners have been excluded under the Health Professions Act of 1974, which is not the case for other health care practitioners in South Africa (Thornton, 2009).

---

[3] Public, Health, Safety and Welfare Act (Federated States of Micronesia).
[4] Medical and Dental Practitioners (Amendment) Act 1981 (Kiribati).

Gaps Identified in the Literature

With the foregoing, we are able to solidify our preliminary views about the traditional healer practice. We say that concerns raised in the literature include the current lack of clarity as to whether or not traditional healer practices can be embraced by health practitioners whose philosophies of health care are based on the modern, biomedical approach (Mokgobi, 2012). A further challenge remains, namely the lack of evidence for traditional healer practices' diagnostic procedures, methods, and training (Summerton, 2006). Unfortunately, the processes involved in traditional healing do not lend themselves to evaluation and measurement, and precise data, using both qualitative and quantitative methods which are still lacking (Mathibela et al., 2015).

Studies in other countries report that the knowledge applied by different types of healers is a product of, and is dependent on, the different disciplines of traditional healing to suit different aims and functions (Thornton, 2009). As a result, traditional health practitioners in other countries have had to fight for recognition by different quarters of society, including the Department of Health, Health Professions Council of bodies, medical aid schemes, and other authorities concerned with health care (Mbatha, Street, Ngcobo, & Gqaleni, 2012).[5]

Gaps identified in literature around policy and accreditation for traditional health practitioners in the public health system are largely due to the lack of systematic evidence about their healing roles, practices, and methods.

We observed that the use of traditional healer practice has been a long standing component of health care practice in almost all those examples viewed which contributes to the primary health care needs of people. It is therefore high time that the governments start to look at the prospect and feasibility of formally integrating traditional health care into the public health system (Minei, Kaipu, & Minei, 2020).

In PNG there is no law on traditional healer practice to standardize and regulate the affairs of all traditional healers. A few academics have voiced their views in support of the traditional healer practice. There are others who are calling for laws to standardize and regulate the practice. If indeed traditional healers are to be protected in PNG, an established law should be rolled out to provide a regulatory framework. This is to allow traditional healers to be registered and categorized according to their different healing specialties. The established law means that traditional healers would register through a government structure, registered by a professional body and patients or public would no longer question a valid medical certificate held by the traditional healer. The situation elsewhere is either similar or not different in other Pacific Island counties or others. In the next, we concentrate our emphasis on the situation in PNG regarding the recognition of the traditional health practice.

How to Recognize Traditional Healer?

In PNG patients use both the traditional healers and the modern healthcare facilities or biomedical personnel's services, out of the need for the best healing therapy to fulfil their health needs. This use creates a motion of shunting to and from between the two health care providers, where both systems stand in conflict with one another and the patient find themselves caught in the middle. The possibility of traditional healers and biomedical personnel's functioning together existed long ago in PNG. We are being informed by the PNG Medical Board that moves to establish links with the traditional healer practice in PNG are being promoted.[6] Our

[5] Medical practitioners: see Medical Registration Act Chapter 398, GovPNG.

[6] Personal communication. Professor N. Tefuarani, Chairman, PNG Medical Board, Waigani, National Capital District, PNG (Feb 2023).

view is that discussion and meetings, if they are to occur, should include a number of related disciplines such as Chiropractors Homeopaths and Allied Health Services Professionals, and the Traditional Health practitioners. This would give the traditional healers their due administrative recognition but does not include them as part of health care providers[7], based on the premise that traditional medicines need to be scientifically tested first, before the traditional healer can be allowed to work with the biomedical personnel. However, to give the traditional health practitioners' legal recognition through the PNG Medical Board calls for establishing a Traditional Health Act, and at the moment there is none.[8]

Conclusion

As set out in Article 27 of the Universal Declaration of Human Rights, "Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits". As medicine, the activity of traditional practitioners must meet requirements appropriate to this practice, starting with safety, effectiveness, and quality. This system of knowledge, skills, and practices is supposed to help improve health outcomes, including physical, mental, and social well-being. As a practice based on theories, beliefs, and experiences belonging to different peoples, traditional medicine has been used in some communities for hundreds if not thousands of years. It is sometimes perceived as a fundamental element in these communities' identity and often closely intertwined with lifestyles, cultural framework, and social regulations, and can be made subject to domestic legislation (International Bioethics Committee (IBC), 2013). Such a law could define the relationship between science based biomedical health care and culturally belief-driven traditional health care, the parameters of traditional healthcare practice, the criteria for recognition of traditional healthcare practitioners, and their responsibilities and liabilities. Moreover, such a law may even be designed to facilitate adoption of result-proven traditional healthcare practice into mainstream medicine.

