



**Health seeking practices among the
Dinka
in Rumbek East County, Sudan**

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Abstract

This thesis deals with health seeking practices among the Dinka in Rumbek East County, South Sudan. Different theories on understanding health seeking practices explain health seeking by looking at people's understanding of the cause of a disease. These models do not give a clear and true image of reality, as often people do not regard the cause of a disease as a starting point of their health seeking. Therefore a new model is developed and tested in this thesis. The new model is based on the actor-oriented approach of Long (2001) and in this model the actor has a central place. The actor chooses between a varying number of options to improve his health. The decision made by the actor is based on different interacting influencing factors, namely experience, faith (reasoning based on values and faith), knowledge and practicalities. Also the influence of social surroundings in the seeking for health is regarded as important.

The thesis starts with an introduction where the model and the methodology are explained. The second chapter gives a thorough impression of the context of the research and in the third chapter, the model is illustrated with different descriptions of people in their health seeking practice. The fourth chapter gives a conclusion on the health seeking practices of the Dinka in Rumbek East. It becomes clear that different people choose different options for the same disease, and that one person can choose different options for different diseases, based on different influencing factors.

The specific value of the model is that it does provide a better understanding of how people make choices in health seeking, by showing different influencing factors. It is advised to pay specific attention to all four different influencing factors in promoting a new health option. Often mainly the influencing factor knowledge is addressed but other factors are of major importance in the health seeking of the people of Rumbek East.

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1. Introduction

1.2 Clarification

In this thesis, I will present my research on health seeking practices among inhabitants of Rumbek East County, Southern Sudan. This research took place from September 2nd until November 9th 2009, and was carried out together with a research on natural medicines, conducted in assignment of Across¹, a non-governmental organisation working in the area. The research about natural medicines was an evaluative research, focussing specifically on a program of Across, namely the Program of Natural Medicines. To be able to understand how people think about natural medicines specifically, it is essential to consider the context in which the program takes place (Helman 2000). For this reason, I conducted a more elaborative research about the context, namely research to understand the health seeking practices of the inhabitants of Rumbek East County.

In this chapter I will state my problem, define the objectives of my research, give the definitions of some concepts used, build a theoretical framework, explain my methods, describe how I did my fieldwork and give some insights in what can be expected in the following chapters.

1.3 Problem statement

The problem I see in my research is two-sided. First, there is a practical problem, and secondly a theoretical problem.

The practical problem is related to the need for background information, as for me to carry out an evaluation research, I need knowledge on the current practices related to health seeking. Yet, Across, even though they have been working on health programs in the area for about fifteen years, does not possess a lot of knowledge about the health seeking practices of the people they are working with. In the next paragraph, I will come back to this point.

In order to understand the health seeking behaviour of the people in Rumbek East County, I want to use theories of development sociology and medical anthropology. Within these theories, I have looked for concepts and ideas. But, although some ideas like the concept of etiology provide some insight in the way people conceptualise health, in the end these concepts were not useful in explaining the health seeking practices of the people. Therefore, the theoretical side of the problem is that, although there are many theories on health within medical anthropology, the concepts provided were not useful in explaining the choices of the people regarding health.

Need of background information

Practically, in order to carry out an evaluation research, I need background information about the health seeking practices of people in Rumbek East County. This county is inhabited by the Dinka tribe, specifically the Dinka Agar, who are also living in some parts of the surrounding counties, mainly Rumbek Central. Although some research has been done in Rumbek Central on the Dinka Agar, and some other research is available that has investigated on the Dinka, none of the research is very recent, and there is very little specific information about the people in Rumbek East County².

¹ More information at www.across-sudan.org

² There is some information about health seeking practices of the Dinka, for example: the work of Lienhardt (1961), that describes the religion of the Dinka, and the health related practices, but he is not focused on the Dinka in my area; the work of Deng (1984) gives some information about the development of western health care in Southern Sudan and on the spiritual side of health, but long ago; or the paper of Schwabe & Kuoajok

The NGO (Across) holds little information about these matters. Even though they are working on health care for already quite some time, the non-local staff does not know much about this, except for the working knowledge gained through experience during the years. Not much of this is written down. There is local staff who can help them in this field, but for my research, I need more information.

Etiology and its problems

When looking to ethnographic research and the theories about health seeking practices, causes of illness have a prominent role. Glick (1967) for example, in his article about the Gimi of New Guinea, states that “in contrast to Western medical thought, the most important fact about an illness in most medical systems is not the underlying pathological process but the underlying cause” (p. 25/32). He argues that, in different cultures, there are different ideas about causation, for example spirits, family ties, jealousy etc. When he discusses the treating of a disease, he mentions the cause as an important factor in decision making, either direct or indirect, whereas the cause, contrary to Western diagnosis, is strongly related to the socio-cultural context.

Also Foster (1976) strongly emphasises the cause of disease, when he describes the differences between several ethnographic accounts. He cites Glick, and proposes etiology as main distinctive factor between different cultures. Foster distinguishes between a personalistic and a naturalistic etiology, where in the first etiology, sickness is caused by a purposeful agent, either human, spirit or god, and where natural forces or conditions cause disease in naturalistic etiology. An example of natural etiology is when someone gets ill, and this person starts thinking why this happened. The day before, there was a thunderstorm, and the person believes that this is the cause of his disease. Yet, a person using a personalistic etiology will think of a spirit, the day before a crazy man on the market has looked at him, and he has probably cursed him. For Foster, the concept etiology offers a nearly complete classification of the health seeking behaviour in different cultures.

Since the time that Foster developed this model, it has gotten many critiques. For example Feinberg (1990) who poses questions at the classification etiology provides. When doing research upon a group of people in the New Guinean highlands, whose health practices are classified as natural, he found that this classification is not the total picture, as the Huli may see the cause of a disease as spiritual while in practice, they use a natural way of treating the disease. Another critique is from Green (1998) and Janzen & Green (2003), who state that a personalistic etiology, even though often a different term is used, is still commonly assumed in theories about health in Africa, but this etiology only offers an explanation of part of the diseases, namely the psychological ones, and contagious disease needs a totally different model.

During my research, I found some limitations of the concept of etiology as well. For Foster, the concept of etiology is a way to classify different cultures according to the naturalistic or personalistic side, but in the area of my research, both etiologies exist alongside one another, and one is not clearly more prevalent than the other. Secondly, people would not always be able to explain why they would use a certain treatment, and often when asked, they would not refer to the cause of a disease. Still, they do opt for a certain treatment, which means that people do not always discursively link the cause of disease to the solution for the disease. It might be that people do not want to tell about the cause of a disease, or that

(1981) who emphasise the relation between veterinary ‘healers’ and ‘human healers’, and the role they can play in promoting health care, but also this article is about thirty years old. Yet, in the thirty or more years since these works have been published, a lot has changed in the area of my research, as war and developments have had its influences.

they do not have tacit knowledge about the disease, but still they make the choice for a certain health care.

The last point I want to make is that, even though people use a certain health care, this does not mean that they do this because the solution the health care provides will fight the cause of a disease. As long as the sickness disappears, it is not necessary to look for a way to cure the disease. This is also what Feinberg argues when he says “Often, naturalistic procedures are thought to relieve signs and symptoms without addressing underlying cause; and if a patient's condition improves sufficiently with symptomatic therapy, he may lose his motivation to attack the cause (Feinberg 1990:322).

Subsequently, the use of etiology, or other theories that explain the health seeking practices of people according to the cause of disease, becomes problematic for understanding the health seeking practices.

1.4 Research objective

As the problem of my research has a practical and a theoretical part, also my research objective is two-sided. On the practical side, my objective is to provide Across with information about the health seeking practices of the people in the area they work in, and to back-up my evaluation research concerning the natural medicines program of Across with more general information about health seeking practices.

On the theoretical side, my objective is to give input in the scientific debate about health seeking practices, and to show that there is a prominent role for influencing factors that explain the health seeking practices, other than etiological factors.

1.5 Theoretical framework

The above mentioned problems of the etiological explanation of disease are first, and most important, the fact that health seeking practices are explained mainly by looking at the cause of disease, and secondly, the classification of cultures according to different etiologies. In answer to these problems, and in order to better understand health seeking practices, I will present a new model, using the actor-oriented approach of Long (2001). The main question that guides my theoretical framework is ‘how and why do people choose for a certain option when they are sick?’

Social structures, social actors and agency

Culture can be seen in different ways; by some authors it is seen as a structure, and as an explaining ground when looking towards social practice. Long argues that any social structure is formed by actors, and therefore has no agency itself (Long 2001: 62). Foster (1976), although acknowledging the differences within culture, still wants to put culture forward as an *explanans* of health seeking practice. But according to Long, culture does not have this explaining function.

I will use the actor-oriented approach (Long 2001) to further explain this. In the actor-oriented approach, actors are making the difference. A social actor has agency, and this notion “attributes to the individual actor the capacity to process social experience and to devise ways of coping with life, even under the most extreme forms of coercion. Within the limits of information, uncertainty and other constraints that exist, social actors possess ‘knowledgeability’ and ‘capability’” (Long 2001:16). Actors have the possibility to individually or in groups act upon their circumstances. When an external intervention takes place in a group of people, the actors transform this intervention to make it part of their life. This can result in that the intervention becomes something totally different from what was intended (Long 2001). Culture therefore is not homogenous, and must also not be analysed

like that. Social life is according to Long composed of multiple realities, and culture must be analysed from the actor perspective, to be able to shed light on these realities.

“An actor-oriented approach begins with the simple idea that different social forms develop under the same or similar structural circumstances [...] A main task for analysis, then, is to identify and characterise differing actor practices, strategies and rationales, the conditions under which they arise, how they interlock, their viability or effectiveness for solving specific problems, and their wider social ramifications” (Long 2001: 20). Therefore, it is important to have means to analyse the different social forms, in my case the health seeking practices that can arise under similar circumstances. Within this analysis of the health seeking practices, “the central issue is how actors struggle to give meaning to their experiences through an array of representations, images, cognitive understandings and emotional responses. Though the repertoire of ‘sense-making’ filters and antennae will vary considerably, such processes are to a degree framed by ‘shared’ cultural perceptions, which are subject to reconstitution or transformation” (Long 2001: 51). Although culture is not homogenous, there are some shared perceptions within groups of people. It is interesting to find out what the shared cultural perceptions are, and how they are changed.

From one model to another

To simplify the hypothesis of Glick (1967) and Foster (1976), I designed the following model, where a direct relation is assumed between the *option* people choose, and what people believe about the *cause* of the disease.

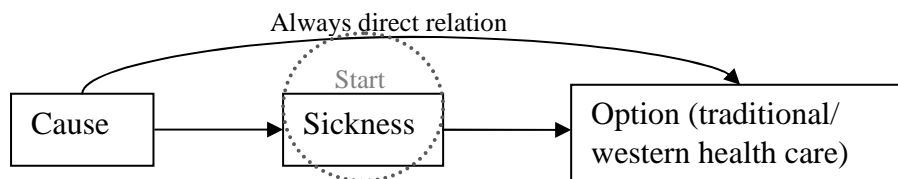


Figure 1.1 Model describing health seeking practices

Nevertheless, health seeking practices are much more complicated. In the first place, there are multiple options to choose from. In Rumbek East County, there are at least twenty different options, of which I will review about ten in this thesis. In the second place, the old model starts with sickness, but instead of it, I will start with the sick person. Starting with sickness assumes that there is a rule for certain sickness, and that this sickness is treated the same way in different circumstances. However, I argue that every individual makes different choices, based on different influencing factors. A sick person has most of the time still agency, or the people who help this person have agency. They are knowledgeable and capable within the limits of information and possibilities (Long 2001). Therefore it is possible that different people suffering of the same sickness may choose for different options, illustrating the statement of Long mentioned above, where different social forms can develop under the same circumstances.

A sick person is able to make choices, and here I distinguish four main influencing factors: *experience*, *practicalities*, *knowledge* and *faith*. *Experience* are the past events that influence the current choice, which can be personal experiences or shared experiences. Shared experience can be the cases where people experience a sickness, and share with others the actions they did and the results these actions had. In a new case, a person can take both her personal and this shared experience to make her own decision. *Practicalities* are the practical limits, such as money, distance to a certain option and the availability as such of an option. *Knowledge* is what Long (2001) calls knowledgeableability, which can be very diverse.

People obtain knowledge by talking with others, by going to school, by trainings, from their parents, and by other means within their environment. In short, all knowledge obtained in informal and formal learning I call knowledge. The last influencing factor is *faith* that I will define broader than just the beliefs with a name, like Christianity. With this word I mean reasoning based on values or beliefs. In my area this can be derived from Christian faith, traditional beliefs or cultural values. Often people derive certain norms from what they believe in, and, although they might not be able to reason about this, it is an important factor when making a certain choice.

These influencing factors together influence the choice for a certain option, and the actor combines these factors in order to make a decision. People do not always make these factors explicit, but often they use one or more of the influencing factors describing why they chose a certain option.

Another important influence in the model are the social surroundings. An actor is not alone, and exchange of ideas and advises of others are important in the decision-making. These social surroundings have directly influence on the decision-making process, but also indirectly, as the influencing factors in the model are for the largest part based on what other people tell and share.

The cause has a place in the model, but not a prominent place. Although people talk about causes when asked directly, and people connect these to the total-picture of health seeking practices, the causes are often not mentioned when talking about why choosing a certain option. Still, causes are part of knowledge, so in a way the cause still belong to the influencing factors, but not as a main or sole factor.

