

Small Insects, Big Trouble

This story taken from the report "Tropical Disease Research 1997", page 50, by the WHO, UNDP and World Bank describes the problems a Kenyan woman may face after falling sick from malaria. Additionally background information about Kenya are provided, as well as some suggestions for students activities.

Information about Kenya

The following table gives some general background data on the geographics, population, and economics of Kenya in comparison to Ghana. All data are derived from the CIA online atlas.

	Ghana (independent since 6.3.1957)	Republic of Kenya (independent since 12.12.1963)
Geographics		
Area	238,540 sq km	582,650 sq km
Neighbour countries	Ivory Coast, Togo, Burkina Faso	Ethiopia, Somalia, Sudan, Tanzania, Uganda
Highest point	880 m (Mount Afadjato)	5,199 m (Mount Kenya)
Capital	Accra	Nairobi
Administrative divisions	Ashanti, Brong-Ahafo, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta, Western	Central, Coast, Eastern, Nairobi Area, North Eastern, Nyanza, Rift Valley, Western
Population		
Population	18,500,000	28,200,000
Age structure	0-14 years: 43% 15-64 years: 54% 65 years and over: 3%	0-14 years: 43% 15-64 years: 54% 65 years and over: 3%
Population growth	2.1%	1.6%
Birth rate	32.8 births/1,000 population	30.8 births/1,000 population
Death rate	10.6 deahs/1,000 population	14.48 deaths/1,000 population
Infant mortality rate	77.5 deaths/1,000 live births	59.1 deaths/1,000 live births
Total fertility rate	4.3 children born/woman	3.9 children born/woman
Ethnic groups	Akan 44%, Moshi-Dagomba	Kikuyu 22%, Luhya 14%, Luo 13%, Kalenjin 12%, Kamba

	Ghana (independent since 6.3.1957)	Republic of Kenya (independent since 12.12.1963)
Languages	16%, Ewe 13%, Ga 8%, other 19%	11%, Kisii 6%, Meru 6%, other 16%
Literacy	English (official), Akan, Moshi-Dagomba, Ewe, Ga and others	English (official), Swahili (official) and others
Literacy	total population: 65% male: 76% female: 54%	total population: 78% male: 86% female 70%
Economy		
GDP per capita (purchasing power parity)	\$ 2,000	\$ 1,550
GDP composition by sector	agriculture: 41% industry: 14% services: 45%	agriculture: 29% industry: 17% services: 54%
Labor force by occupation	agriculture and fishing: 61% industry: 10% services: 29%	agriculture: 75% nonagriculture: 25%
Industries	mining, lumbering, light manufacturing, aluminium smelting, food processing	small-scale consumer goods, agricultural products processing, oil refining, cement, tourism
Exports	\$ 1.6 billion	\$ 2 billion
Imports	\$ 1.8 billion	\$ 3 billion
External debt	\$ 5.2 billion	\$ 6.5 billion

Story: "Small Insects, Big Trouble"

The following story tells the fate of Kagendo a Tharaka women in Chiakariga (Kenya).

Kagendo is sick with malaria. Her husband, M'Makembo, spends his time drinking "marua" with his friends and doesn't care about his family or wife. Kagendo has a friend, a "mucoore" (trusted woman friend), called Karimi who comforts her and takes action during times of illness. They also share information on topics like pregnancy and malaria. Kagendo is lying on a mat outside her hut. Her children are playing nearby. She gets up and starts preparing the midday meal and then goes back to sleep on the mat. She sends her daughter Makena to keep the cooking fire going. Her mucoore comes to visit, finds her sick and questions her on her illness and what medications she has taken. Kagendo explains that she had taken leftover drugs from her son, Gitonga's, last illness. She has also taken mukununi, mutongu herbs and a local brew made from honey. Her mucoore asks her what her husband

has done since she got sick. She responds by saying that he has sold a cow but has not used the money to treat her illness. Various gender issues are raised in their discussion, such as the neglect of the wife by the husband, the work burden on women, lack of financial resources among women and the problem of alcoholism in the community.

The brother-in-law comes, expresses surprise that the brother left his wife sick, and asks about the symptoms of her illness and the medication she has taken. He then quickly sends Gitonga to buy malaria drugs at Mr Nyaga's shop. He then goes to look for his brother. The two mucoores continue discussing.

At Nyaga's shop, Gitonga explains that his mother is sick with malaria and that he has been sent to buy chloroquine tablets. Mr Nyaga asks him about the symptoms of his mother's illness and then sells the medicine. He tells Gitonga that his mother should take four tablets at once, two after six hours, and two every morning for three days. Gitonga returns with the tablets and passes on the information. The mucoore tells Kagendo that she will come back in the evening to personally give her the right dosage and ensure that she takes the correct dosage for the remaining days.

The drunken husband enters with the brother-in-law and is surprised to find his wife's mucoore in the house. He says he is not sure whether the wife is sick or just pretending, since she has been doing so from the time he married her. At this point, the brother calls him aside and tells him that his wife is seriously sick with malaria and that she is not malingering.

On the fifth day, after completing the treatment, Kagendo's condition has become worse. She is now vomiting, can't walk and feels drowsy. The husband is now worried and realises his wife is not pretending. He sends for his brother. On arrival, he tells him (his brother) that his wife's illness has become worse and he has sent Gitonga for Nyaga's vehicle to carry her to the hospital. His brother makes an "itarati" (the traditional Tharaka stretcher) to carry Kagendo to the hospital instead of waiting for the vehicle. He sends Makena to call his wife's mucoore. M'Makembo tells the mucoore that his wife is now very sick and he fears for her life. The mucoore accompanies them to the hospital after organizing her household and leaving a message for her husband about where she has gone.

Kagendo is placed on the itarati and the safari to hospital begins with the mucoore, husband and brother-in-law. At the health facility, the doctor examines her, asks for the symptoms, the medication she has taken and tells them that she has to be admitted. He reassures them that Kagendo will be fine. He also explains that the reason why the drugs were not effective is because of parasite resistance to chloroquine tablets. So even though Kagendo took the correct drugs and correct dosage, she still became sick.

Students activity

1. How do you think Kagendo's story is different from a Dagomba woman's story. Discuss the main differences and similarities with your classmates. 2. Based on the provided story write a play together with your classmates and act it out. Consider whether you have to introduce any changes into the story to make it suitable for your own environment.

Comments, suggestions or corrections, especially from Ghanaians, people from the teaching field or in malaria research to mattgig@crosswinds.net are most welcome.