

Paper Title: Religion and Science: Living ‘Double’ Lives in Africa

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Abstract:

In Africa, religion and science are not dichotomized as perceived in the western understanding. Religion is seen as the central pillar which embraces all aspects of life. The introduction of Christianity and colonization in the early nineteenth century however changed this understanding. In particular, the missionaries used biomedicine to prove the superiority of the Christian faith. The African, however, discovered that faith and science were perceived as two distinct entities by the new comers.

The Africans also discovered that the new faith conflicted with traditional religion. They were particularly put in a compromising position when the missionaries discouraged and attempted to eradicate their culture. At the same time, the Africans discovered that science and technology served their needs and improved their livelihood directly. On the other hand, their traditional religion responded to their needs better than the new faith.

This paper discusses the ‘double’ lives that the majority of African live in today as followers of Christianity on the one hand and consumers of scientific and technological development on the other; as adherents of Christianity and at the same time followers of traditional religion. This scenario has forced many elite Africans to live ‘double’ lives as explained in this paper.

Biography:

Prof. Adam Kiplangat arap Chepkwony is a Kenyan and currently serves as Associate Professor of Religion at Moi University in Kenya. He did his undergraduate work at Houghton College, Houghton New York where he obtained his BA degree in 1976. For a Masters Degree in Religion, he went to Asbury Theological Seminary and graduated in 1978.

Prof. arap Chepkwony’s teaching career began in 1978 as a teacher in a secondary school. In 1981 he did a one year Postgraduate Diploma in Education (PGDE) at the University of Nairobi, Kenya. Thereafter he taught at a Teacher Training Institution from 1981 to 1989 when he was appointed a Tutorial fellow at Moi University, Department of Religion.

At Moi University, he has taught and supervised students in the area of Comparative Religion with special emphasis on African Religion. In 1997 he graduated with Doctor of Philosophy degree in Religion from Moi University. He also has a Higher Diploma certificate in Psychological Counseling obtained in 2003. He served as the Head of Department from 1997 to 2003 and currently is the External Examiner of Makerere University in Uganda. He has published several articles in journals and chapters in books as well as entries in encyclopedia. His interest in Religion and Science developed since he was invited to The Center of Theology and Natural Sciences, at Berkeley, California

in 2000. He won a Science and Religion course competition in the year 2002 and the Local Societies Initiative award in 2004. He is presently the chairperson of Dialogue in Religion and Science Group at Moi University, Kenya; the contact person of African Association of the Study of Religion and the Chair of Ecumenical symposium of Eastern African Theologians.

### **Introduction**

In an African Setting, religion and science are not dichotomized as perceived in the western understanding. Religion is seen as the central pillar which embraces all aspects of life including science, politics, economics, ethics, esthetics and kinship. With the introduction of Christianity however in the early nineteenth century, the missionaries used science and in particular, biomedicine to prove the superiority of the Christian faith to the Africans. As the Africans embraced the Christian faith, it was not long before they discovered that faith and science were perceived as two distinct entities even by the missionaries and the colonialist themselves.

The Africans also discovered that the new faith conflicted with traditional religion in many areas. They were particularly concerned about the systematic attempts by the missionaries and the colonial governments not only to discourage but to eradicate the Africa culture. At the same time, the Africans discovered that science and technology served their needs and improved their livelihood directly and immediately. On the other hand, their traditional religion responded to their needs better than the new faith.

In this paper, I shall discuss the ‘double’ lives that the majority of African live in today as follows of Christianity on the one hand and consumers of scientific development on the other. Similarly others find themselves as adherents of Christianity and at the same time followers of traditional religion. The paper shall begin by presenting a brief historical background of the science and religion dichotomy and proceed to show how this is demonstrated in a current debate between traditional practitioners and medical doctors in Kenya. Finally, the paper shall suggest that partnership is the way forward to address this dilemma amicably.

