

Herbs, Qur'an, and Mashetani:
Practice, Use, Perception, and Integration of Traditional Medicine in Bodo

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Table of Contents

Acknowledgements.....	2
Abstract.....	3
Settings.....	4
Methodology.....	6
Introduction.....	8
Discussion and Analysis.....	13
<i>Traditional Medicine</i>	13
<i>Conventional Medicine</i>	22
<i>Perceptions</i>	23
<i>Integration</i>	30
Conclusions.....	31
Recommendations.....	32
Bibliography.....	33
Appendix A: Interviews.....	34
Appendix B: Glossary.....	35
Appendix C: Herbal Names and Uses.....	36
Appendix D: Qur’anic Drawing of Body.....	37

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Abstract

This study examines the practice, use and perception of traditional medicine in the rural village of Bodo, on the south coast of Kenya. This paper surveys the different types, treatments, and education of traditional medical practitioners, as well as assesses the accessibility of both traditional and conventional medicine facilities. Secondly, it addresses the perceptions of different community members of illness and healthcare, and, in the light of recent attempts to integrate traditional medicine into the national healthcare system, examines how these perceptions work in conjunction with accessibility to influence the use of healthcare.

Setting

I conducted the majority of my field research in the small rural village of Bodo, located on the South Coast of Kenya in the Kwale District. According to the 2004 census, Bodo had a population of about 500, however, it appears to have increased significantly in recent years. The people of Bodo belong to the Kifundi tribe, and speak Kikifundi. The community is overwhelmingly Muslim, and Islam plays a dominating role in the local customs and attitudes. A council of elders and religious leaders holds much weight in decision making, commands a lot of respect among the people of Bodo, and acts as a form of governance for the community on the most primary level. Due to the proximity to the coast, the people and culture of Bodo are classified as Swahili, and bear much resemblance to the Mijikenda, specifically the Digo, who are also Muslim and settled in the Kwale District.

Bodo's economy is largely based on fishing, although the nearby island of Funzi draws a number of tourists every year. Agricultural production of most goods is not possible due to unfit climate and lack of water, but local people plant and harvest rice, cassava, plantains, and coconuts. Although the proximity to the coast allows for a fishing industry, poverty is widespread, and people generally struggle to pay for things like school fees, taxes, household items, medicine and hospital fees, and food from the store, and few people have jobs outside of fishing or selling homemade goods and food on the street. Available forms of healthcare in Bodo include a privately owned clinic and dispensary, the Msambweni district government hospital, and a handful of traditional medical practitioners. The belief in and use of traditional doctors is widespread among the community members, as well as in the greater region of the Kwale district. There is a

primary school in Bodo, and students who move on to secondary school typically attend a school located about a half hour's walk away.

During my stay in Bodo, I lived with a local family in their three bedroom mud house with a thatched roof, with no electricity or running water. Their house was typical of the rest of the houses in Bodo, save for a few that were built with cement and had electricity.

Methodology

I went to Bodo with two other students who were studying nutrition and maternal health. We conducted all of our interviews and much of our general research together, although we focused on different specific research questions. Upon our arrival to Bodo, we met with the village elders to introduce ourselves, explain the topic and purpose of our projects, and ask their permission to stay there and proceed with our research. This was important to ensure that we had access to the community, and to feel confident that our research wasn't going to be stepping on any toes.

For the bulk of my methodology, I relied on formal interviews. I conducted one formal interview in Mombasa with a retired policeman, and 16 formal interviews in Bodo. Those I interviewed in Bodo included six traditional doctors, two nurses, one group of religious leaders, three groups of members from the community, one group of primary school teachers, a classroom of class eight students, the Maendeleo ya Wanawake women's group, and one community member who worked with the Ministry of Culture and Social Services. While four of my interviews were in English, the majority were conducted in Kikifundi or Kidigo with the help of Sabiti, our translator and research assistant from Bodo. We paid Sabiti for every day we stayed in Bodo for translating as well as escorting us to various places and setting up interviews. I also paid a small sum to each traditional doctor I interviewed for sharing their time and knowledge.

At the beginning of each interview we introduced ourselves, explained what we respectively wanted to learn about, and asked permission to quote the interviews in our papers. On some occasions we recorded the interview, after first asking permission.

In addition to interviews, we also composed a joint survey based on healthcare and illness, with questions pertinent to each of our specific topics. Our survey was translated into Kiswahili by Jamal Omar, and was given to eight males and ten females ages 16 to 35 to complete.

Another key aid in my research was observation. The reactions of people when I mentioned topics or certain words was extremely useful in determining different perceptions as well as cultural norms. I also observed the greater community in terms of advertisements for traditional doctors, as well as what members of the community wore, carried, and chose to do when they got sick.

Introduction

Traditional medicine today is an integral part of the culture of many African societies. The role of traditional African doctors surpasses what westerners think of the medical realm—they are consulted on politics, history, inter-personal relationships, and witchcraft, among a host of other problems and dangers. The spirit mediums among the Shona people in Zimbabwe, for example, played a vital role in the guerilla movement for independence (Lan). As John S. Mbiti summarizes of the importance of traditional medical practitioners in African societies, “In short, the medicine man symbolizes the hopes of society: hopes of good health, protection and security from evil forces, prosperity and good fortune, and ritual cleansing when harm or impurities have been contracted” (Mbiti, 166).