To summarise the above argument, I developed the following model:

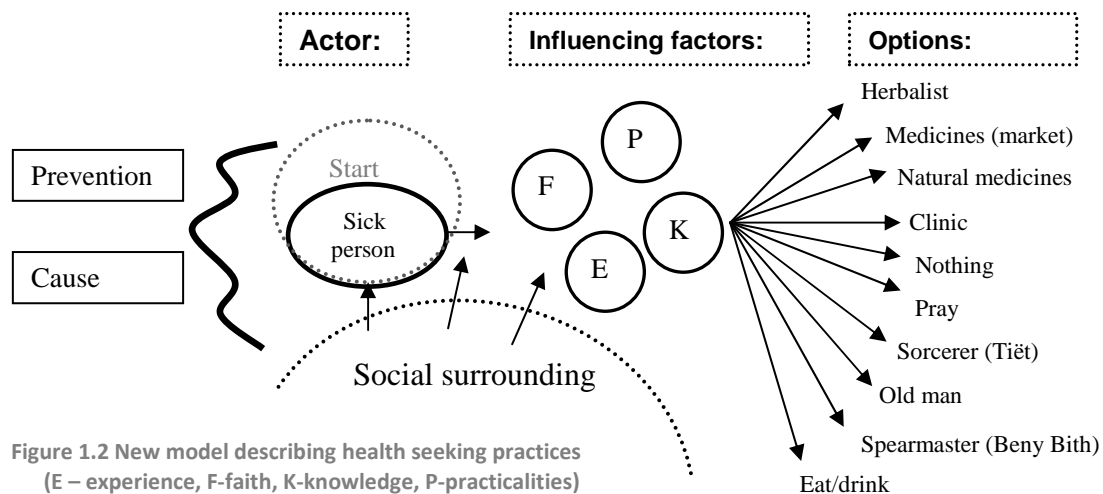


Figure 1.2 New model describing health seeking practices
(E – experience, F-faith, K-knowledge, P-practicalities)

The sick person in this model is often not alone, and sometimes the sick person does not choose him/herself for a certain option. Still, I have put the sick person central in the model, because that is the starting point of the model. If there would not be a sick person, the model is not necessary. Furthermore, if the sick person chooses an option and gets treatment, but is not cured, the person will still be sick. The sick person will continue the search for health, and takes the previous choice as an experience when looking for a new option, until he or she is not sick anymore, or dies.

Throughout my thesis, I will use this model to analyse different descriptions people give, thereby showing the practice of the model.

1.6 Research questions

The research questions, which I derived from this theoretical framework and which will be answered in this thesis, are the following:

Research questions:

What are the health seeking practices of the inhabitants of Rumbek East County?

What are the factors that influence the way in which inhabitants of Rumbek East County choose for a certain health seeking practice?

1.7 Methodology

Ethnographic research

To be able to answer my research questions, I have sought inspiration in ethnographic research. Although time limits due to my short stay and the other research I had to carry out, prevented me from doing a pure ethnographic research, I have based my techniques on ethnography. Ethnography is “social research that is carried out in everyday settings; uses several methods; evolves in design throughout the study; and focuses on the meanings of individuals’ actions and explanations, rather than their quantification” (Boyle 1994 in Savage 2000: 1401). Ethnography is also contextual and reflexive, “it emphasises the importance of context in understanding events and meanings” (Savage 2000:1401) which is important when I looked at how people choose a health practice, and how this changes over time, where multiple circumstances influence and are influenced by the choices actors make. Savage states that ethnography can provide an understanding about why certain situations exist. “Through the nature and range of methods it adopts, ethnography can provide a nuanced understanding (...) and allow comparison between what people say and what they do” (Savage 2000: 1402). Also Lambert & McKevitt (2002) emphasise this saying: “The ambiguous relation between language and action fundamentally informs anthropological research using participant observations” (p. 211). They name three different ways how people can talk about something namely: normative statements, narrative constructions and actual practices. “Ideas about treating illness and lay explanatory models, for example, are shaped by contingent circumstances and forms of practical ‘reasoning in action’ that are not always expressed orally, especially in one-off interviews, which tend to produce orthodox responses” (idem).

Techniques

In the following part I will explain which techniques I used specifically. My fieldwork was nine weeks, of which the first four weeks focused on getting cultural acquaintance, and observe important issues in health seeking behaviour in order to make a questionnaire. During these first weeks, I used observational analysis, informal interviews and informal talks. In the second part of my field research, the emphasis was more on the semi-formal questionnaires and on my case studies. The fieldwork overview below gives an outline of the different techniques used in every week, and the goal I had for each week.

Fieldwork overview		
Week number*	Techniques	Goal
1	Observational analysis, informal talks	To get to know the culture and my translator
2,3	Informal interviews, observational analysis, case studies	To get to know the context
4	Compose & try out questionnaire	To get an overview of important topics
5, 6	Questionnaire, case studies	Answer my questions
7	Followed a training organised by the program	See the program functioning
8	Questionnaire	Answer my questions
9	Reading, informal interviews, photographing	Fill the gaps in my information

*The research took place from September 3rd 2009 until November 6th 2009

Topics questionnaire

The questionnaire part covered most of the second half of my research. At this point, I will give a summary of the different topics I put in my questionnaire. In appendix III the whole questionnaire is to be found, and appendix IV provides the reasoning behind every question. The first topic of the questionnaire is the health seeking practices, first dealing with general issues and using the active knowledge people have about diseases and how they deal with it, later directed to traditional health care such as local medicinal plants and traditional healers. The last part of this topic deals with the spiritual world, as health seeking practices have also a lot to do with how people view the world.

The second topic is about Across and the Program of Natural Medicines. Here are first factual questions about the program, then more associative questions and thirdly an enquiry about the possibilities of the program and the wishes of the people.

The third part of the questionnaire is not focused on one topic but is a gathering of different questions related to different areas of health. These questions I regarded as optional, and I only reached them when there would be enough time and interest of the respondents.

Places³

All my questionnaires and my fieldwork were carried out in Rumbek East County, with one exception, the case study in the cattle camp. This one was carried out in Rumbek Central, a neighbouring county, nevertheless, the ritual performed at this place also was meant for a bigger area than only Rumbek Central. Some informants were no inhabitants of Rumbek East County, but had strong links with the area.

Descriptions

Throughout my research, I noted down the descriptions people gave about how they dealt with sickness. These are short, personal stories, where people talk about their own experiences and their thoughts about these experiences. Every one of these descriptions shows one side of the health seeking practices of the people in Rumbek East, because every

³ In a map in appendix I, combined with the overview of appendix II, the places where I have carried out my research can be found, and also the reason for choosing certain places.

individual makes his/her own choices and thereby reproduces the social situation (Giddens 1984).

In this thesis, I will give use these descriptions to illustrate the health seeking practices of the people of Rumbek East. There is not one health seeking practice, maybe there are as many as there are people. Still, people learn through what they experience. The knowledge people use to make a decision, is influenced by formal education, but even more through informal education – in all aspects of life. In different cultures, health is experienced in different ways, according to how people view the world. This is why, in a shared culture, there are also shared health seeking practices. But again, this culture is not a closed box, but open for influences from outside, and constantly changing (Long 2001).

Descriptions are a good way to comprehend this, because examples are used to illustrate the complexity of a certain issue. Through descriptions people gave about a certain health problem, I will show something of the health seeking practices.

Textbox 1.1 Descriptions

During my research I talked to a man about life in Sudan, about how people experience life after war and how they have experienced the war. He told me “*all stories are the real one*”, and that is my starting point

Word shapes

During my research, I made word shapes on important words. With this word shape, I wanted to find out what was covered with a certain word, and what terms would relate to it. Especially when translating from Dinka into English, and sometimes into Dutch, I thought it useful to be able to understand a certain term properly. Together with my translator and with some other people, I tried to define certain concepts and find out how these words were used in Dinka, or Thuɔŋjäŋ. In this thesis I will sometimes give some more information about the background of a word in a text box, starting at the end of this introduction with an overview of the Thuɔŋjäŋ alphabet. In appendix V, an overview of a list of relevant words related to my research is provided.

1.8 My experience in the field

In this part I will tell about my experience in the field, to be able for the reader to put the research in the context. I realise that my presence during the research also influences the outcome of the research, and this paragraph provides some information regarding this situation.

It was my first time to come to Africa, and this was impressive. Of the first hours in Sudan, I remember everything, from the gravel main road to the naked children herding cows. During the whole time I was in Sudan, I absorbed all things like a sponge, and it was hardly possible to read, because there was so much in my head.

Compound

I was stationed at the compound of Across in Adol, a small village in my research area. Together with some other ‘foreign’ workers, we shared a house, a place on the compound and meals. During day time, a lot of people could be found on the compound, on the one hand the employees of Across, of whom most were local staff, and on the other hand people from the village. Next to the compound, there was a clinic, where I was able to see local health services in practice.

On the compound, there lived also a group of students from neighbouring areas, who followed a course of CHW (Community Health Worker) of Across. Most of them were in similar age as I, and I spend a lot of time with them, and after a while we became friends. We played volleyball, studied their health courses together, ate porridge in the morning, and ‘washed ourselves at the water pump’. They taught me Dinka, and we walked through the

area together, while they would explain me about the natural medicines growing along the paths. During all these conversations, I learned a lot about the Dinka values and also discovered that although invisible, there are still quite some traces of war in these people. Since they were studying a health course, they were often interested in my research, and I was able to share some information. Sometimes we went to the clinic together, to see what was happening there.

Translator

My research would not have been possible without my translator Gabriel Madol Beny Makec. He was not only a translator of language, but in a lot of cases he translated and explained the Dinka culture to me. He knew how to behave according to cultural values, and taught me about it. He knew the road, and how to drive a motorcycle, and also this was very valuable for me. Working with a translator was not easy though. In conversations, it was hard to understand everything. Usually, I like to find out what is important for a person, in order to cater to an



Figure 1.3 An interview under a tree

interesting story, but this proved difficult. This is one reason why I often had to stay closer to my questionnaire than I would have liked to. In other cases, cultural or other values stood in between us, and made it difficult to do my research the way I wanted to. Still, also beside my official research, Gabriel was an important person for me. He told me that people liked me because of my smile and the fact that I greeted people in Dinka, and this was an encouragement for me.

Gabriel would always introduce me elaborately, because otherwise people would not be willing to answer. Gabriel was a local person, he had been away for some years during the war and he studied in Lokichoggio and Nairobi. Still, he knew a lot of people all over the area. Often we would reach a place and he would say, ‘oh, there is the house of my uncle’ or ‘that was my cousin’. I do not know if this had an influence on the representativity of my research, although there were quite some places where he was not known himself either.

Across

During my research, I was part of Across. In the morning we had a day-opening with employees and students, and I had a lot of contact with the staff of Across. This may have influenced my research, especially in the area close to Adol. Further away, people often would not know Across. Still, being white attracts attention, and surely has influenced how people reacted to me. The only white people in the area are employees of NGOs or other development organisations. In some places, it was the first time for children to see a white person, and sometimes they would be very scared of me, and only after a while they would dare to come close.

I would often sit under a tree on the compound, making or reading my notes. During these times, employees would often join me, and we would talk about my experiences. In these moments, I could ask background knowledge, to be able to put the things people told me in a context. Especially Elijah was a valuable source for me. Most of the background knowledge about the spiritual



Figure 1.4 Elijah teaching Dinka

world comes from conversations with him, and with all the people sitting around who would have something to add. Elijah was also my official Dinka teacher. Other people who have spent a lot of time listening to my stories, ideas, and who I could always ask for information were Andrew Marial, Peter Kot and Simon.

Anthropological research on health

Even though my research is on health, my study is international development, and therefore I possess a very limited amount of medical knowledge. Sometimes, during my research, this was difficult for people to understand. When asking question about health, they assumed that I would know a lot about health myself, and they would often ask question to me, assuming I had specific knowledge about it. Yet, as an anthropologist, I wanted to learn from them, which was difficult for people to understand, as they expected white people to know everything and to teach them something.

Likewise, this thesis does not provide medical knowledge about the diseases the inhabitants of Rumbek East County suffer of, but anthropological understanding of the way people deal with their health problems.

1.9 Reading guide

In the coming chapters, I will answer my research questions. The first chapter will give extensive background information, in order for the reader to understand the situation in my research area. Topics like development, culture and values, the spiritual world will be described, and some basic information about how people practice healing is given. Using the model I developed, I will illustrate what is changed in health related issues, during the last fifty years. I will conclude the chapter with a case study about a spiritual leader who conducts a ceremony that prevents sickness. This chapter will provide thorough understanding of how the current situation in Rumbek East County is. Yet, this chapter describes the culture and condition in the general terms. The following chapter will present some specific cases, in which I will use descriptions to show the health seeking practices and illustrate the different ways of choosing the various options. In this chapter, the situation in Rumbek East County is portrayed specifically, where there is room for differences between the various cases. The last chapter will be the conclusion where the research questions will be answered and a discussion is given.

Box 1.2 Thuɔŋjäŋ

The alphabet of the Dinka (Muonyjäŋ) is similar to the Latin alphabet. However, in Thuɔŋjäŋ (the language of the Dinka) there are some letters that are not used in the Latin alphabet.

When writing in Thuɔŋjäŋ, I will therefore use some other letters.

‘ɔ’ is written as ‘o’

‘ŋ’ is written as ‘ng’

‘ɛ’ is written as ‘e’

Note: Times New Roman does not support these letters, but Arial Unicode MS does, that is why I use this font in my text boxes.

