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Effects Of Modern Healthcare Integration on The Role and Practice of Bukusu Traditional Healers in Bungoma County, Kenya

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Abstract- ***Traditional medicine remains central to healthcare for the majority of African populations, yet the expansion of biomedical services raises important questions about the place of indigenous healers within increasingly plural health systems. This study examined how the integration of modern healthcare affects the role and practice of Bukusu traditional healers (bamuni) in Bungoma County, Kenya. Guided by modernization theory and symbolic interactionism, the study adopted an ethnographic design and a mixed-methods strategy, drawing on questionnaires administered to medical practitioners and community members, key informant interviews with traditional healers, and focus group discussions, with a total sample of 100 respondents selected through purposive and snowball sampling. Quantitative data were analysed using descriptive statistics and qualitative data were thematically analysed. The findings revealed strong support for integration in principle but weak implementation in practice: 90% of medical practitioners and 89% of community members endorsed collaboration between the two systems, and 90% of community members continued to respect traditional healers, yet only 15% of practitioners had ever referred a patient to a healer and only 25% acknowledged the existence of clear referral guidelines. Mistrust between the systems was reported by 85% of practitioners, and 54% of community members felt government policy did not adequately support traditional medicine. Qualitative findings showed that healers are gaining social recognition through informal collaboration and public-health invitations, but describe this recognition as largely "tokenistic", unsupported by licences, financing or referral protocols. Healers reported adapting their practice by adopting record-keeping and biomedical terminology while preserving spiritual diagnostic methods, and community members reported sequential and parallel rather than substitutive health-seeking. The study concludes that modern healthcare integration reshapes healer roles through negotiation rather than simple displacement, and recommends a formal policy framework that recognises traditional healers as legitimate partners, with standardised referral systems, joint training and sustained institutional support.***

Keywords: Traditional Healers, Healthcare Integration, Medical Pluralism, Modernization.

I. INTRODUCTION

Traditional medicine constitutes a significant component of healthcare systems worldwide, and in much of sub-Saharan Africa it remains the most accessible and trusted source of care. An estimated 80% of the population in several African countries relies on traditional and complementary medicine for primary healthcare needs (Choi et al., 2023).

The Bukusu people of Bungoma County, in western Kenya, maintain a sophisticated traditional healing system, sustained by recognised practitioners locally known as bamuni, whose work spans the physical, spiritual, and social dimensions of illness. As biomedical services expand into rural and urban settings, this healing system increasingly operates within a context of medical pluralism, where multiple healing traditions coexist, interact, and occasionally compete.

The integration of modern healthcare with traditional healing presents both opportunity and challenge for indigenous knowledge systems. Formal recognition and structured collaboration could enhance the legitimacy and reach of traditional healers while broadening healthcare options for communities.

Conversely, the dominance of biomedical paradigms may marginalise traditional practice or compel it to conform to scientific frameworks that inadequately capture its cultural and spiritual dimensions (Mills et al., 2005; Penkala et al., 2018). Whether traditional healers are being marginalised, incorporated, or finding ways to coexist with conventional health

systems is therefore a question of considerable policy and cultural significance.

Despite growing scholarly attention to traditional medicine integration across Africa, limited empirical work has examined the lived experience of healer integration within specific cultural communities such as the Bukusu, particularly the gap between policy intention and operational reality at the local level.

This study addressed that gap by determining how modern healthcare integration affects the role and practice of Bukusu traditional healers in Bungoma County. The study was guided by the research question: How does the integration of modern healthcare affect the role and practice of Bukusu traditional healers today?

II. LITERATURE REVIEW

2.1 Integration of Traditional and Modern Healthcare Systems

The integration of traditional and modern healthcare systems has become a global health strategy, reflecting the recognition that traditional practices can complement biomedical care and improve patient outcomes (Liu et al., 2024).

The World Health Organization has promoted this through successive strategic frameworks, and the 76th World Health Assembly in 2023 resolved to develop a new WHO Global Strategy for Traditional Medicine 2025–2034, recognising the contribution of traditional, complementary and integrative medicine across a range of health conditions (World Health Organization, 2023).

The strategy seeks both to harness traditional medicine's contribution to people-centred care and to promote its safe and effective use through regulation, research, and integration of products, practices, and practitioners into health systems.