The western perception of traditional medicine from different parts of the world but especially Africa, is one that is overly mystified and sensationalized. According to western perceptions, “traditional medicine” is intuition and spirits, rather than the charts and statistics that merit fact in western medicine. However, the condemnation and belittlement of traditional African medicine by the proponents of western medicine stemmed from the period of enlightenment and empiricism in Europe that drastically altered the foundation and framework of western thought from the previous Christian centered view of the universe. As M. Akin Makinde explains:

Modern philosophy and medicine have been dominated by empiricism. European culture in the Middle Ages was dominated by religion, belief in the supernatural, and the Divine Right of Kings... In the early modern period a more critical attitude invaded Great Britain and consequently people’s beliefs in God and the Divine Right of Kings. There was a radical change in culture, especially in British societies. Scholastic metaphysics which drew its inspiration from the Aristotelian philosophy was replaced by empiricism (Makinde, 1).

Much of the subsequent scolding by western culture of the “primitive” and “over-religious” nature of African societies during the colonial period and beyond was due to the vastly different conceptualizations of time in traditional African and western philosophies:

In traditional African thought, there is no concept of history moving ‘forward’ towards a future climax, or towards the end of the world. Since the future does not exist beyond a few months, the future cannot be expected to usher in a golden age, or a radically different state of affairs from what is in the Sasa and Zamani... So African peoples have no ‘belief in progress’, the idea that the development of human activities and achievements move from a lower to higher degree (Mbiti, 23).

Therefore, while the distinctly linear western version of time is predisposed to view new and future events and achievements as better and more “true”, Mbiti argues that traditional African societies look more towards the distant past (“Zamani”) to explain the phenomena of the present (“Sasa”) rather than looking towards the future:

People constantly look towards the Zamani, for Zamani had foundations on which the Sasa rests and by which it is explainable to should be understood. Zamani is not extinct, but a period full of activities and happenings. It is by looking towards the Zamani that people give or find an explanation about the creation of the world, the coming of death, the evolution of their language and customs, the emergence of their wisdom, and so on. The ‘golden age’ lies in Zamani, and not in the otherwise very short or non-existent future (Mbiti, 23).

It is these entirely different understandings of the progression of time that contributed greatly to the scolding of African traditional societies and feeling of superiority of the empirical west.

This fundamental difference in time and subsequent emergence of vastly different thought systems also resulted in extremely different perceptions of illness and medicine. While, generally speaking, the west views illness, diagnosis, and treatment as a purely scientific process, traditional African philosophy and thought holds that there is an

equally important spiritual or metaphysical component to illness as well as the healing process. According to John Mbiti, “It is here that we may understand, for example, that a bereaved mother whose child has died from malaria will not be satisfied with the scientific explanation that a mosquito carrying malaria parasites stung the child and caused it to suffer and die from malaria. She will wish to know why the mosquito stung her child and not somebody else’s child. The only satisfactory answer is that ‘someone’ sent the mosquito, or worked other evil magic against her child” (Mbiti, 195).

This leads to the question of why a particular person is struck with a problem rather than someone else, or in other words, “why me?” This is referred to by M. Akin Makine as the “dualism of mind and body”, and has led to an integrated view of healthcare among many African societies. “Modern hospitals may deal with the physical side of disease, but there is the religious dimension of suffering which they do not handle, and for that purpose a great number of patients will resort to both hospitals and medicine-men, without a feeling of contradiction, although if they are Christian or ‘educated’ they might only go secretly to the medicine-man or follow his treatment” (Mbiti, 195). While the physical side of treatment and illness is recognized, the spiritual side also cannot be ignored. This also suggests that organized religion such as Christianity and Islam have changed traditional perceptions of illness, as well as the mode of healthcare that people may choose to patronize.

This philosophical integrated view of illness and healthcare has been mirrored by the efforts of the Kenyan government in recent years to work with traditional doctors and promote the integration of traditional medicine into the national healthcare policy. Different organizations such as the World Health Organization and the Southern African

Development Community have been urging African countries to develop legislation to establish safety standards for traditional medicine in order to expand its usage and provide a safe and accessible form of healthcare to a greater number of people. The question of who should benefit from modern medicine in developing countries has also been an especially difficult problem. “The rising cost of drugs in a continent which exports natural herbs to industrialized countries, the prohibitive cost of highly sophisticated medical equipment, and the chronic scarcity of medical doctors all seem to have conspired to force hard choices about who should benefit from modern medical facilities in the face of uneven distribution of wealth and mounting populations” (Makinde, 104). By integrating traditional medicine in their national healthcare systems, countries hope to use traditional doctors as a means of access to more rural communities to educate a greater percentage of their populations on preventive measures for diseases like AIDs, preserve traditional knowledge, and meet some of the UN Millennium Development Goals. The integrated system will also facilitate the research process to promote cooperation between traditional and conventional doctors and research organizations like KEMRI, which is currently working with traditional doctors to develop new medicines and make existing medicines more accessible.