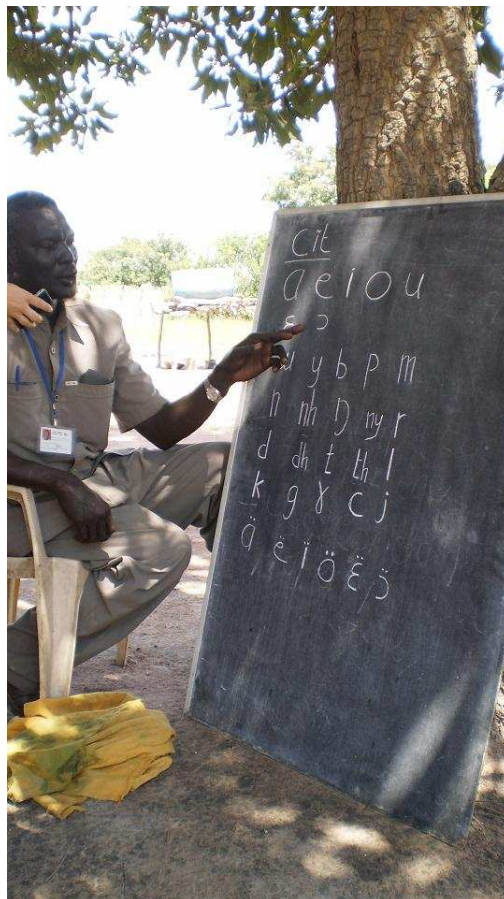


Figure 1.5 The Dinka alphabet

2. Background information

2.1 Introduction

In this chapter, I will sketch the context of my research. It will function as a back-cloth, to be able to better understand the following chapter in which different descriptions people give about their health seeking practices are discussed. The following topics are dealt with in this chapter: first I will outline the recent developments in my research area, and its influences on health. Also mentioned in this part is how the lives of people nowadays look like. Secondly, I will describe the importance of culture and values. After that I will describe some parts of the spiritual world, as this has a strong influence on the health seeking motivations. Hereafter, some basic information is given about how the health care (Bhasin 2007) in my research area, where I will describe the different traditional healers, the clinic and the role of medicines. In the fifth sub-chapter, I will look at change in health seeking practices within time, and the influences different changes have had, using the model I developed. The last part of the chapter will deal with the prevention people practice in health seeking, where I will describe a traditional ceremony, where god is asked to prevent sickness and to promote health.

2.2 Development in Rumbek East County

My research has been conducted in Rumbek East County, Lake State, Sudan. I will describe some processes of the last 50 years that have affected the development in my research area. The processes I describe are mainly macro-level, and therefore have influence on Sudan in general. However, I will focus on the area where my research has been. On the map in figure 2.1, the country Sudan is shown, with Rumbek. A more detailed map of the area of my research can be found in appendix I. There is one big city close to Rumbek East County, and this city is called Rumbek. The only town in my research area is Akot, but this place is rather small⁴.

Civil war and development

In Sudan, there has been a civil war from 1956, after the independence, until 1972, and from 1982 until 2005. This affected the development, especially in the southern part of the country, which already had been nearly deprived of development during the English domination (Sanneh 2002, Hasan & Gray 2002, Deng 1995). During the ten years of peace in between the two civil wars, the Arabic north of the country organised schooling in the south. Other developments were, according to people in the south, not very much present. There were not many NGOs present in the south during the war. However, from 1992 onwards, when also the issue of Sudan was a bit more an international media issue, more big NGOs went to the southern part of Sudan. Yet, some small

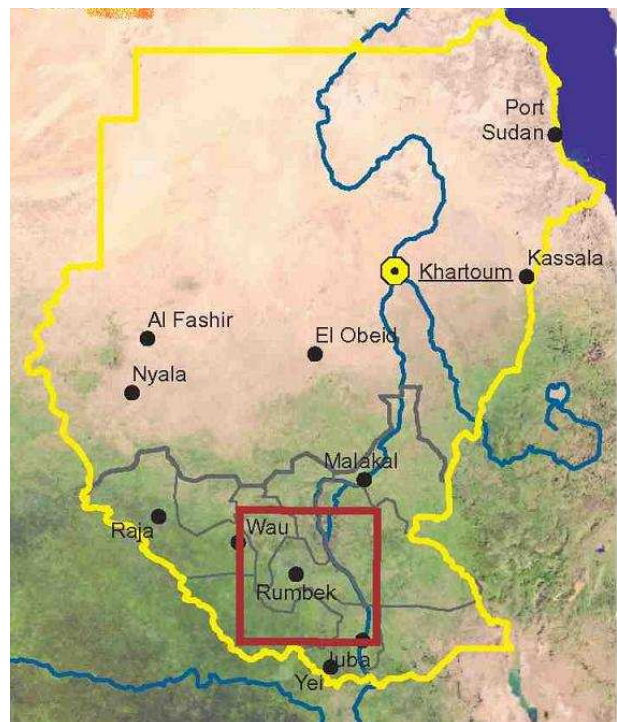


Figure 2.1 Sudan, within the area in the red box Lakes State with its capital Rumbek

⁴ Although I do not know exactly the number of inhabitants of Akot, I guess there are about five thousand. Compared to the villages in the area, this is rather big, but compared to Rumbek, this is rather small.

organisations have been active in Sudan before, for example Across that was present in South Sudan already from 1972.

From 1992 onwards, there was a change in Rumbek East County. In this year, only Rumbek was under control of the Arabs, the rest was in the hands of the SPLA (Sudanese People Liberation Army). NGOs came in: Oxfam opened a clinic and started trainings, the Italian organisation CCM⁵ started a big hospital in Biling (in the south of Rumbek East County) and Save the Children came in and started to distribute books. Schools, which had been in Arab since 1972, changed their language to English.

In 1997, Rumbek fell in SPLA hands, and all NGOs in the area moved their head office to Rumbek⁶. World Food came in, and UNICEF as well. This higher prevalence of NGOs is one of the reasons for the more rapid development after the war (FN 09/09/2009).

Still nowadays, although the war is over, the situation is not stable yet. There is no clear future, since only in the referendum of 2011 it will be clear if the North and South will be a separate states or one state. At the same time there is a lot of tension between tribes, clans and families; once in a while there is fighting between tribes, clans or sub-clans, and there is cattle raiding, with a lot of implications.

An example of an effect of this is the hospital of Biling. In the summer of 2009, there was a fight between two tribes in the south of Rumbek East County, close to the hospital of Biling. After the fight, that area was still dangerous, and the hospital of Biling was closed because of insecurity.

The war had its implications for development. There was no central government taking care of the country and the south especially. Apart from the direct influences of war, for example death, displacements, young man who are away from home fighting and insecurity, also indirect influences had a high impact on development. Infrastructure, which was not developed at all before the war, did not improve. Trade was nearly impossible, especially more inwards the country. This, among other things, had huge implications on the availability of medicines.

The following story describes an example of how people during the war took the initiative to develop. It is the example of the primary school in Adol, and a man, living in the village of Adol, told me the story.

“In the end of the eighties, some of the inhabitants of Adol realised that our children needed education. The children of the enemy got education, and to be able to win the war, our children needed to be educated as well. So we chose a place for the school, and started teaching under the lulu trees. We did not get any payment, since there was no working government. Sometimes, the parents of the children gave something of the harvest to the teachers. The teachers did not have any specific training.

Until 2005, teachers did not get any payment. Yet, the school survived, and it is still in place today. Currently, the GOSS (Government of South Sudan) (irregularly) pays the salaries of the teacher, but there is still no official training.” (FN Q26)



Figure 2.2 Primary school Adol

⁵ Comitato Collaborazione Medica, a medical NGO from Italy. See list of abbreviations and names on page 53.

⁶ Before, most NGOs had an office in Akot, and there was also an airstrip in that town. Since that time, the importance of Akot has declined.

A lot of people did not get any formal education, and until now the illiteracy rate is very high. Secondary schools are even scarcer than primary schools. Education is often mentioned as a way to learn more about health. Nowadays, more and more children go to schools, but the quality of education is still debatable (Source: personal conversation with people in the education program of Across, different dates).

Like the development of education, also other aspects of development are still in a very basic state: at most places there is no electricity, no running water, and no sanitation facilities.

How do people live?

Currently, most people in Rumbek East live in the countryside. There are some bigger villages, but also in these places there are few facilities. Trade developed barely on the countryside, although many different goods are available in Rumbek. Rumbek also offers services like a hospital, internet and an airstrip.

People practice agriculture, and produce mainly for their own living, everyone has their own piece of land. Most people only buy sugar and salt on the market.

A family in Rumbek East consists in general of a man and one or more wives. Sometimes, wives have their own house; in other cases a women of the same husband share a house. A house is a place where a family lives. It is recognizable at the open space without any grass around it. Houses vary in ways they are built, most are built of wood and mud with a thatched roof. Sometimes there is one house with different floors, in other cases there are various houses being put together. Often relatives like grandparents also live at a house.

When a woman marries, she leaves her parents place and moves to her husband's place. The man pays dowry for her, a price paid in cows, ranging from about twenty to sometimes as many as three hundred cows, depending on concurrence, the family she is from, qualities she has and her virginity.

At a house, there live also children. The children of different wives often grow up like brothers and sisters. The women take care of the household, and men go hunting. Often men can be seen playing games like dominoes under the trees on markets. The agricultural labour is divided among men and women, but the women can be seen on the land more often. The tasks within the household where women take care of are getting water, getting firewood, cooking, raising the children, cleaning the area of the house, some handicraft (like sewing bed sheets) and making sure there is enough food. Men are usually the ones that have money.

In the raising of the children, brothers and sisters play an essential role. Often young girls can be seen walking around with a child on their hip. Boys take care of the animals; the younger ones take care of the goats, while the older ones take care of the cows.

Concluding remark

Because of the war, a lot of services and other facilities were not developed, also in the case of health care. Even though health care is one of the first things that were introduced, once the NGOs came in, this health care is not yet very developed or widely available. Therefore people had to rely on traditional means of solving their health problems, as these were available when all other means were lacking.

2.3 Culture and health

Culture has a significant influence on how people live. At one house, the women of the house told me after something about a workshop they had followed (of Across) where they were taught not to cook for more people than of your family: *“Across does not have respect for our culture. In this workshop we learned we shouldn't give food to the stranger and the person who visits us. They said we should not cook too much if people come and visit us. But*

that's impossible, if you cook less, then people will complain about your hospitality, and then your children will never marry.

We live in this culture, and we know it. If you behave differently to what is good according to culture, you don't fit. Then people will talk about you, and they don't want to marry you or your child. You can't just break with culture. We know what to eat every month, how can they tell us to eat less? If we don't make a bit too much food, we can't invite people to your place and be hospitably. Maybe someone passes by and he does not have food, than you will offer him food. If we would do what they said in that workshop, people would die of hunger, and we would not fit in our culture.” (FN 15/09/2009)

In this story it becomes clear that the women attach a lot of importance to culture. There are a lot of different aspects of culture. These women mention food and hospitality, but there are many more aspects. In this part I will show some key values. Some of them have to do with family, some with roles of man and woman and other values are related to society.

Core values

When interviewing people, I would ask about what the core values of the Dinka culture are. At a place, two women are present. They tell me: *“The main values are a clean house, enough food and hospitality. In this way, people can see that you are a good person. Not because you yourself say so, but because others can see it and will talk about it. Also quarrelling is very bad, both between women and between husband and wife. That will give you a bad name. At the land of a person you can also see if there is a good, hard-working person in the house. Still, as you can see, our crops don't look well, but that is not because we didn't take care of them, but because of a lack of rain.” (FN 22/09/2009)*

These women state that hospitality is important as well, while other values they mention are to give a good impression of yourselves by taking care of the things you have.

Some other values are to be in company. When people want a lot of privacy, they are seen as different, and strange. To be different is bad; even if you have a master in university, you still have to fit in culture. People do behave according to this value: some people have studied abroad, mainly in Nairobi or in Kampala, and they clearly have had a very different life there. One time, I was looking at some pictures showed to me by some guys who studies abroad and it was clear that they had had a very different life in the place where they studied. Still, at their home, they fit in again, and try to live the old lifestyle. People told me: *“When in Kenya, do like the Kenyans do, when in Sudan, behave like the Sudanese”.*

Fit in

It is important to follow all these values, and to fit in, because when not fitting in, people will not gain respect, and will get a bad name, which makes it difficult to marry. Mostly, there is a lot of concurrence when marrying a girl, so a family will have the opportunity to choose a person who does not have a bad name.

The following story shows that, although it is seen as good to fit in, this does not make it easy.

One time, I met a man of twenty-four years old. He told: *“I married three days ago. Here is my wife, she is twelve years old. She can write her name. Now, she is leaving for Khartoum, to live with my father for a while. Maybe she loves me, but she is very shy. I don't love her, she is not even beautiful.*

I did my high school in Kampala, together with some of my brothers. I had a girl there, we loved each other. But my dad did not want me to marry her. I went to Khartoum a few times, to talk with my father, but he did not think that girl was good for me.

I was good at high school, and I got an offer to study in Malaysia, at a university. I wanted to go there, but my father said that I had to marry before continuing my study. I am the eldest son, so I have to marry first. Maybe I will go and study later, I don't know yet.

For my marriage, a lot of my uncles and relatives helped to pay the dowry for me. I paid 200 cows for the girl. I used to have a photo camera and a phone and some other things, but my uncles came in and asked if they could have it. I had to give it to them because they helped me with my marriage. Now I have nothing (FN Q24). ”

In this story it is clear that the father takes care that the son will follow the Dinka culture, and fit in society. Even though the son did not really want to marry, he could not disobey his father and the rest of his family.

The significance of cows

Cattle keeping is very important for the Dinka. Cows are very valuable, for their milk and other consumables, but even more for status and for dowry. Cows are taken care of by some family members, and they live in cattle camps. Nearly all young boys spend part of their childhood in a cattle camp.

People are often named after the cows that are used for the marriage of their parents. Cows are named after their colours, some colours, and therefore some names, are more common than other. Examples are Marial, which is a bull with black and white colours, where the sides of the cow are white, the female name is Rial. Another example is Ayen which is a cow that is blond coloured, the male name is Mayen (also written as Meen). These names can therefore both belong to a cow and to people. Not all people are named after a cow, sometimes people are called after the time of the day that they are born, or the circumstances that they are born in. Examples are Deng (male) or Adeng (female), which means rain, and a child gets this name when it is born in the rain, or Kat, which means run, a name of someone who is born during the time that his mother ran away during the war.

