

AFRICA INTERNATIONAL UNIVERSITY

A STUDY ON MUSLIMS' PERCEPTION OF TRADITIONAL HEALING
AMONG SOMALI MUSLIMS IN EASTLEIGH OF NAIROBI,
KENYA: IMPLICATIONS FOR MISSIONS

BY
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of the requirements for the degree in Master of Arts
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DECLARATION

A STUDY ON MUSLIMS' PERCEPTION OF TRADITIONAL HEALING
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KENYA: IMPLICATIONS FOR MISSIONS

I declare that this is my original work and has not been presented to any
University or College for academic credit.

The views presented herein are not necessarily those of Africa International University
or the Examiners

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ABSTRACT

This research is a study on the perception of traditional healing by Somali Muslims in Eastleigh of Nairobi, Kenya and the implications for missions. This is to understand the Somalis view of traditional healing and why they prefer traditional healing to modern forms of healing. This study also looked at possible appropriate approaches Christians can use to reach Somali Muslims in Eastleigh in their context.

The review of literature of selected themes related to this study reveals that traditional healing is a common phenomenon among Muslims. They seek traditional healing in search of powers and solutions to their physical and spiritual felt-needs. To understand this phenomenon, the researcher used an ethnographic research design for a qualitative research. Data was collected using both research interview and observation methods. This research's main instrument was interviews questions.

The findings of this study are discussed and analyzed based on the research questions to understand Somali Muslims' perception on traditional healing. Research question one discussed Somali Muslims' understanding of traditional healing. In research question two, Muslim Imams makes a distinction between the cultural traditional healing and the Islamic traditional healing. Research question three compare and contrast between Muslims' perception and the Islamic teacher's view on traditional healing.f5m./

At the end of this study the researcher in view of her findings made recommendations for effective outreach among Somali Muslims in Eastleigh, Nairobi.

DEDICATION

This work is dedicated to all missionaries who have given themselves by obeying the great commission to bring souls into God's kingdom. Also, to my future husband whom I may not know now, but I am praying for you and our unborn children.

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CHAPTER ONE

INTRODUCTION

Background and Motivation for the Study

It has always been a requirement for every mission student planning to graduate to be involved in the mission's practicum in a cross-cultural setting. To carry out this requirement the researcher chose to work among Somali Muslims in Eastleigh Nairobi under the supervision of the Ubax Spring organization in Eastleigh. Ubax Spring is a mission movement which seeks to raise a mission band to the people of Somali. Their vision is to mobilize the African church to partner with indigenous missionaries and mission organizations in their quest to fulfill the great commission. Ubax Spring's vision is to reach out to the beautiful people of Somali with the love of Christ, bringing change to their lives in every aspect (holistically).

Somali people in Eastleigh are immigrants from the Cushitic group of people from Somali. Many came as refugees when the war broke out in Somali in 1991. However, some Somalis had migrated to Kenya after the outbreak of smallpox and rinderpest, which led to the death of many Somalis in the 17th and 18th century (Lewis 2009, 1).

During a month of reaching out with the gospel and building relationships, the researcher heard the story of a Somali woman who had a wound on her leg, and the method that was used to heal the wound. Jalikatu is a staff at Ubax Spring and a missionary among Somali Muslims in Eastleigh. She works especially with women, teaching them to make crafts and handiworks to empower them. She explains that one

day she noticed bleeding coming from the Somali woman's leg. Upon asking about the wound, the Somali woman told her that she had incurred the cut from a gunshot during the war in Somali. She had tried to heal it with a traditional method by pressing hot iron on the cut. Somali people believe in traditional medicines, especially fire-burning, which is used to treat hepatitis, pneumonia and various other wounds (Esse, 2008, 18).

Because of the Somali woman's strong belief in traditional healing, she never went for medical treatment. Despite bleeding from her leg, the Somali woman believed the cut was going to be healed by the application of the heated iron. This is because Somali people believe in traditional healing, which is derived from their Islamic faith that believes that, the prophet Muhammad was concerned with the health of the people. Prophet Muhammad encouraged Muslims to adopt the use of ordinary herbs as medicines as opposed to intoxicating drugs (Yousif 2015, 1). The Somali woman's strong belief in traditional healing caught the attention of the researcher and she became interested to uncover the Somali Muslims' perception of traditional healing in Eastleigh. The Somali woman's preference for traditional healing over scientific medical treatment is what drove the researcher's interest on the topic.

Problem Statement

The Christian mandate is to reach all people from every nation with the gospel of Jesus Christ. To effectively reach the world with the Gospel requires Christians to understand the people whom God has called them to reach. For Christians to meet the felt-needs of Somali Muslims they must understand their cultural contexts and beliefs, which include traditional healing. Therefore, the researcher studied Muslims' perception of traditional healing; that is, why do Somali Muslims prefer traditional healing which includes indigenous substances and Islamic supplication to scientific medicine among Somali Muslims in Eastleigh of Nairobi, Kenya?

Purpose of the Study

The purpose of this study is to understand the Somali Muslim's perception of traditional healing. This is to be able to share the gospel and advise Christian workers of the need to understand the Somali Muslim's cultural world and address their felt-needs appropriately. The practice of traditional healing is common and has been the first option of healing among Muslims in many parts of the world. As a missionary, it is of concern to know a Muslim's perception of traditional healing. This study will therefore provide possible approach Christians can use to reach Somali Muslims in Eastleigh in their context.

Significance of the Study

The researcher is a missionary and has worked among Somali Muslims in Eastleigh for a period of one month. From the researcher's discoveries during the research interview, this study has helped the researcher to understand the experience and effect of traditional healing practices in the lives of Somali Muslims in Eastleigh of Nairobi, Kenya. This will therefore, help the researcher to develop the appropriate methods for effective outreach among Somali Muslims in Eastleigh.

This study will help missionaries working and those who seek to work among Somali Muslims in Eastleigh to understand Somali Muslims' perception on traditional healing. This will help missionaries use relevant approach on evangelizing Somali Muslims in Eastleigh.

As part of the Community, this study will help the Church in Eastleigh to know Muslim's perception of traditional healing. The Church will be able to create new approaches for effective evangelistic outreach among Somali Muslims in Eastleigh.

It is important to know the past to be able to better foresee the future. Therefore, this study will help scholars to do further studies on the subject matter,

helping them discover the existing challenges as they proceed in improving strategies for a better result. This study will therefore contribute knowledge to contemporary scholarship.

Research Questions

RQ 1. What is the perception of Somali Muslims on traditional healing in Eastleigh?

RQ 2. What is the official required Islamic view on traditional healing?

RQ 3. What is the comparison between Muslims' perceptions and the Islamic teachers' view on traditional healing.

Objectives of the Study

Below are the objectives of this study:

1. To understand a Somali Muslim's worldview on traditional healing.
2. To examine the Islamic perception of traditional healing.
3. To compare and contrast between Somali Muslims and Imams understanding of traditional healing
4. To provide missiological implications for the Church and missionaries that are involved in ministry among Somali Muslims in Eastleigh.

Limitations

The researcher's expectation was that some Somali Muslims might refuse to give detailed information on their experience on traditional healing for the sake of confidentiality. The researcher therefore assured her respondents that the information they gave was handled appropriately and they can stop the interview whenever they wanted. It could have also been fear of traditional healers using their powers against the Muslim people for sharing their private information that might make them reluctant to share.

The time frame given for this research was short and thus could have limited the researcher from doing an in-depth study on the problem. However, the researcher left room for continuous research on the subject matter. The researcher was able to utilize the available time given to visits and observe Somali Muslims on traditional healing to obtain substantial data.

Gender was also a potential limitation to the researcher. This is because several Muslim men usually do not directly communicate with women except through a male mediator. This would have limited the researcher from getting first-hand information. However, the researcher had a research assistant whom throughout the research process was the mediator to ask questions and do translation between Muslim men and the researcher when the need arises. The researcher is an international student in Nairobi, Kenya and speaks neither Somali nor Kiswahili. Therefore, the researcher had a research assistance who helped in the interpretation between respondents and the researcher.

Delimitations

Traditional healing practice and Muslim communities are of a wide range all over the country and beyond. However, the researcher only focused her research among Somali Muslims in Eastleigh. This was to understand the Somali people in Eastleigh. Though there are many traditional practices among Somali Muslims, this study however, focused on traditional healing. This was to have a clear understanding of Somali Muslim's perceptions and involvement in this traditional practice.

Operational Definitions

- 1. *Traditional Healing:*** In this study, traditional healing is the indigenous approach to healing which involves both spiritual and physical aspect of a patient using the traditional materials and Islamic rituals.

2. ***Traditional Healers:*** According to this study, traditional healers are persons who derive a substantial portion of their income from the sale of medicines and/or medical therapy to heal people both physically and spiritually using native herbs.
3. ***Customers:*** These are people who come to seek attention from traditional healers for spiritual and physical healing in exchange for money or required item.
4. ***Eastleigh:*** This is a settlement for both Kenyans and Somali Muslims located in the Eastern part of Nairobi, Kenya.
5. ***Somali Muslims:*** These are people of Somali nationality who believes in the Islamic religion which believes in Allah and Prophet Muhammad His messenger.
6. ***Umma:*** A community of believers who accepted the dominion of Allah and Prophet Muhammad.
7. ***Madrassa:*** Islamic school in which a system of education and Islamic subjects are taught.

CHAPTER TWO

LITERATURE REVIEW

This chapter is a review of literature on selected themes relating to Somali Muslims' perception of traditional healing. It starts with the background description of Somali Muslims in Eastleigh, looking at the Somali people, and the Somali Muslims. It continues with the historical relationship between Islam and traditional healing among Somali Muslims, followed by the origin of traditional healing, the concept of traditional healers, the contribution of traditional healing on the health of people, the role of the Church on health, the spiritual components of the work of traditional healing, the Islamic concept of traditional healing and a summary of the chapter.

A Background Description of Eastleigh

Eastleigh is one of the most populated areas in Nairobi. The population figures have grown over time and is evidenced by the congestion of people, especially of Somali origin. Eastleigh has grown from small shops to mega mall complexes. Majority of the shops owned by the Somalis are sponsored by wealthy relatives and friends living abroad. This is to support the *Umma* a community of believers who accepted the dominion of Allah and prophet Muhammad in obedience to the will of Allah (Peters 2003, 128). There is an Islamic training center in Eastleigh that boys and girls attend, which serves as *madrassa* an Islamic school in which a system of education and Islamic subjects are taught for Islamic studies (Hassan 2008, 247). Somali children are also encouraged to attend normal English schools. Adults are encouraged to study in the evenings and nights after they finish their business. Somali Muslims are offered huge

mosques for their worship, especially on Fridays. There are usually open debates and preaching from the Somali Muslims and Christians along the streets in Eastleigh.