Several countries show how traditional heritage can be used while maintaining scientific rigour and safety standards. The Democratic People's Republic of Korea is among the leaders in integrating traditional medicine with allopathic treatment, while India has institutionalised traditional systems through its Ministry of AYUSH, promoting Yoga, Ayurveda, Naturopathy, Unani, and Siddha alongside modern medicine (Penkala et al., 2018; World Health Organization, 2023).

Within Africa, comparable efforts have been documented in West Africa (Afolabi & Darfour, 2020), East Africa (Bwire et al., 2020; Waako et al., 2018), and Southern Africa, where the integration of healers into the national health delivery system has been advanced through policy and nursing practice (Ramathuba et al., 2016).

Integration nonetheless faces persistent obstacles. A central challenge is the standardisation of traditional medicine education and practice so that it fits institutional frameworks, a process that risks divorcing the holistic and spiritual aspects of healing valued by patients (Penkala et al., 2018; Mills et al., 2005).

Differences in knowledge systems compound the difficulty: traditional knowledge is derived from long experiential transmission and lacks the rigorous scientific scrutiny demanded by biomedicine, while the translation of remedies into modern settings introduces problems of abstraction, dosage, and altered efficacy (Mills et al., 2005).

Regulatory frameworks are required to assure safety, quality, and efficacy (Tamang et al., 2021), yet across the continent integration efforts are frequently constrained by the absence of integrated research data, financing, training, and clear regulation (Chen et al., 2024).

Studies in Kenya similarly report that, while practitioners acknowledge the value of traditional medicine, structural mechanisms for collaboration remain underdeveloped (Malati et al., 2021; Owuor & Kisangau, 2019), and power asymmetries between knowledge systems further complicate integration (Munthali et al., 2021).

The reviewed literature establishes that healthcare integration is widely endorsed in principle but unevenly implemented in practice, and that mistrust, weak regulation, and the tension between standardisation and cultural authenticity recur as

barriers. What remains insufficiently examined is how these dynamics are experienced by healers within particular communities, and how integration reshapes their roles, identities, and relationships with patients. This study addresses that gap in the Bukusu context.

2.2 Theoretical Framework

The study was anchored in two complementary theories. Modernization theory, associated with Rostow (1960) and drawing on Weber and Parsons, frames the transition of societies from traditional to modern states through industrialisation, urbanisation, and technological change.

The theory helps explain how the expansion of biomedical institutions reorganises healthcare provision and shifts the standing of traditional practice, though its Eurocentric and linear assumptions, and its tendency to undervalue indigenous knowledge, require critical application in the African context.

To capture the meaning-making dimension that modernization theory neglects, the study drew on symbolic interactionism (Mead, 1934; Blumer, 1969), which holds that people act towards things on the basis of meanings constructed and continually renegotiated through social interaction.

This perspective is well suited to analysing how the social standing of healers, the legitimacy of their methods, and patients' health-seeking choices are negotiated as biomedical and traditional actors interact within a plural health system.

III. METHODOLOGY

The study adopted an ethnographic research design, which provided cultural knowledge through fieldwork and detailed observation of Bukusu healing practices and allowed triangulation across data sources to enhance validity and reliability (Nyamongo et al., 2021; Thompson et al., 2022).

It was conducted in Bungoma County, Kenya, a region of approximately 3,032 square kilometres predominantly inhabited by the Bukusu community, with a population of about 1.7 million of whom roughly half are Bukusu (Omwenga et al., 2015).

The target population comprised registered Bukusu traditional healers (bamuni) with at least ten years of practice, community elders aged sixty and above who serve as cultural custodians, and conventional healthcare practitioners working in local health facilities. Purposive and snowball sampling were employed (Etikan et al., 2016):

initial participants were selected purposively on the basis of years of practice, community recognition, and expertise, after which snowball sampling used their networks to reach additional respondents. Data collection proceeded until content saturation, yielding a total sample of 100 respondents distributed across medical practitioners (28), registered traditional healers (17), community members (48), Bukusu elders (5), and two county executive committee members for gender and health.

Three principal instruments were used: structured questionnaires combining Likert-scale and open-ended items, semi-structured key informant interviews, and focus group discussions of six to ten participants, supplemented by content analysis of secondary sources.

Interviews and discussions were conducted in English, Kiswahili, or Kibukusu according to participant preference, and were recorded and transcribed with consent. Validity was established through expert and community review of instruments and factor analysis, while reliability was assessed using Cronbach's alpha for the questionnaire and inter-rater reliability for qualitative coding (Heale & Twycross, 2015).

