



National Library
of Canada

Bibliothèque nationale
du Canada

Acquisitions and
Bibliographic Services Branch

Direction des acquisitions et
des services bibliographiques

395 Wellington Street
Ottawa, Ontario
K1A 0N4

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file votre référence

Our file notre référence

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-612-15531-5

Canada

SAINT MARY'S UNIVERSITY
HALIFAX, NOVA SCOTIA

The undersigned hereby certify that they have read and recommend to the Faculty of Graduate Studies for acceptance a thesis entitled "Cultural Application of Theoretical Principles of Practice in the Transfer of Knowledge"

by Sandra Taylor

in partial fulfillment of the requirements for the degree of Master of Arts in International Development Studies.

Dated May 5, 1996

Dr. Jane Parpart:
Committee Chairperson

Jane Parpart

Heidi Taylor:
Thesis Advisor

Heidi Taylor

Barbara O'Shea:
Thesis Advisor

Barbara O'Shea

TABLE OF CONTENTS

TABLE OF CONTENTS	iii
ABSTRACT	vi
ACKNOWLEDGEMENTS	vii
CHAPTER I INTRODUCTION	1
● Thesis Statement	1
● Outline of Thesis Chapters	2
● Overview - Linkage Project	4
● Overview - Occupational therapy in International Development	5
● Overview - Concepts of Knowledge Being Transferred	7
● Thesis Question	9
● Defining "Culture"	10
● Purpose: Rationale	12
● Scope and Limitations of Thesis	13
CHAPTER II THEORETICAL PERSPECTIVES	16
● Introduction: Literature Review	16
● Theoretical Perspectives on Culture	16
● Theoretical Perspectives on Culture and Knowledge	21
● Theoretical Perspectives on Culture and International Development	26
● Theoretical Perspectives on Culture and Health	31
● Theoretical Perspectives on Occupational Therapy	35
● Summary	37
CHAPTER III METHODOLOGY AND THE KENYAN CASE STUDY	38
● Selection of Methodology	38
● Research Design	40
● Sampling and Domain Selection	40
● Instrumentation	41
● Data Gathering	42
● Recording the Data	50
● Methodology of Data Analysis	50
● Ethics	55
● Trustworthiness	55

TABLE OF CONTENTS (cont'd)

CHAPTER IV DATA ANALYSIS	57
● Kenya - A Case Study	57
● Political Organization	58
● Economic Organization	60
● Social Organization	63
● Health Care Systems	65
● Theme Analysis - (I) Double Exposure : Parallel Worlds	72
● Theme Analysis - (II) Time Lapse Photography : Automatic Exposure Bracketing	88
● Theme Analysis - (III) Macro Lens : Panoramic View	94
● Theme Analysis - (IV) Harsh Light : Soft Focus	106
● Summary of Data Analysis	112
● Summary of Data Within A Conceptual Framework	113
CHAPTER V CONCLUSIONS - AN AERIAL VIEW	126
● Research	126
● Professional Learning	127
● International Development Studies	128
● The Kenyan People	129
● Recommendations - New Filter : New Vision	130
● Final Comment	133

TABLE OF CONTENTS (cont'd)

APPENDICES

APPENDIX A	Interview Guide: Practicing Occupational Therapists	135
APPENDIX B	Participant - Observation Guide	138
APPENDIX C	Document Review Guide	139
APPENDIX D	Letter of Information	140
APPENDIX E	Letter of Consent	142
APPENDIX Fi	Comparison of Three Health Care Systems in Kenya	143
APPENDIX Fii	Comparison of Three Health Care Systems in Kenya within a Model of "Determinants of Health Seeking Behaviour"	144
APPENDIX G	Follow-up Survey	145
APPENDIX H	Summarization of Value Orientation and Preferences	149
APPENDIX I	An Evolution Image of Education	150
BIBLIOGRAPHY	151

ABSTRACT

The Cultural Application of Theoretical Principles in the Transfer of Knowledge

By Sandra Taylor
Submitted on May 1, 1996

One of the main critiques of the process of the transfer of knowledge is that little consideration is given to the cultural context in which the knowledge is to be integrated and applied. This study promotes the inclusion of the cultural dimension in all phases of international development planning. Before transferring the specific theoretical principles of practice to another curriculum, baseline data are gathered. These data identify the parameters of socio-cultural factors which influence the content and context of international development planning.

The theoretical component of this research identifies culture as a system of symbolic meaning and views culture as an organizing system for society.

Qualitative methodology is selected to gather and analyze data and a case study is described. A health profession program from a Canadian university and a similar post-secondary education program in Kenya, Africa, initiated a proposal for a partnership project which involved the transfer of current theoretical knowledge from the Canadian program to the Kenyan health profession program.

The themes which emerge in the analyzed data concur closely with a conceptual framework of cultural inquiry. In response to the need to reflect the centrality of culture in various dimensions of international planning, it is recommended that this framework serve as a useful guide for identifying socio-cultural factors. Knowledge of the socio-cultural factors will serve as valuable baseline data in guiding further planning, research and practice.

Key Words : culture . socio-cultural factors . transfer of knowledge . qualitative research . occupations

ACKNOWLEDGEMENTS

This document is the product of many valuable influences and individuals. Sincere appreciation is extended to my Thesis Committee members, for reviewing my manuscripts and offering feedback which has strengthened this final piece of work. Thank you to:

Dr. Jane Parpart, for providing valuable guidance for the cultural context of the case study and for kindly joining the committee half-way through the process; to Heidi Taylor, for posing insightful questions which guided my study and expanded my holistic view of international development planning and for providing a refreshing balance of lightheartedness when needed and steadfastness throughout the academic portion of the exercise; to Gerry Cameron, for helpful insights and suggestions during the initial stages of this project; to Barbara O'Shea, for ongoing support, clear vision and insightful feedback. Thank you too, for providing the initial concept for the focus of this study and for the visionary perspectives in expanding the international boundaries of our profession.

Recognition and acknowledgement is extended to all the Kenyan people who are represented in this study. Your enthusiasm, involvement and contribution made this project take on bigger dimensions and give it real meaning.

My whole-hearted appreciation is extended to my mentor in photography, for sharing expertise in the art and the science of photography. This panoramic world view has inspired me to "write with light".

Associating with friends, with colleagues from the I.D.S. graduate program, and with colleagues from the School of Occupational Therapy has been a wonderful source of learning and support.

I am very grateful to Yvonne Ling who has been indispensable throughout, with stellar formatting skills and perceptive editing comments throughout the preparation of this document.

An effort of this duration has been completed during many hours on the third shift. A sincere thank you to Keith, for a keen willingness to share tasks and to share time during this third shift.

Appreciation is extended to my parents, Delphine and Don Taylor, to my brothers and sisters and their family/my family....I'm back, and I thank you all for your understanding when time lines were not met, due to academic commitments, and for your humour which has kept me smiling.

A big thank you to my daughters Sarah and Amanda; and to our best friend Elspeth. Each one of you brightens my days. Your sweet support has been a source of constant delight for me.

Each of the individuals noted above and others remembered, have contributed to the success of this project. It seems somewhat like a small miracle that this endeavour has materialized into a hard copy. While some people believe in miracles, I depend on them...

In conclusion then, I would like to thank the Miracle Maker.

CHAPTER I

PREFACE

If it is true, in general, "that ideas have consequences", then man's ideas about humanity have the most far-reaching consequences of all. Upon them may depend the structure of government, the patterns of culture, the purpose of education, the design of the future, and the human or inhuman relationships of human beings (Matson, 1976).

Introduction

Culture may be viewed as the "organizing threads" that hold all of life together and for each society the configuration will display a different pattern (Dove, 1987). These patterns may be very diverse in nature but it is through understanding these patterns that one gains an understanding of each society - their values, beliefs and behaviours. Much of the early thinking on development did not accord to culture a central place either as a goal or as a process. Until recently, traditional cultures and lifestyles have been regarded as clear signs of underdevelopment and as formidable obstacles to necessary socio-economic advancement. In many situations, the cultural context in which development has been planned is overlooked and as a result the plan is unlikely to succeed. There is tremendous financial cost and immeasurable human loss and suffering. Those who are meant to benefit are denied further opportunities (Dove, 1987).

Within the past four decades of intense development activity, the emphasis has shifted from political freedom to economic growth to social equality and most recently to a gradual recognition of the significance of culture. Current discussions of culture include the possibility that the so-called traditional societies might modernize themselves without necessarily having to discard their institutions, beliefs, and values (Dube, 1990).

Thesis Statement

In the investigation of international development studies, it is critical to understand and

give adequate validation to the central role of culture - in development theory as well as practical application through projects. It is the position of this thesis that development planning must be firmly based in the culture of the society where development is taking place.

While there has been some shift in recognizing culture as an important aspect of international development, exactly what is meant by culture in the context of international development planning is not clear. The focus of this thesis is to identify the socio-cultural factors involved in international development planning. It is necessary to ascertain an awareness of socio-cultural factors, as an initial step in ensuring that the cultural dimension assumes importance in all stages of the international development process.

Outline of Thesis Chapters

This thesis is divided into five chapters, the introduction, the theoretical overview, the case study and research methodology, the analysis, discussion, implications and recommendations. The thesis will be written in the academic format of third person. Gender-equal language will be used as frequently as possible and if, for ease of reading and grammatical correctness, the masculine term is used, "he"/"his" is meant to imply humankind/humanity.

Chapter I includes the introduction, charts the course for the thesis being presented, identifies the background for the research, sets the problem, states the purpose for this research and identifies the issues.

Chapter II deals with theoretical perspectives, presenting an extensive literature review from an historical perspective and progresses to the present day theoretical viewpoints. Included in this review are the major theories of culture, culture and knowledge, culture and international development, culture and health and culture and occupational therapy. Relationships are identified between the major concepts and are discussed within various theoretical schools of

thought.

The literature review consists of sources from various disciplines within the social sciences. There are several references throughout the thesis from various world religions including excerpts from Christianity, Buddhism, Islam and the Baha'i Faith. It is their general connotation of attitude rather than specific theological doctrine that is pertinent here. There is a certain message, however, in the framing of theory and analysis within religious imagery. As noted by Peacock (1985), analysis is grounded in belief; the premise of rationality, that truth is to be found through logic, is itself not provable through logic but is ultimately a matter of faith.

Chapter III outlines the research design and methodology. A case study has been selected as a method of data collection.

Chapter IV describes the setting where the data are gathered. An overview of the country of Kenya is presented. This case study explores the socio-cultural factors which relate to the transfer of knowledge between the Kenya Medical Training College (K.M.T.C.) and the School of Occupational Therapy in Dalhousie University, Canada. Chapter IV provides a synthesis and analysis of Chapter II and Chapter III, drawing upon sources covered in the literature review and linking theoretical information with data which has been analyzed in the case study. Due to the nature of naturalistic inquiry, data analysis and discussion of the analysis is a theory-link-theory process and discussion of the analysis is a on-going process which accompanies the analysis in the same section. A summary of the data is presented within a conceptual framework.

Chapter V provides a conclusion and recommendations. The conclusions provide a summary and reflections on the study. The recommendations highlight the need to include the dimensions of culture in international development theory, practice and research. It is recommended that a theoretical framework which defines the parameters of a cultural inquiry be used as a guide to gather qualitative baseline data of a socio-cultural nature. These baseline

data may be used to ensure the centrality of culture in international development plans.

Overview - Linkage Project

The writer is a fieldwork coordinator and member of the faculty at the School of Occupational Therapy, Dalhousie University, Halifax, Nova Scotia, Canada. This research will be viewing development in the context of the profession of occupational therapy and the transfer of knowledge.

International development frequently involves the transfer of knowledge from a developed country to a developing country (Dudley, 1993). One of the main critiques of this process is that little consideration is given to the cultural context in which the knowledge is to be applied and integrated. In a health profession which is international in scope, the transfer of knowledge takes place from one country to another in the form of international conferences, workshops and educational upgrading programs. It is the position of this thesis that if the theoretical principles of practice could be further understood and applied appropriately within each culture, professionals could maximize the opportunities to share their knowledge and learn from each other. This would enhance professional development and would result in a higher calibre of teaching and practice which would then result in positive and productive outcomes for the clients who are served.

The Dalhousie School of Occupational Therapy in Canada, has established a working relationship with Kenya Medical Training College (K.M.T.C.), the School of Occupational Therapy in Nairobi, Kenya, which has a diploma programme and is attempting to revise and upgrade their programme. They have requested assistance from Dalhousie University to upgrade their curriculum program and to upgrade professional educational development of their faculty. An exploratory study was undertaken by the author in Nairobi, Kenya, to investigate the needs

of the K.M.T.C. fieldwork component of the curriculum. A request was made by practitioners, students and faculty to the Dalhousie School of Occupational Therapy to transfer their fieldwork knowledge and fieldwork evaluation tool to the School of Occupational Therapy at K.M.T.C. in Nairobi, Kenya.

The request from the developing country of Kenya, to the industrialized developed country of Canada, to participate in a project involving the transfer and sharing of knowledge became the stepping stone in an on-going process of inquiry and investigation into the topic of the transfer of knowledge and its application within an appropriate and relevant cultural context.

Before transferring components of a post-secondary curriculum, it became clear that the socio-cultural nature of the two societies involved in the project would need to be clearly understood.

Overview - Occupational Therapy in International Development

Occupational therapy is a health profession which has been predominately represented, in the Western World, by the middle class white population. There is, however, a World Federation of Occupational Therapists that links approximately forty-five countries. The profession is at varying stages of development, within developed and developing countries. This is a legitimate profession in which to ground the research, since many of the goals and philosophical beliefs of occupational therapy parallel those of international development studies. There is a core concern for the client/community to define their own reality and to work within the parameters of their stated goals, the process of intervention is participatory, and occupational therapy is concerned with social justice for all who are denied access to equal opportunities. Occupational therapy promotes the process of collaboration and change in the environment and in individuals, transforming inequality into power sharing (Townsend, 1993). The use of everyday occupations is fundamental in promoting social justice since it promotes "action and

reflection in the real world" (ibid, 1993, p.178).

Historically, occupational therapy has been involved in international development for several decades and collaborates with major international organizations on shared interests in education and health (O'Shea, 1993). A group of Canadian occupational therapists recently took part in health development projects in several countries of Central and Eastern Europe and Russia. The Canadian government is involved in these regions to promote political and economic stabilization and to spur reform. Canada provides assistance through development projects by addressing immediate health care needs and by developing ongoing professional relationships for long term health development. As noted by Hobson, Polatajko and Polgar (1995), occupational therapy services in developing countries are relatively underdeveloped, and there is great potential for professional collaboration. The importance of considering the impact of culture and societal norms on our individual and collective understanding of health and disability is emphasized. These Canadian therapists highlight the degree of integration of the disabled in Canada, and the degree of architectural accessibility that we take for granted. Some of the areas in which cultural differences are noted include the understanding of disease and disability, access to equipment and quality of care and societal acceptance of individuals with disability.

Occupational therapy is a young profession in Africa with an important and growing demand. Surveys indicate that between 10-15 percent of the African population fall into the range of those who could benefit from occupational therapy). These numbers are somewhat higher than those applicable to western countries due to the increased incidence of trauma and disease resulting from wars, famine, difficult access to immunization, environmental problems, and other challenges faced by developing countries (O'Shea, 1993; Bowe, 1990).

Occupational therapy, an academic discipline in the field of health sciences, is concerned with analyzing and addressing the activities of daily lives of persons within their natural

environment. The questions and domains of concern of the occupational therapist relate to the "meaning" of activities or occupations of the daily lives of people and how these occupations are culturally expressed. In many developing countries, occupational therapy is still in its early stages. The K.M.T.C. program was established approximately twenty-five years ago. Occupational therapists have had only minimal access to new knowledge so have not been able to update their program to current ways of thinking and practicing. Frequently there are requests from the developing countries to the developed countries to share knowledge, literature and technology. It is assumed that the profession works from core values and shared domains of concern. However, the way in which these professional values and shared domains of concern are expressed and implemented by occupational therapy practitioners may vary depending upon the environments, situations and culture in which professional activity occurs.

Overview - Concepts of Knowledge Being Transferred

It is of significance to note that education in any society is a reflection of the collective beliefs, aspirations, and cultural and ethical norms of its members. The beliefs and values, and aspirations of society's members, on the other hand, are then shared by the educational experiences provided to them. Thus, education and society are in a co-evolutionary relationship (Bathany, 1993). This is noted further in APPENDIX I.

When working together as partners in international collaboration involving the transfer of knowledge, the process involves two kinds of knowledge. First, there is the professional knowledge, considered to be objective knowledge which relates to the theoretical principles of practice. The second kind of knowledge which is the subjective knowledge, or cultural knowledge, relates to peoples' beliefs, values and knowledge acquired through lived experiences.

When discussing "subjective knowledge", it is an assumption of this thesis that individuals

create their own subjective realities and thus knower and knowledge are interrelated and interdependent. It is not possible to separate the outside world from an individual's ideas and perceptions of that world. Knowledge is based on how the individual perceives experiences and understands her/his world. In view of this belief then, knowledge is viewed from a pluralistic viewpoint. There are multiple realities that can be identified and understood only within the natural context in which human experience and behaviour occur (Depoy & Gitlin, 1994; Guba, 1990; Spradley, 1979).

As noted by Dudley (1993), the process of the transfer of material or intellectual resources such as improved teaching, promotion or organizational skills is one of action and reflection. The action, or implementation, stage involves the transfer of some resource: materials, money or knowledge. The process of reflection can be broken up into the stages of evaluation, problem definition and the trial of prototypes. At these moments in the project cycle, the reflective process is greatly enhanced by learning from the intended beneficiaries - "they transfer their knowledge to us" (Dudley, 1993, p. 43). Therefore, throughout the development process, there is a back and forth process of transfer of knowledge. It is especially at the initial stage of developing a base line prior to the implementation of a program that the developed country must rely on the transfer of knowledge from the developing country, in order to understand the nature of the cultural factors being investigated.

In this study, the term "transfer" of knowledge relates to the current theoretical knowledge taught in the academic setting of the post-secondary educational institution in Canada, the School of Occupational Therapy. It is understood that knowledge can be transferred in both directions between the two partners involved in this project. As a pre-requisite to the transfer of theoretical knowledge, the partners must have an understanding of the parameters of "cultural knowledge" or "subjective knowledge". The developing society must have a clear understanding

of their own subjective knowledge, in order to be able to apply the theoretical principles appropriately within their culture context. Similarly, it is necessary for the institution who is transferring the theoretical knowledge to have an awareness of the parameters of "cultural knowledge" to ensure sensitivity to the curriculum material being transferred. With a more comprehensive understanding of the parameters of cultural knowledge, those involved with international development planning can formalize this subjective knowledge and integrate this information into all stages of the project cycle.

Thesis Question

The "cultural dimension" is beginning to assume some importance in the formulation of goals in international planning. Although this terminology is beginning to be used, exactly how to safeguard the cultural context within the developing society is seldom elaborated upon. Greater emphasis must be placed on gaining insight into socio-cultural factors. A more systematic review of this aspect of development cooperation efforts is required.

This case study investigates the socio-cultural factors involved in the transfer of knowledge. The question being explored is as follows:

What are the socio-cultural factors which must be identified and incorporated into the stages of an international development project involving the transfer of knowledge between two post secondary education programs.

Before transferring the specific theoretical principles of practice to another curriculum, baseline data are gathered. These baseline data identify the parameters of the subjective knowledge of the faculty, students and occupational therapists involved with K.M.T.C. It is these people who will be applying the theoretical principles of practice within their own cultural context. The investigator also gains an awareness of the parameters of the subjective knowledge of the Kenyan people who will be the recipients of occupational therapy service. Since it is not

possible, or even necessary, for those transferring the knowledge to gain a comprehensive understanding of all the cultural knowledge, one attempts to identify the parameters only, or the socio-cultural factors, of this subjective/cultural knowledge.

Defining "Culture"

Before proposing specific and practical changes in the field of development planning, with regard to attending to socio-cultural factors, it is necessary to begin with a discussion of the concept of culture itself. A great deal of energy has been devoted to finding a universally applicable definition of culture, and it has been determined that there already exists more than five hundred definitions of this concept (Dube, 1990).

In exploring the term "culture" from the viewpoint of its connection with development planning, Klausen (1995), has identified several different usages. First, there is the "descriptive" concept of culture which is the most comprehensive concept of culture conceivable, the one we use in everyday language when speaking about the "Stone Age culture", the "Native Canadian culture" or "Eastern culture". This is culture in the sense of the distinctive quality of a group's way of life; the term is sometimes used in the same sense as society. In this case, everything we perceive as typical of, and which reveal the characteristics peculiar to a certain group which constitutes that community is called a culture or society (Fiske, 1989; Klausen, 1995).

As well, every culture also has its sub-cultures. For example, in heavily stratified societies such as India, it may be appropriate to regard the various castes as sub-cultures. In North America the term "youth culture" is used in referring to a certain age group. Often the term counter-culture is used to describe a situation where strong internal conflicts exist. There is also a tendency to use the terms "milieu" and "culture" with the same meaning such as "corporate culture".

The second concept of culture is viewed in a "sectoral" sense and concerns the narrow perspective of culture, as used in everyday language, in which culture is a highly valued, but in every respect a limited, institutional sector of society. This is culture as a sector of activity and administration for everything concerning art, museums and galleries and all artistic forms of expression (Klausen, 1995).

The third concept of culture, the "cognitive-expressive" concept, is used in social sciences. The definitions of this term varies from one authority to another. In general though, culture is used in the sense of the set of ideas, values and norms that a group shares, has received from the previous generation and seeks to convey to the next generation. This cognitive concept of culture refers primarily to the aspects of social life that reflects our fundamental perceptions of the way things are and should be. This definition reflects the general perspective of many social scientists (Giddens, 1987; Denzin, 1989; Parsons, 1979, Blumer, 1969), who perceive culture as a kind of model that people have of reality and for social action. Thus, this model comprises perceptions of and regulations for all sectors of society, for production and distribution and for family structure, marriage, religious beliefs and practices, and language and other forms of communication. It has been recommended (Klausen, 1995) that the term "socio-cultural factors" be used when referring to the cognitive-expressive concept of culture. The cognitive and social concepts of culture cut across all sectors of society since people have ideas, values and norms in relation to spheres such as economics, politics, health, education, religion/spirituality and art. Culture in this sense is an aspect of all activities and occupations within a society.

In this thesis, the terms culture and socio-culture are used interchangeably referring mainly to the cognitive-expressive concept of culture. The guiding definition used in this thesis is that culture is viewed as a "symbolic system" (Parsons & Shils, 1979). A society's culture consists of whatever it is one has to know or believe in order to operate in a manner acceptable

to its members, and to do so in any role they accept for any of themselves. Culture is not a material phenomenon; it does not consist of things, people, behaviour or emotions. It is rather an organization of the way in which people perceive, relate and interpret these things, people, behaviour and emotions (Spradley, 1979).

Purpose: Rationale

The purpose of this research is to identify the socio-cultural factors which must be incorporated into the stages of international development planning. It is necessary that the role of socio-cultural factors involved in the transfer of knowledge be understood in order that development planning reflect and meet the needs of those whom the plans are designed to assist (Dube, 1988; Dove, 1987; Esteva, 1985, 1992).

The case study, which takes place in Kenya, was selected after a need for current curriculum knowledge was requested by the faculty at the K.M.T.C. post-secondary institution. The diploma program of the K.M.T.C. School of Occupational Therapy was initially set up as an international development project by women of the American Peace Corps, in 1963. The graduates of the program are now the faculty teaching at the School. These faculty members have requested assistance in upgrading their educational level to a baccalaureate level. The development project which was implemented by the American Peace Corps did not include plans or resources for upgrading in the teaching-learning process.

After an initial on-site visit to K.M.T.C., Nairobi, Kenya, by the Director of the School of Occupational Therapy, Dalhousie University, it was noted that the academic and fieldwork component of the occupational therapy curriculum were still very strongly based in the ideology of the medical model of practice. The faculty indicated a need for advanced education and upgrading. As a result, the Kenyan linkage was initiated (O'Shea, 1993).

Within the past decade, occupational therapists in the industrialized countries are making a shift to an "occupational" model of practice. Occupational therapists pose questions which reflect concerns with everyday occupations and with the environmental context in which these occupations take place. The knowledge is grounded in a conceptual framework which is occupational in nature, as opposed to a medical orientation. The faculty in Kenya have requested educational upgrading, since they recognize the need to learn and teach from an "occupational" theory of practice and a collaborative model of communication. Since the medical model focuses upon pathology and curative methods, it is not reflective of the concerns or process of practice of occupational therapy.

Scope and Limitations of thesis

The key population involved in this study includes the faculty, students, clinicians and several administrative personnel associated with the K.M.T.C. This group of people is representative of a large component of those involved in the academic and fieldwork curriculum at K.M.T.C. in Kenya - the context of this research.

A limitation of this study is the small amount of actual time in the field gathering the data within the natural setting of the participants. Data gathered over an extensive length of time are richer and significantly more contextualized.

As a means of ensuring accuracy and trustworthiness of analysis, a follow-up questionnaire was conducted by a research assistant, one of the key informants from Kenya. This allowed for further input and analysis from a member of the partnership whom the development planning is intended to benefit. This strategy is perceived as adding scope to the research.

The investigator recognizes that research of any kind is not bias-free. Even within naturalistic inquiry the researcher has a certain amount of scope to decide what to attend to and

what is "meaningful" to the research. The world view which the researcher holds will shape the manner in which the data are documented and presented (Dudley, 1993). This researcher/ author will be influenced by (1) her role as a mother of two daughters, (2) her role as a health professional, (3) her role as an employee in an academic institution, (4) her role as a graduate student, (5) her status/class as a member of the dominant culture, in white, middle class Canada, and (6) her belief system and values which embrace the tenets of the Baha'i Faith, which, among other principles, promotes global unity through the elimination of prejudices of all kinds.

As this thesis develops, the expansive literature search reveals that the study of culture and the attempt to encode the symbolic nature of this interaction among humans has apparently been the quest of social scientists over the ages (Laszlo, 1993; Alexander, 1990; Spradley, 1972). This has been viewed as a quest to understand human nature, itself. This investigator becomes increasingly aware of the tremendous scope of the issues involved. The experience becomes somewhat like starting off on a journey down a river with a well charted course in hand and gradually finding oneself in a vast ocean. In order to remain on course and present a meaningful piece of work, this investigator attempts to approach the task of writing this thesis by a guiding philosophy similar to that expressed in Holcolm's "Sermon Under the Mount", quoted in Patton (1980, p.87), as follows:

**Some people move from complexity
to simplicity
and on into catastrophe.**

**Others move from simplicity
to complexity
and onward into full-scale confusion.**

**Simplification makes action possible
in the face of overwhelming complexity;
it also increases the odds of being wrong.**

**The trick is to let
a sense of simplicity inform our thinking,
a sense of complexity inform our actions, and
a sense of humility inform our judgements.....**

**Chapter II will provide a theoretical overview of the schools of thought which informed
the thinking and reasoning for this research.**

CHAPTER II

THEORETICAL PERSPECTIVES

Introduction: Literature Review

Theoretical perspectives regarding the topic of culture are manifold. As an overview, the main schools of thought are briefly mentioned. The theoretical perspectives which are most pertinent to the topic of socio-cultural factors and the transfer of knowledge between two post-secondary educational institutions are elaborated upon in this literature review.

The following literature review focuses upon (1) theoretical perspectives of culture and the relationships between (2) culture and knowledge (3) culture and international development (4) culture and health and (5) culture and occupational therapy. Each of these concepts share common concerns. Their relationship to each other will be elaborated upon in the chapters on data analysis and discussion.

Theoretical Perspectives on Culture

The study of society and the study of culture are very much intertwined and involve the exploration of questions relating to the social construction of reality. Alexander (1990), notes that contemporary approaches to the study of culture all start with an interest in meaningful rather than instrumental action and with a commitment to the autonomy of symbolic systems. The various theorists disagree as to what this autonomy implies. Alexander (ibid., 1990), points out that the questions that animate debates about culture and society today include the following concerns: How independent is culture? How should its interrelationship with society be established? What are the key elements of culture, and how are they interrelated?

Answers to these questions have been proposed by theorists from various schools of

thought and have been categorized and organized into the following groups of perspectives: functionalism, dramaturgy, Weberianism, Durkheimianism, Marxism and poststructuralism (Alexander, 1990). In discussing the topic of socio-cultural factors in relation to development planning, each of these perspectives contributes a viewpoint of relevance and these various world views are frequently reflected in the rationale of theorists within the international development literature, even though recognition is rarely attributed to theories of "culture".

Central to the theories of "culture", is the question of action and "motivation" - what motivates action? Theories of culture deal with the analysis of "action and order". The mechanistic conception of action has likened human behaviour to a machine that responds automatically, objectively, and predictably to the stimuli of its environment. The order that is linked to this mechanical action is seen as coercive, affecting action from without by virtue of its powerful force (Alexander, 1990).

