

Ndekha, Louis ; Solomon, Thokozani

From the Bush to Social Media : Dynamics in the Practice of Traditional Medicine in Contemporary Malawi

In:

Ndekha, Louis ; Bachmann, Judith ; Munyenyembe, Rhodian ; Kügler, Joachim (Eds.), African Traditional Religions Revisited : Dynamics in Indigenous Religions in 21st Century Africa ; Essays in Honour of Monsignor Professor Joseph Chaphadzika Chakanza, Bamberg : University of Bamberg Press, p. 193-216. 2024. DOI: 10.20378/irb-106016

Bookpart - Published Version

DOI of the Article: 10.20378/irb-106016

Date of Publication: 22.01.2025

Legal Notice:

This work is protected by copyright and/or the indication of a licence. You are free to use this work in any way permitted by the copyright and/or the licence that applies to your usage. For other uses, you must obtain permission from the rights-holder(s).

This document is made available under the **Creative Commons License CC BY**.



This licence information is available online:
<https://creativecommons.org/licenses/by/4.0/>

From the Bush to Social Media: Dynamics in the Practice of Traditional Medicine in Contemporary Malawi

Louis Ndekha & Thokozani Solomon

Abstract

The chapter analyses the practice of traditional medicine in contemporary Malawi. The study finds that social media is transforming not only the social perception of traditional medicine but also its practice. First, in a largely religious/Christian country where traditional medicine is commonly frowned upon, social media has increased not only access to traditional medicine but also raised the profile of traditional medicine. It is now possible for individuals who could not easily access traditional medicine, on social or religious grounds, to do so without fear of religious or social ostracism. However, the online presence of traditional medicine has affected its practice. It has significantly undercut the three-fold structure of traditional medicine: divination, spiritualisation and herbalism. It has led to the emphasis on herbalism at the expense of divination and spiritualisation. This trend demonstrates the impact of hypermediated religious spaces and their implications on social relationships and ritual practice. Through this analysis, the chapter contributes to the literature on the continuing relevance of indigenous religions in the 21st Century.

Introduction

Social media has become one of Africa's most influential social change agents in the last two decades. Social media has transformed how people communicate and relate to each other. As a result, social media now significantly influences most people's social outlook. In Malawi, for example, Facebook and WhatsApp have become the most valuable virtual platforms where individuals interact with others across the globe. The unique significance of social media is that it enables users to conflate time and space. Instant communication across the globe has enabled the emergence of

online communities and ways of human interactions that are unprecedented in human history. Some of the online communities established on WhatsApp and Facebook have not only been critical channels of rapid information dissemination but also been vanguards of resource mobilisation for the common good. For instance, WhatsApp and Facebook communities have been able to organise social interventions in times of need, such as providing various services during disasters, school fees for needy students, and relief for widows and orphans. The growing significance of social media is underscored by the fact that for many people in Malawi today, online presence is no longer a luxury but a necessity. One's presence or absence on social media is a measure of one's social agility and community relevance. This trend also demonstrates the impact of hyper-mediated religious spaces and their implications on social relationships and conventional practice.

The social media hype has not escaped the attention of the religious groupings. Today most Christian groups have become social media savvy. It is common for churches to have a Facebook account. In addition, WhatsApp is an accessible intranet platform for most churches' internal communication. However, the most ardent religious social media users are new prophetic churches. These churches represent a new phenomenon within Pentecostalism. A unique trait of these churches is the special emphasis on forensic prophecy wherein the "prophet" publicly demonstrates peculiar knowledge of his or her spiritual clients' personal details such as their phone numbers, car registration numbers, birth dates, and even specific life events (Matshobane, 2023). The display of prophetic features, which is often mediated through Facebook, WhatsApp, and Twitter has resulted in the creation of celebrity prophets whose personal charisma represents a special public charm (Kgatle, 2022). These churches have managed to create a social media presence that has not only popularised the prophetic movement in the country but also enabled the creation of a unique and influential image of the 'men of God'. In keeping with the social media trend, there is concomitantly a significant shift in the practice of traditional medicine in Malawi. Customarily, traditional medicine is usually associated with the bush, countryside or the cloistered corners of slums. Ordinarily, people identify and locate a traditional doctor through recommendations from someone. Occasionally, a small red flag on the roadside hoisted on a rugged pole indicated the presence of a traditional doctor. Although, over the years, traditional doctors have come closer to the people by, for

example, plying their trade in marketplaces, a new crop of traditional doctors has emerged onto the scene. These traditional doctors no longer offer their services exclusively in the bush. Like conventional commodity and service traders, many of them have embraced social media. They are immediately connected with their clients on social media platforms like Facebook and WhatsApp.

This trend can be understood as mere individualistic and materialistic endeavours and, therefore, unrelated to any dynamics within indigenous religions in Malawi. However, traditional medicine in Africa is usually regarded as an indispensable aspect of African Religion (Hishima, 2022). As Hishima argues, although knowledge of and use of traditional medicine can be communal and therefore accessible to many, the efficacy of traditional medicine is often linked to the correct observance of taboos and appropriate rituals (Hishima, 2022). Several factors connect traditional medicine to religion in Africa. **First** of all, the spiritual leader or the priest in African culture has always doubled as a medicine man (Ndubis and Kanu, 2021). This understanding has historically connected African spiritual leaders not only with medicine but also with magic. For example, in the Malawi Chewa folklore, Mlauli, Mbona's uncle, was not only the Chief priest of the Chewa shrine in central Malawi but also the unrivalled magician and medicine man of the land (Mweta et al., 2022). **Secondly**, most Africans view illness or misfortune as having both natural and supernatural causes. This perception of disease or misfortune gives traditional medicine a metaphysical dimension and, by implication, a religious tinge. While this trend is changing in that some traditional medicine practitioners are just practitioners of herbal medicine, the general thinking remains in favour of the intricate relationship between traditional medicine and ATRs. **Thirdly**, probably connected to the above factors, the divination, which accompanies most traditional medicine practices, re-enforces the religious orientation of traditional medicine in Africa (cf. Omonzejele and Maduka, 2011). In the process of exploring the metaphysical dimension of disease and misfortune, divination transforms traditional medicine from the physical into the realm of the spirit. All this creates a strong link between traditional medicine and African religions.