I asked a woman what she thought important in Dinka culture, she told: *“To have a house like this, and to take care of it. Further cows, money is not important here, but cows are.”*

I also asked some young men, and they responded: *“You get respect when you have many cows. The more cows you have, the higher your status is. There are special cows, like Marial, a black and white cow with a nice lining. This is the best cow. Sometimes you can pay up to ten cows for one beautiful one. Also, people respect you if you work hard. Laziness is something bad. Doing things and showing that you are busy is important. And to have a good house gives you respect. Stealing is something bad, you shouldn't do that. Some other values are dancing, and especially jumping high. If you can do that you are a respected man. Also wrestling is something good, you should prove that you are stronger than the others. To eat on the street is bad, especially in town, or at place where a lot of people are. People who eat on the street are bad (FN 16/09/2009).”*

These descriptions show the significance of cows in the Dinka culture. It is interesting to note that most of the women will first mention other aspects, and later cows, while men often would first mention cows, and sometimes not mention social aspects at all. This shows a difference between the male and female culture within the Dinka culture.

Sexuality, health and culture

Other values are related to sexuality and marrying. A lot of these values are related to sexual relations. For example: if you ever have slept with someone who is related to you, then, if

you marry, and you will get a child, you have to tell this during your delivery, otherwise your child will not come out. Or, if two men of the same clan have slept with the same woman, the woman has to tell it during the delivery of her child. Also in the case that, while a woman was pregnant, and a man who is not her husband comes in during the night and accidentally touches her private part, she has to tell it during her delivery, and also when a pregnant woman has slept with a man during her pregnancy.

Although adultery for women is more often disapproved in values than adultery for men, there are also values related to men like: when a man has committed adultery, and he will go to hunt on buffaloes, the man will be the target of the buffaloes because he has committed adultery.

Furthermore there are also values for within the marriage.

Someone told me: *“Before a woman marries, the old women of her family will talk to her, and explain her things about sexuality, breastfeeding and things she should do to her husband, for example about a sickness called thiäng. This sickness will occur in a child if a man sleeps with a woman while she is still breastfeeding, both if he is her own husband or not. If the man would want to sleep with her, the woman will quarrel ‘do you want to kill my child? If you really want to sleep with me, I will call the elders of the family’, and that will be a shame for the man. If the husband is away for a while, the woman is not allowed to stop breastfeeding, only if her man allows, and she can breastfeed her child up to two years. If a child has thiäng, it will be sick, and you can go to an herbalist, who will give the child a wild natural medicine that can cure the disease. In the urban areas, they ignore the rules of thiäng, but they face the problem (FN 09/10/2009).”*

The importance of children

In my research area, it is very important for people to get a child. When there is a descendant,



Figure 2.3 Woman showing her child

people know that after they die, they will still exist, because children bear their image. For a man it is important to marry, so he will have children. And if one wife does not give him children, he can marry another wife. A wife is also a bit a status symbol as it is expensive to marry. For marrying, the wife should be bought with a lot of cows, ranging from twenty, which is very low, to fifty, which is quite normal, to three hundred, which is very high. The marriage is often arranged by the parents of the man and the parents of the wife, together with some other relatives. The man cannot pay the dowry alone, he needs all his relatives to help him pay the dowry, and all the relatives give him a few cows for his wife. Mostly his father pays the biggest amount, and this is the reason why the first wife is sometimes called ‘the fathers wife’. Often later a second wife is married, to show that the man is rich and that he can take care of himself. It is not uncommon to have more than one wife, and sometimes the amount of wives can reach fifty or more.

In the following chapters I will give some attention to how mothers react if they cannot get children, or how they react if a child is sick. In these stories it becomes clear that children are (one of) the most important things in the life of a woman.

Man & women

In the numerous values that apply to how one should live, a strong task division between men and women is revealed. One example is this: men (who are marked) cannot cook, and therefore not eat in public either. Cooking is a task for women, what will the women do if the men will cook? You are greedy if you cook for yourself; except for if you are in the bush, there it is allowed.

Conclusion

Culture is very significant, and to fit in, to not be a stranger, is essential for living. When values are not followed, it is not possible to marry, while marrying and to get children, is very important, because that is the only thing that will remain of a person on earth after someone passes away. Reproducing seems to be the main value behind the other values, because all those values should be followed in order to fit in, so that the family has a good name, to make it easy to marry so that there can be descendants. Even if someone dies without children, a brother will 'take care' of the woman, and the children the woman will get, still belong to the one who died

Some values take with them some health consequences, and in the coming chapter we will see more diseases that originate in cultural or family values. In this chapter, we have seen that culture is very important, and that it is very important to 'fit in'. In the following chapters however, it becomes clear that, although culture is very important, it does not totally define people. Actors make their own choices, and there are more aspects that define decisions than only culture.

2.4 Spiritual world

This part of the chapter will depict the spiritual world. It is not possible to fully describe all aspects of it, and this is also not necessary, but I will provide you with some information, in order to better understand the descriptions later. First I will explain creation and god(s). After this I will mention some spirits and other items with spiritual power.

Everyone believes in Duciek (or Aciet) who is God the creator. He created everything. Someone told me that there are a various stories about creation (FN 22/09/2009), although many people who I asked about it seem to have forgotten those and tell instead the Christian story of creation. The following stories are examples of (incomplete) traditional stories about creation.

There were different times, and things happened age by age. Nhialic was close. There was a ladder to heaven, and it was possible to climb the ladder to talk about problems.

One day, some women were fighting about something. A bird that was blue and green saw them and got angry, and he flew to the rope and

Box 2.1 Gods and spirits in Thuonjān

Nhialic

Nhial = above or heaven

ic = 'in'

So Nhialic can be translated as 'the one who is in heaven', or as 'god'.

Nhialic is used in general to describe god, which can be the Christian God or the traditional god. Lienhardt (1961) translates Nhialic with Divinity.

Nhialinjkor – smaller gods, or 'clan-gods'

These gods are not real gods, because Muonyjan say that there is only one god, but these are like helpers of Nhialic.

Jak (plural) Jok (singular) = small gods or spirits, is able to communicate.

Lienhardt (1961) translates *jok* with Power "Divinity and divinities belong to that widest class of ultra-human agency collectively called, in Dinka, *jok*, Power." (p. 31)

Deng – other kind of spirit, cannot communicate.

Wal – something spiritual that can be attached to something material.

cut it. Since then it is not possible anymore to consult Nhialic directly. (FN 22/09/2009)

One day, some women were pounding grain. One woman pounded too high and hit the god in the heaven. He ran away, so that is why it is that Nhialic is not very close anymore. (FN 22/09/2009)

Dinka stories of creation often emphasise the separation of men from God. Also Lienhardt observes this (1961: 40). All stories begin with Duciek who created all what is. Duciek is only mentioned in stories of creation, in other instances people talk about Nhialic which means 'the one who is in heaven, God'. (The different gods and spirits, together with the local names, are explained in textbox 2.1).

A lot of people I interviewed say they believe in one God. Almost everyone believes in Nhialic. Yet, this does not define the way of believing, as practice varies tremendously. There are people that worship Nhialic in a traditional way, although most people who do this, do not say claim to worship Nhialic, but a certain Nhialingkor, who represents Nhialic. Every group has its own Nhialingkor, and these have different names. Yet, even the people who tell they believe in a Nhialingkor still believe that there is one god which is Nhialic. Christians believe in Nhialic as well, but they worship him in church, and they also know Jesus.

Most people say that there is only one god, and this god can be worshipped in different ways. Still, some people say that god should be worshipped in a specific way, and that people who worship differently are actually not worshipping the real god, but a spirit or a devil.



Figure 2.5 Cattlekeeper showing 'Arob' a kind of wal, attached to ash of cow dung



Figure 2.4 Girls pounding grain

Every family of the Dinka is related to something. This can be anything like a tree, an animal, a part of an animal, a stone, grass, fire, the moon etc. A family has to take care that they keep the spirit of, for example, the fox happy, by giving it some food once in a while. Not everybody nowadays is serious about this practice, but a lot of people still sacrifice to keep the spirit content because, if a spirit gets angry, you may get sick.

There are different kinds of spirits, and another example is *Jok*. These can make people sick. *Jak* cannot be seen, since they are spiritual. They are able to communicate through somebody. Another spirit is *Deng*, which is similar to *Jok*, except for that it cannot talk. There is also a magical power called *wal*, which is something spiritual attached to something material. It can be dangerous as sometimes people own a *wal* that can be used to kill someone.

2.5 Health care

In his article about medical anthropology, Bhasin (2007) makes a distinction between the disease theory system and the health care system. The first one is concerned by the *beliefs* about the natural of health, cause of illness and remedies, while the health care system are the "ways employed by society to deal with sickness and the

maintenance of health” (p.9, emphasis added). In this part, I will describe the health care system as present in Rumbek East County.

Traditional healers

There are different traditional healers of which I will mention a few. In textbox 2.2 these traditional healers with their name in Thuonjäng are described. Firstly, there are herbalists, called *koc wel* who use natural medicines to cure people. Further there is a *ran cau*, mostly a woman, who has spiritual power, she can for example remove things that are sent by witchcraft (FN Q8). Further there are two important kinds of persons with spiritual power that are often mentioned, namely *Beny Bith* and *Tiët*. *Beny Bith* is a spear-master; he can talk to god, and has healing powers. Often he also has power over rain, fertility and wealth and he is a respected person in a community. He can make rules or prophecies, also about war and fighting and they are followed. Lienhardt also mentions the spear-master in his book about the religion of the Muonjang, and he shows that these spear-masters are one of the most important parts of the religion of Muonjang.

Tiët is not so much associated with a god, but also he has spiritual powers with regard to health. *Tiët* is also known for his gifts in seeing. He is described as someone who sees something magic (FN Q15). He can see the cause of a certain problem. If someone is sick, he can go to *Tiët* to find out where the sickness comes from, and what the solution is. And if you lose your cow, than you can go to *Tiët*, and he can tell where the cow is, and also how it got there, like if it is stolen by a certain person. Often *Tiët* is like the shaman that Foster (p. 147) describes, who discovers the cause, but does not give the cure for the disease, since *Tiët* often refers to a specialist. However, this is not always the case.

There are other people with healing capacities, like *biny ja* (a magic man) or *mataba* (a dangerous person possessing a lot of power), and other. In fact there are a lot of

Box 2.2 Traditional healers in Thuonjäng

Ran wɛl, koc wɛl (pl)

Ran, koc (pl) = man, people (pl)

Wɛl = medicine

Ran wɛl is a ‘medicine-man’ or a herbalist. This person uses natural medicines to cure. Schwabe & Kuoajok translate it as medicine man.

Ran cau

Traditional healer with spiritual power. Is able to remove witchcraft. “Witch doctor (often a woman) who attempts to counteract the curses of witches” (Schwabe & Kuoajok 1981: 232).

Beny Bith

Beny = a ‘master’ or a leader, the head of a village or a tribe is also called ‘beny ~ ‘

The plural is baany

Bith = a fishing-spear (tong = war-spear) (Lienhardt 1961:174)

Beny Bith can therefore be translated as spearmaster. Schwabe & Kuoajok translate this wil ‘prominent priest’ (p.232)

One of the stories about the origins of the Baany Bith has to do with a spear: “*Nhialic threw down a spear to the earth, and the ones got this spear have this spear have a special spiritual power. Therefore they are called spearmasters. Nhialic chose the people.*” And, even though Nhialic is not throwing spears down to the earth, the descendents of the first Baany Bith will be the Baany Bith of this time.

Continuation next page

different ones, and many diseases have their own specialists. The ones I mentioned here give an impression of the variety between the different healers. Schwabe & Kuojok (1981) mention another healer, who is called *atet*, or ‘skilful medical *atet*’. This person is “skilled in the manual arts of wound and abscess surgery, bonesetting” (p.232). In my research I did not enquire often about wounds and bonesetting, but I have heard about a specialist for bone fractures, and that most people do not go to the clinic for these problems, so this healer is likely to still be present in my research area⁷.

The different traditional healers often combine different aspect of healing. Schwabe & Kuojok speak about the ‘*tiet wal*’ (p.232) where a *Tiët* also prescribes natural medicines. During my research I also heard about the different traditional healers, and that it was difficult to distinguish, because of overlapping tasks. Only *Beny Bith* is a special function, and *Beny Bith* is more like a title, where different *Baany Bith* have different qualities.⁸

Clinic

The clinic is a place where local people actively meet western health care. Although the people who work in the clinic are mainly local people, these people have studied western style health care, and work according to it. People who go to the clinic choose to go there, for different reasons. There are different kinds of clinic in my research area; there are the bigger clinics, like the ones in Rumbek, Akot and formerly in Biling, but also smaller ones, that can be distinguished in PHCU and PHCC, meaning Primary Health Care Unit or Centre. In text box 2.3, more information can be found.

Continuation box 2.2

This does not mean that if you are a son of a *Beny Bith* you will automatically become the next *Beny Bith* after your father dies. One of the sons of the old *Beny Bith* is likely to be the next one, but not directly after his death.

“Every clan has their own Beny Bith, once in a while someone stands up and will be leading their clan in the coming years. It is not possible to chose to become a Beny Bith, but you will discover it with signs, and special happenings and miracles. Also people around can recognise a Beny Bith on these signs.”

Tiët

Tiët is a kind of sorcerer, a clairvoyant, a medicine-man (Lienhardt 1961:75,142) or a ‘itinerant exorcist with other functions in the traditional Dinka religion (Schwabe & Kuojok 1981:232). He can be found in almost every village.

⁷ During my research, one time people said “if someone has an accident and breaks his legs, we solve it outside the hospital. There is a traditional healer who is better than the hospital, because in the hospital they give injections so you don’t feel pain anymore. The hospital is good for inside problems such as the heart” (FN Q24). At another moment, my translator did not show up, and he told: “I had to bring my little cousin to the specialist, because he had broken his arm, and there was no one else who could take him” (FN 31/10/2009). When I read about this *atet*, I realised that he might have brought him to this specialist.

⁸ An interview with a *Beny Bith* is given in appendix VII, and an overview about how people think about *Tiët* and *Beny Bith* is given in appendix IX.