In opposition to this view, there has arisen a subjective approach to action and order. Action is viewed as being motivated by something inside the person, by feeling, by perception, by sensibility. The order corresponding to such action is an ideational one. It is composed of nothing other than what exists in people's heads. There is subjective order rather than merely subjective action because subjectivity is here conceived as a framework rather than an intention, an idea held in common, rather than an individual wish, a framework that can be seen as both the cause and the result of a plurality of interpretive interactions rather than a single interpretive act per se. Experience and the meaning of experience become central to this approach (Alexander, 1990).

The concept of culture comes into play to the degree that "meaning" is conceived of and ordered in this way. Culture is the "order" corresponding to "meaningful action". With reference to the definition of "culture" provided earlier, culture is an organization of the way in

which people perceive, relate and interpret the things, people, behaviour and emotions which are part of their reality (Spradley, 1972). Subjective, antimechanistic order is followed for voluntary reasons rather than because of necessity in the mechanistic, objective sense (Ibid., 1990).

The confrontation between Marx and Hegel offers the prototype for the contrast between mechanistic and cultural forms of social science explanations for action and order. Hegel (1977) conceives of historical development as growing out of the frustrations that were experienced because of the limits of each historical period, which was described in terms of the framework it provided for meaningful experience. Hegel calls this overarching framework the "Geist", the spirit of the age, and may be considered equivalent to the contemporary notion of culture (Alexander, 1990).

Because Marx directly confronts Hegel's theory, his work allows the different emphasis of a mechanistic approach to be particularly clear. His work describes the source of growth as objective denial of rational interest. The orders in question are economic and political, which, Marx insists are not subjective. The central thrust of Marx's work is toward mechanism and away from the cultural-autonomy position. The response to the mechanistic movement has been to reassert that action is meaningful and that culture has ordering power (Alexander, 1990).

The foundation for many of the ongoing theoretical debates in international development can be linked to the two very differing mechanistic and subjective perspectives regarding the organization and function of societies. The perspective of culture in this study has viewed "culture" in a manner which is consistent with the work of Hegel (1977), in which action is viewed as meaningful and order is of a subjective, ideational nature. The following brief summary provides an overview of various theorists who offer perspectives which are pertinent to issues of cultural concern as they relate to international development planning. These perspectives inform the investigator of the dimensions to be considered, when investigating the

socio-cultural factors involved in the transfer of knowledge.

With the strong response to mechanism, the case for the "autonomy of culture" has been made in fundamentally different ways. Dilthey (1988), in support of Hegel's theory, emphasizes the autonomy of culture in a strong, or Idealist sense, maintaining that social phenomena should be studied exclusively from a cultural point of view.

Berger (1966), working from a primarily phenomenological perspective, was concerned with the social construction of reality as systems of meaning, and the internalization of values and norm. For Berger, the building blocks of culture are signs and systems of symbols such as language, art and religion that convey, and are imbued with, subjective meanings.

Douglas (1978), focuses her attention on orderly classification systems guiding interpretation and action, particularly as embodied in culturally-sanctioned rituals as an important dimension of social order. Her analysis of culture focused on the moral order within systems and the "oughts" and "shoulds" which define the sacred and the profane, and which separate the acceptable from the unaccepted, and the healthy from the sick, pointing out that culturally-prescribed rules and rituals permeate the most mundane dimensions of daily life such as eating, dressing and self-care (Douglas, 1978).

A post-structuralist approach presented by Foucault (1975; 1980), provides an historical critique of the evolution of forms and domains of knowledge and discourse, and how events, phenomena, scientific and social change are understood, through analysis of language in relation to knowledge and power. Habermas (1972), also examines the regulative properties of language as a medium of communication, rendering "communication" meaningful rather than focusing on the specific meanings themselves. The emancipatory thrust of Habermas' critical theory (1972) is aimed at the restructuring of communication in more rational and therefore ideally egalitarian directions.

Giddens (1987; 1981), in formulating his structuration theory demonstrates that a cultural analytic perspective can be comparable with the actors' subjective understandings of them. Examining the meaning of symbols presupposes an understanding of the conditions, patterns and rules of use which render symbols necessary and meaningful. This underscores the importance of attending closely to the lifeworlds of situated individuals when conducting research and when engaging in international development planning (Giddens, 1987). Data which are gathered through qualitative methods are rich in subjective, cultural knowledge (1987).

The theorists Parsons & Shils (Alexander, 1990) describe the concept of culture within the "theory of action". This theory of action is a conceptual scheme for the analysis of human behaviour. Action is viewed from this perspective as being symbolic, social, and motivational at the same time. Parsons (1979) recognizes the importance of the analytical autonomy of culture but states that it is strongly affected by institutional factors.

In the "theory of action", actions are described to occur in three systems which are the: (1) social systems, (2) personalities, and (3) cultural systems and although all three are concepts formed from concrete social behaviour, they are not on the same plane. Social systems are systems of motivated action, organized around persons themselves. Personalities are systems of motivated action organized around the person themselves. Cultural systems are systems of symbolic patterns whose different parts are interrelated to form value systems, belief systems, and systems of expressive symbols. This theoretical explanation of culture, as a separate system, distinct but related to a social system and personality system, concurs with the perspective being presented in this research. The value systems, belief systems and systems of expressive symbols must be understood and articulated by the partners involved in development planning.

Theoretical Perspectives on Culture and Knowledge:

In exploring the construct of culture, one cannot separate culture and knowledge, the two are intrinsically related. A central query when exploring the nature of culture is to investigate the nature of shared cognition or cultural knowledge, sometimes referred to as subjective knowledge.

The construct of "knowledge" is explained by Boulding (1972) in his "organic theory of knowledge". That which is known by the individual constitutes her/his image of the world. It locates one in the complex worlds of space, time, personal relations, nature, and emotions. The image is more and less than cultural knowledge. From the individual's perspective, her/his image contains information which is entirely private and also cultural knowledge which is public. The cultural knowledge of a society is more than the public image of any single individual. The image develops and changes over time. Each society, including science, develops a collective image. Boulding (1972), goes on to explain that when discussing knowledge in relation to culture, one is discussing one's image of the world - subjective knowledge. Knowledge has an implication of validity, of truth. What one talks about is what one believes to be true; one's subjective knowledge. What, however, determines the image? According to Boulding (1972), the image is built up as a result of all past experience of the possessor of the image. Part of the image is the history of the image itself.

Symbolic interaction - Symbols and Codes. An important aspect of cognition is the ability of humans to create and use symbols. The concept of "symbolic interactionism" is viewed as a core theme in the study of culture (Blumer, 1969; Spradley, 1972). Symbolic interaction is essentially human interaction (Blumer, 1969). Nearly every movement, sound, odour, or touch of another human being acts as a symbol which we learn to interpret. As we move from one society to another, the code changes, and different meanings become attached to behaviour. Human beings act toward things on the basis of the meanings that the things have for them. Such

things include everything that the human being may note in his world - physical objects, other human beings, categories of human beings such as friends or family; institutions, guiding ideals, activities of others, such as their requests; and situations which individuals encounter in their daily life. The meaning of such things is derived from, or arises out of the social interaction that one has with others (Blumer, 1969).

People everywhere order their lives in terms of what things mean. We all make use of meanings most of the time without thinking about it - we may know immediately or try to discern the meaning of, for example, a bell ringing (lunch, recess, fire alarm...), someone running (getting help, running a race, escaping...), someone refraining from eating a meal during lunch (dieting, fasting, ill, attending to traditional protocol...) and so on. People convey elaborate meanings through exchange of words, demonstration of a repertoire of behaviours and through the use of objects.

Cultural meaning is created by using symbols. For example, when gathering data for the research, the words the informant used in responding to questions in the first interview and the way she dressed were symbols, as were the informant's facial expressions and hand movements. All symbols involve three elements: the symbol, or object itself, one or more referents, and a relationship between the symbol and referent. This triad is the basis for all symbolic meaning.

The symbol itself consists of anything we can perceive or experience such as a wink of an eye, bowing forward, colors, sounds, group activities. These can all become symbols in every society. A referent is the thing a symbol refers to or represents. It can be anything conceivable like the ordinary things around us such as a tree, a dream or whatever we wish to refer to. The nature of meaning refers to symbols and referents and the relationship between the two is called "referential meaning" (Spradley, 1979).

Cultural knowledge is an intricately patterned system of symbols and their relationship to each other. Central to this data is the "relational theory of meaning" (ibid., 1979) which is based on the premise that the meaning of any symbol is its relationship to other symbols in a particular culture. A primary goal of cultural and cognition research is to decipher the codes and discover the tacit rules which each society uses to maintain its distinct symbolic world.

Rules - Norms - Values. Every culture consists of categories which are used to sort and classify experience. People learn the rules for appropriate behaviour. A culture includes a set of symbols of communication and a set of rules, referred to as standards or norms for action. An individual's value-orientation is his commitment to these standards. Value-orientations commit the actor to the observance of certain norms, standards, and criteria of selection, whenever s/he is in a contingent situation which allows and requires him to make a choice (Alexander, 1990).

Patterns of value-orientation have been singled out as the most crucial cultural elements in the organization of systems of action (ibid., 1990). The value system serves as a regulatory or normative function and the individual has a commitment to orient himself in terms of a balance of consequences and implications rather than being free to orient himself to the particular cultural symbol on its immediate and intrinsic merits. The individual is compelled to conform with the imperatives of the larger system of normative orientation of which s/he is a part, otherwise the normative system becomes disorganized.

The value-orientation system within each culture includes standards for solving cognitive problems, for solving cathectic or appreciative problems, and comprises a subsystem of "moral" standards for the over-all integration of the various units, processes, and standards involved in the system (Kielhofner, 1995; Parsons & Shils, 1979).

Considering this information, it becomes imperative in the investigation of the socio-

cultural factors in the transfer of knowledge to identify the values which are pertinent in guiding the decision-making and in identifying values which are implicit in the subjective knowledge which is shared by the partners involved in this international development project.

Role expectation. The category systems of each culture are based on the selection of certain attributes. People are sorted and linguistically labelled. They take on roles to become parents, sisters, employers, teachers and friends and so on, by the application of the necessary cultural rules. Objects take on meaning as they are identified, classified, and named (Spradley, 1972).

There is a tendency of systems of action to build up and maintain levels of consistency and the basis of this tendency rests in the functional need for order. The need for order underlies any action system which involves the need for integration of its cultural components. The need for order is seen in its simplest and most elementary form in the complementarity of role expectations (Alexander, 1990).

Codes - Cognitive maps. Culture has been described as the universal framework for organizing the behaviour and attitudes of society with respect to societal values and ways of participating in daily occupations (Hette, 1988). The information within a cultural system, which organizes the individual and society, plays a role comparable to the genetic information stored in deoxyribonucleic acid (DNA). Just as DNA provides a kind of map which informs the replication of biological structures, the information within a cultural system provides a kind of cognitive map which guides the replication of societal structures and gives functional meaning to individual action. Cultural information is not however static, and is capable of changing to reflect new knowledge and beliefs (Laszlo, Masulli, Artigiani & Csanyi, 1993).

People learn the rules for acceptable behaviour and attitudes within their society. They acquire cognitive maps which enable them to interpret the behaviour and events they observe.

The term "cognitive map" refers to the process by which an organism makes representations of its environment in its brain (Spradley, 1979; Boulding, 1972; Laszlo, Masulli, Artigiani & Csanyi, 1993). Thus cognitive mapping is a process by which individuals, groups, organizations, and societies make representations of their perception of the world, and their understanding of their place in the world, in their individual and collective minds. These representations are implicit in the mind. A representation can be inferred from the behaviour of the mapmakers, and it can be made explicit by its expression through a variety of forms of mediation and explication.

The cognitive map of a culture represents the world of a social entity, an integrated group of humans. The information in social entities is stored in languages, religions, hierarchies, arts, and technologies. Cultural cognitive maps structure that information, processing it through the behaviours of individuals. To preserve the environment and thereby stabilize a society, the actions of the individuals constituting it must be correlated. It is the actions of individuals, responding to information shared through collectively held symbols, that structures particular societies. Cultural cognitive maps provide descriptions of the collective environment and templates for the individual actions that sustain a society in its environment. Through cultural cognitive maps, societies stabilize over time by perpetuating the behavioral responses defining their structures (Laszlo, Masulli, Artigiani & Csanyi, 1993).

Cultural cognitive maps are organized in our minds as special codes, whose contextual rules can communicate information sufficiently dense to map social realities with reduced uncertainty, therefore cultural cognitive maps are the codes communicating the information processed by societies. They record the rules constraining behaviours and communicate information between individuals in symbolic language (ibid., 1993).

Theoretical Perspectives on Culture and International Development

The discussion of the theory of culture referred to in this research, indicates that culture is the order corresponding to "meaningful action". To understand meaningful action implies a necessity to understand what it is that motivates the action and how people order/organize this meaningful action. Answers to these questions must be articulated by the people themselves, in the process of international development planning. The answers to these questions is the subjective knowledge of the people. This subjective knowledge must be acknowledged and integrated into the development planning. The people themselves must express their values, beliefs and ways of engaging in occupations. In doing so, people-centred development can become more effective and yield more positive outcomes for all partners in the process.

The relationship between "culture" and "international development" continues to be an area of lively debate and criticism. Development has been critiqued harshly because of the damaging effects it has produced to other cultures and has been viewed critically as a self-serving consequence of imperialism and colonialism. It has also criticized as an attitude which has as its focus, the westernization of all societies (Hettne, 1988).

Many of the development theories from past decades are strongly criticized for their ethnocentric modernization paradigm with its lack of awareness of cultural issues and implications (ibid., 1988). This school of thought held that the continuing and obstructive persistence of tradition would block substantial modernization as traditional values and institutions are incompatible with modernity. The opposite view believed that the different sectors of society were autonomous entities, distinctly separate from one another. It was thought that it would be possible to provide technical and economic aid to various institutions in order to raise standards of living without making a significant impact on other sectors of society. It was perceived that technology and economics were autonomous and value-free sectors. Consequently, a knowledge

of socio-cultural factors was not considered necessary to achieve improvements in the economy and welfare of the population, since it was believed that the cultural sector in the narrow sense and the political sector could be shielded.

There was a tendency to underestimate cultural differences, and local experts were seldom consulted (Barrett & Brown, 1982; Wilbur & Jamieson, 1987). Abandoning traditional institutions was thus considered a precondition to development. Theorists did not realize that adopting the Western institutional framework was infinitely more complex and difficult than technology transfer. The process of development planning being described in the Kenyan-Dalhousie linkage project promotes the philosophy that the Kenyan occupational therapists can modernize their post-secondary education curriculum without necessarily having to discard the institutions, beliefs, and values within the society in which this theoretical knowledge will be applied.

In the past, there was a firm conviction, in the minds of western politicians and the international development community that the industrial societies of the western world represent the ultimate stage of human development. It was essential, therefore, in the name of humanity, to help societies that were regarded as lagging behind to follow in the footsteps of the Western industrial societies (Dube, 1988; Hettne, 1988). In reference to the analogy of the cultural cognitive map, as described earlier, those in the western world who were orchestrating development plans were using their own cognitive maps to guide the integration of the plans. The uniqueness of each society is not taken into consideration. The worth and richness of diversity is rarely acknowledged.

A similar critique to the one noted above, has been used to repudiate the concept of "underdevelopment".

Esteva (1992) provocatively points out that at the end of World War II, the United States

was a formidable productive machine, and was undisputedly at the centre of the world. On the day that President Harry Truman took office, on January 20, 1949, a new term was invented - "underdevelopment". On that day, two billion people became underdeveloped. In a real sense, from that time on, they ceased being what they were, in all their diversity, and became an inverted mirror of others' reality (ibid., 1992).

Perhaps one of the most powerful critiques of international development and "western culture" arrogance has been stated as follows:

The very discussion of the origin or current causes of underdevelopment illustrates to what extent it is admitted to be something real, concrete, quantifiable and identifiable: a phenomenon whose origin and modalities can be the subject of investigation. The word defines a perception. This becomes, in turn, an object, a fact. No one seems to doubt that the concept does not allude to real phenomena. They do not realize that it is a comparative adjective whose base of support is the assumption, very Western but acceptable and undemonstrable, of the oneness, homogeneity and linear evolution of the world. It displays a falsification of reality produced through dismembering the totality of interconnected processes that make up the world's reality and, in its place, it substitutes one of its fragments, isolated from the rest, as a general point of reference. (Esteva, 1992, p. 11 & 12).

Esteva (1992) is emphatic in his point that the concept of "underdevelopment" is a reality only in the minds of those from the western society who are undertaking the process of development. He maintains that this kind of thinking is a perception only, it is not a reality of the people who are being defined as underdeveloped. The point made by Esteva (1990) identifies the powerful and oppressive potential of the use of discourse and the destructive outcomes of a singular world view and ethnocentric thinking when interacting with other societies. This concurs with the viewpoint being promoted in this thesis. The people who benefit from development must define the problems, the process and the desired outcomes in their own terms. The challenge is to ensure in all development and redevelopment projects that the cultural context be identified by the people of that society.

The critique and concerns of Esteva (1992) have been reflected by theorists promoting

the process of participatory development. In the 1980's local expertise was attributed value by social scientists promoting research and development from the emerging or alternate paradigm. This included a voice and participation from the feminist perspective (Maguire, 1987; Brydon & Chant, 1990, Caplan & Bujra, 1978). The central concern voiced in a majority of the critiques (Chambers, 1980, 1985; Maguire, 1987) revolves around the lack of attention to indigenous knowledge, which is the cultural component, the subjective knowledge which allows the expression and implementation of beliefs, values, rules of the society and the symbolic interaction of the people.

The group of theorists and practitioners in international development, noted above, promotes the basic principles of culturally sensitive development. Chambers (1985, 1983), focuses on professionalism in which the knowledge of the indigenous people is given high priority - development in which it is the people in the developing country, themselves, at the grass root level, who define the issues and are true partners in the development project.

Chambers (1985) argues for a new professionalism of "putting the last first" and for new professionals to develop and practise it. This approach embodies a philosophy of reversals: reversing the narrowing of professional vision to broaden it, reversing the direction of teaching and learning to enable core people to learn from those who are peripheral, reversing the flows of information in organisations so that those at the top learn from those below. Reversals such as these are sought, not as absolutes, but to a degree, to offset built-in biases and to achieve a more balanced understanding and better action. Chambers notes that hard experience shows that it is possible, that there is space in which to move. New professionals already exist. They are those whose choices of where to work and where to allocate resources and authority reflect reversals towards the periphery and the poor; whose analysis and action pass the boundaries of disciplines to find new opportunities for the poor; and who test policy and action by asking who

gains and who loses, seeking to help those who are deprived to help themselves. They are those who recognize small farmers, artisans, and labourers as fellow professionals and set out to learn from them. They are those who abandon disciplinary boundaries, and those who span the two cultures of academia and practice, taking the best from each - criticism from the one, and vision and action from the other. They are those whose values and actions that put the last first (Chambers, 1985).

Chamber's work strongly concurs with the perspective being presented in this research. This kind of professionalism and approach is similar to the kind of professionalism being promoted within the knowledge being transferred. This kind of professionalism is "client-centred" (CAOT, 1993). It puts the knowledge of the client first.

In examining the schools of thought which relate to post-secondary education and the transfer of knowledge in development planning, there are varying viewpoints with regard to the function of universities in the international development process. The function of universities in the Third World countries today is in a process of change from an instrument of intellectual reproduction to an instrument of development. Such a function is different not only from the colonial situation, but also from the traditional role of universities in Western countries (Hettne, 1988). A perspective from those promoting social change maintains that if the university plays a role in development it may work against its critical function, since the development function often seems to imply a subordination to government.

A radical solution by the dependency theorists (ibid., 1988), to the problem of academic imperialism is to do away with Western concepts altogether and to build national schools. Such a concept would not necessarily preclude Western concepts, but implies a more realistic view of Western social science as reflecting a specific geographical and historical context while addressing a need to develop more indigenous approaches to the problems of development in the Third

World. The shift towards self-reliance is consistent with a "cultural sensitive" approach toward development since self reliance implies development which reflects the needs and desires of a wide spectrum of the population in the developing area.

Theoretical Perspectives on Culture and Health

With the transfer of knowledge between professional education programs at the post-secondary school level, it is important to have some knowledge of the subjective meaning of health and health behaviour in the everyday life of individual people who will be the recipients of this occupational therapy knowledge.

"Health" is defined by Health & Welfare Canada (1988), as "a resource which gives people the ability to manage and even change their surroundings" (p.3). The ability to achieve health is influenced by our circumstances, our beliefs, our culture and our social, economic and political environments, which suggests that professionals in the field of health must become knowledgeable in these areas of influence, if attempting to practice an holistic health philosophy.

Health promotion policies and statements which have an international impact include the report the Alma-Ata Conference Joint Report (1978) for the World Health Organization (WHO) and UNICEF which introduced Primary Health Care (PHC). The report promoted the slogan "Health for all by the Year 2000" and PHC was recommended as the direction of health care for the future for developing countries. The "Kenya Development Plan: 1989-1993" (Government of Kenya, 1989) espouses basic principles of health promotion in its strategies for development of a healthy nation.

More recently the document by the World Bank, the "World Development Report 1993: Investing in Health" has received extensive attention in the international health community. This World Bank approach has been critiqued by those who work in developing countries in the field

of health, as not providing the necessary direction that international health needs to take it into the 21st century (Fletcher, 1995).

In the Canadian government's "Achieving Health for All" document (Epp, 1986), calls for a more integrated promotion of health at the policy, legislative, social, community and individual levels. The health challenges identified, and the mechanisms and strategies proposed to remedy these, speak of reducing inequities, increasing prevention, and enhancing coping, fostering public participation, self-care and mutual aid, healthy environments and healthy public policies (ibid., 1986). It is useful to have a background knowledge of the perspective of health education in Canada, since these values will be implicit in the knowledge being transferred.

Every human community has developed a health system, that is, the pattern of social institutions and cultural traditions that evolves from deliberate behaviour to enhance health (Kleinman, 1988). Health seeking behaviours vary between cultures and are influenced by a variety of factors. The published accounts of the world's health and medical systems have created the discipline of ethnomedicine, whose practices are grounded in the beliefs that diseases are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine (Foster, 1983). Ethnomedicine, is the study of traditional medicine of various cultures and makes a distinction between illness and disease. Disease, with its biological connotation, refers to abnormalities of structure and function of body organs and systems. It is a deviation from the norm in biological processes and, as such, has been objectified and divorced from social and environmental contexts (Spencer, Krefting & Mattingly, 1993).

Illness is what people experience and is shaped by the culture of the person. Kleinman (1988) clarifies this distinction by noting that illness is the experience of devalued changes in being and in social function. Illness primarily deals with personal, interpersonal, and cultural

reactions to sickness. It is shaped by cultural factors such as how one is socialized to react to pain and how one expresses discomfort. The experience of illness can also be based on social position, on previous illness experience, and one's attitudes about certain illness labels or diagnoses.

There is a school of thought which opposes the biocultural or ethnomedical approach toward health and illness. Medical knowledge which has been produced in and about colonial Africa is criticized for its explicit concern with finding social and cultural "origins" for disease pattern. It often sought to explain "natural" phenomena through social-cultural explanations. Medical discourses have been seen as constitutive of the problems they describe. However, it has been noted (Vaughan, 1991), they may also reflect the material and political circumstances outside the immediate realm of the medical. Concerns and critiques of this misrepresentation of the African person have centred around the questions of "what it means to be a person" (Gilman, 1985), and the effects of colonialism and the question of the effects of this process on those who are so objectified (Fanon, 1986).

The viewpoint with respect to western biomedical discourse on illness in Africa, critiques the biocultural/biomedical approach as a cultural system that constructed "the African" out of widely varying and sometimes improbable materials (Vaughan, 1991). There is the differences between missionary medicine, which emphasized individual responsibility for sin and disease, and secular medicine, which tended toward an ethnic model of collective pathology. The critique denounces the western biomedical struggle to define insanity in a context of great ignorance about what the "normal African" is like and a determination to crush indigenous beliefs about bewitchment.

According to Vaughan (1991), the underlying assumptions of this discourse was that disease was produced by the disintegration and degeneration of "tribal" cultures, which was seen

to be occurring in the process of individualization and modernization. This was a cultural rather than a materialist model, the argument being that Africans were made sick not by the material changes to their lives and environment, but by their cultural "maladaptation" to modern life. It has been argued that biomedical theories and interventions have failed in Africa because no account was taken of the social and political context, and there are many examples in the literature of African illness to substantiate this point (Vaughan, 1991; Camaroff, 1982; Foucault, 1980).

The post structuralist approach of the theorist Michel Foucault (1980, 1975), provides an historical critique of the evolution of forms and domains of knowledge and discourse, and of how events, phenomena, scientific and social change are understood. He achieves this primarily through textual analysis and the deconstruction of language, articulating the relationships of knowledge and power and how they are constituted in society. Foucault (1980) maintains that power is ever-present, it is capillary in its operation and constitutive of every speech, act, movement and practice of day-to-day life. Furthermore, Foucault has been quoted in Vaughan (1991, p.9) on this topic, noting that "People know what they do, they frequently know why they do what they do; but what they don't know is what it is what they do does". Although individuals think that they know what they do, in fact they can never know what the cumulative result of their action is. This point is clearly demonstrated in the study of biomedical discourse regarding illness in Africa.

It is known that culture shapes perceptions, explanations, and experiences of illness which, in turn, influence health-seeking patterns and responses to treatment (Harwood, 1981; Kleinman, 1980, 1988). However, health is also influenced on a very large scale by the political-economy of the society. The political-economic influence of health will be discussed in the case study of Kenya. When identifying socio-cultural factors, one must note the significance of

politics, the economy and the interplay between these two concepts.

Theoretical Perspectives on Occupational Therapy

"Occupation", conceived more generally than in the conventional sense of a job or career, refers to a culturally defined activity that is purposively undertaken within a given segment of time (Yerxa, Clark, Frank et al., 1990). In harmony with the assumptions of the profession, studies have shown that "engagement in ordinary daily activities (ie. occupations) significantly affects health, happiness, and life satisfaction" (Carlson & Clark, 1991, p.235). Humans have a need for engaging in meaningful, purposeful patterns of occupations. Engagement in occupations influences self-concept, alertness, mental acuity, stress levels, and overall quality of life (Reilley, 1962). Occupations can often change or become disrupted when humans experience certain traumatic events or undergo transitions in their lives. Occupations are enacted in a manner which reflects the cultural values and behaviours of each individual group.

A focus of attention to cultural aspects of practice has been shaped by Canada's change in immigration patterns as well as Canada's Multiculturalism Act of 1988, with its concept of equitable participation in society for all. The literature reflects topics of concern with respect to cultural sensitive practice, in view of the new immigrants to Canada and the multicultural nature of society. However, there is very limited literature regarding the profession's role in developing countries and implications for transfer of knowledge.

Contributions from the occupational therapy literature to understanding the concept of culture in professional practice have focused on a number of specific topics. These include consideration of sensitivity to particular cultural beliefs and the possible discordance of values between client and therapist (Blakeney, 1987; Hume, 1984; Kanemoto, 1987; Levine, 1987; Skawski, 1987), problems of intercultural communication (McCormack, 1987), and the choice of

appropriate activities and programmes (Levine, 1984; Lightfoot, 1985; Morse, 1987; Robinson, 1987.) Cultural differences in learning styles (Jamieson, 1985; Llorens, 1971) and the special problems relating to intervention with native Indians (Callebaut, 1970; Wieringa & McCall, 1987) have also been addressed. A further theme is that of evaluating the utility of current occupational therapy models in addressing cultural issues in practice (Iannone, 1987; Levine, 1984; Tebbutt & Wade, 1987; Wieringa & McCall, 1987).

Studies suggest that awareness on the part of the therapist of differences in cultural values and beliefs will gain active engagement of the client in their program through avoiding activities that may have little meaning to the client or may be offensive (Dyck, 1989). Other literature suggests the importance of therapists developing awareness of their own values and beliefs (Dyck, 1989; Skawski, 1987). The theoretical frames of reference of practice must also be examined for their cultural sensitivity, as noted by (Tebbutt & Wade, 1985; Wieringa & McCall, 1987). Dyck (1989), notes that the dominant theme of the literature is concerned with the cultural dimensions of practice; that is, a particular focus on the values and beliefs of different cultural groups, and their possible discordance with both the value system of the individual therapist and the theoretical framework of practice.

Although the philosophical approach of occupational therapists emphasizes the importance of cultural awareness, it has been noted by Krefting (1992), that further sensitivity is required by the profession when occupational therapy is involved in the development of services in the third world since some health professionals still tend to export service models to third world countries that are similar to those used in developed countries. The rationale for this is typical of the "first" thinking that Chambers (1985) describes, where the expert flies into a country on a whirlwind tour, then returns home to write their recommendations and reports without giving themselves sufficient time to understand the country or its needs. A second reason that service

models from the developed world are transferred is that many of those in the third world who are responsible for assessing their countries' needs and developing services, both clinical and educational, want the same model that is available in developed countries. This includes specialized services that focus largely on reactive treatment rather than prevention. The biomedical model of practice is still very prevalent in Kenya, although these specialized services are neither affordable nor appropriate to the health care situation in that country or region.