Studies have demonstrated that one enduring feature of traditional religions is their ability to adapt to changing social conditions (Schoffeleers,

2000). In Malawi, for example, the emergence of ‘*Simon*’ and ‘*Maria*’ masquerades within the Gule Wamkulu repertoire nearly five decades ago represented an African Traditional Religion (ATR) attempt at contextualisation and adaptation in the context of growing Christian influence among the Chewa of Malawi. Agyeman and Awuah-Nyamekye (2018) have recently demonstrated that one unique ATR response to globalisation and social change is the emergence of New Religious Movements (NRMs) within its fold. Unlike the ‘orthodox’ African Traditional Religion with no founders and missionaries, these NRMs have founders, have a missionary dimension, and are transnational (Agyeman and Awuah-Nyamekye, 2018). All this reveals the adaptability of African Traditional Religion to changing times.

This chapter examines the dynamics in the practice of traditional medicine in Malawi and its implications on the continued relevance of traditional religions in Malawi. The chapter’s central argument is that the present shift in traditional medicine from the bush to social media can be attributed to the new media’s growing ‘hypermediation of religious spaces’ (Evolvi, 2022). Hypermediation theory focuses on how the proliferation of digital media discourses reconfigures physical and virtual spaces of practice and belief. Religious contextualisation of this change has resulted in hypermediated religious spaces as alternative and mainstream avenues of religious expression (Evolvi, 2018). This shift in spatial expression is extensive in more prominent world religions like Christianity and Islam. However, due to their observed propensity to adapt, traditional religions have also plugged into the shift. This study finds that in Malawi social media is transforming not only the social perception of traditional medicine but also its practice. It was observed that there was a strong correlation between the social media presence of traditional doctors and the growth of their clientele. However, concomitant with this trend is the growing undercutting of the structure of the practice of traditional medicine. This chapter argues that, given the strong link between traditional medicine and religions, this shift represents part of the traditional religions’ enduring quest for relevance. The shift signifies what Luckmann (1977) calls religions’ search for transcendence amid historical immanence. The chapter has three sections. The first section analyses the relationship between social media and religion. The second section presents the methodology and hypothesis of the study. The third section examines traditional doctors’ social media presence in Malawi and its implications on the practice of traditional medicine

and, by further implication, the continuing relevance of traditional religions. Through this analysis, the chapter contributes to understanding the persisting influence of traditional religions in the 21st Century.

Social Media and Religion in Sub-Saharan Africa

Over the last decade, a growing body of research on the influence of social media on religion has emerged. Two main approaches have characterised these studies. The first approach is research on the religions' functional adoption of social media. Studies have demonstrated how religious actors have taken advantage of the prevalence and accessibility of mass media in Africa to continue to spread spiritual messages across the continent (Ayeni, 2021). For example, churches have used the mass media for advertising their programs (Ansor, 2018), for evangelisation (Amanze and Wogu, 2015) and even for social branding (Ayeni, 2021). As Leositapkana (2018) has demonstrated, the social media presence of the prophets has helped them create and bolster the identity and authority of the man of God. The prophet's simultaneous presence in multiple social media contexts has reshaped the identity of the man of God. It has created a continuous presence of the men of God before their clientele. This presence has resulted in the social branding of the men of God as manifestations of divine blessing and an indispensable grouping for the individual's access to prosperity. In their appropriation of social media, most religious actors use Facebook, Twitter and WhatsApp (Anyasor, 2018; Amanze and Wogu, 2015; Chiluya, 2012). Thus, social media enables African religious actors to broaden their influence and social outreach. Most of these studies have focused on the Christian religion and its interface with social media. Very few, if any, studies have examined the religious adoption of social media from the perspective of Traditional Religions.

The studies' second approach examines how the new media informs and influences religious engagement (Faimau et al., 2018). The approach focuses on how the new media has changed the perceptions and practices of religious beliefs and how they have altered the way religious meanings are expressed or, in some cases, evaluated. For example, Kimaru (2012) has shown how social media has provided new avenues for human connection and promoted a participation culture that has changed how some churches practise and deal with theological issues. The interactive possi-

bility within religions has been possible due to the kinetic nature of social media. Social media facilitates “one to many” and “many to many” communication, allowing users to generate personal views through discussion and negotiation with political, social and religious online discourses (Farkas et al., 2018a, 2018b). Real-time feeds and instant feedback on religious actors’ messages significantly influence how they package their messages. Similarly, social media facilitates the emergence of online communities. For example, Manyongaise and Mhuru (2022) have demonstrated how Bible Challenge WhatsApp groups in Zimbabwe provide avenues through which Christians create online communities and open spaces in which theological issues are discussed and evaluated. These new social media religious communities not only challenge conventional religious practices but also represent a shift in the formation of religious communities. By creating novel sacred spaces, social media also enables religious entrepreneurs to take advantage of new markets and consumers, expand their customer base, and lower overhead costs (Ruchi & Jones, 2022). This trend is evident from the way Facebook and its impact have been linked to the emergence of prophetic churches in Southern Africa (Kgatle, 2018).

Social media has also transformed the way religious institutions function. In a study of the Seventh Day Adventist Church, Matobobo and Bankole (2021) demonstrate how social media like WhatsApp enables religious leaders to create online closed communities for leaders, such as communities of elders, departmental leaders, the church board executive and district church communities where conversations and decision-making take place. According to Matobobo and Bankole (2021), this transformation of internal communication is not without its problems. Among the perceived challenges are the circulation of improper content, the danger of diverting the groups’ purpose, irreverent use of social media platforms and flooding the groups with media content unrelated to the groups (Matobobo & Bankole, 2021). On the other hand, studies have also demonstrated the role of social media in the increased negative characterisation of other religious traditions. As Hashmi (2021) argues, social media users are freer to negatively characterise religious traditions than they would be in a non-virtual environment (cf. Civila et al., 2020). The inclination probably emanates from the sense of reduced responsibility for social media users.

