

## Silencing the Epidemic: Stories from Patients in Herbal Clinics in Kenya

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### Abstract

A biomedical cure for HIV/AIDS continues to elude science; therefore individuals and communities infected with HIV, particularly in Africa, seek alternative medicine in attempts to get a cure. A review of several studies reveals that integration of biomedicine and alternative therapies is gaining currency in many communities in Africa today. This paper is based on a study that investigated the discourse on HIV/AIDS in herbal clinics in Kenya. The study focused on the discourse on HIV/AIDS in two herbal clinics located in Kisumu town. The data collection was conducted by observation and in-depth interviews. The interviews were conducted with herbalists and patients who visit the herbal clinics while the selection of participants was based on their willingness and consent to participate in the study. The total number of participants who were available and willing to take part in the interview was eight (8), two (2) herbalists and six (6) patients in the herbal clinics. Data analysis involved transcription of the recorded discourse and then translating from Kiswahili to English. The study revealed that despite concerns about its safety and standards, herbal medicine is still popular and a significant factor in the healthcare system in Kenya. From the study it was found out that the 'volume' of HIV/AIDS in modern hospitals is too loud and is therefore silenced in herbal clinics. The study contributes useful knowledge to the wider field of Linguistics. It is of particular importance to researchers conducting sociolinguistics and Critical Discourse analysis studies. This paper also highlights the importance of herbal clinics in the fight against HIV/AIDS. It will be an important contribution studies related to herbal medicine and HIV/AIDS.

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### INTRODUCTION

HIV/AIDS remains a major challenge in Kenya. Some of the challenges that face the government in the fight against the epidemic include regional variations in HIV infections, low levels of HIV testing, couple HIV discordance and the increase of sexually transmitted infections. The first identified case of HIV in Kenya was recorded in 1986. While the highest rates of infection were initially concentrated in marginalized and special risk groups, for more than a decade, Kenya has faced a mixed HIV/AIDS epidemic: new infections are occurring in both the general population and the vulnerable high risk groups. Since 1999, when the HIV epidemic was declared a natural disaster in Kenya, which led to establishment of the national AIDS control council (NACC) to coordinate the multi-sectional response to HIV/AIDS, the government's response to the HIV/AIDS epidemic has taken many forms. The health sector has responded with different prevention activities, as well as care, treatment and support. The Ministry of Education has brought HIV/AIDS prevention into the curriculums of primary and secondary schools, the Ministries of Information, Finance, Health among others have played a role in their respective sectors as well; new NGOs have sprung up around the country to provide health and social services for People Living With AIDS

(PLWA), home care for people with full blown AIDS victims, and care and support for orphaned children.

With all these measures taken to curb the epidemic, one would expect a decline in HIV prevalence, but that is not the case. A report released by the Kenya AIDS Indicator Survey (KAIS) (ROK, 2007) has shown that the prevalence rates among both women and men are higher than the rates observed in 2003. At 7.8%, the infected population rate had increased compared to 6.7% prevalence in 2003. Furthermore, it was observed that for both females and males, HIV is accruing in all age groups, with the highest infections being recorded in the ages between 19 and 49 years.

Strong and early preventive actions can effectively reduce HIV rates. Uganda was the first African country to reduce its HIV prevalence rate. The impressive decrease from approximately 15% in 1991 to 5% in 2001 can be traced to open effective communication and political will to fight HIV/AIDS, as well as multi-sectoral action (Green *et al.*, 2003; Hogle, 2002; Parkhurst, 2001). Testing for HIV is the first step towards knowing one's status. Repeated exposure to HIV through unprotected sex or other modes of transmission means that repeated testing for HIV is needed for accurate knowledge of one's current HIV status. Bearing this in mind, the government of Kenya has established several HIV

Counselling and Testing Centres (attached to government and private hospitals), while others have been set up by Non Governmental Organizations (NGOs), Community Based Organizations (CBOs) among other organizations. These centres offer the same services, are accessible and act as a bridge between prevention, care, support and treatment.

