THE POSITION OF TRADITIONAL MEDICINE IN HEALTHCARE DELIVERY: THE KENYA CASE

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Introduction

This paper discusses the role of traditional medicine in the healthcare delivery system. Major emphasis will be on the Kenyan scene with regard to the role and legal position of ethnomedicine. Owing to the present population pressure, the monopolistic structuring of biomedicine in Kenya, dual usage of both biomedicine and ethnomedicine becomes inevitable. The availability, affordability, efficacy and cultural compatibility of ethnomedicine makes it the first option and line of treatment in all households.

The definition of traditional medicine has varied from researcher to researcher and from culture to culture, depending on their own experience (Ampofo and Johnson-Romauld 1978) define traditional African medicine as: "the totality of all knowledge and practice whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observations handed down from generation to generation, verbally or in writing" (p. 39-39). Supporting this view of traditional medicine is Press's (1980) definition of a medical system as "a patterned interrelated body of values and deliberate practices, governed by a single paradigm of the meaning, identification, prevention and treatment of sickness"[2]. A medical system must be conceived and designed in a particular way. In the words of Leslie(1 978:xii) "medical systems are social and cultural. In contrast to health systems, their boundaries are not those of biological population, species and ecological network; but of political organisations and cultural exchanges".[3] Reasoning from a cultural ecologist's standpoint, Leslie's approach is not totally acceptable. He tends to play down the role of the environment in determining a people's "medical system". It is the writer's view that a people's way of life is structured in accordance with the ecological dictates.

Fabrega (1975) gives a short and precise definition of ethnomedicine as the study of the different ways in which people of various cultures perceive and cope with illness, including making a diagnosis and obtaining therapy. He goes on to expound on what he means by illness and distinguishes it from disease. He sees illness as "a disvalued change in

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Ampofo and Johnson-Romauld. 1978 "Traditional Medicine and Its Role in Development of Health Services in Africa", Background Paper For Technical Discussion at the 25th, 26th and 27th Sessions of the Regional Committee for Africa. Brazzaville. World Health organization.

[2] Press, I. 1980 "Problems in the Definition and Classification of Medical systems", *Social Science and Medicine* 14B:45-57.

the adaptational functioning of an individual that gives rise to a need for corrective actions" (Fabrega, 1982:239). This social definition of sickness which is different from the malfunctioning of an organ (or disease), recognises that health is adaptability (Meade, 1977: 382) both of the individual and the social group[5].

Good (1987) sees ethnomedical systems as comprising "all the resources and responses available to a community in addressing its health problems, organised partially and changing over time"(1987a: 17). According to the World Health Organisation (1978), traditional medicine is the sum-total of practices, measures, ingredients and procedures of all kinds, material or otherwise, which from time immemorial had enabled the native to guard against disease, to alleviate human suffering and to provide cure. On the same note, Fabrega (1977) had conceptualised the traditional ethnomedical care system as the whole approach of an ethnic community to disease and illness, organised spatially and changing over time. It includes medical taxonomy, folk knowledge, guidelines, traditions and values, health behaviour rules and patterns, supportive social institutions and identified personnel and structures for delivery of preventive and restorative therapy. According to this view which the author supports, characteristics of traditional medicine vary among societies, cultures, environments and agricultural systems.

Traditional medicine is an omnipresent reality of life for both rural and urban folk - an indigenous resource system still serving most of Africa and the rest of the Third World. What appears evident from these definitions and from the past theoretical approaches to the study of traditional medicine is the fact that a society's medicine consists in those cultural practices, methods, techniques, and substances, embedded in a matrix of values, traditions, beliefs and patterns of ecological adaptation, that provide the means for maintaining health and preventing or ameliorating disease and injury in its members. Traditional medicine and its therapies have a holistic and ecological view of human beings and disease characteristics. This view is well exemplified by Ayurvedic medicine,[6] which postulates life as the union of body, sense, mind and soul. Ayurvedic medicine looks at the whole body and mind, and not merely at external or internal factors as the causes of disease, in deciding appropriate therapy. Of great importance also within the general domain of traditional medicine is Chinese medicine. This is grounded on the ancient principle of *hot* and *cold* forces ***(Yin-Yang)***, in which a balance of heat and cold must be maintained within an organism to ensure good health. Food and herbs are characterised as either hot or cold; and a counter balance of food and body is sought to prevent or cure illness. Basil and Lewis (1940)[7] report that this dialectic, when translated into forces of hot and cold, represent the Chinese traditional system of palliative and preventive medical care.

