

The role of ethnomedicine in the provision of primary health care: the case of Iguhu location, Kakamega South District, Kakamega County, Kenya, 2013

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Abstract:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination. Ethnomedicine is widely recognized as an important element of primary health care. However, there seems to be little understanding of its actual role, with most studies focusing on the therapeutic value and the efficacy of herbs and other pharmacopoeia, rather than the social, cultural and psychological aspects of the same. Thus, ethnomedicine has still not been given its proper place in health care provision especially at the policy-making level. This study set out to investigate the role of ethnomedicine in the provision of primary health care. Specifically, the study sought to investigate the factors that determine the utilization of ethnomedicine; to find out the preventive and treatment procedures used by ethno medical practitioners; and to investigate the role of pharmacological and non-pharmacological therapies of ethnomedicine in the prevention and cure of common illnesses and injuries. This study was conducted in Iguhu location, Kakamega South District, in the Kakamega County of Kenya. The study relied mainly on survey research techniques but supplemented this by observation and secondary data. The sampling unit was the household from which one member was purposively selected. Ethnomedical practitioners were selected purposively through the snowball technique. After data collection, a codebook was developed, and then the data was analyzed using the Statistical Package for Social Sciences. This study established that the overall influence of the level of educational attainment on the utilization of ethnomedicine is skewed, with respondents at both extremes of the level of education reporting a high rate of utilization, as opposed to those who have attained only secondary school education. The study also established that religious affiliation, the level of income and occupational activities did not have a significant influence on the patterns of utilization of ethnomedicine. However, the study revealed that age, sex and marital status had a significant influence on the utilization of ethnomedicine. The study also found that illnesses and injuries perceived to have been caused by biophysical factors may be prevented and cured by both biomedical and ethnomedical practitioners. However, illnesses and injuries perceived to have been caused by superhuman factors may be prevented by ethnomedical practitioners only employing both pharmacological and non pharmacological therapies. The study detected a very high rate of reported success rates of ethnomedicine. The study concluded that utilization of ethnomedicine remains strongly prevalent in the study area. The study also showed that most respondents mix biomedical and ethnomedical remedial therapies in their health seeking practice. Therefore, ethnomedicine is an integral part of the primary health

care system in the study area and other similar rural settings. The study concludes that both ethnomedical and biomedical practitioners show a willingness to cooperate and expressed a desire to learn more from each other