HCT centres are modern and conventional centres, where one is allowed to learn their HIV status relatively quickly and confidential. In the recent past, patients visiting government hospitals are advised to undergo counselling and testing for HIV. HIV counselling and testing is supposed to be done to patients who volunteer to have it. Moreover, HCT programmes are supposed to provide referrals to social and medical services as well as psychological support for the infected. With the increase in the number of HIV Testing and Counselling (HTC) centres as well as their accessibility in Kenya, one would expect an increase in the uptake of these services as a measure towards reducing HIV prevalence. It is disheartening to note that with the availability of HTC services, majority of Kenyans still do not know their HIV status. A KAIS (ROK, 2007) report has indicated that nearly two-thirds of Kenyans have reported never having been tested of HIV and are therefore unaware of their status; and may therefore not access appropriate services for prevention care and treatment of HIV. This defeats the importance of ongoing campaigns to improve knowledge about risk factors for HIV transmission and attitudes towards testing.

While the uptake of HTC services is low on one hand, on the other hand, more Kenyans are seeking the alternative services from herbalists and traditional healers for HIV-related infections such as shingles, weight loss, diarrhoea, tuberculosis, pneumonia and long-time fever among other infections (Awono, 2007 p. 62; Amutabi, 2008, p. 153). The fact that more Kenyans are turning to indigenous medicine and healthcare systems should not be ignored; rather it should be treated as an indicator that there is more to the system than meets the eye. Indigenous healthcare and medicine has for a long time been viewed by modern industrial culture as irrational, unscientific and therefore primitive. Despite this contempt, and the medicine's deliberate relegation due to tremendous advances made in modern medicine, the indigenous system has survived and maintains its value. In fact, it has gained patronage from the poor not only in developing countries but also in industrialized nations. Alternative medicine, an elitist term for indigenous medicine, is said to account for about 80% of medical practice in the world (Abubakar, 2006, p. 277).

A combination of preventive and therapeutic approaches is increasingly being used all over the

world to address the HIV/AIDS pandemic. All strategies of addressing the HIV problem need to be cognizant of the sensitivities of the individuals involved and the communities in order to ensure that the strategies employed achieve success. Many countries in the sub-Saharan Africa are encouraging the use of traditional medicine in the fight against HIV/AIDS because the conventional medicine infrastructures are unable to cope with the enormity of the pandemic.

While recognizing the role of communication in the prevention and management of HIV/AIDS, the research, on which this paper is based, sought to find out the communication strategies employed by herbalists in herbal clinics. Language use, and the images that language invokes, influence attitudes and behaviour; the choice of words can create rifts or bring people together. Communication about HIV/AIDS should bring to the fore the deeper issues driving stigma and discrimination. HIV/AIDS prevention and management presents unique challenges and therefore requires new thinking. The objective of the research was unveiling the HIV/AIDS discourse in herbal clinics in Kenya.

#### **RESEARCH PROBLEM**

A study by Ngetich (2004) revealed that conventional medicine caters for only 30% of Kenya's population, leaving 70% to herbalists. The importance of indigenous medicine in the fight against HIV/AIDS can no longer be ignored given the large proportion of people infected with the virus that seek medical care and treatment from traditional healers. Studies conducted by Ngetich (2004) and Amutabi (2008) have shown that more and more Kenyans with HIV related infections are seeking treatment from herbal clinics. The study, on which this paper is based, sought to unveil the communication strategies used in herbal clinics so as find out why herbal clinics are increasingly becoming popular. The specific objectives of the study were:

- a) To identify the language used to discuss HIV/AIDS in herbal clinics
- b) To find out the patients' reasons of seeking treatment from herbalists

#### **LIMITATIONS OF THE STUDY**

This study explores the language of HIV/AIDS in herbal clinics. Initially, this study was to cover five herbal clinics and interview 20 patients, however after recording data from the two clinics and 8 respondent, it became apparent that the data collected was sufficient to address the objectives. Another limitation in this study was getting willing patients to be interviewed. Most of the patients we approached shied off and were unwilling to take part, forcing us to make repeated visits to the clinic, but that did not in any way affect the data gathered for this study.