The two approaches to the study of religion and social media demonstrate that religious institutions have embraced social media and have also been significantly transformed by it. However, there is a dearth of research on the influence of social media on the practice of African traditional medicine from a religious and social change perspective. A few studies have tangentially addressed the role of social media in alternative medicine. For example, Ng et al. (2023) have recently examined the role of social media in sharing user/practitioner beliefs, attitudes, and experiences about complementary medicine. The study found that social media can be an accessible, effective, and viable option for delivering complementary and alternative medicine therapies and information (Ng, 2023). Equally, a recent study in Mexico showed that the irruption of social media significantly influenced the packaging and sale of traditional medicine (Semotiuk, 2015). The study also found that social media offered the potential for entrepreneurs to reach groups of consumers with similar interests. Semotiuk argued that conversational marketing, a striking feature of social media, brings Mexico's plaza culture to the online environment (Semotiuk, 2015). By bringing the 'public square' online, social media inevitably reshapes the perception of traditional medicine. In the context of the sparsity of research on social media and traditional medicine in Africa, the present study serves as one of the initial surveys of the field in Malawi and provides a basis for future studies.

Methodology and Hypothesis

The study used Netnography to collect and analyse the data on the practice of traditional medicine in Malawi. Netnography is a new qualitative method devised to investigate the consumer behaviour of cultures and communities on the Internet (Kozinets, 1998). It is an adaptation of ethnography primarily concerned with online communication as a data source for understanding a cultural phenomenon (Jong, 2019). Among other things, Netnography investigates the specific instance in which a community is produced through computer-mediated communications (Kozinets, 1998). Pioneers of the method initially argued that a "pure" Netnography is complete within itself and requires no off-line ethnographic research (Loanzon et al., 2013). Although significant shifts have taken place within the method, including the introduction of off-line data supplements, the original notion suggests that in a netnographic study, a "significant" amount of data collection "originates in and manifests

through the data shared freely on the internet” (Kozinets, 2015, p. 79). Although initially confined to consumer behaviour and marketing, Netnography has become popular in other fields of study, such as education research (Barnes & Penn-Edwards, 2015) and health research (Jong, 2019). There are advantages to using Netnography as shown in the research literature. Costello et al. (2017) argue that Netnography is particularly well suited to dealing with personally or politically sensitive topics or illegal acts discussed in online communities by individuals who prefer to conceal their offline identities and welcome the anonymity of online presence. Gupta (2009) also argues that as a method for collecting and analysing data, Netnography avoids the limitations of quantitative survey research’s reliance upon a participant’s memory. Virtual communities’ interactions are imprinted on their forum and, therefore, not prone to external distortion. Thus, using Netnography enhances the trustworthiness of research findings.

It is axiomatic that offline traditional medicine creates supplier-client relations between African traditional doctors and their clients. The transition of this relationship onto the online platform creates what is akin to hypermediated traditional religious spaces (cf. Evolvi, 2022). This suggests that digital media discourses reconfigure the physical and virtual spaces of the practices and beliefs of conventional religious traditions. It not only alters the perceptions and practices of religious beliefs but also changes the way religious meanings are expressed or, in some cases, evaluated (cf. Faimau et al. 2018). This study hypothesises that social media is creating new dynamics in religious traditions in Malawi. The social media presence of traditional doctors is not only transforming the practice of traditional medicine but also represents a partial digitisation of traditional religions. From a sociological perspective, this contextual shift demonstrates the persistence of traditional religious symbolism in the context of social change.

The data for this study was collected from traditional doctors who use social media such as Facebook and WhatsApp. The traditional doctors were purposely sampled and interviewed online through WhatsApp. In some instances, where network problems existed, the mobile phone was used. The sampling frame was traditional doctors who appeared on the researchers’ social media platforms, Facebook and WhatsApp. From this sampling frame, eight (8) traditional doctors were identified. Six (6) of them use WhatsApp, and two (2) use WhatsApp and Facebook. In terms

of their gender distribution, only one (1) traditional doctor was identified as a woman, implying that the majority of traditional doctors on social media are men. Geographically, out of the eight (8) sampled traditional doctors, four (4) live either within or near the borders of Malawi and Mozambique, with two (2) in the villages within Malawi.

Only one (1) traditional doctor claimed to live in the urban community. One (1) other traditional doctor indicated that he lived in Mozambique but occasionally visited Malawi to conduct clinics. If this is anything to go by, it may be concluded that about 57% of online traditional doctors live within the borders of Malawi and Mozambique, 28% in rural villages within the country and 14% in urban communities. This statistic corresponds to Malawi's estimated rural and urban population distribution of 84% and 16%, respectively (National Statistics Office, 2018). Most of the data was collected through interactions with the doctors within their online communities. The researchers joined the doctors' online groups but privately introduced their interest in interviewing them. The structure of the interview had two foci. First, it aimed to identify the rationale behind the doctors' adoption of social media to reach their clientele. Particularly important is how the doctors created and managed online communities, including their advantages and possible disadvantages. Secondly, the interviews aimed at identifying the societal problems that the traditional doctors addressed. Emphasis was placed on identifying the continuities and discontinuities between 'hypermediated practices' of the traditional doctor on social media vis-à-vis the traditional approaches to medicine in local contexts. To clarify some data gathered from the traditional doctors' online communities, the researchers conducted telephone interviews with the traditional doctors. Admittedly, the study took a one-sided perspective of traditional medicine and social media in Malawi. Only the traditional doctors were interviewed. This approach was necessitated by two factors. First, traditional doctors, as commodity traders, are the most visible unit of analysis in traditional medicine on social media. They are available and willing to be reached by their clientele. Inversely, due to privacy issues, it is not easy to identify and interact with the traditional doctors' clientele. In fact, the very success of virtual communities created around themes like traditional medicine hinges on the anonymity that social media offers to its users (Costello et al., 2017). It is therefore important that future studies attempt to provide a doctor-client perspective to traditional medicine and social media in Malawi.