Summary

This literature review has highlighted the various theoretical perspectives which have informed this research. It is understood that when gathering data through qualitative methods, one is not testing or proving theory. In qualitative methods, theory is generated from the data that are analyzed. With widely different values and beliefs between cultures, collaborative efforts will require further sensitivity and a deeper understanding of the implications of participation and collaboration in the area of transfer of theoretical principles of practice.

The following chapter will outline the methodology used to gather data in this study.

CHAPTER III
METHODOLOGY
AND
THE KENYAN CASE STUDY

Selection of Methodology

When conducting research, it is important to understand the philosophical foundations and assumptions about human experience and knowledge, since "knowledge" is determined by the way the researcher frames a research problem and the strategy one uses to obtain information (DePoy & Gitlan, 1994). How does one approach the investigation of the socio-cultural queries which must be understood prior to the transfer of knowledge to a post-secondary education curriculum. One approach which is gaining considerable methodological favour is to ask the people themselves, who are the participants in the society being explored. Through this approach, one is guided by the qualitative paradigm.

Researchers define paradigm as "a world view, a general perspective, a way of breaking down the complexity of the real world" (Patton, 1980, p.9). Further, a paradigm is a constellation of theories, questions, methods, and procedures which share central values and themes. This constellation, which develops in response to historical and cultural conditions, provides a conceptual framework for seeing and making sense of the social world we create and live in. A paradigm provides a "place to stand" from which to view reality (Maguire, 1987). There are deviations in the literature regarding the categories of the paradigms; however, in this thesis the writer refers to the qualitative and quantitative paradigms.

The quantitative paradigm is also referred to as the dominant paradigm, traditional, orthodox, mainstream, classical or positivism (Maguire, 1987). The qualitative paradigm, referred to as an alternative form of knowing (ibid., 1987) is also called symbolic, hermeneutic,

naturalistic inquiry or cultural inquiry. It produces interpretive knowledge, that is, the understandings of the meanings given to social interactions by those involved (Maguire, 1987; Gitlan & DePoy, 1994). Qualitative research is a philosophical approach to the answering of research questions. This kind of research takes place within the natural setting of the phenomenon being studied and is sometimes referred to as naturalistic inquiry (Guba, 1990; DePoy & Gitlan, 1994). The qualitative research designs and their approaches, aim to describe the complexity of human experience in its context with emphasis on a description of the daily events of peoples' lives in their own words (Krefting, 1991).

Theorists from the qualitative school of thought believe that individuals create their own subjective realities and thus knower and knowledge are interrelated and interdependent. This epistemologic viewpoint is based on the fundamental assumption that it is not possible to separate the outside world from an individual's ideas and perceptions of that world. Knowledge is based on how the individual perceives experiences and understands his or her world (Guba, 1990; Orcutt, 1990).

The essential characteristics of what are considered holistic philosophies within naturalistic inquiry are: (1) meaning in human experience derives from an understanding of individuals in their social environments, (2) multiple realities exist (3) one's view of reality is determined by events viewed through individual lenses or biases, and (4) those who have the experiences are the most knowledgeable about them (DePoy & Gitlan, 1994). The holistic philosophies therefore suggest a pluralistic view of knowledge, that is, there are multiple realities that can be identified and understood only within the natural context in which human experience and behaviour occur (ibid., 1994).

Coming to know these realities requires a research design that investigates phenomena in their natural contexts and seeks to discover complexity and meaning. Those who experience

are the "knowers" and transmit their knowledge through doing and telling. How the researcher defines knowledge and the relationship between the knower (researcher) and the known (research outcome or phenomena of your study) direct the entire research effort: from framing the research question to reporting the findings (Gitlan & DePoy, 1994; Krefting, 1991). While gathering data in Kenya, attention was paid to factors which are unique to gathering data in developing countries (Casley, 1987; Casley & Kumar, 1988).

The nature of the questions being explored in the case study are best suited to the data gathering methodology within the qualitative paradigm. This approach enables the researcher to understand another way of life from the participants' viewpoint. It is not just what people do but how they do it and what it means to them that is important to researchers who conduct studies from the viewpoint of a qualitative approach (Guba & Lincoln, 1985).

Research Design

The design of this study is exploratory since the structure of this type of qualitative design allows the researcher to reveal new insights and understandings. This study was conducted in the natural setting of the participants. Qualitative methods were used to gather and analyze data and inductive reasoning was used in data analysis.

Sampling and Domain Selection

Most of the subjects for this study are involved with the post-secondary education institutions in Kenya, as noted, and therefore represent a very specific segment of the Kenyan society. The respondents are representative of those who will be involved in the partnership project being described. All subjects are from Kenya and were interviewed in their environment of work, home or a social situation. The domains of selection, as described by (DePoy & Gitlin,

1994) include:

- Convenience sampling which included the students who were available from classes on the days when interviews were being conducted for the study, practising occupational therapists who were readily available and willing to be interviewed and a general selection of members of the Kenyan society, who agreed to be interviewed in a social situation. A client from a community based rehabilitation setting who was in his own home was willing to discuss his disability experience. The first key informant from Kenya was also from a convenience sample, since she happened to be in Canada at an opportune time and was available to collaborate in the initial stages of this research.
- Purposive sampling, which is deliberate selection, was undertaken in selecting two of the key informants, all faculty members, an administrator from K.M.T.C., and several practising therapists: from major hospitals in Nairobi were selected for the face-to-face interviews. Deliberate sampling took place for the selection of the completion of the questionnaires in order to ensure a varied spread in geographical locations, a range in practice areas and a selection of males and females. A second faculty member visiting the Dalhousie School of Occupational Therapy from K.M.T.C., became the second key informant and assisted the investigator in selecting the respondents for completing the follow-up questionnaire.

Instrumentation

To gain an understanding of the parameters of cultural knowledge, that is, knowledge of the socio-cultural factors, several instruments are used to facilitate the data gathering process.

These include an Interview Guide composed of a series of open-ended questions, with similar initial questions being posed to practicing occupational therapists, student occupational

therapists and faculty of K.M.T.C.. APPENDIX A is the Interview Guide used for practicing therapists; a Participant-Observation guide, APPENDIX B; and a Document Review Guide, APPENDIX C. To assess the trustworthiness of the data analysed by the investigator, questionnaires were distributed to faculty, students and clinicians of the occupational therapy program at K.M.T.C.

Data Gathering

The overall purpose of gathering information is to discover or reveal the multiple and diverse perspectives and patterns that structure field experience. The investigator gathers sufficient information that leads to description, discovery, understanding, and explanation of the rich mosaic of daily life experiences (DePoy & Gitlin, 1994).

Data were initially gathered when a faculty member from K.M.T.C. arrived at Dalhousie School of Occupational Therapy. This provided an opportunity for the investigator to engage in many discussions with this faculty member, who then became the first informant. During the initial discussions with this informant, issues of concern and interest were identified and a record of this initial data was documented. These data were extremely useful in preparing to undertake research in Kenya. The informants are the individuals from the culture being explored. They have the cultural knowledge and share this knowledge with the investigator, therefore the informants become the teachers.

The point of entry in gathering data in the location of the case study took place when this investigator arrived in Nairobi, Kenya. Contact with this same informant took place one year later, in Nairobi, Kenya. Three weeks were spent in Nairobi and the surrounding area. Five of these days were spent attending an international professional conference. Data were gathered concurrently.

Triangulation - Multiple gathering strategies. The use of multiple gathering methods of data collection enhances the investigator's ability to gather rich description and to gain an understanding of the topic. The use of multiple methods of data collection, called "triangulation" enhances the study's generalizability (Depoy & Gitlin, 1994; Marshall & Rossman, 1995). The multiple strategies used in this research include multiple methods, multiple investigators and multiple data sources.

Multiple gathering methods (1) - Participant Observation. The first research strategy used in the case study to gather data is participant observation where the researcher is both engaged in the scene and observing it (Krefting, 1989; Maguire, 1985). Participant observation occurs at the same time as the informal interviews are being conducted. Encounters with key informants when they are working, visiting friends, enjoying leisure time, and carrying out ordinary activities also provides an opportunity for participant observation.

Initially, participant-observation and interviewing centred focus upon the academic and fieldwork curriculum of K.M.T.C. occupational therapy school and the cultural and academic knowledge of the students, faculty and occupational therapy practitioners who are affiliated with this program. Simultaneously, an attempt was made to glean an understanding of the Kenyan people in their natural environment conducting their everyday activities, since these people reflect the cultural beliefs, values and ways of engaging in their daily occupations which are of concern to occupational therapists.

Multiple gathering methods (2) - Intensified Interviewing. The second strategy used to gather data is interviewing. Intensive interviewing is a data collection method used extensively by qualitative researchers. Intensive interviews have been described as, "a conversation with a purpose" (Marshall & Rossman, 1995, p.80). The key informant introduced the researcher to other informants and informal meetings then led to more in-depth interviews. Interviewing

involves developing rapport and eliciting information in which a basic sense of trust has to be developed to allow for the free flow of information. It is necessary to pay attention to the interaction of friendly relationships in this occupational therapy cultural scene in Kenya to learn the local, culture-bound features of building rapport. It has been suggested that the rapport process in qualitative interviewing usually proceeds through the stages of apprehension, exploration, cooperation and participation (Dudley, 1993; Chambers, 1983). These stages are congruent with the experience of the investigator in this case study.

In-depth intensified interviews were conducted after a period of participant observations and informal interviews. Interview guides, very loosely structured with open-ended questions were designed by the investigator to obtain the informants' own perspectives and stories (Lofland & Lofland, 1995). These guides include broad, open-ended questions which permit the informants to describe their experiences with regard to the occupational therapy academic curriculum, fieldwork teaching/learning experiences, experiences in the practice settings and information relating to the strengths and barriers of integrating the academic knowledge into the fieldwork component in the practice settings. These issues were viewed in relation to the socio-cultural implications with the transfer of theoretical principles of practice and the on-going exchange of knowledge within the process.

The data gathering method of interviewing uses the "funnel" process (Rothe, 1993), which moves the line of questioning from a general open-ended direction to more specific questions. This research approach begins with broad research questions rather than specific, operationalized hypotheses, and are therefore less likely to overlook phenomena that do not fit their original expectations (DePoy & Gitlan, 1994). Once the intensive interviews were conducted and initially analyzed, the researcher returned home and completed further analysis of the data. A questionnaire was used as a follow-up method of assessing the trustworthiness of the

data gathered and analyzed. In qualitative methodology a questionnaire would not be used to gather initial data, however these were used simply to assess the trustworthiness of the data and to leave an "audit trail" as suggested by Guba and Lincoln (1985). Questions were formulated to reflect the information which had been interpreted and analyzed by the researcher. This information was again presented to the informants in Kenya, by a research assistant, to ensure the reliability of the analysis.

Multiple gathering methods (3) - Document Review. A third strategy for data collection used in this study is the review of pertinent documents. Document review is an unobtrusive method of data collection in that it does not disturb the natural setting (Marshall & Rossman, 1995). This method involves examining written material and exploring themes and patterns within this information. The examination of documents is an inductive process that reveals patterns related to topics being studied (Depoy & Gitlin, 1994). Information obtained from this process helps to provide insight into the context and timing of events (DePoy & Gitlin, 1994). The investigation of relevant documents focuses upon the fieldwork component of the K.M.T.C. program.

Frequently document review and literature review are conducted as part of the interpretation and validation process rather than as a first step (Marshall & Rossman, 1995; Spradley, 1979). The document review included documents used for student performance evaluation for the fieldwork experience of students at K.M.T.C., the documentation used at the School of Occupational Therapy, Dalhousie University, policy documents of relevance from the Government of Kenya (1986; 1991) outlining the economic and the Kenya Five Year Development Plan (1988-1993). In summarizing the triangulation of multiple gathering strategies, these include:

- Multiple data gathering "methods"

- participant observation

- three weeks of gathering data in Nairobi, Kenya and surrounding area. During one of these weeks the writer was attending and presenting a paper at the XVII World Rehabilitation Congress, which was sponsored by Kenya. Participant observation also took place at the School of Occupational Therapy K.M.T.C., with faculty and students, during meetings with practicing occupational therapists in the field, during a day in the community based rehabilitation program. One day of participation observation took place in the rural area visiting family members of one of the key informants.
- Objects in the environment which were attended to included newspapers, official reports and documents, promotional literature from support and advocacy groups, professional literature and journals, review of biographic data, and photographs. Hand-made artifacts of art and objects for functional use were all considered in data collection.

- Interviews - in-depth/intensive interviews

- interviews were conducted with three key informants, the first is a faculty member from the occupational therapy school at K.M.T.C., the second key informant is the head of the occupational therapy program at K.M.T.C. and the third informant is the Director of Kenya Medical Training School. Three weeks were spent with these three people, while gathering data in Nairobi, Kenya. The second key informant from K.M.T.C. spent six months in Canada at Dalhousie University, School

of Occupational Therapy and was therefore a source of constant exchange of information and ideas with this researcher and others, and was available for in-depth interviews and social conservation. This second key informant provided information regarding the cultural nature of his own Kenyan society as well as making astute observations of the culture in which he was immersed in this Canadian University environment -with observations relating to the social, political, economic, academic and cultural environment.

- semi-structured interviews were conducted with approximately nine occupational therapists.
- semi-structured interviews were conducted with approximately seven students.
- semi-structured interviews were conducted with six full-time faculty members at K.M.T.C.
- unstructured interviews took place with approximately twelve Kenyan people, varying in age from eight years to approximately seventy years old, some living in the rural area and others dwelling in Nairobi.
- an unstructured interview took place with one client receiving occupational therapy service in the rural area.
- a faculty member from Dalhousie was informally interviewed in his capacity as the chief investigator in a health professions international development project in Africa. Inquiry focused upon the socio-cultural factors to be considered when working with partners in the developing world, on programs involving health and education.

- Follow-up interviews were conducted using formal questionnaires which were distributed to faculty members and students of K.M.T.C., and practising occupational therapists throughout Kenya. The data gathered in the questionnaire was used as a means of validating the trustworthiness of the data which was gathered in the field and analyzed extensively after returning from Kenya. A varied distribution of sites were selected for the respondents. Forty-three questionnaires were completed and returned. There were twenty-one questions, most of them open-ended and all questionnaires were answered thoroughly and with reflection. An honorarium was provided to each respondent.

- Document Review

Document review was conducted with a focus upon the documentation regarding the occupational therapy fieldwork program at K.M.T.C. and to a lesser extent on the curriculum content. A review of Kenya's national policies specifically pertaining to development planning and to health and education was also conducted.

- Triangulation of "investigators" to gather multiple perspectives

Since questionnaires were used as a means of validating the analysis, a research assistant, the head of the occupational therapy school at K.M.T.C. distributed and collected these, which provides another perspective in the data gathering process. In his role of research assistant, this investigator clarified queries of the respondents and provided valuable perspectives to this researcher.

- Triangulation of data "sources"

participant - observation occurred at different times, different geographical places and in

a variety of social and professional situations.

Summary of data gathering. The total data collected for this study includes:

1. Twenty days of participant observation data in the country of Kenya, mainly in the city of Nairobi, but with several opportunities to spend time in the rural area.
2. Six semi-structured interviews with faculty members.
3. Seven semi-structured and unstructured interviews with student occupational therapists from K.M.T.C..
4. Nine semi-structured interviews with practising occupational therapists.
5. Twelve unstructured interviews with family and friends of the key informants.
6. One unstructured in-depth interview with a client receiving occupational therapy service in the rural area.
7. Resources used for document review include information regarding the K.M.T.C. curriculum, the fieldwork program, the student performance evaluation in the fieldwork experience and a video of the events of an occupational therapy department in a large hospital institution. Political documents were reviewed from various Ministries of the Kenyan Government outlining the policies and procedures for development plans in health and education.
8. A hand-written reflective log, which includes impressions and reflections, along with observations and comments about the non-human environment and the meaning that these objects hold for the respondents.
9. Forty three questionnaires, each eight pages long, which were transcribed, analyzed and coded.

Recording the Data

A description of the qualitative data is produced from a record of events of a segment of society within a given period of time, and includes field notes, pictures, artifacts, informants responses and anything else which documents the cultural scene under study.

Condensed accounts were written during the interviews and during the phases of participant observation. These notes were then expanded, upon the completion of the interactive experience. These condensed accounts include phrases, single words, and short sentences. Direct quotes were recorded upon the permission of the informant. All notes taken during actual interviews or field observations represent a condensed version of what actually occurred.

After each field session details and events were recorded. The key words and phrases jotted down served as useful reminders to create the expanded account. During this phase of writing the expanded account, each speaker was identified with a code initial and verbatim statements were included.

Methodology of Data Analysis

Analysis of data is where qualitative research takes a dramatic departure from traditional quantitative research designs. In qualitative research, analysis is a cyclical process, that is, data are continually analyzed and then compared with new data as they are collected. This goes on throughout the data gathering process. When the analysis is reported, the data is linked with theory and discussed within the framework of the analysis and theory. The data are analyzed inductively so that theory is generated from the ground up, and has an essential focus upon meaning from the participant's perspective. In qualitative research, the questions deal with complexity in context (Denzin & Lincoln, 1994).

The use of theory in qualitative research integrates and makes relevant and meaningful

presentation of data, preventing the data from being a mere report of bits and pieces of intriguing information. A potential danger exists when individuals using the participant observation technique to collect data, draw conclusions without regard for social science theory to help interpret the data. Lack of a theory base can lead to distortion of data analysis and research findings (ibid., 1994).

After conducting the first interview and before proceeding to the next, it is necessary to analyze the data collected in this first interview. This analysis then reveals new questions to pose in future interviews and leads to finding out what things meant to the key informants. This process of data gathering and data analysis with each interview proceeded consistently throughout the research process.

Analysis of any kind involves a way of thinking. It refers to the systematic examination of something to determine its parts, the relationship among parts, and their relationship to the whole. Analysis proceeds by examining some phenomenon, dividing it into its constituent parts, then identifying the relationships among the parts and their relationship to the whole (DePoy & Gitlan, 1994; Marshall & Rossman, 1995).

The cultural knowledge of the informant is organized into categories, all of which are systematically related to the entire culture. Most of the time this internal structure as it is known to informants remains tacit, outside their awareness. The researcher has to devise ways to discover this tacit knowledge (Marshall & Rossman, 1995).

In this analysis stage, qualitative research requires constant feedback from one stage to another. Within this method there are at least five tasks occurring at the same time. These include the following:

1. investigating the problem which is narrowed after reviewing the literature,
2. collecting cultural data by asking descriptive questions, making general observations and

- recording these in field notes,
3. content analysis of the documents being reviewed and analyzing cultural data which occurs within a short time after beginning to collect data. This consists of reviewing field notes to search for cultural symbols, and to search for relationships among these symbols,
 4. formulating hypotheses which arise from the culture studied. These are formulated after collecting initial data, then relationships are tested by checking what informants know. Before going on to any new phase of research it is necessary to go back and collect more cultural data, analyze it and formulate new hypotheses and then repeat these stages over and over again, and
 5. writing up the study, which is in a sense a refined process of analysis, since the analysis process involves ongoing writing.

There are a number of ways that data may be analyzed, however, they all serve as strategies to reveal the system of cultural meanings that people use. Domain analysis is the most common approach to data analysis is thematic analysis (Denzin & Lincoln, 1994; Krefting, 1989; Gitlan & Depoy, 1994), which is the approach used in this case study.

Domain analysis is used initially during the analysis process, and involves a search for the larger units of cultural knowledge called domains. Initially, it is important and necessary to identify as many different domains in a culture as possible, perhaps dividing them into categories like traditional ceremonies, material objects in the environment, and kinship. The domains were

given a code name and all the appropriate smaller data were categorized under these codes. The next step was to make a list of examples of verbal descriptions of the experience or impression being presented. These were then added to the notes of the coded domains. Once the domains were identified, it was necessary to test them with informants. This was done by asking structural questions to confirm or disconfirm hypothesized domains. The next step, called theme analysis goes beyond the domain inventory to discover the conceptual themes that members in a society use to connect these domains.

Theme analysis involves a search for the relationships among domains and how they are linked to the culture as a whole (Marshall & Rossman, 1995; Spradley, 1979). The term "themes", used in qualitative research (Depoy & Gitlan, 1994; Marshall & Rossman, 1995), refers, in general, to a postulate or position, declared or implied, and usually controlling behaviour or stimulating activity, which is tacitly approved or openly promoted in a society. These theorists suggest that the general pattern of a culture can be better understood by identifying recurrent themes. Themes are assertions that have a high degree of generality and sometimes appear as folk sayings, mottos, proverbs, or recurrent expressions. However, most cultural themes remain at the tacit level of knowledge and even though people know the cultural principle and use it to organize their behaviour and interpret experience, these themes come to be taken for granted. This means that the researcher will have to make inferences about the principles that exist.

When gathering data for this study, an example of a postulate that emerged in many of the small groups during interviews in Kenya is as follows: "men are considered to be physically and mentally superior to women". This tacit premise was verbally expressed, by males, in such comments as the belief that women did not chose professions which demanded any physical exertion, that women did not enter the science programs in university because they can not

manage the academic demands but are more likely to chose a vocation in the arts and that women rarely assume leadership roles in community. This postulate becomes apparent when studying the political-economy of Kenya.

The codes used in the thematic analysis were both concrete and conceptual. The researcher began by using concrete words that informants actually used. Then codes based on more abstract concepts linked these concrete codes together; for example, parenting while working at a market stand would be categorized as "role merging". These more abstract codes were derived from a review of theory. There was then, a constant back and forth movement between the concrete data and the theoretical concepts that helps explain it (Krefting, 1989; DePoy & Gitlan, 1994). In summary then, qualitative analysis is conducted on multiple levels. At a basic level, domain analysis reveals repetitive themes within the data, as noted above. These themes are then integrated and form the basis of a conceptual or theoretical analysis of data. Time in the field and immersion in the data help the themes to emerge in the researcher's mind (Krefting, 1991).

As a brief review of the research process, an informant is located and interviewed, a record is drawn up, subsequent interviews begin by posing descriptive questions. The data from the interviews and participant observation period is transcribed as soon as possible after the interviews and observation sessions. The information from one session is used to formulate questions for subsequent interviews. Using the sample of information collected from this interview, the next step involves analyzing the data collected in the interviews. A domain analysis is composed. Structural questions are then developed and posed in future interviews. Throughout the interview there is a balance of descriptive, structural, and contrast questions.

Ethics

Ethics, particularly when using qualitative methods are integral throughout the research process. This study was initially approved by the thesis committee members at Saint Mary's University, Halifax, Nova Scotia, then followed rigorous procedures in order to conduct research in Kenya. Entry in the field setting began with a meeting with the Director of the K.M.T.C., and the data collection methods were discussed. Before collecting data a "Request to Conduct Research" letter (see APPENDIX D) was forwarded to the Permanent Secretary to the President in Kenya and a Letter of Consent to the respondents (see APPENDIX E), was drawn up informing them of the full scope of the research and assured them anonymity in the data analysis, if they chose to participate in the study.

Trustworthiness

Assessing the value or worth of a study is the responsibility of both the researcher and the critical reader. Most quantitative researchers recognize and document the worth of a project by assessing the reliability and validity of the work (Krefting, 1991; Gitlan & DePoy, 1994). It has been suggested that a different language is needed to fit the qualitative view, one that would replace reliability and validity with such terms as credibility, accuracy of representation, and authority of the writer (Lincoln & Guba, 1985).

A model for assessing trustworthiness of qualitative data has been developed (Lincoln & Guba, 1985), and is based on the identification of four aspects of trustworthiness - truth value, applicability, consistency, and neutrality. Different strategies for assessing these criteria which were used in this case study include reflexivity (field journal), member checking, triangulation and code-recode procedure. Because of time constraints, there is not sufficient time to check with the key informants in Kenya with regard to the final reading of the analysis, however as the themes

arose throughout the data collection and analysis phase, the analysis was discussed, paraphrased and agreed upon in the field setting by those involved in the interactions. As a follow-up to the first round of analysis, a questionnaire was distributed to all the faculty, students occupational therapists and practising occupational therapists who participated in the interviews, for further validation and analysis.

When questionnaires are implemented in qualitative research, a respondent is any person who responds to a survey questionnaire or to queries presented by an investigator. Many people confuse respondents with informants because both answer questions and appear to give information about their culture. However, there are important distinctions between the two, since survey research with respondents almost always employs the language of the social scientist's culture. Qualitative research depends more fully on the language of the informant. The questions arise out of the informant's culture (Denzin & Lincoln, 1994). The language used in the questionnaire is reflective of the language of the shared profession of the investigator and the respondents. In the research conducted in this case study, a questionnaire was used not a tool to gather initial data, since data had been previously gathered in the field through means of participant observation and interviews but as a means of validating inferences from the data gathering and analysis phase. The language used in the questionnaire is reflective of the language of the shared profession of the investigator and the respondents.

The following chapter will present the case study of Kenya, and the context of the setting in which the research takes place. The analysis of the data, in the form of descriptive themes is presented.

CHAPTER IV

DATA ANALYSIS

Through the eyes of the Kenyan participants

In order to identify the socio-cultural factors in the transfer of knowledge between two post-secondary institutions in different countries, a case study has been selected as a method of investigation. A case study is a "heuristic device that links everyday actions with broader social processes" (Dyck, 1992, p.698). The rationale for selecting this Kenyan case study is explained at the beginning of this document.

Exploring socio-cultural factors of a society involves understanding the relationships between the various systems, organizations and institutions within that society. Identification of socio-cultural factors may be considered as a "qualitative baseline" data prior to any further planning in development partnerships. This qualitative baseline should be presented from a holistic perspective.

Kenya - A Case Study

Kenya is located on the east coast of central Africa. Stretching along the shores of the Indian Ocean is a narrow strip of land ten to fifteen miles (16 to 24 kilometers) wide that separates the dry interior from the sea. It has a population of 25,160,000 (1993) the majority of whom are under thirty years of age. The capital city of Nairobi, with a population of 1,047,951, covers an area of 582,646 sq.km. (Third World Editors, 1993). Approximately eighty percent of the population live in the rural area (Todaro, 1989).

Historically, the coast of Kenya was the site of a rich Arab-African culture. However, the history of Kenya includes centuries of encounters and clashes between cultures. Kenya was

under the British rule from 1895 to 1963. When the British began to build the railway through Kenya from 1900 to 1902, large numbers of workers were imported from India. Conflict accelerated, over land ownership and government control, between the European settlers, the settlers from India and the native African people. The country was organized and controlled along strict racial lines by the British political rulers. The racial approach applied to the economic field, as well as the social services in health care, education and settlement. Europeans received the best treatment, the Indians the second best and the Africans having to do with whatever was left over (Ogot, 1978). In the area of politics and development of the country, the policy of separate development was followed with the African people restricted to local and tribal politics (ibid. 1978). The nature of the colonial rule in Kenya was invasive - a settler economy in which the British attempted to force their way of life upon the native people (Ogot, 1978). There was a gradual emergence of radical politics and Kenya gained its independence in 1963.

Political Organization

Kenya became an independent country in 1963, with president Jomo Kenyatta as the president, until 1978. Colonialism had left the African people in political discontent, in poverty, and removed from most fertile agricultural land (MacGaffey, 1986). Women in Kenya suffered severe impact in terms of extended working hours and in all segments of productive, reproductive and community service work, with minimal compensation and extreme lack of power (Brydon & Chant, 1989).

The political history of Kenya has been approached from three main perspectives (Ochieng', 1989). One school of thought views it as a continuum which reflects the institutions and ideas from the colonial period. This perspective accuses Kenya of developing without an African ideology and with the absence of a sense of nationhood or national interest.

A second perspective, supported by Marxist scholars, regard Kenya as an excellent example of a neo-colonial African state, in which there have been no significant economic and structural changes since independence. The British policy of the late 1950's was designed to contain the nationalist movement within the framework and ideas of colonial institutions (Ochieng', 1989). The third school of thought presents a different picture of Kenya, in which post-colonial Kenya is praised for its general economic and social stability and highly developed system of hotels and other amenities which have made it the most popular and successful country in black Africa.

With the attainment of Kenya's independence, the process of nation-building began. This concept of nation-building included the elimination of poverty, disease and ignorance and the emergence of a relatively egalitarian and participatory society. President Kenyatta emphasized the slogan of "Harambee", which was a call for dedication, hard work and unity (Kenyatta, 1968; 1972).

The achievement of independence brought about significant political, social and economic change. With regard to the politics of state control there exists two types of politics (Ibid., 1989). The first is concerned with the type of state which Kenyans should build and it has been expressed in terms of those who prefer a Marxist state versus those who favour capitalist development.

The second type of politics favour capitalism but its concern is with the choice of which ethnic group or "tribe", should control state power including the economic and social life of the state. In view of this, the politics of control of the state can thus be called the politics of tribalism. According to several accounts (Ochieng', 1989; Bitterli, 1989), Kenyans have failed to dislodge tribalism from their political life and at the core of nationalist parties are strong tribalist tendencies. With regard to Kenya's foreign policy, Kenya has been portrayed as a

country which pursues two types of foreign policy. One is perceived as radical and applied to international issues, the other is conservative, aimed at creating stable conditions in East Africa where Kenya has vested interests. Ochieng' (1989) quotes the perspective of Shaw (1977), in which Kenya is viewed as a "sub-imperial power", a "middle power", and with this sub-imperial state at the centre of the periphery of Africa, it is able to exert dominance in a region of the Third World. The conclusion reached (ibid., 1977), according to Ochieng' (1989), is that Kenya is a dependent, neo-colonial state whose foreign policy is basically an extension of the policies of the imperialist capitalist states and their multinational corporations.