## MATERIALS AND METHODS

The study focused on the discourse on HIV/AIDS in two herbal clinics located in Kisumu city, situated about 200km south of the capital Nairobi. The city is the Headquarters of the former Nyanza Province, which has been noted as having the highest HIV infection rates, at 15.3% in 2007; the prevalence rate was double than the country's rates (KAIS 2007). The data collection was conducted by use of observation and in-depth interviews. The interviews were conducted with herbalists and patients who visit the herbal clinics while the selection of participants was based on their willingness and consent to participate in the study.

The total number of participants who were available and willing to take part in the interview was eight (8); two (2) herbalists and six (6) patients in the herbal clinics. All the eight participants interviewed were educated up to at least Form Four level. The study, which was done in two phases, took a total of six weeks. Two weeks (January 3<sup>rd</sup> to January 14<sup>th</sup> 2012) were for the pre-study visit, although some data was collected during these visits. The second phase took four weeks (1<sup>st</sup> March to 25<sup>th</sup> March 2012).

Data analysis involved transcription of the recorded discourse and then translating from Kiswahili to English. A critical discourse analysis approach proposed by Huckin (1997) was employed in the analysis of the transcripts. This involved topicalization of the data, depiction of power in the talks, insinuations, connotations and the tone used in message delivery. Based on these, the communication strategies employed in herbal clinics were identified and also the reasons for seeking treatment in these clinics were discussed. The unit of analysis for this study is a conversation turn.

## RESULTS AND DISCUSSION

The role of language in the fight against HIV/AIDS cannot be overemphasized. Language is a vehicle of communication and also a major tool in the dynamics of culture change. (Onyewadume, 2003) defines language as the relationship between what is going on in our heads and the bodily activity perceived and interpreted by others. Language is used in a social context and therefore it is part of a culture of a community. The study identified several strategies used to convey messages in the HIV/AIDS discourse in herbal clinics. Reasons given by patients for visiting herbal clinics were, as discussed by them, varied, and they highlighted the issues and areas discussed below.

### Confidence in Indigenous (herbal) Medicine

Ngetich (2004) defines indigenous medicine using the term "traditional", as:

The sum of all knowledge and practices whether explicable or not used in diagnosis, prevention and

elimination of physical, mental and social imbalance and relying exclusively on practical experience and observations handed down from generations whether verbally or in writing.

According to Abubakar (2008, p. 278), of all the branches of indigenous systems, herbal medicine is the most developed. Africans have been using herbal medicine for a long time. It is not surprising therefore that even when faced with a new challenge like HIV/AIDS they will still feel more comfortable to turn to herbalists. In clinic A, we met and interviewed a lady who had symptoms of tuberculosis (a persistent cough, in fact our interview was interrupted by several bouts of coughs). When asked why she sought treatment in an herbal clinic when she could have gone to a modern hospital, she gave the following response:

**Mimi ninaamini sana hizi dawa za kienyeji kuliko zile za hosipitali. Kila mara nikikuwa mgonjwa na nitumie hizi za kinyeji, ninapona haraka kuliko hosipitali.** (I trust these traditional drugs more than those of hospitals. Every time I am sick and I use these traditional, I recover faster than hospital) (Akinyi, not her real name, 4/3/2011, 11.30 am).

The story of this woman became even more interesting when she confessed that her husband had died three years earlier from HIV related infection. According to her, her husband died after having a stomach problem that later developed into a diarrhoea. The woman said that her husband would be alive if he had sought treatment from this herbalist since his herbs are very good and he is reported to have treated people with worse conditions and they recovered. This is what the lady said:

**Msee yangu aliaga dunia karibu miaka tatu sasa imepita, na ugonjwa yake ilikuwa shida ya tumbo na baadaye akaanza kuendesha. Hiyo kuendesha ilimalisa yeye haraka sana. Lakini mimi iko na hakika kama mzee yangu angekuja kwa huyu daktari angekuwa bado ako hai. Dawa ya huyu daktari ni mzuri yeye ametibu watu wengi na wanapona.** (My husband passed away about three years ago, he had a stomach problem and later on he developed diarrhoea which led to his death. But I am sure that had my husband sought treatment from this 'doctor' he would still be alive. The medicine prescribed by this doctor is good and it has cured many people) (Akinyi, not her real name, 4/3/2011, 11.30 am).