The Somali People

Due to the Somali civil war which broke out in 1991, many Somali people migrated to Kenya and some have become citizens. As they sought asylum in Kenya, they established businesses, especially in Eastleigh a suburb part of Nairobi. Based on the 2009 census conducted in Kenya, it is observed that about 2,385,572 Somalis now live in Kenya. Somalis are the native people who occupy most part of Northeastern part of Kenya which shares its borders with Somalia. The Somali people are basically pastoralist. A number of them are known for their wealth, good clothes and rich material culture (Lewis 1966, 240-243). It is very easy to identify a Somali by his or her physical appearance. Their hair and skin complexion make them stand out from other tribes. Their Islamic dress code and local dialect make Somali people in Eastleigh distinct from Kenyans and other people (Goldsmith, 2008, 3).

Islam among Somali People in Eastleigh

Islam was introduced in Kenya by the Arab traders through the coastal region of Kenya. The growth of Islam in the country was fueled by trade and it is quoted that, "the Islamization in East Africa was because of Arab commercial initiatives including the founding of coastal sites like Shanga, Mombasa, Kilwa, and others" (Lewis 2009, 13). The Somali people became Muslims because of their link with the Arabs. They are mostly Sunnis and they practice folk Islam and Sufism mystical brotherhoods (*tariqa*) (Ibid). Majority of the Muslim population in Eastleigh Nairobi comprises the Somalis. Though they are Muslims, they have continued to adhere to their customs and traditions that believe in the practice of supernatural powers and rituals. They believe that everything that happens has its cause therefore should also have a solution. They

believe in consulting supernatural powers for things such as high yield in the plantation, the cause of sicknesses and protection etc. However, as Islam could permit, Muslims also practice traditional healing alongside their business which keeps them influential in their communities (Trimingham 1980, 30). The Muslim religion believes in the reality of jinn and other spirits (Sookhdeo 2010, 7). The Islamic tradition provides Muslims with a foundation for the belief and practice of jinn. Sookhdeo continues that, the practice of jinn is one of Muslims' notable phenomena in all Muslim societies. Muslims believe that the human world cannot exist apart from the spirit world. Therefore, Muslims take into consideration every part of their daily life such as rituals in giving birth, marriage, burial, sowing and harvest time, traveling and healing etc. (Kim 2016, 77–78). These beliefs in the supernatural world and its relation to sickness leads many Muslims, including Somali Muslims, to seek the help of traditional healing.

Historical Relationship between Islam and Traditional Healing among Somali Muslims

According to the Somali cultural beliefs, sickness is believed to be from the spirit world. These spiritual sicknesses are believed to have sometimes been caused by witchcraft, jinn, evil eye, and magic etc. Somali Muslims, therefore, seek traditional healing from both spiritual and physical illness (Lewis, 2009). Traditional healers, who serve as doctors, diagnose the type of sickness affecting their client and dispense prescribed traditional medicines for the healing process. However, traditional medicines are followed by several instructions depending on the type of sickness. Somali Muslims especially children are given amulets and charms by traditional healers to tie around their wrists to protect them from evil spirit possession that might lead to illness. These charms and amulets are usually made from Quranic verses

written in papers and carried everywhere by the Somali children for protection (ibid). Though Somali Muslims believe Allah to be the greatest healer of all, they also believe and consider sickness from spiritual powers should be treated through traditional healing using traditional medicines (Forrest 2010, 36-37; Lloyd 2009, 15; Abrar 2010, 7).

The Origin of Traditional Healing

Mayor asserts that, "Within a lineage of healers, it is strongly believed that someone down the genetic line is sure to inherit the same talents as a family of musicians in which the gift of music is passed down through the descendants. The means of passing on traditions, gift and heritage applies to traditional healing" (2010, 28). However, the origin of traditional healing shows the connection between traditional healers and people in the community. In support of this Twumasi avows, "Novices who enter the training school to become traditional medical practitioners chose the profession because they experienced possession by some spirit" (1974, 37). Twumasi continues to explain that, the primary requisite to become a traditional medical practitioner is possession by a deity. In the process of training, traditional healers must have gained a huge understanding of the people or potential customers (ibid, 38). Therefore, they build up their strategies to attract people to their business. This ensures that the possibility of becoming a traditional healer without training or inheriting the gift from a close relative within a locality is almost impossible. This is where traditional healers learn to interact with the community and assume possible problems.

The Concept of Traditional Healers

Mehl-Madrona states "A traditional healer has lived his or her entire life in a reservation setting and is fully immersed in the life of the community. He or she has

been a helper to an older healer for years (usually 20) and has come into his or her own recognition upon the death of the healer whom he or she was helping” (2010, 35). Being a traditional healer also has to do with the years an individual has served in their community. Though this description of a traditional healer is based on the term of existence, Tomkins also affirm in his book that, “Customarily this term is used to describe healers who have existed for centuries before the development of scientific medicine. In certain cultures, their training and diagnosis and treatment is complex - as in the Ayurvedic schools in Asia. In other cultures, these processes are less crude” (1992, 97). For centuries traditional healing have been a central part of human life in many societies and have been influential.

Stock, on the other hand, argues that, "Traditional healers are persons who derive a substantial portion of their income from the sale of medicines and or medical therapy. In many cases, the sale of medicines represents only a part of the professional services which they render" (1981, 364). This shows that apart from medicines there are many ways traditional healers relate and attract people in the community. Traditional healers do not only make money from their sales of healing people's physical sickness but also make people dependent on them for spiritual activities. This, however, brings about the slow growth of the gospel as this causes the people to seek more after these healers and turn deaf ears to the gospel of Christ. The people in these Muslim communities, however, in turn co-operate and channel their resources towards traditional healers as contribution to their physical and spiritual issues (Ibid).

The Contribution of Traditional Healing on the Health of People

According to Tomkins, “Some remarkably efficient training programmers have shown how relatively non-scientific traditional healing can play an important role in the management of disease, acute respiratory tract infection, and antenatal care” (1992,

97). In agreement to this Stock also point out, “There is no doubt traditional healers will continue to be very important as providers of health care in the future for many diseases. Traditional therapy, though considered as being ineffective or even potentially lethal, continues to attract many patients”(Stock 1981, 368). Nevertheless, the people prefer traditional healing for lack of other ways by which their physical and spiritual problems can be solved. As Hetsen and Raphael say, "Traditional psychotherapy saves marriages and couples from psychological and emotional disintegration in the marriage. When a couple has a child, a man regaining his virility etc. through the help of a traditional healer.” (1982, 38–41).

The Spiritual Components of the Work of Traditional Healing

According to Tomkins, the understanding of many traditional healers that health and life itself is more than the absence of infection or maintenance of homeostasis contrasts with the hurried consultations accompanied by rapidly written prescriptions for drugs, which may not be available, by many scientifically trained staff. This is because Muslims believe it is difficult if not impossible to subject the effect of the spiritual component of traditional healing to scientific study. However, the successful healing of a sick person from spiritual powers depends on the personal beliefs and faith of the patient. This will have profound, confounding effects in any controlled study (1992, 97–98). Therefore, traditional healing deals with both the physical and spiritual aspect of people. As Wyllie also commented that:

Spiritual causation plays a relatively unimportant part in traditional etiological theory as far as the Techiman-Bono are concerned; yet it is not difficult to understand how the contrary view has come to be held, for it flows in part from two distinctive claims made regularly and openly by the healers themselves: The claim that their diagnostic and remedial actions are informed and guided by various spirit-entities, to whom they stand in special relationship as medium or earthly representative. The claim made more insistently with the development of a modern health-care system, that western scientific medicine may be quite effective in dealing with naturally-caused illness, but only their special, spiritually-informed knowledge and expertise can avail in the treatment of illness caused by spiritual agents (Wyllie R. 1983, 47).

Based on these assumptions, Muslims believe that medical doctors cannot identify the spiritual aspect of sickness and its sources of healing and therefore, seek the attention of traditional healing. This is because traditional healers can relate with the spirit world and serve as mediators and engage the spirit world for a healing solution for their client.

The Islamic Concept of Healing

Imam Bukhari no. 5354 Hadiths states that "there are no diseases that Allah has created, except that He also has created its treatment (Rahman et al. 2008, 63)".

Prophet Muhammad was concerned about the health of his people. He encouraged Muslims to use natural substance (*Surah 16:68-69*). Yusuf Ali a renounce Muslim scholar comments that the natural substance in this Surah refers to honey (Yusuf Ali 1946, 674). Such sayings of prophet Muhammad leads to the development of the discipline known as *al-Tibb al-Nabawi* which is known as the medicine of the prophet. According to Aghayani, there are difference between Islamic healing and the prophetic medicine. Islamic healing comprises of medical knowledge and practices that also incorporate chemical medicine but in recognition that the ultimate cure is from Allah.

Muslims are forbidden from eating the flesh of swine to point out the effect of eating blood and pork which was discovered in medical science (2012, 3). Muslims must therefore seek to avoid the forbidden (*haram*) forms of treatments. Islam does not accept that ultimate healing only comes from medicine, rather diseases can only be cured with the kindness and approval of Allah. Healing in Islam is not as a result of the medicine applied but a means that might lead to the appropriate result with the permission of Allah (Rahman et al. 2008, 63). According to Yousuf Ali, both the Qur'an and the Hadith refer to the use of reason in all realms of life, including medicine and healthcare for Muslims. The Islamic healing according to the Qur'an in

(*Surah 10:57*) “O mankind! There hath come to you a direction from your Lord and a healing for the (diseases) in your hearts, and for those who believe, a guidance and a mercy.”

Prophetic healing on the other hand emphasizes the practices of a healthy lifestyle. Prophet Muhammad advice Muslims to develop the habit of cleanness, eating healthy, and avoid stress. He also recommended Muslims to use natural products for medical values (Rahman et al. 2008, 64). Though there are overlapping domains between Islamic healing and prophet healing, the prophetic healing shows the same features such as the use of natural substance as traditional healings which is the concern of this study.

Traditional Islamic medicines involve both physical and spiritual components which include the use of indigenous substances and Islamic prayers as a source of healing. Islamic traditional healing of herbs includes the spiritual healing of both the body and the soul of a sick individual. Muslims who completely reject the modern medicines depend on the combination of Islamic prayers and natural treatment. Islamic Traditional healers depend on the mixture of Quranic verses, local herbs, oil, water and ornaments for traditional healing (Yousif 2015, 1–3). Following Brunswick and Hammudi’s report, Iraqis are turning for help towards traditional healing for pain relief and other types of healing.

