

ST. LAWRENCE UNIVERSITY
Kenya Semester Program
HEALTH, SICKNESS AND HEALING IN KENYA
COURSE SYLLABUS

Instructor: Dr. Owuor Olungah-Research Fellow, Institute of Anthropology and Gender Studies, University of Nairobi.

Course Description

This course is geared towards giving undergraduate students from diverse background an overview of the experience of health, sickness and healing within an African setting. Examples will be taken primarily from Kenya to illustrate these experiences. However, in some cases, readings will also be drawn from other parts of Africa to illustrate specific issues.

The topics are grouped into five broad sections. The first part will introduce students into concepts about health, sickness and healing from an African perspective in general and Kenya in particular. The second part will focus on indigenous concepts of disease causation, diagnosis and strategies to reverse the ill condition. This will help the students to understand the disease avoiding behavior in people. In rural and urban settings, patients are in constant struggle between the uses of modern vs. traditional health care. In part three, students shall focus on the role played by each of the sectors in health care provision in Kenya. Part four will focus on health issues with specific emphasis on child survival and women's role in fertility regulation and cultural practices, e.g. FGM – that have a direct impact on their reproductive health. In the last part, an attempt will be made to link the first three parts with specific health problems. The main focus will be on high burden diseases such as Malaria, HIV/AIDS and Tuberculosis.

Course Requirements and Assessment

Course delivery will be in the form of seminars and expert lectures. Students will be expected to actively participate in the discussions and will be assigned readings for discussion in class. A course packet will be prepared for the students to use. In addition, arrangements will be made for students to go for field trips to visit health care institutions and traditional practitioners – herbal clinics and other health care institutions – where they can have a first-hand experience of the interaction between the ill and the healers. Students shall be expected to explore through informal conversations and observations of the illness episodes and how they are dealt with in everyday life during their home stays in the field. For each of these field trips, students shall keep a diary of their observations which shall form the basis of further in-class discussions and end of semester term paper. This final grade will be an accumulation of grades for all assignments, class participation and the final term paper. Grading shall follow the St Lawrence University grading system.

Grading:

1. There will be one essay (either individual or group) which will account for 30% of the total grade.
2. Class presentation, essay presentation and defense will account for 20%
3. Class attendance and participation will account for 10% of the total grade.
4. A final end of semester research paper will account for 40%.

Readings:

Specific readings for each topic will be prepared and presented in a course packet for the students. Edward C. Green's book, *Indigenous Theories of Contagious Disease* and Robert A. Hahn's *Sickness and Healing: An Anthropological Perspective* and Isaac Sindiga's edited book on *Traditional Medicine in Africa* shall provide the bulk of reading

especially in the first part. Hahn's work is taken as general reading on culture and the experience of health and illness. Green's work is a product of many years of work and health research in Africa. His is the first major book in many years that deals with the issues of indigenous theories of contagious disease. He analyses indigenous health systems/ beliefs through Western eyes. Sindiga's book gives an overview of the different ethnomedical systems found in different communities in Kenya. In addition, students may be provided with course relevant information from the Kenyan Dailies on emergent issues for discussions in class.

COURSE FORMAT

Section I: General introduction

The first section will introduce the student to basic concepts about health, sickness and healing. Definition of the basic concepts of health, sickness and healing will be provided with an emphasis on the diversity of the concepts in different cultures. In addition, an attempt will be made to relate the concepts and the experience of health and sickness to the indigenous or modern health care strategies that are put in place to maintain good health, mitigate the effects of ill-health and to cause healing. Specifically, concepts of disease causation and their determinants will be discussed including the role of religion in health/disease.

1. Hahn, Robert A. (1995) Chapter 1. The Universe of Sickness. Pp 13-39. In, Hahn, Robert. *Sickness and Healing: An Anthropological Perspective*. New Haven: Yale University Press.
2. Green, Edward C. (1999) Chapter 1. African Health Beliefs. Pp 21-54. In Edward C Green, *Indigenous Theories of Contagious Disease*. CA: Altamira Press.
3. Green, Edward C. (1999) Chapter 2. Pollution and other Contagion Beliefs Among Bantu Speakers. Pp 55-87. In, Edward C. Green, *Indigenous Theories of Contagious Disease*. CA: Altamira Press.
4. Onyango-Ouma, W., J Aagaard-Hansen & B. B. Jensen (2004). Changing concepts of health and illness among children of primary school age in western Kenya. *Health Education Research*, 19 (3): 326-339.
5. Sindiga, I, Chacha Nyaigoti-Chacha and Kanunah, P.M. (1995). *Traditional Medicine in Africa*. Nairobi: East African Publishers Ltd.
6. See also the various articles in Sindiga concerning the practice of traditional medicine in various communities in Kenya such as
 - I. Githae, J. Ethnomedical Practice in Kenya: The case of Karati Rural Service Centre. Pp 55-63
 - II. Sindiga, I. Managing Illness among the Luo. Pp. 64-79
 - III. Kawango, E.A. Ethnomedical Remedies and Therapies in Maternal and Child Health among the Rural Luo. Pp 80-93
 - IV. Sindiga, I. Maasai Traditional Medicine. Pp 92-107
 - V. Sindiga, I. Gusii Traditional Medicine. Pp 108-116
 - VI. Wandibba, S. Traditional Medicine among the Abaluhya. Pp 117-128
 - VII. Sindiga I. et al. Kikuyu Traditional Medicine. PP. 129-139
 - VIII. Sindiga, I. et al. The Future of Traditional Medicine in Africa. Pp 175-184

Section II: Indigenous Concepts of Disease

This section will focus on the indigenous concepts of disease causation, diagnosis and the strategies used to maintain or revert to good health. Patient's perception about disease causation influences their behavior as well as that of the care-takers/therapy management groups. The role of the family and society shall be discussed. The papers by Jansen, Green, Olsen et. al and Nyamomgo will provide background information and specific

examples while Nyambedha's will focus on the implication of breakdown of family support systems on health outcomes in rural Nyanza. Whyte's article explores the ways in which people deal with the uncertainties of life such as sickness and suffering using a variety of remedial measures including pharmaceuticals, sorcery antidotes and sacrifices which often fail making doubt and uncertainty to persist.

1. Janzen, John M. (1978). Chapter 4. Strife in the Family as Cause of Child's Illness. Pp. 75-80. In, Janzen, John M. (1978). *The Quest for Therapy in Medical Pluralism in Lower Zaire*. Berkley: University of California Press.
2. Green Edward C. (1999) Chapter 7. Indigenous Contagion Theory Broader Perspective. P. 217-243. In, Edward C. Green, *Indigenous Theories of Contagious Disease*. . CA: Altamira Press.
3. Olsen A, H. Samuelsen & W. Onyango-Ouma (2001). A study of risk factors for intestinal helminth infections using epidemiological and anthropological approaches. *Journal of Biosocial Science*, 33: 569-584.
4. Nyamongo I. K. (2001) Folk Model of Malaria Causation Among the Abagusii of Southwestern Kenya: Implications for Malaria Treatment , In P. N. Nkwi (ed.) *The Anthropology of Africa: Challenges for the 21st Century*. Pp. 53-61. Younde: ICARSST.
5. Nyambedha, Eric O., Wandibba, S, and Aagaard-Hansen, J. (2001) Policy Implications of the Inadequate Support Systems for Orphans in Western Kenya. *Health Policy*, Vol. 58 (1): 83-96.
6. Whyte, S. R. (1997). Misfortune and Uncertainty, In *Questioning Misfortune: The pragmatics of Uncertainty in Eastern Uganda* (pp 13-33). Cambridge University Press.

Section III: Health care delivery in Kenya

This section focuses on the situation of health care in Kenyan context. Comparisons between modern and indigenous health care will be made. Discussions will provide a historical background to health care in Kenya including the role of missionaries, the colonial government and the government's involvement in the development of the health care system in the early years of independence and the impact of SAPs on health care. Historical developments in Kenya have had an influence on health care utilization. At the Coast, for example, Islamic influence going back to Arab conquest along the East African Coast has had an impact on health care delivery. Health care reforms have led to the disruptions of the health care system in Kenya.

The readings shall explore how these reforms have influenced utilization of health care. The role of traditional healers as alternative health system in Kenya will be of particular interest. Arrangements shall be made to visit indigenous healers so as to provide opportunities for students to interact directly with them and to understand the forces that drive traditional medicine in Kenya. More recently, Chinese clinics that offer alternative Chinese medicine have been established in Kenya, with majority of them being set up in Nairobi. We shall explore in class the place of these and other medical practices in Kenya's health care system. The discussion shall include the role of missionaries and NGOs such MSF, Merlin and Flying Doctors of AMREF in health care delivery.

1. Beckerleg, S. (1994) Medical Pluralism and Islam in Swahili Communities in Kenya. *Medical Anthropology Quarterly*, Vol. 8(3): 229-313.
2. Mwabu, G. (1995) Health Care Reform in Kenya: A Review of the Process. *Health Policy*, Vol. 32:245-255.

3. Mwabu, G. Mwanzia, J. and Liambila, W. (1995) User Charges in Government Health Facilities in Kenya: Effects on Attendance and Revenue. *Health Policy and Planning*, Vol. 10(2):164-170.
4. Onyango-Ouma, W., Thiong'o, F. W., Odero, T. M. A. and Ouma, J. H. (2001). The health workers for change impact study in Kenya. *Health Policy and Planning* 16 (1):33-39.
5. Fratkin, Elliot (1996). Traditional medicine and concepts of healing among Samburu pastoralists in Kenya. *Ethnobiology* 16 (1): 63-97.
6. Fratkin, Elliot (1991). The Laibon as a sorcerer: A Samburu Loibon among the Ariaal Rendile, 1973-87. *Africa*, Vol. 61 (3):318-333.

Section IV: Reproductive Health and Child Survival Issues

The section will focus mainly on the reproductive health of women and child survival in Kenya. On reproductive health, emphasis shall be on fertility, family planning, abortion and female genital mutilation. On child survival, the focus will be on factors that influence child survival including socio-cultural factors, malnutrition, maternal education and endemic diseases (including HIV/AIDS). To provide the students with further opportunities to discuss reproductive health and child survival, guest lectures will be invited to give lectures on some of the topics. Suggested readings are given below.

1. Raikes, A. (1990) Pregnancy, Birthing and Family Planning in Kenya: Changing patterns of Behavior: *A health services utilization study in Kisii District. CDR Research Report No. 15* Chapt. 6: Antenatal and Maternal Services in Kisii Pp. 57-94.
2. Raikes, A. (1990) Pregnancy, Birthing and Family Planning in Kenya: Changing patterns of Behavior: *A health services utilization study in Kisii District. CDR Research Report No. 15* Chapt. 7: Family Planning Services in Kisii Pp. 95-131.
3. Baker, J. and Kasiani, S. (1991) *Induced Abortions in Kenya: Case Histories. Research Program on Abortion. Working Papers No. 1.* The Population Council. East and Southern Africa Regional Office. Nairobi Kenya.
4. Gatune, J. W. and I. K. Nyamongo (2003) An ethnographic study of cervical cancer among rural women in Kenya: Is there a folk causal model? *Tropical Medicine and International Health*.
5. Division of Reproductive Health, Ministry of Health, Kenya (2004) Safe Motherhood Concept Paper.
6. Amuyunzu, M. (1998) Willing the spirits to reveal themselves: rural Kenyan mothers' responsibility to restore their children's health. *Medical Anthropology Quarterly*, 12 (4): 490-502.

Section V: Focus on Diseases with a high disease burden in Kenya

This section will focus on specific illnesses that have a high burden among Kenyan populations. The experience of these illnesses occurs within culture specific contexts. The topics that will be discussed focus primarily on three illnesses: Malaria, HIV/AIDS and Tuberculosis.

i. Malaria

1. Nyamongo, I. K. (2002) Health care Switching Behaviour of Patients in a Kenyan Rural Community. *Social Science and Medicine*, Vol. 54 (3): 377-386
2. Nyamongo, I. K. (1999) Home Case Management of Malaria: An Ethnographic Study of Lay People's Classification of Drugs. *Tropical Medicine and International Health*, Vol. 4(11):736-743.

3. Mwenesi, H. (1995) Perceptions of Symptoms of Severe Childhood Malaria among the Mijikenda and Luo residents of Coastal Kenya. *Journal of Biosocial science*, Vol. 27(2): 235-244.
4. Munguti, K. J. (1998). Community Perceptions and Treatment seeking for Malaria in Baringo District, Kenya: Implications for Disease Control. *The East African Medical Journal*, Vol. 75(12): 687-691.

ii. HIV/AIDS

5. Voeten, H. A. C. M. O. B. Egesah & J. F. Hebbama (2004) Sexual behavior is more risky in rural than in urban areas among young women in Nyanza Province, Kenya. *Sexually transmitted diseases*, Vol. 31(8):481-487
6. Talle, A. (1995) Desiring Difference: Risk Behavior Among Young Maasai Men. In, Klepp, K., Biswalo, P. M. and Talle, A. (eds) *Young people at risk: Fighting HIV/AIDS in Northern Tanzania*. Pp. 69-85. Oslo: Scandinavian University Press.
7. Kielmann, K. (1997) "Prostitution," "Risk," and "Responsibility": Paradigms of AIDS prevention and women identities in Thika, Kenya. In, Marcia, C. Inhorn and Peter, J. Brown (eds) *The Anthropology of Infectious Disease: International Perspectives*. Pp 375-412. Gordon and Breach Publishers.
8. WHO (2004) Community Participation – In, *the World Health Report 2004* (pp 43-55). World Health Organization.