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[3]Leslie, C. 1978 "Foreword", In Janzen, J. M (ed.) *The Quest for Therapy: Medical Pluralism in the Lower Zaire*. Berkeley: University of California. pp xi-xv.

[4]Fabrega, H. 1975 "The need for an Ethnomedical Science", *Science 189* No. 4207: 969-795.

[5]Meade, M. 5. 1977 "Medical Geography as Human Ecology: The Dimension of Population Movement" *Geographical Review 67* No.:4: 379-393.

Also, in medical anthropology, there is the idea of "holism". This is a term generally used to refer to the kind of care which treats the patient as a whole person. The patient should be dealt with not as a mechanical body (disease) but as a person inhabiting a social environment and having a psycho-social, even spiritual needs as well as physical needs.

Traditional medicine in Africa generally is an established part of the culture, although the system of care and prevention are not as developed as in other regions such as China and India. Some countries have trained indigenous traditional medical practitioners integrated in the general health delivery systems, and have established departments for traditional medicine in the Ministry of Health and at the Universities[8]. Research into traditional African medicine and pharmacopoeia has been going on for quite some time with regard to "*materia medica*". The appearance of the AIDS scourge has even increased the urgency. In Kenya, the picture is rather gloomy because, despite the preponderant importance of traditional medicine, it is badly neglected and discounted by development planning agencies. This neglect results from the "symbolic" aspect of traditional medicine. Traditional medicine integrates both *materia medica* and "symbolism". Many practitioners of biomedicine often find problems with this symbolic aspect of ethnomedicine. It is often seen as superstition, and as a preoccupation that hardly sits well with scientific proof. It can be argued that the traditional system is better than one that relies on "*materia medica*" alone since continued use of some drugs in biomedicine has been known to lead to disease resistance. Doctors often resort to more powerful versions of medicine, and this weakens the body and reduces the natural resistance to disease. Let us now look at Kenya in a more focused way.

Kenya

Kenya's modern health facilities are spatially inequitable and favour urban areas where only less than a quarter of the country's population lives. Bennett and Maneno (1986) report that some 57 per cent of households in Kenya must travel more than four kilometres to the nearest health facility and only 30 per cent of the population live within two kilometres of a health facility. Previously existing facilities have deteriorated due to lack of maintenance. Inspite of this unfortunate scenario, the Government has implicitly outlawed traditional medicine. Part of the misunderstanding regarding the role of African traditional medicine and healers emanates from colonial times and is responsible for the negative approach to African traditional medicine. This includes the view that traditional healers are witch-hunters practising "black magic" (Thairu, 1975)[9]. It is ironical that a national freedom fighter like the late Jomo Kenyatta, who had all along been in support of local traditions turned against them when he became the Head of State. He and his government officially adopted the colonial legacy with regard to ethnomedicine.

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[6]Ayurvedic medicine is the traditional Indian medicine which has been used all over India and is highly developed, with its recognised schools, unlike the traditional medicine in Africa.

[7]Basil, G. C and E. F. Lewis 1940 *Test tube and Dragon Scale.* Chicago: University of Chicago Press. Chinese medicine is said to take into account not only the disease symptoms but also the age, habits, physical and emotional traits and all the other aspects of the individual. It attempts to put together an overall picture of the patient in order to evaluate any pattern of disharmony that has arisen.

Traditional medicine is the least understood of the medical systems. Kenya has no legislation governing the production and registration of traditional medicine some of which has proved to be effective with regard to several ailments[10]. Notwithstanding official acknowledgement that traditional medicine is "an important part of life of the people in the rural areas", policy makers and biomedical practitioners frequently dismiss it. As a result, little is known about it, its practice and how it is organised. However, both modern and traditional medicines have co-existed as parallel systems with little co-ordination between them. There has been of late a trend towards partial policy recognition of the existence of this indigenous resource. Traditional healers are often viewed as witch-hunters practising "black magic" (Thairu, *1975*). In the 1979-83 Development plan, the government called for research "to evaluate the role and function and to determine the extent of the need of traditional medicine" (Kenya, 1979:136).