This story is a testimony that patients who seek treatment in herbal clinics have a lot of confidence in this healthcare system. For such patients, herbal treatment is their primary choice and it would be difficult to convince them otherwise. This view was also held by the herbalist. The herbalists contend that the drugs they prescribe are effective and that their patients have confidence in them. One herbalist said they had some patients who confessed to have never visited modern hospitals at all.

### Herbal Medicine as an Additional Treatment

One major reason for seeking treatment in herbal clinics cited by both the patients and the herbalists is that herbal medicine is a supplement to the conventional medicine. On the issue of using Ant Retroviral drugs (ARVs) versus herbal medicine, one HIV-positive patient who was on ARVs said that her condition improved greatly when she started supplementing her treatment with herbal medicine:

... **nilikuwa natumia ARVS pekee na zilikuwa nimenimalisa kabisa. Rafiki yangu moja akaniambia nijaribu kutumia hizi dawa za kienyeji na tangu wakati hiyo naona mwili yangu iko na nguvu.....sikuacha ARVs, ninatumia yote pamoja na ya kienyeji.** (I was using only ARVs and they made me very weak. One friend of mine told me to try herbal medicine and since that time my body is stronger...I did not stop taking ARVS, I use them together with the herbal medicine) (Loice, not her real name, 4/3/2011, 2.30 pm).

The fact that a patient on ARVs decides to supplement them with herbal medicine shows that they believe in the power of herbal treatment. Africans have used herbal medicine for a long time and it is therefore not a surprise for them to resort to the same when confronted with a 'new' condition like HIV/AIDS.

### Metaphors for HIV/AIDS

In analyzing the communication strategies employed in herbal clinics, the actual words used and the reaction of the patients to the herbalists' messages were included. From the author's observation and the recorded data, it was found out that the herbalists give a lot of hope to all the patients who visit the clinics and their language is 'friendly'. They refer to HIV/AIDS by metaphors and with the use of euphemism. Some of the metaphors used in the clinics include:

|                             |                    |
|-----------------------------|--------------------|
| <b>ugonjwa ya siku hizi</b> | the modern disease |
| <b>ugonjwa kubwa</b>        | the big disease    |
| <b>mdudu</b>                | the insect         |
| <b>virusi</b>               | the virus          |
| <b>homa kubwa</b>           | the big flu        |
| <b>malaria kubwa</b>        | the big malaria    |

Studies conducted on the language used in the discourse on HIV/AIDS have revealed that there is a lot of use of imagery and metaphors to describe the HIV virus or AIDS. For instance, Momanyi (2004) notes the imagery of 'the bug' used to describe the HIV virus, while Ogechi (2006) has revealed terms such as **ka msaada** (small aid), **homa** (fever) and **kimbunga** (hurricane) as some of the terms used by university students in Kenya to talk about HIV/AIDS. A study by Moto (2004) has found out several metaphors and euphemistic terms are used to describe HIV and AIDS in Malawi.

Most of the metaphors and euphemism used are associated with the taboos on sex in most African communities and since HIV infection is associated with sex, the tabooing is extended to the terms used to describe the virus. The use of the metaphor **ugonjwa ya siku hizi** (the modern disease) is an indication that they perceive HIV/AIDS to be a recent condition that has befallen them. It is not a disease that has been with them for long. The 'insect' metaphor refers to the weevil, a small insect that bores into grains leaving behind empty shells. The HIV is likened to that insect in the way it "eats" the human body, leaving it wasted from the inside. The language used by herbalists gives patients a lot of hope that they can be cured of all the diseases, including HIV. For example, in the welcoming remarks to his patients one herbalist had this to say:

....**karibu sana na ujue kwamba umefika. Sisi tunatibu magonjwa mengi kama vile ugonjwa ya sukari, kifafa, nyumba ya uzazi, magonjwa ya zinaa hata ile ugonjwa kubwa.** (...welcome and know that you have arrived. We treat many diseases, like diabetes, epilepsy, the uterus, sexually transmitted diseases, including the big disease).

