

**HEALTH CARE AND SURGERY AMONG THE KURIA OF SOUTH
WESTERN KENYA, FROM THE PRE COLONIAL
PERIOD TO 1963**

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ABSTRACT

The argument developed in this thesis is that of articulation of precolonial Kuria modes of disease control and how this development drew the Kuria into the world capitalist nexus. It is argued that it created conditions within which an expanding Nineteenth-Century social field of action was confronted with new diseases and ideas that were extremely important in the transformation of the Kuria medical landscape during colonialism. This transformation took place within the framework of a British colonial medical science that defined itself within and above Kuria cosmology and, a British racial temperament that defined Kuria as an epidemiological landscape. Both were normal requirements for colonial self-definition, cultural positioning and boundary-marking between 'science' and 'tradition' and 'culture' and 'nature'. This is why discourses on disease and medicine during the first two decades of colonialism revolved around the idea of nature, an idea that was a rendering of not just the physical, natural characteristics, of the colony, but also of the colony's inhabitants. As a result, this study takes up this challenge into account. In this thesis, we give an account on how this society intervened health care challenges in a changing ecology of disease and their response to colonialist ideology. This study traced indigenous health care delivery with particular emphasis on the role played by traditional practitioners in Kuria health care patterns. An account of epidemics and famines and their influence to demography in the Kuria health situation as presented during the period under study as well as the colonial hinderences on their socio-cultural, political, economic and the transformation of entire system of Kuria health care patterns often resulting to decline or vestiges in traditional medicine were subject to special historical inquiry. In this thesis, interplay between ecology, structural-functionalist and articulation perspectives was applied. The structural-functionalist theory was used to explain the resistant aspects of change that the Kuria felt disruptive to their social systems. The theory was also used to critique the subjugation of traditional medicine against biomedicine that often resulted in the decline or vestiges in Kuria medical skills and technology. Articulation perspective identified the various dislocated mechanisms in which pre-existing modes of production were systematically re-oriented to serve in colonial capitalism in well defined systems, governed by their traditional laws but from a subservient position. The paradigm too reflected on aspects of social, economic and political change during the colonial period. The ecological imbalance and its influence on traditional, medical and cultural standpoints informed the study of how beliefs, rituals and traditional medicine functioned as part of Kuria adaptation to their environment and health care. Through exploration of ethnographic, archival and oral data in Kuria District Kenya, and other tools in history research, we form a basis to the understanding of the impact of disease patterns. The methodology of study involved collection of data from secondary, primary, archival sources and through field work. Non-probability and purposive sampling were utilized to interview informants.