

A Cultural Snippet of Kenya from an OT Practitioner Student POV

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Why Kenya?

In July 2019, we sent our youngest daughter, Rita, age 16, to Nanyuki, Kenya, to participate in a medical service program. We have sent all six of our children somewhere out in the world, alone, to be of service and experience a culture without limits (Thailand, Costa Rica, Nepal, China, Fiji, and Kenya). As we held our breath at home and prayed for their safety, their experiences changed their perspective on the world, their lives, and ultimately their future choices.

I have dreamed of Africa my entire life, so to have my youngest choose Kenya was a dream come true. Rita mainly provided hospice care with a medical team that set up makeshift clinics in villages all around Nanyuki (100 miles outside of Nairobi). What she encountered in Kenya was a far different situation from America with little to no supplies, inadequately trained medical professionals, and elderly patients with dementia and worse, not being regularly assisted.

Despite her youth, Rita had a lot of practical experience dealing with the elderly, specifically with Alzheimer and Parkinson patients. This was all due to her experiences with my father and others at the local VA Hospice and daycare unit. On her second day in Kenya, the doctors trained Rita with a scalpel and debriding bedsores to relieve suffering and decrease infection. They quickly nicknamed her *The American Surgeon*. Rita texted me every evening to describe what she was encountering every day in her travels. It broke her heart and mine. The truth was she was in utter shock that the situation was so desperate that they were willing to train a 16-year-old high school student how to perform medical procedures, give vaccinations, and test for AIDS. Rita returned home with a lab coat that served as her armor and a view of the world that was very different from her peers.

Health Care Crisis

Kenya's scenery is magnificent, and the wildlife and high year-round temperatures make it a popular destination for tourists worldwide. Despite all of its beauty, Kenya is one of the poorest countries in the world. The population is 54M, and life expectancy is 66 years. In recent years the country's healthcare system has seen dramatic improvements, but these improvements are mostly limited to the 15 million people living in and around Nairobi. Outside of Nairobi, the remaining 39 million people face minimal healthcare. Most of Kenya's people are relegated to services in cottage-like hospitals with very few beds and roaming health clinics that depend on volunteers from other countries to assist the Kenyan doctors. Kenya faces a significant shortage of physicians, with approximately one doctor per 10,000. (*Goals* 2016) Additionally, Kenya has one of the highest net emigration rates for doctors globally, with 51 percent leaving the country to work elsewhere.

Health services in Kenya are provided through approximately 4,700 health facilities countrywide. Basic primary care is within dispensaries and small health centers. Dispensaries offer outpatient services for simple illnesses like the common cold, flu, malaria, and some skin conditions. Registered nurses manage these facilities. Although it is limited in availability, most Kenyans believe that their health care system is of high quality. Much of this opinion is related to great respect and reverence towards physicians in some circles. However, 70% of Kenyans depend on traditional healers as their main source of health care. (Harrington Professor of Global Health Law, 2020) This number is high because healers respond to very diverse needs. They work as herbalists, birth helpers, and spiritualists, and they are easily accessible. Today, healers work in concert with some physicians. The push towards health-for-all and respect for indigenous culture are currently prevalent.

Severe Lack of Mental Health Services

In Kenya, mental health is severely underfunded, forcing most patients to seek private treatment, which is very expensive and scarce. Those who cannot afford services end up suffering the debilitating effects of mental illness. As a country, Kenya lacks a separate and dedicated health budget for mental health. In 2009, there were only 1,114 hospital beds for mental health in the whole country. (Meyer, 2016) Today the number is nearly doubled, but still dangerously low. There are about 100 psychiatrists in Kenya, mostly in the Nairobi area. Outside of Nairobi, there is only one psychiatrist per million. Subsequently, people suffer without services.

Depression in Kenya is highly prevalent and is rarely treated outside of community-based treatment approaches using laypersons and non-specialist health workers with limited training and education. Throughout Kenya, mental illness is not thought of as an illness at all. There is a notable stigma associated with mental illness in Kenya. The vast majority of Kenyans believe that supernatural powers like evil spirits cause mental health disorders. Many believe those who develop mental health disorders are to atone for sins committed against ancestors or be cursed or bewitched. Others believe that mental illness is a punishment for evil deeds. This stigma permeates Kenya's and thwarts health-seeking behavior among the mentally ill.

Some people turn to healers in Kenya looking for help with mental illness. Traditional healers are herbalists and witch doctors, and commonly use herbal medication or perform rituals to treat their patients. Traditional healers do not receive any formal education, but they believe that they inherit their gifts through possession by ancestral spirits. (Musyimi1, 2018)

Kenyan Family Care

In Kenya, the family is a direct reflection of one's identity. A child's upbringing in Kenya means cousins, aunts, and uncles play a large role in their day-to-day life and are present frequently. Kenyan culture is very communal in nature. Families share everything from clothes, food, and space. At home, personal items are shared with every member of the family. In rural areas, children participate in productive activities, such as caring for younger siblings, fetching water and firewood, herding cattle, and weeding gardens. Most do not understand the concept of private time. It is very unusual for a person to be alone in a room for an extended period except to sleep. This communal nature leads to collaborative care in all things, including health care.

Many typical ailments such as fever, colds, and flu cases are managed through traditional healing methods within the family and through consulting with herbalists and healers. Within the immediate family, generally, the mother or grandmother is the number one internal caretaker. Currently, Kenyans have embraced home-based remedies to boost immunity amid COVID-19 risks. The desire by Kenyans to keep COVID-19 at bay has compelled them to explore home-based remedies. The use of ginger, along with lemon, and honey is rapidly gaining popularity as a remedy to ward off the pandemic. (Xinhua, 2020)

OT – A just-right challenge for Kenya

Cultural literacy is vital for an OT professional working in Kenya. Understanding and respecting the traditional healer's long history and finding a way to incorporate into treatment techniques approaches is essential. Occupational Therapy takes on a holistic approach, which is

advantageous when working with profoundly spiritual culture. Philosophically the overlap is quite an adaptable approach to care given the culture of Kenya.

The OT professional would have to grasp cultural context related to the beliefs, values, and practices to approach intervention and care. Additionally, one would have to consider performance patterns (habits, routines, roles, and rituals). This would be especially vital in Kenya's more rural areas as these areas have the least health services available. However, if approached carefully and respectfully, OT may have a more significant opportunity to help individuals regain the use of their specific ADLs where needed.

Spirituality is an immense part of Kenyan culture, and it is within the OT scope of practice to address these needs. Integrating spirituality into an intervention or treatment brings more significant healing and quality of life.

References

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