EXPLORING THE BELIEFS AND PERCEPTIONS ON MENTAL ILLNESS ANDTHE PRACTICE OF RUQYA (QURAN HEALING AND PSYCHOTHERAPY) AMONG SOMALI MUSLIMS IN NAIROBI

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DECLARATION

I, declare that the research dissertation is my original work and to the best of my knowledge, the work has not been presented for a degree in any other Institution of Higher Learning.

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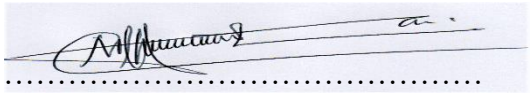
Signature:  Date: 16/06/2023

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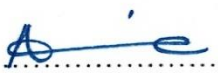

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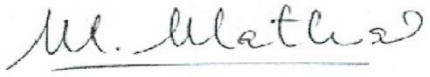

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DEDICATION

This dissertation is dedicated to my wives Habiba HassanAbdille and Fatuma Ali Yussuf and my children for their continued support, my parents for the everlasting support and my research Assistants Janet and Guled, as well as my brothers and sisters for moral support and advice.

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ABBREVIATION

FGD- Focused Group Discussion

KII - Key Informant Interview

UNHCR- United Nations High Commissioner for Refugees

DEFINITION OF TERMS

Ruqya: is an Islamic religious based treatment of mental illness that uses verses from the Quran or Hadith of the Prophet Muhammad for the purpose of healing.

Ruqya can also refer to person, place, ritual or the practice

Quran: is the Islamic sacred book believed to be the word of God as dictated to Muhammad

Perceptions: this refers to the way Somali Muslims in Eastleigh understand and interpret the benefits of using Ruqya as a healing method

ABSTRACT

Introduction: Mental health related illnesses have tremendously increased among members of different religions and cultures depending on where they are located either working, travelling or refugees especially where their religion is a minority. The conceptualization of mental illness in Islam can be drawn from the Quran itself. Ruqya is an Islamic therapeutic supplication modality using verses from the Quran or Hadith of the Prophet Muhammad for the purpose of healing.

Objectives: The main objective was to explore, the beliefs and perceptions on mental illness and the practice of Ruqya a Quran based healing and psychotherapy in the treatment of mental illness among the Eastleigh Somali Community in Nairobi.

Methodology: The phenomenological design was used in which the individual experience(s) of the participants was sought. It was a qualitative research approach that sought to understand and describe the universal essence of a phenomenon. A total of 90 participants were purposely selected and they consented to participate in the study in focused group discusssions comprising 72 participants and the key informant interview comprising of 18 participants. Interviews were transcribed verbatim, and data were analysed using thematic analysis.

Results: Study established that knowledge on mental health disease and its causes was high among the Eastleigh Somali community, among the most common causes of mental illnesses treated by Ruqya healers were black magic (sihr), Evil eye (ain) and Jinn possession. The most common mental illnesses were stress, depression and demon

possession (ruxan). Among the Somali community, the study established ruqya therapy deeply rooted because it's founded on Isalamic religious beliefs.

Conclusion and recommendation: Knowledge on mental illness and its causes was high among Eastleigh Somali community and they prefered Ruqya therapy where religious beliefs are observed. There is need for policy on training and qualifications of Ruqya healers to raise confidence among Somali community as well as sensitization of community on mental health illness to curb stigma and create awareness on mental health. Issues of hygiene and comfortable environment within the Rukya centres need also to be addressed. There is also the need for sensitization of the community on mental health to curb stigma and create health seeking awareness.

CHAPTER 1

1.1 Introduction and Background Information

Mental health related illnesses have tremendously increased among members of different religions and cultures depending on where they are located either working, travelling or refugees especially where their religion is a minority. In conceptualizing mental illness in Islam they have been increasing for many years and this can be drawn from the Quran. (Sembilan, 2003).

There are four components which are very important for an individual to be regarded as an individual's holistic model (Al issa, 2000).There is an interrelation in the model amid the ruh (soul),the qalb (relationship amid the body and soul), the aql (mind) and the nafs (drivers) amalgamating during the dahmeer. All the four aspect of a person have to be balanced and any contrction leads to physical, mental and spiritual illness as per the Muslim religious beliefs (Bulbulia&Laher, 2013).

Muslims represent the largest religious groupings in Kenya after Christianity. There is a huge Muslim refugee population in Kenya mostly of Somali origin in both Dadaab and Kakuma refugee camps and major cities in Kenya especially Nairobi, Mombasa as well as in the North Eastern Counties (World Faiths Development Dialogue, 2015).

The Somali people inhabit the Eastern part of the horn of Africa and live in several Countries including: Somalia, Djibouti, Kenya and Ethiopia.Somalis are a homogenous group both culturally and ethnically, with a single language, religion, culture and similar physical resemblance or look with a distinct culture that is patrilineal in nature (through father lineage). The Clan acts as the community support and safety (Cavallera, et al., 2016).

Millions of Somalis have become refugees since 1991 at the start of Somali civil war. In the large refugee camps, (Daadab and Kakuma) and by extension Eastleigh in Nairobi, mental health care has been integrated into the general health services of these camps run by psychiatric nurse, a clinical officer or psychiatrist with the support of United Nations High Commissioner for Refugees (UNHCR). A number of volunteers were trained by UNHCR on psychosocial counselling too. The level of mental health distress among Somalis is thought to be high and are at risk of developing mental disorders (Cavallera, et al., 2016).

The counseling and psychological methods of treatment that are used among the Muslims in counseling have for a long time been viewed with cultural mistrust for not taking into considerations Muslims who have mental health issues within their cultural and religious context and values. Therefore, it is paramount to use counseling intervention methodologies that are more aligned to Islamic cultural and religious beliefs for muslim clients (Helms, 2015).

Muslims like any other religious groups can present various mental health problems that might require urgent address in counseling (Haque, 2004). Muslims derive from collectivistic customs and western laws could be in divergence with the virtues and values of the Qur'an, that could easily invoke, insecurity, depression, stress. For example, Turkes-Habibovic, (2011) notes that, among the issues that have been of concern in North America are; the problems of observance of religious rites mainly within the places of work, a sense of identity crisis and alienation, the problem of prejudice and discrimination and family role issues within the family units which are in disagreement with the distinctive family structure of the western family (Kobeisy, 2006).

Muslims worldwide are experiencing distress leading to depression which is influenced by Islam phobia, religious identity threats and trauma among other factors. This has led to Muslims requiringpsychological help (Rassool, 2015).

1.1.1 Ruqya Therapy

Muslims fear attending mental health treatment performed by non-muslim professionals and this has increased the popularity of Rukya, an Islamic religious based treatment of illness. The use of spiritual methods as the basis of healing is widespread globally among muslims and gradually it is in the increase worldwide with the belief that spiritual aspects have the capacity of eliciting psychological therapeutic outcomes on humans and thus lead to healing, especially to people with psychological issues (Krycka, 2000). In addition, since religion is closely linked spiritual aspects the troubled spirit can best be accessed and elicit better therapeutic outcomes with the application and practices of religion (Khadher Ahmad, 2012).

Muslims profess a religion and people with mental health issues who are muslims believe that religion can be an important factor in helping overcoming problems associated with mental health issues (Jawziyyah, 1999). In many instance, religious beliefs influence treatment decisions particularly when patients belong to a collectivistic culture and are encountering severe health issues (Haron Din, 2012). Research has shown that religious beliefs and related activities can improve the quality of life and health among persons in collectivistic cultures where religion is a key component in people's lives (Jawziyyah, 1999). Consequently, when a health expert ignores the elements of spirituality and the various practices of the individual religion, it is as if there has been a total desertion of the patient's overall health (Koenig, 2002).

Kurtz and Ketcham (2002) indicated that, the existing elements of spirituality are recognized as defining human existence elements. Elements of spirituality ought to be referred to in the religionin accordance with the Islamic understanding based on the Sunnah and Al-Quran as the foundation of information. Al-Ghazali (1987) a Muslim scholar described the spiritual element as the 'ruh' (soul). The characteristics of the ruh is latifah (tender) and fragile in order for humans to grasp and comprehend. Ruh is miraculous and emanate from God; it cannot be comprehendedexclusively by the intelligence of its own truth.

1.1.2 The Quran

The Muslims follow the Quran teachings strictly. Thus, whatever information is in the holy book they believe in it (A'laMawdudi, 2013). In many writings including verses from the quran and Hadith its has been written The Quran as the most complete cure from all physical and psychological illnesses

"We send down the Quran as a healing and mercy for the believers" (al-Fussilat, 41:44)

It also says;-

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

There are many narrations on the healing power of the three quls (the last 3 chapters of the quran chapter 114,113 and 112) which are recited as part of daily adhkar in the morning and evening, as a cure for and protection from the evil eye and any illness of the body. The Prophet is also said to have recited the Quls during his fatal illness.
(Sahih al bukhari)

Aisha (r) said: "Whenever Allah's Messenger (P.B.U.H) went to bed, he used to recite Surat al-Ikhlas, Surat al-Falaq and Surat an-Nas and then blow on his palms and pass them over his face and those parts of his body that his hands could reach. And when he fell ill, he used to order me to do like that for him." (Sahih al-Bukhari)

Surah Al-Fatihah is also known as Umm Al Qur'an or the Mother of the Qur'an for its immense benefit. It is repeated throughout the day in our daily prayers and is also recommended as ruqyah (healing through Qur'an). In one narration, a companion of the Prophet (PBUH) recited it over a scorpion bite which Allah then cured. The Prophet smiled and asked him: "How did you know that Surah Al-Fatihah is ruqyah?" (Sahih al-Bukhari)

Whoever abandons the Quran would abandon treating sickness and seeking healing through it for example, the Quran."

In the Muslim world, mental illness is attributed to several causes. One such cause is to belief in supernatural causes (Islam & Campbell, 2014). It is with this in mind that the study is set to establish perceptions of how Ruqya can be used as an alternative mental health care within the Somali Muslim Community in Nairobi.

Research indicates that alternative approach of healing is still practiced in the 21st century in nations with a high number of Muslims (Sabry& Vohra, 2013). Mubbashar and Saeed (2001) indicates that in Pakistan, traditional healing practices such as naturopathy, homeopathy, chiropractic, acupuncture, sorcery, Islamic spiritual healing, and danyalism are still used (Johnsdotter, 2011).

Ruqya is a treatment approach that uses the name of God "*And we reveal of the Qur'an what is a healing and a mercy for the believers, and the wrong doers are not increased except in loss." (Quran 17:82)*

Therefore, knowing the beliefs and perceptions of the Ruqya as a mental health healing method among the Somali living in Eastleigh is important since it will help the Somali

Muslim community seek mental illness treatment where they feel comfortable and their needs are attended to without prejudice.

1.2 Statement of Problem

The problem of Mental illness among the Somali and the role of displacement cannot be separated, Since the beginning of civil war in Somalia which escalated in 1991 after the fall of Said Bare, the then president, Somalis had to face challenges such as lacking basic necessities, thus having to run due to displacement caused by war in their country, being refugees being isolated and being in camps led to the high prevalence of mental illnesses among them (Elmi, 2015). There are many obstacles while on the move to camps and at the camps as well such as lack of food, overcrowding, relocation to other countries and most importantly not being able to move freely and being away from home (Carroll, 2004). The limitations to accessing mental health care are global as well as local problems and have been witnessed among the Somalis. While in the camps the Somali Muslim have had difficulties in accessing health facilities that are well equipped especially those dealing with mental illness bearing in mind that they may not have health insurance (Silove et al., 2017). There could be counselling services at the camps, but this may not be what they require in therapy. At the same time, there could be no information at the refugee camps helping them on mental illness. This is not only a problem for Kenyan Somalis but is a global problem.

There is stigma surrounding help seeking behavior and inability to trust the healthcare system among the Muslims. In addition, Muslims worldwide are stereotyped as terrorists globally especially after the 911 bombing in United States of America, thus when generally Muslims seeks services either mental health or any other, there is always a doubt if they

are genuine thus stigma plays a major role in them not wanting to be attended by therapists who are non-Muslim (Ciftci et al., 2013).

There is paucity of data surrounding the practice of Ruqya that would promote the integration of the practice into the health care system and the mental health care gap that that is existing among the Somalis and the perceptions of the Somalis on Ruqya. Somalis seeking mental illness therapy in Nairobi do not have enough information on where to access therapy services with Ruqya professionals.