Findings: Malawi Traditional Doctors and Social Media

Traditional healers are an essential social grouping in Malawi. These are men and women usually seen as esoterically endowed with the use of traditional medicine. The cryptic nature of their practice makes them able to deal with illnesses that are perceived to be of supernatural origin or those caused by witchcraft or other dark forces (Lowes et al., 2019). However, the social perception of traditional medicine in Malawi has always been mixed. Several factors have influenced this mixed perception. First, the growing influence of Christianity in the country led to the negative characterisation of traditional medicine. For a long time, the mission churches branded traditional medicine as satanic and therefore off limits to its membership. This perception was also exacerbated by the distrust between allopathic and traditional practitioners (cf. Romero-Daza, 2002). Until recently, modern doctors were the most ardent detractors of traditional medicine. The lack of specific measurements in traditional medicine and the differences in the logic of prescriptions have usually shaped the divide between traditional and modern medicine. Besides, increasing westernisation, arising from globalisation, especially among the younger generation, and the concomitant perception of everything African as negative, have augmented the negative perception of traditional medicine. In addition, the negative characterisation of traditional medicine as demonic by the church also contributes to the complicated place of traditional medicine in Africa. Thus, until now, due to either social or religious reasons, not many people would want to be seen associating with traditional doctors in public. Due to this mixed perception, for many, consulting a traditional doctor is a last resort.

However, the results of this study demonstrate that in Malawi, social media is transforming not only the social perception of traditional medicine but also its practice. First, all the traditional doctors indicated increased client numbers due to their online presence. The traditional doctors indicated that social media gives more privacy to customers, thereby breaking religious barriers that both traditional doctors and clients have historically struggled to deal with. For example, the average Christian in Malawi would not be comfortable to be seen physically visiting a traditional doctor. Not only would his or her commitment to the church be questioned, but in some hyper-conservative churches, such individuals would be disciplined. However, today, by using social media, a Christian, Muslim or

any member of any other religion can privately interact with the traditional doctor of his or her choice without the fear of being seen. Thus, social media breaks the religious-cum-social barriers that have historically prevented Christians or some Muslims from freely accessing traditional medicine. Concerning specific social media platforms, the majority of traditional doctors indicated that WhatsApp consultation gives their clients, especially women, more freedom to express themselves, unlike physical interactions. According to them, most of their clients are women. It has always been hard for women to express themselves freely, especially when seeking help on a problem concerning their private life. For example, a traditional doctor identified as *Pangaunye* (whose name means 'do and perish') pointed out that, "If the problem was to do with infertility or being unsatisfied in bed, they (women) were not expressing themselves freely fearing that a traditional doctor would want to sleep with them. Inversely, online consultation has set women free to express themselves regarding the confidentiality of their problem." This understanding agrees with Costello's (2017) observation that social media enables its users to conceal their offline identities. It became apparent in this study that the online anonymity offered by social media allows the clients to negotiate the challenge of social stigma associated with traditional medicine and the issues of privacy, self-expression, and safeguards in a doctor-patient relationship. Doctor *Pangaunye* said:

"With social media, everyone, regardless of religion, is now free to contact us whenever there is a need. The disadvantage of physical consultation is that many Christians thought of secretly consulting us when they find themselves in critical death-threatening situations, when Western medicine has failed, in fear of being excommunicated."

The above sentiment implies that the privacy that comes with social media consultation and interaction has opened up doors for Christians whose denominations restrict them from consulting a traditional doctor. This, among other things, indicates that social media bridges the stereotypical gap that has historically characterised the relationship between traditional doctors and some African Christians. In the context of increasing stigmatisation, social media offers a new lease of life on traditional medicine. It provides avenues for the continued relevance of not just traditional medicine, but also its attendant philosophical presuppositions.

Another reason traditional doctors embrace social media is that these platforms break the temporal and spatial barriers associated with physical

consultations. The average traditional doctor is part of his or her community and usually has a local clientele. However, the more potent and, therefore, famous traditional doctors are generally associated with 'distant lands.' Their locations are 'bushy', hard to reach or not cheaply accessible from all corners of the country. According to the traditional doctors in this study, social media bridges the temporal and spatial barriers with their clientele. One of the traditional doctors, *Nyangatayani* (the name means 'throw away charms'), who lives in area near the Mocambican border with Malawi's Phalombe district, illustrates the functional significance of social media in traditional medicine in Malawi. Asked why he lives in such a hard to reach low populated community when the nature of his job demands he lives in populous communities, *Nyangatayani* argued:

"I deliberately live near the border of Malawi and Mozambique in order for me to easily fetch traditional medicine in Mozambique forests since natural forests in Malawi have been seriously deforested."

However, although he is geographically disadvantaged, *Nyangatayani* remains in business thanks to WhatsApp and Facebook. He has clients across the country and beyond due to social media. Nevertheless, *Nyangatayani's* statement demonstrates the sad state of Malawi's environment and biodiversity and its implications on the future of traditional medicine. *Nyangatayani's* situation reveals that continued biodiversity loss drives traditional doctors further away from their clientele. Yet on the flip side, in the context of the increasing distance between the traditional doctors and their clientele, social media provides avenues for continued interaction.

The study also identified that an innovative and unofficial offline courier system supports the online interaction between traditional doctors and their clients. Traditional doctors do not use official courier business operators to deliver medications and charms to their clients. Instead, they use minibus and taxi drivers. According to the traditional doctors interviewed, minibus and taxi drivers are all over the country and are quick, cheaper and trustworthy compared to courier companies. The traditional doctor encloses the medicine or charms in an envelope, writes the name and address of the client on it and seals it. He then hands over the parcel to the taxi or minibus driver. The doctor also takes down the taxi or minibus driver's phone number and shares it with the client. The taxi or bus driver and the client communicate and complete the deal. Payment is usually made through mobile phone banking.

