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Traditional Healers and Epilepsy Treatment on the Kenyan Coast

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From 2005-2007, we addressed problems of access to epilepsy care in Kilifi, Kenya from an anthropological perspective. Researchers have identified a lack of attention to contextual constraints on treatment decision-making (Garro, 1998, p. 321; Good, 1986, p. 164). Few studies have examined the social and procedural factors that shape and constrain the treatment choices for epilepsy, such as the roles of providers in the community and the structural differences between biomedical and alternative treatments. To address this shortcoming, we employed a comparative ethnographic approach to explore the distinguishing characteristics of services for childhood epilepsy in Kilifi. We focused on how treatment-seeking is facilitated or deterred by the availability of treatment options and characteristics of service providers, rather than by characteristics of the persons in need of treatment (see Finkler 1994 for a notable example of this approach). To our knowledge, this was the first study to contrast features of service providers as potential determinants of treatment choice for children with epilepsy.

In addition to gathering qualitative data on biomedical health providers, we conducted participant observations and interviews with a group of traditional healers in Kilifi. Each healer was seen in a series of meetings over a period of 10 months. Our research revealed complex explanations of epilepsy symptoms and treatments that had cultural and social meaning for treatment seekers. Our data also indicated important differences between traditional and biomedical treatment options. This essay briefly discusses the traditional healer component of the study, and presents aspects of their services that help explain the local popularity of this treatment option.

The local term for epilepsy in Kilifi District is *Kifafa*. Traditional healers expressed consistent definitions of the symptoms and causes of *Kifafa*. One healer described *Kifafa* as, "…a problem that comes when a person falls on the ground and shakes like this [demonstrates a convulsion]. His arms move like this and his legs do this…When the person wakes up he does not remember what has happened…This is *Kifafa* if it comes again and again." Traditional healers attributed epilepsy and other illnesses to natural spirits or *Nyagu*, curses or *Majini*, and ancestral spirits. Healers employed a different treatment ideology for each of the three spirit-based causes of childhood epilepsy.

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The natural spirit *Nyagu* is the most common cause of epilepsy in the traditional system. Seizures are believed to occur when the spirit comes to a child and to subside when the spirit departs. The sporadic nature of symptoms is attributed to *Nyagu*'s attraction to multiple children concurrently. Healers accounted for the tremors and shaking associated with seizures in terms of efforts of the affected individual to break free of the spirit's hold on them. The common looks of surprise or screams prior to the onset of the seizure were rationalized as the individual's reactions to the spirit's sudden appearance. Similar explanations were offered for symptoms of epilepsy caused by *Majini*.

Traditional healers also reported that epilepsy may be transferred between family members via ancestral spirits. Ancestral spirits are believed to cause problems because of unfulfilled desires. One healer said, "Those spirits (ancestral spirits) are always wanting things. They want a chicken or goat or even a piece of cloth…They are like living people, they just want things to have them, because they are hungry." If specific rituals are not performed following the death of a family member with epilepsy the spirit of the dead relative may return to the family, bringing *Kifafa*. According to the traditional system, the family's next child will have the disorder.

While conducting research in Kilifi we were struck by the willingness of traditional healers to spend time explaining their belief system and the specific techniques they use to treat epilepsy. Healers were open in allowing us to observe their treatments and interactions with patients. Although traditional healers expressed a strong desire to be included in any future attempts to improve the treatment of pediatric epilepsy in Kilifi, they were weary of biomedical doctors and resented the dismissive attitude of doctors toward traditional methods.

The healers in our sample provided explanations of causation that addressed patient perceptions of symptoms and employed treatments that were logically consistent with local ideas of causation. Healers had open and participatory communication styles and a high quality of interaction with their patients. They occupied central roles in the communities in which they practiced, and their homes were frequently sites of social congregation. They readily admitted to their inability to treat some patients successfully, explained these treatment failures as reflections of the own limited powers, and referred these cases to other practitioners within the traditional system. This practice upheld patient faith in the appropriateness of traditional cures and discouraged treatment-seeking from biomedicine. Healers also had a flexible system of payment that allowed patients to pay at a later time, in installments, or by barter. This flexibility was attractive to patients in this resource poor context.

Consistent with previous research in Africa (Birbeck, 1999, Chavunduka, 1978, Feierman, 1981, Gessler et al., 1995, McMillen, 2004, Millogo et al., 2004, Oppong, 1989), our study documented the importance of traditional healers as an option for treatment of childhood epilepsy. Traditional healers have a unique perspective on treatment and their opinions and the supports they offer for families are critical in understanding determinants of the health decisions made by parents. They provide a service in local communities by offering treatment that directly addresses cultural ideas of illness and epilepsy causation. An intervention program informed by these findings is currently being designed and implemented in Kilifi. The effectiveness of this program compared with past efforts will provide an indication of the utility of a provider focus in improving health care access and reducing the morbidity of childhood epilepsy in the developing world.

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