In many instances they seek therapy at mosques where in many instances professionalism is not practiced thus the need for the study to establish available ruqya centers where these cluster of people can visit and served without prejudice. Muslims get mental health problems and seek treatment, but it is not known whether it works for them or not. As Kenya becomes increasingly multicultural, the need for culture responsive to mental health approach is unavoidable. The Muslims with mental health problems are not sure of where to seek services either from specialized sheikhs (Raqi) who offer mental health therapy or from the conventional therapy specialists (Dardas& Simmons, 2015).

1.3 Research Questions

1. What is the understanding on types and symptoms of mental illness among the Ruqya Healers?

2. What are the perceived causes of mental illness among the Somalis?

3. What are the preferred treatment and help-seeking behavior among the Somalis?

4. How is Ruqya Islamic healing practiced in Nairobi?

1.4 Objectives of the Study

1.4.1 Overall Objectives

To explore, the beliefs and perceptions on mental illness and the practice of Ruqya a Quran based healing and psychotherapy in the treatment of mental illness among the Eastleigh Somali Community in Nairobi

1.4.2 Specific Objectives

1. To establish the types and symptoms of mental Illness as understood by the Ruqya Healers
2. To determine perceived causes of mental illness
3. To explore preferred treatment and help-seeking behavior among the Somali community in Eastleigh in Nairobi
4. To explore the practice of Ruqya in Nairobi

1.5 Justification

This study is very important to the Somali Muslim community especially those suffering from mental health illness and do not have any idea where to seek therapy services. Mental illness is common among the Muslim community of Somali origin having gone through suffering since the fall of the republic of Somali in 1991 (the fall had already started from earlier 80s) leading to civil war. The people of Somali were physically and emotionally injured and were traumatized as and earlier on during the attack in Nairobi and Darussalam American embassy, they thus need to seek mental health services from a therapist who understands the religion. This study will therefore provide information on where to find these centers that provide Muslim religious therapy (Ruqya). It is also important to know the minimum qualification of a Ruqya and their specialty. As Kenya becomes increasingly

multi-cultural and as we embrace each other's culture, the need for culture responsive mental illness mental health approach is unavoidable.

The research outcome will guide the non-Muslim experts which mental illness can be referred for Ruqya therapy and the patient can benefit at most with their close supervision or partnership in managing the mental illness in multidimensional, multicultural approach. This has worked in Europe especially UK where the NHS, has embraced these model of Islamic mental health approach.

1.6 Significance

The study is also very important since such a study has not been done in Kenya before, therefore it will provide insightful information on how to help Muslims of Somali origin in Eastleigh and in Kenya in general with mental health problems seeking the services of Ruqya healers. It will also provide information on how to improve the services.

1.7. Scope of work

The study location: Eastleigh Nairobi since it is a high Somali Muslim populated area with several Ruqya centers.

It is also a transit center for Somali Muslim communities from diaspora and the peripheral Kenyan Muslims.

CHAPTER TWO: LITERATURE REVIEW

2.1 Overview

Pew Research Center's Forum on Religion and Public Life (2011) reported that the estimated world Muslim population is roughly 1.6 billion that makes up 23% of the global population. A total of 62% of the Muslim population live in Asia-Pacific nations such as Indonesia, Pakistan, India, Bangladesh, Iran and Turkey with 20% living in the Middle East or North Africa such as Egypt, Yemen, Sudan, Saudi Arabia, Algeria or Syria, 15% live in Sub-Saharan Africa that is in Nigeria, Somalia, Tanzania, Rwanda and Kenya, 3% live in Europe that is in France, Belgium, Austria and United Kingdom and less than 1% live in North America that is in the United States and Canada, this number is expected to increase by 35% by the year 2030.

WHO (2010), reports that one in three persons has been affected by kind of mental illness yet people with mental disorders are subject to stigma, and social isolation in addition to that, the burden of care is left to their families. Mental health related illness have tremendously increased among members of different religions and cultures depending on where they are located either working, travelling or refugees especially for the affected since they do not see themselves as sick. The stigma of mental illness is one of the foremost barriers deterring people who need treatment from seeking it (Ciftci et al., 2013).

About two-thirds of people with diagnosable mental disorders do not receive treatment. Stigma refers to stereotypes and prejudicial attitudes held by the public. These pejorative attitudes induce them to fear, reject and distance themselves from people with mental illness (Kessler et al., 1996; Appiah-Kubi, 2019). The family is also unwilling to take their kin to mental health centre's due stigma from the society. However, Muslims worldwide belief in the Quran healing of both physical and spiritual. The family members are likely

to bring the kin who has mental illness to a spiritual therapist. Since Muslim client's belief that a therapist may not be able to understand their needs and provide treatment within a religious and spiritual context and they often want their issuestackled from a religious perspective (Abdulah, 2002; Amri&Bemak, 2013).

According to world Health report 2001, Mental and behavior disorders are not selective; therefore, they can affect anybody from any country or society regardless of gender, age, income or social status. The problem is common such that it's affecting more than 25% of all people at some times during their lives. It's also stated that the prevalence of mental illness among adult population at any given time is 10%. The report continues by stating that, around 20% of all patients visiting primary health care have been reported to have one or more mental health disorder. In United States an estimated 26.2 percent of Americans from 18 years and above, about one out of four adults suffer from a diagnosable mental disorder yearly ,as applied to 2004 US census with population estimate of 57.7 million people. Mental illnesses are ranked to be the major cause of disability in Canada and US (NIMH 2012).

While lack of spiritual and medication adherence may be observed in essentially all chronic conditions, it is particularly challenging in mental disorders. The latter are typically associated with social isolation, stigmatization and comorbid substance use, lack of insight, depression and cognitive impairment. The vital therapeutic objective in mental illness is to sufficiently manage its symptoms and to guaranteethe patient's treatment adherence. In a study done among patients with strong religious beliefs and those with non, religiosity was shown to interact with treatment type, the study found out that there was better adherence

among patients who were more religious than those who were not religious (85.7% vs 65.9%, *P*=0.10) (Koenig et al., 2015).

Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity WHO (2001:3).However, Andrew and Henderson (2005:1) added spiritual aspect and defined health as state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. Mental health is defined as a state of good health or well-being, in which a person is able to cope with normal stressors of life, and can make rational decision concerning his or her daily life and simply not absence of sickness (WHO 2011).Mental health has many determinants such as psychological, social, biological and environmental factors which interact in different ways. Demographic factors such as age, gender and ethnicity are also vital determinants of mental health. These factors can affect mental health positively or negatively. Positive factors enhance and protect positive mental health thus reducing risk of developing mental disorder. However negative factors increase the possibility that mental disorders will occur (Barry & Jenkins 2007 p.5).

2.1.1 Muslim Perceptions of Ruqya Therapy on Mental Illness

Islamic perspectives on illness have been developing for centuries and can be traced to the Quran itself. Muslims' unfamiliarity with other forms of modern counseling influences their negative perception toward seeking mental illness therapeutic services. In a study done by (Eneborg, 2013) in East London found an estimate of around 20 active healers associated with Ruqya Shariya. This type of therapy among the Muslim's in London was seen as the newest of those active in the region, but partly due to its claim of

holding an acultural position which also boasts as the most ethnically diverse group of practitioners.

In another study by Deuraseh&Tohar (2008) in Malaysia on Ruqyah found out that over 70% of Malay-Muslim society is worried about the religious rank of traditional healer on healing through invocation. There is a strong believe that the Raqi has to be a Muslim with adequate knowledge andought to know the recitation of the Qur'an, used in Ruqyah. He must also be a sound believer, righteous and pious (taqwa) person. Another study in Malaysia (Razali& Tahir, 2018) noted that Muslim faith healers have a strong inclination to attribute mental illnesses to Jinn possession (demonic possession). They further noted that Muslim faith healers' primary mode of treatment is Ruqyah.

In a study done in Ghana among Muslim healers, majority through their responses demonstrated a strong humanitarian gesture towards their clients. This attests to the reason why it is common to go to these Muslim healers only to find or meet long queues of people waiting for their services (Adu-Gyamfi, 2014).

2.1.2 Treatment and help-seeking behavior among the Somali community

There have been suggestions that psychological distress experienced by Muslims living in the West has intensified. The influencers of this include Islamophobia, micro aggressions, prejudice, hate crimes, religious identity threats, acculturation problems and trauma experienced by Muslim refugees (Hankir, Carrick & Zaman, 2015). Because of this, there has been an increase in Muslim clients needing therapy and therapists often find themselves at a loss to intervene effectively.

Muslim clients are mainly given therapy with a Eurocentric, secular or Christian traditional worldview that has been heavily rooted in the Western societies' religious and cultural heritage which doesn't necessarilyreplicate their personal needs. Their knowledge

of distress and healing is mainly rooted in the religious and spiritual paradigm of Islam (Eltaiba, & Harries, 2015). As a result this, it is vital to apply therapeutic approaches from the perspective of Muslims with Muslim clientele has frequently been articulated.

Seeking treatment for mental illness is not an easy task especially for the affected since they do not see themselves as sick. The family also is unwilling to take their kin to mental health centers due to stigma from society. However, Muslims worldwide belief in the Quran healing of both physical and spiritual. Thus family members are likely to bring the kin with mental illness to a spiritual therapist. Since Muslim client's belief that therapists may not be able to understand their needs and provide treatment within a religious and spiritual context, thus they often want their concerns to be addressed from a religious viewpoint (Amri&Bemak, 2013).

Muslims get mental health problems and seek treatment, but it is not known whether it works for them or not. As Kenya becomes increasingly multicultural, the need for culture responsive to mental health approach is unavoidable. The Muslims with mental health problems are not sure of where to seek services either from specialized sheikhs (Raqi) who offer mental health or from the conventional therapy specialists.

Research findings have shown that religion play an important role in the lives of Muslims. It affects their approach toward mental illness by impacting on their help-seeking behaviors and usage of mental health services. The general religious Muslim values come from diverse ethnic and cultural settings. These different settings shape the way they view the world and influence their behaviors. This relationship of religion and culture makes Muslim mental health a difficult occurrence and hard to intervene by clinicians who are not Muslims (Awaad et al., 2019).

Mental health professionals are focus to this sway and are susceptible to invalidating this group of people, possibly minus the knowledge of doing so (Lambert, 2008). These with other related issues read to the researcher wishing to establish and reduce the burden Muslim suffering from mental health find themselves in when trying to find where to access therapy that is consummate with their religion and culture without feeling prejudiced by mental health practitioners who are not Muslims.

Kenya is listed as one of the 70% African countries that sets aside less than 1% of its health budget to mental health care, even though one-quarter of the patient going to the hospital appears to have mental health symptoms.(Duncan 2012). A study done in Kenya (2012) to determine the prevalence of common mental disorders and socio-demographic risk factors showed that: Most common mental disorders largely comprise mixed anxiety depression (6.1%), panic disorder (2.6%), generalized anxiety disorder (1.6%) and depressive episodes (0.7%) (Jenkins, Njenga, Okonji, Kigamwa, Baraza, Ayuyo, Singleton, McManus &Kiima 2012).

2.1.3 Muslim's perception of mental illness

Belief in 'unseen worlds' (Al Ghayb) is essential to the Islam religion. Mental and physical illnesses in the Muslim World arecredited with three mystical causes of evil eye, sorcery and jinn. For example, the Quran warns that only believer's ofmystical realitiesbenefitfrom its teachings: It is also written that "*a guidance for those who are conscious of God; those who believe in the unseen, who establish prayer and spend (in charity) out of that which we have bestowed upon them". (Quran chapert 2: verse 2-4)*

The Holy Book also describes two entities of high intellect humans from the perspective of physical form and jinn from the metaphysical world. Jinn is a terminology

that refers to beings created with free will, living on earth in a world parallel to mankind. Muslim faithfuluphold that jinn are spiritual humans created from smokeless fire rather than the spirit of dead humans (Islam & Campbell, 2014).

Although contentious, many Islamic scholars maintain that jinn can possess a human body thus inflicting physical or mental harm to the individual. Jinn possession is commonly ascribed for anxiety, depression, erratic behavior in one's words, deeds or actions, delusions, epilepsy and for pain and tiredness where biomedical treatments have failed. Evil eye pertains to the belief that some people can bestow a curse on victims by the malevolent gaze of their magical eye.

Obsessed people at timesdisplay symptoms comparable to those related to mental illnesses such as hysteria, mania, psychosis, epilepsy, Tourette syndrome, schizophrenia or dissociative identity disorder.In view of the fact that in Western Culture possession is not normative, in most cases cultural context establishes the dissimilarityamid psychosis and the spiritual. Spirit possession is ethnicallyprecise way of showing psychosis symptoms, social anxiety, and dissociation. It is a fairly universalphrase of distress (Dein&Illaiee, 2013).