This message clearly gives the patient an assurance that, there, he/she will be cured of any disease or condition. It was observed that even the patients avoided using the terms *UKIMWI* (AIDS) and *VIRUSI VYA UKIMWI* (HIV) when referring to AIDS and HIV respectively. The patients, like the herbalists used metaphors to refer to HIV and AIDS. One patient wanted to know if the herbalist had ever handled any HIV/AIDS case:

...**daktari, umesema ati unatibu hata mdudu?** (...doctor, you have said that you treat even 'the bug'?)

This shows that there is an open avoidance of mentioning of HIV/AIDS by the terms that are officially used to refer to them, and instead, there is the use of metaphors. This is one way of silencing the epidemic. From the discourse in herbal clinics, it is evident that the patients seeking treatment in these herbal clinics are well aware of conventional drugs

for HIV/AIDS, but that they have more faith in herbal treatment is a fact that cannot be ignored.

#### CONCLUSION AND RECOMMENDATIONS

HIV and AIDS have been depicted as the 'other'; hence they are silenced in the discourse of herbal clinics. This paper has revealed that for various reasons, treatment with herbal medicine is preferred by many Kenyans. By and large, the scientific community despises traditional knowledge and doubts its credibility or reliability. Scientists tend to dismiss traditional medicine as anecdotal and unscientific. The use of indigenous medicine has not sufficiently been given official chance to fight against HIV/AIDS in Africa, although in Kenya, it has gained some support from the government. In the Sixth National Development Plan (ROK, 1989), the government of Kenya has stated that:

Although for a long time the role of traditional medicine and its potential contribution to health has been viewed with scepticism, a large proportion of people in Kenya still depend on it for cure....during the plan period, the Government will encourage the formation of professional associations for traditional medicine practitioners. Such associations will facilitate the gathering of necessary information for the use, development and appropriate adaption of traditional diagnosis, therapeutic and rehabilitative control technologies that will become part and parcel of formal medicine research.

We have reached a point where African indigenous medicine can no longer be ignored. HIV/AIDS prevention and management presents unique challenges and therefore require new thinking. It is time for African governments to look for 'African' solutions to this problem. Incorporating HIV counselling and testing services in the herbal clinics is an option that can be explored. This is necessitated by the stigma associated with services offered in modern HTC centres. Africa is a continent saddled with enormous economic crises and chronic health problems; it is therefore imperative to explore new ways, methods and means to address the problems particularly the HIV/AIDS problem innovatively.

The development of herbal and other medicines from African resources could reduce dependence foreign pharmaceutical drugs, whose prices are high and the African consumer has little confidence in. They should be recommended as a supplement to the conventional drugs. From the findings of the study and the discussion in this paper, it is clear that the herbalists operate a healthcare system that is closely tied to the culture of the people and a manpower that is highly localized, therefore the patients have accepted it and also they have more confidence in it.

African countries need to look for alternative options both in general and specific terms. In respect to health, one of the options is to develop the various aspects of the herbal healthcare system by modernizing and standardizing its values, organization, processing, packaging and delivery. The system has obvious advantages stemming from its roots in the culture of the people and its likely inexpensiveness because of the abundance of raw materials locally. It is time for Africa to take the bull by its horns and plunge into the process of developing its indigenous medical and healthcare systems with determination, political will and commitment.

#### REFERENCES

- Abubakar, I. W. (2006). Indigenous Medical and Healthcare Systems and the Challenges of Development in Africa. In T. Falola, & M. M. Heaton, (Eds.), *Traditional and Modern Health Systems in Nigeria*. Asmara: Africa world Press Inc.
- Amutabi, M. N. (2008). Recuperating Traditional pharmacology and Healing among the Abaluhya of Western Kenya. In T. Falola, & M. M. Heaton, (Eds.), *Health Knowledge and Belief Systems in Africa*. Durham, North Carolina: Carolina Academic Press.
- Awono, U. O. (2007). *Aids in Africa: the Audacity of change*. Toulouse: Editions Private-2007.
- Green, E. C., Nantulya, V., Oppong, Y., & Harrison, T. (2003). Literature Review and Analysis of "ABC" Factors (Abstinence, Partner Reduction, Condom Use) in Six Developing Countries. Cambridge: Harvard Centre for Population and Development Studies.
- Hogle, J. A. (Ed.). (2002). *What Happened in Uganda? Declining HIV prevalence, Behaviour Change and the national Response. Project Lessons Learned. Case study*. Washington, DC: USAID, the Synergy Project.
- Huckin, T. N. (1997). Critical Discourse Analysis. In T. Miller, (Ed.). *Functional Approaches to written text*. Retrieved March 6, 2011 from <http://exchanges.state.gov/education/engteaching/public/BR/functionalsec36.htm>
- KAIS (2007). *Kenya AIDS Indicator Survey Report*. Nairobi, Kenya: A Ministry of Health publication.
- Ngetich, K. A. (2004). *The Utilisation of African traditional and modern Western medicine in Nairobi* (Unpublished PhD Thesis). Kenyatta University.

Parkhurst, J. O. (2001). Myths of Success: The uses and Misuses Of Ugandan HIV data (Draft) Paper given at the VI<sup>th</sup> UKFIET Oxford International Conference for Education and Development. September 19-21, 2001, Oxford, UK.

Momanyi, C. (2004). Urban disparities in HIV/AIDS infection; the bugged towns of Kenya. In Momanyi, C. et al. (Eds.), Disparities in Developing Countries, Types, Challenges and the way forward; Disparities in Science, Technology, Environment, HIV/AIDS and Education, vol. 2, Fourth International Conference Proceedings of ATWS Inc. Nairobi, Oakland Services Ltd.

Moto, F. (2004). Towards a Study of the Lexicon of Sex and HIV/AIDS. *The Nordic Journal of African Studies*, 13(3): 343-362.

Ng'etich, K. A. (2004). The utilisation of African traditional and modern 'Western' medicine in Nairobi city, Kenya. Nairobi: Kenyatta University, Kenya.

Ogechi, N. O. (2006). The Language of Sex and HIV/AIDS among University Students in Kenya. *Stichproben Journal*. [https://docs.google.com/viewer?a=v&q=cache:saV30TrpRdQJ:www.ku.ac.ke/images/stories/docs/publications/archive/The\\_Language\\_of\\_Sex\\_and\\_HIV\\_AIDS.pdf+&hl=en&gl=ke&pid=bl&srcid=ADGEESiXjKyN3moVDhEi6kNFb1B76aFLy41WifV7XpDgEem33VlpDJviHRjhSfQcCYv\\_DRicriT4UhwI-n0R1NfSMuIF\\_5foAoZ4xxbEIAIURqbsW0T\\_taroajGuq1eieuQNNFSmKG&sig=AHIEtbQO73RE4Tr6DUqioAMhN7YWUmaklw](https://docs.google.com/viewer?a=v&q=cache:saV30TrpRdQJ:www.ku.ac.ke/images/stories/docs/publications/archive/The_Language_of_Sex_and_HIV_AIDS.pdf+&hl=en&gl=ke&pid=bl&srcid=ADGEESiXjKyN3moVDhEi6kNFb1B76aFLy41WifV7XpDgEem33VlpDJviHRjhSfQcCYv_DRicriT4UhwI-n0R1NfSMuIF_5foAoZ4xxbEIAIURqbsW0T_taroajGuq1eieuQNNFSmKG&sig=AHIEtbQO73RE4Tr6DUqioAMhN7YWUmaklw)

Onyewadume, M. (2003). Language as Metaphoric Reinforcer of HIV/AIDS: Analysis of Some African Languages. In Biakolo, Mathangwane, & Odallo, (Eds.), *The Discourse of HIV/AIDS in Africa*. Pretoria: UNAIDS ICT.

Republic of Kenya (1989). *Kenya National Development Plan 1989-1993*. Nairobi: Government Printers.

Republic of Kenya (2008). *Kenya AIDS Indicator Survey*. Ministry of Health, Kenya