### **African Religion and Science**

As I have noted elsewhere and also by others, African Religion is a way of life (arap Chepkwony 2003, Tasie 2003). Religion is incorporated in African culture such that compartmentalization between secular and religious life, as evident in modern life is inconceivable. This idea is however not unique to African religion. The separation of religion and science is a modern development that emerged in the west in the enlightenment period. Before then, there was no rivalry or disparity between religion and science as perceived today. Eric Waterhouse has thus observed that:

It has already been said that history shows that in the earliest days of their development, religion and the beginning of science were one within the culture of the tribe or nation concerned, and as for many centuries education was virtually the monopoly of the priestly castes...Even in the greatest days of Greece, science and philosophical religious speculation went together as in the brotherhood or colony founded by Pythagoras at Crotona ( Wambutda 2002: 40).

To argue therefore that science existed in African cultures as understood in the modern sense as a discipline is to stretch the point too far. To be sure, many scholars find it difficult to find appropriate terminology in the African setting to describe the discipline as understood and practiced today. P. Ade Dopamu for example has indicated that the Yoruba of Nigeria use the word *Imo* which means knowledge to mean science. He further suggests that in an African understanding, this knowledge must be supported by *Ogbon* which means wisdom (Dopamu2002: 29). Similarly, It has been suggested that the right word to describe science in Islam is *ilm* which also means knowledge and *lum* is the Arabic word for modern science (Oseni 2003:103). Whereas this is true and indeed the closest term to describe the activities of science within the context of the culture, it still does not describe what we understand by science today as a special knowledge that is studied and controlled by specific methodology and practice.

Having said that, this does not mean the Africans in the past did not involve themselves in scientific undertakings. The development of African culture consists of keen observation and experimentation which are the key concepts in science. The technology developed in African culture reflects the operations of specific scientific principles comparable to some degree to modern science. The book, *African System of Science, technology and Art (1993)* edited by Gloria Thomas-Emeagwali has details of such scientific and technological efforts in African.

It will suffice here to give an example of how in my own experience I was introduced to scientific knowledge in my culture. As an initiate into adulthood, I remember spending many hours and days in the evening getting introduced to the science of constellation. Similarly, we were introduced to plants, roots and leave that are useful for first aid in the event of minor illnesses. We were also trained on the science of magic and ritual performance. All these were done, not in isolation, but in relation to all other aspects of social life we were expected to face in adult life. It is only now that I see the scientific components of my instructions and appreciate the similarities of the information I received then with that of modern science.

The situation today, even in Africa, is not the same. The introduction of education and with it specific disciplines, knowledge has been compartmentalized. In Africa, this idea was brought by the missionaries and the colonial governments at the turn of the century. It was the missionaries who introduced Christianity and with it western education which emphasized technical education. And although the missionaries used science to promote and advance the Christian faith, it was not long before the Africans realized that the missionaries and the settlers perceived religion and science as two distinct entities. The pioneer African elite soon realized that Christian faith only served as a vehicle to education, and in particular, scientific knowledge since with it, the livelihood of the community at large improved. On the other hand, the indigenous religions served the immediate Africans needs in a practical manner than did Christianity and other foreign faiths.

It was these experiences and observations that introduced Africans to what I have described as ‘double’ lives. In other word, for the African to get the education that would improve their livelihood, they had to be Christians first. At the same time, to be an African, the culture required one to observe the traditional life style that was not necessarily accepted by the church. At the same time, the African admired and wanted to

live a lifestyle that was close to that which was lived by the missionaries and the settler. To achieve this, one had to receive the western education through mission schools who first required one to be a Christian. For many, this meant accepting Christianity even if through pretense in order to achieve western education. This marked the beginning of African elites living 'double' lives, a fact which was necessitated by the need to survive. J. N Mugambi has described the scenario of living 'double' lives thus:

Double living is the name of the game of survival for people who are under the control of the principalities and powers of this world. Without the game survival is impossible (Mugambi, e-mail message to Downing)

It is such hidden voices of Africa that force them to live double lives, lives that are painful, fearful and constantly uncertain; lives that are untruthful, none-progressive, deceitful and in general poor lives. It is a live of living someone else's live and denying ones own live for the sake of survival. It is undesirable live for anyone in this time and age.