In Kenya, the department of standards and regulatory services at the Ministry of Health Policy has authored a bill which, according to department head Tom Mboya Okeyo, aims to “help incorporate traditional knowledge into modern healthcare while still ensuring access to quality healthcare for all Kenyans” (WHO, 2002-2005). Events to bring awareness to traditional medicine have also been held nationwide. On the Traditional Medicine Day held at the Municipal Council grounds in Nyeri on August 31st,

2005, organizations such as PROMETRA Kenya, Kenya Ministry of Health, the WHO, and Traditional Medical Practitioners attended to discuss their ideas and concerns and to “show the world that traditional medicine is not witchcraft” (Report on Traditional Medicine Day, 2005). Concerns of the Traditional Medical Practitioners included the enactment of a bill to protect their herbs from exploitation by research institutions, while other attendees expressed the need to include training in traditional medicine in the national curriculum. According to Makinde, if the successful integration of African traditional medicine and modern medicine took place, “African traditional medicine which had been derided by Western trained medical practitioners may, in the face of integration and modernization, sometime in the future become the seeds that are likely to proliferate into the fruits of Western medical science” (Makinde, 107).

In light of research on perceptions of illness and African philosophy as well as healthcare integration efforts, I wanted to examine how the institution of traditional medicine practically functions in a contemporary Kenyan society. My study looks at the modern and traditional medical institutions themselves and how people interact with them, as well as the role that each plays in conjunction with each other and with the larger beliefs and religion of the community. The concepts of healthcare and illness are multi-faceted, with many different factors that interact to determine how someone reacts to and deals with illness. This study attempts to show the various factors and their impact on healthcare use and perception in a modern rural Muslim village.

Discussion and Analysis

Traditional Medicine:

The south coast of Kenya in the Kwale district is known for the practice of traditional medicine, so I was not surprised to discover upon my arrival that several traditional doctors reside in the immediate area of Bodo. Both male and female traditional medical practitioners exist, although male practitioners are much more common. I interviewed six traditional male doctors total (Sayid, Abdul, Fahad, Ali, Bahlal, and Jamal) of various types, who gave me detailed information about the relative cost and accessibility of traditional medicine, the education process they undergo, some of the specific illnesses they cure, and the procedures they follow.

“Traditional medicine” is a massively broad term that the WHO defines as, “the practices, measures, ingredients, and procedures of all kinds whether material or not, which from the immemorial has enabled the African to alleviate his suffering and cure himself.” However, while there are different types of medicine and doctors in conventional medicine, there are also different types of traditional medicine, and therefore, different types of traditional practitioners.

In Bodo, I found three general types of traditional medicine, and accordingly, different types of traditional doctors: herbalists, who use various medicinal plants, those who use verses from the Qur’an, and Waganga, who communicate with demons or spirits, or “mashetani” in Kiswahili. However, while separate, these types of traditional medicine are more often used in conjunction with each other, and it is common for one traditional practitioner to practice all three. However, each traditional doctor manipulates the tools of his practice differently, and specializes in treating different things.

Herbs

Every traditional doctor I talked to uses herbs that are found in and around Bodo. Herbs are mainly used for physical ailments like stomach problems, fever and malaria, bodily aches and pains, snake bites, excessive bleeding during labor, high blood pressure, partial blindness, appendix problems, infertility, constipation, and kidney problems, and one traditional practitioner even said he has found an herb that lessens the symptoms of AIDs. The procedure of treatment of a patient by an herbalist usually involves boiling a part of a plant and drinking it (as the Mzigi plant treats kidney pains), or using the boiled water in a bath (as the Kitaji plant treats a fever), and some plants must be mixed with other ingredients such as oil or ice sugar before drinking, (the Mvuje and Ukwaju plants, which respectively are used to induce labor and treat high blood pressure.) Other plants are burned, and their ashes put in water and ingested by the patient. Many herbalists use notebooks to catalogue different plants and their cures, as well as to record new findings. On the whole, the diagnosis and treatment of a patient by an herbalist is similar to the treatment a patient receives from conventional medicine, in the sense that the plants that herbalists use are the same ingredients that are used in conventional medicine, and are therefore used to treat the same physical illnesses. As one traditional practitioner said in reference to herbs, “traditional cures are the same as the cures in the hospitals—the same herbs used here are used to make the tablets in the hospital” (Sayid).

Qur'an

While herbs are mainly used for the physical aspect of illness, traditional doctors in Bodo generally use verses of the Qur'an for spiritual or mental ailments and chronic diseases that are particularly hard to treat, as well as an aid for diagnosis and the determination of treatment. Small physical illnesses such as fever, for example, cannot be cured by Qur'anic verses. Most traditional doctors use books of verses of the Qur'an that have been compiled to treat various ailments, most notably, witchcraft, cancer, and social problems. Some of these books or verses include the Yassin, Qursiu, Surat Kijin, Twayib Asma, Kanzilarshi, Ahlal Badr, and the Rahmani Tiba.

The procedure of treatment using verses from the Qur'an involves different exact methods and verses depending on the illness and traditional doctor. For example, Qur'anic verses are sometimes written on a piece of paper, which the traditional doctor gives to the patient. The patient is instructed to keep the paper at home, and to pray. One method of curing witchcraft involves reading verses repeatedly out loud to the patient.

Another method of treatment involves the usage of a variety of intricate pictures and designs in combination with words or verses from the Qur'an. One such drawing I saw showed a sketch of the body, with words from the Qur'an written in a circle around it (see Appendix D). Fahad explained that this piece of paper is then tied to the patient's body to combat the illness that he or she is suffering from.