An insightful dimension of this mode of transaction is the level of trust required between the traditional doctor and the client. Usually, the traditional doctor has to trust the client's honesty to pay, and the client has to trust the efficacy of the traditional medicine procured. The traditional doctors sampled in this study indicated that they build trust with clients and potential clients by offering to be paid after successfully addressing the client's problem. Remarkably, no traditional doctor reported any experience of payment problems from clients. Asked what would happen if a client defaulted, one traditional doctor answered, "Chimenecho ndi chibwana, tikhoza kumulodza" (that would be childish, we can bewitch them). All this suggests a new set of relationships and emotions emerging from social media interactions. As Evolvi (2022) argues, hypermediation intensifies emotional responses that elicit social change. It makes people create religious narratives to rapidly reach like-minded users or spread fear and anger against those perceived as different. In the Malawi context, the traditional doctors' use of the threat of witchcraft spells demonstrates the potential loss of control within the online communities and the need to bolster the control with metaphysical-cum-religious narratives of fear or efficacy. While, in the present study, the clients' trustworthiness is partly generated by the traditional doctors' magical threat, the whole scenario demonstrates that mixed emotions characterise the doctor-client relationship on social media. In onsite interactions between traditional doctors and their clients, the exchange of value (money or service) is usually straightforward and the efficacy of the doctors' prescriptions is validated by living testimonies and word of mouth, not just social media marketing. All this indicates that social media is creating not only new spaces for the practice of traditional medicine in Malawi but also new modes of social interactions between traditional doctors and their clientele.

The study also established significant continuities and discontinuities between the social media practice of traditional medicine and conventional practice. In terms of continuities, most social problems addressed by traditional doctors are also mentioned available through social media platforms. A sample of a WhatsApp advert illustrates this continuity:¹

¹ English Translation of the WhatsApp Advert.

Thank you brothers and sisters who want herbal medicine from BABA MATEMBA (+265 [redacted])

I am from Mocambique but I currently in Malawi. I help people who have problems or sickness without using blood (without killing). Those who are far dont be loose heart, there is help and you will be helped even if you are far from this country.

I help with problems like:

1. Haemorrhoids/ Anal Tags
2. BP or sugar
3. ASTHMA
4. Erectile Dysfunction
5. Bussines Attraction
6. Miracle money into your bank or mobile account
7. Money Oil
8. Luck to win LOTTO kapena BETT
9. Finding a job or getting paid twice per week
10. To be loved by the boss
11. Bringing back lost lover
12. Bringing back stolen property

13. Family problems
14. Magic fortification
15. Fortifying the body or house
16. Winning case in Court or at the village chief's court
17. Magic stealing of money
18. I have magic Minions
19. Fly Catcher nkola tchetche
20. Killing
21. Bewitchinig
22. Endless menstruation
23. Lightning and other things
24. Being let of by the police even when you are in the wrong

If you want to know more call or WhatsApp this number (+265 [redacted]) BABA MATEMBA

An expert in traditional medicine. For those far way, dont hesitate, help is available find me BABA MATEMBA on this number call or Whatsapp (+265 [redacted])

Table 1: A Sample of Traditional Doctors' WhatsApp Advert:²

Zikomo abale ndi alongo amene mwakhala mukufuna mankhwala azitsamba ku- chokera kwa BABA MATEMBA (+265 [REDACTED])	Ndimathandiza ma- vuto monga 1. LIKANGO 2. BP kapena sugar 3. ASTHMA 4. MBAMVU za abambo banja 5. MUITANO pa business 6. NDALAMA za changu kulowa chikwama wallet komanso account 7. SENDAWANA oil (money oil) 8. Mwayi owina LOTTO kapena BETT 9. KUPEZA NTCHITO kapena kulandira kawiri per week 10. KUKONDEDA ndi bwana wanu 11. KUBWEZERETS A wachikondi wanu nga munasiyana 12. KUBWEZERETS A katundu obeledwa	13. MAVUTO abanja 14. KUKWIMA 15. KUTSILIKA thupi nyumba 16. KUWINA mu- landu ku court ngakhale kwa amfumu 17. CHITAKA WALLET 18. NDIKUPEZEK A ndi abantwa ndi zina 19. nkola tchetche 20. kupha 21. Kuloza 22. Kudwala kum- wezi mozalekesa 23. Ching'aning'ani ndizina Zambiri Ndikupezeka ndi wa tsiyeni apite nangati mwa- kumana ndi a police (sic)	NGATI MUKUFUNA KUDZIWA ZAMBIRI IMBANI FONI KAPENA WHATSAPP PA NAMBALA IYI (+265 [REDACTED]) BABA MATEMBA Akatundu ku- chitekete kwa mankhwala azitsamba kwa amene muli kutali muzagwere mpwayi ayi chithandizo chilipo ndithu ndipezeni BABA MATEMBA pa number yake imeneyo call or Whatsapp (+265 [REDACTED])
--	---	---	---

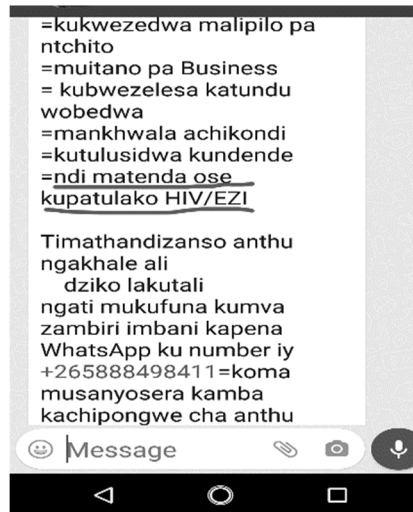
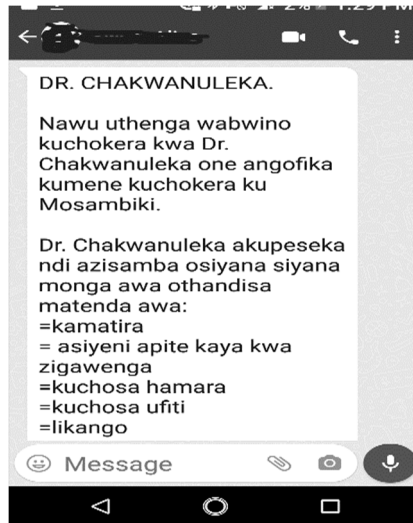
² This advert was copied exactly as it was in the original form with all the language and spelling errors.