The practice of traditional healing is basically tied to the Islamic traditions and beliefs on health. Despite the lack of medical training of traditional healers in Iraq, patients confirm their healing through traditional healing process (Brunswick & Hammudi 2006, 14–15). The Islamic spiritual care believes in the laying of hands and the use of various religious or spiritual-based verses from the Qur'an. In many Islamic communities, the practice of traditional healing primarily deals with both the physical

and spiritual deliverance of a patient. Like other aspects of traditional healing, the Islamic spiritual care giving and laying of hands contribute to the physical, spiritual, emotional and mental health of Muslims (Sandarac 2017, 3-4). From the above authors, traditional healing is an indigenous practice described in the Qur'an and Hadiths which confirms the Muslim beliefs of traditional healing.

The Role of the Church on Health

Giesekeus, Smith and Schuster declare, traditionally, it was the church that offered counseling, guidance, and support in good and difficult times. In addition, it was the church, which started to build retreat homes for the depressed as an alternative to inhuman treatments in state mental institutions (2017, 83). Before the broad acceptance of modern secular psychology, Old Testament scholar and church historians Franz and Delitysch noted that "Biblical psychology is no science of yesterday. It is one of the oldest sciences of the church". However, the growing influence of psychology, psychotherapy, and psychiatry also brought a secularization of the Christian efforts to provide soul care (1861).

Weakness also has a connotation of incurability in a medical sense. The apostle Paul, when talking about the thorn in the flesh, found it so painful that he described it as a messenger of Satan tormenting him. When Paul earnestly cried to God to relieve his attacks of severe pain, he did not experience healing. Rather he was told "My grace is sufficient for you, for my power is made perfect in weakness", and he concludes "therefore, I will boast all the more gladly of my weakness so that the power of Christ may rest upon me" (2 Cor. 12:9 ESV). From this text, weakness seems to be associated with human suffering and temptation, and because Jesus experienced them He can "sympathize with our weakness" (Heb. 4:15 ESV).

In the field of mental health, we find highly dysfunctional behavior in people with mental retardation or in patients with schizophrenia. Their brain undergoes changes which affect the behaviors that get them out of balance, and unable to function in their work or family environment. The gospel, however, was not only written to warm the heart but to call Christians to action. If Christians are to bring healthcare to the sick, they must remember: “there is no health without mental health!” (Franz Delitysch, 1861).

It is necessary to inquire whether the healing church had an impact on the growth of the mainline churches. According to Bate, there had been an increased awareness and movement in the healing ministry within the church. Besides being aware of the need for healing, the Church had responded by setting up a ministry to address that need. The traditional churches, however, seem to be partial in opening up to this ministry to be detected by its community in which it is part (Bate 1995, 59–60). If the Church which is the representative of Christ on earth cannot open to this type of need leads many people in the community to seek for other means as traditional healing.

Summary of Chapter

The review of literatures helped the researcher learn previous challenges in the church regarding the physical healing of people. The literature review showed that Muslims and other people have been seeking traditional healing in search for powers and solution to their physical and spiritual problems. The question is “have they tried the Church”? This remains unanswered. This became certain after the researcher's anthropological research. However, the literature review also sought to point out gaps related to this research. The review of literature helped the researcher to know the difference between Islamic healing and prophetic medicine.

The researcher also discovered that traditional healing is very common not only among Somali Muslims but Muslims worldwide. This clearly showed that it is a challenge to the Body of Christ. If the Church must experience both spiritual and numerical growth, it must address the challenges discovered in the study. The church must also work to understand a Muslim's cultural understanding of traditional healing to be able to minister to them with a holistic mindset.

CHAPTER THREE

RESEARCH METHODOLOGY

The focus of this study is on Muslims' perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya and its Implication for mission. This research chapter presents the methodology and research design that was used to examine the aim of this study. It describes the data collection instrument, procedures, population and sample. The methods that was applied to maintain the validity and reliability of the instruments was described. Finally, this chapter also describes the ethical considerations which were observed. "The intent in qualitative research is not to generalize to a population but to develop an in-depth exploration of a central phenomenon" (Creswell 2019, 193). In this study the researcher had selected individuals and places where the research was carried out. As supported by Creswell in saying that, "qualitative research intentionally selects individuals and sites (Creswell 2002, 193). However, this method of research was applicable as the researcher sought to examine Muslims' perception on traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya. In following up on this, Ramos et al suggests important characteristics of qualitative research.

Qualitative research is usually undertaken in a natural environment, descriptive in nature, that is, data is verbal or pictorial rather than numeric which may include transcriptions of interviews, field notes, photographs, and video recording and so on. Researchers using this approach usually pay attention to process rather than just noting outcomes of the finding. Data is normally analyzed inductively, that is, the theory used

is grounded on observation. The researcher is particularly interested in the meaning the insiders attach to events and their experiences (Ramos et al. 1977, 133). This, however, is supported by Creswell in stating that qualitative research affirms the decision that "the intent of qualitative research is to understand a particular event, group, roles and situation and interaction which is on track to this study" (2014, 194).

Research Design

According to Burns and Grove, a research design is "a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings (2005, 195)". Parahoo also describes a research design as "a plan that describes how, when and where data is to be collected and analyzed (2014, 142)". Polit et al states that a research design is "the researcher's overall answer to the research question or testing the research hypothesis" (Polit, Beck, and Hungler 2001, 167).

Qualitative research method enables the researcher to collect data and explain a phenomenon more deeply and exhaustively. Burns and Grove describes a qualitative approach as "a systematic subjective approach used to describe life experiences and situations to give them meaning (Burns and Grove 2005, 19)". According to Parahoo, "qualitative research focuses on the experiences of people as well as stressing the uniqueness of the individual" (2014, 59). Holloway and Wheeler defines qualitative research as "a form of social inquiry that focuses on the way people interpret and make sense of their experience and the world in which they live" (Holloway and Wheeler 2004, 30). The researcher used the qualitative approach to explore the behavior, perspectives, experiences, and feelings of people and emphasize the understanding of these elements.

This approach adopts a person-centered holistic and humanistic perspective to understand human lived experiences without focusing on the specific concepts (Morse and Field 1996, 8). The researcher focused on the experiences from the participants' perspective. The researcher's participation in the study was to add to the uniqueness of data collection and analysis (Speziale and Carpenter 2011, 17). Complete objectivity is impossible and qualitative methodology is not completely precise because human beings do not always act logically or predictably (Holloway and Wheeler 2004, 3). The rationale for using a qualitative approach in this research was to obtain detailed description of Somali Muslims and their perception on traditional healing. For this study, qualitative approach was appropriate to capture the opinions of Somali Muslims' perception of traditional healing in Eastleigh.

Ethnographic Interviews and Observation

This study uses an anthropological framework that employs ethnographical research methods. The objective was to know the emic perspective of Muslims' perception of traditional healing among Somali Muslims in Eastleigh. As a field research, both ethnographic interviews and participant observation were implemented. According to Werner and Schoepfle, "ethnographic method of data collection has to do with the understanding of people's culture. This method gives room for descriptive work with the participant. Ethnography is always a mixture of observations of and conversation with natives" (1986, 42). This includes field note, tape recording and written documents (books, letters, and journals). Spradely also confirms that "the goal of ethnographic interview is to grasp the native's point of view" (1980, 3).

The researcher undertook voice recording, interviews and written documentation at the research site to avoid forgetting any information when putting data together. To study this phenomenon, the researcher studied Muslims' perception

of traditional healing among Muslims in Eastleigh. The researcher participated in observation as she collected data that reflected the indigenous perceptions accurately (Werner and Schoepfle 1986, 80).

Entry Procedure

The researcher has been working as a short-term missionary during the time of her practicum for a period of one month. During this period the researcher built relationships with Somali Muslims and Christian missionaries who have been serving among Somali Muslims in Eastleigh. The researcher gained access to Somali Muslims through the Ubox Spring organization. Ubox Spring has been working with Somali Muslims for several years to reach them with the gospel through empowerment.

Population and Sampling

Parahoo refers to population as “the total number of units from which data can be collected”, such as individuals, artifacts, events or organizations (2014, 218). Burns and Grove describe population as “all the elements that meet the criteria for inclusion in a study. A list of characteristics that are required for membership in the target population” (2005, 213-234). According to Strauss and Corbin, theoretical sampling is discriminate sampling which simply means to be deliberate, direct with the conscious choice made about whom to sample to obtain the data needed (1990, 177).

The entire research work took place among Somali Muslims in Eastleigh of Nairobi, Kenya. The population of this study is made up of Somali Muslim women, men and Muslim Imams who are also men residing in Eastleigh. The researcher interviewed fifteen respondents. Samples are thought to offer more detailed information and ideally is more accurate because they deal with a relatively small number of units. Mouton defines a sample as “elements selected with the intention of finding out something about the total population from which they are taken” (Mouton

1996). A convenient sample consists of subjects included in the study because they happen to be in the right place at the right time (Polit, Beck, and Hungler 2001).

Participants who were interviewed were identified by the researcher. The researcher interviewed ten Somali Muslims and five Muslim Imams. That made up fifteen of the population of the total number of participants who were interviewed during data collection process.

Even though there are many Somali Muslims and Imams in Eastleigh Nairobi, the researcher only interviewed five Somali Muslim Imams, ten Somali Muslims including men and women on their perception and experience of traditional healing. According to Creswell, “purposeful sampling involves the selection of informants purposefully, who will then answer the research questions” (Creswell 2014, 148). The research involved the following four activities: 1) The setting, that is where the research will take place. 2) The actors, which are the participants that will be interviewed and observed. 3) The events, that is what the participants will be observed or interviewed. 4) The process that is, involving the nature of events undertaken by the participants within the research place (Creswell 2014, 149). This helped to give the researcher a full understanding of Muslims’ perception of traditional healing among Somali Muslims in Eastleigh Nairobi. According to Williams, “interviewing members of the community concerning behavior observed and classed into behavior types will provide a variety of meaning and functions for forms of local culture” (1967, 25).

Data Collection

The interview was conducted to obtain data, and the respondents that were interviewed were also chosen at random taking into consideration age, sex, educational status to give each member of the group equal opportunity to be interviewed. The interview gave respondents who could neither read nor write to express their views on

Muslims' perception of traditional healing among Somali Muslims in Eastleigh. The interview was flexible with interview questions. The researcher posed questions to the respondents who freely gave their responses to the questions that was asked as the researcher observes.