In other cases, verses of the Qur'an are actually ingested as medicine. One doctor described writing verses of the Qur'an along with the desired cure on a piece of paper, which he then burns with certain herbs to create ashes that act as medicine that the patient drinks with water. To prevent or cure witchcraft, Fahad reads the verses of the Qur'an in

order to determine the correct herbal treatment, makes a small cut on the patient's skin, and then applies the herbal medicine directly onto the cut so that it is absorbed by the bloodstream. The same technique of studying the Qur'an to determine the correct herbal remedy is also used for chronic illnesses like ulcers or cancer. Therefore, in many cases, the Qur'an and compilation books act as a reference or a form of guidance for traditional practitioners to consult.

In addition to witchcraft and chronic illnesses, Qur'anic verses are also used to address social and relationship problems. To fix a marital or romantic issue, for example, Ustad boils certain verses of the Qur'an for the patient to drink.

Mashetani

As with the method of using the Qur'an, waganga address the spiritual aspect of illness rather than the physical, by consulting and conversing with "mashetani", or spirits or demons. However, different doctors use varying types of agents such as shrines or calabashes as a medium to reach the spirits. Waganga usually consult spirits when a diagnosis and treatment is unknown, as well as to help a person in politics, occupational matters, relationship problems, court cases, and general good luck. The interactions between waganga and mashetani stem from the role of mashetani in illness and the lives of humans.

As with the Qur'an, a traditional doctor consults the spirits as a diagnostic tool when a patient is suffering from an "unseen illness". For example, to talk to the spirits when the nature of a person's ailment is unknown, Jamal places a plastic cup with a small metal ring inside upside down, and slides it around on a circular wooden surface. He also

uses this method to ask the spirits if certain information is true, and to determine if a person is deceiving him.

The interactions between waganga and mashetani are explained by the role that spirits play in illness and the everyday lives of humans. While spirits are an integral part of the healing process, they can also function as the initial cause of an illness by inhabiting a person's mind or body. These illnesses are not small physical ailments like a fever, but usually manifest themselves as a form of mental instability, or a greater problem that is difficult to diagnose. A person can "get" a demon accidentally by passing through areas where many demons reside, such as areas with large trees or rocks, and can also acquire a demon as a result of witchcraft. As Abdul told me, many of these spirits now reside in Tanzania, however, they were originally from all over the world.

Accordingly, waganga are able to communicate with mashetani in any language. There are also preventive measures that can be taken to combat the acquisition of a demon, which a patient can get from an mganga. For example, ashes are sometimes strewn around a homestead to prevent demons from entering, and many people wear Hirizi—necklaces and bracelets with a small horn which contains a protective spirit.

Once a person gets a demon, there are certain procedures the mganga follows to appease the demon and cure the patient. The mganga uses his or her preferred agent (usually calabashes, sometimes shrines) to converse with the demons, explain the problem, and ask for an appropriate cure. The demon then identifies certain items which act as debts that the person must bring, and details instructions as to the procedure the mganga should follow for the treatment. Common debt items include sugarcane, wheat or

rice bread, or a chicken or goat. After the patient procures the appropriate items, the mganga leaves them for the demon, and engages in the instructed procedure, which sometimes includes sacrificing a chicken or goat. As long as the person fulfills the debt to his or her demon, the two can coexist in harmony.

On one occasion, I visited a shrine with Bahlal to observe where these treatments take place. Shrines are usually placed under a large tree or in a cave, or places that spirits like and frequent. This particular shrine was located under a large tree in the middle of a mangrove forest on the way to the ocean, and was about a ten minute walk from the main street. Before entering the forest, Bahlal asked the permission of the spirits to enter by lighting incense and repeatedly calling “hodi”, after which the spirits consented. The shrine itself was arrayed with a variety of things such as incense, coins, and bottles which Bahlal had placed there to persuade the spirits to be more conducive to help with treatment. The demons also especially like red, white, and black, so the mganga usually advises the patient to buy clothes of one of these colors to wear during treatment (during our visit to the shrine, Bahlal wore all black). After the patient brings the necessary debts, he or she leaves them at the shrine, proceeds with treatment, and is cured. As with our entrance, Bahlal asked permission for us to leave as well, explaining to the demons in Kiswahili that we were students, and asking them not to harm us in any way.

As opposed to the accidental acquisition of a demon, some people actively seek to obtain a demon that will help them with court cases, business, politics, or other pursuits. Tales abound of people visiting traditional doctors to aid them in winning elections or getting a promotion at work. Joseph, who worked as a policeman for over thirty years, said that it wasn't uncommon for traditional doctors to come to court in order

to cause the acquittal of the accused person through various means such as shaking the prosecutor's hand to "make him blind." In 1988, a candidate for the mayoral election in Mombasa came to Bahlal for help in winning the election. Bahlal took him to the spirits to explain his problem, the spirits identified debts, and the man fulfilled the debts and subsequently won the election. He is now the Member of Parliament from Likoni.