Table 1 above indicates the generic social problems and needs usually associated with traditional medicine in Malawi. Physical issues such as *Likango*³, love portions, killing (*Kupha*), bewitching (*Kulodza*) and business magic such as *Chitika* have always been integral to conventional traditional medicine. However, there are also noteworthy discontinuities that have emerged from traditional doctors’ social media presence. Firstly, a new set of social problems seems to take centre stage in the traditional doctors’ online adverts. Most of these new problems are rarely physical. They are soft social needs such as removing bad luck, marriage problems, infertility, manhood enlargement, workplace problems, and body protection against witchcraft. In some social media adverts, actual physical ailments are rounded up in the phrase “and all diseases except HIV/AIDS” at the bottom of the list.⁴ In other instances, like in the WhatsApp excerpt below, minimal reference is made to physical ailments.



³ Also called liable or mauka, likango were ‘long’ or ‘flat’ growths, sores or blisters on the vulva, vagina, penis and/or anus (of both women and men).

⁴ The accepted HIV and AIDS narrative is that there is no cure for this ailment. Apparently, over the years, traditional doctors have been made to accept this narrative and propagate it. Any traditional doctor who claims to cure HIV/AIDS is heavily censored.



This trend suggests a significant shift in social tastes and needs to which traditional doctors have responded. To meet their clients' needs, traditional doctors have mastered the art of creating social media profiles to

outline the problems they specialise in. According to the sampled traditional doctors, this practice helps clients identify and quickly locate appropriate traditional doctors for their particular issues.

The study has also established that the traditional doctors' social media presence significantly undercuts the traditional structure and practice of traditional medicine. Studies in traditional medicine in Africa have identified three levels in its practice: divination, spiritualisation and herbalism. Divination involves the identification of the disease and its cause (Chaitanya et al., 2022; Ozion and Chinwe, 2019). Spiritualisation involves the attempt to situate the problem within a relational-cum-spiritual context. For example, in Malawi, this stage includes an explanation of how hostile social relations in the client's household or community have resulted in inciting malevolent spirits from angered parties. To establish the social-spiritual context of the problem afflicting the client, the traditional doctor interrogates the status of the client's social relationships and the possible lapses that would have given way to malignant spirits. Herbalism is the last stage in the process. It involves the provision of herbal remedies and their appropriate prescriptions (*zizimba*). However, the study has established that traditional doctors' social media presence significantly shrinks the three-stage process of traditional medicine. Most traditional doctors acknowledged that herbalisation has become the most dominant stage in the doctor-client relationship. Very minimal consultation or divination and spiritualisation take place through social media. By using social media to announce their areas of specialisation, the traditional doctors delegate the diagnostic phase to the clients. The clients are left to self-examine their symptoms and problems and match the same with the doctor's speciality. This new trend undercuts the conventional structure of traditional medicine. It is possible that social media may not be the only factor behind this change. The growing herbal medicine industry catering to the new demand for herbal medicine could be another possible factor. However, the sampled doctors demonstrate that their social media presence creates a new pragmatism that necessitates the shedding off of other stages of the traditional practice.

Another feature of the study worth noting is how traditional doctors create social media handles that enable them to access and build online communities with their potential clients. The sampled traditional doctors indicated three ways that they use to develop online visibility and attract online traffic to themselves. First, they may team up with friends and create a

new WhatsApp group with an attractive name. They post the link on existing groups so that people can join the new group. A traditional healer identifying himself as *Pangazako* (whose name means ‘do your own things’) indicated that various traditional healers mostly use political names or names of football teams because these social media handles attract a lot of traffic. Once people have joined, group administrators who are mostly friends of the traditional doctor, post political news or start a political debate. When the discussion is heated, a traditional healer will post a message advertising his business. Group members usually protest and tell the group administrators to remove the traditional doctor on the grounds that they are thieves. But since the group administrators are part of the game, they may remove the doctor and add his number again some hours or a day later. While some group members protest against traditional medicine adverts, other group members with needs requiring the doctor’s assistance contact the traditional doctor privately. Through this process, the traditional doctors create an online following and a virtual community around their practices.

Secondly, the traditional doctors also indicated that, in some instances, they create their own social media handles and tag the same to more prominent social media groups on Facebook or WhatsApp. They usually tag the social media handles of popular social media influencers like musicians, football players and other important personages. Thirdly, the traditional doctors also indicated that they ‘crash’ into public or social media accounts of important personages. Again, like in the previous approaches, they take advantage of the significant online traffic on these social media handles. Again, the doctors post their adverts during intense online traffic around a particularly contentious issue or comments on an influential person’s post. According to some of the traditional doctors, in these forums, no one protests since the admins or the owners of the social media accounts are never interested in the ongoing debate. While no one openly responds to their adverts, traditional doctors get private inquiries. The three approaches rely on the online curiosity of younger Malawi social media users. Again, by offering solutions to the most prevalent social challenges in their adverts, the traditional doctors are assured of a growing clientele.