Most Islamic researchers notes the possibility that jinn can possess people while others disagree and assert that jinn can only influence mankind and cannot literally take up physical space within a human's body - that is, they cannot possess individuals. They both however agree that there are clear criteria which need to be applied before concluding that a jinn has had a role in an individual's situation, whether through possession or influence (Dein&Illaiee, 2013).

Al-Adawi and colleagues (2002) in their study established that there was a beliefthat mental illness is due to spirits and unwanted genetics was a momentous factor. Both groups in the same study certified general stereotypes about individuals with mental illness and declared that psychiatric facilities ought to be separated from the society.

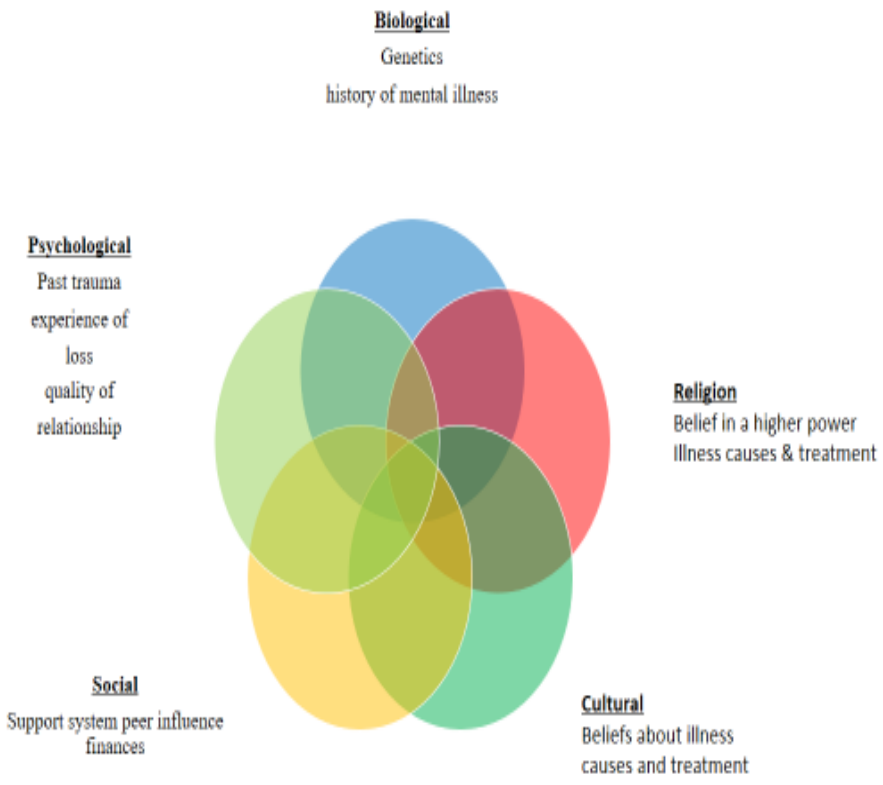
In a qualitative study conducted among 10 Muslim general practitioners in South Africa reported that spiritual illness meant symptoms beyond medical classification and were hence considered supernatural like, jadoo (witchcraft), nazr ('evil eye') and jinn (spirits). It was also indicated that mental illness was connected to stigma. The study also noted that such faith decreased the frequency of mental illnesses such as substance abuse and depression. The religion of Islam also helps by prohibiting of alcohol and substance abuse. Participants also recognized the latent benefit of religious practices like supplication, meditation and ritual prayer (Mohamed-Kaloo, &Laher, 2014).

2.1.4 Bio-Psycho Social – Spiritual Model

This study will be guided by Bio-Psycho Social-Spiritual Model. In this model, in the biological component, it conceptualizes genetics as one of component where it considers whether there are any blood relatives that have a psychiatric illness, it identifies the current illness and medications used including the influence of nicotine. In the psychological component, it looks at past history of trauma, patients experience with loss and patient's quality of relationships. On the social component the model looks at whether the patient's support system is adequate, possible peer influence, finances, the role of agencies and cultural influence and lastly which is the focus of this study, the spiritual component that is if the patient is affiliated with a spiritual community and how

spirituality contribute to the patient's ability to hope and contact with supportive community. The spiritual history unfolds within the context of an explicit religious tradition. This spiritual history helps shape who each patient is as a whole person, and when life-threatening illness strikes, it strikes each person in his or her totality. This totality includes not simply the biological, psychological, and social aspects of the person (Engel 1992), but also the spiritual aspects of the whole person as well (King 2000; McKee and Chappel 1992).

Bio-Psycho Social – Spiritual Model



Theoretical Framework

Health belief model

The health belief model (HBM) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly regarding the uptake of health services. The health belief model was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research.

Originally formulated to model the adoption of preventive health behaviors in the United States, the HBM has been successfully adapted to fit diverse cultural and topical contexts (Griffin, 2012; Scarinci et al., 2012)

The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior.

More recently, the model has been applied to understand patients' responses to symptoms of disease, compliance with medical regimens, lifestyle behaviors (e.g., sexual risk behaviors), and behaviors related to chronic illnesses, which may require long-term behavior maintenance in addition to initial behavior change.

Amendments to the model were made as late as 1988 to incorporate emerging evidence within the field of psychology about the role of self-efficacy in decision-making and behavior.

The theoretical constructs of the health belief model are proposed to vary between individuals and predict engagement in health-related behaviors (e.g., getting vaccinated, getting screened for asymptomatic diseases, exercising).

CHAPTER THREE: METHODOLOGY

3.1 Study Method and Design

The phenomenological design was used in which the individual experience(s) of the participants was sought. It is a qualitative research approach that seeks to understand and describe the universal essence of a phenomenon. The approach investigates the everyday experiences of human beings while suspending the researchers' preconceived assumptions about the phenomenon. Phenomenological research studies provide lived experiences to gain deeper insights into how people understand those experiences.

The researchers use phenomenological research designs to understand a phenomenon's universal nature by exploring the views of those who have experienced it. This approach is popularly used to study lived experience, gain a deeper understanding of how human beings think, and expand a researcher's knowledge about a phenomenon

This study used Key informant Interviews (KII) and Focused Group discussion as the main methods of data collection.

3.2 Study Population

The study population was members of the Somali community living in Eastleigh Nairobi County which also acts as their transit point to northern Kenya. The study sample included persons (male/females) visiting the Ruqyacentres as well as those in other community centres and the Ruqya healers as well as Islamic religious leaders who were key informants.

Inclusion and exclusion criteria

Inclusion criteria

1. Somali community living in Eastleigh Nairobi and are above 18 years
2. Persons (male/females) visiting the Ruqya centres
3. Ruqya healers as well as Islamic religious leaders
4. Those who provided informed consent

Exclusion criteria

1. Those who did not consent to the study

2. Muslims who are not Somali community

3.3 Sample Size Determination

The target population was divided into five groups and further categorized by gender and age:

- Adults males and females above 18 years from the general public space attending madrasa
- Adults males and females seeking Ruqya services
- Ruqya services providers
- Western trained Mental health providers practicing in study area
- Religious leaders

In accordance with the qualitative research methodology the eventual sample size depended on information saturation. However, the researcher proposed a certain number for each category (in the table 1 below).

The table 1 below shows how the population sampledwas categorized according to age gender in each category. The minimum number for a good discussion is 6 and the maximum 10. Each focused group has 8 participants.

Table 1. Showing participants of the study

Focus groups	**Gender**	
Group 1: Madrasa learners at Mosque Madrasa Centres	**Male**	**Female**
a) Aged between 18-25	6	6
b) Aged between 26-46	6	6
c) Aged above 47	6	6
Total	**18**	**18**
Total FGD participants	**36**	

Group 2: Persons/patients attending Ruqya centres		
a. Aged between 18 and 25	6	6
b. Aged between 26 and 46	6	6
c. Aged 47 years and above	6	6
Total	**18**	**18**
	36	
Total FGD participants	**72**	
Ruqya healers	6	
Mental health providers (western trained)	**4**	
Religious leaders	**4**	
Total	**14**	
Total population	**Minimum 86**	

The total study population of this study was 90 participants comprising of high number of healers.

3.4 Sampling Method

The sampling method that was purposive sampling targeting the desired groups in accordance to the principles of qualitative sampling where the research selects individuals who are thought to provide rich information on the subject area by having direct experience.

Sampling procedure: The researcher started by approaching known members or leaders of any of the participant categories: For the Madrasa groups- that is the madrasa learners of different age groups and those seeking mental illness treatment from Ruqyacentres also of different age groups. Purposive sampling was also used for the KII for the Ruqya healers, mental health providers (western trained) and religious leaders.

3.5 Recruitment and consenting procedures

FGDs: After making contact with potential participants, the researcher ascertained what age group they belonged to and informed them about the study. Informed consent was sought and if the person agreed to participate in the study, the researcher collected the phone numbers and when the researcher had contacted all the participants, He called the participants and formed the groups. The researcher then invited them for the FGD at the relevant venue a Ruqya Centre or a madrasa.

For the K. I. I the researcher visited the related sites in person to seek informed consent from potential participant to participate in the study, and if he/she was agreeable then an appointment for the interview was made.

The K.I.I. was the main method of data collection. Opinions, values and service from the offers of Ruqya healing and psychotherapy in the treatment of mental illness among the Eastleigh Somali Community in Nairobi was achieved.

Data on Ruqya healing experiences, socio demographic profiles, beliefs and perceptions ofthe community was achieved using the FGD data collection method.

All participants were consented. The researcher read out the consent explanation individually before the group discussion or the interview and ensured that this was well understood before requesting for a signature or an X if person is illiterate.

3.6 Data Collection procedures and Data Collection Instruments

All discussions and interviews were conducted by the researcher in the Somali language. Except few who spoke in English or Swahili the researcher used interview guides for the FGDs and a semi structured questionnaire for K.I.Is., as well as field notes taken during the process of data collection and interaction with the community. All data was recorded and transcribed

3.7 Ethical Considerations

Consent of all participants was sought. The participants were informed that participation was voluntary and they were free to leave at any time of the study without giving any explanation and there would be no consequence. The rules of FGDs applied, where at the start of each discussion, confidentiality and respect was discussed. Real names were not used during the discussions and no real names appear on the transcripts. During the K.I.I participants were also assured of confidentiality and none of the transcripts carried the real names, nor were the real names or identifiers that could lead back to any of the participants made public in any way. Participation in the study was voluntary and the objective of the study was explained to the participants of the study.

3.8 Data Management and Analysis

Interviews were conducted in the Somali language since all participants are Somali. All interviews were transcribed in Somali Language and later translated into English language. Data was coded into themes as they emerge- open coding for FGDs. While the K.I.Is were coded using codes developed from the questionnaire, the emerging themes were summarized in English with anchoring direct quotations in the original language and with an English translation.

3.9 Consent of Participants

Permission to carry out the study was sought from the University of Nairobi School, Faculty of Health Sciences, Department of Psychiatry and the participating Organizations where the study was carried out. An informed written consent of all participants was sought and the objective of the study was explained to the management and participants of the

study. Each transcript was assigned a unique code with a date and description of category but no names.

Ethical consideration

The informed consent explanation: Included an explanation of the purpose of the research and the expected duration of the participants participation, a description of the procedures that followed and the risks involved (appendix 1), namely invasion of personal and family life on questions related to their perception on Ruqya therapy and mental illness.

Benefits: to the participants in the study was explained in detail. This study is very important to the Somali Muslim community especially those suffering from mental health illness and do not have any idea where to seek therapy services.

Privacy and confidentiality: was highly maintained throughout the study whether on a one on one basis with those involved in the KII or FGDs. No identifying information appears in the thesis or subsequent journal articles. Participants' were assured that the deliberations discussed during the sessions would remain private and confidential

Voluntary participation: The participants were informed that participation was on voluntary basis; refusal to participate would not attract penalty or loss of benefits to which the respondent is otherwise entitled and that the subject can discontinue participation in the study any time without penalty or loss of benefits.

3.10 Data Management and Analysis

Interviews were conducted in the Somali language since all participants are Somali. All interviews were recorded using a digital recorder and transcribed. Data was then coded into themes as they emerge- open coding for FGDs. K.I.I was coded using codes developed from the questionnaire. The emerging themes were summarized in English with anchoring direct quotations in the original language and with an English translation.