Education

The education process of traditional doctors is imperative to their effectiveness as well as the preservation of traditional knowledge. The length of study varies and depends on someone's aptitude for the subject as well as the depth of study, but most doctors in Bodo learned in about four or five years, although answers ranged from one to ten years. All of the traditional medical practitioners I interviewed learned from either their grandfather or father, except for one, who was taught by the spirits of his ancestors. During the education process, the student typically stays with their father or teacher and acts as an apprentice for a number of years. When their teacher judges them ready, the students undergo a number of tests in order to prove their knowledge. Sayid, for example, was examined six times by his father, which involved correctly diagnosing and administering treatment to various patients until they were cured successfully. While most of the traditional doctors I talked to wanted to inherit the job of their grandfather or father because they either liked the subject or didn't excel in conventional schooling, Fahad didn't choose to become a traditional doctor, but was, in effect, summoned by spirits, and told me the story of the circumstances and events leading up to his career as a traditional doctor:

Before I became a traditional doctor, I was a very well known businessman in the Kwale district, dealing with seafood. One day I became bankrupt and returned to the area of Bodo, where I was given food and money by villagers, and worked as a poor fisherman in order to survive. Then one night in 1999, someone gave me a dream and told me to go to a place in Tanzania. The next day, I traveled to that place where I met a very old man, who told me that in order to succeed in life again I had to become a traditional doctor. Although I didn't like the job, the spirits told me I had to do it. When I agreed, I became partially crazy, and the spirits who told me to be a traditional doctor directed me to all the plants by themselves. When I was in the forest, I met large elephants and game animals, but they were not harmful to me. After my time in the forest I thought I was qualified, but one day I was in a guest house and met a very beautiful woman whose grandfather was a traditional doctor. She interviewed me, and found I wasn't qualified, and told me that her grandfather who lived on the island of Rufiji could help to educate me. We used a large live crocodile to cross the river, and after being taught by the spirits of my ancestors and the spirits of the woman's mother's side of the family for five years, I was given a crown as a qualified traditional doctor (Fahad).

Other traditional doctors told similar stories of people they had heard of who had encountered a spirit by chance along the road, who warned that the person would become ill if they didn't become an mganga.

In order to ensure that their knowledge is perpetuated as well as provide an occupation for their children, the traditional doctors I talked to were either in the process of teaching or planning on teaching a son, or in one case, a brother's son. However, the knowledge is not always kept with in the family. Ali, for example, not only taught his son, but three children from other families in the community, and Sayid is planning on teaching a friend's son rather than his own, because he doesn't want to his son to fall to the practice of witchcraft, which would inevitably bring misfortune and strife upon the whole family.

Although the traditional doctors I interviewed obtained all of their knowledge and trade through learning from their family members (or ancestral spirits), there are certain types of traditional medicine that can be bought. Abdul, for example, bought the Rahmani

Tiba, the book of Qur'anic verses that he uses to help determine diagnosis and treatments, at a traditional medicine store, where herbal remedies and preventive charms are also sold. Abdul doesn't know when the book was written, or by who, but asserted that anyone could buy the book and learn how to use herbs and converse with the spirits. Bahlal, however, presented a different view when he explained that only one person at a time can talk to the spirits. When the time comes, Bahlal says that he will instruct the spirits to stop talking to him, but to talk exclusively to his student instead. Eventually, his student will pass down the ability to communicate with the spirits to whoever he teaches in the future.

Accessibility

All the traditional doctors I interviewed were very close to the village itself, and were financially feasible for the people of Bodo. Two of the doctors lived within a thirty second walk from the main road in Bodo, one lived a twenty minute walk away on the way to the village of Shirazi, two were located in the nearby village of Bodo Ganji, and one was about a twenty minute matatu ride away. The amount of money for payment is not set, and people generally pay what they can, when they can. According to Jamal, everyone is treated regardless of their ability to pay. In many cases, especially treatments involving political or business matters, people pay after the treatment has worked and they have obtained the desired result. Traditional doctors are also generally available, although they are often called to other villages at the last minute to administer care. All in all, traditional medicine is extremely accessible in both location and cost, as traditional doctors are the neighbors and fellow community members of the people of Bodo.

Conventional Medicine:

As well as traditional medicine, conventional medicine is also available to the citizens of Bodo in the form of a clinic within the village, and the Msambweni District Hospital. The Bodo clinic was opened on the 15th of March this year, and is privately funded by a man from the UK. The clinic is open six days a week in the mornings, and is about a five minute walk from the main road. The clinic offers consultation, medicine, and simple lab services. The consultation fee for adults is 100 shillings, and 50 shillings for children, plus an additional fee for any necessary lab work. The clinic workers expressed a need for more staff members and volunteers, although as the clinic is still very new, these may come soon. Like traditional medicine, the Bodo clinic is accessible in terms of location, and is cheaper than other similar clinics.

The Msambweni District Hospital is a hospital funded by the government. To reach Msambweni Hospital, residents of Bodo must walk for about 45 minutes to the main road, and then take two matatus, totaling a travel time of about an hour and a half. Consultation is free, but patients must pay for lab work and medicine. The lab work for a standard pregnancy check up, for example, costs 250 shillings. While patients are supposed to pay beforehand, those who don't have the necessary funds are waived and receive treatment anyway. Like the clinic, the nurses at Msambweni hospital complained of being short staffed, and said that the government doesn't employ enough nurses. They also expressed a dire need for more supplies, as the previous year they didn't even have enough latex gloves.