This situation was further buttressed by the way the missionaries and the settler behaved. The Africans observed that the missionaries and the settler interests were not the same and that each pursued their different goals. This dilemma was captured well by A. J. Macdonald:

Thus, ironically, whilst Africans increasingly worried over the missionary role as an important aid to settler and official power, settler and officials were often irritated by the missionaries' 'independence from a sound imperial policy' (Anderson1970:29)

The African also observed and noted that the missionaries live 'double' lives in that the majority did not adhere to the teaching of the gospel as is taught in the church. In particular the Africans were concerned on how the missionaries segregated them in the church, in education, their attitude towards their lifestyle and in the way they degraded their culture in general. In this regard, E. Owen observed that Africans were not amused in the way they were treated by missionaries.

...Western family life was depicted and such things as missionary attitudes to their wives, the education of their own children and their standards of hospitality were noted carefully by observant Africans, who 'because of the very teaching of our Master are keenly aware of inconsistencies between our profession and practice (Anderson1970:27)

It was no wonder then that the Africans adapted this style of looking at issues for their own survival. Carey Francis a prominent Mathematician and who taught for many years in Kenya captured this double living among his students at Alliance High School. He observed that:

I think that they (the schoolboys) are like chameleons. When at school they fit into the surroundings, the idea of the school. Then they go out into the world... and they slide part way at any rate into their world (Anderson1970:24).

The above scenario is not very different in African today in as far as the attitude towards science and religion is concerned. The majority of African elites continue to live 'double' lives, that of a scientist on the one hand and that of a Christian/traditionalist on the other. It is generally assumed that a true scientist is not religious. In the other hand, religious people are often opposed to scientific developments. It is thus not unusual to find an Evangelist preaching against scientists on the ground that scientists play God or that they attempt to compete with God.

In retaliation, the scientists very often ignore everything religious on the account that it has no verifiable evidence and that religious claims can not be repeated in an experiments. In the next section, I shall illustrate this dilemma with an on going debate in Kenya between medical scientist who follow science in their practice and the traditional practitioners who perform their healing under the spiritual umbrella.

### **The Kenya Debate between Medical Scientist and traditional practitioners**

There is an ongoing debate in Kenya on the place of African traditional medicine in contemporary society since January 2002. The debate was prompted by the Minister of Public Health when he announced that a bill will be introduced in Parliament seeking to legalize traditional medicine in Kenya. According to the Minister, the Bill will enable traditional medicine to be institutionalized and thus be integrated into medical practice. This will thus allow the use of traditional medicine alongside conventional medicine.

In his submission, the Minister outlined how the two approaches of medical practices will be integrated. The Minister further noted that traditional medicine would be subjected to thorough scrutiny and inspection before they are prescribed for sale in the pharmacies. Indeed, he explained further that the ministry has already established an analytical laboratory equipped with modern technology to help test the efficacy of traditional medicine.

Some sectors of conventional medicine are however not amused by the Minister's move. The Kenya Medical Association (KMA) and the Parliamentary Committee on Health (PCH) in particular do not agree with the concept and see the whole issue as a big joke. The Chairperson of the later, for example, described the proposed Bill as "a public relations exercise aimed at creating confusion in an already confused health sector" (*East African Standard*, January 16 2002). These sentiments have brought about a heated debate as expressed in the local media. There are two groups of people, it seems, those that agree with the minister of Health and those opposed to him and support the position of the KMA and PCH.

The debate basically presents two views. One, that traditional medicine needs to be incorporated in the medical system in Kenya public hospital. This view, which is supported by the government further suggest that the ministry of health will put all samples of herbal medicine under intense scrutiny to assess their efficacy, toxic level and their practicability. Those who hold this view intend to restrict African traditional therapy into a system of organization that fits the modern hospital administration.

Although this idea is noble and indeed desirable, it poses immediate problems to the understanding of African healing. It is true that it is possible to test the ingredients of certain herbs and ascertain its medicinal value, a fact which should be encouraged. However, I can foresee some difficulty of discerning the value of spiritual healing where for example, the efficacy of certain herbs is attributed to the Supreme Being.

It is a fact that African traditional healing is not restricted to herbs that can be subjected to laboratory test. Africans believe that nature, community and rituals for example, have healing power and thus medicinal. In such cases, it will be difficult to subject such medication to modern technology for verification. It would therefore be extremely difficult to pinpoint the medicinal ingredients when a patient is treated with a mixture of ten different herbs, subjected to certain rituals and asked to alter certain incantations every morning while facing East direction as part of their medication.

The second view is held by professionals who are of the opinion that to attempt to legalize traditional medicine is a bit too precipitate. Those who hold this view are concerned that if the situation is not well monitored, medicine men/women and even religious healers will take the common person for a ride by claiming they can cure all manner of diseases. The Kenya Medical Association advocates this view.

The fears of KMA are well founded for indeed already many sick people and especially those suffering from HIV/AIDS are victims to such false and opportunistic healers. However, I do not agree with the view that it is too early to legalize and to integrate traditional medicine in Kenya. Traditional medicine in Kenya and other parts of Africa have existed for centuries. Traditional doctors treat a large number of patients with great success. This is prompted by the prohibitive costs of biomedicine as well as its apparent failure to effectively combat certain diseases. This is coupled with the fact that in many rural areas in Africa today, modern medical facilities still remain inaccessible to the majority of the population. On the other hand, it is an indisputable fact that herbal medicine play a major role in the management of various illness some of which the western medicine have failed to address adequately. This observation is true all-over Africa. Referring to Yoruba healers, Dr. Samuel Akinnuli observes:

The main objective in any art of healing is the ultimate achievement of a lasting cure. In fact, there have been many cases where orthodox medicine failed and the traditional medicine proved useful in the treatment of chronic diseases. (Quoted in A. Dopamu , *Orita*, 74).

### **The Debate and its importance**

The WHO, African Regional Committee made a resolution in September 1990 that urged African governments to promote and develop the utilization of traditional medicine. Kenya, among other countries, has been rather slow to affect this view. It is for this reason that the debate on whether or not to legalize traditional medicine in Kenya cannot be underestimated. This has come at a time when the use of traditional medicine has increased tremendously and more so, in the last two decades.

This debate is therefore of importance not only to Kenya but also to other African countries for the following reasons. First, Africans have used African traditional medicine from time immemorial. No one will genuinely deny that the use of herbs and other healing process in Africa are not effective. The use of these healing methods is part and parcel of African culture. Yet unfortunately both African and Western medics have failed to appreciate this valuable alternative therapy to the modern problems. At least the debate is a sign that we are now beginning to acknowledge African's contribution to the world of medicine and healing.

Second, the biggest obstacles facing traditional medicine is lack of standards of measuring accurate doses and appropriate methods of production. If and when traditional medicine is legalized, the government and the medical association concerned can go ahead and assist to stream line the issues of standard and proper organization of distributing, administering and caring for the sick.

Third, another problem that has mystified African traditional medicine is the secretive nature of the practice. The majority of traditional healers are reluctant to divulge their knowledge and skills to anybody. This attitude has created skepticism among conventional medical practitioners about the efficacy of traditional herbs. It has, at the same time, given room to individuals who have claimed to be practitioners of African medicine when in actual sense they are not. Legalizing traditional medicine will make sure that the practitioners of African medicine will be scrutinized and streamlined so those quack herbalists and other healers are monitored.

Fourth, because of the secretive nature of African practitioners in the past, it has not been possible to document the findings of African medicine. In that way, the wisdom of African healing is in danger of extinction and at the same time it is open for misuse. If African medicine is legalized, it will ensure that the art of African healing can be preserved, patented and organized in such a way that the quack practitioners can be curtailed.

### **Partnerships as the Way Forward**

Given the apprehension brought about by the debate, the anxiety it has brought to many concerned groups, I propose some ideas as a way forward. Both views in my opinion need some modification. The way forward in my view is for the two medical practices to take a partnership approach.

Partnership in this case should be inspired by mutual inter-dependence where each partner will seek the betterment of the other party. Such partnership would be characterized by a sense of responsibility, willingness, trust and the desire to work together towards a common goal. The relationship between the two practices will require mutual acceptance of each others strengths, weakness and uniqueness and at the same time the believe that each party has something to offer towards the attainment of the intended goal.

It is only with this understanding of partnership that legalization of traditional medicine in Kenya, as well as in other parts of Africa, can development be achieved. I shall outline below some suggestions on how to make this partnership a reality and at the same time to ensure a healthy and productive relationship.