3.11 Quality assurance

The qualitative interviews were recorded and then transcribed to ensure quality assurance

3.12 Results dissemination

The results will be published in peer reviewed journals as well as a copy will be given to the ministry of health.

CHAPTER FOUR: RESULTS AND FINDINGS

4.1 Introduction

This chapter illustrates the findings of the study in form of summaries and themes as well as tables and charts as per the objectives of the study. The study targeted a minimum of 86 participants. A total of 90 members consented to participate in the study giving a response rate of 104.6 %. The increase was occasioned by more KII inteterviews that were conducted in the research.

Focus group discussions were conducted among the male and female Somali Muslims of different age groups in Eastleigh, Nairobi on the 30th September 2022 and at a Ruqya healing center respectively. The discussions were guided by factoring in parameters that included; Experiences and behaviour, the opinion and values, feelings, knowledge questions, sensory questions and social demographics of the participants. The discussion was facilitated and conducted in Somali language and translated into English. The interview guide was used by the moderator during the discussions. The focus group discussions were conducted among the madarasa attendees and persons/patients attending ruqya centre. The following table shows the socio demographic characteristics of the study participants in the FGD.

TABLE 4.1.1 SHOWING SOCIAL DEMOGRAPHIC CHARATERISTICS OF STUDY PARTICIPANTS FGD

Focus groups	**Gender**	
Group 1: Madrasa learners at Mosque Madrasa Centres	**Male**	**Female**
d) Aged between 18-25	6	6
e) Aged between 26-46	6	6
f) Aged above 47	6	6
Total	**18**	**18**

Total FGD participants	**36**	
Group 2: Persons/patients attending Ruqya centres		
d. Aged between 18 and 25	6	6
e. Aged between 26 and 46	6	6
f. Aged 47 years and above	6	6
Total	**18**	**18**
	36	
Total FGD participants	**72**	

The socio demographics of the research participants on the focus group discussion were 72 and 18 key interview informants KII

The FGD were clustered into 3 groups of different age sets

I. 18-25 years were 24 participants 12 males and 12 females

II. 26-46 years were 24 participants 12 males and 12 females

III. 47 years and above were 24 participants with 12 males and 12 females

KEY INFORMANT INTERVIEW;

A total of 18 participants were enrolled to participate in the KII from the Eastleigh community. Males were 14 and the females were 4 with the ages comprising of 2 were between 18-25, 8 participants were between 26-46 while 7 were above 47 years. All the participants in KII were educated with 2 having college level education and 16 having university level of education. Of these 6 were ruqya healers, 8 were mental health providers (western trained) and 4 were religious leaders.

The participants explained the role they played in the centre.

TABLE 2: PARTICIPANT'S ROLE AT THE CENTRE

Role	Frequency	Percent
Religious leader/healer (not mental illness worker)	7	38.9
Clinical psychologist	5	27.8
Clinical psychiatrist	2	11.1
Treat people with Quran and sunah of the Prophet SAW and hadiths	2	11.1
Counselling services	1	5.6
Treat people who have sihr, jinn and evil eye	1	5.6
Total	18	100.0

Religious leader/healer comprised (38.9%), Clinical psychologists (27.8%), Clinical psychiatrist (11.1%), counseling services, treating people with Quran and hadiths (11.1%), treating people withsihr, jinn and evil eye and treating people account for (5.6%) each. Majority (94.4%) of the participants did not have mental illness history among their family members. One participant who had family history of mental illness explained it to be alcoholism.

A. FOCUS GROUP DISCUSSIONAMONG MADARASA ATTENDEES;

Focus group discussions were conducted among madrasa attendees where a total of 36 participants consisting of 18 males and 18 females in groups aged 18-25, 26-46 and above 46 years. There were 6 participants in each age group. The discussions in the various age groups among the male and female participants were as indicated below:

1. KNOWLEDGE AND CAUSES OF MENTAL ILLNESS

Majority of the participants cited knowledge and causes of mental illness to comprises of evil eye, Sihr (Black magic), jinn possession, magic, stress, anxiety, substance abuse and

depression which could be treated with Quran. Mental illness was also stated as being caused by thinking a lot, inheriting the disease, losing a friend including being de-associated from the society and negative family environment and mistreatments as stated below among the different age groups.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE

Male participant 3 age 48 years stated that *"I believe mental illness can be due to substance abuse, jinn attacks and can be treated with Quran and Sunnah of the prophet (S.A.W), there are some who go to secular doctors",* while the female participant 2 age 53 years stated that *"common mental illness are depression, stress, brain stroke and also jinn possession as said by others*".

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS

Male participant 3 age 33 years said; *"It can be through Hasad (Evil eye), stress and anxiety. I saw such people who think a lot and finally became mad"* while the female participant 3 age 26 years said *"depression can be part of the mental illness from family background".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS

Male participant 3 age 22 years agreed with the others and stated *"I agree with, drug abuse and also jinn possessions"*, while the female participant 6 age 24 years stated that *"mental illness are all diseases which affect the normal functioning of the brain which can be madness, stress, accident and inborn mental disability".*

2: HOW ARE THE SERVICES OF RUQYA HEALERS?

Some of the themes that emerged were that majority of the Rukya healers offer amazing affordable services using the Quran and are the best, others did not qualify for it while others thought the healers needed training. Some participants felt that the spaces were too small compared to hospitals. There were some participants who felt that people should not go to Rukya but should read the Quran by themselves since some are against Islam teaching. There was also the theme of some Rukya healers being extremist, going overboard and mixing with Shirk to the words of God. The issues of some Rukya healers commercializing their services was also noted.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE

Male participant 1 age 48 years stated that *"People are different, some can offer amazing and pleasing services while others they don't consider even the hygiene of people*" while the female participant 4 age 51 years stated that *"they are giving us one of the best service, despite that, the place is too small and no one who is ready to give them better place like the hospitals''.*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 1 age 37 years stated that *"For me l I don't advise people to go Ruqya, let them read Quran for themselves that is the best as said by the scholars"* while the female participant 6 age 36 years stated that *"They are extremist, they overboard and they mix with Shirk to the words of God ".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS.

Male participant 4 age 25years stated that "*Some offer amazing services because they are sincere and righteous, while others are after money. It is commercial which is totally wrong and un-Islamic"* while the female participant 4 age 25 years stated that "*generally, if they are confined with the Islamic code of life they are good and halal".*

3. EXPERIENCE WITH RUQYA HEALERS

Some participants cited good experiences with ruqya healers some participants stated that they had taken family members to Rukya and they got healed while most of the female participants had no experience with ruqya healers. Other participants especially the male particpants age 26-46 years did not register good experience with ruqya healers as indicated by their comments during the discussion.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE

Male participant 4 age 53 years stated that *"I had taken my aunt who had unknown sickness to the doctors and as the raqi (healer) told us that she has sihr. He was reading Ruqya on her for a period of three months and now she is well*'' while the female participant 4 age 51 years stated that "*for me, this is the 2nd Raqi I am taking to my brother who was possessed by jinn and paralysed, the first sheikh was at Garissa, he used to come to our house, Alhamdulilahi, he was quite healthy, later I was told about another shiekh in eastleigh, I am so happy with him and my brother has recovered mentally and physically, Alhamdulilahi".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 1 age 37 years stated that *"I know a girl who used to collapse suddenly, she was taken to ruqya center and worse of all the one who used to bring her got the jinn from the center. I advise them to avoid these centers and should be closed immediately. They are bad"* while the female participant 1 age 26 years stated that "*I have never gone to them; I don't understand it".*

MALE PARTICIPANTS (N=6) AGE 18-25 YEARS

Male participant 2 age 25 years said *"It was in 2010 when my mother was treated with Ruqya by Sh Roble. She healed and she is ok, that is my experience*". Another male participant 3 age 22 years stated *"I was with a mum who was taken to Ruqya centre, she became healthy but the fact is some may get jinn in the precincts".*

4. OPINION ABOUT TRAINING AND QUALIFICATIONS OF RUQYA HEALERS

Opinions on training and qualifications of Ruqya healers were varied among the different age and gender groups. Participants noted that some are experts were well trained while others could not recite well the Quran and required more knowledge, sincerity. Some Rukya healers had commercialed and there is need for more certification. It was also stated that in Kenya, there is no centre to train them while other participants metioned it's a God given talent.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE

Male participant 4 age 53 years: *"Actually ruqya healers some are expert and competent while others cannot even recite well ayatul kursi and don't have any knowledge for this profession"* while the female participant 2 age 53 years stated *"they need more training for the profession, it should not only be for commercial".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS

Male participant 5 age 35 years stated that *"In Kenya, no center to train them for them to be qualified. By the way ruqya needs pity and sincerity so that your dua can be accepted for the person"* while the female participant 3 age 26 years stated *"no training need for it, its God gifted talent".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS

Male participant 3 age 22 years stated *"For my view, some are good while others are financially focused who don't care about the patient"* while the female participant 3 age 21 years stated "*for my view, ruqya healers are good and great while others you will not be contented with their Ruqya due to lack of qualifications".*

5. CHALLENGES IN MENTAL ILLNESS TREATMENT FROM THIS COMMUNITY.

The challenges in mental illness as described and discussed by the participants in the different age groups. It was noted that patients were said to be going through various tough challenges including hostility from the community, mistreated and stigmatization.

Denial of basic human right like the right to food, right to association, education and clothing as indicated below;

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE.

Male participant 5 age 47 years stated that *"Mad people are not given their rights, such as education, right to associate. Most of them are celled at home and care centers"* while the female participant 1 age 48 years stated *"they are disowned and treated like bad omen individuals".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 6 age 36 years stated that *"Mad people faces a lot of challenges in the Somali community for instance, some give them bad names such as waalow and some are not even given food and shelter"* while the female participant 3 age 26 years stated *"they are stigmatized and discriminated from the society".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS.

Male Participant 2 age 25 years stated that "T*hey are disowned and treated in humane by the people. which is unfair"* while the female participant 2 age 19 years stated *"they are socially disowned by the people; no interpersonal relationship accorded to them".*

B. FOCUS GROUP DISCUSSION AMONG PERSONS/PATIENTS ATTENDING RUQYA CENTRES;

1. KNOWLEDGE AND CAUSES OF MENTAL ILLNESS:

The matter around the knowledge and causes of mental illness among the Somali muslims at a Ruqya healing centre elicited much discussion among the various age groups and

gender. The participants in the focus group discussions observed various causes while others did not have anything to say regarding the causes. For those who responded their observations included; stress, neurological conditions such as stroke, trauma or accidents terror attack on loved ones, stigma, anxiety, distress, drug and substance abuse, depression, jinn (Demons), magic possession. The other causes are like stereo typing individuals with minor mental disorders, family conflicts, tough work environment and harassment at work among other causes as captured below among the different groups:

MALE AND FEMALE PARTICIPANTS (N=7) AGE 47 YEARS AND ABOVE

The participants had the following to say as pertains to what they knew about mental illness male participant 2 age 58 years; *"What i know about mental illness are little, but i think some can be: stress, damage in the brain and magic possession which can attack the memory''* while the female Participants 4 age 62years said *"last year, I collapsed at the market; when I was taken to the hospital they told me, you have mild stroke. The right side of my body was paralyzed. I was taking medicine for more six months when still there are no much changes. I requested from the Imam of the mosque to read Quran on me. Currently, I am so good and healthy. Alhamdulilahi (thanks to God)".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS

The issue of mental illness was also discussed among the male and female Somali Muslims aged 26-46 years of age and they had the following views regarding mental illness, a male participant 1 said *"I can say, major mental health problems that might require urgent healing and counselling are the ones caused by insecurity like west-gate terror attack, some can be caused by stress and depression. All of that can be cured with*

Yaqeen (trust in Allah) and Quran.that is it" While the female participant 5 age 44 years she stated *"I agree whatever has been said, I am saying mental illness are a lot, some can be: stress, madness and magic possession. Personally, I was possessed by magic that is why I came here for ruqya".*

MALE AND FEMALE PARTICIPANTS (N=6) AGES (18-25 YEARS).

On the knowledge and causes of mental illness, the participants in this group had the following observations to make, the male participant 5 age 20years observed the following respectively: "*mental illness can be jinn possession which is the most common one. The person can be mentally disable because of ruhan" (spirit possession*) while the female Participant 4 age 19 years said *"If I may try the answer to thisQuestion, examples of common mental illnesses are; stress, trauma, stroke, jinn (demons) and bad eye which can cause mental disability and madness."*

2: HOW ARE THE SERVICES OF RUQYA HEALERS?