In comparison to the traditional doctors and the clinic, Msambweni Hospital is by far the least accessible. Due to the distance, a visit to the hospital often takes all day. Furthermore, if there is an emergency at night, transportation can be extremely hard or nearly impossible to find. There is one ambulance in Bodo for the purpose of emergencies, however it is not always actually in Bodo, and it can be difficult to locate the driver. While consultation at the hospital is free, the added cost of transportation, lab fees, and medicine is relatively expensive for the residents of Bodo.

The different services and relative accessibility of the various forms of healthcare available in Bodo play a large part in determining whether a person decides to consult a traditional doctor or a doctor at the clinic or hospital. However, it is these factors working in conjunction with a person's perception of illness and different forms of healthcare that ultimately determines his or her choice in treatment.

Perceptions:

Conventional Healthcare Workers

The conventional doctors I interviewed included one male nurse at the Bodo clinic, and one female nurse at Msambweni Hospital, as well as an employee of the Ministry of Culture and Social Services. Both of the nurses are not from Bodo or even the south coast, but Adam, the government worker, is a resident of Bodo. While the clinic worker asserted that women typically go to the hospital for antenatal check ups, the nurse at the hospital said that not as many come as say they do, and many visit a traditional medical practitioner before seeking other forms of healthcare because it's cheaper, the

herbs are effective, and they believe that witchcraft has caused their illness. As Nancy, the nurse at the hospital explained, “before the education of conventional medicine, people practiced traditional medicine, so they go there before they come to the hospital” (Nancy). This also suggests that another reason that people go to traditional medical practitioners is because it is more familiar, as it was practiced before conventional medicine. As it is very new, the clinic still hasn’t had very many patrons, and many women refuse to receive treatment there because the nurse is male.

In terms of the effectiveness of traditional medical practitioners, the nurses and government worker I interviewed generally seemed to view herbs as a legitimate and effective form of treatment, and the practices of waganga as illegitimate and ineffective. As Muhammed said, “Herbalists are scientific, herbalists are like me. Waganga are by faith. They have to do some funny things to make people believe them” (Muhammed). This suggests that herbs will work no matter a person’s belief, while in order for the treatment of an mganga to be effective, the patient must genuinely believe it will work. Adam expressed similar views of the effectiveness of traditional medicine, and said he would recommend using herbs but not waganga, and tells people to go to the hospital first and foremost. In reference to the healthcare choices that people in Bodo typically make, as well as herbalists verses waganga, Adam explained, “Most people choose to go to the hospital because they have seen the truth. Herbalists are good, but the only thing we don’t trust is keeping a thing that doesn’t make contact with your body. Most people don’t believe in it” (Adam). This implies that Adam views the practices of waganga to be mistrustful and not as “true” as conventional medicine or herbs. Furthermore, all three interviewees said that they personally believe that traditional medicine is not an effective

form of treatment, and that they would never refer a patient to a traditional medical practitioner if a treatment failed to work.

While the conventional healthcare workers themselves don't personally believe in the effectiveness of traditional medicine, they acknowledged that much of what determines an effective cure is a belief that it will work. For example, Nancy said that she believes that witchcraft exists, but doesn't believe that it can make her sick, so therefore she is immune to witchcraft. Furthermore, while all three conventional healthcare workers recommended the hospital over traditional medicine, they didn't condemn the use of any form of medicine. As Muhammed said, "It is acceptable to go to any form of healthcare, it is a personal choice" (Muhammed).

Religious Leaders

The religious leaders of Bodo are highly respected in the community, and are the experts on Islam and the Qur'an in the village. Accordingly, their views and opinions are held in very high esteem, and are, in effect, the moral paradigm or ideal for devout Muslims (and therefore presumably the people of Bodo) to follow. The three religious leaders I interviewed expressed a fused perception of natural and religious causes to illness. While they identified natural things like mosquitoes, houseflies, and dirty water as common causes of illness, they explained that these natural agents and illness in general are sent by God as a test. As they described, "Getting sick is like an exam from God. God is examining the person to determine whether he or she is a true believer. A true believer goes to the hospital, but the hypocrite goes to the witch doctors" (Religious Leaders). This not only describes illness as a sort of test, but states that the choice a

person makes in healthcare determines whether or not they pass the exam and establish themselves as a “true believer” or a “hypocrite.”

While the religious leaders acknowledged that herbs are a perfectly acceptable form of treatment, they explained that the practices of waganga are forbidden. “Islam does not allow gambling, so speaking with the spirits is not allowed” (Religious Leaders). However, while the practice of talking to demons or spirits is prohibited and means that someone is not a “true believer”, the religious leaders stressed that waganga are still Muslims, but hypocritical in their beliefs and actions. This hypocrisy also applies to those who choose to patronize this form of healthcare. Ideally, then, in observance with the laws of Islam, no one in Bodo would choose to visit an mganga, and would only use herbs or go to the hospital to receive medical care. However, the fact that waganga exist in Bodo at all illustrates that this clearly is not the case.

Community Members

I conducted six interviews with community members, ranging from a classroom of Class 8 students, three male schoolteachers, and women of various ages. Factors that influence healthcare choice and usage seem to be the perception of illness and the belief in the “duality of mind and body”, as well as the accessibility and evaluation of the effectiveness of services.