Lastly, the study also established that the social media presence of traditional doctors is not without its challenges. According to most traditional doctors, one of their significant challenges is an overflow of people who

claim to be traditional healers, yet they are scammers aimed at duping people. Such being the case, public trust in online traditional doctors is decreasing. One traditional doctor lamented: “In most cases when I post a message on a WhatsApp group, I get removed by group admins because people are conscious of being duped.” It is instructive that although traditional doctors are organised into a national association, not all doctors are registered with the group. It is also likely that even for those registered, their association does not have the capacity to monitor and validate traditional medicine on social media. It is also noteworthy that over and against the apparent social media challenges traditional doctors face, the general tone of the relationship between traditional medicine and social media is a positive one. Most of the sampled traditional doctors indicated that social media has expanded their customer reach. They now have a more vibrant clientele and no longer have to wait for the lone client who would occasionally beat the path to reach them through word of mouth. Today, the traditional doctor is actively interacting with his or her clientele.

Concluding Thoughts

The chapter has analysed how the social media presence of traditional doctors demonstrates a significant shift in the practice of traditional medicine in Malawi. It has been shown that social media provides new innovative platforms that transform the practice of traditional medicine in Malawi. Social media provides platforms through which traditional doctors meet clients in more private constellations. Given the assumed esoteric nature of traditional medicine and its religious dimension, new media platforms such as Facebook and WhatsApp have become new contact points between African Traditional Religion and its people. These findings agree with other studies on religion and social media in Africa, which demonstrate that religious actors have taken advantage of the prevalence and accessibility of mass media in Africa to continue to spread spiritual messages across the continent (Ayeni 2021; Ansor 2018; Leositapkana 2018). By embracing social media like other religious actors, traditional doctors - as a dimension of traditional religions - demonstrate the dynamism of indigenous religions and their continuous adaptation to changes in social structure and processes. This continuous adaptation does not represent mere individualistic and materialistic endeavours by

traditional doctors. It demonstrates, in part, traditional religions' enduring quest for relevance and what Luckmann (1977) calls a search for transcendence amid historical immanence. The growing clientele emanating from traditional doctors' embrace of social media has several implications. It signifies the resurgence of popular demand for and access to traditional medicine. This trend comes after years of negative characterisation and misperception of traditional medicine created by major world religions such as Christianity. In this case, social media provides a new lease of life for indigenous religions. It enables them to reclaim their lost territory and reassert themselves as authentic religions at par with other religions.

The study also found that like other religious actors, the use of social media also transforms the structure of the practice of traditional medicine. While divination, spiritualisation and herbalisation were integral components of traditional practice in the past, the same no longer holds. For pragmatic purposes, herbalism has become the new emphasis in the social media practice of traditional medicine. This new transformation demonstrates the contextual metamorphosis of traditional religions in Africa. This observation agrees with Schoffeleers (2000) viewpoint about indigenous religions. For example, the Malawi *Gule Wamkulu* masquerade's adoption of Christian names such as Maria and Simon signifies the traditional religions' continuous transformation for relevance. Similarly, by shedding off divination and spiritualisation, traditional medicine is practically shedding off its traditional shells that have historically determined its negative characterisation. It is now entering the realm of herbal medicine, a new trend in modern alternative medicine that is threatening to rival conventional medicine. While the other two aspects of traditional medicine will not be shed off completely, the emphasis on herbalism will enable the practice to navigate and find its place in the digital world. Yet even in the digital world, the esoteric nature of traditional medicine will always connect it to its religious roots.

REFERENCES

- Agarwal, R., & Jones, W.J. (2022). Social Media's Role in the Changing Religious Landscape of Contemporary Bangkok. *Religions* 13(421), 1-17.
- Amanze, P.O., & Wogu, C.N. (2015). Internet evangelism: An effective Method for Soul-winning in the Seventh-Day Adventist Church in Nigeria. *Asia-Africa Journal of Mission and Ministry (AAMM)* 11, 149-170.
- Anyasor, O.M. (2018). Advertising motivations of church advertising in Nigeria. *International Journal of Multidisciplinary Research and Development* 5(1), 192-199.
- Ayeni, O.B. (2021). Branding and Marketing Nigerian Churches on Social Media. *Palgrave Studies of Marketing in Emerging Economies Marketing Brands in Africa*, 91-119. Cham: Palgrave Macmillan.
- Barnes, N., Penn-Edwards, S. & Sim, C. (2015). A Dialogic About Using Facebook Status Updates for Education Research: a PhD student's journey. *Education Research Evaluation* 21(2), 109-121.
- Chaitanya, M.V.N.L., Baye, H.G. Saad, H. & Usamo, F.B. (2022). Traditional African Medicine. In H.A. El-Shemy (Ed.), *Natural Medicinal Plants*, 47-66. No city: IntechOpen.
- Chiluwa, I. (2012). Online Religion in Nigeria: The Internet Church and Cyber Miracles. *Journal of Asian and African Studies* 47(6), 734-749.
- Civila, S., Romero-Rodríguez, L.M., & Civila, A. (2020). The Demonization of Islam through Social Media: A Case Study of #StopIslam in Instagram. *Publications* 8(52), 1-19.
- Costello, L., McDermott, M.L., & Wallace, R. (2017). Netnography: Range of Practices, Misperceptions, and Missed Opportunities. *International Journal of Qualitative Methods* 16(1),1-12.
- Evolvi, G. (2022). Religion and the Internet: Digital Religion, (Hyper) mediated Spaces, and Materiality. *Zeitschrift für Religion, Gesellschaft und Politik* 6, 9-25.
- Evolvi, G. (2018). *Blogging My Religion: Secular, Muslim, and Catholic Media Spaces in Europe*. London: Routledge.
- Farkas, J., Schou, J., & Neumayer, C. (2018a). Cloaked Facebook Pages: Exploring Fake Islamist Propaganda in Social Media. *New Media & Society* 20(5), 1850-1867.
- Farkas, J., Schou, J., & Neumayer, C. (2018b). Platformed Antagonism: Racist Discourses on Fake Muslim Facebook Pages. *Critical Discourse Studies* 15(5), 463-480.
- Gupta, S. (2009). How Do Consumers Judge Celebrities' Irresponsible Behavior? An Attribution Theory Perspective. *Journal of Applied Business and Economics* 10(3), 1-14.