The participants were requested to discuss the services of ruqya healers. The discussions are shown below by age group and gender. Most of the discussion was in praise of the Ruqya services, others stated that the Sheikhs provide good services better than the doctors while other felt they were not well trained and the centre was unhygienic.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 AND ABOVE.

Male participants 2 age 58 years shared the following sentiments, *"ruqya healers they provide very good service, since they treat people with Qurán and the teachings of the*

prophet (PBUH)" while the female participant 7 age 48years had the following contributions to make; *"indeed, our sheikhs they are giving us best service from their heart. Sacrificing time, inquiring more about you and making you so happy and building trust with Allah shows the goodness of their services"* and *"I can say, there services is so good. You know, the building is not important, it's the service and Qualification of the raqi (healer)"* Respectively.

MALE AND FEMALE PARTICIPANTS (N=6) AGED 26-46.

In this group; some participants had concerns touching on hygiene and the uncomfortable environment as stated by male participant 3 age 38 years made known his concerns; "ruqya *healers service differ, depending the raqi (Healer) and the centre, some provide very good service and others don't even consider the hygiene, the centre is dirty and unfit for the customers" the major concern is they don't sieve or cluster conditions, they just put you in aroom and read Quran on you''* while the female participant 4 age 44 years, said the following; **"**r*uqya healers provide good service, it attract me .but I heard others in Garissa County, who even don't know how to do Ruqya".*

MALE AND FEMALE PARTICIPANTS (N=6) AGED 18-25.

Male participant 1 age 19 years and participant 5 age 20 years had similar opinion, they said, " *most of them are good and pleasing , you feel so happy when you enter their centre and others are under-qualified and dirty "and* **"** *I agree with the rest, some are good and marvellous and others are not even Qualified to do ruqya therapy "* while the female participant 5 age 20 years said, *"ruqya healers provide good services, but healing*

the patients is with Allah" I love the choice of the surah they read , suratul Baqara (quran chapter 1) , quran chapt 1 verse 255, verse 285 and 286, quran chapt 114, 113 and 112.

3. EXPERIENCE WITH RUQYA HEALERS

Participants discussed very good experiences with ruqya healers. Participants noted that the experience they got from the Rukya healers was healing and recovery from their suffering and ailment successfully. Some Rukya healers were qualified while others were more of materialistic and after money.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 AND ABOVE

Male participant 3 age 62 years praised the experience he had had with Ruqya healer. His comment was "*I have extensive experience with the most of Ruqya healers in Eastleigh. This is the sixth sheikh (Raqi) I approached, I can say when I came to this sheikh, I am so happy and healed; alhamdulilahi*" while a femal participants 1 aged age 60 years discussed her journey with ruqya healer as follows "*I was working with this raqi (healer) more than 3 years, whenever people inquire about professional ruaqi, I use to refer them to this Sheikh, I have ruhan (hereditary jinns) which I inherited from my mother. They stopped me from birth since the age of 35. This is the 3rd year I am with the sheikh, I normally came after some months not frequently; I mean, when I am in pain". The sheikh read surah fatiha (quran chapt1) and al muawwidhat (quran chapt 114, 113 and 112) on me. He advised me t read the following Duas.*

MALE AND FEMALE PARTICIPANTS (N=6) AGED 26-46 YEARS.

Male participant 1 age 32 years and Participant 2 age 37years were in agreement in their experiences. *They said;* "*what I had experience from the Ruqya healers are, some are Qualified and righteous, while others are materialistic and money focused not sincere with the service''* while a female participant 2 age 39 years gave her experience; "*I can say the experience I have with them, it's promising and healing, because I a lot of people healed by ruqya healers who despaired from the hospitals"*.

MALE AND FEMALE PARTICIPANTS (N=5) AGED 18-25 YEARS.

Male participants 1 age 19 years his contribution to the discussion was *"I was brought here last week by my Dad, bacause of ayn (evil eye) which I got when I was at school, I use to be number one in my Class, but later, I became so lazy student who don't want to read, my class teacher use to advise me, but I had other emotions, thereafter, I started seeing strange things in my dreams, I use to shout and cry whenever I sleep, no more sleep after that, I couldn't pray due to that. Later I was taken to this sheikh and now I am well and fine. "while* the female Participant 1 age 22 years her contribution to this discussion was "*the kind of experience I know from them* (healers), *is so amazing and healing a lot of sick people".*

4. PARTICIPANT'S FEELING AFTER EXPERIENCE WITH RUQYA HEALER.

The researcher sought to know from the participants how the services offered made them feel, and most of them said they felt happy, submissive, relaxed, contented, calm, healed

and there was use of the Quran while some said they felt nervous for the first time, others felt free from anxiety and general pain among other observations as capture below;

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE.

The participants in this group expressed good feeling after their experience with ruqya healer. Below are some of their comments, male participant 1 and 2 both aged 58 years: *"I felt so cool and serene after the service",* and *"It is making happy and contented with their service"* while the female participant 1 age 60 years stated *"whenever the sheikh recite Quran on me, I feel so cool, health and relaxed"*.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 3 age38 years stated that *"it made me feel serene, cool and healed*" while the female participant 2 age 39 years stated *"I feel so calm and cool with the Ruqya"*.

MALE (N=5) AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS

The participants shared what they go through after an experience with the ruqya healer; Participant 1 age 19 years; *"I normally feel a lot of pain from the body, head and neck, but after some times, I will get one of the best sleep and health. but its struggle"* while the female participant 1 age 22 years stated that *"when the ruqya was recited on me, I felt scared, since I could see something wanted to attack me, shortly, I started crying shouting, due to anxiety, later they sheikhs gave me water with black seeds and continued the Quran. Now, I am doing well, but all of these are test from Allah"*.

5. HOW PARTICIPANTS FOUND OUT ABOUT THE RUQYA SERVICES.

Most participants across the different age groups and gender found out about the ruqya services from friends, relatives, neighbours or from the social media.

MALE (N=6) AND FEMALE (N=7) PARTICIPANTS AGE 47 YEARS AND ABOVE

Participant 1 age 58 years heard about ruqya services from friends as indicated respectively; *"I got it through friends and colleagues"* similarly the female participant 6 age 50 years heard about ruqya services from a friend as show below respectively *"through friends who went there"*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 5 age 37 years said, *"From a mother whom we are related*" while the female participant 3 age 44 years said "*friends*".

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS.

Male participant 4 age 18 years found out from a friend and social media as shown below respectively *"from friends and the social media i.e: facebook page"* while the female participant 6 age 18 years said "*from friends and neighbored colleagues*".

6.OPINION ABOUT TRAINING AND QUALIFICATIONS OF RUQYA HEALERS

Majority of the participants in the various focus groups were of the opinion that those offering the services were qualified and competent and provided good services. However, there were a few who had a contrary opinion in regard to this issue of ruqya healers' training and their qualification as below:

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE.

Male participant 3 age 62 years stated that *"as said by others, some are qualified and others are not qualified*" while the female Participant 2 age 68 years shared the same sentiment. She said *"they are not the same; some provide potential and profound service, while others are focused with money".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 6 age 28years; "*our sheikhs are so nice and our community accepts them with faith and open heart since they use Quran and hadiths. Without them a lot of people could have problems with sihr and hasad (evil eye)"* while the female participant 2 age 39 years said; "*our sheikhs know what they are doing to us, but some may not be competent with ruqya. We hear such cases from the media".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS.

The participants in this group had a lot of confidence in the capabilities and qualifications of the ruqya therapists are discussed, one of the male participant 3 age 21 years said; *"for my view, they are good since they use Qura'n and Sunnah of the prophet (pbuh*)" while the female participant 1 age 22 years said; *"some are amazing and people are happy with their services, while, I heard others whom even the sheikhs are criticizing them in the mosques during Fridays ".*

7. REASON THAT MADE PARTICIPANT THINK THEY NEEDED A RUQYA HEALER.

Pain, sickness and demons were stated by most participants as the reason that made them think they needed a ruqya healer. Discussions by age groups and gender are shown below;

MALE (N=6) AND FEMALE (N=7) PARTICIPANTS AGED 47 YEARS AND ABOVE.

Male participant 5 age 60 years said the following *"people advised me to see a raqi (healer) since I had sihr (black magic)*'' while the female participant 7 age 48 years indicated that pain and sickness made her feel she needed a ruqya healer as seen below from her sentiments "the *sickness I was feeling sick which made me to seek ruqya".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 6 age 28 years said; *"the black magic which I had for long*" while the female participant 4 age 44 years said; "*I said just now, I heard sihr (black magic) which was in my body for number of years".*

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS.

Male participant 3 age 21 years said; "*because I had been bewitched and the only cure for sihr (black magic) is Ruqya"* while the female participant 1 age 22 years said; *"the pain I was feeling made me to seek for ruqya".*

8. CHALLENGES IN MENTAL ILLNESS TREATMENT FROM THIS COMMUNITY?

All the groups registered their concerns on challenges faced by patients of mental illness, themes that emerged were being disowned, stigma and discrimination, being branded with demeaning words and being dissociated in the society.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 47 YEARS AND ABOVE.

Male participant 3 age 62 years *stated that "people with mental illness are disowned and stigmatized by the Somali people"* while the female participant 4 age 62 years stated *"they are not associated with but rather stigmatized and taken to a room like a cell or left in the streets"*.

MALE AND FEMALE PARTICIPANTS (N=6) AGE 26-46 YEARS.

Male participant 2 age 37years stated that *"They are given bad names and disowned by the society"* while a female Participant 4 age 44 years said: "*I will say what others had said, that is, disassociating them from the people since people believe that, mad people will cause harms and problems but I think if they could give room to discuss and listen them .it could help them*".

MALE AND FEMALE PARTICIPANTS (N=6) AGE 18-25 YEARS.

Participant 3 age 21 years said: "*they are socially disowned by the people; no interpersonal relationship accorded to them"* while the female participant 1age 22 years said "*disassociation and disownment".*

KEY INFORMANT INTERVIEW;

The key informant interviews aimed at establishing opinions and services provided by these specialists in the treatment and management of mental health in relation to religious values. The results area shown in the tables and charts below:

Most participants got to know where to find this treatment from friends, clients, advertisements, seminars, social media and through referrals from Islamic centres as shown in table 3 below.

TABLE 3: HOW PARTICIPANT'S GOT TO KNOW WHERE TO FIND MENTAL ILLNESS TREATMENT THAT ATTRACTS BELIEFS AS AMUSLIM.

Through a client who went there
I myself I have a ruqyacentre in Eastleigh
Through my clients from all corners of Nairobi
I have a centre
Through a friend who had been in the mental illness centre
Through advertisements
I am a counselling psychologist student. I used to attend seminars at Tawakal Medical centre
It is my clinic
Websites, through friends, through referrals and from Islamic centres
I get patients referred from ruqyacentres for conventional treatment like psychotherapy
Through referrals from islamic healing centres

COMPLAINTS RECEIVED FROM CLIENTS.

The participants said they had received complaints from their clients especially from members of the Somali community. The complaints received are shown in table 4 below:

TABLE 4: COMPLAINTS RECEIVED FROM CLIENTS.

Cultural, religious barrier. Differences in beliefs, Muslim belief the hadithi there is no disease that Allah created except that he has also created its treatment. Less knowledge of Islam by western therapists
Expensive fees which they pay after every visit, some are not given appointment date hence they don't know when to come back to the centre
Exploitation of the service fees and lack of trust for the Ruqya therapy
High fees , meeting with unqualified healers who are not well educated with therapy, Stigmatization in the family for seeking Ruqya
most clients think eyes evil, jini and magic
our community believes in eye evil, magic, jini
Poor hygiene in the centres, Islamic intolerance and not understanding Islamic rituals. No knowledge on Islam
The patients want to be explained about their illness from the Muslim point of view
They are looking for integrated facility that has Muslim trained mental health providers and western trained mental health providers
They complain about mental illness being a myth and we psycho-educate them
They have always requested for centre with both Islamic& western trained mental health experts. They are looking for therapist who understands them
With regard to fee

When participants were asked whether their centre was a mental illness treatment centre or a conventional one, this is what they had to say as shown in table 5 below:

TABLE 5: A RUQYA PRACTICING MENTAL ILLNESS TREATMENT CENTRE OR A CONVENTIONAL ONE

1	I am practicing mental illness treatment centre based in Eastleigh
2	I am a Ruqya healer
3	I am a Ruqya practicing mental illness treatment centre which is located at Eastleigh that is well known in Nairobi
4	I am a Ruqyapractising mental illness with experience of more than 15yrs, who works and Visits different countries for this work. I treat people with Quran and narrated duas from the Prophet (SAW)
5	I am a Raqi who medicate people with the Quran,Sunnah and my own experiences

6	Ruqya Sheikh, I have a centre at Eastleigh
10	I am a person who does not have a place but people call me to their homes
11	conventional but as Muslim I believe all diseases are from Allah
12	Conventional one but I believe all diseases are from Allah according to my religion as a Muslim
13	Conventional one - western trained counseling psycbologist

Participants were requested to describe their policy as a centre when a client wants a specific type of mental illness treatment especially religious. The responses are documented in table 6 below:

TABLE 6: THE CENTRES' POLICY WHEN CLIENT WANTS SPECIFIC TYPE OF MENTAL ILLNESS TREATMENT ESPECIALLY RELIGIOUS.