Economic Organization

The Organization for Economic Cooperation and Development (O.E.C.D.) divides the Third World into four categories, with Kenya falling into the economically lowest category of the 62 low income countries (Todaro, 1989). These people fight a constant battle against malnutrition, disease and ill health.

There are just over one million herders such as the Masai and the Somali living in the semi-arid and desert areas. An increasing number of people live in the capital city of Nairobi and in other large cities. In the early 1990's it was estimated that Kenya's population was increasing at the rate of about four percent a year. This growth rate, one of the world's highest, greatly increases the people's demand for land, housing, food, jobs, education, medical care, and other services. These conditions place a severe strain on the economy of Kenya, a country whose resources are extremely limited. With the majority of the population living in the rural areas, the problems of insufficient land, overgrazing and use of land for "cash crops" make it difficult and sometimes impossible to produce sufficient crops to meet the needs of the population.

Salaries in Africa become living wages only by unofficial dealing - by "baksheesh",

bribing, operating off the books, bartering, and finding many ways around the occlusions of law and bureaucracy. The "informal sector" or the "parallel" economy has the real momentum. This informal sector is endlessly inventive, and as noted (McCaffey, 1986) at least ten million of the twenty-six million Kenyans make a living from small-scale cash-crop farming, carpentry, masonry, metalworking, tailoring, shoemaking, retailing, smuggling, illicit brewing and running private taxis and buses. Secondhand clothes are imported from Europe and America and sold by the roadside. Packing cases are fashioned into furniture. Oil drums are made into roofing sheets, frying pans, barbecues, stoves, knives and lamps. Cars that cannot be repaired are salvaged piecemeal and turned into carts to be pulled by bullocks and donkeys. Much of this unofficial labour is carried out in the open air and is therefore called "jua kali" meaning "hot sun" (ibid., 1986).

The conditions of structural adjustment under which African governments, including Kenya, have had to respond to the global economic crisis of the early 1980's which have had the effect of locking them into new forms of dependent relationships with western governments and international financial organizations within the framework of "structural adjustment". In particular, the acute balance of payment crises suffered by most African states in recent years, and the accompanying disruption of local production, have undermined the continent's ability to service foreign debt incurred in better times (Loxley & Campbell, 1989). Many countries have been forced to go even deeper into debt in an effort to stave off economic collapse and/or attempt to stimulate economic recovery. In particular, they have turned to the International Monetary Fund and the World Bank for balance of payments loans. Usually, they have done so reluctantly, and because they have exhausted other possibilities of obtaining finance.

Sometimes, banks, bilateral donors and other sources of funding insist that African governments borrow from the international institutions as a condition for maintaining their own

contribution to balance off payments assistance. Their enthusiasm for this flows from the fact that Fund/Bank assistance carries with it the requirement that borrowers pursue economic policies acceptable to the international institutions, a requirement which explains the reluctance of most governments to draw on this assistance except as a last resort. It is through such policy conditionality that most structural adjustment programmes in Africa are implemented (Loxley & Campbell, 1989). These adjustment programmes usually entail violent assaults on the living standards of the African worker including those in Kenya. Large shifts in purchasing power have been taken away from the workers and put towards the export sector, the people suffer dramatic declines in living standards and the families have had to resort to a variety of survival strategies which have placed them under enormous daily stress.

Another major cause of concern with the orthodox programmes associated with structural adjustment policies is their underlying strategic focus on export orientation and the fact that they neglect the crucial food sector. Food policy tends to be confined to the removal of consumer subsidies which is a major cause of urban discontent. In the rural areas the valuable farm land used for the production of food for the local families is converted to cash crops for export, which decreases the food available for the African person, resulting in malnutrition and famine. The cycle of poverty becomes a vicious cycle in which poverty produces malnutrition, malnutrition then results in further illness, there is a decrease in the ability to be productive and the cycle perpetuates itself. The health of the nation is clearly dependent on government policies.

Since 1980, almost forty African governments have turned to the International Monetary Fund (IMF) for balance of payments support, while half this number have received World Bank structural adjustment loans. According to theorists of structural adjustment in Africa (Loxley & Campbell, 1989), the international financial institutions have never before wielded such pervasive influence on policy formulation in Africa; not since the days of colonialism have external forces

been so powerfully focused to shape Africa's economic structure and the nature of its participation in the world system.

According to Loxley & Campbell (1989), much of the early academic exchange concerning structural adjustment programmes in Africa is actually a continuation of the debate over appropriate development "theory". On the one hand, the Bank believes that market-oriented, private sector led strategies are capable of generating sustained economic progress in Africa, free from the kind of chronic imbalances which have characterised recent experience. Marxist theorists of the classical school share this optimism and interpret post-independence economic policies in Africa as being detrimental to the development of the forces of production and to the emergence, ultimately, of a revolutionary proletariat. Critics of both feel that this optimism is misguided, and as noted earlier (Shaw, 1977), that some version of dependency theory, more accurately portrays Africa's likely prospects from further integration into the world economy and from exposure to unbridled free enterprise. This debate is an on-going one.

Social Organization

Kenya has more than 100 different African ethnic groups as well as Indian and Arab minorities. This poses a potential problem of communication. The national language is Kiswahili although English is the official language. Most people speak at least one of these as well as their own local language. There are many religious groups in Kenya. African traditional religions are widespread as is Christianity, which was spread by missionary groups in the 19th and early 20th centuries. Islam is particularly well established along the coast; the Kenyans of Asian origin are predominantly Hindu (Mondo, 1990).

Education has been strongly supported by the government and the majority of children go to primary school, which is free; however, in many instances, the children are responsible f

buying their own supplies and books. The adult literacy rate increased from twenty percent in 1960 to fifty percent in 1988 (Government of Kenya, 1989). After primary school the educational system becomes highly competitive and few of those who go on to secondary school gain admittance to the universities and colleges. Males are given priority over females for receiving education (Third World Editors, 1990).

Most of the urban poor in the developing world lack access to state built or subsidized housing and are forced to seek their own alternatives. In many African cities, a large supply of cheap rental accommodation houses the majority of residents (Brydon & Chant, 1989). However, in the bulk of Third World cities, people have been forced to build their own shelter on land acquired illegally around the urban periphery, and is referred to as "irregular" or "self-help" settlements. Their inhabitants not only lack official title to land, but also basic urban services such as piped water, sewerage, streets, pavements, electricity and rubbish collection (Pryer & Crook, 1988). In 1983, it was estimated that 33 percent of the population of Nairobi, Kenya were living in slums and irregular settlements (1988). There are unquestionably high social costs involved in living in sub-standard shelter characterized by overcrowding, little protection against the elements, and extreme discomfort. Women bear the brunt of these costs due to their frequent confinement to the home and their responsibility for the bulk of domestic labour.

When basic urban services such as water, sewage and rubbish collection are missing, a considerable amount of time and labour is added to women's domestic chores as they attempt to maintain minimum levels of hygiene and welfare. The irregular settlements and slums are very poorly served with transport, commercial and educational facilities, and women accompany their children along daily trips outside the neighbourhood in order to attend primary school. In most cases low-income women contend with a very heavy load of reproductive labour, yet receive virtually no recognition or assistance from the state (Brydon & Chant, 1989).

While participating in the everyday lives of Kenyan people during data gathering, the importance of spending time in the environment of the partners who were involved in the project was significantly highlighted. Politics and the economy have a significant impact upon development planning. One can only gain a true understanding of the socio-cultural impact of this situation by participating in the society of those with whom one is forming the partnership.

Health Care Systems

Kenya has a pluralistic system of health care composed of traditional healing, western bio-scientific medicine and primary health care. Prior to European settlement, traditional medicine in Kenya exerted powerful political influence on the conduct of public as well as private affairs. Under missionary influence and repressive political policies, colonial administrators prohibited ancient healing practices, denouncing them as pagan and primitive (Ulin, 1980). A western model of institutional medicine, introduced by the Europeans at the time of colonialism, was imposed upon the country. The approach of bioscientific medicine is "curative" which means it is technical and pharmaceutical based. This form of medical care is very expensive to administer and maintain.

Faced with the inherent conflict between political forces and the weight of tradition, the traditionally oriented individual learned to differentiate between those systems which responded rapidly to the impersonal, mechanical intervention of Western medicine and those which seemed only to yield to the more personal, culturally rooted ministrations of the traditional healer. Because most Africans made these pluralist distinctions, traditional healing was able to survive what some might view as its dark ages (Rappaport, 1980; Ulin, 1980).

Had Europeans actually replaced indigenous healing systems with equally accessible and effective health services, the history of health care of modern Africa might have been written

quite differently. As it was, colonial efforts to control disease produced a health delivery system that bore a striking resemblance to the European system. Large urban or centralized hospitals, staffed by Western-trained personnel, were incongruous on the African continent, where widely dispersed populations and almost non-existent transportation links made this kind of health care inaccessible to all but a few (Ulin, 1980).

The traditional healer in Africa is represented equally by both genders, with approximately fifty percent of the healers being women (Achterberg, 1991; Ulin, 1980). The healers are recognized by their own and, often, other communities as competent to provide health services, using plant, animal and mineral substances, as well as other methods based on their social, cultural and religious background. They also utilize the prevailing knowledge, attitudes and beliefs in the community about physical, mental and social well-being, and the causes of a disease and disability (World Health Organization, 1983).

When designing a curriculum dealing with health, it is necessary to acknowledge these various healers, beliefs and approaches to health care, since health care professionals will frequently be working with the same clients.

As well as traditional healers and western bioscientific medicine, Kenya's health system also includes Primary Health Care, introduced at the Alma Ata Conference in 1978. The Alma-Ata Conference Joint Report for WHO and UNICEF defines Primary Health Care as:

...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford, to maintain at every stage of their development in the spirit of self-reliance and self-determination.

These three systems differ significantly, beginning with the basic fundamental philosophical beliefs, and are grounded in differing paradigms of thought. Each system has

different ways of "knowing" about health, different "experts" and different beliefs and values. A chart has been drawn up by the investigator, which outlines a comparison of these three health care systems, APPENDIX Fi & APPENDIX Fii.

The health of the women in Africa cannot be separated from the political economy of the country. African women experience a multiplicity of health problems as a direct consequence of the impact of large political and economic forces on their lives (Turshen, 1991; Parpart 1985, 1986). The broad issues that affect women's health include war and revolution, the economy and work, population growth and demographic controls, health services and disease control programs. There are many specific health issues which need to be recognized and addressed when considering the health needs of African women such as nutrition, auto-immune deficiency syndrome (AIDS), occupational disease and birth control.

Approaches to women's health within contemporary feminist theory include two major schools of thought. One emphasizes the psychological development of women and the other the material conditions that determine gender differentiation. The theorists (Gilligan, 1989 ; Mitchell, 1989), who represent the psychological development of women, hold that women are subordinate to men because of the different early maternal experiences of male and female infants, and because mothering is conditioned by patriarchy and sexist social attitudes. They maintain that complex family dynamics in early childhood, condition women to be submissive and trains men to dominate. These theorists emphasize biological aspects of women's experience such as pregnancy and childbirth. The social psychologists of gender noted above, maintain that women's poor health stems from the subordination of women in patriarchal/capitalist societies, and that poor health care is delivered by a medical corps dominated by men with sexist attitudes who apply medical theories developed by male thinkers in economies oriented to profit-making (Turshen, 1991).

The theorists who represent the materialist viewpoint, hold that women become subordinate as a result of the interaction between the way work is organized and the way society is reproduced, a process that creates social hierarchies of race, class, and gender. For example, women are restricted differently in agricultural, industrial, and pastoral societies. These theorists who take a materialist viewpoint see women's health problems as socially constructed or economically determined. As noted also by Turshen (1991), women's ill health reflects both men's continuing domination of women and changing economic relations such as new sexual divisions of labour, new forms of production, and changing conditions of reproduction. Political economists of health say that social relations of production and forces of production determine general levels of health and health services for men and women, but women's health is additionally affected by gender relations within the social relations of production as well as by the conditions of reproduction, which include the availability of maternal health services (Turshen, 1991; Mosher, 1989).

When considering the sociocultural factors related to the transfer of knowledge, it is vital to consider the political economy of the environment of the partners concerned and the influence of politics and the economy as they relate to women's health. The first condition for women's health is peace, since personal security is necessary to preserve the material gains of their labour. The second condition is food security and the third condition is gainful employment (Cliff, 1989).

There are four main categories of women's paid employment in Africa (Turshen, 1991). These include work in the agriculture sector which is by far the largest category, public sector jobs in health and education, domestic work and trading.

Reproductive labour, which is also unpaid labour, is a major area of concern for women's health which must be considered within the sociocultural factors in the transfer of knowledge.

The rate at which women pay for their lack of control over biological reproduction differs significantly in industrial and underdeveloped countries. Childbirth complications are among the five leading causes of death among Third World women (Brydon & Chant, 1989). The reasons for high rates of maternal mortality are manifold. Aside from poor diet and unhygienic living conditions, women's general health suffers from repeated pregnancies and/or prolonged breastfeeding. It is also estimated that around two-thirds of pregnant women in developing countries and half of the female population of the Third World as a whole are anaemic.

Anaemia is closely associated with poverty, particularly poor diet, and is more common in women than in men (Brydon & Chant, 1989). It is widely noted that men receive first choice of the family's food in low-income households, and spend much of their earnings outside the family; as a result women have far lower levels of nutritional and calorific intake than their male counterparts. Problems associated with general living conditions and diet interrelate with poor standards of maternal health care, to produce a very dismal profile of women's health in the developing world (Brydon & Chant, 1989).

African maternal mortality numbers, which are the world's highest, range from 1,500 to 2,000 per 100,000 live births, and these figures refer only to deaths in hospitals and medical institutions. Maternal mortality rate in the industrial countries of Canada is 2 per 100,000 live births (Adamson, 1989). It is highlighted that the regulation of reproduction has been predominantly through male-dominated social institutions of marriage and kinship, with the controversy within this reproductive realm being how many children to produce and who shall have rights to them (Stichter and Parpart, 1988). Policies which affect women's health and occupations are of significance, when noting the socio-cultural factors.

Where government health departments fail to cater adequately for the needs of the poor, it is important to note the extent to which women provide back-up support and/or suffer the

consequences of medical neglect through their familial role as caregivers. In rural communities where access to medical advice is inaccessible or difficult, the women in these communities are both the "gatekeepers to" and "caretakers of" health, detecting and treating symptoms, and making important decisions about whether to consult more specialized experts. Obviously in rural areas, distance from health services is a major reason for the low utilization of formal facilities, but even in cities, especially in peri-urban slums, inaccessibility along with high costs means that many of the poor do not consult a doctor and instead fall back upon women in the household for care, treatment and support (Brydon & Chant, 1989).

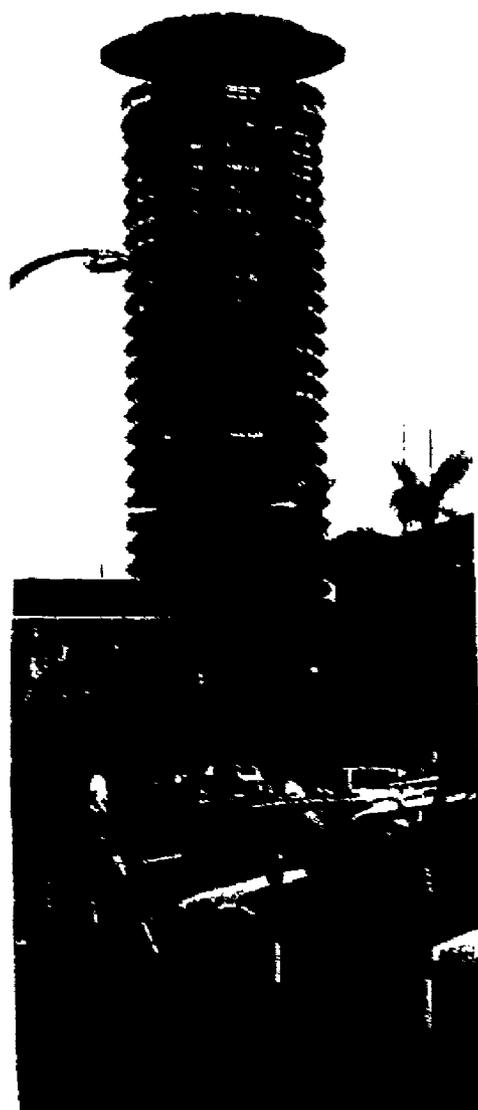
The brief overview of Kenya, as presented above, relates to topics which will be further explored in the data analysis, and sets the scene for discussion around the case study. The focus is narrowed to content of relevance to the transfer of knowledge and the socio-cultural factors involved with this process.

The section which follows presents analysis of the research conducted in Kenya and includes the voice and perspective of the partners who are involved in the initial stages of the development plan being proposed. As part of the process of gathering and analyzing the data, the investigator attends to the knowledge which seems to be implicit and attempts to make this subjective knowledge explicit. The metaphor of culture as the "silent language" has been used to refer to traditions and conventions which are silent in the sense that they are often unconscious; however, people are unconsciously guided by rigid and pervasive beliefs and traditions (Peacock, 1985; Hall, 1959). These taken-for-granted premises are part of one's culture - the "tacit knowledge" by which one lives in the world (Mattingly, 1991; Peacock, 1985). According to Parry (1984), the tacit knowledge within "value orientations" are so ingrained in the culture that they seem self-evident, but dissonance can occur when these orientations contrast with the values of individuals from other cultures. A chart of the scope of value orientations (Brink, 1984) is

presented in APPENDIX H.

The categories of data analysis will be presented from a descriptive perspective, drawing upon analogies from photography. As noted earlier in this thesis, photography deals with perspectives and perceptions and is sometimes referred to as "writing with light" (Harvey, 1994). As an avenue of expression, this visual medium gives one the opportunity not only to record reality, but also to interpret it. The photographer perceives the world in motion, as a continuum, yet is enabled to stop time, to freeze and capture moments on film. Similarly, gathering data through qualitative methods allows the researcher to focus in on a culture, record what is observed and experienced, capture these moments in writing and later present a narrative of the experience in descriptive terms.

THEME ANALYSIS (I)
DOUBLE EXPOSURE : PARALLEL WORLDS



Theme Analysis - (I) Double Exposure : Parallel Worlds

This theme deals with the relationship between self and society. The issue relates to the relationship of the individual with society and the values and interests which guide these interactions, as individuals enact their life roles appropriate to the societal/cultural rules and norms.

This section refers specifically to recurring themes which emerged from the data and which relate to (1) the interaction of people in their environment and the manner in which they "relate" and "identify" themselves as distinct from or similar to others, (2) the dominant values and beliefs which guide these interactions and (3) the significant life roles which emerge in these interactions. The focus of the discussion will be in relation to aspects of the data which have socio-cultural implications for the exchange of knowledge between the post-secondary curriculums.

An emerging theme throughout data analysis related to comments and observations which reflect an aspect of the Kenyan society which appears to be "in transition". Many of the respondents note that they feel influenced by both their strong traditional/cultural beliefs and values as well as those of the western society. This conflict is expressed in the context of professional interactions and values, family values and gender concerns. Their adherence or lack of adherence to their traditional values and customs and the shift in values in ways of relating to others in their society are frequently noted as an area of concern.

The informants frequently comment on the strong influence by western values and the "modern" lifestyle on the Kenyan society as well as being strongly influenced by traditional values and the traditional way of life. As noted by a key informant:

Sometimes, I feel caught between two worlds. There are the strong traditions and ways of life of my family at home in the country pulling me one way and yet I have other viewpoints as a result of my education and living in the city. Sometimes, I'm not sure where I belong (K.1., FN. # 27).

When discussing the universal questions regarding the nature of defining self in relation to society, the western/European culture promotes the idea of individualism and teaches us to distinguish self from other; self is a discrete, bounded entity. This is the assumption of individualism, that the individual is the basic reality whereas society is a construct (Hobbes, 1968). Alternatively, Emile Durkheim (1938) argues that basic reality is society and not the individual.

These two diverse schools of thought identify the opposing values with regard to the needs of self and the value of independence vis-a-vis attending to the needs of the group and therefore promoting the value of interdependence. The dominant values of each society serves as a guide for choice of action for each society. These two values of independence and interdependence guide many choices which impact upon the daily lives of individuals and the community. These values must be understood with respect to their power in guiding socio-cultural beliefs and subsequent action.

It was explained by two of the key informants that the "traditional" person defines themselves according to their lineage and ancestry. These same informants noted a difference in western society where a person defines themselves within terms which focus upon personal self-identification. As an example, it was (amusingly) noted by a key informant:

I would never call the man I married "my husband"... we don't think like that. He is "the father of my children" (K.1., FN. # 35,).

It is noted by Bell (1968, p.195) that in the modern westernized society, one defines oneself as, "I am I, I come out of myself, and in choice and action I make myself". This change in identity is the hallmark of our own modernity. For the person in the western world,

experience, rather than tradition; authority, revealed utterance or even reason, has become the source of understanding and of identity. Experience is the great source of self-consciousness, the confrontation of self with diverse others (ibid., 1968).

Insofar as one makes one's own experience the touchstone of truth, one seeks out those with whom one has common experience in order to find common meanings. To this extent, the rise of generationism and the sense of generation, is the distinct focus of modern identity, which has also been termed "identity crisis". From a sociological viewpoint (Bell, 1968), the idea of reality is a confirmation by "significant others." Traditionally, graduation from school is a confirmation in a new role and a new status. When a person is confirmed by others, there has to be some sign of recognition. All cultures have their rules, symbols and ceremonies to confirm the "reality" of these various events. During interviews one of the respondents noted that:

It is not necessarily a good idea to stay with old traditions... they are often bad for your health and even life-threatening. There are matrimonial and funeral ceremonies which are oppressive to women, like when the women had to be buried with their husbands, alive. In the past, our ancestors had little choice but to do as they were told - they were threatened if they refused... but now many of the women our age have been shown other ways of thinking and we know... we do not go along with many of the traditional customs and rules (FN., # 36).

Reality breaks down when the confirming "others" have lost their meaning for the person seeking to locate himself or to find a place in the society. The sociological problem of reality in our time, arises because individuals in the modern society and in many traditionally-based societies who are in a period of transition no longer follow inherited ways. They are constantly faced with the problems of choice with the choice of careers, styles of life, friends, and political representatives. For the mass of people, this is something new in social history. The change from "family and class" to "generation" as the structural source of confirmation thus creates new strains in identity (Bell, 1965). This in turn, reflects a shift in value orientation.

It was noted by a key informant that the two most influential factors in making the shift

away from his ancestral lifestyle and beliefs was the acquisition of a formal post-secondary education training and the acceptance of the Christian religion. A family member of a key informant noted that:

In school we learned only english literature and english history. We were given the impression that our own country was worthless. At the time, I didn't think much about this. It was only after independence, that we even started to consider our own history and recognize the achievements of our own people. It is difficult to find books about Kenyan history (FN. #72).

When transferring theoretical principles, the partners will work together to conduct an analysis of the values and subjective knowledge which are implicit within the theoretical framework and the manner in which these are congruent with the society in which they are to be integrated and applied. The literature used in the curriculum and the case studies cited for use as examples of professional practice must all reflect the reality of the society in which the practice will take place.

The theme of "parallel worlds" also refers to the social dynamics of the individual as they relate to society within their various roles. The concept of role was developed in sociology as a way of explaining the relationship between individual behaviour and social order and is viewed as the behaviour expected of the occupant of a given position. Roles consist of expectations, or beliefs about what behaviour is appropriate for a person. By socializing the individual into culturally determined roles, society ensures that the individual's behaviour will meet societal needs as well as individual needs (Ionnone, 1987).

Individuals may exhibit difficulties when they do not have roles which provide them with a sense of identity and which therefore guide their behaviour. Individuals may experience difficulty when they do not internalize appropriate role expectations, and when they experience role conflict, or an overload of life roles (Ibid., 1987). A further challenging and difficult situation can occur for individuals if their surrounding environment is being organized or

"developed" by someone from another culture and who is attempting to impose their own cultural values with respect to appropriate role behaviour. This situation is known to occur with international development planning. The result may be a disruption in occupational performance if there is a conflict between the manner and timeliness in which the individuals in the developing world wants to carry out their expectation of the role and the method being imposed upon them.

When discussing problem-solving strategies with one of the key informants, with regard to developing the international linkage program, one of the key informants commented that:

Here at K.M.T.C. we may not always be able to get the work completed as quickly as others would like it done. There are all kinds of interruptions.... which means that we can't always meet others expectations. Even for the practicum (fieldwork) experience, I would like to get out to meet with all the students and their supervisors, but there is the problem of transportation, cost and availability of faculty. There may be times when it will take longer to do all that is expected in the "project" too (K. 2, FN. #53)

In preparing to integrate theoretical principles into another culture, the roles of the people in that society must be understood. In every culture people share many of the same roles but there is a variety of behaviours and actions for expressing and fulfilling these roles. In considering the cultural factors in the transfer of knowledge it is of utmost importance to understand the primacy given to specific important roles and the cultural variation on occupational roles.

Because of the expansive nature of the topic pertaining to "roles", this study focuses upon pertinent roles with respect to those who will be involved in the teaching/learning process and the client-centred process of practice of the fieldwork component of the project, including those directly involved with the client. The roles which were explored in this study include the role of the family involved in the client centred process of practice, the role of the traditional healer, the role of the person with a disability, and the role of the student and the therapist during the practical fieldwork experience. It is acknowledged that gender roles substantially influence occupational roles and is a significant issue in the profession of occupational therapy. As such,

the role of the male and female occupational therapist is explored with respect to the educational curriculum and influence of gender on practice.

Role of the family in the client-centred process of practice. The expectations of the role of family members who have a family member with a disability varies between cultures. In general, the family and the community members are intimately involved in the successful integration and acceptance of the disabled person into the home and the community.

When conducting interviews with persons in Kenya, it was noted that the family and the familial roles are usually the core of their thinking and behaviour and is the centre from which their view of the rest of the world extends. It was noted that a feeling of importance as a family member and interdependence are developed from an early age. A study by Iannone (1987) with Hispanic families demonstrated similar findings in which much of the individual's self-esteem is related to how s/he perceives and others perceive her/him carrying out these assigned family responsibilities.

During data gathering, the investigator became aware of the extensive hours of work performed by women in that society. The multiple roles of women in Kenya include those involved with production, reproduction, and provider for the family. It is also women who address the health needs of the family. It was noted and highlighted by the Kenyan women that the roles available to women are altering due to economic pressures, increased urbanization and exposure to other cultures, especially via the media.

When discussing the role of the family within the context of culture, it has been noted (Hardy & Conway, 1988; Iannone, 1987) that while many societies stress commitment to hierarchically structured social groups such as the family, traditional Anglo-American values stress individualism, self-reliance and independence in which more emphasis is placed on meeting individual needs rather than group needs. Historically, interdependence has been highly valued

by the Kenyan society. The value of "independence" and "interdependence" are very relevant to the content and the context of practice in occupational therapy.

A socio-cultural factor which emerged as one aspect of this theme is the involvement of the family and community members in the clients' program in occupational therapy. It was stated by two of the students involved in the fieldwork teaching/learning experience that:

The family is initially involved in the data gathering and they give information regarding the client's disability. They also help in the identification of the client's problems. By the end of therapy, the client is expected to go back to his or her community as a productive member. The community's view about disability will affect the client's response to therapy. The community participates in this program by showing a positive attitude towards the client's disability (Q8.st.m.xxvi).

The family is normally involved because the family's needs should be met, for example, the patient may be married, so he needs to take care of his family, so their needs must be considered in treatment planning (Q8.st.f.xxvii).

Assumptions cannot be made without further extensive research about work, household composition, education level of household members or roles within a household, as there is likely to be great variation. These features of household organization need to be explored when investigating the role of the family. Looking at the family as an interdependent unit suggests that the concept of self-responsibility for health requires some modification in certain contexts. It is important to recognize that beliefs attached to non-health outcomes, such as the functioning of the household, are unlikely to take precedence over health beliefs in shaping health action (Dyck, 1993).

There may be a conflict in cultural differences regarding the client/family roles and perceptions of dysfunction and duty. For example, it was explained that in Kenya, the women are often expected to completely accept the role of caregiver if a family member becomes ill or disabled. Emphasis on familial needs and roles rather than individual ones have implications for occupational role concepts and have significant implications for consideration when identifying factors which are relevant to consider in the transfer of knowledge.

Role of the traditional healer. The theme of "transition" and parallel worlds also relates to various approaches to health and wellness including western medicine, primary health care and traditional healing methods. Because the occupational therapist may be working with the same clients as the traditional healer in Kenya, it is necessary to have an understanding of their role in the health care system. A key respondent commented upon the role of the traditional healer noting that:

The traditional healer is often the first person that people in the country will go to if they need help. There is usually a healer in every community and it is affordable since you can bring some vegetables from your garden or a chicken, as payment (K.3, FN. # 30).

As noted by an occupational therapist:

There are times when a person may feel uncertain about what to do....the traditional healer will tell them to do one thing while the occupational therapist may advise another plan. Traditional beliefs and customs are hard to change...(F.N. # 45).

The recent policy by the Kenyan Ministry of Health (Five Year Plan: 1987-1992), states that the traditional healers will be recognized and acknowledged as health care providers and will work in collaboration with medical doctors and health professionals. With the transfer of knowledge, the partners will become aware of the discrepancy in value systems which relate to concerns of each of the partners in the development process. The manner of dealing with these concerns will have to be agreed upon by the those involved.

Role expectation for persons with occupational dysfunction. It has been proposed that culture is the shaper and definer of roles (Ionnone, 1987). Since a frequent goal of occupational therapy is to assist persons with disabilities to reintegrate into society as functioning members, occupational therapists need to know how each society defines and views culturally meaningful roles in the community and how their culture views disability in relationship to these roles. In the transfer of knowledge within an academic program being described, those in the partnership must understand the ways in which the environment is prepared to accommodate and assimilate

persons with disabilities and to know what the role expectations are for the disabled persons.

The theme of parallel worlds relates to the topic of disability when viewing the contrast between the two societies of Kenya and Canada, the similarities and differences in developmental stages of those who are disabled and the degree of accessibility of the environment. A key informant commented on the nature of disability between the two societies of Kenya and Canada and stated that:

In Kenya, almost half of the people we see with disabilities are children, whereas here in Canada you have many more old people with disabilities. We (occupational therapists) do what we can ... so that children are able to attend school. Even getting them there is a major problem (K.1, FN. #63).

It was noted during participant-observation that the environment did not appear to be designed for those with a mobility impairment. When contrasting the surrounding environment of the urban dwellings in Canada and in Nairobi, Kenya, there were very few signs in Nairobi indicating "accessibility" to buildings. The content of the agenda of the XIIth World Congress of Rehabilitation dealt with the issues of ease of accessibility for those with disabilities - ease of access to the work place, to a "voice" in government policy, further opportunity for involvement at the community level with respect to housing, transportation and social services such as health, education and financial assistance. The speakers at the World Congress noted above, who themselves experienced physical and mental disabilities stated their frustration at the lack of opportunity to participate in daily occupations as equal citizens and they expressed resentment at being "marginalized". The participants stated a need for significant changes in their society to bring about policy and attitudinal changes which would give them a more "normalizing" place in society.

The implications of the role expectations of the disabled, in the theoretical knowledge being transferred will be implicit within the philosophy of the theoretical knowledge being transferred. Occupational therapy promotes the ideology of an inclusive community and a

meaningful quality of life for all members of the community. The Kenyan partners must decide how this knowledge and these beliefs are applicable to their own environment.

Role of the student occupational therapist as teacher/learner. The fieldwork experience is a teaching-learning process. Both the supervisor/preceptor and the student accept the role of teacher and learner. When participating in the fieldwork experiential learning, there appeared to be a high level of agreement between the way the student perceived her/his role and the perception of the therapist. When asked to comment on the role of the student occupational therapist and the role of the supervisor with regard to the teaching/learning experience of fieldwork education, the following comments were noted:

The role of the student occupational therapist is to put into practice the principles and knowledge learned in theory class as well as learning from the supervisor how these principles are practised. The role of the supervisor is to teach the student how to apply the knowledge he has learned in theory (q12.cl.m.xviii).

During fieldwork education both the student and the supervisor learn a lot from each other. The supervisor helps the student to build self confidence in the fieldwork and the student deliver some new knowledge to the supervisor since occupational therapy is dynamic hence students have more new skills than the old therapists (q12.st.m.xvi).

There is a high level of concurrence between the perceived role of the student and the therapist in the fieldwork experience at K.M.T.C. and the fieldwork experience in the Dalhousie School of Occupational Therapy in Canada. In the Dalhousie University program, the supervising therapist is viewed within a model of coaching and the sense of collaboration and partnership is promoted. The students are given an opportunity to conduct a self-evaluation as one component of the student evaluation and they have a voice in deciding the final outcome of their evaluation. K.M.T.C. has requested the Dalhousie fieldwork program to offer a similar fieldwork program for the students and supervisor/coach in the Kenyan program.

Gender roles. While gathering data, disparity between the two worlds of traditional attitudes toward women vis-a-vis attitudes relating to equality and lack of equality, were very

apparent.

Gender roles are strongly influenced by cultural values and beliefs. It is acknowledged that the culture of any society strongly defines the roles and occupations relating to gender. There are degrees of gender-specific occupations in each society. In Kenya, occupational therapy has been a male dominated field, whereas in most western countries, including Canada, the majority of occupational therapists are women. An affirmative action program to recruit more women into occupational therapy has already been introduced at K.M.T.C. The current plan at K.M.T.C. is to raise the female intake to two-thirds. Although the current male:female ratio of qualified occupational therapists stands at 5:1, the plan in the linkage project will support equal numbers of women and men, in effect giving a preference to women. Women are primary beneficiaries of occupational therapy programs directed towards improving productivity of people with disabilities as women tend to be the primary caregivers of disabled individuals. Through occupational therapy intervention, women with disabilities and women caring for children with disabilities are freed for increased participation in an enhanced quality of life.

The gender roles which were explored in this study relate to the representation of males to females in the profession of occupational therapy. The following question was posed to the practitioners, the faculty and the students.

It has been noted that the gender ratio of Kenyan occupational therapists is 5 to 1, males to female occupational therapists. In Canada, this ratio is reversed where there are approximately 5 to 1, females to male occupational therapists. Can you comment on the implications of gender for the profession, with relation to client care, research, academic and administrative positions, and/or any other areas you would like to comment upon?

The response to this question ranged significantly from a response of denial of a gender issue to recognition of the need for gender equality. The responses include some of the following statements: Denial was expressed by both genders. The first statement is a quote from a female, the second from a male.

I do not think gender issue has got anything to do with occupational therapy. However in our country Kenya, more boys go to school than girls. A girl is a lesser child in the African traditions and is considered last in everything (q20.cl.f.ix).

The gender issue is not a problem in Kenya since most of the sectors are dominated by male. It is only in cases where the mode of treatment might not be comfortable for a client of a particular sex, then we call the appropriate sex to take over (q20.fac.m.iv).

Some responses minimized the role and status of females, with both statements below being quotes from males.

Our African culture has been tending to care more for boys who are said to be the backbone of homes unlike girls who would get married. This has caused boys to get more opportunities for education and hence what you have observed (5:1). With urbanisation this trend is slowly changing although it is still with us (q20.cl.m.vi).

Most ladies do not really like manual work which is the order of the day in O.T. training and practice.

Ladies are also known here to shy away from careers that are male oriented (q20.cl.m.xvi).

There were statements reflecting an attitude that males are basically better for the job, all statements are from males.

... women being caretakers of homes you find that they are not as aggressive or effective as their counterparts men (q20.cl.m.viii).

According to African culture, males do better in areas of physical disability and psychiatry. In paediatrics, females would do better as mothers would expose more problems to a fellow female. However, males are trying their best on this area (q20.cl.m.xvi).

In the area of research males would do better as it may require them to be out of the home. In our culture, females should at least be at home everyday.

In academic and administrative positions males do better on this area as they are not tied at homes by their children. Continuity of work is easy for men as females at times transfer to join their husbands (q20.cl.m.xvi).

There was also a recognition of the need for gender equality, the first quote from a female, the second from a male.

Basically women clients may be more ready to communicate intimately with female therapists and vice versa. Thus the need for equal distribution of the sexes. This will also enable us to reach out efficiently to all people in the community during community based treatment. This will ease tension during research where both male and females are equally involved. This will give a good future to the profession as the male will encourage fellow males into the profession and vice versa and stamp out ideas like "O.T. is a total male affair"(q20.cl.f.x).

In terms of performance both female and male Kenyan O.T.s are more or less equal in competence. The only difference is the rate at which some female O.T.s take maternity leave. It may affect the service (q20.cl.m.xi).

A strong gender association with occupation was highlighted and a delineation of tasks was discussed with respect to gender, the first statement by a male, the second by a female.

The gender issue does not play any major significant role in Kenya except in areas where the mode of treatment might call for some activities which are culturally taken to be used by males and are being instructed by a female and vice versa (q20.cl.m.x).

The implications of gender for the profession with relation to client care has shown markedly especially in paediatrics where female do quite well, most males have little interest in working with children. However males have done very well working in areas like Burns unit, orthopaedic unit and hand clinics and so on, where they are required to make a lot of aids and splints. Even in psychiatry they prefer to be in certain sections, for example carpentry and not the kitchen. In research, academic performance is the same, though in administration from my experience the females have shown a better performance especially in selling the profession, uplifting occupational therapy as a profession, and in general management (q20.cl.f.vii).

Such a range in the perceptions and attitudes towards gender roles within the profession, indicates the need to attend to this issue in the transfer of knowledge. Development planning which strives to incorporate the socio-cultural factors of each society must reflect the needs and concerns of everyone concerned, in that society. The effect of the persistent denial to women, of full equality with men, sharpens still further the challenge to effective development.

When addressing gender issues relating to socio-cultural factors and the transfer of knowledge, the partners will want to familiarize themselves with the general domains of concern and how these concerns relate specifically to the society in which the knowledge is being integrated.

A woman-centred definition of health begins with a redefinition of woman's place in society, which requires a reexamination of women's access to paid employment, political participation, and education. It involves changes in household decision-making patterns, as well as changes in women's access to labour. As well it entails calling into question dominant ideologies such as religion, and the codification of conservative traditions in legislation and in family policy (Turshen, 1991). This includes repealing laws from the colonial legislation which control women's age of majority, access to and conditions of paid employment, freedom of movement, access to education and technical training, and access to contraceptive information and devices (ibid.,1991). As noted by Roxana Ng (1993, p.37),

sexism and racism are power relations that have crystallized in organizational actions in which we are implicated by virtue of our membership in institutions. We are not and cannot be exempted from them. To see sexism and racism as systemic, then, is to understand that power dynamics (including forms of inclusion and exclusion) permeate the settings in which we live and work. Knowing how these dynamics work is a first step in eradicating sexism and racism.

The disproportion of males to females being admitted to the K.M.T.C. Occupational Therapy program is a necessary issue to address. As a result of the initial contact between the Director of the School of Occupational Therapy, Dalhousie University, who initiated the linkage project, with the Director of the program at K.M.T.C., the policy toward a more equal gender distribution has been put in place. However, along with the change in admission policies regarding educational equity for females, there are other related issues which must be examined which focus on issues of recruitment, admission criteria, and retention. This would also necessitate the issue of "gender" being included in an evaluation of the educational climate in which these students are taught and the curriculum being developed at the academic level.

The scope of the topic of gender related issues in relation to knowledge, to power and to the influence of the political economic situation, is too expansive to cover in this thesis; however, an attempt is made to identify some of the issues which one must be alerted to, in

investigating the socio-cultural factors related to this important topic. The socio-cultural organization of gender influences every activity/occupation within that society and must be understood before planning international partnerships.

In summary, this theme of parallel worlds has identified socio-cultural factors relating to the values in traditional societies and those in the western societies as they relate to this study. This theme relates to roles and role expectations of the person with a disability, family members, health practitioners, students and supervisors in fieldwork, and gender roles. These roles are identified as significant factors in the transfer of knowledge. The implication of these roles must be examined when designing the linkage project.

The following theme presents the significance of the concept of "temporal adaptation".

Theme Analysis - (II) Time Lapse Photography : Automatic Exposure Bracketing

This theme relates to temporal orientation/the concept of time.

In time lapse photography, images capture the gradual unfolding of an event over an extended period of time with each phase being recorded in increment steps. Automatic exposure bracketing refers to the option which allows one to take three pictures in quick succession to record a fast paced event. These two approaches to the use of time when taking photographs produce dramatically different outcomes.

Temporal orientation can be described as the way in which an individual interprets and views his or her own placement in time; it includes the degree of orientation or concern with past, present or future and beliefs about how time should be used (Kielhofner, 1995).

Each society also decides how they will organize themselves around the concept of time. This topic of temporal orientation, the orientation to time, use of time and perception of time, highlights the diversity in interpretation between cultures.

Our western world is a society that has become future-oriented in all its dimensions (Peacock, 1985): a government has to plan for future growth; a corporation has to plan for future needs; the individual has to think in terms of a career. In effect, society has become mobilized for specific ends. Hall (1981), points out that for centuries the west has conceived of time as linear. Time is a line stretching between the past and the future, divided into centuries, years, months, weeks, days, hours, minutes, and seconds. Time is frequently viewed as a limited commodity, a valuable resource like minerals, for example, which must not be wasted but must be managed.

This way of thinking is embedded in our culture from many sources. It is in our language, which unlike many non-European languages, has tense; it categorizes experience in past, present, and future. It has been intensified for the industrialized nations by the machine

age, which forces us to mechanize, plan, sequentialize with precision. Western cultures have been taught this way of thinking in schools, which carry us through a sequence of grades toward graduation; by our proverbs, which tell us that time is money, that time waits for no man, that time should be saved and not wasted. We think this way without thinking about the way we are thinking. We take this way of thinking for granted (Peacock, 1985). This perception of time and the manner in which it differs between cultures has a powerful influence in international development. It is frequently the source of misinterpretation due to lack of understanding and/or tolerance of different values and perceptions of time on the part of both partners.

The notions of time are believed to influence both values and social ends. For example, when examining the concept of time within certain religious frameworks, the Hindu view time as a cyclical process as well as a linear view and an activity cycle, the Buddhists view time as endless waves, while Islam clearly has a linear view of time (Dube, 1990).

This investigator frequently noted the contrast between the way western thinking organizes time with that of the Kenyan people in the study. When walking to meetings, one of the key informants would frequently meet one of her colleagues, and would stop to visit for an extended length of time. She did not appear especially concerned about meeting time lines.

This value of social interaction was noted in all interactions - family situations, professional situations and high level political meetings. Along with this topic of organizing time is the concept of how we "frame" or describe how we spend our time. In the principles of professional practice (CAOT, 1993) followed in Canada, one of the areas of concern discusses the topic of a balanced lifestyle and the need for leisure. When asking two of the key respondents how they spent their leisure time, both responded similarly. As noted by the second respondent:

Oh, I don't really have leisure time. We don't even think of "leisure"
(smiling in amusement) ...that is just for the men at the golf club (K.2, F.N. # 49).

The impressions of the investigator are that many of the activities and occupations are embedded and the people in this study did not tend to categorize their time in a manner similar to our western society. The manner in which one categorizes and organizes time in relation to occupations would be an area to explore when discussing the cultural knowledge with the partners in the development plan.

During interviews with individuals in this case study, values toward time orientation varied, which also seemed to reflect the society in transition. The respondents who were still living a "traditional" lifestyle in the rural areas and who were relatively self-sufficient in their vocation such as farming and gardening, seemed to indicate an equal value of the past and the present, with both valued more than the future. Their orientation to time depended somewhat upon the cycles of the seasons for planting and harvesting their gardens or cash crops.

However, those who lived in the urban setting of Nairobi, and engaged in occupations which required attendance to a daily time table, a more rigid schedule and program planning for the future tended to be oriented to the present and future. When asked questions about their view of time, their responses indicated their respect for the traditional value of time in which people lived for the day and did not worry about planning a daily time schedule for the future. However, these same respondents realized that at times this is difficult to do, that one frequently needs to incorporate future planning into their use of time. Several key informants from Kenya noted that they would not like to become oriented to time in the manner that they perceived North Americans' spending their time. A respondent from the urban setting noted that:

In America, everyone is always running, always busy and has every minute of the day scheduled in. That is not for me (FN. #29).

In both rural and urban settings, the pace of life seems much slower in Kenya than in Canada with respect to the manner in which people take time to socialize with others. There is

a philosophy of placing a high value on time spent in social interaction ahead of productivity in the workplace. There are many variables which can impact upon an ambitious schedule of well planned activities. Transportation, social interaction with other people and the efficiency of institutions are common deterrents. When planning a transfer of knowledge, it is necessary to be aware of the many physical and philosophical factors which will affect the timing component of planning and scheduling.

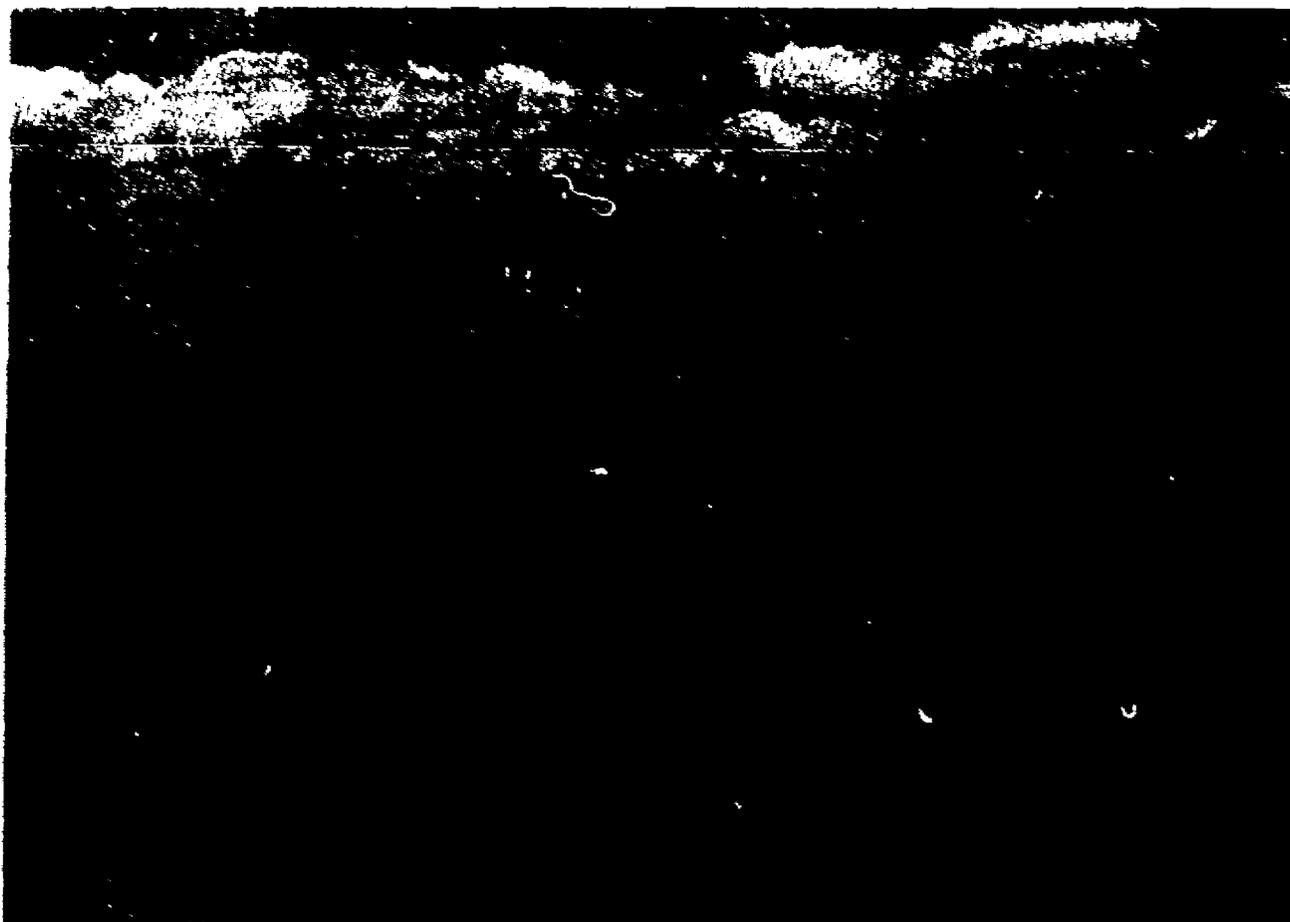
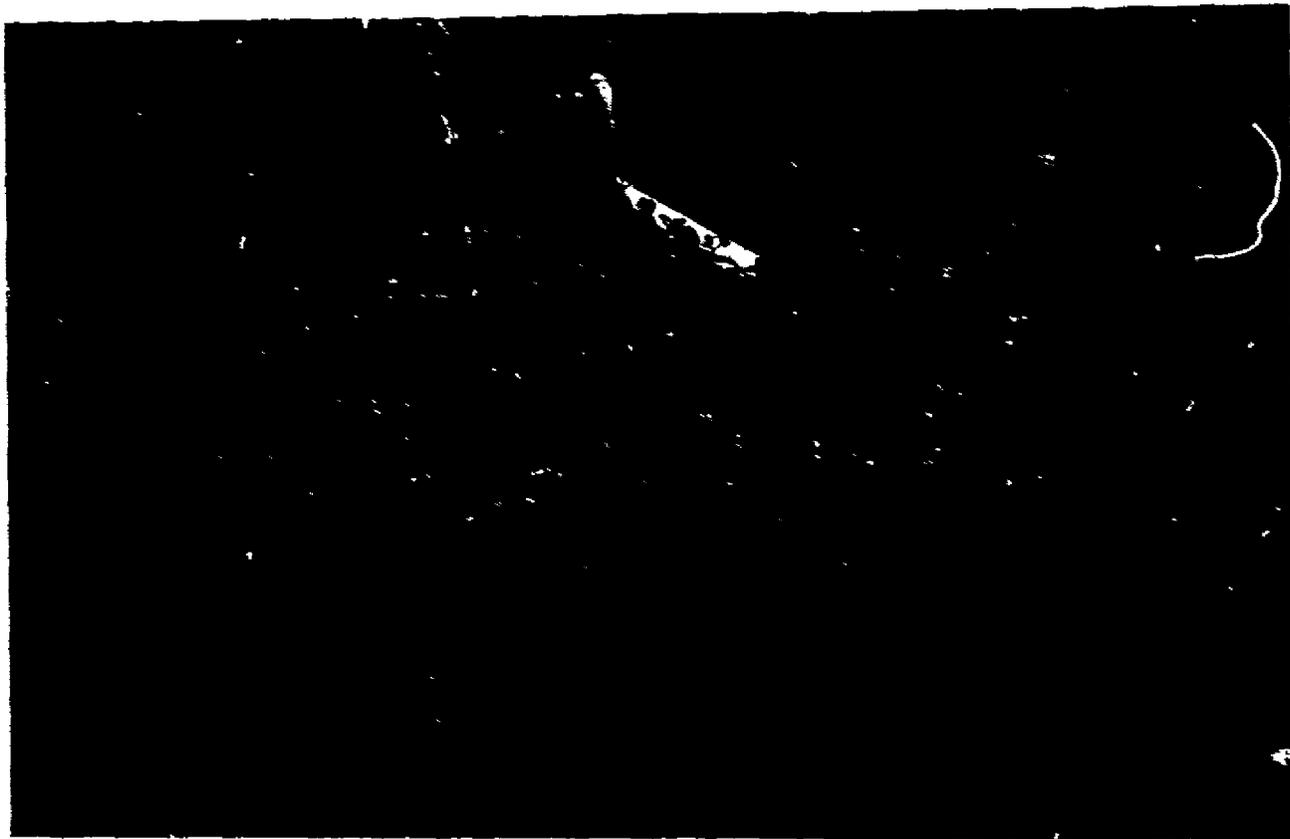
During the interviews, many of the respondents from Kenya shared beliefs which valued the traditional orientation of time but respondents were aware that circumstances are different for the people who are living in urban settings who demonstrated a more linear approach to time than for those living in rural settings. With the shift in migration to the urban settings the orientation to time is also changing. It seemed that the orientation and value of time is, in many instances organized around the "occupations" of people.

Occupations determine to a large extent, how close one is required to attend to a daily schedule, a seasonal schedule or a lifestyle that allows one to live for the day alone. Value and orientation to time seems to have a cultural as well as an occupational and personal influence. The socio-cultural implications for occupational therapy curriculum and practice is that the therapist must be acutely aware of the importance of the temporal adaptation of the client and the effect that this will have upon the program plan. This program plan needs to be consistently drawn up in collaboration with the client to ensure that it reflects their perceptions, their values and lifestyle.

The themes relating to value orientations and orientation to time are frequently noted as areas of concern in the exchange of ideas and project implementation in international development. Many projects have a specific timeline and misconceptions occur with respect to the use and value of time, from the view point of both of the partners involved. Misunderstanding are frequently perceived as lack of commitment to the project, lack of motivation or lack of leadership on the part of one or both of the partners. Brink (1984) has conducted research on the topic of time and value orientations with regard to various cultural perspectives, and is noted in APPENDIX H. This concept of time is a significant domain of concern in international development planning. Those involved in intercultural interactions must be sensitive to issues regarding time and value orientations. One does not attempt to impose or transfer specific values, however one must be aware of the scope of these value orientations.

The third theme emerging from the data deals with the nature of barriers and the influence of these obstacles when planning a linkage project involving faculty, clinicians, students and clients.

THEME ANALYSIS (III)
MACRO LENS : PANORAMIC VIEW



Theme Analysis - (III) Macro Lens : Panoramic View

The "struggle" to teach and the "struggle" to practice.

A photographer may view a magnificent panoramic scene but be unable to capture this view in a photographic image because of limited equipment or various other barriers of a economic, physical, cognitive-expressive and/or political nature. There are many barriers which may inhibit the achievement of successful outcomes.

This third theme relates to barriers to achieving the desired outcome, for occupational therapy students, faculty and practising clinicians. These respondents frequently spoke of the way they would like to teach and conduct practice but felt confined by the barriers and obstacles in the environment. K.M.T.C. faculty are familiar with the needs of the students and clients whom they serve; however, there is often a large discrepancy between the ideal teaching and practice situation and the reality itself.

Similarly, throughout the data gathering process, respondents discussed obstacles of a physical, economic, cognitive-expressive and political nature which prevent students, faculty and clinicians from achieving the desired outcomes of their roles as they relate to occupational therapy. These barriers impact negatively upon the ability of the respondents to perform and implement their goals and objectives for teaching, learning and practice situations.

Economic Barriers. Frequent mention was made of lack of funds and material resources which prevented clinicians, students and faculty from achieving their desired goals of competency in their professional roles. As stated by a clinician:

There is lack of funds - for especially community based programs where we'll need to travel and see clients in the community. The major issue is financial which makes the supplies of materials and equipment a big problem... There is also lack of adequate equipment in the centres of treatment.(q19.cl.m.vi)

Yes, there is ...lack of availability of challenging emerging techniques and lack of up to date literature (q19.cl.m.viii).

Students noted that there were economic barriers which affected their learning in the classroom and in the fieldwork (practicum) setting by stating that:

... there are several barriers. There is the lack of finances to buy equipments, lack of modern methods of treatments which are documented in textbooks like in Trombley's Occupational Therapy for Physical Dysfunction. There is also shortage of relevant books which limits the students' scope of learning. There is shortage of tutors hence a lot of time may be wasted, while waiting for one to be posted to teach or to follow student in the field. Rarely are students visited due to lack of funds during practical period (q19.st.m.xix).

Geographical barriers. Clinicians noted that there were barriers to practising in home care settings as follows:

I would like to practice domiciliary occupational therapy, and, take occupational therapy services to the entire community. We have a problem here in Kenya with communication. Sometimes vehicles are not available or the roads are very bad especially during the wet seasons (q19.cl.fe.ix).

It was also noted by faculty that it is sometimes difficult to monitor students during the fieldwork terms when they are placed in areas which are not easily accessible during the wet season.

Barriers of a political nature. Because politics and the economy are so closely linked, the lack of a political voice at the higher levels of government hinders access to sufficient funding, which decreases the occupational therapists ability to have control over adequate functioning of their programs. There are certain situations in which individuals feel that they have little control within their environment with regard to their lack of access to political decisions and policy-making. When asked about the barriers which prevent ideal teaching and ideal practice the clinicians and faculty also referred to the political situation at the local and national level and to the impact that this has on the occupational therapists' motivation and sense of control of their situation. It was stated by a clinician that:

...there is lack of proper O.T. administration in our country and lack of an O.T. vote in the ministry hence lack of funds. Due to lack of sufficient funds there is lack of materials hence it is very difficult or sometimes impossible to achieve some goals (q.19.cl.m.xii).

Personal causation refers to an individual's beliefs about his or her effectiveness and addresses one's perception of oneself as an actor in the environment and of cause-effect relationships.

Throughout life the individual becomes aware that his actions are affecting the environment and that he can create observable changes in the environment. Personal causation is thus a set of convictions about self that influences personal choices. An individual's sense of personal causation determines whether s/he expects success or failure and thus whether or not s/he will enact action (Kielhofner, 1995). If an individual feels externally controlled and unskilled, he or she may tend to avoid participation in occupations in order to avert failure, but will grow increasingly helpless and fearful. On the other hand, an individual who has a belief in internal control and skill will tend to seek out opportunities and to take calculated risks in order to achieve, which enable that person to learn and grow (ibid., 1995).