Data Collection Instruments

Based on the nature of this research, the researcher used interview questions and discussion methods in gathering the data needed for this study.

Interview Schedules

The researcher had interview questions that guided her to get the appropriate answers needed for her main research problem. The respondents were chosen at random taking into consideration age, sex, and religion and give each respondent equal opportunity to be interviewed. Because the research was conducted among people where some are without formal education and majority cannot speak English, the researcher translated her questions from English to Kiswahili. This was used during the interview process when the need arose. The interview was flexible with research questions in a discussion form among Muslims in Eastleigh. The researcher did participant observation during the data collection to get an in-depth understanding of Somali Muslim's perception of traditional healing (Burns and Grove 1993).

Observation

The researcher made use of the available time during data collection to make observations relevant to the study. According to Laws, with the direct observation of a situation, the researcher can confirm whether what other researchers have said and assumed about people's perceptions and behaviors is reflected during the researcher's observation. It also served as a supporting evidence from what Muslims asserts of their perception on traditional healing (Laws, et al 2013. 215; Creswell 2003, 185-188). In

support to Laws and Creswell, for the researcher to do a descriptive report about the encountering culture, she carried out the data collection method of observation. A good observation method of data collection involves a careful and systematic method of observation (Hiebert 2019, 164). To achieve this aim, the researcher visited various Muslim homes and traditional healing places among Somalis in Eastleigh. This was to observe Somali Muslims meaning they put on the forms and symbols associated with traditional healing.

Validity and Reliability of the Instrument

According to Elliston, validity in ethnographic research refers to asking the right questions to secure the right information and make appropriate applications of the study. While reliability in a study refers to the consistency of a research method. This refers to the stability of the result in the research methodology (2011, 55–62). Content validity refers to the extent to which an instrument represents the factors under study. To achieve content validity, the research questions were included with a variety of questions on Muslims' perception of traditional healing among Somali Muslims in Eastleigh Nairobi.

Polit and Hungler refer to reliability as “the degree of consistency with which an instrument measures the attribute it is designed to measure. Reliability can also be ensured by minimizing sources of measurement error like data collector bias” (1993). Data collector bias was minimized by the researcher. The researcher did not rely on secondary sources but had herself interviewed and observed Somali Muslims in Eastleigh. For the research to be as free as possible from bias of the researcher's worldview and experience on traditional healing, the researcher went with the attitude of learning.

This study required an in-depth probing. This helped the researcher achieve a valid and an in-depth understanding of the perceptions and experience of traditional healing in the lives of Somali Muslims in Eastleigh.

Ethical Considerations

To conduct research does not only require the skills and thoroughness but also honesty and sensitivity to the respondents. This was done to recognize and protect the rights of the participant. To ensure the study was ethical, the rights to self-determination, confidentiality was observed. The consent of the subject was obtained before the completion of the interview. Burns and Grove define informed consent as “the prospective subject's agreement to participate voluntarily in a study, which is reached after assimilation of essential information about the study” (1993). The subjects were informed of their rights to voluntarily agree or disagree to participate and to withdraw their participation at any time without penalty. Subjects were informed about the purpose of the study and were assured that there was no potential risks or costs involved in the collection of data.

In this study, anonymity was ensured by not disclosing the respondent's name on the research reports. When subjects are promised confidentiality it means that the information they provide was not to be publicly reported in a way that identifies them (Polit, Beck, and Hungler 2001). In this study confidentiality was maintained by keeping the collected data confidential and not revealing the subjects' identities when reporting or publishing the study (Burns and Grove 2005, 99). No identifying information was entered on the research questions and was only numbered after data is collected (Polit, Beck, and Hungler 2001).

Lastly, information was provided about the researcher in the event of further questions or complaints. Scientific honesty is regarded as a very important ethical

responsibility when conducting research. Dishonest conduct includes manipulation of design and methods and retention or manipulation of data (Brink 1996). The researcher tried to avoid any form of dishonesty by recording truthful answers of the participants. The interview questions which were analyzed by the researcher were also checked by the supervisor for confirmation of credibility. The researcher also worked with the ethics requirement of Africa International University. Therefore, the researcher submitted the research proposal to the IERB Office who had access to the researcher's original records and other matters regarding this research process. The researcher also obtained a research permit from the Institution of Kenyan government called the National Commission for Science, Technology, and Innovative (NACOSTI) which gave permission to the researcher to carry out her collection of data.

Summary of Chapter

Chapter three of this study dealt with the research design. For this study, the researcher used ethnographic research design. The researcher employed both research interview and observation methods of data collection among Somali Muslims during data collection process. The research's main instrument was interviews questions. In this study, the research focused on Somali Muslims and Imams in Eastleigh. Even though Somalis are in several areas in Kenya, this study focused only on Somali Muslims residing in Eastleigh. This chapter also covered the validity and reliability of the instrument used in this study.

CHAPTER FOUR

FINDINGS AND DISCUSSION

This chapter presents the interpreted data obtained from the findings after data collection and analysis. The findings are presented following the three main research questions on Somali Muslims perceptions of traditional healing. To be detailed in responding to the researcher's anthropological research question, the researcher analyzed the findings obtained from the field. After a comprehensive interview of the Somali Muslims insider's perception of traditional healing, the transcribed work is organized into three major sections corresponding to the question that the Somali Muslims responded to. The researcher analyzed and interpreted the responses gathered from the field to evaluate the major difference between the perceptions of traditional Islamic healing by both Somali Muslims and Imams. The researcher then summarized, concluded, developed missiological implication and gave recommendations.

Presentation of Participants

All participants were over eighteen years of age and most of them are married men and women with children. Table 1 below indicates that out of fifteen participants five are Imams, five are Muslim women and five are Muslim men. It also shows the code given to each respondent throughout the data analysis process so that they may remain anonymous.

Table 1: Code given to each respondent

Category	Number	Code representing respondents
Imams	5	A11M, A12S, A13M, S14M, A15K
Men	5	S6H, S7A, M8H, M9Y, D10A
Women	5	Z1O, B2O, A3U, R4A, H5A

Findings

The findings in this study are organized in a way that answers the questions on the interview question guide. To do justice to the data collected, the researcher sequentially outlined the questions following the answers from the respondents.

RQ 1. What is the perception of Somali Muslims on traditional healing in Eastleigh?

Somalis Understanding of Traditional Healing

The question on Somalis' understanding of traditional healing was answered by almost all the respondents. The respondents explained and gave their opinion on its meaning based on their community orientation. The findings confirm that, when a Somali is infected with illness, the family and community will determine the nature of the sickness from the belief of the community. Therefore, this informs the community whether the sickness should be treated using herbal medicine or Islamic traditional method of healing. According to respondent S7A, every community believes in the orientation of traditional medicine given to them by their ancestors.

The finding also shows that; traditional healing is based on stories passed down from one generation to another. Respondent B2O commented that, communities were taught the leaves and ingredients that can be used as medicine. Respondent Z1O a Somali Muslim woman disclosed that, when an individual is sick, the older Somali generation prefer using the natural ingredients which they believe has not been

interfered with human knowledge. The natural ingredient mostly used in the Somali community according to respondents B2O who further explains that are ginger, honey, black pepper and black seeds are also used in many Somali Muslim homes as part of their food. Furthermore, traditional medicines are used to cure different diseases using natural therapy such as boiling leaves from trees for drinking and washing.

Respondent S6H understands traditional healing as the use of local medicines that are not medically proven. When a leaf or natural ingredient is taken through modern process, the Somalis consider it as no longer natural.

The interference of a modern process on natural substance is also considered as interference with Allah's creation. According to R4A, as it is Allah who brings sickness, he also brings its medication. From the findings, Somalis' understanding of natural substance is based on what they believe is created by Allah and has not been manipulated by human beings. Therefore, traditional healing is from Allah. From Imam A11M, Somali Muslims referred to Prophet Muhammad who advised them to use *abba-soda* (black seed) and honey. Somali Muslims believe using this medication is not *haram*.

From the findings and confirmation from all five Imams who were interviewed, the researcher gained the understanding that, traditional healing is the curing of both human sickness and solving other human problems, such as spirit possession. From the researcher's point of view, Somali Muslims' understanding of traditional healing is guided from their enculturated mind of Islamic teachings by prophet Muhammad as the preferred method for Muslims. It is also the cultural understanding passed on to them from generation to generation. The blending of these two perspectives of healing however, informs Somali Muslims the alternative to seek for a traditional healer or the recitation of Qur'anic verses for healing.

Encounter and Experience with a Traditional Healer/Healing

From this question, the researcher aimed to find out Muslims' experience of their participation on traditional healing. Among the six Muslims who responded to this research question, five of them have participated in traditional healing. However, the researcher noticed that the respondents were careful and hardly admitted to having visited a traditional healer. From the researcher's observation, it implied that, some Somali community do not have a clear distinction between traditional healer and a witchdoctor. Thus, the findings agreed with Ahmed, the early anthropologist who had contacts with traditional healers on the assumption that these traditional healers are quacks, frauds, magicians and witchdoctors (Ahmed 1979, 6). Even though Somalis are afraid of admitting their association with traditional healers, they agree that traditional healing is common and is part of their daily activities among community members.

Considering this, respondent S7A admits that he was sick with flu and had to use a traditional medicine and was healed. Though he did not seek the attention of a traditional healer, he asked the elderly people who knew the right medicine for his illness. Respondent B2O had no need to consult a traditional healer because her mother knows traditional medicines and have taught her everything she needs to know about traditional healing. She has been using traditional medicines all her life and has been experiencing great relief after a treatment for a sickness. Respondent A3U had also struggled with stomach pain as a child and traditional healing was the only treatment she had that brought her healing.

For respondent R4A, she did not personally consult a traditional healer but has family members who introduced her to traditional medicine and has made use of it for healing. According to respondent M8H, when he was a child he had a skin disease

problem. The disease made his skin swollen and left him with black spots. His mother therefore had consulted a traditional healer who asked the mother to scrape the back of a tree, put it into some water and apply it to his whole body. Since then he has been using traditional medicine his whole life and experienced healing.

On the other hand, among the six respondents who have used traditional healing methods for medication, respondent H5A expressed having an unfortunate encounter with traditional healing. She had lost a family member who had consulted a traditional healer and immediately died after taking the medications. She therefore concluded that those who use traditional medicine are lacking in knowledge of the value of modern medication. This made the researcher realize that despite the outlined traditions and religious practices required to follow, Muslims respond to activities around them based on the present occurrence.