The idea expressed by the conventional healthcare workers that a person’s belief influences the effectiveness of a treatment was also echoed by community members. The schoolteachers agreed that in terms of healthcare, “whatever you believe will work, will

work” (Schoolteachers). Consequently, a person’s belief in what will work is naturally partially a product of their perception of illness. For example, according to one group of women I interviewed, the cause of excessive bleeding during labor is witchcraft, however, they later identified the causes of other complications during labor as, “natural things from God” (Maendeleo ya Wanawake). This expresses an integrated view of the causes of illness as a mix between “natural” things, and religious or “supernatural” things, and can also be related to the “dualism of mind and body” that Makinde describes in his writings. While there are ailments of the body, there also exist other ailments of the mind or of life in general, which respectively demand a specific type of treatment. As one of the traditional medical practitioners said, “The hospital can’t heal a person who has lost his job” (Jamal). Therefore, the perception of the cause of illness as well as the belief in the “dualism of mind and body” play a large role in determining a person’s healthcare choice and usage.

The difference between a physical ailment and a “spiritual” or larger life problem is illustrated in the type of healthcare a person chooses to utilize when confronted with an illness. In general, those I interviewed visit a traditional medical practitioner for a problem of the mind or life issue like witchcraft, inter-personal relationships, or good luck during labor, and go to the hospital for a physical ailment like malaria, fever, or bodily aches and pains. Out of the 18 people we surveyed, for example, 15 said they would go to the hospital to see a doctor if they had malaria. Conversely, in response to the question of when they would choose to consult a traditional doctor, ten out of 18 answered “demons”, which was by far the most common response. As one group of women I interviewed said, they generally go to a traditional doctor when they’re having

relationship trouble, and go to the hospital for physical pain. In elaborating on the circumstances in which people choose to go to a traditional doctor versus the hospital, one of the schoolteachers gave an example by explaining, “If an old man like me would like to marry one of you, I’d go to the traditional doctor. If I had a headache, I’d go to the hospital” (Schoolteachers). This illustrates the difference between the perception of the appropriate and effective methods of treatment for a physical and non-physical problem.

In addition to spiritual or life issues, however, there are certain physical problems which the community members I interviewed consistently choose to go to a traditional medical practitioner for rather than the hospital. The Maendeleo ya Wanawake group explained that there are some medicines that can only be obtained from a traditional doctor to cure certain diseases including urination problems, stomach pains, infertility, and excessive bleeding during labor (caused by witchcraft). The traditional medical practitioners are very effective in curing these physical diseases, so there is no reason to go to the hospital.

In many cases, those I interviewed also visit both traditional medical practitioners and conventional doctors to treat the same problem. For example, many I interviewed said they go to a traditional doctor if a treatment at the hospital fails to work, while conversely, others first visit a traditional doctor, and only go to the hospital when their condition becomes very serious.

While many community members said they use both traditional and conventional medicine, most of those I interviewed said they prefer to go to the hospital, although money and transportation play a major role in their ability to do so. In response to what they do when they get sick, two of the students I interviewed said they stay home, twelve

said they go to the hospital, and none said they go to a traditional doctor. However, while these answers may in fact express the actions of the students, they also may have felt like they had to give the “correct” answer in a classroom environment. In explanation of why they might stay home rather than going to the hospital, the students identified lack of money as the main reason.

While many women I spoke to would prefer to go to the hospital to give birth because they provide services that traditional midwives cannot, such as blood transfusions, they generally begin labor at home and only go to the hospital if there is a complication. However, money and transportation often act as a fairly large barrier to accessing the hospital. Rukiya, a woman who recently gave birth, began labor at home and only went to the hospital after she developed serious complications. Although there is an ambulance in Bodo, the driver could not be reached, and Rukiya’s family had to find another vehicle for transport. Delivering at the hospital cost Rukiya 1,250 shillings including extra blood transfusions and medicines, and is a hefty sum considering many women can’t even afford the 250 shilling fee for lab work for antenatal check ups.

While most women agree that the hospital provides better services, there was some disagreement, especially in light of the recent experience of Fatma, a community member and mother. During our stay in Bodo, Fatma was expecting, and went to the hospital one day to give birth. At the hospital, she was neglected by the nurses, left alone in the delivery room, and was forced to give birth alone. As a result, her newborn baby drank the afterbirth, and died. Even after this horrific experience, Fatma told me she still would advise pregnant women to deliver at the hospital because she still believes that they provide better care.

While Islam is a very influential aspect of life in Bodo in many ways, not one member of the community I interviewed mentioned religion a factor in their healthcare choice.

Integration:

While traditional and conventional medicine is clearly very integrated in the healthcare choices among the members of the community I interviewed, formal integration is still very limited. The certification process for herbalists involves going to the District Commissioner, the Ministry of Health, and finally the Ministry of Culture and Social Services, and the herbalist must pass a test of medicinal plants. According to the government employee, the benefits of being certified include the recognition that the herbalist is known by the government, and allows the herbalist to refer a patient to a government health facility or health center if he can't help someone (Adam). One traditional medical practitioner I interviewed was licensed by the government, and one used the license of his father, but most of them were unlicensed.