Much of the research into traditional medicine has, however, centred on the medical value and efficacy of herbs and other pharmacopoeia (Kokwaro, 1976); and such is the research carried out at the Kenya Medical Research Institute (KEMRI)" and the traditional medicine unit of the Department of Pharmacy, University of Nairobi. Government policy appears to encourage research in traditional medicine in order to establish a scientific basis for the medicines it employs (Kenya, 1994:235). Against all this background, the legal position of traditional medicine in Kenya is not completely clear. On the one hand, we have the policy statements, and on the other hand, a lack of specific empowering statutory provisions. There have been cases of complaint by traditional practitioners of harassment by law enforcement agencies who claim that traditional medicine is illegal, a notion which stems from a misinterpretation of the Witchcraft Act (originally enacted in 1925) which has for a long time been assumed to regulate traditional medical practice. The Act reads: "Any person who holds himself out as a witch-doctor able to cause fear, annoyance or injury to another in mind, person or property, or who *pretends to exercise any kind of supernatural power, witchcraft, sorcery* (my emphasis) or enchantment calculated to cause such fear, annoyance or injury shall be guilty of an offence and shall be liableto imprisonment .... for a term not exceeding five years."

Owing to this unclear legal status, many prominent people make use of traditional medical care discreetly, fearing the social and legal consequences which could result from public exposure. Recently, after the 1992 multiparty elections in Kenya, the Webuye Member of Parliament was reprimanded by the High Court for having taken an oath administered by a traditional medicineman. This led to a by-election in the constituency, and the victim was barred from either voting or being voted into any elective office for a period of five years. He has, however, bounced back successfully in the 1997 multi-party elections.[12]

Owing to rapid population growth and poor infrastructure as well as other related problems of developing countries, among which poverty is central, the use of traditional medicine though discouraged, becomes inevitable from either a functional standpoint or an essentialist

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[x]Zimbabwe is one such country where traditional medicine has had positive recognition in Africa.

perspective. Kenya with a population of about 25 million and an annual growth rate of over 3.8 per cent had a ratio of 1:1000 and 1:70,000 physicians to the general population in urban and rural areas respectively by 1981 (Koinange, 1982). Presently, the population is about 30 million people with an annual growth rate of over 3.0 per cent. However, there have been minimal changes in the ratio of physician to patients. In a situational analysis, Koinange reports that "our nation's health resources, both public and private, are disproportionately allocated to our urban as compared to semi-urban and rural areas". He further asserts that "census data reveals that nearly 87% of our population reside in rural areas, yet nearly 80% of our health resources are concentrated in our major cities of Nairobi and Mombasa". It is, therefore, understandable that the rural population is more dependent upon the traditional system of medicine. It should be noted that the use of traditional medicine in Kenya is multi-faceted and cannot be limited to non-availability of modern medical facilities. Even some people in the urban areas do resort to traditional medicine.

Kenya, like other Third World countries, during the 1950s and 1960s experienced the introduction of numerous technological-assistance and development programmes including projects that attempted to introduce Western medicine, with the goal of raising the health and nutritional status of the populations. These programmes were often instituted without consideration of the local belief systems and socio-cultural milieux of the target population. Harrison and Cosminsky (1976) lament that this was done despite the wealth of knowledge that had been traditionally provided and documented by anthropologists. Anthropologists had observed the fact that traditional healers, indigenous or native healers in "primitive, peasant and/or non-urban industrial milieux", do not simply disappear, nor does their curing philosophy vanish under the impact of Euro-American contact and Western medicine[13]. They continue to exist side by side, compete, and sometimes come into conflict with Western medicine.

Thairu, K. 1975 *The African Civilisation* Nairobi: East African Literature Bureau.

Witchcraft refers to all aspects of the use of mystical powers to harm others in society, in which case, witchcraft, sorcery, evil magic, evil eye, or whatever terminology it may be given, are evil. However, Mbiti (1969) remarks that there is also "good magic", which represents the manipulation of mystical powers by a traditional healer in the treatment process for the good of society. In this way, traditional healers serve to neutralise the harmful powers of sorcerers or witches. Such cases of misunderstanding deny people available resources, and increase the urgency of training more medical anthropologists who are ready to conduct "participatory and transformative" researches.

[10] There are informal organisations which basically deal in herbal medicine. Their structures, functions and legality are not quite clear. Moreover, they are found within the urban slums and not in the countryside where most people utilise traditional medicine.

[11] Some years ago, there were "wild" acclamations that an AIDS cure had been developed in Kenya at the Kenya Medical Research Institute (KEMRI)it was named KEMRON. This medication has recieved little publicity in recent times. One of the persons closely associated with KEMRON later came up with yet another putative AIDS therapy, called "Pearl Omega"; but this, again, has not had much publicity in recent times.