Whereas the term personal causation is frequently discussed within the framework of the individual, issues of power and control which are discussed at a societal level use a variety of terminology to identify these concerns, depending upon the theorist and the discipline. In international development studies, the theorists concerned with personal causation discuss this issue around "empowerment" and action research (Maguire, 1987), participatory development (Chambers, 1985, 1987), liberation and transformation through education (Friere, 1987), discourse analysis (Vaughan, 1991; Esteva, 1990; 1992), and a body of literature from feminist theorists (Brydon & Chant, 1989; Moser, 1989; Parpart, 1985; 1986). At the centre of these debates is still the issue of power and perceived control.

Throughout history, power has been largely interpreted as advantage enjoyed by several select persons or groups. In general, power has been an attribute of individuals, factions, peoples, classes, and nations. It has been an attribute especially associated with men rather than

women. Its chief effect has been to confer on its beneficiaries the ability to acquire, to surpass, to dominate, to resist, to win (Universal House of Justice, 1995).

Along with the issue of control is the politics of knowledge. On this same question of barriers to effective teaching/learning and to professional practice, a practising occupational therapist stated:

Community and administration view on occupational therapy treatment is still not up to date. The two believe or prefer and value medical intervention and have a low opinion of rehabilitative medicine. As a result of the above, O.T. clinics are not properly equipped (q.19.cl.m.xiii).

Theorists have referred to the political hierarchy of knowledge (Foucault, 1975; 1980) and Friere (1987), noting that some knowledge is given more value than others. Paulo Friere (1987, 1985) discusses the phenomenon in which some knowledge can not get recognized for its value unless it takes a traditional shape in one discipline or another. Friere (1987, 1985, 1972) promotes the philosophy of critical reflection as a strategy for the liberation of the oppressed, dealing with issues of how teachers should teach, and discussing conflicts between positions and persons and the underlying power-conflicts which sometimes occur. The approach of "critical reflection" on the nature of practice could become a useful strategy when promoting the role of advocate for the clients, which occupational therapists accept as one aspect of their professional responsibilities. The occupational therapist works in collaboration with their clients, frequently serving in the role of advocate for the client who is struggling against oppressive conditions. Although it was noted previously that one partner in the project cannot enforce their values in the process of the transfer of knowledge, one strategy to address values of significant difference which are contrary to promoting healthy occupations may be through the use of critical reflection as explicated by Friere (1987; 1985). Through the process of critical reflection, the faculty, students and therapists can develop skills to become more effective as practitioners and advocates for the clients. Mohanty (1992) states that:

Education represents both a struggle for meaning and a struggle over power relations. Education is a central terrain where power and politics operate out of the lived culture of individuals and groups situated in asymmetrical social and political positions.

The issue of control, motivation and personal causation is of interest in this research, because of the critical nature of political control on the health and education systems, the economic impact of this control and the manner in which this influences occupational therapy fieldwork practice and the teaching/learning process. Because the investigator is from an affluent society, one tends to take for granted many of the resources and political freedom which are part of the political-economic environment. While observing the environment during data gathering in Kenya, it was noted that there is a strong political influence in the health and educational institutions, with framed photographs of the President of the Kenya throughout each of the buildings and placed in obvious locations within the city of Nairobi. The content of conversation is frequently of a political nature; however, the President is rarely criticized, publicly. The implications of political subversion in Kenya are harsh.

Alternately, the key respondents from Kenya who spent time in Canada commented frequently on the political freedom in this country. They identified the many public forums in which members of society spoke openly of their views toward the government at all levels and that there seemed to be more accessible avenues for expressing one's political views. The opportunity for having a voice in the development and change of public policy has implications for the occupational therapist in the role of advocate, which must be taken into consideration with the international transfer of knowledge in the curriculum.

Cognitive-Expressive barriers. Personal control of health - Control of one's own health and wellbeing is viewed in a variety of ways. There are many socio-cultural factors that have been discussed as being important in influencing the members of a society in the action taken towards their health. There are variables relating to characteristics of the person such as

cognitive abilities, learning experiences, socioeconomic status, and life style. There are predisposing conditions for personal health action, which include the individual's orientation (beliefs, values, attitudes) toward health, illness, and health care; one's perception of, or attribution of, significance to the presenting symptoms; the cues or events that trigger the search for health care, and various barriers to obtaining care (Pickard, Noble & Defries, 1976).

Because the political-economic situation of each nation is strongly linked to factors which affect health and well-being such as nutrition, immunization, housing, accessibility to productive and meaningful work, which is in turn related to the vicious cycle of poverty, it is important for the partners of the "developed" nations not to make sweeping assumptions regarding the level of personal control that each person has, over their own health. Politics and the economy are strongly linked with the culture of the society.

During data gathering, it was stated that there is a strong belief in the supernatural powers that take control of one's spirit and which has control of that person's actions and health. These spiritual beliefs influence the individuals' sense of their ability to control their health and their perception of cause-effect relationships. When the individual felt that they had no control over their health, they would demonstrate little motivation for changing and felt that the outcome was out of their control. One occupational therapist who was interviewed noted that some of these beliefs were a barrier to health promotion and implementation of an occupational therapy intervention. When commenting upon some of the factors which prevented her from achieving the ideal practice the occupational therapist stated:

Cultural norms and taboos hinder therapists because your aims might not be acceptable to that community or they contradict their belief (q.19.cl.m.xvi)

When an individual feels that they have little control of their health or their destiny, they are less likely to take action toward promotion of good health.

Intercultural communication. When discussing the topic of "culture" and barriers to effective teaching, learning and practice, a major factor to focus upon is that of communication and the need to understand the forms of communicating among diverse cultural groups, including the similarities, the differences and the symbolic interaction of the communication.

When two people are from different cultural backgrounds and they are trying to transmit information to one another, the process is called "intercultural communication" (McCormack, 1987). Very often, cultural differences create barriers to effective communication. To comprehend another person's culture and to communicate effectively regarding topics of health promotion and education, there needs to be an understanding of the person's beliefs, attitudes, values, language, responses to touch, use of time and space, forms of expression, religion, myths, and social relationships (McCormack, 1987; Bennett, 1986). Understanding of verbal and non-verbal communication are essential. Various references were made by respondents, in relation to the topic of communication.

(i) Language fluency was one of the barriers identified by the students, as preventing him from achieving his objectives in the fieldwork experience. He noted that:

The language barrier is sometimes a problem in occupational therapy and I would like to not only work in a hospital but also to tour different places, with an objective of understanding how different people stay to make it efficient in making treatment plans for various clients from various cultural background. This one is found to be difficult since some people in remote areas can only speak their languages which you might not be able to understand or speak (q19.st.m.xxiii).

(ii) Folk terms used by the local people all have meaning which should be investigated and not assumed by the newcomer so that they know what is being inferred. Semantic relationships are the folk terms that people use to refer to things they experience such as the names for things, events, qualities, processes and actions which convey meaning to others when we talk. Semantic relationships allow speakers of a particular language to refer to all the subtleties of meaning connected to its folk terms.

An example of this process follows: in Nairobi, Kenya, many of those who participated in this study lived and worked in urban settings and referred to their "home" and to "my place of stay"; however, it soon became apparent that these words did not share a similar meaning. Upon questioning, it was explained that "my place of stay" is simply a place to live for the present time, and is the dwelling place while you work in the town/city. One's "home", on the other hand, was described with sentiment as the place where one grew up in the country, the rural area, and where one's parents and extended family lived. It was explained that usually one left their home to go to school or find work but the intent was always to make and save enough money to return home and build a place to live in the later years. Usually there is a plot of land attached to the concept of "home" and this is often viewed as an attribution or a status symbol. This kind of information regarding the meaning attached to the referent, in this case "place of stay" and "home", is important for the occupational therapist who is involved in discharge planning with the client, when discussing plans for the future.

(iii) Polite usage of the language may also pose as a barrier in intercultural communication. Most cultures have a number of forms of polite usage, which may be misleading. While many North Americans may prefer directness when posing questions, there are many who regard openness as a form of weakness or treachery, and think one should not allow the outside world to penetrate their thoughts (Argyle, 1985). Some cultures are characterized by forms of conversation in which questions are given indirect responses.

There are also cultural differences in the sequential structure of conversations. The nearly universal question-answer format of communication is not found in some African cultures where information is precious and not readily given away. Often indirect methods of conveying the message may be used. It has also been reported (Robinson, 1987) that in intercultural communication, an individual may agree to follow through with a plan or some other agreement

but in reality they have no intention of following through with the plan which was agreed upon. They do so out of politeness. As cited by Blakeney (1987) the people from the Appalachian culture place a great value upon human relationships and consider it inappropriate to make conflicting viewpoints known directly in face-to-face conversations. They may therefore agree to something even though they know that they will not follow through on the commitment.

Another aspect of "polite usage" refers to the question of giving positive verbal feedback. Praise for achievements is expected and valued by many individuals (Blakeney, 1987) while in other cultures, verbal feedback is not valued or effective in reinforcing behaviours. In Native Canadian cultures, praise for endeavours is not common and is sometimes interpreted by these individuals as paternalistic attitudes, which convey to them from their perspective, that they are inferior and unable to benefit from honest criticism (Wieringa & McColl, 1987). Because the exchange of feedback is central to the student fieldwork experience, as well as to the process of practice as it takes place in developed countries, the acceptance of feedback is an important socio-cultural factor to explore in the culture being investigated.

(iv) Sequencing of communication has also been identified as an important factor (Argyle, 1985). The episode structure of conversations varies between cultures such as the "run-in" period of informal chat for about half an hour. In some cultures, individuals expect a short period of casual conversation before any "business" is dealt with (Blakeney, 1987). This was noted to be the case in meetings held while gathering data in Kenya. Formal meetings with administrators and those in positions of decision-making would begin with tea and informal conversation before attending to the business of the day. Frequently, a short prayer would be offered before tea and polite conversation and the context of conversation frequently centred upon family. A key informant explained:

It would be considered to be impolite to refuse tea and the conversation which accompanied it, because of time constraints. Even if it meant being late for the next meeting, it is still better to take time for tea (K.1, FN. #18).

In general, the main processes that characterize cross-cultural encounters include the rules governing interpersonal conduct in a particular context; the social-psychological connotations of the language employed; the non-verbal codes of the respective cultures; and the inferences that individuals make about the causes of their own and others' behaviour (Argyle, 1985).

The existence of rules in another culture is one of the main areas of difficulty in intercultural communication. Rules arise to regulate behaviour so that goals can be attained and needs satisfied. Systems of rules create behaviour patterns which are functional, but different sets of rules can emerge to achieve the same goal.

(v) Communication technology - The lack of technology for communication was also identified as a significant barrier to teaching and learning. The following question was posed to various respondents during data collection:

In the Canadian culture, a large proportion of occupational therapy communication in the area of research, administration and indirect client care relies upon communication technology such as the telephone, fax machines, and electronic computer mail. Communicating and network between students, clinicians and faculty is very dependent upon technology. Can you discuss some of the methods you use for communicating with students/faculty during the fieldwork experience and also for communicating with the clients.

It was noted by the respondents who were practising therapists that:

Communication is a major problem in our country because the telephone bills are usually too high to be met by our hospital budgets. Also fuel for our vehicles which can help us reach the community is also expensive and this also limits our movements (q18.cl.m.vi).

In Kenya, modern communication in the form of telephones, fax machines and electronic computer mail are only restricted to the city of Nairobi and other big towns like Mombasa, Kisumu and Nakuni. Therefore, the community can only be reached through what is known as community based rehabilitation programs and the P.H.C. (q18.cl.m.vii).

When discussing strategies of how to network with colleagues within the profession it was noted by a student that:

The network with community occupational therapist and other student occupational therapist in Kenya is through telephones, letter writing and telegrams. The latter two are inconvenient since the information takes time to reach the client while the telephone is fast although very few clients have telephones at their places of stay (q18.st.m.xxii).

The researcher recognizes the significance of the topic of technology as it relates to the socio-cultural environment. This topic necessitates an informed, sensitive and sustainable approach. Because of the scope of the topic of technology in development planning, the investigator recognizes the strong implications of technology in the transfer of knowledge for teaching, learning, practice and research. Adequate and appropriate technology must be selected, with a consideration for the context of the environment in which the knowledge is being integrated.

THEME ANALYSIS (IV)
HARSH LIGHT : SOFT FOCUS



Theme Analysis - (IV) Harsh Light : Soft Focus

Seeing the parts - perceiving holistically.

This theme relates to (i) humankind's relationship to the natural environment, (ii) the context of the environment in which occupational therapy practice takes place, and the nature of the integrating role of culture, putting the various segments of analysis together again within a holistic perspective.

It has been stated that anthropologists seek their subjects in harsh light with a soft focus (Peacock, 1985). This analogy could also apply to the manner in which occupational therapists view their clients, since the contact involves working with clients in their natural environments and participating in their daily habits/occupations. Harsh light, as noted by Peacock (1985) alludes to a realism grounded in detailed observation and participation of life in daily, natural, circumstances.

A soft focus is favoured in a certain sense. Lest they perceive too sharply any single object while missing its place in context, occupational therapists peer broadly, trying to glimpse the foreground and background all at once, even including themselves in the picture - they endeavour to capture the whole field, necessarily sacrificing precision of focus for breadth of vision. Soft focus suggests an openness, a holistic breadth of vision that includes the world as well as the perceiver while embracing those shared understandings known as culture (*ibid.*, 1985). Regardless of the theoretical school of thought, when conducting qualitative research, one tries to perceive and understand each experience holistically. When gathering data in the field, one attempts to treat the group's life as a whole, not to isolate some artificially abstracted aspect, such as politics or education but to consider all of these as they relate to each other and to other aspects, such as religion, economics, family life and so on. It is both a premise and a conclusion of qualitative research that existence, especially in a small community, is a web of threads which

cannot be disentangled. To divide this whole into compartments may be useful for analysis, but one must always remember that the compartments are analytical creations and that the whole must be grasped in order to understand any part (Peacock, 1985).

An understanding of the complexity of culture and its relationship to the environment is needed if the holistic approach framing occupational therapy practice is to fully address the health issues within an international perspective. In understanding the conditions that shape the way people are able to exert control over their own lives, it is necessary to pay attention to their beliefs and everyday practices. Giddens (1987), reveals the links between culture, the environment and the experience of health and illness, taking into account the socioeconomic forces and the beliefs and values that influence individual or group action. Central to this perspective is the realization that the client is inextricably part of their native environment (Kielhofner, 1995).

The term "environment" is used to include the geographical/natural environment as well as the political, economic, social, and cognitive-expressive-cultural environment.

Much has been written and stated about the need for "sustainable" development. The notion of individualism has ramifications beyond our perception of our relation to society. In the Western/European world, we have come to think of ourselves as separate from nature. Over the past decade, there has been a growing concern with environmental issues (Brundtland, 1985; Redman, 1989). The environmental perspective promotes the idea that the individual and nature are part of a single whole, that just as the individual apart from society is an abstraction from the unity of experience, so is the "individual" apart from nature. Nature is simply part of our totality of existence and it is a fallacy to imagine the individual separate from and opposed to the environment. This fallacy is destroying both us and our environment because logically the organism that destroys its environment destroys itself. The unit of survival is not the organism;

it is the organism plus the environment (Bateson, 1979).

Development planning must be sustainable. The concept of sustainability of the project being discussed would urge the partners in the developing world to use material and resources from their natural environment while applying the theoretical principles of practice within an appropriate cultural and environmental context. While encouraging the partners in the developing world to concur with a policy of sustainability, the partners in the "developed" would be equally incited to subscribe to this value and this way of living. One of the recurring comments of both of the key informants while they visited Canada referred to the overwhelming "waste" and "disposable" objects in the Canadian society which they observed. For Canadian partners working in Kenya, the need for sustainable teaching and learning will need to be integrated into the development planning. It was stated that:

There are days and sometimes weeks when we cannot properly prepare for our classes because there is no paper available. Here, you have a large box each week to be "thrown out" because there may be some unwanted writing on one side of it (K.1, FN. #8).

For Canadian partners working in Kenya, the need for sustainable teaching and learning will need to be integrated into the development planning.

Within the context of the case study and data collection, this theme also relates to the environment in which occupational therapy takes place, in the professional practice and fieldwork setting. As noted, the majority of the population in Kenya live in rural settings (Todaro, 1989) while the majority of occupational therapy services are located in the large urban hospitals. It is therefore not easily accessible to the majority of the people. There is a gradual shift towards community-based rehabilitation; however, community services are as yet, very underdeveloped. Consequently, there is also very few opportunities for students to participate in a fieldwork experiences in the community, beyond the institutional setting. As stated by an occupational therapy student:

When we are given information in class I can think of many people in my home in the country who would benefit from occupational therapy, but there are no fieldwork opportunities there and these people can't afford to come to Nairobi for treatment.....they wouldn't want to leave their "shamba" (garden) anyway. It's frustrating sometimes (FN. # 68).

The data gathered from the rural community based rehabilitation programs differed dramatically from the urban hospital institution. When socializing and interacting in the participant-observation situations in the community-based settings, it was noticed that activities and occupations of individuals involved the use of local material, reflected local values and themes and expressed indigenous knowledge. The lifestyle of the rural people was extremely modest, the hospitality was generous and the artifacts were few. To an observer from the Canadian academic culture, the absence of technology in the environment was notable. The tools and utensils were made from local materials. These were functional in design and were locally constructed rather than imported. This same theme carried over in the community-based rehabilitation program where the local occupational therapist worked with the clients in their homes and used equipment and occupations which were meaningful to the client on a day-to-day basis.

When interviewing a client who had spent twelve years in a hospital institution, he related the story about how he was recognized by a visiting occupational therapist who had lived in his community before the accident which hospitalized him. The client told his story and related the manner in which the occupational therapist had gone to the client's community, initiated a "harambee" which is a community gathering to raise funds to enable the client to fix up his home and start a garden which would enable the client to return to his home and to his community once again. The client related that although he had lost several limbs due to the accident, he stated that:

Being home with my family, and my garden has made me whole again. Mr. --- (the occupational therapist) saved my life (FN. #124).

In contrast to the community-based programs was the environment in the urban hospital settings, where the majority of the occupational therapy takes place. In the 1960's, when the occupational therapy programme was set up by therapists from the American Peace Corps, western valued activities were frequently the modality used to restore, maintain and increase function for the client in occupational therapy. The program at the School of Occupational Therapy in Nairobi, Kenya has not updated their curriculum or programming since that time and as a result the students are practising outdated modalities and methods. They are well aware of this and are attempting to update their program.

Upon observation in the hospital-based programs, it was clear that client attendance was very low and there was a problem with client compliance to the proposed programming. Therapists noted that clients did not find the programs to be meaningful for them since they did not engage in skills or occupations which they would carry over with them after they left the hospital setting.

Meaningfulness of activities is the individual's disposition to find importance, security, worthiness and purpose in particular occupations. As individuals experience and participate in the environment, they tend to develop certain images about particular activities or occupations which are very personal and emotional (Kielhofner, 1995). Because of lack of resources and updated knowledge, the programming was frequently not reflective of the lifestyles and values of the client. In brief, the programming was not sensitive to the cultural environment of the client and the therapist was unable to adapt the programming due to lack of updated knowledge. Therapist explained that it was also difficult to obtain necessary resources, since these often had to be imported. As a result, clients who could potentially benefit from dynamic occupational therapy intervention were deprived of the opportunity to become productive members of society and of leading meaningful lives. The importance of a culturally relevant and sustainable program

became quite clear.

The discussion of the contextual nature of practice must also include an acknowledgement of the physical environment and life-space of members of the society who will require occupational therapy service. A high degree of poverty was observed in Kenya. The housing was poor, there was overcrowding, water supplies were low and meeting the basic needs was a struggle. These poor conditions of abject poverty in many areas of the country focused upon the political-economy as being a socio-cultural factor to address, in designing the development plan.

When analyzing the environment of the clients, one also makes note of the manner in which politics guides the economy with respect to health and housing and the manner in which this has direct implications in the transfer of knowledge.

This theme highlights the significance of gleaning a holistic perspective of the political, economic, social and cultural environment of individuals in their society. This theme also relates to the holistic approach to practice, teaching and research which is promoted by occupational therapy.

Summary of Data Analysis

After extensive study on the topic of culture and the socio-cultural factors involved in the transfer of knowledge, a vast amount of knowledge has been acquired. When referring to the literature, it is clear that the topic of culture continues to be an on-going debate. Each discipline defines culture within a context which is meaningful to them.

Within the context of this study, culture is viewed as a system which is symbolic in nature, a system of symbolic meaning, and functions as an organizing system for society. Viewed within the context of the environment, the socio-cultural factors are influenced by societal institutions. The methodology which guides this study recognizes that there multiple realities and

that socio-cultural factors must include the personal and collective beliefs, values, habits and customs of those with whom the partnership is established.

Summary of Data Within a Conceptual Framework

As a result of the literature review, data collection, analysis and further linking of data with theory, several themes have emerged which relate to the query being investigated. The data were extensive and rich in content and if time permitted, these data could be analyzed to even greater depth revealing insights and decoding a myriad symbolic cultural meanings.

However, just as the photographer selects that "decisive moment" in which to capture the desired image and have it materialize into a meaningful photograph, so too, does the investigator in conducting naturalistic inquiry have to select the decisive moment in which to draw to a conclusion the analysis, report the findings and interpretations and present a completed document of the study. For the investigator of this study, this is the "decisive moment".

Further reflection of the analyzed themes and reference back to the literature cited in Chapter II and Chapter III enable the investigator to offer a response to the question being proposed in this study. The themes identified in the study highlight the cultural factors which must be taken into consideration in the transfer of knowledge and which must also be integrated into the development planning at all phases of the project being discussed. The socio-cultural factors which have been identified relate to the content and context of the curriculum as well as the knowledge, skills and abilities required by the people involved in the international partnership.

The themes identifying socio-cultural factors which emerged during data analysis relate to issues of power and control, orientation of time, individual and societal values and interests, roles and habits, all viewed in the context of the political, economic, social, cultural and non-human/physical environment. Identifying the socio-cultural factors necessitates an understanding

of the influence of environmental factors and the influence of the institutions involved. The manner in which these institutions are organized in each society differs.

When conducting a qualitative study, the analyzed data are frequently presented and discussed in terms of themes. However, the author has taken this thematic analysis a step further, by presenting this summarized data within a conceptual framework. Through presenting the analysis in this manner, one is also demonstrating the use of a conceptual framework to guide cultural inquiry. Using a conceptual framework provides a means for organizing the data into a meaningful framework, when attempting to identify the parameters of socio-cultural factors, prior to the transfer of knowledge between two post-secondary education institutions.

Summarizing the data within a theoretical framework also addresses one of the concerns identified earlier in this thesis - the recommendation to propose a conceptual framework to identify the parameters of socio-cultural factors. The conceptual framework of the model of human occupation may serve as a guide to gathering qualitative base-line data in other international development studies. Once the parameters of the subjective knowledge are identified and the socio-cultural factors understood, this information can then be formalized within further program planning.

One is cautioned when using theory as a guide for teaching, research and in professional practice to be keenly aware of the assumptions and the values implicit within the knowledge. When using a western model of education and health care the professional needs to listen and respect other ways of communicating and viewing health and education needs, and be willing to negotiate knowledge within the complex framework of cultural diversity (Dyck, 1993).

The themes and their domains concur closely with the parameters of the conceptual Model of Human Occupation (Kielhofner, 1995), which is used as a guide and a generic conceptual framework and for the practice of many occupational therapists. Having identified the parameters

of the concept of culture through analysis of the data and investigation of theory, it becomes evident that the theoretical model of practice is, in fact, a theoretical framework of cultural inquiry. The Model of Human Occupation provides therapists with an holistic way to view occupational behaviour and dysfunction, within the geographical, social, political, economic and cultural context of the environment.

To provide a full discussion of the Model of Human Occupation is well beyond the scope of this thesis; however, the main concepts of this framework are outlined in several brief paragraphs. The summarized analysis findings will be briefly discussed within the appropriate categories.

The model of human occupation focuses on the motivation for occupational behaviour, the patterning of occupational behaviour into routines and lifestyles, the nature of skilled performance, and the influence of environment on occupational behaviour. The model asserts that the human being can be thought of as being made up of three subsystems (Kielhofner, 1995).

In the broadest sense, the term occupation is used to denote the action or doing through which humans occupy their world (ibid., 1995). Human occupation refers, in part, to humans' unique capacity to manipulate and transform their physical world. As social creatures humans coordinate their behaviour together and communicate their intentions and needs in a world of social relations. As noted in the model of human occupation, human life is deeply cultural. Our cultures are the medium through which we make sense of ourselves and our behaviour. Through culture, humans attach meaning to their occupations (Yerxa, 1991). The accumulated experience of a culture generates a whole range of occupations that are given shape and significance. When persons engage in occupations they are replicating ways of behaving which are developed in the culture (ibid., 1991).

The following then, is a brief summary of the data analysis within the parameters of the

Model of Human Occupation (Kielhofner, 1995).

The first subsystem, volition, accounts for motivation. It orients persons to anticipate, experience, interpret, and choose their occupations. The second subsystem, habituation, is responsible for maintaining the patterns of everyday behaviour. The third subsystem, the mind-brain-body performance subsystem organizes the capacities which persons draw upon in their occupational performance. The fourth level of analysis, identified as the environmental context of occupational behaviour, explains what aspects of the environment influence occupation, and how they exert this influence. The nature of occupational performance in one's environment describes the motor, process, and communication/interaction skills that are used in everyday occupational performance (Kielhofner, 1995).

Further analysis of the data reveals that the socio-cultural factors must be viewed from three perspectives. The "content" and "context" of the curriculum subject areas, the knowledge, skills and abilities required by all people involved in the partnership and the learning and teaching needs of both groups.

The Volitional Subsystem. The term "volition" connotes willing or choosing and the volition subsystem refers to humans' universal need to explore their environments and to achieve mastery over tasks and the course of their lives. Motivation is viewed as involving rational and emotional choices for behaviour. The categories included under this topic include personal causation, interests and values.

(i) Personal Causation - Issues of Control and Power. Although the term "personal causation" is used in the model to refer to an individual's sense of internal or external locus of control and refers to the concept of "motivation", there are implicit assumptions embedded in this concept which assume that the political environment allows one freedom of movement and that there will be relatively adequate resources to achieve one's desired outcomes. To generalize on

this term, for the sake of this analysis, this investigator has chosen to view this category under the broader term of "control and power". When planning an international program involving the transfer of knowledge between two post-secondary educational facilities, the socio-cultural factors relating to control and power are presented.

In discussing questions of control and power, the analysis indicated that the political system of any society has a powerful influence on the level of action which can be initiated by the participants of that society. The policies of the society dictate the economics and influence the power and decisions within each system. The reciprocal relationship between economics and politics is recognized - one strongly influences the other and vice-versa. As such, access or lack of access to adequate political decision-making and to funding can be a controlling factor in all levels of development planning. It was noted by the participants of the study that there were real barriers to feeling in control of their environment and their occupations due to inadequate funding/resources and lack of political power to influence decisions.

It is necessary for the partners involved to have knowledge of the historical and present political situation and the level of control of the government involvement of the post-secondary institutions. There must be an acute awareness of the policies which influence the education system of the country in which development is taking place.

Politics can control and influence the level of funding received by the educational institution in the partners' home country. Both partners must be aware of the way in which funding will be available to sustain the programming which is transferred to the educational institution. The transfer of curriculum content frequently assumes the availability of certain resources such as books, paper and technology. The data analysis from Kenya reveals that lack of material resources are a major barrier to teaching and learning, which decreases the level of control the faculty and students have over their educational environment. Lack of resources

results in less control for the practitioners when providing fieldwork experiences for the students. Lack of availability of current resources hamper professional development, unless other means of gaining updated information can be introduced.

Issues of control and ownership of the project must be explicit and clear to all partners with the principles of equal partnership governing all aspects of the plan. There may be assumptions by one or both partners with respect to "who is in charge" of the program design and implementation. As noted in the data analysis, cultural communication styles may not always convey the information directly, therefore it is essential that the question of ownership of the plan is clarified at the onset. Since independence, there is a strong desire among many of the Kenyan people to become self-reliant and define their own goals and process in the project cycle within international development.

The analysis reveals that issues of control and power also deal with concerns of "knowledge" and the rank ordering of whose knowledge was most respected and rewarded. Acknowledging this socio-cultural factor prior to program planning may serve to prompt an effective strategy to deal with this professional/educational dilemma.

While control and power are socio-cultural factors which must be understood in the structural aspect of the planning process, this issue also relates to the "content" of knowledge being transferred and the inherent assumptions within this knowledge. When gathering data in Kenya, the question of control of one's life, including one's own health was viewed in a variety of ways. In the rural communities, it was stated that there is a strong belief in the supernatural powers that take control of one's spirit and has control of that person's actions and health. These spiritual beliefs influence the Kenyan persons' sense of personal causation in their ability to control their occupations and their health and influenced their perception of cause-effect relationships. An occupational therapist viewed some of the more traditional/cultural beliefs as

a barrier to health promotion and implementation of an effective occupational therapy intervention.

(ii) Societal and personal interests - The manner in which society and individuals express their interests are of relevance when discussing socio-cultural interests. The model of human occupation proposes that underdeveloped interests or a narrow range of interests may be a reason for amotivation or inactivity. In order that these interests lead to competent occupational performance, they need to be relevant to the individual's and the society's life situation. As a pre-requisite to the transfer of knowledge from one culture to another, individuals in their environment must identify areas of interests in the academic and fieldwork curriculum and be able to adapt them to their cultural life styles.

Expressing and interpreting a sincere interest, verbally and non-verbally requires the partners to be acutely aware of their own and their partners' communication style, as well as understand the symbolic meaning of verbal and non-verbal communication and the symbolism of the artifacts in the environment in order to accurately assess the interest level of both partners in following through with the plan. The curriculum being transferred must be of direct relevance and easily transferable to the cultural nature of the environment if interest is to be maintained in the project. As noted in the analysis, one must be able to distinguish between polite usage of the language and a sincere mutual investment in the program being planned.

(iii) Values - Value orientation is associated with the volitional subsystem. Values include one's degree of orientation to past, present, and future and one's conviction about how time should be used (Kielhofner, 1995).

Extensive discussion has dealt with the topic of values, therefore in sum, any the socio-cultural concerns with values in the transfer of knowledge relate to the professional values of the faculty, students and clinicians of each of the post-secondary institutions, the inherent values of

the education and health institutions in question, and the values of the society in which the curriculum material will be integrated. When considering the values of the curriculum knowledge being transferred, the faculty must be aware that if an occupational therapy program is designed to offer services which are truly meaningful and purposeful for the clients which will be served, they must understand what motivates the clients, how they live and what they value. Many social scientists agree that values are transmitted, at least in part, by a person's culture (Peacock, 1989; Kielhofner, 1995).

The major universal values to attend to, refer to the universal questions and concerns addressed by cultural beliefs and values. These include humankind's relationship to (a) time, (b) other people, (c) nature, and (d) the supernatural (Peacock, 1985; Parry, 1984). The data analysis discussed previously in this chapter, outlined socio-cultural values of relevance to the transfer of knowledge. In brief, these values relate to the orientation of time of the people in the Kenyan society in the study, the priority given to the value of "interdependence" versus "independence" for persons in the community, the high value given to family/kinship and to interpersonal interactions, embedding socializing with others in the daily activities and occupations of life, the value of using the resources in one's immediate environment and the need for "sustainability" in international development planning. A further value of "spirituality" in guiding daily occupations and decision-making was identified during data collection as a significant factor.

The Habituation Subsystem. The habituation subsystem, composed of roles and habits, is responsible for organizing behaviour into routines or patterns (Kielhofner, 1995).

(i) Roles - The socio-cultural factors which relate to "roles" in the transfer of knowledge, involves having a clear understanding of the meaning of each of the roles of that society and the meaning that these roles hold for each unique individual. The significance attributed to specific

roles of members within each community and society must be clearly understood when preparing a curriculum which promotes inclusiveness in the community of the clients with whom one is serving. The roles which must be understood in the transfer of knowledge would include the cultural significance and implications of the roles of the faculty, students and practitioners as well as a general knowledge of the life roles of the people in the communities of Kenya who would be influenced by or be receiving occupational therapy services. Since occupational therapy endeavours to work with clients in their own community, ensuring an inclusive community environment is a significant aspect of planning and intervention.

The roles of all those involved in the international partnership must be clarified and understood before plans can be implemented.

(ii) **Habits** - Exploring occupational behaviour in the cultural context frequently includes the exploration of habits of the individual and the group. Habits are images guiding the routine and typical ways in which a person performs, such as the routines within work or the activities of daily living (Keilhofner, 1995). This category includes awareness of the customs of the society and the manner in which culturally determined events are identified and celebrated.

The development of habits depends heavily on the idea of time and its ability to be organized into prescribed patterns. Analyzing the organization in a habit pattern thus requires an awareness of the social and task environment for which routine behaviour is organized. In order to facilitate the development of routines and habits adaptive to the Kenyan clients, it is important to observe what is normative with respect to time use traditionally, and not to rely on the cultural standards of western society.

The Performance Subsystem. This subsystem is responsible for the performance of skilled behaviour. The basic components of interaction with the environment are skills. The Model of Human Occupation emphasizes the need to teach skills relevant to the life situation of

those involved (Kielhofner, 1995). Different skills are required for living in the society of Kenya than those required for living in Canada due to differences in the physical, social, political, educational and cultural environment. Different skills are also required to teach and learn at university and college settings in Kenya than in Canada.

The three types of skills that are directly related to occupational behaviour are: perceptual-motor, process, and communication/interaction skills.

Process skills include problem-solving and planning abilities (ibid., 1995). The value-orientation system includes standards for solving cognitive problems, for solving cathectic or appreciative problems, and comprises a subsystem for addressing "moral" issues and standards (Parsons & Shils, 1990). The analysis revealed that to solve problems effectively, one must be aware of the socio-cultural factors which facilitate and/or act as barriers to this process. In this study, barriers to effective planning and problem-solving include issues of control and power at the political-economic level which influence the material and human resources available.

Geographical barriers were also identified as barriers to effective problem-solving and planning since distance from the urban centre prevented clinicians and students from conducting rural community work. It is also difficult for the faculty to maintain a link with the students while the students are conducting their fieldwork placements when these experiences are away from the urban centres. These barriers pose a significant problem due to lack of adequate transportation to community sites in need of occupational therapists. This lack of adequate transportation was due to a lack of funding to compensate the clinicians and students for their travel expenses as well as the environmental barriers of the "wet seasons" which made travel difficult.

Communication/interaction skills are abilities for dealing with other persons. Several components of varied cultural communication styles have been identified in this study. These

include language fluency and knowledge of the "folk" terms used by the natives of the area, polite usage of the language which includes direct/in-direct forms of posing and answering questions, attitudes and responses toward expressing conflicting viewpoints, and giving and receiving positive and constructive feedback. Sequencing of communication, or the episode structure of conversations is recognized as an important socio-cultural communication style.

It has been argued that effective and culturally aware communication is the most critical of all skills, in developing cooperation and accomplishment in any interpersonal interaction (Bennett, 1986; Argyle, 1982).

Context of the Environment. When exploring any question, one examines not only the issue itself but the social, political, economic, historical, developmental and moral/ethical context in which it is occurring.

When exploring the occupations of the Kenyan people in this study, it is understood that occupations can be broadly explained as having both performance and contextual dimensions because they take place within a variety of settings. Occupations also have social and symbolic dimensions because they are infused with meaning within the lives of individuals (Mosey, 1986; Clark, 1993; Mattingly & Fleming, 1993).

Individual members of a society learn how to participate in their own culture through a complex system of rewards and punishments "which are conveyed through thoughts, actions, social beliefs, attitudes, communication patterns, perceptions, time orientation and ways of handling animals, plants and objects" (Levine, 1987, p.26). This process begins at birth and continues throughout the life span on both conscious and unconscious levels. The objects which people use in their environment reflect the cultural values and beliefs toward nature, as well as their ways of managing their resources and handling their animals and plants.

Occupational therapy's particular sensitivity to the dynamics of occupation and to the

links between environment and the individual, with a focus on "inclusion", place the profession in a position to play an important role in working with various interdisciplinary team members in international development planning.

Chapter IV has described the case study in which the data were gathered. The emerging themes were identified which contributed to answering the question posed at the beginning of this study. To think holistically is to see parts as wholes, to try to grasp the broader contexts and frameworks within which people behave and experience, to try to grasp the larger configuration of society, nature, and meaning in which that element we call "the individual" has a place; one tries to comprehend wholes within the framework of culture (Peacock, 1985).

Chapter V will provide some reflective concluding comments. Implications for policy development and changes in the education of students will be discussed in the section on recommendations.

CHAPTER V
AN AERIAL VIEW



CHAPTER V
CONCLUSIONS
An Aerial View

Aerial photography offers a fresh perspective on landscapes and settlements - not just from a visual point of view, but also on the way people live and their relationship with their habitat. Taking an aerial view can be a new training in observation, an unusual school of vision; to the concerned contemporary it is a mirror in which the photographer can see oneself as part of her/his terrestrial environment. After conducting a large body of work the investigator is incited to step back from the process and take an overall view of the process and outcome.

The question posed at the beginning of this research has been investigated through qualitative methodology. The analysis revealed four major themes in relation to the concept of socio-cultural factors and international development planning. The content of the analysis was discussed in depth in the previous chapter. When considering the role of culture in international development, further work is required in establishing routines and institutionalized forms of cooperation in adopting a more professional approach to socio-cultural factors. Beyond the value of the content and outcomes of the study, there were many lessons learned from this research process which will be expanded upon in this chapter.

Research

The research process itself was exhilarating although qualitative methodology is extremely time consuming. It involves extensive documentation and in-depth analysis. However, it does seem to be the most valuable method for answering a majority of the questions posed by occupational therapists and many of the questions posed by those in international development

studies.

Through intensive interviewing and participant observation the investigator becomes aware that much of the information which we assume to be "factual" is simply one way of viewing reality. This research process emphasizes the fact that formal education as well as informal education is imbued with values and beliefs. This method of research also underscored what has been repeated in the literature pertaining to a participatory research approach. Meaningful research in international development must involve close collaboration with partners and the investigator must spend time in the field.

It is anticipated that the research findings can be applicable to many development plans. The process of identifying socio-cultural factors and isolating "subjective knowledge" from theoretical knowledge, facilitates the process of "formalizing" subjective knowledge so that this knowledge can be more specifically responded to and integrated into the planning process. Through this case study, one can use the information and analysis to probe the topic further since this research provides a baseline for further research in the area of "culture".

Professional Learning

The experience of conducting this research also contributed to the professional learning of this investigator. It became quite apparent that the philosophy of occupational therapy and that of international development share a similar vision, when developing practice from the alternate paradigm, sometimes referred to as the emerging paradigm. Program planning and intervention must represent the voice and the perspective of those for whom the program is intended to benefit. The involvement of the people must be present in all stages of the project cycle - from initial assessment to the final evaluation. With an increase in the awareness of the cultural nature of practice, occupational therapists seem very suited for working in international development

projects.

The findings of this research provided insightful information in regard to theoretical perspectives of the investigator's. The analysis reveals that the parameters of socio-cultural factors concurred closely with the conceptual framework which guides practice in occupational therapy. Through an intensive search of the literature, the theories of culture were investigated. Various social theories have been adapted and revised by those in the profession. This new knowledge enables one to probe further, in generating further questions for professional reasoning. This knowledge can be integrated further into academic courses taught in occupational therapy and can be applicable to the fieldwork teaching/learning experience.

In Canada, the domain of concern with occupational therapy is focused upon the multi-cultural nature of our own society. The need to reflect the cultural dimension of all Canadians in teaching, practice and research is one of the challenges of the profession. Much of the knowledge from this study will be directly applicable to this concern. One will attempt to understand the subjective knowledge of the client from another culture, while being aware of the dimensions of the environment from which they came, as well as being aware of the new demands and challenges of the unfamiliar environment in which these new Canadians find themselves.

International Development Studies

The international development studies program (I.D.S.) at Saint Mary's University makes a valuable contribution to the education of those who participate in this program. The implications for putting into practice the knowledge that one acquires in this program are manifold. The trend in post-secondary education institutions is toward developing international partnerships. As a result of the course work and research in this I.D.S. program, this

investigator plans to pursue this area of interest in internationalizing the curriculum in post-secondary institutions. Another positive implication of acquiring knowledge from this program is a plan to increase the international involvement of student occupational therapists in fieldwork teaching/learning experiences.

The Kenyan People

There were many valuable lessons learned from the Kenyan people. The first insight was one which was an academic "truth" but became very real when in the situation. This refers to the need to enter the environment of those with whom you are working in the development partnership, in order to gain a true understanding of the reality of the people themselves. It became quickly evident that frequently, people from other countries are misrepresented by the mass media. Although there is poverty and the outside appearance of the majority does not represent wealth, the immediate sense that one gets from entering this new environment of the people who participated in this study is one of resiliency, not of despair, which is so often portrayed in the media. The hospitality, generosity, warmth and sincerity that was so often demonstrated by these people from Kenya made them very rich indeed. It seems that it is time to view the reality of others' through a new lens, a lens which presents reality from the perspective of these people.

The value of time spent relating with others, as a priority, is a very valuable lesson learned from the people in Kenya. It incites one to take a very reflective look, at the manner in which one organizes their time and to attempt to reflect one's values in proportion to the time spent on these people/occupations which are of significant value.

Although the mood in general is one of optimism, one cannot escape the reality of poverty in Kenya. It was while travelling through the country-side and seeing the cash crops of

coffee fields that this investigator became so aware of the exploitive nature of the relationship between societies and the overwhelming economic disequilibria between the countries of Canada and Kenya. This disequilibria became even more closely focused when encountering the slum dwellings which are the homes for millions of Kenyan people. At the moment of seeing this unhealthy, over-crowded living situation, the need for a dignified quality of life for all people became vital. Anything less seems unacceptable. One then asks, what am I willing to do to make this happen? What am I willing to give up to make this happen? Action or lack of action toward both of these questions has implications for development of all societies.

In cultural processes, the demand of cultural autonomy necessitates decentralization, but there are several problems common to all humanity that call for a massive collective effort for global solutions and strategies. In certain spheres cultural identities must be ensured conditions of autonomous functioning, but the 'unity in diversity' and the 'one planet, one humanity' slogans (Baha'u'llah, 1938), also have a vital message.

As stated by Leakey & Lewin (1977, p.18), "first, we are one species, one people" The future of human species depends crucially on two things: our relationships with one another, and our relationship to the world around us. The health of the parts of any organism, for instance the human body, contributes to the soundness of the whole, and the state of this whole, conditions the functioning of each part. This is an accepted truth which we easily recognize, but are reluctant to apply it to the world system (Peccei, 1987).

Recommendations for further action, as implied from this study will be discussed in the following section.

The recommendations which emerge as implications from the research study apply to changes at the institutional level.

The first recommendation refers to the need at the educational level to further enhance the development of research and literature on the topic of "culture". The dimensions and influence of socio-cultural factors could be integrated into the majority of the courses taught in international development studies, to ensure that the cultural dimension is understood and practised. Research questions relating to culture could be generated by graduate students, to develop a larger body of knowledge in this area of study.

There is a strong need for a conceptual, theoretical framework of a cultural nature to guide the academic and practical aspects of international development planning. The literature lacks direction in this area. Theorists discuss issues relevant to culture, however the questions surrounding the debate are unclear. It is anticipated that with further work on this subject area of "culture", further theoretical perspectives will be contributed to the literature.

The second recommendation relates to Canada's foreign policy on health. It is recommended that those from Canada who are involved in proposing international development programs become familiar with this policy and integrate the principles in appropriate programs since health cuts across many sectors of development. Until recently, "health" was not recognized as an integral part of Canada's Foreign Policy within Canada's development strategy. To this end, the Canadian Society for International Health facilitated the development of a *position statement on health in development* (Canadian Society for International Health, 1994) which was consequently tabled by the Federal Government of Canada in November, 1994. This recommendation is being put forth since the principles of this policy espouse the ideals of culturally sensitive development and full participation of those involved in the process.

Included in this policy are seven fundamental principles of health in international development. These were (1) affirming health as a basic human right, giving priority to the health needs of the disadvantaged, (2) recognition of the social, political and economic context of health, (3) recognition of human priority needs such as education, food and shelter, (4) recognition of the intrinsic value of health as well as the productive contribution of a healthy population, (5) the need to address the inequities that underlie the unfavourable distribution of health, (6) promotion of full participation of communities in the health and development process, and (7) affirmation of the centrality of women in all development processes, including health (Ibid., 1994).

The analysis of this study indicates that there are few policies to protect disabled persons in Kenya and those people with disabilities were excluded from much of community life. When developing policies which relate to disability, the policies must provide for the inclusion of all people in society. Disability is a world-wide phenomenon. People in the developed world and the developing world differ in the age range and cause of the disability. In developed countries, disability is most common among older persons and the average life expectancy in developed countries exceeds seventy years. In less developed countries, disability is most common among children, the average age often is under fifteen with the causes of disability resulting from infectious diseases, polio, meningitis and measles. It has been noted that developing nations have eighty percent of the world's five hundred million people with disabilities (Bowe, 1990).

These statistics have tremendous implications for policy development. These statistics point to the need for integration, normalization, accessibility and adaptability (ibid., 1990). By integration, it is meant that persons with disabilities live, eat, learn, work, and relax in the same places as others do. In some of the developed nations there is a tendency for disabled persons to work in sheltered workshops, use paratransit vehicles and live in specialized housing projects;

however, there is also advocacy for more inclusive communities, rather than segregated communities. Adaptability is a design principle which can be integrated to accommodate those who require modifications in their life-space. Accessibility is a design principle as well as a socio-economic and cultural issue, which facilitates the process of access - to employment opportunities, to certain institutions, and to architectural barriers, making options more available to those who would otherwise be restricted from that choice.

The policies must be reflective of the specific population who are striving to become occupationally functional within their developmental level. Programming to address the intrinsic need of human occupation, such as that offered by occupational therapy must be established and funded adequately. It has been acknowledged (U.H.J., 1995) that human beings are impelled to express their immense capacities through productive work designed to meet their own needs and those of others. Through engagement in meaningful occupation they become participants, at however modest a level, in the processes of the advancement of civilization. They fulfil purposes that unite them with others. It is to this inalienable capacity of the self that development strategy must appeal, whatever the nature of the plans being pursued (ibid., 1995).

Final Comment

The thoughts, values and beliefs of this writer/investigator with regard to culture and its relationship to international development planning, can be best summarized by excerpts from the document "Prosperity for humankind" (Universal House of Justice, 1995) presented to the World Summit on Social and Economic Development, Copenhagen, Denmark in March, 1995.

For those concerned with international development, the challenge which lies before us is clearly outlined as follows:

Final Comment

The thoughts, values and beliefs of this writer/investigator with regard to culture and it's relationship to international development planning, can be best summarized by excerpts from the document "Prosperity of humankind" (Universal House of Justice, 1995) presented to the World Summit on Social and Economic Development, Copenhagen, Denmark in March, 1995.

For those concerned with international development, the challenge which lies before us is clearly outlined as follows:

The task of creating a development strategy which is global in scope, while remaining culturally appropriate in it's implementation constitutes a challenge to reshape fundamentally all the institutions of society. While recognizing the diversity, it is essential to also recognize the interrelatedness of all individuals, societies, and cultures. This challenge addresses itself to everyone and must be based on a commitment of "justice" as the organizing principle of society. It is in the context of raising the level of human capacity through the expansion of "knowledge" at all levels, at both a local and a global level, that the issues need to be addressed (p. 9).

Ensuring that the concept of culture is maintained as a central focus in international development planning requires a searching re-examination of the attitudes and assumptions that currently underlie approaches to social and economic development. Such a re-examination will be driven to seek a broad consensus of understanding about human nature itself (p.7).

As noted in the introduction of this thesis, seeking an understanding of human nature necessitates an understanding of culture....

And in the end,
We arrive back at the beginning,
And know the place for the first time.
T. S. Elliot

APPENDIX A

INTERVIEW GUIDE : PRACTICING OCCUPATIONAL THERAPISTS

The following questions are designed for practicing occupational therapists in relation to the student in the fieldwork setting. These questions will be revised and adapted as the interviews proceed.

1. What are the behaviours that you expect to see to know that the student is demonstrating observation skills when in the fieldwork setting? (i.e. What does the student say/do to indicate observation skills?)
2. What are the behaviours/skills you expect to see in the student in evaluating her/his ability to demonstrate adequate principles of interviewing techniques/skills? (Consider the skills involved, from the initial stage of preparing for the interview, to the closure of the interview.)
3. What is an average length of time for this initial interview?
4. Where does the initial interview usually take place?
- 5a. What are some of the key concepts you would expect the student to include, in their definition of occupational therapy, when introducing themselves to a client?
- 5b. Provide an example of a situation where the student is introducing her/himself, as an occupational therapist, to a client. In your own words, provide a brief situation and sample quote from a student re: what the student would say in providing an initial definition of occupational therapy to the client.
- 6a. What would you want to see the student doing or saying to demonstrate to you her/his ability to adequately assess/evaluate the functional level of her/his client? (Think of this in general terms, not for each specific disability.)
- 6b. Who interprets the occupational therapy evaluation data collected by a student, once an evaluation has been completed with the client?
- 6c. When you and/or a student are making recommendations for further action/program planning in occupational therapy, is the client included in this process? If so, in what way?
- 7a. When planning an intervention/treatment plan for the client, what are some important factors you would expect your student to take into consideration, in this program plan? (Respond to this in general terms, not for each specific disability.)
- 7b. Who decides upon the intervention/treatment goals in occupational therapy?
- 7c. How are these goals prioritized to determine what is considered "most important"?

- 8a. State, in general terms, how you would expect the student to demonstrate her/his capability to implement the program/treatment plan?
- 8b. Describe briefly the level of involvement of family/friends/community in this program plan.
- 9a. In reference to discharge planning, who decides when the client will be discharged from occupational therapy?
- 9b. Do you expect the students to develop and document discharge plans?
- 9c. If so, how do you evaluate this skill?
10. Do you evaluate the students on their ability/competence in the area of documentation/report writing? Please explain.
- 11a. Please comment on the level of independence you expect from a graduate level student occupational therapist during the final fieldwork experience?
- 11b. What "behaviours" do you evaluate that would reflect this level of independence?
12. Please comment on the role of the student occupational therapist and the role of the supervisor in the fieldwork teaching/learning experience?.
- 13a. What may be three areas of the client's functional status which the student may be concerned.
- 13b. Provide a sample question which your student may ask the client, in relation to each area of concern.
14. During the fieldwork placement, the student is expected to demonstrate professional behaviours and habits. What are some of these behaviours and habits.
15. If the student is having difficulties during the fieldwork experience and seems to be at risk of failing the placement by mid-term, what course of action is taken?
16. What behaviours do you encourage the student to demonstrate/evaluate when focusing upon the "therapeutic use of self"?
17. What academic, fieldwork and professional practice issues are important to you and that you expect the student to know which we have not yet discussed.
18. In Canadian culture, a large proportion of occupational therapy communication in the area of research, administration and indirect client care relies upon communication technology (telephone, fax machines, and electronic computer mail). Could you comment on the nature of your own communication patterns re: how do you network with other faculty members in other universities and with the community and other occupational therapists?

19. When you think of the ways in which you would like to practice occupational therapy, is there anything that limits or prevents you from achieving this ideal?
20. It has been noted that the gender ratio of Kenyan occupational therapists is 5:1 (males to female occupational therapists). In Canadian culture, this ratio is reversed where there are approximately 5:1 (females to male occupational therapists). Can you comment on the implications of gender for the profession, with relation to client care, research, academic and administrative positions, and/or any other areas you would like to comment upon?
21. Could you comment upon the theory that the student brings with him/her and discuss how this theory is then integrated into your practice setting here?

APPENDIX B

PARTICIPANT - OBSERVATION GUIDE

Date:

Time of Day:

Situation / Occasion:

Location:

Purpose of Event:

People Present and their Role/Relationship to each other:

Observations - Interactions - Behaviour:

. Interactions - Verbal:

. Symbolic Meaning of Interactions:

. Description of the Environment:

. Objects in the Environment:

Impressions & Reflections:

Implications for further participant-observation experiences:

APPENDIX C
DOCUMENT REVIEW GUIDE

Date:

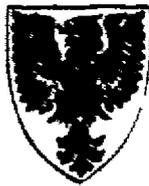
Location:

Name of Document:

Purpose of Document:

Findings of Relevance to Study:

Implications for further document review:



Dalhousie University

140
School of Occupational Therapy
Faculty of Health Professions
Halifax, Nova Scotia
Canada B3H 3J5
Phone: (902) 494-8804
Fax: (902) 494-1229

APPENDIX D

LETTER OF INFORMATION

PROJECT TITLE: CULTURAL APPLICATION OF THEORETICAL PRINCIPLES OF PRACTICE IN THE TRANSFER OF KNOWLEDGE

INVESTIGATORS: Sandra Taylor, O.T.(C)
Faculty and Provincial Fieldwork Coordinator
School of Occupational Therapy, Dalhousie University, Halifax, Nova Scotia, Canada

Rev. Gregory Kivanguli Nzioka
Head, Faculty of Occupational Therapy
Kenya Medical Training College, Nairobi, Kenya

We would like to invite you as practising occupational therapists, faculty members and student occupational therapists to take part in a research study that is being conducted as a collaborative effort by the investigators noted above. The purpose of this research is to investigate the various ways in which you, as a member of the profession of occupational therapy, apply the principles of practice.

As members of a profession which is international in scope, the transfer of knowledge takes place from one country to another in the form of international conferences, workshops and educational upgrading programs. Frequently however, little consideration is given to the cultural context in which the knowledge is to be integrated and applied. If the theoretical principles of practice could be further understood and applied appropriately within each culture, we as professionals could maximize the opportunities to share our knowledge and learn from each other. This would enhance our own professional development and would result in a higher calibre of teaching and practice which would then result in positive and productive outcomes for the clients which we serve.

The study is designed to expand our understanding of the cultural factors which must be taken into consideration when transferring knowledge of the principles of practice of occupational therapy from one culture to another. Specifically, we are interested in identifying the principles of practice which are universal to our profession, then investigate how these principles are applied in each culture. The study will also look at possible limitations in the process of practice.

To investigate these issues we would request that you complete the following questionnaire survey. It is important for you to know that there are no right or wrong answers, this survey is by no means evaluating your competency. Your sincere and authentic response to the questions will provide valuable information for this study and will be extremely appreciated. Although you may not benefit personally from taking part in this study, your participation will enable us to gain a more indepth understanding of the issues outlined above.

Your participation is entirely voluntary. There are no known risks to participating in this study. Rev. Gregory Kivanguli Nzioka will randomly select clinicians/clinical supervisors, faculty members and students at the entry level to complete this questionnaire. A theoretical sample of various fieldwork sites and geographical locations were taken into consideration as well as a fair representation of gender among the students.

As a honorarium for completing the questionnaire in full, you are being offered four dollars (\$4.00) Canadian funds, approximately two hundred Kenyan shillings, in appreciation and recognition of your kind efforts.

Participants are free to have any questions or concerns clarified by Rev. Kivanguli at the time of completion of the questionnaire. You are encouraged though, to respond from your own personal experience and viewpoint.

Your anonymity will be respected. However, if you wish to sign the questionnaire, please do so.

This page will be returned to the investigator, Sandra Taylor, along with the completed forms for data analysis in collaboration with Rev. Gregory Kivanguli Nzioka. If you have any concerns after having completed the form or would like to have further contact with either investigator, please use the addresses noted, for further communication.

Your name and signature are requested below. This page will be kept separate from the questionnaire, to honour your privacy. Thank you once again, for your valuable input.

With kind regards,

Sandra Taylor

Rev. Gregory Kivanguli Nzioka

APPENDIX E

LETTER OF CONSENT

PROJECT TITLE: CULTURAL APPLICATION OF THEORETICAL PRINCIPLES OF
PRACTICE IN THE TRANSFER OF KNOWLEDGE

I HAVE READ AND HAD THE ABOVE INFORMATION EXPLAINED TO ME. I AGREE
TO TAKE PART IN THIS STUDY. I UNDERSTAND THAT UPON THE FULL
COMPLETION OF THE QUESTIONNAIRE SURVEY I WILL RECEIVE \$4.00 (Canadian
Funds) IN RECOGNITION FOR MY CONTRIBUTION TO THIS RESEARCH STUDY.