Box 2.3 Clinic in Thuɔŋjäŋ

Pan Akim

Pan = house

Akim = doctor

Pan Akim is the house of the doctor. A place where the doctor is. This can be a bigger hospital, in a big city, or a clinic, both PHCC (primary health care centre) and PHCU (primary health care unit). A PHCU is only open during weekdays, and only has an outpatient section. A PHCC is the clinic in Adol for example, a place which also has an inpatient section, and is therefore open day and night and also during weekends.

Mostly, when people talk about a pan akim, they mean a place where there is someone with knowledge about health, and with manufactured medicines.

Still, also a place in Rumbek East, where a person with a special instrument (digital thermometer) gives some special medicines (vitamin pills) to people, is called a pan akim.

In this thesis I will use the word 'clinic' and to translate the word 'pan akim'.

Medicines

Because medicines have a special role in health care, I will give some attention to its place in my research area. In their article about Cameroon that describes a similar situation like my research area, Geest&Whyte (1989) focus on western medicines specifically, and they show how these medicines carry a whole range of influences along. They show the difference between western medicines and traditional medicines, and the main aspect of western medicines they present is that it is a *thing*. Medicines can be taken out of their context, and can be applied individually. Geest&Whyte show that in some cases, people have a certain disease, and they do not want to share this with everyone, and there the western medicines can be used, as it can be used secretly.

In my research area, different medicines are used. In box 2.4, these are mentioned with their name in Thuɔŋjäŋ. There are manufactured medicines and natural medicines. The manufactured medicines are provided at different places and in different circumstances. They are provided at clinics, on prescription of a clinical officer, and they are provided at the market, where a person, who did not study any health related study, can sell any medicine. Often clinics do not have enough medicines, and they send people to the market to get medicines. In some cases, people buy the medicine at the market, but inject themselves with it, which can be dangerous, since some medicines need a special dose or can have dangerous side-effects. An example of this is the following story of a CHW student: *“Medicines from the market can be very dangerous. A few years ago, one of the CHW students that studied here died, because they wanted to try a medicine, without taking good care of what kind of effects the medicine had (personal conversation).”*

Secondly, there are the natural medicines. These medicines are called *wel muonyjang* or *wel eke wec* (see textbox 2.4). These medicines can be gathered by people themselves, either when they need it for a disease or to have a stock. Other means to get these medicines are the market, where various natural medicines are available, or at a traditional healer like a *ran wel*.

The way people form their opinion can differ for the various health options. Andersson (2001) mentions that people expect western medicines to work on a different way, they should work instantly, and if this is not the case, then they do not work at all. With traditional cures, there is usually more patience for the treatment to work.

A nurse in my research area also mentioned this when he told about people who did not accept a certain medicine because it had the same colour as medicine they got a previous time for another disease. Likewise, it happened very often that people would not finish a certain medical treatment, when the results of the medicine would already be visible.

Because medicines are things (Geest & Whyte 1989), it is possible to take them out of the context of a 'curer-patient' relationship, as is done with western medicines at markets in my research area. Similarly, this is happening with the natural medicines, as in the past, these medicines could only be gotten from an herbalist, but a lot of these medicines become more commonly known. With medicines, it is not so important to know the cause of the sickness, as long as it is known which medicine belongs to which disease, and how is it applied.

2.6 Change in health seeking practices

With the influx of western health care and the western education, more options became available for the people in my research area. Whereas in the past, there was only the 'traditional health care', nowadays more options are available. The amount of options is still growing, as more people are educated in medical schools, and trade is increasing, so more medicines are available at the market. Yet, the influence of western thinking about health has been there for more than a century, because that was the time when the first missionaries came into southern Sudan.

Box 2.4 Medicines in Thuonjān

Wəl = medicine

Wəl beec = medicine that is not manufactured.

Muonyjaŋ = people or Dinka (the word Muonyjaŋ is the name that the Dinka give themselves, in other languages it is translated into 'Dinka').

Wəl muonyjaŋ = 'medicine of the people', people who did not study in the western health care, or 'Dinka traditional medicine'.

So pan akim wəl muonyjaŋ literally means 'the house of the doctor with the medicine of the people', but it can also be translated as 'a place where you can get traditional medicines'.

Other kind of medicines can be:

- yöt wəl = medicines from the market
- wəl eke wec - where 'wec' means 'dug out'.

This is the name people use for (local) natural medicines. A lot of local natural medicines are the root part of the plant, so they have to be dug out.

These last medicines can be dug out yourselves, or purchased at the ran wəl.

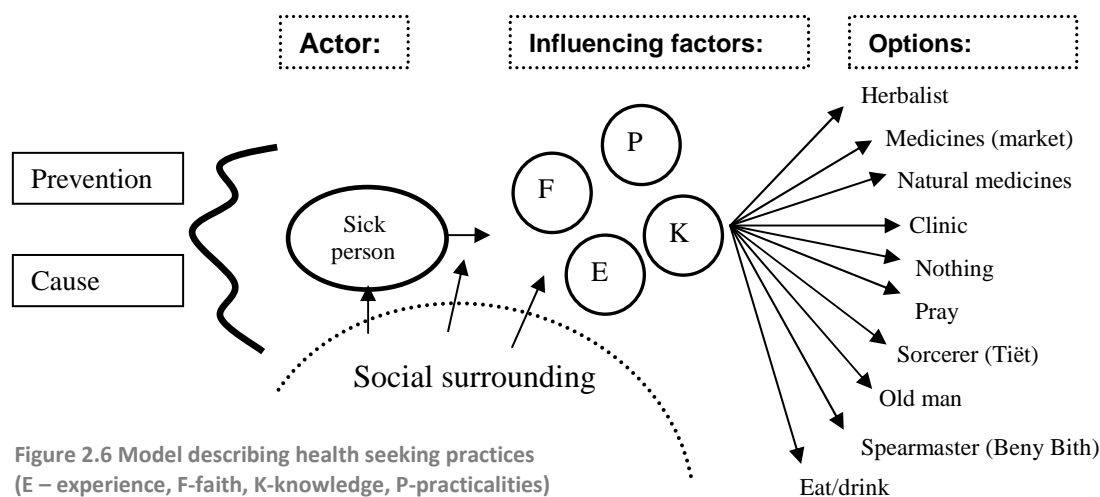


Figure 2.6 Model describing health seeking practices
(E – experience, F-faith, K-knowledge, P-practicalities)

Using my model, I will describe the impact of the last fifty years. To start with, there are the options that are changing, as there are more options, like the medicines of the market, the clinic, and praying in a church. Secondly, the influencing factors are strongly affected and here I will elaborate on the four different factors.

On the knowledge part, different knowledge is available, both offered at formal and at informal education. In the formal education, there are more schools, as about fifty years ago hardly anybody had attained formal schooling. In the last decades, there have been schools set up by organisations and locals, and people have been abroad to attend schools there. Informal knowledge options also change, as for example health promotion teams going into the area, NGOs organise trainings, in churches people are given information about health and this information is shared within the community.

Faith is also changing, both as a result of the changing knowledge, where in clinics, people are taught not to believe in the traditional beliefs about health and where different causes of sickness are offered, and on the other hand because Christianity gains influence, causing people no longer to believe in the traditional gods and their influence on health.

Practicalities are different than before, because money has entered the region. Most traditional healers still accept traditional payment (animals or goods) but in the clinic people have to pay money, although it is also possible to pay with goods. Also the distance to different options and the means to get there changed, as since a few years ago, public transport is developing.

On the experience side, there are only indirect changes. Some people tell that they only want to try a new option if they have seen good results with others. On some issues, the clinic has gained a lot of positive results, for example with their maternity care and their solutions for malaria. Many people report their good experiences.

The following example shows the shift in health seeking practice during time. The women in this example see a difference between how health practices were done in the past and how they practise health in the present. I met these women at a house, half an hour walking from Adol. At a certain moment, they tell: *“If we are sick we go to the clinic. In the past, we used natural medicines, like acuet-thial-wei. But nowadays we don’t use it anymore.* I ask them what they think about the natural medicines program of Across, and explain what it is. They say: *“That sounds good; we would like to use it. Plants are very valuable, our ancestors used it for centuries, and they survived, so they must be good.”* I see that on the one side they are very positive about using plants in health seeking, but on the other hand they do not practice it. And I ask how they see this themselves. The women tell: *“In the past, Nhialic was very*

close, but nowadays he is not close anymore. Nhialic has the power to make the plants effective. That is why we go to the clinic. Nhialic is not close anymore, because the people did bad things. People fight and murder and Nhialic does not like this. That is why he is far away now, and that is why the natural medicines do not work anymore (FN 22/09/2009)."

The women consider the change in health seeking practices very strongly linked to the presence of *Nhialic*. As we have seen before, a repeating theme in creation stories is the fact that the distance between *Nhialic* and people grows, because of wrong doings of human beings. Lienhardt (1967) argues that all religious practice of the Dinka follows out of this separation. In the above mentioned story, this separation is applied to the effect of the natural medicines, where although in past times it worked, natural medicines do not have that much healing capacity any longer, because the power of *Nhialic* is needed. Ancestors are an important source of information in Rumbek East County, but it is not the only source of information, especially in these times, when clinics and other western health care has come in, together with the knowledge it brings.

2.7 Ceremony *Beny Bith* and health

In the following part, I describe how traditional beliefs lead to a preventing measure regarding sickness. In my model, I have put cause and prevention of sickness quite separately from the rest of the health seeking behaviour. Still, it has a place, and that is what I want to illustrate with this case study, where the special function of *Beny Bith* in relation to health is displayed, and where a ceremony is performed in order to prevent sickness, and for wellbeing in general.

First I will describe a traditional story of the origin of a certain *Nhialingkor* and the *Baany Bith*, and this will be followed by a ceremony I was present at in a cattle camp called *Luäk Makuer Gol*, in Rumbek Central, a county next to Rumbek East, where a prominent *Beny Bith* called Deer Makuer Gol has his working place. This cattle camp is very important spiritually, and especially in the time I visited it. During my visit, a ceremony took place, which only recurs once in eight years. With this event, people present sacrifices, in order to have a safe and healthy life. The *Baany Bit* are leading the ceremony, and in the following story, the origin of the *Baany Bit* is explained.

"One day, a man, who was send by Nhialic, came down in a tree called rual. The girls from the cattle camp nearby discovered the man. On a certain moment, a young woman called Agok walked to the river to fetch water, and she saw the man in the tree looking at her. She went back and told her friends about it. Her friends also had similar experiences. They told the men in the cattle camp about the man in the tree, and they went looking for him but they did not see him. But yet, every time when a woman would go to the river, the man in the tree would appear.

*After a while, the women decided that they should take action. So they organised themselves; they went to the tree and started clapping and dancing, like they would often do. They all stood in a circle, clapping their hands, and one or two of the women would jump in the middle of the circle. The man in the tree saw them, and he already had seen the special girl Agok. When she was dancing in the middle, he felt in love with her and came out of the tree into the circle of women. The women tried to catch the man. But the man turned into a snake. Still the women did not give up, and in the end they defeated the man and brought him with them into the cattle camp. They called the man *Cuär Köök*, which means 'thief in the trunk'.*

Cuär Köök lived in the cattle camp and married Agok. After a while Agok got pregnant. Cuär Köök realised that he had made a mistake. He was sent to the earth with a mission, but the mission was not to get a child. He told Agok that she would get a boy, and she should

name him *Mayual*, and he left that place. On the way he left, a river came into being, which is still there, you cross it on the way from *Karic* to *Akot*⁹. *Agok* got a child, who was a boy indeed, and she named him *Mayual*.

Mayual was spiritually strong, as his father was a son of *Nhialic*. He was gifted with a lot of spiritual gifts and respected by all the people around. The descendants of *Mayual* where related to the rual tree, in which the father of *Mayual* came down to earth. A lot of the people in his line have spiritual power.” (Compiled of different stories FN Q13; FN 15/10/2009, FN 04/10/2009).

One day in a cattle camp.

When we arrive in the cattle camp, we are invited under a tree, where the *Baany Bit* and some invited guests are gathering. We meet *Deer Makuer Gol*, the highest *Beny Bith*, who welcomes us. We are put in a circle around some *riak*, where a man takes a bowl with water, and pours some water over one of the *riak*. After that he walks around in the circle and sprinkles some water over our shoes and our heads. A woman also takes some water, and repeats what the man has done before. This ceremony is to welcome and purify us.

The cattle camp is a place where the *Muonjang* keep their cows. Every family has its own cows, and in the cattle camp these cows are taken care of. The cows lie or stand all around. In the daytime the cows are taken for grazing, but it is still early in the day, so they are not gone yet. Young boys are cleaning the cow dung, doing some other work, or are playing around. Everywhere are people, some have made themselves beautiful with the ash of cow dung on their body, and colour their hair with urine. Some men walk with their most beautiful cow through the camp, and sing for and about this cow. Girls sing songs and dance through the camp while making music with whistles.

In the centre of this cattle camp some important objects stand. One is *Luäk*, the building where, according to some people, wild animals like lions and snakes are living. Another object is the grave of *Makuer Gol Meen*, who is the father of *Deer Makuer Gol*, and who was a great *Beny Bith*. Some trees stand close by. Between the grave and the building is a place where the *riak* (a kind of pole) stand, and where most of the ceremony takes place. Today is a day of ceremony, where some cows will be sacrifices for the good of the people.

The ceremony

People, mainly cattle keepers are walking in rows through the camp. They are singing. A woman sings on her special way at the back of the row. The men are carrying sticks, as usual. Two calves are also walking in the row, led by some of the cattle keepers. After walking around for a while, they gather in a big circle around a *riak*. The singing continues. Some men in the middle start dancing, a wild dance that looks a bit like fighting, since they aim their sticks at the other dancing men but yet, they never really hit each other. Some women scream-sing. A big crowd of people gathers around the circle of the men, at one side is a



Figure 2.7 Water for purification, poured over a *riak*

⁹ This river can be seen on the map in appendix I, there it is called *Khor Gol*.

group of women. At a certain moment, two people come in with the calves. The people aim their spears at the calves, but they do not come too close, and the cows are tied onto the riak. People continue singing, and they start walking slowly in circles around the calves and the people with spears in the middle.