In Kenya, the Ministry of Health is expected to be responsible for the provision of health care. The government ,on its side, has insisted that this is a responsibility that has to be shared with the private sector, the non-governmental organisations and individual Kenyans (Kenya National Development Plan 1989-1993: 242).[14] The most remarkable dimension has been the latest policy of cost -sharing in hospitals. This has pushed people further away from modern health-care facilities.

Like any other public service, biomedical services subscribe to the theory of "top-down" hierarchy. This hierarchy influences the type of facilities and equipment provided in a biomedical unit, and it dictates the medical qualifications required of the staff of the different units. In Kenya, Kenyatta National Hospital is the main national referral centre. This is located in Nairobi which is about 500 kilometres from the Eastern tip of the country (Kwale) and 480 kilometres from the Western end (Busia), and many more kilometres away from the Northern end of the country. In this hierarchy, lying directly below the National Hospital are the Provincial Hospitals, District Hospitals, Divisional Health Centres, Locational Health Centres and Dispensaries in that order. Some of these are ill-equipped; they lack staff and equipment , and are not within every person's reach. More often than not, the infrastructure is poorly developed, with impassable road networks during the rainy season. Nyamwaya (1982) had earlier excused Kenya on the grounds that, as a developing Nation, she cannot afford to provide all the Western health-care services needed by the population and, therefore, many people, especially those in the rural areas, have little access to Western health care, and so have to depend largely on traditional medicine.[15] The author's argument is not that Kenya should provide its citizens with all the required biomedical care, but rather, that she should recognise the existence of local resources, of which traditional medicine is one, so that people can use it without any fear of victimisation or stigmatisation.

Amuyunzu (1994) observed that the above problems, accompanied by a high rate of population increase, constrain the available biomedical services, thus making the demand for traditional medicine inevitable (p.104).[16] Although Amuyunzu was optimistic that the government's Development Plan for 1989-1993 recognised the role played by traditional healing, it appears that this has not gone beyond the policy papers. The following approach was formulated during the said period: "Although for a long time the role of traditional medicine and its potential contribution to health has been viewed with scepticism, a large proportion of people in Kenya still depend on it for their care. One reason for continued scepticism lies in the lack of information on its effectiveness, drug quality and safety. During the plan period, the government will encourage the formation of professional associations of traditional medical practitioners. Such associations will facilitate the gathering of necessary information for the use, development and appropriate adaptation of the traditional diagnostic, therapeutic and rehabilitative control technique that will become part and parcel of formal medical research and public health care programme" (Kenya Republic of, 1989-1993: 244).

[12] This was a case involving the Webuye Member of Parliament, Hon. Musikari Kombo whose case called for the interpretation of experts in tribal customs. Prof Simiyu Wandibba testified as a cultural expert, and the court found Kombo guilty.

[13] Harrison, I. E. and Cosminsky, S. 1976 *Traditional Medicine: Implication for Ethnomedicine, Ethnopharmacology, Maternal and Child Health, Mental Health and Public Health*. New York: Garland.

[14] Kenya Republic of, *Kenya Development Plan* (KNDP) for the period 1989-1993 Government Printer Nairobi.

Anybody reading this policy statement in 2000, might assume that traditional medicine is now well rooted in Kenya, with adequate legal protection. The truth, however,seems to be that these official statements are only public relation exercises. It is because of such variations between projections on paper and actual happenings, that there is need to look at the whole issue afresh.

Conclusion

It is apparent from the above discussion that ethnomedicine has a major role to play in the people's health-care. Traditional medicine has its therapeutic strengths and weaknesses. However, it can be a good complementer to biomedicine, since, neither system is perfect .

It is important to acknowledge all available health-care resources, and to take advantage of them for the betterment of the Kenyan future. Kenya as a country should strive to ensure that its citizens enjoy good health, by exploiting all the resources at its disposal.

Nemec (1980) observed that the prime advantage of traditional medicine is that *it is there*, an immediate existing source of health-care for people, wherever they live.

[15]Nyamwaya, D. 1982 *"The Management of Illness in an East African Community: A study of Choice and Constraint in Health care among the Pokot"*. PhD Thesis. University of Cambridge.
[16]Amuyunzu, M. K. 1994 *"The Management of Illness in a Plural Health Care Setting: A case study of the Duruma of Coastal Kenya"*. PhD. Thesis: University of Cambridge.

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