NAME: _____

SIGNATURE: _____

DATE: _____

RESEARCH INVESTIGATOR: _____

APPENDIX Fi

COMPARISON OF THREE HEALTH CARE SYSTEMS IN KENYA

FACTORS OF COMPARISON	BIOSCIENTIFIC/ WESTERN MEDICINE	TRADITIONAL OR ETHNOMEDICINE	PRIMARY HEALTH CARE
THEORETICAL PARADIGM OF PRACTICE	-empirical science -seeks to diagnose and explain	-phenomenological science -seeks to understand	-critical social science -seeks to bring about change
NATIONAL HEALTH POLICY	-strong support -focuses upon hospital beds, and physicians	-promotes integration of traditional with Primary Health Care	-promotes concept in theory and states need to -need to place emphasis and funding into this system
EDUCATIONAL LEVEL OF CARE-GIVER	-up to 8 years University	-no formal education	-3 to 9 months training for village health worker -participation of community -therefore variable
USE OF TECHNOLOGY	-high use - technology dependent -therefore high cost	-low/nil use -therefore low cost	-variable -appropriate to community needs and cultural setting

APPENDIX Fii

COMPARISON OF THREE HEALTH CARE SYSTEMS IN KENYA
WITHIN A MODEL OF "DETERMINANTS OF HEALTH SEEKING BEHAVIOUR"

DETERMINANTS OF PERSONAL HEALTH ACTION	BIOSCIENTIFIC/ WESTERN MEDICINE	TRADITIONAL OR ETHNOMEDICINE	PRIMARY HEALTH CARE
SOCIO-ECONOMIC STATUS OF INDIVIDUAL SEEKING HEALTH CARE	<ul style="list-style-type: none"> -high cost medicine -financially accessible to small % of population -urban elite 	<ul style="list-style-type: none"> -low cost -financially within means of individual seeking help -mainly rural population 	<ul style="list-style-type: none"> -low or no cost to individual -cost shared by community, government & individual
VALUES, BELIEFS, AND ATTITUDES	<ul style="list-style-type: none"> -illness is the result of a malfunctioning organ or bodily lesion -structural or functional abnormalities is a discrete entity 	<ul style="list-style-type: none"> -psychosocial holistic values -body, mind and spirit conceived as a whole - the state of one is reflected in the other 	<ul style="list-style-type: none"> lack of: -basic health needs is result of poverty/illness cycle, lack of services and knowledge -solution must involve all individuals-be community-based
KNOWLEDGE - LOCUS OF CONTROL	<ul style="list-style-type: none"> -physician has knowledge of pathology and intervention strategies -seeks to diagnose & explain -patient is passive 	<ul style="list-style-type: none"> -traditional healer works with patient, family to acquire, share knowledge - control is with the healer -seeks to understand 	<ul style="list-style-type: none"> -collective knowledge and input of the community/village with each individual having control -seeks to understand and change
SYMPTOM PERCEPTION	<ul style="list-style-type: none"> -mutual exclusive disease categories -physician orders lab tests w.r.t. symptoms, seeks causes, labels symptoms and illness 	<ul style="list-style-type: none"> -symptoms perceived as multi-faceted entity and have metaphysical meaning to the person experiencing them 	<ul style="list-style-type: none"> -'symptoms' perceived as basic health needs of the community
BARRIERS TO CARE	<ul style="list-style-type: none"> -cost, distance, limitations of human resource and technology, very exclusive 	<ul style="list-style-type: none"> -relationship of patient with the healer -limited in intervention strategies 	<ul style="list-style-type: none"> -motivation, knowledge, organization and skills of community

APPENDIX G

FOLLOW-UP SURVEY**PRACTITIONER**

When a student in the fieldwork experience engages in the occupational therapy process of practice, it is assumed that you will evaluate the degree to which this student demonstrates the professional skills required in this process.

Please comment on the criteria that you use to evaluate a student during their final fieldwork placement, at an entry level of competence, in the following areas of professional practice.

As noted earlier, there are no right or wrong answers. This survey is an attempt to understand the various methods, technique and criteria that we, as occupational therapists in various cultures, teach and practise within our profession.

You may answer in point form, if you wish.

* * * * *

1. How do you know, when the student has demonstrated observation skills with the client? (i.e. What does the student say/do to indicate observation skills?)
2. What are the behaviours/skills you expect to see in the student in evaluating her/his ability to demonstrate adequate principles of interviewing techniques/skills? (Consider the skills involved, from the initial stage of preparing for the interview, to the closure of the interview.)
3. What is an average length of time for this initial interview?
4. Where does the initial interview usually take place?
- 5a. What are some of the key concepts you would expect the student to include, in their definition of occupational therapy, when introducing themselves to a client?
- 5b. Provide an example of a situation where the student is introducing her/himself, as an occupational therapist, to a client. In your own words, provide a brief situation and sample quote from a student re: what the student would say in providing an initial definition of occupational therapy to the client.
- 6a. What would you want to see the student doing or saying to demonstrate to you her/his ability to adequately assess/evaluate the functional level of her/his client? (Think of this in general terms, not for each specific disability.)

- 6b. Who interprets the occupational therapy evaluation data collected by a student, once an evaluation has been completed with the client?
- 6c. When you and/or a student are making recommendations for further action/program planning in occupational therapy, is the client included in this process? If so, in what way?
- 7a. When planning an intervention/treatment plan for the client, what are some important factors you would expect your student to take into consideration, in this program plan? (Respond to this in general terms, not for each specific disability.)
- 7b. Who decides upon the intervention/treatment goals in occupational therapy?
- 7c. How are these goals prioritized to determine what is considered 'most important'?
- 8a. State, in general terms, how you would expect the student to demonstrate her/his capability to implement the program/treatment plan?
- 8b. Describe briefly the level of involvement of family/friends/community in this program plan.
- 9a. In reference to discharge planning, who decides when the client will be discharged from occupational therapy?
- 9b. Do you expect the students to develop and document discharge plans?
- 9c. If so, how do you evaluate this skill?
10. Do you evaluate the students on their ability/competence in the area of documentation/report writing? Please explain.
- 11a. Please comment on the level of independence you expect from a graduate level student occupational therapist during the final fieldwork experience?
- 11b. What "behaviours" do you evaluate that would reflect this level of independence?
12. "Fieldwork education is a teaching and learning experience". Please comment briefly on the role of the student occupational therapist and the role of the supervisor in reference to the above statement.
- 13a. During your feedback sessions (meetings) with the student in which you discuss the client's progress and review the student's questions, indicate three areas of the client's functional status with which the student may be concerned.
- 13b. Provide a sample question which your student may ask the client, in relation to each area of concern, as noted above.

14. During the fieldwork placement, the student is expected to demonstrate professional behaviours and habits. Please list some of these behaviours and habits.
15. If the student is having difficulties during the fieldwork experience and seems to be at risk of failing the placement by mid-term, what course of action is taken?
16. What behaviours do you encourage the student to demonstrate/evaluate when focusing upon the "therapeutic use of self"?
17. What other professional practice issues are important to you and that you expect the student to learn that are not mentioned in this questionnaire.
18. In Canadian culture, a large proportion of occupational therapy communication in the area of research, administration and indirect client care relies upon communication technology (telephone, fax machines, and electronic computer mail). Could you comment on the nature of your own communication patterns re: how do you network with the community and other occupational therapists?
19. When you think of the ways in which you would like to practise occupational therapy, is there anything that limits or prevents you from achieving this ideal? If so, please identify and briefly discuss these issues.
20. It has been noted that the gender ratio of Kenyan occupational therapists is 5:1 (males to female occupational therapists). In Canadian culture, this ratio is reversed where there are approximately 5:1 (females to male occupational therapists). Can you comment on the implications of gender for the profession, with relation to client care, research, academic and administrative positions, and/or any other areas you would like to comment upon?
21. Would you please offer one of your own views on this topic of the application of theoretical principles, in the form of an analogy.

(Example: Applying the theoretical principles of occupational therapy to practice, is like ... gardening. You can start with basic guidelines of what to do, but it takes experience, care and knowledge of the growing conditions before the garden is productive and flourishing.)

Please complete the following:

Applying the theoretical principles of occupational therapy to practice, is like

Thank you for kindly completing this questionnaire and for your support of on-going research in our profession. Your contribution to this project is most appreciated.

Name of Practice Setting _____

Date of Survey Completion _____

Gender: **FEMALE** **MALE** (Please underline)

APPENDIX H

SUMMARIZATION OF VALUE ORIENTATIONS AND PREFERENCES

Modalities	Value Orientation Preferences		
Activity	<p>Doing: Emphasis is on activity measurable by standards conceived as external to the acting individual, i.e. achievement.</p>	<p>Being: Emphasis is on activity expressing what is conceived as given in the human personality, i.e. the spontaneous expression of impulses and desires</p>	<p>Being-in-Becoming: Emphasis is on the kind of activity that has as its goal the development of all aspects of the self as an integrated whole.</p>
Relational	<p>Individualism: Individual goals are preferred to group goals; relations are based on individual autonomy; reciprocal roles are based on recognition of the independence of inter-relating members.</p>	<p>Collaterality: Individual goals are subordinated to group goals; relations are based on goals of the laterally extended group; reciprocal roles are based on a horizontal, egalitarian, dimension.</p>	<p>Lineality: Group goals are preferred to individual goals; relations on a vertical dimension are hierarchically ordered; reciprocal roles are based on a dominance-submission mode of interrelation.</p>
Time	<p>Future: The temporal focus is based on the future; emphasis is on planning for change at points in time extending away from present to future.</p>	<p>Present: The temporal focus is based on the present; the past gets little attention; the future is seen as unpredictable.</p>	<p>Past: The temporal focus is based on the past; tradition is of central importance.</p>
Man-Nature	<p>Mastery-Over-Nature: Man is expected to overcome the natural forces to harness them for a purpose.</p>	<p>Subjugation-to-Nature: Humans can do little to counteract the forces of nature to which he is subjugated.</p>	<p>Harmony-with-Nature: A sense of wholeness is based on a continual communion with nature and with the supernatural.</p>

Adapted from Brink, 1984, p. 199

APPENDIX I

AN EVOLUTIONARY IMAGE OF EDUCATIONComparison of the Evolutionary Image
with the Existing System of Education

THE EVOLUTIONARY IMAGE: A DESIRED FUTURE STATE	THE EXISTING STATE: THE BARRIERS
<i>Become a societal system integrated with all other societal systems in a cooperative-coordinated relationship.</i>	<i>Set up as an autonomous social agency, separated from other societal systems.</i>
<i>Reflect and interpret the society as well as shape the society through co-evolutionary interactions, as a future-creating, innovative, and open society system.</i>	<i>Is an instrument of cultural and knowledge transmission, focusing on maintaining the existing state and operating in a closed-system mode.</i>
<i>Provide resources, arrangements and life-long experiences for the full development of all individuals.</i>	<i>Provides for instruction to the individual during her/his school-age years.</i>
<i>Embrace all domains of human and social existence including the sociocultural, ethical, moral, spiritual, economic-occupational, physical-mental, political, scientific-technological, and aesthetic.</i>	<i>Focuses on the basics and preparation for citizenship and employment.</i>
<i>Be organized around the learning experience level; arrangements should be made in the environment of the learner by which to attain competence.</i>	<i>Is now organized around the instructional level; arrangements are made that enable the teacher to present subject matters to students.</i>
<i>Use a variety of learning types: self-directed, other-directed, individually supported group learning, cooperative learning, social and organization learning - all useful to enhance individual and societal learning.</i>	<i>Teacher-class or teacher-student interactions are the means to provide instruction.</i>
<i>Use the large reservoir of learning resources and arrangements available in the society in order to support learning.</i>	<i>The use of educational resources and arrangements is confined within the territory of the school.</i>

From: Bathany, B. (1990). *The cognitive mapping of society systems: Implications for education*. In E. Laszlo, I. Masulli, R. Artigiani, & V. Csany (Eds.), *The evolution of cognitive maps: New paradigms for the twenty-first century*. Amsterdam: Gordon & Breach Science Publishers.

BIBLIOGRAPHY

- Achterberg, J. (1991). Woman as healer. Boston: Shambhala.
- Adamson, P.L. (Ed.) (1989). Real development in practice. The State of the World's Children. Oxford University Press.
- Alexander, J.C., Seidman, S. (Eds.). (1990). Culture and society contemporary debates. Cambridge University Press.
- Argyle, M. (1982). Intercultural communication. London: Pergamon Press.
- Baha'u'llah (1938). The Proclamation of Baha'u'llah. Haifa: Baha'i World Centre Publisher.
- Banathy, B. (1993). The cognitive mapping of societal systems: Implications for education. In E. Laszlo, I. Masulli, R. Artigiani, & V. Csanyi (Eds.), The evolution of cognitive maps: New paradigms for the twenty-first century. Paris: Gordon and Breach Science Publishers S.A.
- Barret, M., & Brown, M. (1985). Models in political economy. London: Oxford Press.
- Bateson, G. (1979). Mind and nature: A necessary unity. New York: Dutton Press.
- Bell, D. (1968). The disjunction of culture and social structure: Some notes on the meaning of social reality. (Ed.), Science and culture: A study of cohesive and disjunctive forces. Boston: Houghton Mifflin Company.
- Bennett, M. (1986). A developmental approach to training for intercultural sensitivity. Journal of intercultural relations, 10(2).
- Bitterli, U. (1989). Cultures in conflict: Encounters between European and Non-European cultures, 1492-1800. Stanford: Stanford University Press.
- Blakeney, A.B. (1987). Appalachian values: Implications for occupational therapists. Occupational Therapy in Health Care, 4, 57-72.
- Blumer, H. (1969). Symbolic interactionism: Perspective and method. Englewood Cliffs, N.J.: Prentice-Hall.
- Boulding, B. (1972). Organic Theory of Knowledge. In J. Spradley (Ed), Culture and cognition: Rules, maps and plans. San Francisco: Chandler Publishing.
- Brink, P. (1984). Value orientation as an assessment tool in cultural diversity. Nursing Research, 33, 198-203.
- Brislin, R., Cushner, K., Cherrie, C., & Yong, M. (1986). Intercultural interactions: A practical guide. London: Sage Publications.

Brydon, L., & Chant, S. (1989). Women in the third world: Gender issues in rural and urban areas. New Jersey: Rutgers University Press.

Bundtland Report (1987). Our common future: From one earth to one world. The World Commission on Environment and Development. Oxford University Press.

Callebaut, R. (1970). The Indian and Eskimo cultural influences on the practice of occupational therapy. Canadian Journal of Occupational Therapy, 37, 145-148.

Camaroff, J. (1982). In P. Wright, A. Treacher, A. (Eds.), Medicine: Symbol and Ideology. Edinburgh: Edinburgh Press.

Canadian Association of Occupational Therapists. (1993). Occupational therapy guidelines for client-centred mental health practice. Toronto, ON: Author.

Canadian Society for International Health. (1994). Promoting health in development: Canada's challenge for a healthy international development policy.

Caplan, P. & Bujra, J. (1978). Women united, women divided: Cross-cultural perspectives on female solidarity. Tavistock, London:

Carlson, M., & Clark, F. (1991). The search for useful methodologies in occupational science. American Journal of Occupational Therapy, 45, 235-241.

Casley, D.J. (1987). Data collection in developing countries. Oxford: Oxford University Press.

Casley, D.J., & Kumar, K. (1988). The collection, analysis and use of monitoring and evaluation data. Baltimore: The John Hopkins University Press.

Chambers, R. (1981). Rapid rural appraisal: Rationale and repertoire. Public Administration and Development, 1(2), 95-106. (Also Discussion Paper 155, Institute of Development Studies, University of Sussex, Brighton, UK).

Chambers, R. (1983). Rural development: Putting the last first. New York: Longman, Scientific and Technical.

Chambers, R. (1985). Putting "last" thinking first: A professional revolution. Third World Affairs. Boulder Colorado: Westview Publishers.

Chambers, R. (1986). Normal professionalism, new paradigms and development. Brighton, England: Institute of Development Studies, University of Sussex, Discussion Paper 227.

Cliffe, J. (1988). Health as a target: South Africa's destabilization of Mozambique. Social Science and Medicine, 27(7), 717-722.

Denzin, N. (1989). Applied social research methods series, Vol. 16 Interpretive interactionism. London: Sage.

- Denzin, N. & Lincoln Y.S. (1994). Handbook of qualitative research. Thousand Oaks, CA: Sage Publications.
- Department of Health and Welfare Canada & Canadian Association of Occupational Therapists (1983). Guidelines for the client-centred practice of occupational therapy. Ottawa: Department of National Health and Welfare.
- Depoy, E., & Gitlin, L.N. (1994). Introduction to research. Toronto: Mosby-Year Book.
- Dilthey, W. (1988). Introduction to the human sciences: An attempt to lay a foundation for the study of society and history. Detroit: Wayne State University Press.
- Douglas, M. (1978). Implicit meanings: Essays in anthropology. London: Routledge & Kegan Paul.
- Dube, S. (1988). Modernization and development: The search for alternative paradigms. New York: U.N. University, Zed Press.
- Dube, S.C. (1990). Tradition and development. New Delhi: Vikas Publishing House.
- Dudley, E. (1993). The critical villager: Beyond community participation. New York: Routledge Publishers.
- Durkheim, E. (1938). The rules of sociological method. New York: Free Press.
- Dyck, I. (1989). The immigrant client: Issues in developing culturally sensitive practice. The Canadian Journal of Occupational Therapy, 56, 248-255.
- Dyck, I. (1992). Managing chronic illness: An immigrant woman's acquisition and use of health care knowledge. American Journal of Occupational Therapy, 46, 696-705.
- Epp, J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Supply and Services Canada.
- Esteva, G. (1985). Development: Metaphor, myth, threat. Development: Seeds of Change: Village Through Global Order, 3.
- Esteva, G. (1992). Development. The development dictionary. London: Zed Books Ltd.
- Fanon, F. (1986). Black skin, white masks. London: Oxford Press.
- Farganis, S. (1986). Social reconstruction of the feminine character. Gender Issues.
- Fiske, J. (1989). Understanding popular culture. New York: Unwin Hyman Press.

Fletcher, D. (1995). Participation, poverty and politics: Working in international health into the 21st century. Pearson notes 8(5), 4-8.

Foster, G. (1983). In Bannerman, Burton and Wen-Chieh (Eds.), An introduction to ethnomedicine: Traditional medicine and health care coverage. Geneva: World Health Organization.

Foucault, M. (1972). The archaeology of knowledge. New York: Random House.

Foucault, M. (1975). The birth of the clinic: An archaeology of medical perception. New York: Random House.

Foucault, M. (1980). In C. Gordon (Ed.), Michel Foucault: Power and Knowledge. Sussex: Hassocks.

Frank, G. (1992). Opening feminist histories of occupational therapy. American Journal of Occupational Therapy, 46, 989-999.

Friere, P. (1972). Pedagogy of the oppressed. New York: Herder and Herder.

Friere, P. (1973). Education for critical consciousness. New York: Seabury press.

Freire, P. (1985). The politics of education: Culture, politics and liberation. South Hadley, MA: Bergin Garvey.

Friere, P. (1987). A pedagogy for liberation: Dialogues on transforming education. New York: Bergin & Garvey Publishers, Inc.

Giddens, A. (1981). The constitution of society: Outline of the theory of structuration. Berkeley: University of California Press.

Giddens, A. (1987). Social science and modern sociology. Stanford, California. Stanford University Press.

Gilligan, M. (1976). Developmental stages of occupational therapy and the feminist movement. American Journal of Occupational Therapy, 30, 560-567.

Gilman, S. (1985). Difference and pathology: Stereotypes of sexuality, race and madness. New York: Ithaca Press.

Government of Kenya (1989a). Development plan 1989-1993. Nairobi: Government Printer.

Government of Kenya (1989b). National development plan: For the period 1989 to 1993. Nairobi: Government Printer.

Government of Kenya (1991). Development and employment in Kenya: A strategy for the transformation of the economy. Nairobi: Government of Kenya.

- Guba, E.G. (Ed.).(1990). The paradigm dialogue. Newbury Park: Sage Publications.
- Habermas, J. (1972). Knowledge and human interests. Boston: Beacon Press.
- Hall, E. (1959). The Silent Language. New York: Doubleday Publishers.
- Hardy, M., & Conway, M. (1988). Role theory: Perspectives for health professionals. Norwalk, Conn.: Appleton and Lange.
- Harvey, L. (1993). Shoot: Everything you ever wanted to know about 35 mm photography. New York: Watson-Guption Publications.
- Harwood, A. (1981). Ethnicity and medical care. Cambridge, Harvard University Press.
- Health and Welfare Canada and the Canadian Association of Occupational Therapists Task Force (1983). Guidelines for the client centred practice of occupational therapy. DNHW, Ottawa: Published by the authority of the Minister of National Health and Welfare.
- Hegel, G.W. (1977). Phenomenology of the spirit. Oxford: Clarendon Press.
- Hettne, J. (1990). Development theory and the three worlds: The voice of the third world. London: Zed Books Ltd.
- Hobbes, T. (1968). Leviathan. Baltimore: Penguin Press.
- Hobson, S., Polatajko, H., & Polgar, M. (1995). Establishing occupational therapy programmes in Russia. The National, 12(1), 10-13.
- Hoebel, E. (1966). Anthropology: The study of man. New York: McGraw-Hill Book Company.
- Hume, C.A. (1984). Transcultural aspects of psychiatric rehabilitation. British Journal of Occupational Therapy, 47, 373-375.
- Iannone, M. (1987). A cross-cultural investigation of occupational role. Occupational Therapy in Health Care, 4(1), 93-97.
- Jamieson, M. (1985). The interaction of culture and learning: Implications for occupational therapy. Canadian Journal of Occupational Therapy, 52(1), 5-8.
- Johns, A. (1984). Agriculture for the blind in Ghana. A Cry for Health: Poverty and Disability in the Third World. Third World Group for Disabled People Publishers: Somerset, England.
- Kanemoto, J.S. (1987). Cultural implications in treatment of Japanese American patients. Occupational Therapy in Health Care, 4, 115-125.
- Kenyatta, J.M. (1964). Harambee - The Prime Minister of Kenya speeches. Nairobi: Oxford University Press.

Kenyatta, J.M. (1968). Suffering without bitterness. Nairobi: East African Publishing House.

Kenyatta, J.M. (1972). The challenge of Uhuru: The progress of Kenya 1968 to 1970. Nairobi: East African Publishing House.

Kielhofner, G. (Ed.).(1995). A model of human occupation: Theory and application. (2nd ed.). Baltimore, Maryland: Williams and Wilkins.

Klausen, A.M. (1995). Socio-cultural factors in development assistance. Norway: Molvik trykkeri Publishers.

Kleinman, A. (1980). Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine and psychiatry. London: University of California Press.

Kleinman, A. (1988). The illness narratives - suffering, healing, and the human condition. New York: Basic Books.

Krefting, L. (1992). Strategies for the development of occupational therapy in the third world. American Journal of Occupational Therapy, 46, 758-761.

Laszlo, E., Masulli, I., Artigiani, R., & Csany V. (1993). The evolution of cognitive maps: New paradigms for the twenty-first century. Amsterdam: Gordon & Breach Science Publishers.

Leakey, R., & Lewin, R. (1977). Origins: What new discoveries reveal about the emergence of our species and its possible future. New York: Dutton Press.

Leeson, P., & Minogue, M. (1988). Perspectives on development: Cross-disciplinary themes in development. New York: Manchester University Press.

Levine, R.E. (1984). The cultural aspects of home care delivery. American Journal of Occupational Therapy in Health Care, 4, 3-16.

Levine, R. (1987). Culture: A factor influencing the outcome of occupational therapy. Occupational Therapy in Health Care, 4, 3-16.

Lightfoot, S. (1985). Culture shock in the health context. Australian Occupational Therapy Journal, 32, 118-121.

Lincoln, Y.S., & Guba, E. G. (1985). Naturalistic Inquiry. Beverly Hills, CA: Sage.

Llorens, L.A. (1971). Black culture and child development. American Journal of Occupational Therapy, 25, 144-148.

Lofland, J., & Lofland, L.H. (1995). Analyzing social settings: A guide to qualitative observation and analysis (3rd ed.). Belmont, CA: Wadsworth.

Loxley, J., & Campbell, B. (1989). Structural adjustment in Africa. London: MacMillan Press.

- MacGaffey, J. (1986). Women and class formation in a dependent economy. In C. Robertson & I. Berger (Eds.), Women and class in Africa. New York: Africana Press.
- Maguire, P. (1987). Doing participatory research: A feminist approach.
- Marshall, C., & Rossman, G.B. (1995). Designing qualitative research (2nd ed.). Newbury Park, CA: Sage.
- Matson, F. (1976). The idea of man. New York: Delacorte Press.
- Max-Neef, Elizalde, Hopenhayn, et al. (1989). Human scale development: An option for the future. Development Dialogue, 1.
- McCormack, G.L. (1987). Culture and communication in the treatment planning for occupational therapy with minority patients. Occupational Therapy in Health Care, 4, 17-36.
- Ministry of Health, Government of Kenya (1986). National guidelines for the implementation of primary health care in Kenya. Nairobi: Government Printer.
- Mittleman, J. (1988). Out from underdevelopment: Prospects for the third world. London: The MacMillan Press.
- Moser, Caroline O.N. (1989). Gender planning in the Third World: Meeting practical and strategic gender needs. World Development, 17(11), 1799-1825.
- Morse, J.M. (1987). Transcultural nursing: Its substance and issue in research and knowledge. Recent Advances in Nursing, 18, 129-41.
- Multiculturalism & Citizenship Canada. (1989). Operation of the Canadian Multiculturalism Act. Annual Report 1988/89. Ottawa: Ministry of Supply & Services, Canada.
- Myers, N. (1984). GAIA: An atlas of planet management. New York: Doubleday Books.
- Ottawa Charter for Health Promotion. (1986). Canadian Journal Public Health, 77, 425-73.
- Ochieng', W.R. (1989). A Modern History of Kenya: 1895-1980. Nairobi: Evans Brothers Limited.
- Olivera, C. (1990). Comparative education: What kind of knowledge? in Theories and Methods in Comparative Education. New York: Peter Lang Publishing.
- O'Shea, B. (1993). Partnership in international development: The Kenya linkage project. The National, 12, 9.
- Parpart, J. (1986). Women and the state in Africa. East Lansing: Michigan State University.

Parpart, J. (1985). African women and development: Gender in the Lagos plan of action. East Lansing, Michigan State University.

Parry, K. (1984). Concepts from medical anthropology for clinicians. Physical Therapy, 64(6), 929-932.

Parsons, T. (1979). In Parsons & Shils (Eds.), "Values, motives and systems of action" from Towards a general theory of action. Mass: Harvard University Press.

Patton, Q. (1980). Qualitative evaluation and research methods. Beverly Hills, CA: Sage.

Peacock, J. (1985). The anthropological lens: Harsh light, soft focus. Cambridge: Cambridge University Press.

Pickard, F., Noble, J., & Defriese, G. (1976). The patient and primary care: Concepts of health and medicine. In Primary care and the practice of medicine. Boston: Little, Brown & Company.

Pryer, J., & Crook, N. (1988). Cities of Hunger: Urban malnutrition in developing countries. Oxfam, Oxford.

Rappaport, H. (1980). The integration of scientific and traditional healing: The problem of de-mystification. Traditional health care delivery in Africa. New York: Syracuse University Press.

Redcliffe, M. (1987). Sustainable development: Exploring the contradictions. New York: Methuen & Co.

Robinson, L. (1987). Patient compliance in occupational therapy home health programs: Sociocultural considerations. Occupational Therapy in Health Care, 4, 127-137.

Roth, P. (1993). Qualitative research: A "how-to" manual for keepers. Heidelberg, Ontario: RCI Publications.

Sachs, W. (1992). The development dictionary. London: Zed Books Ltd.

Shaw, T.M. (1977). International Stratification in Africa: Sub-imperialism in Southern and Eastern Africa. Journal of Southern African Affairs, 2(2), 145.

Skawski, K.A. (1987). Ethnic/racial considerations in occupational therapy: A survey of attitudes. Occupational Therapy in Health Care, 4, 37-48.

Spencer, J., Krefting, L., & Mattingly, C. (1993). Incorporation of ethnographic methods in occupational therapy assessment. American Journal of Occupational Therapy, 47, 303-307.

Spradley, J. (1972). Culture and cognition: Rules, maps and plans. San Francisco: Chandler Publishing.

Spradley, J. (1979). The ethnographic interview. Orlando: Holt, Rinehart & Winston Inc.

Strichter, S. & Parpart, J. (1988). Patriarchy and class: African women in the home and the workforce. Boulder: Westview Press.

Tebbutt, M., & Wade, B. (1985). Frames of reference in the care of migrant patients. Australian Occupational Therapy Journal, 32, 91-103.

Third World Editors (1990). Third World guide: Facts, figures, opinions. Argentina: Third World Press.

Todaro, M.P. (1989). Economic development in the Third World. Fourth edition. London: Longman Group Limited.

Townsend, E. (1993). Occupational Therapy's social vision. Canadian Journal of Occupational Therapy, 60, 174-184.

Turshen, M. (1991). Women and health in Africa. Trenton, New Jersey: Africa World Press, Inc.

Ulin, P. (1980). Traditional healers and primary health care in Africa. In Traditional health care delivery in contemporary Africa. New York: Syracuse University Press.

Universal House of Justice. (1995). The Prosperity of Humankind. Haifi: Baha'i World Centre.

Vaughan, M. (1991). Curing their ills: Colonial power and African illness. Stanford: Stanford University Press.

Wieringa, N., & McColl, M. (1987). Implications of the model of human occupation for intervention with Native Canadians. Occupational Therapy in Health Care, 4(1), 73-91.

Wilbur, C., & Jameson, K. (1988). Paradigms of economic development and beyond, in C. Wilbur (Ed.), Political economy of development and underdevelopment, (4th ed.), 3-27.

World Bank (1993). World Development Report: Investing in Health. The World Bank, Washington, D.C.

World Health Organization (1978). Primary health care: International Conference on primary health care. Alma Ata, USSR, September 6-12, 1978. Geneva: World Health Organization.

Yerxa, E.J. (1991). Seeking a relevant, ethical, and realistic way of knowing for occupational therapy. American Journal of Occupational Therapy, 45, 199-204.

Yerxa, E.J., Clark, F.A., Frank, G., Jackson, J., Parham, D., Pierce, D., & Zemke, R. (1990). An introduction to occupational science: A foundation for occupational therapy in the 21st century. In J.A. Johnson (Ed.), Occupational science: The foundation for new models of practice. New York: Haworth Press.