1	If she is a woman she should be accompanied by a mahram, specify for her a day and time, inquire her history in mental illness
2	To assign appointment with the client and if she is a woman she has to come with a mahram. Trust in Quran
3	Giving a day to the clients, Conducting an interview with the history of the patients, deciding for him the way forward
4	You sign an appointment, then you consult him, thereafter you dedicate for him the way forward
5	If a client calls me, I will give him a date to come to my place thereafter I consult him with the sickness, then I will start Quran
6	We give appointment, then we recite Quran on the patients then, we request the fee
7	I treat them with the Islamic ruqya
8	In our centre we don't antagonise religious treatment
9	To educate them and raise awareness
10	we allow our patients to incorporate Koran reading in the conventional treatment
11	To accommodate everyone, to add value to their copying system, psycho-education, Individual tailored therapy
12	We do mental health assessment exhaustively & make proper diagnosis If patient requires a ruqya specialist we have a few on our resource mapping list we refer patient or they come to our facility
13	We do an integrated therapy. we provide western based services but call Muslim healers when we need them
14	We consult the expert on Muslim/mental health expert, consult Sheikhs/raqis. We try to avoid more trouble, anxiety, guilt& shame. We accommodate them,we allow them to cope

TABLE 7: CHALLENGES FACED IN THE TREATMENT OF MENTAL ILLNESS AT RUQYA CENTRES.

Financial challenge and religious belief were common challenges faced by the participants in the treatment of mental illness as shown in table 7.

1	To get organisation that can support the centre financially and train the Sheikhs at the ruqyacentre
2	Financial support(Paying rent of the centre), Some clients with mental illness can attach you physically when doing the ruqya
3	Lack of patience from some of the patients moreso when it comes to using the prescribed medicine therapy
4	Some clients have different beliefs and its difficult to convince them, the one escorting the client may be possessed not the client, Some may fight with you
5	My place is so small and the rent is too much to me, Some clients who are mentally sick can fight
6	Some clients are not believing Ruqya
7	lack of customers
8	We are not a ruqyacentre but we work in collaboration with religious centres
9	Our centreisnotruqyacentre is collaboration with religious centres
10	ours is not a ruqyacentres, it is conventional centre
11	We are western based but referral centres for Muslim patients are scarce, language barrier and culture clash
12	Low, no knowledge on Islamic perspective on mental health

TABLE 8: WORKING WITH RELIGIOUS CENTRES AS A SOURCE OF CLIENTS

Majority of the western trained mental health providers indicated they work in collaboration with Sheikhs and ruqya healers and acknowledged the vital role they played in mental health treatment (Table 8).

Work with religious centres as a source of your clients?	Frequency	Percentage
Yes	6	66.7
No	3	33.3
Total	9	100.0

Of the participants from ruqya therapy centres, a significant number (66.7%) were working with religious centres as a source of clients.

Table 9 below explains how participants work with the centres especially Mosques and Madrasa as a source of clients.

TABLE 9: WORKING WITH RELIGIOUS CENTRES AS A SOURCE OF CLIENTS

Participant number	Study Code	Explain how you work with these centres especially Mosques and Madrasa
1	Ruqya healer	I work with teachers in Madrasas and adult people in the Mosques
2	Ruqya healer	They call me whenever an individual in the society may need Ruqya program/therapy
3	Ruqya healer	I normally request from them to assist in reading Quran for people who had been possessed by demons
4	Ruqya healer	I call upon Sheikhs to recite Quran on the patients sometimes
5	Religious leader	They inform me if someone needs ruqya
6	Mental health provider (Western trained)	We work in collaboration
7	Mental health provider (Western trained)	Through exchange programs, inviting the Sheikhs, experts
8	Mental health provider (Western trained)	They attend to patients with jinn/black magic & evil eye conditions. They also refer patients with psychotic conditions PTSD, severe depression and other mental health cases
9	Mental health provider (Western trained)	Patients with evil eye/black magic, we call the Sheikhs/ruqya to attend to them and they feel valued. Their belief system is valued
10	Mental health provider (Western trained)	We integrate them, we accept them closeness to God to cope and get peace, personal development turning to prayers interaction with others group therapy

In table 9 above, participants cited a very strong collaboration with religious centres. The ruqya healers calling upon Sheikhs and Madarasa teachers as needed during the treatment of mental illness.

TABLE 10: HOW DEEP RUQYA TREATMENT IS ROOTED COMPARED TO OTHER COUNSELING SERVICES AMONG SOMALI COMMUNITY

From the participants comments shown in table 10 below, Ruqya treatment is deeply rooted among the Somali community compared to other types of mental illness treatment.

Participant number	Study Code	In your opinion how deep rooted is Ruqya treatment in mental illness treatment and other counseling services among the Somali community compared to other types of mental illness treatment?
1	Ruqya healer	Mostly after despairing from the counseling services and doctors they will go finally to the ruqya healer
2	Ruqya healer	They belief so much ruqya than the counseling centres for all mental illness treatment
3	Ruqya healer	I can say majority believe that ruqya is the last resort for all the chronic and mental disease
4	Ruqya healer	I can say most of them believe so much and have high trust for ruqya moreso from well-known raqi(healer).We have a lot of cases whereby ruqya therapy healed them
5	Ruqya healer	I don't know much about the others but ruqya is effective if you believe it
6	Ruqya healer	Somalis believe ruqya so much
9	Religious leader	People trust them so much but they should be qualified
10	Religious leader	They believe it so much
11	Mental health provider (Western trained)	All Muslims believe that all diseases are from Allah
12	Mental health provider (Western trained)	It is common in Somali community but we do not work with ruqyacentres, we are a conventional centre
13	Mental health provider (Western trained)	We explain to our patients that diseases are from Allah and health is also from Allah but we have to do our best
14	Mental health provider (Western trained)	It is deeply rooted, it is inseparable with Somalis

15	Mental health provider (Western trained)	It is deeply rooted, in every other facility there is a Ruqya treatment as routine life Quran reading for children and women when starting business etc.
16	Mental health provider (Western trained)	Very deeply rooted. it is a household name
17	Mental health provider (Western trained)	Deeply rooted, Quran reading to the children, their wives, purify for them expelling jinns, evil eye

TABLE 11: WORKING RELATIONSHIP WITH ANY RUQYA CENTRES THAT EXIST WITHIN NAIROBI

Most participants did not have a working relationship with the Ruqya centres within Nairobi.

Participant number	Study Code	Do you have working relationship with them or you work differently?
1	Ruqya healer	I work by myself and you you visited me at the moment
2	Ruqya healer	I work with them
3	Ruqya healer	I work differently
4	Ruqya healer	Yes we have close relationship with some of them and we share experiences and our common interests and values
5	Ruqya healer	Yes we work as a team sometimes to help the need of the client
6	Ruqya healer	Yes, we are connected to each other
7	Mental health provider (Western trained)	We are not a ruqyacentre but we collaborate with the Sheikhs and the Mosque

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Discussion

The study aimed to explore the beliefs and perceptions on mental illness and the practice of Ruqya a Quran based healing and psychotherapy in the treatment of mental illness among the Eastleigh Somali Community in Nairobi.

Causes of mental illness

In this study as noted by the ruqya healers and the focus group participants, the common types and symptoms of mental illness were magic (*Sihr*), evil eye (Ain) and jinn possession. Coming from the focus group discussions, these were the most common reasons for seeking ruqya services. This was consistent with other studies with many Muslims associating such illnesses to supernatural causes like black magic, the evil eye, jinn possession, weak faith or purnishment from Allah. The association was more than they associated the illness to other scientific explanations and this could be due to misconceptions and lack of knowledge as well as strong cultural beliefs within the Muslim culture (Alharbi et. al., 2021).

In a study done by (Islam & Campbell, 2014), one cause of mental illness among the muslim community is belief in supernatural causes which was similar to our findings, thus giving ruqya therapy an Islamic spiritual mental health care and healing significance among the muslim community. This was similar in a study done in UK where 14 participants in a qualitative study noted that the causes of mental illness among the muslim community have a supernatural aetiology such as witchcraft or jinn possession (Weatherhead & Daiches 2010). According to (Jawziyyah, 1999), Muslims belief that

religion can be an important factor in helping overcoming problems associated with mental health.

The study sought to to determine the perceived causes of mental illness through the focus group discussions. Knowledge on causes of mental health illness was high among all age and gender groups, majority of the participants attributing mental illness to use of illict drugs, stress and depression, jinn possession mentioned by participants attending ruqya centres.

Experience with Ruqya healers

Notably, participants of the focus group discussion were of the opinion that ruqya services were excellent and helpful to the Eastleigh community. However, male participants of the ages 26-46 years raised concerns about the unhygienic and uncomfortable state of the some of the centres. In addition the male participants in the age group over 47 years of age emphasized the need to have the healers trained and qualified though they acknowedged training institutions were not available in Kenya.

Those participants who had sought ruqya therapy registered good experiences with the ruqya healers achieving relief from the suffering and attained healing from their sickness. They claimed the services from ruqya healers were even better than hospital services. This resonates with a study done by (Eneborg, 2013) in East London that found an estimate of around 20 active healers associated with Ruqya Shariya where participants cited good experience with the Ruqya healers.

Similary in a study done in Yemen among mental patients seen at healthcare centre,they believe that Quranic therapy is part of their belief for people's remedy and that it's an essential aid for curing many diseases, even if one is taking medicine. 92.6 % of the patients

supported the contention that Quran has a significant healing influence and that some patients who regularly attended the Quranic therapy sessions had been successfully being cured (Tzeferakos & Douzenis 2017).

In other studies, according to (Dardas & Simmons, 2015), the Muslims with mental health problems are not sure of where to seek services either from specialized sheikhs (Raqi) who offer mental health therapy or from the conventional therapy specialists. While accessing mental health care is both global and local problem and has been witnessed among the Somalis, Somalis seeking mental illness therapy in Nairobi do not have enough information on where to access specialized therapy services with Ruqya professionals.

Ruqya therapy is deeply rooted in the Eastleigh community that there is high collaboration between all stake holders of mental health care in the management of mental illness in the community. Majority (66.7%) of the healers and western trained mental health experts work in close collaboration with the Sheiks and ruqya healers in mental health treatment. This is consistent with (Jawziyyah, 1999), who has shown that religious belief activities can improve the quality of life and health among such collectivistic culture where religion is a key component in people's lives. The same was established by (Koenig, 2002) who wrote, "Consequently, when a health expert ignores the elements of spirituality through various practices of religion, it is as if there has been a total desertion of the patient's overall health".

Training and qualification Ruqya healers

With respect to training and qualification of mental health providers who participated in this study. Among the key informant interviewees 11.1% had college level of education while the remaining 88.9% attained university level of education. Opinion about training

and qualification of the ruqya healers were varied from the focus group discussions. Some participants were of the opinion they were well qualified and trained while other of the contrary opinion.

This study established that there were great challenges in mental health treatment from this community. Persons with mental illness faced a lot of stigma from the Somali community, and due to this families denied their kin treatment, the right to association and the right to basic human needs like food and clothing. Patients faced hostility and rejection by the public. This is in agreement with (Appiah-Kubi, 2019), who noted that prejudicial attitudes held by the public towards people suffering from mental illness was responsible for families to be unwilling to take their kin to mental health centre's due stigma from the society.

In other studies about two-thirds of people with diagnosable mental disorders do not receive treatment due to stigma, which causes fear and rejection towards people with mental illness (Appiah-Kubi, 2019). Families decline to seek mental health for their kin due stigma from the society, thus belief in the Quran healing of both physical and spiritual among the Muslim is normally preferred.