The analysis indicates that, out of the six respondents who have been involved in traditional healing, four are women and only two are men. From the findings, the researcher noticed that most of her respondents had made mention of diseases that especially affect women. Respondent S6H explained that among other sickness such as child birth complications, infection, jinn possession and infertility have directly affected women. From the researcher's interaction with respondent S6H it was revealed that Somali women, like other African mothers, take care of the household. That is, a Somali woman acts as the first care taker of both health and other aspect of her family members. This may suggest the reasons that more women visit and participate in traditional healing than men.

The Process Involved in Getting Traditional Healing

This question attempted to find out the traditional healing process. According to respondent M8H, Somali Muslims believe that when a person is sick they must seek

medical treatment either from the hospital or through traditional healing. From the research interviews, most of the respondents indicated that there are different processes an individual undergoes to acquire traditional healing. These processes vary from communities to communities and are also based on the type of sickness.

Respondent B2O explains that, there are different sicknesses which determine the methods and process of healing involved in getting traditional healing. Respondent S6H said that there are specialized people in traditional medicine, and seeking treatment includes finding the right healer. When people are sick, they will have to visit a specialized traditional healer, explain their symptoms and will be given medication based on the symptoms reported. Respondent Z1O reported that several women in her community know where to find these specialized traditional healers and will take sick people to them accordingly.

For respondent R4A, he believes that for a sick person to be healed using traditional medicine, the traditional healer must enter a forest to get the right medicine for the sick person depending on their afflictions. The findings discover that the traditional healer can be a specialized individual or a member of the family who knows the medication for a specific sickness. This person plays a significant role in the healing process of the community members. The finding confirms that a traditional healer do not only determines the healing process but also serves as a mediator between the sick person and the form of healing, either physical or spiritual. In short, the process in seeking traditional healing involves finding the right healer, getting the sickness diagnosed and being prescribed the appropriate treatment. However, the sick person will be left to decide whether to use the herbal medicines prescribed by the traditional healers and follow the appropriate instructions.

The Requirement for Getting Traditional Treatment

Getting traditional treatment depends on the traditional healer or the person that knows the required medicine. All the respondents that answered this question agreed that traditional healing requirement depends on the community. The community where one finds himself determines whether he can pay for traditional treatment or not. According to respondent S7A, there are some traditional healers who demand payment for their traditional medicines while there are some who do not demand any payment. S7A further explained that if the sick person is a good neighbor with someone that knows traditional medicines, the neighbor can give out the traditional medicine without asking or collecting payment from the sick person. However, there are some traditional medicines sold in the market where people can also get access to it without any interaction with a traditional healer. According to respondent A3U, traditional healing in many communities is passed from one generation to another. Therefore, when someone is sick they must especially consult the elderly who have had the medicines passed on to them. They can get the right medicine for the sick person.

Respondent S6H believes that when someone is sick and needs traditional healing, they must visit the herbalist who enters the forest and gets the medicine. This is because these people are specialized in native medicine and can tell which medicine can heal a sickness like stomach pain etc. The Somali communities have several traditional healers, both men and women, who know traditional medicines. These traditional healers live within the communities as normal people who have basic needs. Also, traditional healers face several challenges when going to the forest to get the medicines. There are times when they will face wild animals like lions, snakes etc.

Considering this, traditional healers deserve to demand payment for traditional healing services.

Respondent R4A agrees that, since traditional medicines are hardly found in the cities, people who desire to have traditional treatment will have to travel and consult with old people who are specialize in traditional medicines. Respondent D10A gave an example of a lady who visited a village from Germany for traditional medicine. According to him, the lady had tried several means but have proved unsuccessful. Therefore, she was advised to visit the village of a renowned traditional healer who gave her a simple instruction. The traditional healer asked the lady to sit on a traditional bench and immediately she was healed. Despite the great effort done by the traditional healer, he did not accept money from the lady but had asked for gift like goat, camel, chicken and cow etc.

This was followed by a similar story from respondent M9Y who also gave an illustration of a lady who traveled from America looking for a traditional healer. According M9Y, he took the lady to a traditional healer and was treated. The traditional healer did not request anything from the lady. This is because the traditional healer believed that his knowledge was given to him by Allah and was not for sale. The only requirement for the lady was to answer a few questions before her sickness was diagnosed and to follow the instructions given by the traditional healer for further protection. The requirement for healing an individual according to this study is based on the sickness, the community and the beliefs of the traditional healer or a member of the community who knows the medication. Therefore, there is no fixed requirement for healing among the Somali community.

Common Diseases People go for Traditional Healing

The table below summarizes the participants' responses on common diseases

Table 2: A summary of common diseases

Respondents' codes	Common diseases
S7A	Flu, snake bite, swollen leg and hand
B20	Stomach pain and back pain
S6H	Jinn, magic, women not giving birth to children, cancer and infection
Z1O	Jinn, bleeding nose and a cut
M8H	Skin diseases, stomach pain, and jinn
H5A	Headache and jinn
D10A	Malaria and measles

The diseases mentioned above are common especially among Somali children and women. According to respondent S6H, traditional healing normally deals with superstitious sicknesses such as jinn, magic which cannot be cured in the hospital. This also applies to women who have complications during child birth. Over the years' traditional medicine has played a significant role in the life of women for the successful delivery of babies.

Result of Traditional Treatment

When it comes to whether traditional healing is effective or not, the researcher asked the respondents who have participated in traditional healing on the result of the treatment. Six out of ten gave their opinion and reasons why they believe traditional healing is helpful or not. According to respondent SHA, people with spiritual issues are well treated and cured when they use traditional medicines compared to chemical medicines from hospitals. Respondent R4A also believes that traditional medicine is effective and immediately cures the sick person if treated. For respondent A3U,

healing depends on the faith of an individual. Therefore, someone can be healed using either traditional medicine or medicines from the hospital.

In agreement to respondent A3U, respondent S6H also believes that both traditional medicines and hospitals are helpful. This is because healing is never guaranteed until a person is cured. This also depend on the system of the individual. On the other hand, respondent H5A totally condemned the use of traditional medicine. According to her, traditional healing is not an ideal method of healing and can cause more harm than good. This is because traditional medicines do not have definite measurement. Therefore, people die because of over dosage. Respondent H5A gave an example of a family member she lost after taking traditional medication. As reported by respondent M8H, in short, the findings revealed that traditional medicine has both positive and negative result.

Prior to the research, the assumption of the researcher was that every Somali believes in the use of traditional healing. The finding was an eye opener to discover that some Somalis, especially the younger generation, do not believe or participate in traditional healing. However, because Islam permits Muslims to seek for medication from any means, Somali Muslims consults both modern but especially traditional method of healing for a better result as Allah wills.

From the responses and observations of the research findings, Somali Muslim traditional healing must be viewed from Muslims' daily activities on Islamic traditions, duties and cultural beliefs. This is because, Somalis respond to and participate in traditional healing basically from a daily and spiritual experience with both the physical and spirit world. Like other African societies, the Somalis have their own concept of diseases and healing. They also believe in the participation of ancestors in their daily lives and activities. The infection of diseases and natural

occurrences are normally attributed to spiritual powers. Some sicknesses are believed to have infected people due to their sins and mistakes caused against someone in the community (Ahmed 1979, 1). The research findings confirm that, traditional healing is widely practice among Somali Muslim communities in Eastleigh.

QR 2. What is the official required Islamic view of traditional healing?

According to the research findings, there is a difference between traditional healing and the required Islamic understanding of traditional healing. In line with this, the researcher asked Somali Muslim Imams' understanding of the Qur'anic teaching on healing.

Imams Understanding of the Qur'anic Teaching on Traditional Healing

Traditional healing, according to Islamic teaching, was well answered by all five Imams who participated in the research interview. According to respondent A11M, during the time of Prophet Muhammad, life was not as developed as today. Therefore, most of the people at that time used natural medicine like honey and black seeds, which is also common among the Somali people. Traditional medicines are natural substances that can be found from animals and plants. These medicines can also be used as food and drinks. According to the respondent, the prophet of Islam suggested that the black seed can be used to cure every disease except age and death.

Respondent A13M, a Muslim teacher, gave an example that traditional medicines are natural medicines from trees. He gave an example that he was sick and had to seek for modern medication which failed. He tried traditional medicine which is natural and had experienced healing. According to respondent A12S Islam did not distinguish between traditional or modern medicine. However, Islam encourages Muslims to seek for medication wherever they can get healing. Respondent A15K said that healing means *Shifa* in Islam. Therefore, from this research, the researcher noted

that, there is a thin line between the Qur'anic teaching and the Somalis' understanding of traditional healing. This is because the understanding of Somali Muslims and the Imams' explanation of traditional healing have a lot of similarities.

Healing Method Required in the Hadiths

All five Imams who participated in the research interview agrees that Islam permits Muslims to seek for healing from any means. Respondent A11M quoted from the *Hadiths* that prophet Muhammad permits Muslims to use any medicine except that which can harm the body. Therefore, Muslims are forbidden to use drugs that cause harm to their bodies. As a Muslim teacher, he encourages Muslims to use natural medication such as the *Zam Zam* water from Saudi Arabia. Imam A13M gave an example that some nomadic people use their saliva when sick to treat an affected area such as in the case of a snake bite. According to him, all forms of healing are required in Islam. What is important is the health of a Muslim. Therefore, Muslims can seek for either traditional, modern or any form of healing. However, Prophet Muhammad recommend the black seed to cure every disease.

The recitation of Surahs from the Qur'an is also another natural means of curing disease. According to respondent A12S, Islam has a spiritual way of healing. Surahs from the Qur'an are recited to heal both spiritual and physical sickness. These surahs are traditions from the Prophet Muhammad. Singing hymns of supplication to Prophet Muhammad is also another form of healing in Islam. However, despite the recitation of surahs and supplications to Prophet Muhammad, it is not a guarantee to a Muslim's healing because it is only Allah who knows whether a person will be healed or not. For respondent S14M, Muslims can recite the Qur'an, take traditional medicine and go to the hospital. This clearly shows that Muslims can seek for treatment from any means. According to respondent A15K, though there are no specific ways of

healing in Islam, Muslim teachers agreed to use the recitation of Surahs from the Qur'an as the best and a must for Muslims. For example, sickness like witchcraft, evil eye and many other diseases. From this study, the researcher realized that the Islamic religion permits Muslims to participate in any form of healing as guided by the sayings of the prophet of Islam. However, the Muslim teachers in using their description, demand Muslims to use the Holy Qur'an and other Islamic rituals as the best forms of healing.