- Gustafsson, J., Ngomba, T.J. & Nielsen, P.E. (2019). New Media and Processes of Social Change in Contemporary Africa. *Journal of African Media Studies* 11(2), 125-141.
- Hishima, S.D. (2022). African Traditional Religion and Contemporary Functionalism: Medicine. In I.S. Aderibigbe & T. Falola (Eds.), *The Palgrave Handbook of African Traditional Religion*, 391-401. Cham: Palgrave Macmillan.
- Jong, S.T. (2019). Netnography: Researching Online Populations. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences*. 1321–1337. Singapore: Springer. https://doi.org/10.1007/978-981-10-5251-4_17.
- Kgatle, M.S. (2022). “Go Deeper Papa, Prophesy, Do something”: The Popularity and Commercialisation of Prophetic Deliverance in African Pentecostalism. *Verbum et Ecclesia* 43(1), 1-7.
- Kozinets, R. (2015). *Netnography: Redefined*. London: Sage.
- Kozinets, R.V. (1998). On Netnography: Initial Reflections on Consumer Research Investigations of Cyberculture. In J.W. Alba & J.W. Hutchinson (Eds.), *NA - Advances in Consumer Research* 25, 366-371. Provo, UT: Association for Consumer Research.
- Loanzon, E., Provenzola, J., Sirriwannangkul, B., & Al Mallak, M. (2013). Netnography: Evolution, Trends, and Implications as a Fuzzy Front-End Tool. Proceedings of Technology Management in the IT-Driven Services Conference. <http://www.picmet.org/db/member/proceedings/2013/data/papers/13R0051.pdf>
- Lowes, S., & Montero, E. (2019). Traditional Medicine in Central Africa. *AEA Papers and Proceedings* 109, 516-520.
- Luckmann, T. (1977). Theories of Religion and Social Change. *The Annual Review of the Social Sciences of Religion* 1, 1-28.
- Hashmi, M.M., Rashid, R.A. and Ahmad, M.K. (2021). The Representation of Islam Within Social Media: A Systematic Review. *Information, Communication & Society* 24(13), 1962-1981.
- Manyonganise, M., & Mhuru, L. (2022). Beyond the Sacred Text: Examining the Confusion, Conflicts and Complications at the Intersection of Religion and Law in Zimbabwe. *Religions* 13, 1-11.
- Matobobo, C., & Bankole, F. (2021). Evaluating eWOM in Social Media: Religious Leaders vs Religious Organisations: Functionality Approach. Conference Proceedings of the UK Academy for Information Systems Conference Proceedings, Spring 3.29. 2021.
- Matshobane, M. (2023). New Prophetic Churches and Syncretism: A Critical View. *Religions* 14, 1-12.

- Mweta, N., Juma, P., & Phiri, S.B. (2022). Conservation of Natural Forests Through Indigenous Religious Beliefs and Practices: A Case Study of M'bona Cult, Nsanje District, Malawi. In D. Pullanikkatil & K. Hughes (Eds.), *Socio-Ecological Systems and Decoloniality*, 157-178. Cham: Springer.
https://doi.org/10.1007/978-3-031-15097-5_8.
- National Statistical Office, (2018). *Malawi Population and Housing Census Main Report*, May 2019.
Retrieved from <https://malawi.unfpa.org/sites/default/files/resource-pdf/>.
- Ndubisi E. J. O., & Kanu, I. A. (2021). Innovative Trends in African Traditional Medicine. In I. A. Kanu, K. L. Nwadiakor & E. J. O. Ndubisi (Eds.), *African Religion and Culture: Honouring the Past and Shaping the Future*, 45-63. No City: The Association for the Promotion of African Studies.
- Ng, J. Y., Verhoeff, N., & Steen, J. (2023). What are the Ways in which Social Media is Used in the Context of Complementary and Alternative Medicine in the Health and Medical Scholarly Literature? A Scoping Review. *Complement Medicine Therapy*, 23(32), 1-48.
- Omonzejele, P. F., & Maduka, C. (2011). Metaphysical and Value Underpinnings of Traditional Medicine in West Africa. *Chinese Journal of Integrative Medicine*, 17, 99–104. <https://doi.org/10.1007/s11655-011-0649-y>.
- Omosor, F. (2019). Christianity and African Traditional Medicine: A Critical Study from Afro-Biblical Perspective. *UNIUYO Journal of Humanities*, 23(2), 363-384.
- Ozioma, E. O. J., & Chinwe, A. A. C. (2019). African Traditional Medicine in Herbal Medicine. In P. F. Builders (Ed.), *Herbal Medicine* (pp. 191–241). London: Intechopen. DOI: 10.5772/intechopen.80348.
- Romero-Daza, N. (2002). Traditional Medicine in Africa. *The ANNALS of the American Academy of Political and Social Science*, 583(1), 173–176.
- Semotiuk, A. J., Semotiuk, N. L., & Ezcurra, E. (2015). The Eruption of Technology in Traditional Medicine: How Social Media Guides the Sale of Natural Plant Products in the Sonoran Desert Region. *Economic Botany*, 69(4), 360–369.
- Schoffeleers, J. M. (Ed.) (2000). *Guardians of the Land*. Blantyre: CLAIM.
- Tolhurst, R., Theobald, S., Kayira, E., Ntonya, C., Kafulafula, G., Nielson, J., & Van den Broek, N. (2008). "I Don't Want All My Babies to Go to the Grave": Perceptions of Pre-Term Birth in Southern Malawi. *Midwifery* 24(1), 83-98.
- Tshepo Phagane. (2021). *Traditional Healers Turn to Technology to Connect with Clients.* SABC News.
Retrieved from: <https://www.sabcnews.com/sabcnews/traditional-healers-turn-to-technology-to-connect-with-clients/>, 7.5. 2023.
- Sarkodie Agyeman, Y. & Awuah-Nyamekye, S. (2018). African Traditional Religion in Contemporary Africa: The Case of Ghana. *Oguuaa Journal of Religion and Human Values* 4, 1-21.