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# USING KINSHIP STRUCTURES IN HEALTH PROGRAMMING—AN EXAMPLE OF PREVENTIVE MEASURES AND SUCCESSFUL INTERVENTIONS

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## 37.1 INTRODUCTION

Public health has been transforming less advantaged rural communities in sub-Saharan Africa with a focus on improving technologies, and providing skilled manpower to manage and maintain them. Meanwhile, development and health indicators have continued to slide or remain below optimal levels. This failure is blamed on factors such as civil conflict, corruption, and conservativeness of traditional communities, to mention a few. However, ignorance and lack of involving the traditional African kinship system is rarely cited as a barrier to success. Indeed, research suggests it is a resource, particularly in rural communities, that has not yet been harnessed for socioeconomic and cultural development (1, 2).

## 37.2 THE TRADITIONAL AFRICAN KINSHIP SYSTEM

The traditional African kinship system is a central social structure that defines how people interact with one another, perceive their relationships, understand their origin, and view expectations that guide their behavior. Kinship refers intuitively to "blood relationships," and the essential strands of kinship are successive relations between parents and their children (1, 3).

Although it refers to mainly an extended family of blood-related individuals, women are included in their respective kinships by marriage. In rural sub-Saharan Africa, this group of related persons often owns and occupies a specific geographical area, comprising a part, if not all, of the administrative unity commonly referred to as a community.

Kinships serve as a model for relationships even to nonrelatives. Dealing with traditional communities requires an understanding of the kinship system in order to make sense of almost anything else. A person without kinsmen almost has no hope for a normal life, a valuable marriage, the ability to meet subsistence needs, or to find care when sick, injured, or elderly. The kinship structure forms the basis of political, economic, and even religious organization (1, 3).

Kinship is the main structure that produces and shapes patterns of behavior, and maintains social legal systems. It is a stage where interactions determine which behaviors become the norms and values of communities (4). These are passed on and modified from generation to generation. Noncompliant individuals may find themselves "boxed in" by sanctions predetermined by the respective traditional kinship's social legal system. They are compelled to comply or risk being criticized and even excommunicated (3, 5, 6). The kinship structure under different names exists in all rural societies in sub-Saharan Africa, and many urban dwellers still pay allegiance to their respective kinships back in their rural villages. Kinship is not a unique characteristic to sub-Sahara Africa, it exists everywhere; but it is more apparent in North Africa, the Middle East, and parts of Asia. It is through the kinship system that people have made sense of and coped with disasters, diseases, and other adversities over many centuries. One would expect such a system to have a synergetic effect with the current advancement in science and technology, but this resource is largely untapped.

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### 37.2.1 Using the Traditional African Kinship System in Health Programming

Evidence suggests that it is vital to understand and utilize the kinship structure in order to convey the skills and information necessary to realize affordable, equitable, and quality health services to underprivileged communities. The kinship structure is one of the main pillars of successful roots-up health programming as it enhances involvement of individual community members, creates a demand for essential services, and entrenches desired ethics and standards for disease prevention and control (1, 6).

Identification of the kinship structure as critical for successful health programming was unintentional. It happened at the time when health workers and donor agencies were in favor of monetary incentives to community members who were then referred to as "volunteers." Monitoring data showed that the less monetary incentives provided, the better the performance of community-selected ivermectin distributors for onchocerciasis control (6–8). Since the mid-1990s, this observation has confounded the assumption that incentives to community participants would improve their performance. When monetary incentives were not provided, some ivermectin distributors continued to distribute ivermectin with stunning success, while others registered poor performance. Studies have consistently shown that ivermectin distributors who continue to provide quality service without demanding incentives are those who serve their kinsmen. However, outside their kinships, performance remains below the expected level even when incentives are provided (1, 7, 8).

In the kinship structure, serving ones' kin is a "joyful" obligation where rewards are not expected. The kinsmen are the distributor's insurance in case of illness, urgent need for labor support in his or her garden, construction of a house, and even support to have a respectable marriage. Expecting any form of incentives from ones' relatives in return for the service provided is sacrilegious, and swiftly triggers their wrath (1, 3, 5). It was for this reason that some Carter Center-assisted onchocerciasis control programs have adopted the traditional kinship structure for community-directed treatment with ivermectin (CDTI) for onchocerciasis control, and other mass drug administration programs.

The traditional kinship structure improves attendance of health education sessions and creates a more informed, inclusive, and effective decision-making process. It also makes community mobilization and education easier than in communities where it is not utilized. This has improved community skills and confidence to tackle public health challenges. High treatment coverage ($\geq$90%) of eligible populations has been attained and sustained (1, 7, 8). Kinship-based health workers walk short distances and have lighter workloads that are completed in a short period, leaving more time for domestic chores. Kinship groups have also tended to select many interested persons for training as ivermectin distributors compared to other community structures (1, 9). Even when the ratio of at least one distributor per six households (about 42 persons) has been attained in many kinships, training of new distributors continues.