Common Diseases Normally Treated Using the Traditional Islamic Healing Methods

The table below summarizes the participants' responses on common diseases and Islamic healing methods

Table 3: A summary on common diseases and Islamic healing method

Diseases	Islamic method of healing
Magic, infection,	Dates
Stomach pain	Camel urine (malmal), camel milk
Gas, cold, Asthma and tetanus infection	Costsass, water
All diseases	Zam Zam water
HIV, cancer, men with impotency, Cholera, allergies, HIV, men with impotency	The black seed
Evil eye, jinn possession, witchcraft.	Qur'an

Official Traditional Healers Accepted In Islam

According to respondent A11M, because there is no specific means of healing in Islam, Muslims are permitted to seek for treatment from any qualified doctor for healing from both hospitals and traditional sources. According to respondent A12S,

Islam does not have specific people to do spiritual or physical healing. What is required in Islam is for someone to be knowledgeable and be compatible with the teaching of Muhammad. On the other hand, as an Islamic teacher, S14M had a different view of who is supposed to be a traditional healer. According to him, traditional healers must be Muslims. Those that are not Muslims are not qualified according to the Islamic teachings. Respondent A15K said that, when it comes to healing people, it is better to consult with someone that is knowledgeable in the Qur'an and Islamic teaching.

This is because someone that is knowledgeable has more opportunities to get direction from Allah. The Imams who know the Qur'an have more opportunities to be a healer because they will have more knowledge to recite the Qur'an as it has been directed by Prophet Muhammad. Respondent A15K further explained that, every Muslim who knows the Qur'an and worship Allah is himself a healer. The researcher noted the disagreement between Muslim Imams on who is required to be a healer. From the research interview, all the Imams agreed that the Qur'an and Hadiths permit Muslims to seek healing from any means, traditional and modern. However, there are also some Imams who are more conservative and believe that traditional healers must be Muslims.

Muslims Teachers about the Official Way of Healing

One of the major concerns in this study is to determine if Muslim teachers teaches Somali Muslims the ideal method of healing. With that in mind, the researcher asked Muslim Imams about teaching Somali Muslims the official method of healing. According to respondent A11M, he admits that it is the work of the Imam to tell people what is right and what is not. Therefore, Muslims are normally advised about their health. There are times when Imams invite medical personnel into the Mosque to

teach Muslims on health issues. Islamic teachers are classed as doctors. This is because, according to respondent A11M, anyone who tells a person what is right from wrong is a doctor. Respondent A13M, an Islamic teacher, said that he does teach Muslims general things but only advises them when it comes to health issues. His advice to Muslims on health is to have faith in Allah and then try traditional medicines. When it fails then they can also try the hospital.

Respondent A12S agreed to teach and encourage Muslims to know about and practice traditional healing. This is because every Muslim should be able to treat themselves without the help of an Imam or traditional healer by reciting the Qur'an on their own like the Imam themselves. One of the major teachings about health among Muslims according to respondent S14M is to seek for healing from the example of Prophet Muhammad. Respondent A15K admits that he teaches Muslims to make the recitation of the Qur'an a priority in healing. According to him, Islam has two types of *Shifa* which means healing. The first is the recitation of the Qur'an and the second is the healing method of Prophet Muhammad. It is the act of standing in front of Allah and crying to ask Allah to forgive or trying to ask Allah to forgive those people on earth. This means that the second *Shifa* (healing) in Islam is forgiveness from Allah.

QR 3. What is the comparison between Muslims' perceptions and the Islamic teachers' view on traditional healing.

During the interviews on the question the perception of Somali Muslims on traditional healing in Eastleigh and the official required Islamic view on traditional healing the researcher did a comparison between ordinary Muslims' perceptions and the Islamic teacher's view on traditional healing. For research question three, the researcher looked at the similarities, differences and controversies derived from the data collected during the interviews.

Similarities between ordinary Muslims and Imams on traditional healing

After analyzing the data collected in response to RQ 1 and RQ 2, the researcher noticed some similarities from both the Somali Muslims and Islamic teachers on traditional healing.

Allah Created Sickness and Medicine

According to Hadith Ibn Majah 3438, prophet Muhammad during his life time said that, there is no disease created by Allah without its medicine (Elias 2012, 1).

Considering this, Somali Muslims in Eastleigh believe that it is Allah who has created every disease and therefore has also created their medicinal cures. This simply means there are medicines for every disease in this contemporary time, including medicine for HIV/AIDS. People who believe there is no medicine for HIV/AIDS are living in ignorance of the sayings of the prophet of Islam who confirms that healing for all diseases is part of Allah's treasure.

The Hadiths according to Bukhari aims to persuade Muslim believers to believe there is definite healing in Allah who has promised a cure for every disease He has created (ibid, 3). According to R4A a Somali Muslim woman, when Allah brings sickness He also brings its medication. Therefore, traditional healing is from Allah. Quoting from the sayings of Prophet Muhammad, Muslims should use *abba-soda* (black seed) and honey. This type of medication is not *haram*. Similarly, respondent A11M a Muslims Imam also confirms that, there are sicknesses created by Allah to punish some people. These include diseases such as HIV/AIDS and other sexually transmitted diseases. However, Allah has also created their medicines as part of His good will to His people.

The Black Seeds can Cure every Disease except Age and Death

Almost all the respondents who participated in this research interview agreed that the black-seed can cure every disease. Though it cannot cure aging or bring someone back to life. Islamic communities make provisions for medication for several diseases. According to Islamic culture, the black seed has been used for various diseases. It is believed to have a source of fatty acids, protein, carbohydrates, vitamins and minerals of one hundred components. According to Sahih Bukhari, Prophet Muhammad in one of the Hadiths said that the black seed is a healing for every disease except death. The black seed plant has been used medically by almost every Muslims for several years. The black seed is claimed to have existed during the earliest times and is mentioned in the Old Testament when the prophet Isaiah talks about the harvesting of the black seed which is also referred to as Cumin (Isaiah 28: 25, 27).

The black seed has been used by Asian herbalist and the Romans for cooking purposes (Aburawa 2010, 1). Both Muslims and Islamic teachers agreed that the black seed is a medicine from Allah, and it can be trusted to cure every disease except age and death. The emphasis made from this statement is to encourage Muslims to seek for healing at any cost and to present hope and sources of consolation to Muslims going through health challenges. The black seed seems to hold a significant part of the healing methods among Somali Muslims. This is mainly because it was prescribed by Prophet Muhammad. Therefore, Muslims believe and uses of the black seed is both for medication but also obeying the sayings of the prophet of Islam.

Differences between Somali Muslims and Imams on Traditional Healing Controversies on Traditional Healing

During the research analysis, the researcher noticed differences and controversies that emerged from the research findings. The discussion below points

out the difference and controversies between Somali Muslims and the Islamic teachers on traditional healing.

Islam Permits Muslims to Seek for Healing from any Means

One of the major controversies noticed from the interview report from Muslims and Muslim teachers is the use of the heated iron method of healing. Muslim respondents mentioned the heated iron method is one of the effective ways of healing many diseases among Somalis. The hot iron can be used to heal cuts, a swollen leg or hand and tetanus infection. According to respondent Z10, a Somali Muslim, the heated iron has been one of the effective ways of healing infections. The respondent said that she hardly visits the hospital for medical treatment. She relied on traditional medicines for her whole family and the heated iron though a painful method of healing is also a fast way of healing. Especially for healing tetanus infection.

However, on the other hand, the Muslim Imams, though acknowledge the use of hot iron healing method, they also acknowledge that it is not part of Islamic teaching. The hot iron method of healing is forbidden according to an Islamic teacher. From his explanation, there are some traditional medicines used in the Somali community but are not allowed in Islam. That is, Somalis normally use fire to heat nail or iron and put it in the painful part of the body. The Islamic teacher admitted that the hot iron can cure many diseases. He also admits having also used the hot iron method of healing. However, it is not accepted in Islam because it is believed that it causes another pain.

There are also some Somali traditional medicines that are forbidden in Islam but are normally used to cure jinn among Somalis. For example, when a young lady is possessed with jinn, the family will tell the jinn to leave the girl and come back when she reaches the age for marriage, instead of reciting Surahs from the Qur'an. The jinn

come back and possess the girl when she is about to get married. Sometimes the family will give the jinn a goat or something with blood to appease the jinn. According to respondent A11M, this method of healing is not permitted in Islam but has been practiced among Somali Muslims.

The argument from Somali Muslims and Somali Islamic teachers is contradicting. This is because, according to all the respondent both Somali Muslims and Islamic teachers, Muslims are permitted to seek healing by any means. Islamic beliefs instruct that every disease is sent to the world by Allah with its medicine (Sunan Ibn Mājah 3438). However, the means in which the diseases are treated is not specified. Therefore, Muslims can seek for healing from any possible ways and methods. Also, Somali Muslims and Islamic teachers disagreed with each other on the method of healing. Respondent A11M an Islamic teacher said that Muslims must seek for healing but must not use methods that might cause pain to the body. On the other hand, respondent Z1O, acknowledge that the hot iron method of healing, though is painful, is an effective ways of healing infection. From the interviews, the researcher realized that, though Somali Muslims acknowledge that some methods of healing are forbidden according to Islamic teachers, the people of the Somali culture practice these methods.

CHAPTER FIVE

SUMMARY, CONCLUSION, MISSIOLOGICAL IMPLICATIONS AND RECOMMENDATIONS

This thesis aimed at studying Muslims' perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya and its implications for missions. Traditional healing practices is a common phenomenon and the first option of healing in many Muslim societies. This study was motivated from a Somali Muslim who chose the heated iron traditional method of healing instead of going to the hospital for medical treatment. It is of importance to understand people and their perspectives to reach them with the gospel. To deal with people adequately requires one to understand their views from the perspective of an insider. This is so that the people can be treated in a holistic manner. This is done through observing the people's cultural behavior to avoid assumption (Kraft 1996, 7).

From the research interviews and observations, this study has provided ways in which Christians can reach Somali Muslims with an understanding of what they believe in their context. This study has addressed the perception of Somali Muslims' on traditional healing, the official required Islamic view of traditional healing and a comparison between Muslims' perception and the official Islamic teachers' view of traditional healing. This chapter presents a summary of the study, conclusions, missiological implications and recommendations for further action based on the research findings.

Summary

According to the research findings, the majority of Somali Muslims believe in traditional healing. However, their belief is driven by both their Islamic and cultural understanding of healing. Somalis are enculturated into believing that traditional medicine is the natural and effective way of healing. However, they also believe traditional healing is another method through which Allah desired to provide healing for Muslims. Both Somali Muslims and Imams believe that Muslims can seek for healing from any means, of which traditional healing is one of those means. From research question one, Somali Muslims who participated in the research interview are knowledgeable in traditional healing and several have participated in it.

However, it was surprising to know that not all Somali Muslims believes or participate in traditional healing. According to respondent H5A, based on her unfortunate encounter with a family member in traditional healing, concluded that traditional healing is not an ideal method of healing. According to her, she believes that most people consult traditional healers based on their lack of understanding of modern-day method of healing and lack of finance to go to hospital. However, even though few of the Muslims understand the Islamic view on healing, they hardly admit to, or accept, their lack of understanding. From the research interview and observation, Somali Muslims have little knowledge of the Islamic view on healing.

Muslim Imams tried to make a distinction between the cultural traditional healing and the Islamic traditional healing. However, there seems to be a thin line between the official method and the Somali traditional method of healing. From the research interviews, though Muslim Imams agreed to have been teaching Muslims the Islamic official way of healing, Muslims Imams admits they also participate more in the Somali traditional healing method than the Islamic form of healing.

The researcher realized there are similarities between Somali Muslims and Imams understanding and methods of healing. However, there are also controversies from Muslim Imams who admit that Muslims are permitted to seek for healing at any cost. However, the Imams also feel that there are some methods of healing carried out among Somali Muslims that are not permitted in Islam. For example, the healing method of jinn among Somali Muslims is different from the official Islamic method. According to Muslim Imams, a jinni possessed person must be delivered using the Qur'an and not by appeasing the jinn with the blood of an animal.

Conclusion

This research aimed at studying Muslims' perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya and its implications for missions. The researcher having gone through the research findings and analysis concluded that even though Somali Muslims believes in Allah and His recommended methods of healing through prophet Muhammed, Somali Muslims are influenced by the Somali cultural method of traditional healing. Somali communities are mostly influenced by their culture. Therefore, Somalis are involved into many traditional practices including traditional healing. Their belief in tradition and Somali cultural practices is noticeable in every aspect of a Somali's daily life.

The understanding of traditional healing among Somali Muslims is varied from one community to another based upon their enculturation. The researcher was informed that, even among the Somali Muslims, there are different sub-cultural practices. From the research findings, the researcher realized that Somali people do not agree in all cultural practices. There are some Somali Muslims who relied on what they were taught by their parents and ancestors. However, there are some Somalis, especially the younger people, who believe in self-learning and discard their cultural

practices. Because the respondents were all Somali Muslims, they were also influenced by the Islamic traditional practices. During the research interview, they frequently referred to the sayings of Prophet Muhammad. As a model of Islam, Somali Muslims gave many examples of Prophet Muhammad's advice and Islamic methods of healing.

From the research interviews, Somali Muslim Imams are teachers of the Qur'an and Islamic traditions who agreed to have been teaching Muslims the Islamic traditional ways of healing. Despite the Imam's claims, Somali Muslims practice less of what is taught from the Islamic traditional healing perspective. Somali Muslims do not have clear boundaries for what is official and what is not. This is because, despite the Islamic guidelines, the life of Muslims are influenced by the dimension of people (Kim 2018, 11). Muslims reacts to situations based on their felt-needs. Therefore, Somali Muslims in Eastleigh gave little attention to the Islamic and prophetic teachings of tradition healing.

After the researcher's comparison between Somali Muslims' perception and the Islamic view of traditional healing, the researcher discovered some differences, many similarities and controversies between the two. Based on the researcher's observation, Muslim supernaturalism among Somali Muslims worldview is characterized by the spiritual power encounters with the spirit world. The beliefs and practice of jinn by both Somali Muslims and Imams is an indication that Somali Muslims' beliefs around the practice of jinn is because of their daily activities with the supernatural world. From the research findings, Somali Muslims and Imams believes that jinn are spiritual illnesses that are sometimes behind the unfortunate happenings around Muslims (Kim 2018, 23). Therefore, jinn and other spiritual problems must be addressed by recitation of the Qur'an as the Islamic traditional method of healing.

Finally, the fact that both Muslims and Imams agreed that Muslims are permitted to seek for healing at any cost is encouraging to the researcher. This is because it leaves room for Christians to have access into their felt-needs. Muslims are therefore expected to find healing in the power of the blood of Jesus when they will hear and receive the gospel.

Recommendations

Understanding the Gospel Shared with Muslims

Every disciple of Jesus is commanded to make disciples of all nations (Matthew 28:19-20). To carry out the great commission, Jesus spent three years with His disciples, teaching them so that in turn they could also teach others. After the disciples having learned from Jesus, He gave them the last command by commissioning them to make their kinds in every nation. Emphasis is made to teach as they were taught. This call to commission therefore, seeks men and women who have the mind of Christ and have become His disciples. Thus, they can also share about the Jesus they know in every nation, which includes Muslim nations. Sharing about Jesus requires Christians to be knowledgeable about Him. Even though Muslims have spiritual felt-need and need a Savior, it is important for Christians to know that the gospel is not based on self-pity or only meeting human physical needs but meeting Muslims spiritual need. Therefore, Christians who desire to reach out to Somali Muslims with the gospel must also desire to understand the gospel of Jesus they intend to share. According to Grudem, the gospel is a personal invitation to respond to Christ in repentance from sin and faith in Christ. Jesus' call to rest requires a total surrender to His will in order to find rest for the soul (Matthew 11:28). The words of Jesus Christ is the gospel which all disciples of Christ are to proclaim (Grudem 1994, 694). The message of the gospel is a complete event of Jesus' life: death, resurrection and

ascension. Therefore, the message of the gospel is Jesus Christ. Unless Christians, who intend to share the gospel, have a full understanding of who Christ is, sharing with Somali Muslims will not be effective.

Understanding Muslims Culture and Felt-Needs

To be effective in evangelizing Muslims one requires an understanding of their worldview. According to Kraft, to have a proper understanding of a person's worldview, Christians must be concerned about the behaviors that springs from individuals. The deepest part of all human being is the structuring of their assumptions, values and allegiances that are interpreted through their behaviors. A person's worldview is determined by the values of their cultures (Kraft 1996, 11). To avoid assumptions, Christians who desired to reach Somali Muslims with the gospel must seek to understand them from their cultural and a traditional Islamic perceptive.

Furthermore, Christians from cross-cultural contexts and who are involved into cross-cultural ministry should try to observe and understand Somali Muslims' phenomenon from the Somali's point of view. This is done to gain a proper understanding of the indigenous population and relate in an appropriate manner. The Somali people react based on their cultural and Islamic traditional influences. For example, from the research findings and observation, Somali Muslims are hospitable and love visitors. They also feel accepted when someone tries to speak their language. Therefore, it is important for Christians who desire to reach these people group to establish a healthy relationship with Somali Muslims. It is important for missionaries to learn the Somali language. This way, Christians can be more effective in communicating the gospel with Somali Muslims.

Also, both Somali Muslims and Imams are normal human beings who also have felt-needs. However, their felt-needs can be met when Christians first understand

what their felt-needs are. According to Kim, Muslims have religious, spiritual, and social felt-needs (2018, 27–28). Muslims need a power higher than the evil powers they experience in their daily activities. Consequently, Muslims need a power encounter which means a commitment to Christ. This is an encounter between the sinful nature and the new life in Christ. Having an encounter with the power of Christ will therefore deliver Muslims from every other supernatural powers, such as jinn, evil eye and witchcraft (Love 2000, 112–13). When Somali Muslims and Imams experience the power of Christ, their spiritual needs will be met, and they will be delivered from all powers of darkness.

Prayers for Muslims

Communicating the gospel to Muslims is not about the doubts in the possibility of conversions. It is about God's mission to bring all men back to Himself through His Son. Therefore, it is important to seek God concerning His people and listen to His instructions as commanded “Go therefore and make disciples of all nations, baptizing them in the name of the Father, and of the Son and of the Holy Spirit, and teaching them to observe all that I have commanded you. And behold, I am with you always, to the very end of the age” (Matthew 28:19-20 ESV). Peter fasted and prayed that the mystery regarding the baptism of the Gentiles would be reveal to him. Whiles, he was fasting and praying, God revealed to him the vision of Cornelius and gave him instructions to go and share the gospel with him and his household. Moses received the law when he was fasting, and so Peter received his vision when he was fasting. There are many scriptures in the Bible that tell of the importance of praying and fasting for the salvation of God’s people. For what salvation can we have unless by prayer and fasting and almsgiving purged away sin (Martin 2006, 124). As Houssney points out that, “ to help in your search, seek God to bring you a Muslim” (2016, 115). Reaching

Somali Muslims must start in the place of prayer. Therefore, the researcher recommends that, Christians who desire to evangelize Somali Muslims must begin in a place of prayer.

Further Studies

From the research findings, the researcher realized that Somali Muslims' phenomena are too numerous to be completed in one research project. Therefore, the researcher recommends further studies on "the prophetic traditional method of healing in Islam". This is because, during the research interview and observation, almost all the respondents referred to the sayings of the prophets on the preferred traditional method of healing. Because of the research delimitation, the researcher only focused on Muslims' perception of traditional healing among Somali Muslims in Eastleigh, of Nairobi, Kenya. Therefore, the study partially covers prophetic healing methods. The researcher therefore recommends that, for Christians have a deeper understanding of Muslim phenomenon, it is important to understand the views of the prophet of Islam on healing.

Missiological Implication

The finding of this study clearly shows that Muslims and Imams are in a search of satisfaction for their felt-needs. However, Muslims are attracted to the present solutions to their felt-needs and have little time for official Islamic practices. This serves as an open door to Christians who intend to reach these people groups with the gospel of Christ. When the Church recognizes the deepest human needs, it opens the heart for the divine behind the action. To understand and realize Muslims health needs, it is very important to first acknowledge that Muslims are made in the Image of God (Genesis 1:26-27). Healing from a biblical perspective does not only focus on the physical but also comprises of the restoration of the whole human being. It is

important for Christians to understand diseases and healing in a cross-cultural perspective.

Jesus' intervention in the healing of man focus first on the cleansing of the highest inner disease which is sin. Instead of the physical healing, Jesus' healing demonstrates a total separation from the latter to the newness in Him through His cleansing blood. Jesus heals by proclaiming freedom from sin and freedom in Christ. Unlike the physical methods of healing, Jesus emphasis is on having faith as He said to the woman with the issue of blood, "Your faith has made you well" (Matthew 9:22 ESV). The woman's act of faith set her free from both the inner, spiritual and physical sickness (Alexander and Rosner 2000, 536–40). In this type of healing, Jesus demonstrated as the authorized agent of Yahweh's healing beneficence. That is, the method of healing reflects the presence of God in our human needs. Muslims live in a spiritual world that is surrounded by spiritual forces like jinn, evil eye and witchcraft. In the quest to satisfy these needs, Somali Muslims are permitted to seek for healing by any means necessary. With this in mind, it is of importance to introduce the mighty healer to Somali Muslims and teachers who heals both physical and spiritual diseases.