1. The practitioners of traditional and conventional medicine need to tolerate one another. The struggle for superiority normally evident between modern and traditional medicine is uncalled for. The two practices follow different methods to achieve the same goal. The different methods and approaches should therefore not cause any friction, instead the practitioners should respect and consider each other as partners whose goal is to provide good health care to the citizen.
2. The two approaches to medicinal practice are very rich in resources. In a healthy situation, the two practices should be complementary to each other. Each practice should accept, utilize and promote whatever is acceptable from the other. The general attitude should be governed by the fact that there is no end to knowledge

- and those who have knowledge should seek to know even more. Traditional practitioner should therefore accept and use what is available and effective from modern medicine and visa versa.
3. If we accept the fact that the two approaches to medicinal practice are separate, we should not insist in subjecting one practice to the method of the other. When the Minister of health for example says that the government has established laboratories to test the efficacy of traditional medicine, one wonders how western laboratories will test African healing through mystical powers. Following this procedure will automatically result in condemnation of one practice as wrong when it fails the test of the other practice. In that way we shall retain the present attitude where western medicine is perceived to be superior and traditional medicine inferior.
  4. In spite of the above comments, I still suggest that certain traditional herbal medicine could be tested in western scientific laboratories to ascertain their ingredient and efficacy. Western technology can then be used to ascertain the correct dosage and produced commercially for easy availability. This is an aspect where African practitioner could learn and benefit from western technology and thus create good partnership.
  5. As already mentioned, there are other aspects of African medicine that cannot pass the scientific test. These should not be rejected outright. Instead, there is need to put more effort in the study of such remedies. Meanwhile it is important to accept that African medicine is an art which has been practiced for ages and discovered by experience and common sense. In addition, healing is based on a strong belief that the Supreme Being is the ultimate healer.
  6. Finally, I see the introduction of a course African Traditional healing and Science at Moi University in the last three years as another venue to popularize African traditional healing. It is hoped that the course will enable University students to appreciate African medicine, spiritual nature of healing and African holistic approach to life. Similarly, the course will encourage dialogue between African and modern scientific methods of healing as well as to challenge both African traditional practitioners and western medical scientists to collaborate in the face of modern medical health care issues.
  7. Similarly, the presence of the Dialogue in Religion and Science Group at Moi University shall encourage dialogue, not only at Moi University but in all Universities in East Africa and Kenya in particular. The impact that has been created by the group so far is very impressive. There is every indication that dialogue in religion and science will find its home in Africa. It is only then that African elite shall understand and appreciate the fact that living double lives is a condition that serve no purpose whatsoever. When such a discourse is underground, it hurts not only the Africans but the entire world community. This is because a people's creativity and productivity is smothered.



## **Conclusion**

This paper has highlighted the fact that traditional medicine has been practiced from time immemorial yet it is only in the last two decades that it has been practiced openly in Kenya. In spite of these, some people are still suspicious and full of condemnation of the practice. It is hoped that the legalization of tradition medicine will assist to erase the suspicion and in tits place, create incentives for new initiatives and face the challenges in the world of medicine.

The paper has thus out-lined the issues brought about by the debate and suggested its importance to Kenyans today. Further, the uniqueness of African traditional healing has been examined vis-à-vis conventional medicine. In spite of some differences in the approaches of healing, it has been suggested that the way forward is for the two disciplines to work in partnership. As partners, their relationship will be governed by mutual acceptance of each others strengths, weaknesses, uniqueness and create room for dialogue and collaboration towards a common goal of improving the health care of the citizens.

The introduction of the course on traditional healing and science at the University level is meant to bring student to appreciate the dynamic relationship between religion and science. Africa traditional healing falls in the realm of both religion and science. It is also hoped that the course encourage the elite, whom although acknowledge the value of traditional medicine, find themselves in a difficult situation to accept so in public. For this reason, many educated individuals seek the services of traditional healers secretly. It was also observed that the introduction of Dialogue in Religion and Science group at Moi University shall greatly increase awareness and appreciation of the two disciplines not only in Kenya but in East Africa in general.

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