At one moment, a woman starts screaming, runs into the circle and begins to dance. After a short time, she falls on the ground, sweating badly. A man walks towards her, and blesses her with water. She calms down, and sits somewhere in the circle, until some women take her and walk away together.

At a certain moment, a group of people comes towards the circle, dancing around some men who are carrying other men on their shoulders. Deer Makuer is one of the men who is carried, he is clothed in neat cloth, with a leopard skin and a black fur hat. He is the one who is officially leading the ceremony, this place is 'his' place.

The people in the middle stop dance-fighting, and also start walking around the middle of the circle, where the calves are tied. Some Baany Bit carry the same water as is used before to purify us, and take a yuelmir (tail of a giraffe) to sprinkle the water all around on the people and the calves. After a while, the walking stops, and all the Baany Bit stand at one side of the circle. The circle of people has an opening towards Luäk, where the most important people stand, and an opening towards the other side, 'the north'.

One Beny Bith starts talking; he says something and the other Baany Bit and some of the other people in the circle repeat what he says. He keeps on talking until one of the calves defecates, then he stops. A Beny Bith takes the shit or the urine with some earth and throws it to 'the north', because all bad things should go to the north. Another Beny Bith starts talking and the repeating continues, until a calf defecates again. The defecation shows that God has heard what they have said. At a certain moment, there are a lot of people standing in the opening towards the north, and a Beny Bith throws the shit towards the opening. After that, everyone makes sure that the opening is kept free.

The talking of the Baany Bit continues for hours. All the time, the cows stand waiting in the middle of the circle. The cows are called Mabor and Manier. Both have a specific function relating to the wellbeing of the people. The first is for peace and reconciliation; the other is for women and health. Most of what the Baany Bit say is also about these topics. They pray that no sickness will come with one of them, that women will not refuse their husbands to have sex, even if the husbands may be old. They pray that there will be no conflict between different clans and tribes, and that people will not start fighting again. They pray that malaria will not be too bad and that other diseases will not take too many victims. They pray for peace between the cattle camps, and that the different families or clans will start working together. They pray for peace between different clans. They pray that the women will all marry, to get children. And that the women all will be fertile. When the Beny Bith prays for the women, the men shout as support, and the women stand closer together and smile. The Baany Bit pray for a lot of different diseases, and urge everyone that if someone is sick, people should go to Nhialic before they go to the clinic, because Nhialic is the source of health.

This ceremony is part of a bigger ceremony, where cows are sacrificed like this over thirty times the last few weeks, and it will continue for another week. The *Baany Bit* pray for all these people and at every ceremony there is a different clan or family that attends, and will be blessed. Nearly all people from the environment of Rumbek visit this cattle camp one day during these weeks.

The public is varied; there are cattle keepers, soldiers with their guns, police officers, and people from the government. They all wear different kinds of cloths, and this makes it possible to distinguish between their different backgrounds. Some of the people from town

stand a bit aside, and they have brought packages with bottled water. There are also some families from town, both parents and children, all wearing neat cloths. Some of the attendants are really paying a lot of attention to the ceremony, and are listening to the Baany Bit. Others are looking for distractions, talk together or are interested in me (the only white person). At a certain moment, one of the cows breaks free, because the rope comes loose. Instantly, some of the cattle keepers take action and tie the cow again to the riak. One time, a Beny Bith tells all people with a pen to stand at one side. There is a division between the people who are educated, who visit the cattle camp just to see their cows and to attend this ceremony, and the cattle keepers, who mostly have not attended any formal education and who live in the cattle camp to take care of the cows. The Beny Bith prays for the educated people, that they may bring development to this land, and that they may be blessed in how they use their knowledge.



Figure 2.8 Cows thrown down by cattlekeepers before they are killed

After some hours, the Baany Bit have all talked, and Deer Makuer comes, as last and highest Beny Bith, to do the final prayer. All the people are paying attention to the ceremony again. Deer prays once more for all the different issues, and after that, the cattle keepers take the calves and put them on their backs on the ground. Deer Makuer takes his spear (Bith) and cuts the throat of the calves. The calf will now go to god and bring all the prayers to god. The surrounding people start dancing around the dying cows and take all people with them to dance with them together, in a wild dance. (FN03, 04/10/2009)

People have different opinions about this ceremony. Some attach a lot of value to it, and speak of the influences it has on the community, and how past ceremonies have had big effects. Other people do not attend because they are Christians and they do not believe in the power of *Baany Bith*. There are also many people somewhere in between these two views, and they attend because they think that it may be good, or because all the others also attend.

Reflection

In this case study, prevention of disease is depicted by a traditional ceremony where Baany Bith have a special role. A central element is praying for the wellbeing of the people, where health is a major issue. Even though the people are not sick yet, they come to this ceremony and see something of value in it. There are some aspects I want to pay attention to. First the cattle camps. As could be seen in chapter 2.3 about values, cows are very important for the Dinka. The cattle camp is the place where the cows stay, and these cattle camp are the core of the Dinka society. In the past, when the Dinka were living a more nomadic live than nowadays, the cattle camp was the place for all people. Yet, when many families live in the villages or towns, the cattle camp retains its valuable place. All men spend part of their lives in the cattle camp, and, as marrying is very important, the cows and the cattle camp are of major importance as the means to get married are kept there. Many cattle camps are not permanent, as in times there is no water or grass available in the environment. Yet, this cattle camp is very close to a small lake, and this makes it possible that the cattle stay permanently in this place. Therefore, this cattle camp is more important than other. Even though Deer Makuer Gol has a home in the town Rumbek, his main activities as *Beny Bith* take place in the cattle camp.

The second aspect is the spiritual aspect of the cattle camp, where most shrines are in cattle camps and the *Baany Bith* have their residence mostly in a cattle camp. The role of *Baany Bith* in the Dinka society is important. As mentioned before, the spearmasters are an significant part in the religion of the Dinka. In histories about the Dinka, the spearmaster has an important role (Deng 1984). Every place has its own *Beny Bith*. In this ceremony, all the



Figure 2.9 Houses, people and cattle in a cattle camp

different *Baany Bith* come together, representing all different neighbouring areas. There are stories of a spearmaster praying for a certain cause, sometimes related to war, sometimes to money, sometimes to health, and that this praying did totally change the situation. An interview with Deer Makuer is given in appendix VII, and an overview about how people think about *Tiët* and *Beny Bith* is given in appendix IX.

At this ceremony, there are many different kinds of people. On the one hand there are the cattle keepers, who live in the cattle camp. Yet, there are also people with different kinds of cloths, who live in town. Although the difference is clearly visible, and people have different roles in the ceremony, as cattle keepers also take care of the cows, it is important to realise that the difference is not as big as it seems, as the cattle camp is also for people from town an important place, where also their wealth is stored. As most males have lived in the cattle camp, everyone has a strong link with the cattle camp.

On a certain moment, I asked people what they believed, and how their beliefs were related to this ceremony. People from town said that Christianity was for people who are able to read, and this ceremony is for people who cannot read. It seems that the most important difference for them between the cattle keepers and the people from town was the level of formal education.

In this ceremony, the *Baany Bith* have the lead, and they communicate all the prayers to god and the crowd of listeners. God shows that he has heard it when the cow defecates. In the end, the message will be taken to god by the cows, which are slaughtered for this reason. This whole ceremony is done once a eight years, and it strengthens the community, as all people from the neighbouring areas are invited to come and be present at one of the ceremonies conducted during these weeks. The importance of *Baany Bith* for the community is shown by this event. As many people experience problems, like insecurity, cattle raiding, health problems like malaria, children who die and many more, the ceremony is an important place where, on the one hand it is acknowledged that all these problems are present, and on the other hand, a preventive measure is taken.

2.8 Conclusion

As said in the beginning of this chapter, the information provided here will function as a backcloth to improve the understanding of the following chapter, where specific descriptions about people who practise their health seeking, are given. This chapter dealt with the different aspects of the world of the Dinka, living in Rumbek East County. Development, cultural values, the spiritual world and specific aspects of health care are elaborated upon. All this information was general, and not applied to specific cases. Yet in the next chapter, the knowledge obtained in this chapter will be of use in a better understanding of the health seeking practises.

3. Descriptions

In this chapter, I will present different descriptions of individuals or groups of people, and analyse these descriptions, thereby displaying my model in practice. I will show how different people in various and changing situations choose for a certain option, and what their considerations are when choosing. In the course of these descriptions, all the different options, as shown in my model, will pass. I will also display how the different factors, and the interaction between these factors, influence the decision making process.

Contrary to the general information in the last chapter, this chapter deals with very specific cases. In these cases it will become clear that, although general points can be said about a certain culture, actors are not defined by culture or circumstances (Long, 2001). Following Giddens (1984), actors produce and reproduce the social structures. Yet, this does not mean that they all make the same decisions in similar circumstances, as in one place, different practices can co-exist. In the descriptions in this chapter, different co-existing options within health seeking practices will be presented. When analysing these various options, I will pay specific attention to the influencing factors.

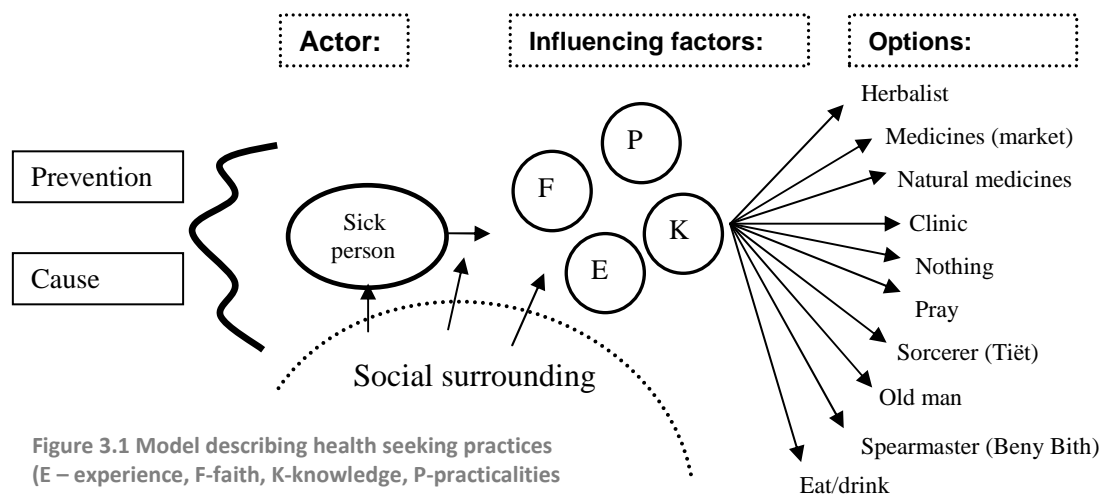


Figure 3.1 Model describing health seeking practices (E – experience, F-faith, K-knowledge, P-practicalities)

3.1 Different sicknesses

Options: natural medicines, clinic, herbalist

In this first description, a woman tells about how she deals with sickness in general. Before giving her description, I will give some information about some of the different aspects mentioned in this story. The clinic and the ‘western’ doctors the woman talks about, are introduced in the last twenty or thirty years. They are ‘western’ because they are introduced by NGOs with white people, mostly founded by ‘western’ organisations. Even though often local people work in these clinics, they are taught ‘western’ medicine.

At a place, about half an hour walking from Adol, we visit a house where one woman sits. She is shelling peanuts¹⁰ and tells that she is taking care of the house of her cousin. The woman is from Cuei Cok (twenty-five kilometres from here), and during the week she works in Aduel (fifteen minutes walking from here), as a cleaner and water carrier. I help her with

¹⁰ During my research it was the time of harvest and peanuts is one on the important crops. The hard land work happens during the early morning and late afternoon hours, and other tasks are done in the hot midday hours. This was often the time that I would visit a house.

shelling the peanuts and ask how she prevents sickness, and she tells: *“When there is food, I cover it, and I also cover the water, to prevent flies from coming in. There is a borehole where we get water, and there is a water filter. When I am sick, I go to the clinic, which is introduced by the white people. I am happy with the clinic. Previous to the time that there was a clinic, we treated sickness using different plants. For example the thin red skin of the peanut; when you roast the peanut, the skin comes off and when you put that in water and leave it for a while, you can drink it, it helps against malaria. There is also a plant that grows like a pumpkin, I forgot the name¹¹, that one helps against stomach problems. Also there is a plant called acu-et-thial-wei, and that one helps against malaria. For malaria, I do not use the natural medicines anymore, I will go to the clinic, but when I have stomach problems I will use this natural medicine, then I go and get some plants.*

In earlier times, some women would not be able to get a child, and then they also would use this pumpkin-like plant, until they would get a child, and it worked. Since, if you do not get a child, it is because there is a problem in your stomach. In those times, people also went to herbalists, then they had to bring along a lot of money or a goat, and the herbalist would give something to treat the sickness. I do not go there anymore, because the western doctors tell that it is not good to go there. Nobody goes there anymore. It does not work as good anymore as it did before. In earlier times it worked very well, but not anymore nowadays. The western doctors said it is not good to go to an herbalist because it is not always safe. Sometimes people who are treated by an herbalist die, so it can be dangerous. I believe in Nhialic, and I go to church, I do not believe in other gods.” (FN 14/09/2009)

In this story, a woman shows how her health seeking practice changed over time. There are three aspects of this description that I want to pay attention to, namely the change over time, the reasons to choose for a certain option and the prevention of sickness.

Shift in knowledge

First, there is the shift in knowledge and options that has occurred in the last years. The woman tells about different ways of treating various diseases. In the period of her life, these practices have changed, not only because there are more options available, but also because the ‘western’ doctors give some advice about the other options, which affects the influencing factors.

Reasons to chose

Secondly, the story reveals something about the different cases of sickness, the various options, and the reason why the woman chooses one of these options in certain cases. In the case of malaria, she tells that she knows a natural medicine, but that she will go to the clinic. This is however not the case for all diseases, since she states that in case of stomach problems, she does use natural medicines.