Participants in this study discussed how they got information on ruqya therapy. Most participants attending ruqya centres accessed information through friends and neighbours as well as social media using Whatsapp. Suffering from black magic, *Sihr* (evil eye) and Jinn caused most participants attending ruqya centres to seek ruqya therapy. Here they were relieved; services were good, and healing was achieved and religious beliefs were observed.

Conclusion:

1. Most common mental illness treated by the Ruqya healers is Black magic (Sihr) Evil eye (Ain) and Jinn possession.

2. Knowledge on mental illness disease and its causes was high among Eastleigh Somali community.

3. Somali community prefers ruqya therapy where religious beliefs are observed.

4. Ruqya therapy deeply is rooted among the Somali community bringing on board collaboration with other stake holders in the mental health treatment.

Recommendation:

1. Policy on training and qualification of ruqya healers to raise confidence in the practice of Ruqya among the Somali community

2. Sensitization of community on mental health to curb stigma and create health seeking awareness.

3. Issues of hygiene and comfortable environment within the ruqya centres to be addressed.

4. Further research on traditional methods of treatment are important field of study that require further investigation.

Limitations of the Study

While conducting any study there will always be challenges that the researcher must face and conquer to achieve his objective. This study is not different and thus the limitations are as seen below.

- Having respondents to assemble at the same venue at the same time bearing in mind that some of them may not be familiar with each other. The researcher had to make

time and interact with expected population so to get to know them so that when the time comes they were familiar to what they are to do at the venue of the interview

- Being allowed to conduct interviews in facilities such as Mosques and Madrasa was challenging for the researcher.
- This research was limited by sample size, and cannot be viewed as representative of the Muslim population as a whole in Nairobi. In addition, the qualitative nature of this research, presents a rich picture of the issues felt to be important to this sample.

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Anexx 2 Participant Consent Form

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PARTICIPANT INFORMATION AND CONSENT FORM SAMPLE ADULT CONSENT
FOR ENROLLMENT IN THE STUDY

(To be administered in English or any other appropriate language e.g Kiswahili translation) **TitleofStudy: "EXPLORING THE BELIEFS AND PERCEPTIONS ON MENTAL ILLNESS AND THE PRACTICE OF RUQYA (QURAN HEALING AND PSYCHOTHERAPY) AMONG SOMALI MUSLIMS IN NAIROBI"**

Principal Investigator\and institutionalaffiliation: Mohamed Antar Amin

Co-Investigators andinstitutional affiliation: N/A Introduction

I would like to tell you about a study being conducted by the above listed researchers. The purpose of this consent form is to give you the information you will need to help you decide

whether or not to be a participant in the study. Feel free to ask any questions about the purpose of the research, what happens if you participate in the study, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions to your satisfaction, you may decide to be in the study or not. This process is called 'informed consent'. Once you understand and agree to be in the study, I will request you to sign your name on this form. You should understand the general principles which apply to all participants in a medical research: i) Your decision to participate is entirely voluntary ii) You maywithdrawfromthestudyatanytimewithoutnecessarilygivingareasonforyourwithdrawal iii) Refusal to participate in the research will not affect the services you are entitled to in this health facility or other facilities. We will give you a copy of this form for your records. May I continue? YES / NO

This study has approval by The Kenyatta National Hospital-University of Nairobi Ethics and Research Committee protocolNo. _____

WHAT IS THIS STUDY ABOUT?

The study is about exploring the challenges Muslim of Somali origin face while seeking mental illness therapy from counselling centres that are convenient to them without prejudice or discrimination of any kind

Theresearcherslistedaboveareinterviewingindividualswho are seeking mental illness therapy. The purpose of the interview is to findout if they know where to seek these services. Participants in this research study will be asked questions about mental illness and causesParticipants will also have the choice to undergo testsuchas therapy session where applicable.

There willbeapproximately 86 participants in this study randomly chosen. We are asking for your consent to consider participating in thisstudy.

WHAT WILL HAPPEN IF YOU DECIDE TO BE IN THIS RESEARCH STUDY?

If you agree to participate in this study, the following things will happen:

You will be interviewed by a trained interviewer in a private area where you feel comfortable

Answering questions. The interview willlast approximately 15 Minutes. The interview will cover topicssuchas mental illness and treatment.

After the interview has finished***, (explain in details any procedures that are necessary e.g blood draws, counseling etc.)***

We will ask for a telephone number where we can contact you if necessary. If you agree to provide your contact information, it will be used only by people working for this study and will never be shared with others. The reasons why we may need to contact you include: if you may need help in mental illness treatment in future.

ARE THERE ANY RISKS, HARMS DISCOMFORTS ASSOCIATED WITH THIS STUDY?

Medical research has the potential to introduce psychological, social, emotional and physical risks. Effort should always be put in place to minimize the risks. One potential risk of being in the study is loss of privacy. We will keep everything you tell us as confidential as possible. We will use a code number to identify you in a password-protected computer database and will keep all of our paper records in a locked file cabinet. However, no system of protecting your confidentiality can be absolutely secure, so it is still possible that someone could find out you were in this study and could find out information aboutyou.

Also, answering questions in the interview may be uncomfortable for you. If there are any questions you do not want to answer, you can skip them. You have the right to refuse the interview or any questions asked during the interview.

It may be embarrassing for you tohave_____we will do everything we can to ensure that this is done in private. Furthermore, all study staff and interviewers are professionals with special training in theseexaminations/interviews.Also,_____may be stressful (e.g eventrecalls).

You may feel some discomfort when and you may have a small bruise or swelling in you . In case of an injury, illness or complications related to this study, contact the study staff right away at the number provided at the end of this document. The study staff will treat you for minor conditions or refer you when necessary.

ARE THERE ANY BENEFITS BEING IN THIS STUDY?

You may benefit by receiving free therapy testing, (list e.g. counselling, health information etc)

.We will refer you to a hospital for care and support where necessary. Also, the information you provide will help us better understand the problems you are going through . This information is a contribution to science and nothing else

WILL BEING IN THIS STUDY COST YOU ANYTHING?

(Explain) there will be no cost at all for you to be part of this study.

WILL YOU GET REFUND FOR ANY MONEY SPENT AS PART OF THIS STUDY?

(Enter statement) we are not expecting to refund any money unless with prior agreement.

WHAT IF YOU HAVE QUESTIONS IN FUTURE?

If you have further questions or concerns about participating in this study, please call or send a text message to the study staff at the number provided at the bottom of this page.

For more information about your rights as a research participant you may contact the Secretary/Chairperson, Kenyatta National Hospital-University of Nairobi Ethics and Research Committee Telephone No. 2726300 Ext. 44102 email uonknh_erc@uonbi.ac.ke.

The study staff will pay you back for your charges to these numbers if the call is for study-related communication.

WHAT ARE YOUR OTHER CHOICES?

Your decision to participate in research is voluntary. You are free to decline participation in the study and you can withdraw from the study at any time without injustice or loss of any benefits.

CONSENT FORM (STATEMENT OF CONSENT)

Participant's statement

I have read this consent form or had the information read to me. I have had the chance to discuss this research study with a study counselor. I have had my questions answered in a language that I understand. The risks and benefits have been explained to me. I understand that my participation in this study is voluntary and that I may choose to withdraw any time. I freely agree to participate in this research study.

I understand that all efforts will be made to keep information regarding my personal identity confidential.

By signing this consent form, I have not given up any of the legal rights that I have as a participant in a research study.

I agree to participate in this research study:	Yes	No
I agree to have (define specimen) preserved for later study:	Yes	No
I agree to provide contact information for follow-up:	Yes	No

Participant printed name:

Participant signature / Thumb stamp Date

Researcher's statement

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has willingly and freely given his/her consent.

Researcher's Name: Date:

Signature

Role in the study: [i.e. study staff who explained informed consent form.]

For more information, contact at from

to

Witness Printed Name (If witness is necessary, A witness is a person mutually acceptable to both the researcher and participant)

Name: …… Signature /Thumb stamp: ……..

Contact information: ……..

Date;……

Annex 3 :KEY INFORMANT INTERVIEWS(K.I.I)
(Tick where appropriate)

1. Gender:

.Male ☐ Female ☐

2. Age:

18 – 25 ☐
26 - 46 ☐
47 and above ☐

3. Level of Education.

Secondary level ☐
College level ☐
University level ☐

4. Do you work in the mental illness treatment centre or seeking treatment in the centre? Centre worker ☐ Mental illness traetment seeker ☐

5. If mental illness worker what roll do you play in the centre? Explain
.....
.....
.....

6. Any mental illness history among family members.

Yes ☐

No ☐

7. If yes please explain type of mental illness and whether it was treated
.....
.....

8. Have ever been in a refugee camp? Yes ☐ No ☐
9. Have you ever attended mental illness centre for treatment? Yes ☐ No ☐
10. Have you ever tried to seek mental illness treatment in Nairobi?

    Yes ☐ No ☐

11. Do you have any idea where to get mental illness treatment that attracts you beliefs as a muslim? Yes ☐ No ☐

12. How did you find out where to seek mental illnes? Explain
    .....
    .....

13. Were you happy with the sevice at the centre?

    Yes ☐ No ☐

14. If no what did you not like about the service at that treatment centre?
    .....
    .....

15. Was the centre's services related to muslim religion?

    Yes ☐ No ☐

16. If not what type of mental illness treatment wast it?
    .....
    .....

17. Are you receiving any mental illness treatment at the centre?

    Yes ☐ No ☐

18. If yes are there any chalenges you are experiencing and are you dealing with these chalenges ? .....
    .....
    .....
    .....
    .....

19. As a mental illness treatment centre have received complaints from your clients especially from members of somali community?

    Yes ☐ No ☐

20. If yes what was the complaint about and how did you solve it?
    .....
    .....
    .....

21. Are you a Ruqya practing mental illness treatment centre or a coventional one? Please explain
    .....
    .....
    .....
    .....

22. What is your policy as a centre when a client wants a specific type of mental illness treatment especially religious?
    .....
    .....
    .....

23. What chalenges do face in the treatment of mental ilness as ruqya centre?

    .....

    .....

    .....

24. As a Ruqya therapy centre do you work with religious centres as a source of your client?

    Yes ☐ No ☐

25. Explain how you work with these centres especially Mosques and Madrasa

    .....

    .....

26. In your opinion, as a therapist how deep rooted is Ruqya treatment in mental illness treatmnet and other counseling services among the somali community compared to types of mental illness treatmnet?

    .....

    .....

    .....

27. As a Ruqya centre worker do know of any Ruqya centres that existed within nairobi?

    Yes ☐ No ☐

28. If yes do have working relationship with them or you work differently?

    .....

    .....

Thank you for taking time to answer questions for this study

Annex 4 :INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS (FGDs)

Annex 4: INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS (FGDs)

The focus group discussion will be guided by factoring the following parameters; -

1. Experience and behaviors
2. Opinion and values
3. Feelings
4. Knowledge questions
5. Sensory questions
6. Social demographics

Interview questions include; -

Thank you for joining us for this interview.

1. What do you know about mental illness?
2. In your opinion what are the causes of mental illness among the Somali community?
3. How are the services of Rudya healers?
4. What kind of experience did you have with Ruqya healers?
5. How was your experience with Ruqya healers?
6. How did this make you feel?
7. How do you find out about the services?
8. What kind of problem made you seek Ruqya therapy
9. What is your opinion about the training and qualifications of Ruqya healers?
10. What make you think you needed a a Ruqya healer
11. How did you feel when you entered a Ruqya centre
12. As a centre manager how is the flow of mental illness cases among this group?
13. Are there any challenges in mental illness treatment from this community?
14. What are some of the stereo typing in mental illness treatment among your clients especially from other treatment centres other than Ruqya?

