



Traditional Healers and their provision of Mental Health Services in Cosmopolitan Informal Settlements in Nairobi, Kenya

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Traditional Healers and their provision of Mental Health Services in Cosmopolitan Informal Settlements in Nairobi, Kenya

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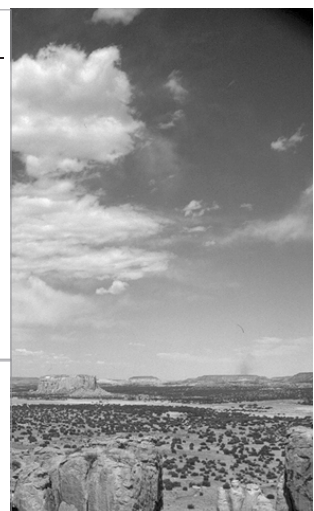


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1. Introduction

One of the major challenges for the Government is the provision of health services for its people, which is a basic need. However, Kenya just like other developing economies is generally constrained by lack of sufficient resources to sustain this demand. Traditional medicine in all its form was the only mode of treatment in Kenya for the various communities before the white man came to Kenya. It was as it is practiced in various forms; for example, use of herbs, animal parts, divination and others. This traditional knowledge can be protected for the benefit of mankind in general and in particular the communities in question. However, there are no policies in place for such protection. Also, the individual healers do not appear to be aware of the need to protect their traditional knowledge.

2. Key Messages

Lack of policies that address and regulate the practice of traditional medicine puts both the traditional healers and their patients at risk of exploitation. Such vital information has been 'pirated' and, in certain cases, exploited elsewhere. The country should not lose important knowledge on traditional medicine to other countries through the ignorance of her people. Proper policies and regulation of the traditional healers would complement the government in the provision of mental health services to the people and the reduction of stigma associated with mental illness, and hence, has this population contributing to the development of the country.

The policy questions to be addressed are:

1. Whether traditional medicine is practiced in urban cosmopolitan informal settlements of Kibera, Kangemi and Kawangware in modern Kenya?
2. Whether the traditional healers in Kibera, Kangemi and Kawangware are consulted by people suffering from mental illnesses?
3. Whether the consulted traditional healers treat mental illnesses and if they are able to identify the different types of mental disorders?
4. How the traditional healers identify the types of mental illnesses that they treat and how valid are the identified mental illnesses according to Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)?
5. Whether the traditional healers have any knowledge on patenting, benefit sharing and intellectual property

The study, having enrolled 59 traditional healers in the three study sites of Kibera, Kawangware and Kangemi, found that the traditional healers are consulted. The patients are both men and women though the majority of the 305 patients were women.

The traditional healers are consulted for all types of diseases with the majority of the illnesses being physical illnesses as per the diagnosis of the traditional healers. Of the 305 patients, 236 patients were given a diagnosis of physical illness. The traditional healers were able to give a diagnosis of 30 (9.8%) mental illness patients. Some patients were given a diagnosis of depression, while others had the diagnosis of being mad.

The MINI-International Neuropsychiatric Interview (MINI - Plus) is a structured diagnostic interview developed by Sheen DV et al 2 in 1998, it was used to assess the diagnoses of psychiatric conditions according to DSM-IV and ICD-10 criteria was administered to all the patients of the traditional healers. A number of diagnoses were made, higher than what had been diagnosed by the traditional healers. A few of the diagnoses were similar, indicating the limitation of the traditional healers to make a proper diagnosis.

The traditional healers reported that they treated mental disorders using various methods, for example, (i) Counselling- being the most popular method of treatment; (ii) Use of different types of herbs which can be taken orally, others for washing while others are inhaled; (iii) Combining herbal treatment with counselling; (iv) Consulting the spirit world including the ancestors who then give instructions on how the patient should be treated; (v) moving to the patients home to help him/her remove certain items which the TH claims have been used to bewitch the patient.

All the traditional healers had little, if any, knowledge on intellectual property. However, during the capacity building on this particular area it became clear that they are wary of researchers who want to find out about their methods of treatment. This is because they reported that those who have gone to them especially for the treatment of HIV/AIDS only used their findings to advance themselves (stole their methods of treatments) but never acknowledged them. They did not want to take any of their information to any government body. They said that others will use them. They preferred to protect and retain this information within their families by passing it down orally and through ancestral instructions to specific members of the family.

3. Conclusion and Policy Options

There is need to recognize the contribution of the traditional healers and through this recognition, their working environment and that of the patients will be improved. There will be no loss of the traditional knowledge related to traditional healing as the traditional healers will have known how to protect their information and how to share it out when necessary.

Policy options

The following are the policy options:

1. Though the government is aware that traditional healers exist, there is need for them to be recognised formally. This recognition will help to streamline the operations of the traditional healers and hence, protect the clients.
2. Empower the traditional healers on how to recognize the different types of mental illnesses. This can include, showing them how to use simple tests which can be translated to their mother tongues. They will therefore be able to screen at their level and in the process increase referrals and improve on the mental health information system.
3. Strengthen their skills on interventional methods that do not require the use of drugs. This would include individual therapy, family therapy and group therapy as they use counselling to treat certain types of mental illnesses. Therapies have been shown to be effective even when practised by lay people. This would go a long way in ensuring the safety of the patients from getting certain herbs which could have serious side effects and also ensure that human rights observance in relation to practices that may be harmful to the patients.
4. Empower them on when and where to refer. This can only be possible if they are recognised and appreciated rather than being shut out.
5. The government to make it easy for the traditional healers to register and practice in the open.
6. There is need for the traditional healers to be engaged in constructive dialogue by bodies that can fight for the interest of the traditional healers. These include but not limited to; Kenya Medical Research Foundation, the various Universities, Kenya Industrial Property Institute (KIPI). Through this kind of dialogue, the traditional healers would be educated

on the need to have their herbs tested, the need to have their work protected using the legal means and even the processes that are involved if collaborative research has to take place and the legal processes that are required. Through this, the traditional healers are not exploited and neither is their knowledge used without their consent.

7. There is need for environmental conservation. This is because African medicinal plant resources may be doomed to extinction by overexploitation resulting from excessive commercialization (unsustainable use of medicinal plants), habitat destruction and other natural and man-made destructive influences, unless energetic conservation measures are taken to ensure their continued availability. This can be done through the establishment of medicinal plant gardens and farms. The acquisition of large scales of land required for cultivation can be a serious obstacle.
8. The government should domesticate the conventions that have been passed in the region and customize them so that traditional knowledge can be protected. This will eliminate the secrecy that surrounds the traditional healing and which is at risk of disappearing with the death of the TH and the shunning of traditional medicine by the younger generation as they go to schools. The instruments of protecting traditional knowledge and, hence, medicine so that there can be benefit sharing and protection of the knowledge must be developed and made simple for the TH to follow. Finally, the THs need to be given information on the importance of sharing the information that they have with the right people and bodies in order to avoid bio piracy and also get benefits if their methods of treating are unique.



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