The reasons why she chooses a certain option are multiple. On the one hand she chooses because of the advice of the western doctors who tells that she should not go to an herbalist, and she seems not to go there anymore. Still, she does not apply this advice on natural medicines, although in some cases she thinks it is better to go to the clinic, yet in other cases she uses natural medicines. This shows something about the influencing factors of knowledge, where she has learned something from the doctor. Still, also the factor faith is influencing, because, even though the ‘western’ doctor provides the woman with knowledge, it is also

¹¹ When I asked other people what the name of this plant might be, they told it is Yayai or Malengkec (two names of the same plant). More information about the different plants can be found in appendix X.

based on values and beliefs, since the woman does not talk about own experiences with this dangerous aspect of the herbalist, she just believes the doctor.

Own experiences is the main reason why she does use the natural medicines in the case of stomach problems. Also knowledge has some influence here, because she knows which plants she can use for this sickness, but it is not the only factor, because otherwise she would also still have used it in the case of malaria.

Prevention

When asked about prevention, the woman mentions a few things, and after that talks about the treating of disease. Often when asked about prevention, people would instead talk about the treating of diseases. This illustrates the left side of the model, where prevention is mentioned, but not strongly connected to the rest of the model. The woman mentions clean food and clean water as main aspects of how she prevents sickness. This is very common, as a lot of women stated they would do this. One of the core values of the Dinka is cleanliness and this is one of the illustrations of this value. Another aspect concerned preventing diseases that was often mentioned was the cleaning of the area of the house.

3.2 Influence of gods

Options: Tiët, old man, natural medicines

In this second description, a woman tells about how she relates health seeking practices to natural medicines and spirits. We meet this woman at a place close to Mabor Duang, where she is shelling peanuts. Her young son sleeps on the mat beside her. She offers us some chairs, which she gets from the house. I ask her what she does when she is sick. She tells: “*I go to the clinic, if it is very bad. To Barmaker Gop or Mabor Duang, mostly the last one, because that one is close by*”. Next, I enquire about natural medicines, and she tells: “*Yes, I use different ones, acuet thial wei, one for diarrhoea and one for yellow fever*”. I wonder if she still uses them, and she responds: “*Yes, I use it, last year I have not been to the clinic, but I did use natural medicines. It is easy to find, in the forest of Manai, close by. It is a small plant; you need two roots of it, and put it in water. I used it last months when I had a problem with my intestines. I also use it in case my children are sick.*” Later, I ask what she believes and she tells: “*I believe in Nhialic. I do not go to church. I also believe in small gods, and if someone is sick, we make sacrifices. When someone is sick it can be because of a god. For example, if you are dizzy, it is because of Abiel, and if you have Syphilis, it is because of Rara. When you have a problem in your stomach, it is because of Arop. If that is the case, then you can make a sacrifice for this god, so he will be well-disposed on you again, and he will take away the sickness. Mostly we sacrifice a goat, then and old man will come, who calls upon the name of the god, and says to the god ‘here you are, there is a goat for you. Accept it, and take away the sickness of the person’. After that, sometimes the goat is killed, but sometimes it is not killed, but kept alive. But it is still owned by the god, and you cannot use it. And whenever you want to use the goat, then you should say to the god ‘I use this goat, but I will give it back to you’. Sometimes someone is sick, and then I go to Tiët, because he can see what the cause of the sickness is, so which god is angry. There are two Tiët here in the village who I sometimes visit. If I don’t know the cause of a sickness, I go there. Then I pay a goat, and he can tell me what I should do for which god (FN 23/09/2009).*”

Gods and natural medicines

In this story, the woman mentions different gods, which she connects to specific diseases. There are other people who told this practice existed in the past, yet, this woman mentions that she nowadays still uses it, which shows the co-existence of different practices within one area. Another man, when looking at the past, told that in those days, every sickness had a

local name, and this was also the name of a god. People would go to an herbalist and they would get treatment there, and also a sacrifice would be made to the god, while the herbalist would tell the god not to kill the person. The treatment was secret (FN 04/09/2009, FN Q26). But, as could be seen in the first description, not all people make a connection between an herbalist and something spiritual. Some people make a distinction between an herbalist, who does not connect to this god but only gives a natural medicine, and a sorcerer (*Tiët*), who does pray to the spirit. In this case, the woman mentions some diseases that are connected to the name of a certain god. She however also knows the medical name of the disease. This shows the result of the interaction of western knowledge and local knowledge.

Tiët and Beny Bith

For some of the diseases the woman mentions, she knows how to treat them. In other cases however, she will consult *Tiët*, who can give a solution. The woman does not believe in the Christian God, and so there is no tension between going to *Tiët* and her faith. Some people I spoke to were Christians, and they said they would never go to consult *Tiët*, because he uses the power of the devil (for example FN Q26), however others also could combine Christian faith and a visit to *Tiët* (for example FN Q28) where a woman tells that she visits *Tiët* and *Beny Bith* sometimes, in secret, especially in cases when the clinic does not have a cure. This last occasion illustrates the statement that the model will be followed again if no cure is found. Someone will first try a certain option that is in line with knowledge and faith, but if this does not work, rely on experience stronger than on faith, and chose another option. In appendix IX, more elaboration is given on reasons why people will visit *Beny Bith* and *Tiët*.

Reason for choosing

For the woman in the description, the choice she makes is dependent on the sickness she has. In the beginning she tells that she will go to the clinic when she is sick, but in cases like diarrhoea, she will use natural medicines. Again in cases she recognises as caused by a certain spirit, like being dizzy, she will call an old man, while in case of a sickness that she does not recognise, she will visit *Tiët*. She does this because of the factors of experience and knowledge. For this woman, the cause of a disease has a major importance in defining which treatment she will use. The way she describes the influence of gods on health, and the actions she takes, illustrate the personalistic etiology of Foster. Yet, this model does not provide an explanation for the fact that the woman also visits the clinic. The new model leaves space for the interaction of different influences, where traditional, cultural knowledge and values and new, western knowledge have both an influence on the health practices of the women. She bases her decisions on both these fields of knowledge, depending on her choice for the moment.

3.3 *Muony dit = old man*

Options: natural medicines, eat/drink, nothing, god power

In this third description, a man, who is also a traditional healer, describes how he deals with his disease, and he tells about the way his faith relates to health care. I meet this man at the market in Adol, he is about sixty years old. He is playing dominoes with other men under a tree, but stops, and is very willing to talk to me. He talks about a disease he has: *“The sickness I have is very serious. It is called giardiasis, and I have severe stomach pains. I even drank diesel in an attempt to treat it. It is a persisting disease. The herbalist gave me two kinds of medicines to get diarrhoea, but until now, the symptoms persist. I already have it for thirty-six years. Before, I went to the clinic, but I don’t use the medicines of the clinic anymore, because they do not help. If my sickness is bad, I drink alcohol, liquor, because it is bitter. In case of sickness, bitter things are good, because they kill or decrease the disease.*

I have not visited traditional healers, because I have knowledge about it myself. With other diseases I combine different kinds of medicine, like manufactured medicines, natural medicines that I get in the clinic¹² and traditional herbs.

Whatever I eat, my stomach will complain, except when I drink milk. Now I would like to drink milk as well, but I have to marry, so that is not possible, since I gave all my cows away for the girl who I am marrying. My first and third wives are too old to take good care of me, and my second wife died. My new wife can cook good food but the old women will not grind the millet, that is why I need a new wife.

When I was young, the medicine for malaria was milk. Boiled milk that should be drunk like tea until you sweat. Then you assume it is over. And when you would have a stomach complaint, you should eat too much, so no sickness fits with it anymore. We did not have a lot of things, not even a bed sheet to cover yourself, so if you would eat much, you would cover yourself. When you eat fish and meat, your body will grow strong, and that will treat diseases.

I believe in god, and sometimes we go for sacrifice, and kill a ram for god. When something is wrong, we sacrifice something. My children are the ones who pray in church, I believe in something else.” He tells a story about the origin of his faith¹³, and he continues, saying: “god believes what we say, because we are the people of Mayual. When the clinic came to our village, we came and we said to god: “We do not want any graves; we do not want people to die”. And god considered it and it is good. We called upon god, that he will protect the white people like you, that nothing bad will happen to them. Last year there was a white girl, who was stung by a scorpion. Someone came to get me, and I touched the place where the scorpion had stung, and it was healed. Naturally. The power comes from Mayual, it is because we are his children.

For many years, I was a singer. I have been to Khartoum, Juba and a lot of other places. I think I got my disease in town, because the food there is not good, and I was not used to it. The food here is heavy, that is good.” (FN Q13)

In this description, a lot of different issues pass. First I will talk about the cases where a sick person is mentioned specifically, and after that I will say something about the how sickness was dealt with in the past and the influence of the arrival of the clinic that come up.

Sickness

Concerning the sicknesses, first I will mention the disease the man is suffering from, which he calls giardiasis. He tells he already suffers from it for thirty years. In these thirty years of health seeking, he has tried a lot of different options, for example the clinic, the herbalist and natural medicines. In all these cases, the problem was not solved. He even tried desperate options, like drinking diesel. Now he just eases his disease with drinking and eating. He states that certain food is more helpful than other. Currently, the most important factor for choosing this option is experience, since he discovered that none of the other options cures the disease.

The second case he describes is about a white girl who is stung by a scorpion. He describes himself as a healer, where he uses a certain power to cure the sting. I asked about this event to one of the staff of Across, and she told that indeed the man was there, and

¹² This natural medicines of the clinic are part of the natural medicine program of Across, where my evaluation research was about.

¹³ This story is similar to the story in the background chapter, in the part about *Beny Bith* (2.5). The origin of *Beny Bith* is also the origin of the power of this man. This man is also related to a local *Beny Bith* who passed away a few years before. More about this local *Beny Bith* can be found in appendix VIII.

indeed the stung was cured, but this was because this woman took a black stone¹⁴, which is part of the natural medicine program, and this cured the stung. The man sees himself as an option where people in the village will come to with their disease, because they know him and because they have seen that what he does, works. He is able to his power to cure diseases. Yet, he cannot use his power to treat his own disease.

Past

There are different issues which the man mentions. First he mentions how sickness was solved in the past. He describes how people would eat and drink, and by these means try to cure their diseases. In some way, he still takes this experience with him in his decision about how he will handle his disease nowadays. In the past, there were fewer options, and eating and drinking was one of the most obvious options, as this was the most practical. At the present, more options are available, but, in his case, they have not proven to be effective, so eating and drinking is the option left as it has still some effects. Yet, in cases of other sicknesses, he will use the other options, like natural medicines. Milk is one of the important medicines he mentions. Other people, especially cattle keepers, mention the medicinal value of milk which they see up to today and they use the milk to stay healthy and to cure diseases. The reason milk is seen as healthy, is because in nature there are a lot of healthy plants, and the cow grazes in different places, which gives the milk a variety of beneficial substances (FN 10/09/2009).

The man belongs to the older generation, and he describes the difference between him and the younger generation when he talks about faith. As I know some of his children, who are visiting the church, he explains that indeed his children are going to church, but that he himself has another way of practising faith, he is going to a shrine to sacrifice. He practices the traditional faith also related to healing, where he uses power. This power he is talking about can be the *Jok*, as described in textbox 2.1. Lienhardt (1967) describes that “*jok* as a noun may refer to a particular ultra-human Power” (p.31).

This illustrates the faith-factor of my model, where people attach a different meaning or significance to certain values derived from traditional culture and beliefs. Some people go to a cattle camp in the neighbourhood. In that place there is a shrine, and that is where local people sacrifice (a picture of this is shown in appendix VIII). However, a different faith is practised in church, where the preaching teaches about how the spiritual world is seen from a Christian perspective.

Arrival of clinic

The man talks about the time when the NGO and the clinic entered the village. From his perspective, the clinic functions well because he, together with the other elder men in the village, has sacrificed for it and prayed to their god. He is very positive about the clinic, and he tells that it is founded in this place because they invited the NGO. Although he practices himself also other health seeking practices, he is open for this new possibility of the clinic, where western health care is practised. In the next two descriptions, I will show something of how the clinic functions.

In this description, it is shown how people are able to deal with the influx of new possibilities. Although the man tells about the disease where he has no solution for, he does not become sceptical about the clinic or about other options. He is desperate for a solution, but still practices the options, that had negative result in case of giardiasis, in case of another

¹⁴ The black stone is part of the official program of natural medicines, part of the work of Across. This black stone is also recommended by Anamed (Hirt & M’Pia 2008).

sickness. It shows that people do not always link the negative experiences they had with a certain disease to cases of another disease.

3.4 Women in the clinic

Options: clinic, nothing

In the following descriptions, women describe how they practice their health seeking in the clinic, and what their reasons are for going there. It will also give some insight in how a clinic functions.

From time to time I went to the clinic of Adol, to see the patients there. On one occasion I talked with the people who were lying on mattresses under the trees. A woman was resting with her sick baby son on a mattress. She told me that she got here by foot, walking from Barbakeny, a place about eight kilometres from this clinic. She says: *“my son has problems with his chest, with his stomach, with his head and also with his anus. I got some medicines, but they are only for stomach problems and fever. Not for the problem of the anus. I told about this problem, but I did not get anything for it. Actually, I have the same problem myself; I got it when I was pregnant with my first child. Then my urine changed colour. My first child also has it, and he also has other problems at the same place.”* The woman shows what the problem is with her son, but I do not have an expert eye, so I do not recognise the problem. She continues: *“he always has to cry when he has to urinate. I have tried more than once to get something for this problem in a clinic, like the hospital in Akot, but it did not solve the problem. The other wife of my husband also has this problem and her child as well. I do not know if my husband also has it.”* The women around her start discussing the matter among themselves and tell me: *“If you really want to know what the*



Figure 3.2 Clinic Adol, patients under the tree

problem is, you should ask the men, because we are only women, and we have nothing to say.” The first woman continues her story, and says: *“once I got the advice to go to Rumbek Hospital, to test me and my husband, but my husband did not want to, and he told me ‘you can go if you want to, but you don’t get anything from me’.”*(FN 04/09/2009)

Throughout this description it becomes clear that the women are not certain in their health seeking. They make choices, but they face restrictions in practicalities and knowledge. First I will elaborate on the persisting disease the first woman mentions and after that I will go deeper into the practical limitations the women face when looking for health.