iii. Tuberculosis

9. Onyango-Ouma, W. (2004) State of Public Sector TB Services in Nairobi and Mombasa: A qualitative study. Report submitted to National Leprosy and Tuberculosis Program (NLTP) & Family Health International (FHI).
10. Liefoghe, R., Baliddawa, J. B. Kipruto, E. M. Vermeire, C. and Munynck, A. O. (1997) From their own perspective: A Kenyan community perception of tuberculosis. *Tropical Medicine and International Health*, Vol. 2(8): 809-821.
11. Steen, T. W. and Mazonde, G. N., (1999) Ngaka ya Sekgoa or Both? Health Seeking Behavior in Botswana with Pulmonary Tuberculosis. *Social Science and Medicine*, Vol. 48: 163-172.
12. Wilkinson, D., Gcabashe, L. and Lurie, M. (1999) Traditional Healers as tuberculosis treatment supervisors: Precedent and Potential. *Int. J. Tuberc Lung Disease*, 3 (1): 839-842.

COURSE SCHEDULE

DATE	SCHEDULE
Week 1	Section I: General Introduction
Week 2	Section II: Indigenous Concept of Disease
Week 3	Section III: Health Delivery Care in Kenya
Week 4	Section IV: Reproductive Health and Child Survival Issue
Week 5 &6	Section V: Focus on Diseases with a High Disease Burden In Kenya

IMPORTANT INFORMATION ON THE HOME VISITS AND OTHER FIELD BASED ASSIGNMENTS:

1. There will be two field trips organized by the class to have the students familiarize themselves with the practical aspects of traditional medicine and the NGO/Government health system organization. The places to be visited will be: Traditional healer/herbalist at the Kibera informal settlements and Nyumbani Children's Home in Karen-Housing HIV/AIDS orphans.

2. Students are advised that in all the field trips organized by the course starting with the homestays, they should discuss informally with their foster parents/siblings issues touching on health and sickness. Discussions should center on the following themes:
 - Traditional healing mechanisms
 - Therapy managing group
 - Health seeking behaviour
 - Health care in general
 - Common illness and how they are dealt with
 - Critical observations of all the happenings in one's surrounding.

CRITICAL ISSUE TO CONSIDER

1. **Class Attendance:** Class attendance is compulsory unless otherwise stated. It is expected that students will take their class work seriously. They are expected to be attentive and respectful to others views.
2. **Respect to others opinions and positions:** It has been noted over the years that at certain times, some students tend to be playful and engaging in issues that detract their attention from key academic concerns. There have been cases of students drawing things in their note books and chatting at the expense of listening to the presentations and the lectures. This should be discouraged.
3. **Group Presentations:** Students will be encouraged to form study groups and make presentations in class. The presentation will form the basis of class discussions and every student is expected to participate fully. In the presentations, students are expected to be factual, analytical, and confident and be communicatively competent. Do not shy away from letting others know what your opinion is on certain controversial issues that seem to lack consensus such as Witchcraft, Female Genital Mutilation among others. The group members are encouraged to prepare, discuss and divide roles in their presentation. Grading of the presentation will be based on the level of innovativeness, preparedness, factual presentations, quality of materials presented, clarity and strength of argument and on spot thinking as exemplified by answers given to questions from fellow students and staff.
4. **Final Research Paper:** Students will be encouraged to choose a topic of their interest that fits well with Health, Sickness and Healing Course. Each student will provide the instructor with the topic and a brief summary of issues to be addressed in the paper. The presented brief will form the basis upon which the instructor will review and offer useful comments by way of clarifying, re-orienting and re-focusing the topic to a researchable entity. Those students in doubt will have room to hold individualized discussions with the instructor for proper clarity.

Length of Paper and Content: You are encouraged to be brief as possible and have papers whose lengths are not more than ten pages (6-10 pages acceptable). Papers should be typed in doubled spaced lines using Times New Roman font 12. The content of the paper matters more than the length. It is important to express your ideas in a clear, factual and flowing manner. Always acknowledge all sources of your information to avoid accusations of intellectual dishonesty (Plagiarism). Be as original as you can. The papers should reflect a good amount of knowledge and understanding of the different aspects and details of the topic. This should be reflected in the cited literature, stated facts, presented arguments and in the conclusions and recommendations you draw.

The paper should include a title (state your topic clearly at the top of the page), an introduction, the main body/discussions in which you present your data and argument. The paper should be ended by a clear conclusions and where possible, recommendations. Let the arguments be concise, logical and easy to follow and understand. Be a good communicator, grammatically competent and avoid expressions that are colloquial and whose meanings are too hidden.

Include in your bibliography/Reference all cited works using any of the approved citations known to you. Let the works appear in a clear alphabetical order including the author, title, year of publication, place of publication and the publisher.