Quantitative data were analysed using descriptive statistics (frequencies and percentages) and qualitative data through thematic analysis (Braun & Clarke, 2006). The study observed ethical protocols, obtaining authorisation from Kibabii University and NACOSTI, securing informed consent, and respecting Bukusu cultural protocols and indigenous intellectual property rights throughout.

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IV. RESULTS AND DISCUSSION

The findings are presented in four parts: the perspectives of medical practitioners and of community members on healthcare integration (quantitative), followed by the qualitative accounts of practitioners, healers, and focus groups, and concluding with a synthesis of the main patterns across the data.

4.1 Medical Practitioners' Perspectives on Healthcare Integration

Medical practitioners were asked to indicate their views on integrating modern healthcare with traditional healing and its effect on the role of traditional healers. The results are presented in Table 1.

Table 1

Perspectives of Medical Practitioners on Integrating Modern Medicine with Traditional Healing Practices

No.	Statement	4 (%)	3 (%)	2 (%)	1 (%)
1	I support collaboration between traditional healers and modern health practitioners	60	30	7	3
2	Integrating traditional healing into healthcare can improve community health outcomes	55	35	8	2
3	Traditional healers should be formally recognized in healthcare systems	50	38	10	2
4	There are clear guidelines for referring patients to or from traditional healers	10	15	45	30
5	I have referred a patient to a traditional healer in my professional capacity	5	10	50	35
6	Traditional medicine offers solutions that modern medicine sometimes lacks	42	40	12	6
7	I am open to attending workshops that promote understanding of traditional medicine	68	25	5	2
8	Integration efforts are hindered by lack of mutual respect or mistrust	63	22	10	5

Note. Field data (2025). Response scale: 4 = Strongly Agree; 3 = Agree; 2 = Disagree; 1 = Strongly Disagree. Values are percentages of respondents.

A combined 90% of practitioners (60% strongly agree, 30% agree) supported collaboration between traditional healers and modern practitioners, and the same proportion agreed that integration could improve community health outcomes. A further 88% agreed that traditional healers should be formally recognised within healthcare systems.

This strong endorsement indicates a growing openness among biomedical professionals to inclusive, people-centred care, and aligns with WHO's position that many countries now treat traditional medicine as a valuable source of healthcare warranting integration into national systems (World Health Organization, 2023).

This theoretical support, however, contrasts sharply with actual practice. Only 25% of practitioners acknowledged the existence of clear referral guidelines, and just 15% had ever referred a patient to a traditional healer.

The implementation gap suggests that systemic and procedural deficiencies, rather than individual attitudes, constrain real cooperation, effectively keeping healers at the periphery of formal care despite their recognised value. Comparable disconnects between recognition and operational mechanisms have been reported across African integration efforts (Waako et al., 2018; Munthali et al., 2021).

A strong majority (82%) agreed that traditional medicine offers solutions that biomedicine sometimes

lacks, reflecting recognition of its value for culturally framed or psychosomatic conditions, and 93% expressed willingness to attend workshops promoting understanding of traditional medicine, an encouraging basis for bridging knowledge gaps and building mutual respect. The most concerning finding was that 85% agreed that mistrust and lack of mutual respect hinder integration.

This points to epistemological tensions that extend beyond policy: where healers are dismissed as unscientific, dialogue breaks down and parallel rather than collaborative systems result. Mistrust is consistently identified in the literature as a persistent barrier to integration (Mills et al., 2005; Chen et al., 2024).

4.2 Community Perspectives on Healthcare Integration

Community members were asked to assess the impact of modern healthcare on traditional healing. Their responses are presented in Table 2.

Table 2
Community Members' Perspectives on the Effects of Modern Healthcare on Traditional Healing Practices

No.	Statement	4 (%)	3 (%)	2 (%)	1 (%)
1	Traditional healers are still respected in the community	58	32	7	3
2	People now prefer hospitals and clinics over traditional healing	41	39	12	8
3	Cooperation between modern and traditional medicine would benefit healthcare	64	25	7	4
4	Government policies support traditional medicine alongside modern health services	19	27	34	20
5	I trust both traditional and modern medicine in treating illnesses	47	36	10	7

Note. Field data (2025). Response scale: 4 = Strongly Agree; 3 = Agree; 2 = Disagree; 1 = Strongly Disagree. Values are percentages of respondents.

An overwhelming 90% of community members affirmed that traditional healers remain respected, which shows that healers continue to be valued as custodians of indigenous knowledge whose role extends beyond treatment to spiritual, cultural, and social life. At the same time, 80% acknowledged a growing preference for biomedical services, citing improved infrastructure, trained personnel, and diagnostic reliability.

This does not signal abandonment of traditional healing but a functional selectivity, in which people turn to different systems for different conditions, a pattern of medical pluralism well documented across Africa (Afolabi & Darfour, 2020).

Support for cooperation between the two systems was high (89%), and 83% expressed dual trust in both traditional and modern medicine. This challenges the assumed dichotomy between the systems and indicates fertile ground for inclusive, hybrid models of care. The principal constraint identified by the community was policy: only 46% agreed that government policies support traditional medicine, while 54% disagreed.

This perceived policy gap signals that many community members feel state efforts are absent or invisible at the local level, a perception that can itself undermine integration by deepening distrust of institutional initiatives. The finding echoes broader observations that policy rhetoric on traditional medicine often outpaces effective local implementation (Bwire et al., 2020).

4.3 Practitioners' Accounts of Integration Challenges and Opportunities

Open-ended responses from medical practitioners revealed predominantly positive but conditional attitudes. Most acknowledged that traditional healing remains the first point of contact for many patients, particularly for chronic, spiritual, or culturally specific conditions, and many advocated structured integrations supported by clear guidelines, regulatory frameworks, and collaboration platforms.

A minority were cautious, citing the absence of scientific validation, unregulated practice, and risks to professional accountability. The most frequently cited challenges were the lack of regulation and standardisation among healers; mistrust and professional rivalry, including fears that healers might delay biomedical care for serious conditions; communication gaps and the absence of formal referral systems; the secrecy surrounding traditional knowledge; and cultural resistance within the formal health sector itself, where some staff dismiss traditional methods outright.

These accounts indicate that integration affects the role of healers as well as the responsibilities and attitudes of biomedical practitioners. Meaningful collaboration would require a shift in mindset, from viewing traditional medicine as inferior to recognising it as a complementary resource with community legitimacy, alongside the structural reforms of referral protocols and regulatory oversight. This conditional willingness reflects a wider pattern in which integration stalls on institutional rather than individual barriers (Chen et al., 2024; Munthali et al., 2021).

4.4 Traditional Healers' Experiences of Integration

Key informant interviews indicated that cooperation with nurses, public-health officers, and community health volunteers has raised healers' social profile.

Invitations to speak at dispensary outreach days and county "health weeks" were read as signs of official acceptance rather than mere tolerance, and older healers noted that they are now introduced at barazas as providers of complementary services, in contrast to a decade earlier. A minority, however, regarded recognition as tokenistic, valuable to local projects but absent from licences, stipends, or insurance panels. One healer observed:

"Yes, they clap for us, but when we ask for a permit to gather certain plants in a forest reserve, the same officers say: 'That's not in the guidelines.'" (KII 01, 26/04/2025)

Healers reported that joint work with clinics enhances clinical credibility. A recurring example involved wound care, where herbal paste applied after clinical cleaning and dressing accelerated healing, prompting a nurse to invite the healer to demonstrate the technique to nursing students; another described co-managing infertility cases, with the hospital handling hormonal investigation and the healer the spiritual dimension.

Such collaborations, however, remained informal, with no written referral slips or shared records. Attitudes among biomedical staff were described as warming but uneven: younger clinicians on community rotations were seen as curious and respectful, while some senior doctors in tertiary facilities continued to dismiss traditional methods as unscientific, leaving healers feeling welcomed in primary care but doubted at higher levels.

Healers observed a clear rise in first-contact hospital visits, attributed to improved roads, insurance, and radio campaigns, yet estimated that around two-thirds of clients return for spiritual cleansing, chronic pain, or culturally framed illnesses such as kamakhwe (ancestral displeasure).

When biomedical treatment stalls, many patients seek traditional help, indicating a sequential or parallel health-seeking pattern rather than outright substitution. Awareness of formal policy was low: only a few healers had heard of Kenya's 2022 draft regulations on traditional and complementary medicine, and none had seen the document. One recalled a referral memorandum with a mission hospital that lapsed when project funding ended. The consensus was succinct: government rhetoric exists; operational mechanisms do not.

4.5 Focus Group Discussions: Collective Perspectives

Focus group discussions with bamuni reinforced the interview themes while foregrounding adaptation. Many healers reported that exposure to biomedical terminology and disease classification has indirectly shaped their diagnostic and treatment approaches, with patients increasingly arriving with laboratory results or prescriptions. As one elderly male healer explained:

"I used to treat cough with herbs only, but now if a patient brings a paper saying 'pneumonia', I try to treat with more care. Sometimes I ask them to finish hospital medicine first." (FGD 6, 23/04/2025, Participant 7)

This sequencing of therapies demonstrates a pragmatic syncretism in which traditional diagnostic methods (spiritual discernment, dreams, pulse reading) are retained alongside greater openness to biomedical inputs and, in some cases, structured record-keeping learned through outreach programmes. Yet healers consistently lamented the absence of training tailored to their needs. As one middle-aged female healer noted:

"They teach us about sanitation or HIV awareness, but not about how we can work together. It feels like we are just added at the last minute." (FGD 1, 22/04/2025, Participant 2)

The desire for training focused on collaboration rather than technical health messaging signals that healers seek models which respect their autonomy while enhancing their effectiveness. On the question of identity, responses were mixed: some maintained that their ancestral healing gifts cannot be diluted, while younger or more educated practitioners acknowledged feeling compelled to sanitise rituals or adopt biomedical language near health facilities, raising concerns that the push for integration could erode authenticity. These accounts reveal a tension between professionalisation and cultural preservation that any integration framework must reconcile (Mills et al., 2005; Penkala et al., 2018).

4.6 Synthesis of Findings

Triangulating the quantitative and qualitative evidence produces a consistent picture. First, there is strong agreement on the desirability of integration, endorsed by 90% of practitioners and 89% of community members, alongside a wide implementation gap, with only 15% of practitioners ever referring to a healer and recognition described by healers as tokenistic.

This pattern locates the principal barriers in institutions and governance rather than in attitudes. Second, integration is reshaping healer roles in two directions at once: it raises social status and legitimacy through public recognition and informal collaboration, while constraining practice through pressure to conform to biomedical norms. Healers manage this tension through contextual adaptation, sustaining full traditional practice in community settings while adopting modified approaches in formal healthcare contexts.

Third, health-seeking behaviour is moving towards strategic, sequential, and parallel use of both systems rather than substitution, with healers occupying specialised niches in spiritual, chronic, and culturally specific care while biomedicine dominates acute treatment and diagnosis.

In the terms of symbolic interactionism, the social meaning of the healer is being renegotiated, shifting from tolerated to accepted, yet without the legal standing and resources of biomedical peers. For modernization theory, the evidence cautions against assuming that biomedical expansion inevitably displaces traditional practice; instead, indigenous healing shows resilience and adaptive capacity, persisting and finding a new place within a modernising system.

The main constraint is the gap between policy rhetoric and operational reality, which leaves successful collaborations dependent on individual relationships and therefore difficult to scale or sustain.

V. CONCLUSION AND RECOMMENDATIONS

The study concludes that, while integration between traditional and modern healthcare enjoys widespread support and produces clear benefits when implemented respectfully, it remains significantly constrained by institutional barriers, policy gaps, and weak implementation.

Despite overwhelming endorsement from practitioners (90%) and community members (89%), the absence of formal protocols, regulatory frameworks, and sustained institutional support confines integration to informal, relationship-dependent collaboration. Bukusu traditional healers are actively adapting to the modern healthcare context, gaining recognition and adjusting their practice, while working to preserve their cultural identity, but they face pressures that may compromise spiritual authenticity.

Modern healthcare integration therefore affects the role of healers not through simple displacement but through processes of role redefinition, professional repositioning, and cultural adaptation that preserve core healing functions while opening new avenues for collaboration and legitimacy within Kenya's plural health system.

On the basis of these conclusions, the study recommends that the Ministry of Health and county health departments develop a comprehensive policy framework that formally recognises traditional healers as legitimate healthcare providers and establishes structured collaboration mechanisms with biomedical practitioners.

Such a framework should include standardised referral systems, joint training programmes that build mutual understanding, and collaborative practice protocols that respect both biomedical and traditional approaches.

Recognition should be matched by operational support, including licensing clarity, inclusion in financing schemes, and participatory policymaking in which bamuni help design guidelines, referral tools, and quality-control mechanisms, so that integration moves beyond symbolic acknowledgement to sustained, scalable partnership.

Future research should evaluate the effectiveness of different integration models across African contexts and examine the economic implications of integration for both practitioners and patients.

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