Conclusions

“Traditional medicine” is a topic in western societies that has been overly mystified, sensationalized, and generally misunderstood. This misunderstanding stemmed from vastly different conceptions by African and European societies of time, which led to different philosophies, and consequently, different perceptions of illness. While the empirical west identifies illness as purely a physical phenomenon, the African perception of illness contains a spiritual element.

In Bodo, there are many factors that influence not only the use of traditional medicine, but the way it interacts as a form of healthcare with conventional medicine. The “dualism of mind and body” as a key concept of African philosophy discussed in the writings of John Mbiti as well as Makinde, does much to influence the perception of illness of those I interviewed in Bodo, and traditional medical practitioners exist in the community meet these needs. However, the line between a spiritual and physical is not always clear, and people in Bodo often use conventional and traditional medicine interchangeably to complement each other. In addition, cost and accessibility plays a big role in a person’s healthcare choice, as the hospital is more expensive and further away.

However, while conventional and traditional forms of healthcare are very integrated in the philosophy and usage of the people of Bodo, formally they are still very separate, and few traditional medical practitioners in the area are licensed.

There is a definite role for both traditional and conventional medicine in Bodo for all the reasons I’ve mentioned: cost, accessibility, "psychology", culture, and religion. Contrary to what most westerners think, it's not one type of medicine or the other, and local people are able to judge which is appropriate for a given illness or situation.

Recommendations

Further research questions

There are countless ways to expand on my study, as it covered a very broad number of topics. One, perhaps obvious, way to extend or expand my study would be to examine each of the topics I covered in further depth, especially the practice of different types of traditional medicine as well as the education of traditional medical practitioners. I also personally found the interaction between Islam and the religious elders and the use of Qur'anic verses by waganga to be especially interesting, and I think a great study could be done on traditional medicine in the context of Islam and the Qur'an. I also would have liked to study more about the concept and perception of good and evil in Swahili culture, and how it relates to witchcraft. These, however, are just a few of the further questions I would have liked to explore given more time.

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Appendix A

Interviewees:

- 1.) Ali, Traditional Medical Practitioner. Bodo Ganji, 13, April 2009.
- 2.) Jamal, Traditional Medical Practitioner. Shimoni, 14, April 2009.
- 3.) Bahlal, Traditional Medical Practitioner. Bodo, 16, April 2009.
- 4.) Sayid, Traditional Medical Practitioner. Bodo, 16, April 2009.
- 5.) Abdul, Traditional Medical Practitioner. Bodo Ganji, 23, April 2009.
- 6.) Fahad, Traditional Medical Practitioner. Shirazi, 23, April 2009.
- 7.) Muhammed, Nurse at Bodo Clinic. Bodo, 15, April 2009.
- 8.) Four women community members. Bodo, 15, April 2009.
- 9.) Three male primary school teachers. Bodo, 17, April 2009.
- 10.) Class 8 Students. Bodo, 17, April 2009.
- 11.) Three religious leaders. Bodo, 17, April 2009.
- 12.) Adam, community member and government worker. Bodo, 17, April 2009.
- 13.) Maendeleo ya Wanawake (“Development of Women”) group. Bodo, 20 April 2009.
- 14.) Fatma, community member. Bodo, 20, April 2009.
- 15.) Nancy, Nurse at Msambweni Hospital. Msambweni, 20, April 2009.
- 16.) Rukiya, community member. Bodo, 21, April 2009.
- 17.) Joseph, retired policeman. Mombasa, 11, April 2009.

Appendix B

Glossary:

Mganga- a traditional medical practitioner who is usually associated with communication with spirits or demons.

Waganga- plural of Mganga.

Mashetani- spirits or demons (Note: the word “mashetani” in Kiswahili means demons, however, Sabiti translated it to mean “spirits” in every interview. Therefore, I have used the two terms “spirits” and “demons” interchangeably throughout the paper, as I am not sure of the exact correct terminology.

Hirazi- bracelets with a horn that houses a protective spirit inside which people wear as a preventive measure against harmful spirits.

Matatu- a privately owned public transportation system utilized in many of Kenya's largest cities.

Appendix C

Herbal Names and Uses:

Mgweni- treats stomach problems.

Mpingo- treats pains in the body.

Mbambara- treats stomach problems.

Mdungu- treats stomach problems or blood in the urine.

Kitaji- used in bath water to treat a fever.

Mngwene- used to induce labor.

Mchekeche, and Mnamu- all are used to treat excessive bleeding during labor.

Sanamak mixed with honey- drink as a nutrition supplement.

Honey mixed with egg- used as a blood transfusion: drink for seven days to gain the equivalent of three pints of blood.

Mviru- boil and drink to treat stomach problems.

Mbokwe- treats stomach problems, infertility, partial blindness, and constipation.

Mzigi- boil and drink to treat kidney pains.

Chibambara- treats excess stomach gas.

Muungo- treats prolonged cramps caused by menstruation.

Msangasanga- treats Giardiasis.

Mserere- treats long term wounds that cannot be healed.

Mziwaziwa- treats appendix problems.

Ukwaju- drink with ice and sugar to treat high blood pressure.

Mfuu- boil and drink to induce labor.

Grapes- boil and drink to draw out placenta.

Appendix D

Drawing of Body Used with Qur'anic Verses: