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Cultural practices resilience in the wake of COVID-19 among communities in Western Kenya

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Abstract

This study provides first-hand information on the cultural practices during the COVID-19 pandemic among communities in Western Kenya. The study highlights the differentiated impact COVID-19 had on cultural practices and the central role played by communities in building the response and recovery to the global crisis. The study examined how cultural community practices were conducted in the wake of COVID-19 with a view to engineering such practices to fit in the new normal while preserving salient components of cultural traditions and values among the Luhya and Luo communities. A cross-sectional survey research design was employed. FGDs and interview schedules were used to elicit data from forty (40) respondents. Sixty percent (60%) of the respondents were from Kakamega, 25% Siaya and 15 % from Bungoma Counties. The study established that cultural practices such as greetings; cultural gatherings such as funerals; cultural bull fighting, Isukuti performances and circumcision took place during COVID-19, although at a very minimal level. Respondents confessed that COVID-19 protocols changed the way the above practices were conducted during COVID-19. It was further established that some abandoned cultural practices were re-introduced during the pandemic. Thus, indigenous culture was hit by the effects of COVID-19 infections, surveillance, as well as government and WHO COVID-19 protocol measures. The analysis and recommendations presented in this study seek to contribute to the design of COVID-19 response and recovery measures that are respectful of the rights of communities, support their cultural practices, livelihoods, economies and resilience.

Keywords: COVID-19, culture, pandemic, resilience, Western Kenya

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Public Interest Statement

Africa is a vast Continent with a rich cultural diversity of norms and practices. According to Zimmermann (2015), “culture is the characteristics and knowledge of a particular group of people, defined by everything from language, religion, cuisine, social habitats, music and arts.” This includes knowledge, beliefs, arts, morals, laws, customs, and any other capabilities and habits acquired by human beings as members of society. Due to the WHO COVID-19 protocols such as social distancing, hand washing, wearing of masks, discouraging hand shaking, curfews, lock downs and minimizing the number of people in social gatherings, some of the most valued African cultural practices were threatened. Yet, African cultural practices are still relevant in the modern era to development and identity. This study therefore examined how cultural community practices were conducted in the wake of COVID-19 with a view to engineering such practices to fit in the new normal while at the same time preserve salient components of cultural traditions and values among the Luhya and Luo communities of Western Kenya.

1. Introduction

On 31st December 2019, a cluster of pneumonia cases of unknown aetiology was reported in Wuhan, Hubei Province, China. On 9th January 2020, the Chinese Centre for Disease Control and Prevention (China CDC) reported a novel coronavirus as the causative agent of this outbreak, which is phylogenetically in the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) clade (WHO, 2020a). The disease associated with the virus is referred to as novel coronavirus disease 2019 (COVID-19) (ECDC, 2020). The disease struck at a time China was preparing for the Lunar New Year holiday that is celebrated by a large mass of the republic’s population. It caused major health impacts in the region and led to disruption of the economy leading to a lot of suffering and loss of lives. Since then, coronavirus cases rose globally, spreading to European countries, United States and Africa, hitting over 200 countries across the globe. Consequently, the World Health Organization on 11th March 2020, declared COVID-19 a global pandemic. The disease threatened the social fabric, mental health, trust in institutions, and the economic security of billions of people (WHO, 2020c).

There were 1,353,361 Coronavirus cases by 8th of April 2020 as at 03:00GTM +3, (WHO, Coronavirus disease 2019 Situation Report – 70 (2020). According to the report, most of the transmission of coronavirus was local, with few transmissions being imported (WHO, 2020e). The SARS-CoV-2 (COVID-19) pandemic resulted in over 2.5 million deaths and more than 116.1 million reported cases worldwide, as of March 7, 2021 (WHO 2021). Preventative efforts became of supreme importance as caseloads rise globally, with vaccines the focus of international attention. As of March 15, 2021, four vaccines had been approved for use in Canada, with 81 in clinical development and a further 182 in pre-clinical development. Vaccine uptake by the public is critical in quelling the COVID-19 pandemic.

COVID-19 is transmitted via droplets and fomites during close unprotected contact with an infected person. According to (WHO, 2020b), much of the global community were not ready, in mindset and materially to implement the measures that had been employed to contain COVID-19. Fundamental to the measures aimed at interrupting or minimizing transmission chains in humans was extremely proactive surveillance to immediately detect cases, very rapid diagnosis, immediate case isolation, rigorous tracking and quarantine of close contacts. Additionally, there was need for an exceptionally high degree of population understanding and acceptance of applied measures (WHO, 2020b).

Good hygienic practices were emphasized as key in protection against the spread of the disease. According to WHO (2020b) these included:

- i. Proper hand hygiene – washing with soap and water for at least 20 seconds (follow WHO advice) and frequent use of alcohol-based hand sanitizers;

- ii. Good respiratory hygiene (cover mouth and nose when coughing or sneezing; dispose of tissues and wash hands);
- iii. Frequent cleaning/disinfection of work surfaces and touch points such as door handles;
- iv. Avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

The WHO also recommended communities to take social distancing measures to prevent the spread of the virus among other measures. Increasing numbers of confirmed diagnoses indicated that SARS-CoV-2 spreads more through person-to-person contact. The preliminary reproduction number thus, the average number of cases a single case generates over the course of its infectious period, was estimated to be between 1.4 to 2.5 (WHO, 2020c). This meant that, each infected individual could infect between 1.4 and 2.5 people.

As a result of the governments and WHO protocol measures such as social distancing, which proved to be effective in reducing disease transmission, the 2019 novel coronavirus (2019-nCoV) altered the way people lived, interacted and socialized (Jaja et al 2020; Dashraath P. 2020). These guidelines were not adhered to in many parts of Kenya; resulting in an increase in the infection rates in some Counties. For instance, according to the cumulative number of confirmed COVID-19 cases in Kenya as of August 26th 2021 by County, Kisumu emerged as the 6th most prevalent at 6397 infections. Busia was 10th position at 5715 infections; Siaya position 13 at 3456; Kakamega position 17 at 2490 infections, Bungoma position 19 at 2223 infections.

This agreed with the Daily Nation newspaper report of 24th May 2021 that Counties in the lake region remained on high alert over rising COVID-19 infections. In Kisumu, the public health department attributed the surge in infections to non- adherence to containment measures and the lifting of the lockdown measures. The same newspaper reported that Kisumu had surpassed the Capital city, Nairobi, with the highest number of confirmed COVID-19 infections. This was a day after an opposition leader, Hon. Raila Odinga addressed large crowds in Kisumu, which also reported Kenya's first Case of the INDIAN variant (Dubé, E.; Laberge et al. 2021).

Due to the WHO COVID-19 protocols such as social distancing, hand washing, wearing of masks, discouraging hand shaking, curfews, lock downs and minimizing the number of people in social gatherings, the pandemic exposed the underbelly of some of the most valued African cultural practices. These practices included communal gatherings during ceremonies such as child naming, weddings, circumcision, funerals and dowry negotiations. In addition, communal story-telling, relaxation and leisure activities like taking communal local brew within the African rural set-up were affected. In Kenya, such practices are more prevalent among the Luo and Luhya communities of the former Nyanza and Western provinces, respectively. The common denominator during all these gatherings is shaking hands, hugging, communal feeding and sleeping arrangements. These practices were interfered with in the face of government and WHO COVID-19 protocols. Despite the health experts through the WHO and governments providing procedures and guidelines to prevent infection, ignorance of the practices and misconceptions about the procedures by a section of the population led to the rise in new cases. Thus, continued observation of the aforementioned cultural practices predisposed African indigenous communities to contract and spread COVID-19. This study sought to examine how such community practices and values were conducted during COVID-19 with a view to engineering such practices to fit in the new normal while at the same time preserving salient components of our cultural traditions and values among the Luhya and Luo communities.

Drawing on real-time examples, the study underscores the inclusion of communities in COVID-19 activities as the basis of data-related policy recommendations to increase the use of timely, relevant data for decision-making while reducing risk and harm.

2. Methodology

The study was conducted in three Counties in Nyanza and Western regions of Kenya namely; Siaya, Kakamega and Bungoma Counties, respectively. The predominant communities in these Counties are the Luhya and the Luo communities who are known to be rich in terms of culture. Hence, according to the cumulative number of confirmed COVID-19 cases in Kenya as of August 26th 2021, Kisumu County emerged the 6th most prevalent at 6397 infections. Busia was 10th at 5715 infections; Siaya 13 at 3456; Kakamega 17 at 2490 infections, Bungoma 19 at 2223 infections. Kakamega County is located in the Western part of Kenya and borders Vihiga County to the South, Siaya County to the West, Bungoma and Trans Nzoia Counties to the North and Nandi and Uasin Gishu Counties to the East.

The study adopted a cross-sectional descriptive survey research design with qualitative methods. Cross-sectional survey design was adopted because information on the different study indicators/variables were collected from a cross-section of the target population. Interviews (FGDs % KII) were used to elicit qualitative data among respondents. The study targeted all leaders of different groupings within Kakamega, Bungoma and Busia Counties. The target population being heterogeneous, both non-probability and probability sampling approaches were used to select the desired sample size (40 respondents). Snowballing sampling technique was used to sample leaders of different groupings within the study area. Through, purposive sampling leaders of different population segments that were likely to provide information on thematic area were selected. The distribution of the sample is presented in Table 1 below:

Table 1: Sampling Frame

Community Leadership group	Target population	Sample size	Total
Community health workers/herbalists	Over 100	8	8
Church/mosque leaders	Over 100	10	10
Cultural group leaders	Over 100	9	9
Village elders		2	2
Nyumba kumi leaders	Over 100	4	4
Football captains		2	2
Choir/dance leaders	Over 100	4	4
Chief	Over 100	1	1
Sub-chief	Over 100	0	0
Total	Over 100	40	40

Data were collected between March 2022 to May 2022. Both primary and secondary sources of data were utilized for this study. Secondary data sources included published reports. All secondary data sources were reviewed to ensure that the data was relevant, appropriate, and useful for the study. Primary data was captured using FGDs and key informant interviews. Key informants and members of the FGDs were sourced from different leadership positions within communities, including and not limited to sub-chiefs, community health workers, community health volunteers, leaders of cultural groups, religious leaders, women group leaders, choir leaders and football. Communities, and community leaders by extension, have the best knowledge of local conditions and thus the greatest

ability to enact real change (Ozor and Nwankwo 2009). Leaders are also a resource to the community in terms of their expertise due to their strong existing relationships with the people, which uniquely poises them to understand and act on community projects (Simmons et al 2019). Data generated from interviews were transcribed, cleaned and summarized thematically on the basis of common attributes. According to Male (2016), this helps to collapse large volume of qualitative data in numerical form for ease of interpretation. The consent and confidentiality of respondents were considered during data collection.

3. Results and Discussion

This section presents findings of the examination of cultural practices in the wake of COVID-19 in Western Kenya. The study sought to examine how community cultural practices were conducted during COVID-19 with a view to engineering such practices to fit in the new normal while at the same time preserving salient components of cultural traditions and values among the Luhya and Luo communities. The findings are presented in the sub-sections that follow:

3.1 Knowledge of Cultural Practices during COVID-19

The study sought to establish if cultural related-activities took place during the COVID-19 pandemic. Data were collected from respondents relating to their knowledge of the cultural practices which took place during COVID-19; the people who were involved in the activities; how and where the activities were conducted and the number of people involved. These variables were used to measure the level of knowledge on cultural practices during COVID-19 among respondents. All respondents admitted that cultural activities such as greetings and communal gatherings during funerals; cultural practices such as bull fighting and Isukuti performances; weddings, naming ceremonies; circumcision and football tournaments took place in their areas during COVID-19, although at a very minimal level. All the respondents further indicated that they participated in some of the cultural practices as illustrated in Table 2 below:

Table 2: Level of Participation

Community Activity	No.	%
Greetings	20	13
Church services/Mosque	20	13
Funerals	35	23
Weddings	5	3.2
Naming ceremonies	2	1.3
Circumcision	5	3.2
Bullfighting	17	11
Market gatherings	22	14
Football tournaments	8	5
Music/choir/band leader	6	3.9
Education/Madrassa	1	0.65
Women group gatherings	8	5
Birth days	2	1.3
Funeral Discos	2	1.3
	154	100

Findings in Table 2 above indicate that cultural related practices took place within communities at varying degrees during COVID-19. The activities included funerals (23%); greetings and church (13%) and market gatherings (14%). Weddings, naming ceremonies, circumcision, bullfighting, church services, community and barazas as well as *chamas* were reported to have taken place but at a very minimal level. Respondents indicated that most of the activities that took place were controlled in terms of numbers and time such as weddings, church service and funerals. Most respondents agreed that the community practices predisposed members of the community to COVID-19. For instance, a respondent admitted that:

“Bullfighting was an agent of spreading covid because of the crowds involved”

However, one respondent disputed that fact since no COVID-19 related deaths had been reported in his area of jurisdiction (Interview 1).

3.2 The Disruption and Transformation of Cultural practices

Covid-19 crisis disrupted cultural practices and the normal relational and collective practices of indigenous people. Respondents confessed that COVID-19 protocols changed the way some of their cultural activities were conducted before COVID-19. Some of the activities were reported to have changed, stopped or reduced including handshaking using an open palm, bullfighting, Isukuti performance, circumcision ceremonies, football tournaments, and performance of traditional music and dance among others. A respondent said that difficulties experienced by communities in maintaining social distancing and staying at home, disrupted their traditional ways of life (Interviews 1, 4 and 8). A respondent from Bungoma County said that the difficulties became especially clear at funerals and circumcision rites. In accordance with the Luhya traditional practices, people gather in such situations. On the one hand, social distancing measures affected the transmission of indigenous knowledge, as this was highly dependent on social gatherings and on the contact between generations. On the other hand, rites of passage were interrupted which affects issues of cultural identity.

“In a nutshell, due to COVID-19 the number of boys being circumcised traditionally at home reduced. Many parents opted to take their sons to hospitals....” A Luhya (Tachoni) council of elder said.

Thus, COVID-19 disrupted the social order since the gatherings and coming together was a means of transmitting indigenous knowledge, generating and sharing indigenous knowledge within groups of elders and youth interacting together on a daily basis.

Most of the respondents further admitted that the mode of greeting changed from the normal handshaking to the use of fists or waving. Greetings through handshake being a symbol of peace and unity among the Luhya and Luo communities was adversely affected. The African culture of ‘handshaking’ was affected to the extent that failing to greet someone through a handshake was equated to being rude or proud especially in rural settings and among relatives. Among the Luo community, they reported that COVID-19 protocols interfered with the cultural activities associated with funeral preparation such as building a home. A Sunday school teacher at Ulagu village confessed that it had been financially beneficial to have fewer people at functions but that there was insufficient time given to prepare for funerals.

The coordinator of *Muranda Isukuti* cultural band reported that the Isukuti cultural dance

stopped completely during the pandemic. Similarly, the youth/football leader of Gangu Sub-location stated that all football tournaments and 'Ohangla'-a traditional dance among the Luo community ceased.

'We could not perform the Isukuti because of the noise involved which could alert the authorities...'. A respondent said.

As a result of the pandemic, other cultural practices such as demonstration matches of the deceased (*eshilembe*) and funerals involving extended family members were foregone. Similarly, COVID-19 pandemic impacted religion in various ways, including the cancellation of the worship services of various faiths, pilgrimages, ceremonies and festivals (Burke, 2020). Many churches, synagogues, mosques, and temples offered worship through livestream amidst the pandemic (Parker, 2020). Due to social-distancing guidelines, many churches turned to digital church.

Just like the Christians, Muslim activities such as madrassa, Maulidi (celebration of Prophet Mohammed), Muslim religious conference (Ijit), Iddi, Quran competition, gatherings during burials and communal prayers were reported to have stopped. The Imams resorted to the missionary work of visiting their faithful in homes for prayers as well as allowing people to go for prayers in Mosques in shifts of 15 people, a practice that had never happened before the pandemic.

"COVID-19 destroyed everything. Mosques closed, and people had to worship at home with families." An imam said.

To make it worse, it was reported that there were no Imams to lead prayers in homes unlike Christians who could attend church service through social and broadcast media hence cohesion among the Muslim community was destroyed.

These findings are in tandem with Barker (2020) who said that in Islam, there was concern that the virus may be hard to control during the travel and gatherings around Ramadan, Eid al-Adha, and Eid al-Fitr . Accordingly, congregations for *Taraweeh* prayers during Ramadan were cancelled in several countries as mosques worldwide were shut down. According to Al Amir (2020), Council of Senior Scholars from Saudi Arabia urged the Muslim world in general to prepare for Ramadan while abiding by precautionary and preventive health measures regarding acts of worship, which included avoiding gatherings such as communal Iftar and Suhur meals (Saudi Press Agency, 2020).

Christians were affected in equal measure just as Muslims. One of the interviewees (a church leader) said:

"the number of people attending church reduced and sometimes we worshipped in turns....."

Worship took place either in homesteads among family members or through social and broadcast media as aforementioned. Many local churches throughout the world looked into ways of digitizing church practices, though some debated how certain liturgical practices such as communion could or could not be performed online (Chow & Kulbas, 2020). In rural churches where access to technology was more limited, some local churches needed to be more creative, including practices such as drive-by processions of the Blessed Sacrament (Abellanosa, 2020).

However, the respondents from the Muslim community reported that COVID-19 protocols such as immediate burials and washing hands did not affect them. According to the Sheikh, as per the Muslim custom, the dead are buried immediately, and it is part of their practice to wash hands five times a day. The Sheikh went ahead to say that the WHO 'could have borrowed some of the COVID-19 protocols from the Muslim community such as washing hands, limited handshaking and immediate burials.'

Apart from greetings where most people were involved, other community gatherings that involved cultural practices such as weddings, child naming, funerals, circumcision and church

activities either stopped or involved friends, close relatives and family members only. Hence, the usual places of such gatherings also changed. For instance, an activity such as bullfighting which initially was performed in open fields within schools or markets, was performed at the river banks. One of the respondents said

“we had to move away from open fields in schools and people’s homes for bullfighting to river banks which are far from the public for fear of being arrested”

Social cohesion, honesty and unity which are values among the African culture were interrupted with increased cases of social discrimination and corruption during the pandemic. Efforts to reduce social inequities and corruption were curtailed by COVID-19 pandemic. For instance, one respondent said that the families that compromised law enforcers were allowed to carry on with funeral gatherings regardless of time and the number of mourners. The poor ones were harassed to bury their loved ones immediately.

Culture being a source of livelihood, the pandemic affected the income of the people who depend on cultural activities to earn an income. Thus, COVID-19 represented not just a public health crisis, but also an economic crisis. The spread of the virus interrupted people’s livelihoods forcing them to remain at home because they were quarantined, sick or subject to lockdowns. Hence, some of the challenges encountered during the enforcement included resistance from members of the community since the COVID-19 protocols were interfering with their income generating activities such as bullfighting and circumcision ceremonies. Communities that rely on cultural performances such as Isukuti, bullfighting, music and dance were heavily affected by the travel restrictions, social distancing and curfews associated with the pandemic. They were unable to sell their services because of the COVID-19 restrictions. There are stories which were told during the interviews about the loss of jobs among some group leaders. For instance, the leader of the Muranda Isukuti Dance recounted:

“kwa sababu ya kuzuiwa kucheza Isukuti kwas sababu ya COVID-19, ilibidi nianze kulimia watu mashamba ndio nilishe familia..”

“Due to the enforcement of the COVID-19 protocols, I had to stop playing Isukuti (my source of income) and resort to working on people’s farms to fend for my family”

Most of the respondents preferred the cultural activities to go back to normal since the disruption had interrupted the economy. *“curfew iliharibu biashara zetu sana..”* the curfew destroyed our business opportunities a lot,” one of the respondents admitted. Another respondent in a different interview said that.

“Curfew was an obstacle to the economy. I play my music in the night. I had to abandon the practice due to the curfew which really affected my income.”

The Imam also pointed out that protocols such as curfews affected the economy of the whole community. *“we want to continue with our usual practices enshrined in the Muslim religion”* the Sheikh said. The Imam supported him by saying that *“we don’t want those things to continue’* in reference to COVID-19 protocols.

This implies that communities were forced to transform their livelihood options, from self-sufficient Isukuti performer to low-paid farm factory worker. This revelation corroborates with ILO (2020b) observation that the global crisis generated by the outbreak of the COVID-19 virus exacerbated the unfavorable living conditions and multiple vulnerabilities of communities. The imposition of lockdown measures had a direct impact on communities’ livelihoods, as they were unable to perform customary activities. They were also hampered in their pursuit of activities in urban areas, such as selling and buying goods and services.

Moreover, a respondent further said that it was expensive to purchase masks for some people

who ended up recycling dirty ones or sharing which was unhygienic. Moreover, it was said that masks promoted insecurity and allergy. For instance, it was difficult to recognize a criminal who was wearing a mask.

Many people live in remote areas where government social assistance programs are practically absent (OHCHR 2020). In addition, according to ILO (2020b), seasonal laborers, who had lost their incomes as a result of lockdown measures, were at higher risk of falling into extreme poverty. Research has shown that poor health and poverty positively correlate with pandemic severity (Clay, Lewis, & Severnini, 2019). Poverty impacts on peoples' capacity to respond to Covid-19 on multiple levels. In such a crisis, health outcomes are determined by levels of secure employment, comorbidities, functional literacy, health insurance, food security, access to running water, access to health care and technology. The WHO Director-General asserted that indigenous peoples were more vulnerable to COVID-19 and related consequences because of their "high burden of poverty, unemployment, malnutrition and both communicable and non-communicable diseases" (WHO 2020).

Cultural and human rights violations were also exhibited during the pandemic according to the interviews. As a result of the enforcement of the WHO protocols such as curfews, members of the community are said to have faced police violence. One of the respondents recounted a situation where the community exchanged teargas and stones with police officers because they were being stopped from participating in a bull fighting gathering.

One of the respondents pointed out that, "*...curfew ilifanya wanaume tulikuwa tunaingia kwa nyumba mapema kama kuku...*", (men were forced to get back to their houses as early as chicken).

It was further reported that violence was experienced when enforcing the COVID-19 protocols at a bull fighting event. One of the Imams admitted that it was difficult to limit people especially youths during burials who sometimes engaged the law enforcers in running battles during which some people were injured.

Respondents from different regions indicated that people suffered serious human rights violations during the pandemic. One respondent indicated that as a result of military operations, people were harassed, attacked and exposed to both sexual and physical violence. Killings of persons who violated the COVID-19 protocols were reported. Amidst the COVID-19 outbreak, people faced threats such as encroachment of their territories during lockdown and security forces misusing lockdown rules to oppress and crackdown innocent. For instance, during an interview, a respondent admitted that there were people who were beaten to death by law enforcers for failing to adhere to the protocols such as curfews and failing to wear masks "*...some people were beaten to death by police due to non-compliance of the WHO protocols*". In addition, masks were reported to be suffocating and cumbersome. Masks were also a hindrance to recognizing a person hence somebody could mistakenly sit close to an in law in public transport which is a taboo among the Luhya.

Some Cultural myths and stereotypes also affected the general perception of the COVID-19 pandemic among the Luhya and Luo communities. Some members of these communities did not have adequate information about the pandemic. It was reported that some people resisted because of the myth that COVID-19 did not exist or it was a disease for the rich, the white man or for those people living in towns and cities. A respondent said,

"a large number of people did not believe there was covid."

Among the Luhya community, washing hands is associated with food, therefore, there was resistance whereby members of the community demanded for food in return for washing hands. Owners of bulls were also hesitant to adhere to the COVID-19 protocols since they were the owners

of the bulls hence did not want somebody else to interfere with their income-generating activity. It was also reported that there was a lot of suspicion and mistrust between members of the community and the enforcers. One of the respondents (a community health officer) in Siaya said that members of some households were demanding to be paid before adhering to the COVID-19 protocols.

3.3 Cultural Resilience and COVID-19 Pandemic

Despite the interruptions that almost destabilized cultural activities among the Luhya and Luo communities, members of these communities devised other resilient measures to fit in the new normal while at the same time preserve salient components of their cultural traditions and values through the following ways:

As a result of COVID-19, it was reported that some cultural practices had to change in terms of operation. Such practices included burials whereby the corpse was buried a day after the body had been removed from the morgue. Before COVID-19, the body would take at least two nights in the home during rituals would be performed before burial. However, all respondents applauded the new practice of immediate burial as a way of reducing expenses among the bereaved family. It was further reported that the number of people attending funerals also reduced with the introduction of the culture of washing hands, wearing of masks and sanitizing which some people still embrace to date. The use of fists as a form of greeting also persisted during cultural activities. It was further said that the number of people attending funerals reduced in some cases up to 15 people only (consisting of close family members).

Communities strengthened their efforts to protect their livelihoods and traditional ways of life in the face of the pandemic by resorting back to their traditional knowledge and practices. This was meant to find solutions to the challenges of the pandemic. As they had done for centuries, communities continue to adapt to change while maintaining their cultures and traditions. Respondents admitted that some of the community practices which had been abandoned had been re-introduced during the pandemic. For example, Rivera (2020) notes that indigenous peoples can teach us much about how to rebalance our relationship with nature and reduce the risk of future pandemics. Some of the practices mentioned included:

3.3.1 The use of traditional herbal medicine as a remedy against COVID-19

Notwithstanding the challenges posed by the COVID-19 pandemic, communities in Western Kenya resorted back to the use of indigenous medicines as a remedy against COVID-19. This is in line with Rivera (2020), who pointed out that indigenous organizations around the world have been quick to respond and indigenous peoples have turned to traditional practices (UN 2020) and community-based initiatives to help them during the pandemic.

3.3.2 The use of traditional brew

A respondent said that:

“the intake of local brew went up during COVID-19”.

There was an assumption that the consumption of local brew was a remedy to the COVID-19 symptoms. This was also exacerbated with the closure of bars during which the only available brew was the local one.

3.3.3 Steaming using traditional herbs

Communities also built on previous experience of treating flu-related illness and increasingly retrieving

traditional methods of reducing COVID-19 infection. They realized that reverting to their traditional mechanisms of disease alleviation practices makes the community more resilient. In Kakamega, for instance, one of the herbalists reported that he trained members of the community in the use of traditional herbs for steaming to alleviate-COVID-19 symptoms. In other Counties, respondents admitted that steaming by use of mixed herbs was re-invented to the extent that infectious diseases such as flu went down drastically.

3.3.4 Traditional burial rites

Among the Luhya and the Luo Protestants, communities were mitigating the restrictions on movement by conducting immediate burials. These traditions, practiced widely amongst communities in Western Kenya, are key to these communities' resilience and ability to maintain their traditional cultures while adapting to the restrictions brought about by the pandemic.

However, among the Muslim community, apart from the introduction of the use of herbal medicine, some of the activities were a continuation of their normal practice such as immediate burials, washing hands and greetings. According to the Muslim culture, it is not advisable to greet women using hands unless she is a member of the nuclear family.

The Shinyalu Bull fighting Association, for example, has been advocating for drummers to wash hands after drumming in dealing with the crisis. Similarly, in Kakamega, the Bulls fighting Association was formed as a result of the pandemic to create COVID-19 awareness among members of the bull fighting to assist native communities in managing the COVID-19 health crisis. The County Government of Kakamega has long recognized them as key partners in achieving the Sustainable Development Goals and moving towards a more resilient future.

As we work together to craft a global response to COVID-19, it will be crucial to support these communities' initiatives to respond to the crisis and preserve their traditions. They deserve the support – and indigenous peoples and their unique knowledge to build a better, brighter post-COVID-19 world is needed.

3.3.5 Community Awareness by use of Indigenous Strategies

In Kakamega County, one of the women leaders said she had to embark on awareness-raising campaigns relating to the risks associated with COVID-19 in using indigenous language through community FM radio stations. Similarly, the association of bullfighters provided awareness-raising on COVID-19 to communities, including developing awareness-raising materials in indigenous languages for local radio stations in conjunction with the County Government of Kakamega. The Director, Shinyalu Bull fighters Association said:

“Community practices such as Isukuti to go on but drummers to wash hands after drumming and a reduced number of people.”

The coordinator of the association supported him by saying:

“the best practices such as regular hand washing, avoiding sharing, sanitizing, keeping corpse for less days to be adopted...”

In various instances, local leaders emphasized that COVID-19 responses proposed and implemented by governments are often blind to local realities and therefore rejected by locals. A respondent from Kakamega highlighted that the government's lack of involvement of local leaders and communities in the response to COVID-19 had a negative effect on the community. The respondent stressed that community leaders were key actors in ensuring that the community adopts preventive measures to halt the pandemic (Interview 8) at the same time maintain salient cultural activities

through adopting alternatives.