It has also been observed that kinship-based health workers are more likely to be involved in multidisease control compared to those selected outside this structure (1, 9). Since they experience fewer social barriers, most health topics are on the table for discussion and action. This includes diseases with stigma such as sexually transmitted diseases (STDs), HIV/AIDS, and tuberculosis. Kinsmen are able to share their own experiences, however embarrassing, so that health challenges can be overcome as survival and success are the main motivation. The knowledge acquired and the successes attained become engrained in every kinship member, including children. This is life changing for the entire kinship and the community. On this foundation values are shaped, and confidence to tackle more challenging situations becomes the norm. It is within the kinship structure that community safeguards with additional resources apart from those outside the community are mobilized to prevent and control diseases such as dracunculiasis, schistosomiasis, and other preventable water-related diseases that usually constitute at least 70% of their public health challenges.

One of the frustrations for public health programs in sub-Sahara Africa is minimal involvement of women. Where the traditional African kinship structure has been utilized, women's attendance of health education sessions and their involvement as kinship-selected community health workers has greatly improved. Women's involvement has been appreciated by their communities, and their performance rated as better than that of their male counterparts (10). Women have always been caregivers in their communities, and having them back in public health where historically they have excelled is not "rocket" science. The kinship structure and its social legal systems naturally allowed this to happen. It was ill-fated that biomedical culture resisted coexistence with the traditional kinship structure. Anything deemed traditional was ignored in health programming, and persistently undervalued. This tendency is significantly responsible for the discouragement of women's involvement in public health programs.

It has been gratifying to see women selected as community health workers using the traditional kinship structure in Abu Hamad in north Sudan, a traditional and conservative Islamic area. As long as they operate within their respective kinships, they educate and debate their kinsmen without hurting the male self-worth. I have seen women reject openly what they view as not beneficial to women, children, and the entire kinship. Such a behavior in most rural communities is tolerated within the kinship, and rarely outside this age-old structure. Their excitement and involvement during health education was never considered untraditional or unIslamic.

Instead, their contribution to health care and building of viable families has been valued, and their protection assured. This has been observed in similar traditional and religious settings in Carter Center assisted river blindness control programs in Cameroon, Nigeria, Sudan, and Uganda.

It is through the traditional kinship structure that issues like the marginalization of women in education, forced early marriages, female circumcision, family planning, and maternal and child health can be addressed. It is through this structure that threats against individuals and their families become visible, and a concern that can be translated into action. There is a saying that "blood is thicker than water." In some sub-Saharan cultures, it is even said that "a hyena from your home eats you better that a hyena from a distant place." A hyena has a ferocious bite no matter where it's coming from. However, this popular saying emphasizes the importance of the kinship structure.

One of the characteristics of the traditional kinship system is that it presents a mechanism for competition that critics consistently fail to recognize. The example they present is the principle of the "leveling mechanism" that exists in many traditional communities (2, 11). A conspicuous example is huts in a village that are built almost with the same size and design. A different size and design by a kinsman could be viewed as a threat to the entire kinship. In some cultures, if one kinsman is well off, the other kinsmen and other people come for favors, stripping the household of its wealth and keeping it at the same level with others in the same geographical area. The principle of leveling mechanism was to keep all members in check and under the control of their kinship social legal system. A well-off family could decide not to depend on other families and opt out of obligations to other kindred families. Such a behavior was frightening and could endanger the cohesion and existence of the kinship in question. It is due to the leveling mechanism that policy and decision makers tended to criticize the traditional kinship structure as a vehicle for stifling competition and progress.

However, the kinship structure is proving adaptable to current needs and continues to confound its critics. In some regions, it has improved education, farming, commerce, and construction of family houses. The Bameleke people of west region of Cameroon are a good example of what kinship structures can contribute to community and regional transformation. Through their kinship structure, the Bameleke people have organized an effective credit system outside the "modern" banking system. The members only expect the recipient to succeed and pay back what was given. When that happens, other kinsmen are assisted. Through this credit system, the Bameleke have become a dominant force in commerce, improving education and family houses in their respective villages compared to other people of Cameroon. The traditional kinship structure's supportive legal system ensures member compliance in paying back or face the wrath of fellow kinsmen. When drastic action is taken, the official government legal system may not be consulted, and the punishment imposed may not be necessarily illegal, but its impact in most cases is effective in dealing with noncompliant individuals.

The Bakiga of southwestern Uganda have a kinship structure referred to as "*Engozi*" that ensures family access to adequate labor during farming seasons, and domestic support when the provider of a member family is faced with unique challenges such as ill health within his or her household (12, 13). Through this system, the kinship has ensured adequate food reserves for the families concerned, and taken care of their weak or physically challenged members.

The importance of the kinship structure was also observed in Guinea in 1981 where an agricultural development program supported by USAID tripled its cost from USD 4 million to USD 15 million without realizing expected goals. Research revealed that the failure was due to lack of understanding and utilization of Malinke kinship structure. Land, labor, and economic cooperation among the Malinke society was controlled through the kinship structure. It was only after this strong connection between the kinship and the agricultural systems had been revealed that appropriate changes were made, and success realized in the multimillion-dollar USAID project (14). All these unique and positive features of the kinship structure are assets that policy and decision makers can exploit for successful health programming.

## 37.3 CONCLUSION

Though often limited to geographical areas, the kinship structure encourages interactions across kinships in order to ensure security, exchange of goods and services, and useful relationship through marriage. Community projects such as construction of schools, health units, convenient safe water points, and even places of worship are attained due to successful interkinship collaboration. The kinship structure is still strong and well respected; therefore, understanding and utilizing it is vital for successful health programming.

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