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XOGTA KA QEYB QAATAHA IYO SAAMBALKA FOOMKA OGOLAANSHAHA WAA OGOLAANSHAHA QOFKA QAANGAARKA AH OO LOOGU TALA GALAY IN LAGU GALO DARAASADDA

(Waa in lagu maamulo AF Ingiriis ama luuqaddii kale ee habboon sida in lagu turjumo Kiswahili)**Cinwaanka**

Daraasadda:

_____

Baaraha Ugu Sarreeya\iyo xiriirka

hay'adeed:

_____

_____

Baareyaasha ay wada shaqeynayaan iyo xiriirka hay'adeed:

Hordhac:

Waxaan jeclaan lahaa inaan idiin sheego wax ku saabsan daraasad ay samayn doonaan cilmi baareyaasha sare lagu liis gareeyay. Qorshaha ogolaanshahaan waa in lagu siiyo xog aad u baahan doonto taasi oo kugu caawin doonta sidii aad go'aan uga gaari lahayd bal inaad kaqeyb qaate ka noqoto ama aadan ka noqon daraasadda. Xor ayaad u tahay inaad weydiiso wixii su'aalo ah ee ku saabsan qorshaha cilmi baarista, waxa dhacaya haddii aad

ka qeyb qaadato daraasadda, macquulnimada inay ka imaan karto halis ama faaiidooyin laga heli karo, xaquuqahaaga ka tabaruce ahaan, iyo wixii kale ee ku saabsan cilmi baarista ama foomkaan ee aan waadax ahayn. Markii aan ka jawaabno dhammaan su'aalahaaga oo aad ku qanacdo, waxaad go'aansan kartaa inaad daraasadda ka qeyb qaadato iyo inaadan ka qeyb qaadan.Hannaankaan waxaa lagu magacaabaa 'ogolaansho kadib markii lagu wargaliyay'.Markii aad fahamto oo aad aqbasho inaad ka qeyb qaadato daraasadda, waxaan kaa codsan doonaa inaad saxiixdo foomkaan. Waa inaad fahamto mabaadii'da guud ee khuseeya ka qeyb qaateyaasha cilmi baaris caafimaad: I) Go'aankaaga aad uga qeyb qaadaneyso gebi ahaanba waa wax aad ikhtiyaar u leedahay ii) Waxaad ka bixi kartaa daraasadda waqtigii aad doonto adiga oo aan sababayn ka bixitaankaaga iii) Diidmadaada inaad ka qeyb qaadato cilmi baaristaan saamayn kuma yeelan doonto adeegyada xaqa laguu siiyay ee aad ka hesho xaruntaan caafimaad ama xarumo kale. Waxaan ku siin doonaa nuqul foomkaan ah si aad xasuus ahaan ugu kaydsato.

Ma sii wadaa? HAA/ MAYA

Daraasaddaan waxaa lagu ansixiyay borotakoolka nambarkiisu yahay _____ee Isbitaalka Qaranka ee Kenyatta National Hospital-iyo Jaamacadda Nairobi Guddigeeda Anshaxa iyo Cilmi Baarista.

MAXAY KU SAABSAN TAHAY DARAASADDU?

Cilmi baareyaasha sare lagu liis gareeyay waxay wareysanayaan shakhsiyaad kuwaasi oo___.Qorshaha wareysigu waa in la ogaado _____.Kaqeyb qaateyaasha daraasaddaan cilmi baaris waxaa la weydiin doonaa su'aalo ku saabsan_____Kaqeyb qaateyaashu waxay sidoo kale xulan karaan inay maraan baaritaan sida_.

Waxaa jiri doona qiyaastii___ka qeyb qaate daraasaddaan kuwaasi oo loo soo xushay si aan kala sooc lahayn.Waxaan kaa dalbeynaa ogolaanshahaaga aad ku aqbalayso ka qeyb qaadashada daraasaddaan.

MAXAA DHICI DOONA HADDII AAD GO'AANSATO INAAD KA QEYB QAADATO DARAASADDAAN CILMI BAARIS?

Haddii aad go'aansato inaad ka qeyb qaadato daraasaddaan, waxyaabaha soo socda ayaa dhici doona:

Waxaa kugu wareysan doona meel gaar ah oo aad ku kalsoon tahay wareyste tababaran adigoo ka jawaabaya su'aalaha.Wareysigu wuxuu qiyaastii qaadan doonaa _____ daqiiqo.Wareysigu wuxuu ku saabsanaan doonaa mawduucyo kala duwan sida _.

Kadib markii uu dhammaado wareysigu***, (u sharrax si faahfaahsan wixii habraacyo ah ee lagama maarmaan ah sida dhiig la qaadayo si loo baaro, la talin iwm.)***

Waxaan kaa dalban doonaa taleefan nambar aan kaala soo xiriiri karno haddii loo baahdo. Haddii aad aqbasho inaad bixiso xogta halka lagaala soo xiriiri karo, waxaa un adeegsan doona dadka u shaqeynaaya daraasaddaan dad kalena lalama wadaagi doono. Sababaha aan ugu baahan karno inaan kula soo xiriirno waxaa kujira:_____

MIYAY JIRAAN WAXYAABO HALIS AH, DHIBAATOOYIN IYO WAXYAABO RAAXO LA'AAN KEENAYA OO LALA XIRIIRSHAY DARAASADDAAN?

Cilmi baaris caafimaad waxay keeni kartaa waxyaabo halis ah oo dhanka cilmi nafsiga ah, dhanka bulshada, dhanka dareenka iyo dhanka jirka.Dadaallo waa in la sameeyo si loo dhimo waxyaabaha halista ah.Hal halis oo ka imaan karta daraasaddaan in laga qeyb qaato waa in qofka khusuusiyaadkiisa uu lumo. Waxaan ka dhigi doonaa wax kasta oo aad noo sheegto qarsoodi sida ugu macquulsan. Waxaan sidoo kale adeegsan doonaa nambar fure ah oo aan kugu aqoonsanno kaasi oo loo adeegsan doono macluumaad kombuyuutar oo baaswaadh leh waxaana ku xareyn doonaa dhammaan diiwaanadeena waraaqaha ah armaajada galalka la galiyo oo la xirayo. Si kastaba ha ahaatee, ma jiro nidaam lagu badbaadinaayo qarsoodinimadaada kaasi oo wada sugnaan kara dhammaantii, marks waxaa wali macquul ah in qof uu ogaan karo inaad ku jirtay daraasaddaan uuna ogaan karo xog kugu saabsan.

Sidoo kale, ka jawaabidda su'aalaha wareysigaan waxaa laga yaabaa inay raaxo la'aan kuu tahay. Haddii ay jiraan wax su'aalo ah oo aadan dooneyn inaad ka jawaabto, waad ka boodi kartaa. Waxaad xaq u leedahay inaad diido wareysiga ama wixii su'aalo ah ee la weydiiyo inta lagu jiro wareysiga.

Waxay noqon kartaa wax laga xishoodo inaad qabto.Waxaan samayn doonaa wax kasta oo aan awoodno si aan u xaqiijino in arrintaan lagu sameeyo meel gaar ah. Intaasi waxaa sii dheer, dhammaan shaqaalaha daraasadda iyo wareysteyaashu waa xirfadleyaal soo qaatay tababar gaar ah oo ku saabsan baaritaannadaan/wareysiyada.Sidoo kale,_____waxay keeni kartaa walwal (sida soo xasuusashada dhacdo).

Waxaad dareemi kartaa xoogaa raaxo darro ah markii_____ oo waxaa laga yaabaa in nabar yar ama barar aad ka yeelato__.Haddii uu dhaco dhaawac, jirro ama dhibaatooyin la xiriira daraasaddaan, kala soo xiriir shaqaalaha daraasadda durba nambarka lagu qoray dhammaadka dokumiintigaan.Shaqaalaha daraasadda ayaa kaa daweyn doona xaaladaha yaryar ama ku gudbin doona haddii ay lagama maarmaan tahay.

MIYAY JIRAAN WAX FAAIIDOOYIN AH OO LAGA HELAYO KA QEYB QAADASHADA DARAASADDAAN?

Waxaa laga yaabaa inaad ka faaiiddo helitaanka baaritaanka_____oo lacag la'aan ah,(liiskasida Latalin, xog caafimaad iwm).Waxaan kuu gudbin doonaa isbitaalka si laguu daryeelo oo taageero laguu siiyo haddii ay lagama maarmaan tahay. Sidoo kale, xogta aad bixinayso waxay naga caawin doontaa sidii aan kusii fahmi lahayn _____.Xogtaan waxay wax kusii kordhinaysaa sayniska iyo

_____

MIYAY WAX KAAGA BAXAYAAN KA QEYB QAADASHADA DARAASADDAAN?

(Sharraxaad ka bixi) _____

MIYAA DIB LAGUUGU SOO CELIN KARAA WIXII LACAG AH EE KAAGA BAXA DARAASADDAAN?

(Qor caddeyn)

_____

KA WARAN HADDII MUSTAQBALKA AAD QABTO SU'AALO?

Haddii aad qabto su'aalo dheeraad ah ama walaacyo ku saabsan ka qeyb qaadashadaada daraasaddaan, fadlan wac ama farriin qoraaleed u dir shaqaalaha daraasadda adigoo isticmaalaya nambarka kuyaal dhanka hoose ee boggaan.

Wixii xog ah oo dheeraad ah oo ku saabsan xaquuqahaaga ka qeyb qaate ahaan ka qeyb qaadanaya cilmi baarista waxaad kala soo xiriiri kartaa Xoghayaha/Guddoomiyaha,KenyattaNationalHospital-iyo Jaamacadda Nairobi Guddigeeda Anshaxa iyo Cilmi Baarista Taleefan nambar 2726300 Ekisteenshin.44102 email uonknh_erc@uonbi.ac.ke.

Shaqaalaha daraasadda ayaa kuu soo celin doona wixii kaaga baxa garaacitaanka nambarradaa haddii koolka loogu tala galay daraasadda wax la xiriira.

WAA MAXAY XULASHOOYINKAAGA KALE?

Go'aankaaga aad kaga qeyb qaadanayso cilmi baaristaan waa ikhtiyaar. Waxaad xor u tahay inaad diido inaad ka qeyb qaadato daraasaddaan waxaadna ka bixi kartaa daraasadda waqtigii aad doonto ayadoo aysan jirin caddaalad darro ama lumitaanka wax faaiidooyin ah.

FOOMKA OGOLAANSHAHA (CADDEYNTA OGOLAANSHAHA)

Caddeynta ka qeyb qaataha

Waan aqriyay foomkaan ogolaanshaha ama waa la ii aqriyay xogta.Waxaan fursad u helay inaan kala hadlo daraasaddaan cilmi baaris lataliye daraasadeed.Su'aalihii aan qabay waa laga jawaabay ayadoo la isicmaalayo luuqad aan fahmaayo.Waxyaabaha halista ah iyo faaiidooyinka waa la ii sharraxay.Waan fahmayaa in ka qeyb qaadashadeyda daraasaddaan ay tahay ikhtiyaar oo aan xulan karo inaan ka baxo waqtigii aan doono.Waxaan si xor ah u aqbali karaa inaan ka qeyb qaato daraasaddaan cilmi baaris.

Waan fahmayaa in daedal kasta la samayn doono si xogta ku saabsan aqoonsigeyga shakhsi looga dhigo qarsoodi.

Saxiixidda foomkaan xogta, kuma aanan waayin wax xaquuq sharci ah oo aan leeyahay ka qeyb qaate ahaan ka qeyb qaadanaya daraasaddaan cilmi baaris.

Waan aqbalay inaan ka qeyb qaato daraasaddaan cilmi baaris:	**Haa**	**Maya**
Waxaan aqbalay in saambalka (qeex saambalka) la kaydiyo si daraasad waqti dambe loogu sameeyo:	Haa	Maya
Waxaan aqbalay inaan bixiyo xog xiriir oo loogu tala galay debar gal:	Haa	Maya

Magaca ka qeyb qaataha oo daabacan:_____

Saxiixa ka qeyb qaataha/ Suulka__ Taariikh____

Caddeynta cilmi baaraha

Aniga oo ah qofka saxiixiisu hoos ku yaal waxaan si buuxda ugu sharraxay faahfaahinta habboon ee daraasaddaan cilmi baaris ka qeyb qaataha sare lagu soo xusay waxaana aaminsanahay in ka qeyb qaatuhu fahmay oo si rabitaankiisa ah oo uu xor u yahay u bixiyay ogolaanshahiisa/ogolaanshaheeda.

Magaca Cilmi Baaraha:____ **Taariikh**: ____

Saxiix _____

Dawrkiisa daraasadda:____*[sida shaqaale daraasadeed oo sharraxay foomka ogolaanshaha wargalin kadib.]*

Wixii xog ah oo dheeraad ah kala soo xiriir_____laga bilaabo _____ilaa___

Magaca Daabacan ee Marqaatiga (*Haddii marqaati aan laga maarmeyn, Marqaati waa qof ay wada aqbali karaan cilmi baaraha iyo ka qeyb qaatuhu*)
Magaca_____ Saxiixa /Suulka:_____

Xogta xiriirka_____ Taariikh;

>>>>>>>>>>>>>>>>>>START HERE>>>>>>>>>>