Similarly, a respondent from Siaya highlighted that communities and organizations hold knowledge that would be essential in the design of the response to the COVID-19 pandemic. Community engagement has also been identified by various UN organizations as crucial to ensuring the effectiveness of responses to COVID-19 (IANWGE 2020; WHO 2020b). Indigenous young persons, in particular, have also shown to be important actors in building the response, as they articulate demands and innovate community-based solutions that build on traditional knowledge (Rivera 2020).

4. Lessons Learnt

Some respondents preferred the protocols to continue. A *nyumba kumi* head in Ulagu village in Siaya County mentioned that COVID-19 restrictions were a relief from noise pollution emanating from funerals ('disco matanga'). Meanwhile, a community health volunteer in Ulagu village praised the protocol by emphasizing that there had not been a breakout of diarrhea during the enforcement of the protocol as compared to pre-covid times. She added that during this time, marriages and the family unit were strengthened as mothers had to reach home early to cook and fathers had to be home early, thereby increasing bonding time. Nevertheless, she added that it had not been easy enforcing the protocol as there was disbelief about the existence of COVID-19 as it was viewed as a Western illness. Immediate burials were applauded by most of the respondents who attributed the practice to reduced funeral expenses of feeding and morgue fee among the bereaved families. "*kuzika maiti haraka imepunguza gharama ya mortuary na kulisha..*" Immediate burials have reduced the feeding and mortuary expenses, one of the respondents in Siaya said. The reduction in crowds during funerals and circumcision ceremonies was also reported to have reduced theft and witchcraft in homes among the Bungoma County respondents.

Also, some respondents preferred practices such as washing hands and wearing of masks to go on since they had reduced levels of infectious diseases such as flu and generally improved the standards of hygiene in communities. Women among the Luo community preferred the curfew to go on since it was an opportunity for their husbands and fathers to their children to be at home early as aspect that increased love in the home. The respondent said "*atleast mapenzi yaliongezeka kwa nyumba.*" At least love increased in the house...."

At one of the interviews, a respondent in Kakamega County said that COVID-19 was a blessing since it had led to improved technology. He gave an example of reduced queues for paying electricity and water bills whereby people are now accustomed to paying through online.

5. Conclusion

COVID-19 crisis sparked drastic changes in the lives and livelihoods of communities. The disruption of cultural and economic activities that accompanies the health crisis endangered the survival of many communities cultural practices in Western Kenya. According to the data provided in this study, COVID-19 pandemic interrupted community practices. Multiple challenges that posed enormous risks to physical and cultural existence, including, among many others: lack of access to relevant information in local languages on how to prevent and prepare for the rapid spread of COVID-19; drastic restrictions on the exercise of their cultural practices; loss of livelihoods, jobs and means of subsistence; and social security have been identified. Upon careful analysis of the results presented above, the following recommendations have been suggested in order to mitigate the spread of COVID-19 and/or any other infectious disease in future and at the same time maintain community cultural practices:

Develop a cultural-rich but COVID-19 sensitive model of African cultural practices. The model should embrace:

- a. Community practices to go on but participants to observe COVID-19 protocols such as washing hands after drumming and reduced number of participants.
- b. Best practices such as regular hand washing, avoiding sharing products, sanitizing, keeping corpse for less days to be adopted.
- c. Practices which affect the economy and some cultural activities such as curfews and masking to be abandoned and alternatives adopted.
- d. Governments to build inclusive COVID-19 responses by involving community leaders in the response to future pandemics. Community leaders are key actors in ensuring that the community adopts preventive measures to halt the pandemic.
- e. Increased efforts to provide communities with the necessary elements to prevent further transmission of COVID-19, including masks, soap, adequate water supply as well as access to information in indigenous languages.
- f. Ensure that communities participate in the management of health services and preventive measures are communicated and applied in a way that is respectful of indigenous peoples' cultures and responsive to indigenous peoples' realities.
- g. Ensure respect for the labour rights of communities and strengthen peoples' livelihoods and local economies in order to ensure sustainability of the communities and achieve resilience and self-reliance.
- h. Use indigenous languages and cultural references for effective information and prevention actions related to COVID-19. Make more information on the coronavirus, its symptoms and diagnostic sites available, so that the disease is not confused with common cold and also prevent it from spreading rapidly

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