References

Hlabano, B. (2013). Perceptions of traditional healers on collaborating with biomedical health professionals in Umkhanyakude District of KwaZulu Natal. Retrieved from http://hdl.handle.net/10500/13636

International Bioethics Committee (IBC). (8 February 2013). Report of the IBC on traditional medicine system and the ethical implications. SHS/EGC/IBS-19/12/3Rev. Paris.

Iwuji, C. C., Orne-Gliemann, J., Tanser, F., Boyer, S., Lessells, R. J., Lert, F., … Grp, AnrsTaspStudy. (2013). Study protocol. *Open Access*. doi:10.1186/1745-6215-14-230

Levers, L. L. (2006). Traditional healing as indigenous knowledge: Its relevance to HIV/AIDS in southern Africa and the implications for counselors. *J Psychol Afr, 16*(1), 87-100.

Mathibela, M. K., Egan, B. A., Du Plessis, H. J., & Potgieter, M. J. (2015). Socio-cultural profile of Bapedi traditional healers as indigenous knowledge custodians and conservation partners in the Blouberg area, Limpopo Province, South Africa. *J Ethnobiol Ethnomed, 11*(49), 1-11.

Mbatha, N., Street, R. A., Ngcobo, M., & Gqaleni, N. (2012). Sick certificates issued by South African traditional health practitioners: Current legislation, challenges and the way forward. *S Afr Med J, 102*(3), 129-131.

Minei, A. P., Kaipu, S. O., & Minei, J. M. (2020). Culture within informed consent: Papua New Guinea perspective. *Journal of Health Science, 8*, 33-51. doi:10.17265/2328-7136/2020.02.001

Minei, A. P., Araña, R. A., Roldan, R. R., Jr., & Kaipu, S. O. (2019). The landscape of the legal aspects of informed consent for medical treatment in Papua New Guinea. *Journal of Health Science, 7*, 337-349 doi:10.17265/2328-71362/2019.00.000

Mokgobi, M. G. (2012). Views on traditional healing: Implications for integration of traditional healing and western medicine in South Africa. Retrieved from https://uir.unisa.ac.za/bitstream/handle/10500/9045/thesis_mokgobi_mg.pdf

[7] Medical Registration Act Chapter 398, GovPNG.

[8] Personal communication. Professor N. Tefuarani, Chairman, PNG Medical Board, Waigani (Feb. 2023).

Mpofu, E., Peltzer, K., & Bojuwoye, O. (2011). Indigenous healing practices in subSaharan Africa. In *Couns People Afr Ancestry* (pp. 3-21). Cambridge: Cambridge University Press.

National Department of Health and World Health Organization Western Pacific Region. (2016). Papua New Guinea-WHO country corporate strategy 2016-2020. Retrieved from http://iris.wpro.who.int/bistream/handle/65.1/13444/wpro-2016-DPM-005-eng.pdf?au=1 (accessed on 6 September 2018)

Semenya, S. S., & Potgieter, M. J. (2014). Bapedi traditional healers in the Limpopo Province, South Africa: Their socio-cultural profile and traditional healing practice. *J Ethnobiol Ethnomed, 10*(4), 1-12.

Sodi, T., Mudhovozi, P., Mashamba, T., Radzilani-Makatu, M., Takalani, J., & Mabunda, J. (2011). Indigenous healing practices in Limpopo Province of South Africa: A qualitative study. *Int J Health Promot Educ, 49*(3), 101-110.

Summerton, J. V. (2006). The organisation and infrastructure of the African traditional healing system: Reflections from a sub-district of South Africa. *Afr Stud, 65*(2), 297-319.

Thornton, R. (2009). The transmission of knowledge in South African traditional healing. *Africa, 79*(1), 17-34.

United Nations Development Programme. (2017). Human development reports. Gender inequality index. Retrieved from http://hdr.undp.org/ en/composite/GII (accessed on 6 September 2018)

Wainimate. (1993). Save the plants that save lives. Women's Association for Natural Medicinal Therapy, Fiji. Retrieved from http://www.highbeam.com/doc/1G1-63636704.html.

World Bank (2018). Data bank—Poverty and equity. Retrieved from http://databank.Worldbank.org/data/source/poverty-and-equity (accessed on 4 September 2018)

World Health Organization. (1978). The promotion and development of traditional medicine: Report of a WHO meeting (held in Geneva from 28 November to 2 December 1977).