Furthermore, Muslims are religious people. Yet feel spiritually inadequate. Therefore, Somali Muslims experience an emptiness between the Islamic traditional methods of healing and the realities they face daily (Kim 2018, 27–28). From the research findings, Muslims can be reached with the healing power of a Savior who will meet their religious, spiritual, and physical felt-needs.

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APPENDICES

APPENDIX 1: INTERVIEW QUESTIONS WITH SOMALI MUSLIMS AND IMAMS

Main Research Questions

RQ 1. What is the perception of Somali Muslims on traditional healing in Eastleigh?

RQ 2. What is the official required Islamic view on traditional healing?

RQ 3. What is the comparison between Muslims' perceptions and the Islamic teachers' view on traditional healing.

APPENDIX 2: QUESTION GUIDE FOR SOMALI MUSLIMS AND IMAMS IN EASTLEIGH OF NAIROBI, KENYA

SOMALI MUSLIMS

Research Question 1: What is the perception of Somali Muslims on traditional healing in Eastleigh?

1. How can you describe your understanding of traditional healing?
2. Tell me about your first encounter with a traditional healer. What was your experience like?
3. What were the requirements for getting treatment?
4. What is the process involved in getting traditional healing?
5. What was the result of the treatment?

SOMALI MUSLIM IMAMS

Research Question 2: What is the official required Islamic view on traditional healing?

- a. What does the Qur'an teach about healing?**
- b. What does the Hadith teach about traditional healing?**
- c. What do Muslim Scholars teach about traditional healing?**
1. What is your understanding of the Qur'anic teaching on traditional healing?
2. What are the specific ways of healing required in Islam?
3. What are the common diseases normally treated using the traditional Islamic healing methods?
4. Who are the traditional healers who are officially accepted?
 - a. Why are they accepted?
5. Do you teach Muslims about the official way of healing?

Research Question three: What is the comparison between Muslims' perceptions and the Islamic teachers' view on traditional healing.

APPENDIX 3: IERB PROPOSAL SUBMISSION FORM

Part B: Principle Investigator Research Proposal Submission Checklist

Please ensure that the following items are attached when submitting the proposal to the IERB Office:

Research Proposal must include:

Chapter 1: Introduction. This should cover the background to the problem, statement of the problem, objectives of the study, research questions, purpose of the study, justification for the study, limitation of the study, definition of terms and the chapter summary.

Chapter 2: Literature Review

Chapter 3: Research Methodology. At minimum shall include the research design, site selection, participant selection with inclusion/exclusion criteria, pre-screening of participants, participant consent, description of risk assessment and methods to reduce risk, participant debrief, data collection, instrumentation, method of data analysis/validity/reliability, ethical considerations including methods to ensure participant confidentiality, i.e. stored data, non-disclosure of participant identification, disposal of data at conclusion of research.

References in compliance with APA or other relevant style of writing and referencing

Appendices

- Principal Investigator(s) Curriculum Vitae
- Participant Informed Consent
- Parent Consent/Child Assent Forms (IF Applicable)
 - Debrief Form
- PI and Other Researchers' Signed Confidentiality Agreements
- 4 Hard Copies of all submission documents (signed by supervisors)
- 1 Soft Copy of all submission documents (Signed by supervisors)
- Receipt of payment
- Plagiarism report (20% maximum plagiarism)
- This proposal has been defended? Indicate date of defense _____

Part C: Principal Investigator Declaration

As the Principal Investigator of this study I hereby declare that I take full responsibility for this proposed study and will conduct it according to the documented proposal and in line with AIU IERB ethical guidelines.

By signing this document, I agree that:

- a) All documents submitted with this application are a true representation of the proposed study and have not been falsified in any way.
- b) This study will not commence in any way, and no participants will be recruited, until a final official approval is received from AIU's IERB.
- c) Ethical standards of practice will be maintained during this research.

The study will be conducted as stated in the submitted protocol. All participants will be recruited and consented as stated in the submitted protocol.

Any planned or any unforeseen protocol deviations or protocol violations -to the submitted study- must be reported to AIU's IERB in writing by email to joash.mutua@africainternational.edu immediately. The Deviation/Violation Report Form must be submitted to the IERB office within five (5) business days of the email to the IERB Office.

- d) Any unexpected or serious adverse event during the research must be reported to the IERB Office by telephone (+**254743513617**) immediately, and by email to joash.mutua@africainternational.edu within twenty four (24) hours after the PI is aware of the event.

Principal Investigator Signature	Date

**APPENDIX 4: IERB INFORMED CONSENT FORM-(AIU-A/IERB FORM
2019-4)**

PARTICIPANT CONSENT FORM

I Aminata Alina Koroma a student at Africa International University, where I am pursuing a degree in Master of Theology in Mission. As part of a degree requirements, the researcher is completing a research study and I would like to include you in the study. My research chair at Africa International University Dr. Josephine Mutuku may be contacted by email at (josephine.mutuku@africainternational.edu) or phone (+254 721565857) if you have any questions at any time.

Your written consent is required to participate so that I can confirm that you have been informed of the study and that you agree to participate. You are free to decline or discontinue your participation at any time during the study if you wish to do so. All information obtained in this study will be kept confidential; a number will be assigned to any research forms to ensure your privacy is protected. Your name or identify will not be given in any report or publication.

The purpose of the research is a Study on Muslims' Perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya. The researcher will ask you to answer questions relating to this study on your perception. The question that you will be asked is not a test, there is no deception in these questions, and there are no right or wrong answers, simply answer the questions as honestly as you can. The interview should take between 30 minutes but no longer than about 45 minutes to complete in one sitting.

The outcome of the information obtained during this research will be summarized and utilized in my thesis study. Participant names will not be utilized, as shown below a number will now be assigned to ensure your identity is kept confidential during and after this study is completed.

My Consent to Participate:

By signing below, I consent to participate in this study.

Signature of Participant

Today's Date

Principal Researcher

Today's Date

Participant Number to be used on all documents:

**APPENDIX 5: IERB PARTICIPANT DEBRIEF FORM (AIU-A/IERB Form
2019-6)**

Thank you for participating in this research study. The purpose of this study is to know Muslims' Perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya: Implications for mission. This is to know Somali Muslims perception on traditional healing and come up with implication for effective ministry.

Your participation will help the Church and Christian missionaries in Eastleigh to understanding of Somali Muslims' perception of traditional healing for effective ministry. If for whatever reason you wish to decline at any stage, you are free to do so.

Thank you once again for your participation.

Sincerely,

PI Signature: _____

APPENDIX 6: IERB CONFIDENTIALITY FORM

Principal Investigator

This confidentiality form is a legal agreement between AIU's IERB and the undersigned principal investigator who will have access to individually-identifiable original records (electronic or paper), or any other matters regarding the research process.

IERB Research Number: _____

PI Name: _____ **Date:** _____

Title of Research: A Study on Muslims' Perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya.

In conducting this research project, I agree to the following:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format.
2. Keep all research information in any form or format securely maintained on a daily basis, during the process of conducting and writing the research.
3. At the conclusion of the research, dispose of any documents that contain identification information, such as participant names or other information that could reveal identity of the human subject.
4. Monitor all other researchers who work with me, i.e. research assistants, administrative persons, etc., to ensure their compliance to confidentiality. Any

APPENDIX 7: IERB CONFIDENTIALITY FORM – RESEARCH ASSISTANT

This confidentiality form is a legal agreement between AIU’s IERB and the undersigned *research assistant* who will have access to individually-identifiable original records (electronic or paper), or any other matters regarding the research process.

IERB Research Number: _____

Research Assistant’s Name: _____ Date: _____

Title of Research: A study on Muslims’ perception of traditional healing among Somali Muslims in Eastleigh of Nairobi, Kenya: implications for missions

In conducting this research project, I agree to the following:

- a) Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format.
- b) Keep all research information in any form or format securely maintained daily, during the process of conducting and writing the research.
- c) At the end of the research, dispose of any documents that contain identification information, such as participant names or other information that could reveal identity of the human subject; as approved by the principal investigator

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Researcher Assistant:

Print Name

Signature

Date

Witness Name

Signature

Date

This study has been reviewed and approved for human subject participation by AIU IERB. If you have questions or concerns about this study, please contact the principal investigator. If you have questions regarding the participant's rights, contact the IERB Office at 0703394399.

APPENDIX 8: CURRICULUM VITAE

PERSONAL PROFILE

NAME: Aminata Alina Koroma

ADDRESS: 3c Upper Mellon Street Wellington, Freetown, Sierra Leone.

DATE OF BIRTH: 28th November 1993

PLACE OF BIRTH: Mawoko, Koya Chiefdom

NATIONALITY: Sierra Leonean

MARITAL STATUS: Single

LANGUAGES SPOKEN: Themne, Krio and English

EMAIL ADDRESS. amalinakoya@gmail.com

RELIGION: Christian

HOBBIES: Singing, Reading and Swimming

CONTACT NUMBER: +254 743236965/+232 76651386/+254 700664717/+232 88020367

EDUCATIONAL BACKGROUND

YEAR	INSTITUTION	QUALIFICATION
2017 – 2019	Africa International University (AIU)	MA. Missions-Islamic studies (in view)
2012 – 2016	The Evangelical College of Theology (TECT)	Bachelor of theology – (Missions)
2012	University of Makeni – Affiliated with Institute of Electoral Administration Civic Education SL	Diploma in Electoral Administration and Civic Education
2012	Wellington Senior Secondary School	West Africa Senior School Certificate Examination (WASSCE)
2010	Njala University and Oklahoma State University	Certificate in Agriculture Youth Leadership Program

WORKING EXPERIENCE

YEAR	INSTITUTION	POSITION HELD
2016 – 2017	Christian Alliance International Secondary School	Acting Principal
2014	Global Connection Partnership Network (GCPN)	Student Pastor
2013	National Electoral Commission (NEC)	Office Assistant
2011 - 2012	Star Radio (Star Pekin Tuk)	Child Broadcaster
2010	Njala University	Volunteer trainer

REFEREES**1. Dr. John Jusu**

Lecturer

Africa International University (AIU)

jkjusu@yahoo.com

Tel: +254700664717

2. Rev. Samuel G. A. Kargbo

Principal

The Evangelical College of Theology
(TECT)

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