Persisting disease

This description gives an illustration of how a woman seeks for the health of her family. She knows that the child is sick, and therefore she visits the clinic. Yet, this does not solve all the troubles. She talks about different problems with the child, of which one is a persisting problem. The whole family suffers of it, although she does not know if her husband experiences the problem as well. In different conversations, people mentioned a problem in the private parts, but mostly the description is vague, and people are not very willing to talk about it. That can also be an explanation for the fact that the woman does not know if her husband suffers of the problem as well. The woman does not know a lot about the problem,

and she hopes that I know more of it. She seems to talk about the disease with other people, thereby using shared knowledge and experience to find out what she can do. But, even though she gets an advice which she is willing to follow, practicalities prevent her from going to Rumbek Hospital.

Gender

This is an example where women and men have different possibilities. In more cases, women told me that they were not able to practice a certain option in their health seeking, because they did not have the financial possibilities. In general women do not have money, but men have, and the women are in this matter very dependent on the willingness and also the presence of their husband. Often men are away from time to time, going for business, inspecting and taking care of their cattle, or they have a job somewhere. This leaves the women alone, responsible for the well-being of the household. In this case, the husband of the woman is not willing to help her, telling her that she can go alone, without his help, which is practically impossible.

When this woman talks about the problem of the anus in her family, other women who are also lying under the tree meddle in with the conversation. This demonstrates the influence of social surroundings mentioned in my model. The women recognise the fact that the woman does not know the solution, and tell that they have nothing to say. Even though nearly all people in the clinic are women and children, and these women lead the household and take care of sickness, they do not feel they know what to do. This clearly illustrates the factors of knowledge and the practicalities, and also the influence of gender on these factors, where the



Figure 3.3 Billboard besides the road, providing information about malaria. Yet, many people are not able to read.

social surroundings of the woman prevent her from going, because of inequality.

In the end, the woman cannot do anything about this problem of the anus, and she chooses the option 'nothing' in the model. These women do not mention the other options. I do not know if they do not want to try these options because of faith or because of another reason.

Illiteracy

After the conversation with these women, me and my translator go to another part of the clinic, where some women sit under a tree. These women have just gotten their medicines in the pharmacy. They tell us about the medicines they got, and show them to me and my translator, asking us if it are the right medicines. Although the people in the

pharmacy have written the prescription of the medicine on the paper bag around it, none of them is able to read. My translator reads their prescriptions and explains something about it. This illustrates again the influencing factor of knowledge, where the women are not able to obtain written knowledge, only the verbal knowledge.

Another example where this is illustrated is figure 3.3, which shows a billboard besides the main road, giving information about malaria. But, in Rumbek East County, there are not many people who are able to read. Even though the knowledge is nearby, it is impossible to obtain for many people, as they do not have the means.

In course of the last decennia, the kind of knowledge needed within health care is changed and written knowledge becomes more and more important as ‘western’ clinic make use of written knowledge much more than the ‘traditional’ health options, which limits the possibilities of these women.

These description shows how for different groups of people, there are different possibilities. As these women are not able to read, and do not have access to money, their options are limited by practicalities. Yet, they are together and are able to share their experiences.

3.5 Social surrounding in the clinic

Options: clinic, medicines (market), pray, traditional healer

In the previous description, the emphasis was on the lack of knowledge and practicalities the women experienced in the case of sickness. The following case illustrates how a couple makes decisions, and even though they do not know the consequence of their decision, they are dedicated to their decisions. The couple has a child of four months old, a boy, named Makur Mabo, and he got sick. This description will use the perspective of the mother, yet I also talked to other people who were involved in the health seeking practice of the child, and this information I will share in my analysis. I met this woman in the clinic of Adol.

“One night, I had put my child to bed after I had bathed him. In the middle of the night, at three o’clock, the child began to cry. The next morning, he felt very hot, and he did not want to drink. The day after, the child was still sick, and also very stiff. My husband and I went with our child to some nurses in the village. These nurses belong to a PHCU¹⁵ nearby to our village. The nurses told us to get some medicine in the market. This medicine is a kind of powder, which should be put in water, and then can be injected. According to the advice of the nurses, we bought three pieces of this medicine at the market. That afternoon, the nurses injected one of the medicines, the next morning another one and in afternoon the last one.

In the evening, my child got a very bad convulsion. Two of our older children (two boys of around fifteen years old) told us to go to Adol, they said the clinic is good there. The child was very sick at that time. We left in the evening, and arrived in the middle of the night in the clinic of Adol. Our child was diagnosed with a bad kind of malaria – malaria meningitis– and it got glucose and malaria treatment. At that time, the child was unable to swallow and eat, so it got glucose via drip.

The first days in the clinic, the child was very sick, it had convulsions three times a day, and very high fever. Some of the students of the nearby CHW school came by to see what was happening, and they wanted to pray, together with us, for the child, so they came three times a day to pray. Several people of our village also came by, and they told us not to keep any hope. They said that the clinic probably could not do anything for a child this sick, and we’d better go home, so the child could die at home. But the students and the people who work in the clinic told us, ‘no, it doesn’t matter where the child dies. There are two moments in life, birth and death, and there is a period in between. We do not know when these moments are, only God knows, and we should not decide for God. If the child dies here, it is not worth more or less than when it dies at home, and when you bring it home now, you will blame yourself later that you did not try everything to keep the child alive.’

¹⁵ A PHCU is a primary health care unit, a small clinic that is open during the day, but does not have an in-patient section. The bigger version of the clinic is called PHCC, and this one has both an in-patient and an outpatient section, see also textbox 2.3.

Also other people came to us and they said: ‘What can the clinic do for you? The medicines here you can only take when you can eat. But the child cannot even breastfeed. Come with us, because we have natural medicines. You as a mother can chew these and then you can give it to the child so the child can just swallow it, this is much better’. But I did not want to use these kinds of medicines, because I believe in Nhialic¹⁶ and I won’t do that. My husband and I are Christians, and we want to raise our children as Christians, so we won’t use these kinds of medicines.

The people who told that it is better to just leave the clinic so that they could help us, these people actually just want to get money or something. It does not matter if the child will die or live, it is always in their advantage, except if the child would stay in the clinic, because then they won’t earn anything. If they give something (cure, plant, something else) then you have to pay, for example a goat or even a bull, or a lot of money. We of course don’t have this.

After a while we also knew that we could not do anything for the child anymore, because it was so sick, but we said to each other ‘we got it from God, and if he wants us to keep it, he will take care of it, it is his business. He is the only one who can do something now’. After a few more days, the child got even sicker, and he was so sick that he could not even recognise us anymore, as eyesight was affected. He could not eat, and he had convulsions all the time.

But after more than a week in the clinic, there came a change, and slowly our child recovered. After one more week, he only left with a problem in the mouth, so he had pain when eating. His tongue is swollen. This is because the temperature in the body was sometimes very high, and because of the convulsions.

Today again someone came to take the child to an herbalist or another traditional healer, but I don’t want this. I am a Christian and then you can’t do that.” (FN 22/09/2009)

A week later I visit the woman again and she tells: “Our child nearly recovered. At the moment, he wants to breastfeed again, but I don’t produce milk anymore. The child did not breastfeed for 17 days, because it has been sick for so long. We got some money from one of the people who work in the clinic, and we bought some milk powder and we give this to him. This works, but it is nearly finished already.”(FN 29/09/2009)

Social surroundings

In this description, the couple is very certain about staying in the clinic, also before the child is cured. Even though they do not know the sickness of the child, and do not know how and if the child will be cured, they choose the western medicines, and specifically this clinic for the treatment of the child.

There are different reasons for this, of which the main is that the couple is Christian. They mention this as a reason not to use any natural medicines or go to a traditional healer. The second reason is their social surroundings, in this case their sons, who have heard of the good reputation of this specific clinic, which makes the parents go to the clinic of Adol, and also the students who visit them and the people who work in the clinic, which makes the parents stay in this clinic.

The child is very sick, and the parents are quite desperate. The health of the child does not improve in the first week of their stay in the clinic, but still, they do stay in the clinic. The social surrounding of the child has multiple levels. First there are the parents, who choose to go to the clinic, and who stay with the child day and night. Secondly, there are they people of the clinic, who take care of the child, who advise the parents and who give medication to the

¹⁶ *Nhialic* means ‘God’, see textbox 2.3 in the chapter about the spiritual world. The woman means ‘I am a Christian’ when she says that she believes in *Nhialic*.

child. Later also, they give money to buy milk for the child. Thirdly, there are the CHW students; these students visit the clinic from time to time, to learn about sickness, to talk to people and to advise people. In this case, there are two students who feel engaged with the family, and they come by every time when the child has convulsions and the health of the child is in danger. They pray with the parents for the child. The fourth group of people are the people from the area the parents come from. They come and give advice to the parents, but according to the woman, they only come for their own gain.

All these people around the parents influence the decision making of the parents. The CHW students and the people of the clinic assure that it is good to stay at the clinic, and that the traditional healers will not do any good to the child. Together with faith, these are the main influencing factors in this description.

Traditional healers in the clinic

People from the clinic told that in other cases, people sometimes do leave the clinic with the traditional healers, and that, in some cases, they have to protect their patients. A CHW student told: *“In the village where I grew up, there is a PHCU, and there worked a watchman who was at the same time an herbalist-magician. He just worked in the clinic, but sometimes he persuaded people to go to his place, so he could treat them. He worked with characters, where he made a character with ash on the body of the sick person, so that the person would get better, and he also worked with plants.*

I had an aunt, who was very sick, and she had convulsions, and sometimes she was unconscious. Then this man treated her, with this ash. But she did not recover, and then she went to the clinic, but there she discovered that the watchman was the same as the one who had treated her. Later this man was fired.” (FN 22/09/2009)

This example shows that people are sometimes misled in their health seeking, when they do not have certain knowledge or experience. Others, like the people who are in charge of the clinic will take measures to protect people. It is important to learn to be able to discern between people who are willing and able to help, and people who are just helping for their own gain. People use different criteria for this. One man told that he did not trust anybody who would ask for money, as all the healing power comes from god. He said that all healers who asked for money were selling god’s power, and he therefore only prayed in case of sickness (FN Q27). The woman in the description above does trust the people in the clinic, but does not want to go to a traditional healer of any kind.

Difference in quality between clinics

In the description, the woman tells that they have not gone to the clinic instantly, but first visit another kind of clinic. It is closer to their house, which might be a practical reason to go there. They get the instruction to go to the market to buy medicines. It is quite common that clinics do not have enough medicine and direct people to the market to buy medicines. In certain interviews, people told that they would go to buy medicines at the market directly without consulting a clinic first, because of previous experience where they ended up buying medicines at the market anyway. The medicines the parents buy are injected by a nurse in the PHCU. This is quite a safe way of using these medicines, compared to cases where medicines are bought at the market, where people sell them without any knowledge on the use of the medicines, and where a person has to find out the way the medicine works him/herself. Sometimes this has fatal consequences (see paragraph 2.5 on medicines). In this case, it is not totally clear what the influence of the medicines is. The fact is that the health of the child does not improve, but even decreases. A CHW student, who has visited this family often, told me that the medicines could also have been used in the wrong way. *“The convulsions that the child got, could come because of the malaria, but it can also be that they became much worse*

because the child is still a baby and it got medicines for adults, so it got too much medicine in a short time” (FN 22/09/2009).

When the child does not get healthy, but even sicker, the parents look for new options. Their sons have heard about the clinic in Adol, and they tell the parents about it. They decide to go there. Here again, advice of others plays an important role in the decision making of the parents.

The health of the child does at first not improve in the hospital. A nurse told that the child had a lot of symptoms of malaria, so it got malaria medicines, but these did not have any effect, the situation did not improve but only got worse. After a week, the people of the clinic discovered that the child also had a stiff neck, and they realised that the sickness could also be meningitis. Malaria, meningitis, typhoid fever and some other diseases have more or less similar symptoms, so if one of the treatments does not work, it could very well be one of the others (FN 01/10/2009). So, the child got different medicines, to treat the meningitis. At that time, the child was very sick, but these medicines worked, and the health of the child improved.

Knowledge

The woman tells that her child has malaria meningitis, which is a non-existing disease. She might not have understood the information about the diseases which the nurse has given her, but mixed up the malaria diagnosis in the beginning and the meningitis diagnosis later. In more cases, different diseases are mixed up, or are connected to malaria, for example malaria-typhoid, which is actually typhoid fever.

In this case, not only the parents are seeking the health of their child, also in places where they come, they meet people who together seek the health of the child. The social surroundings of the child have an important influence on the final outcome of the health seeking. Different ways are tried, while other options are excluded because of various reasons. In the end it results in the health of the child, but it was very close to death. Knowledge of the parents, but also knowledge of the people in the clinic is essential in the course of healing the child. The different options used in this case are, first, the local clinic in combination with medicines of the market, where later another clinic is combined with praying.

3.6 Yellow fever

Options: natural medicines, eat/drink, clinic

Many people claim that when they are sick, they will visit the clinic¹⁷. Often they state that they would not practice any other way of treating a disease except for going to the clinic. Yet, when asked specifically, a big group of respondents told they would use natural medicines. One example where people, in nearly all interviews, told that they would use natural medicines is the case of yellow fever, and this is illustrated in the following description.

In a village called Makuec¹⁸ is a PHCU. Close to this PHCU is a house, and I talk to the people of the house. There are three women and seven children present. The women are not all wives of the same man, but all their husbands are absent. We talk about health and sickness, and after some time, one of the women tells about yellow fever saying: *“This tree*

¹⁷ In my questionnaire, the order of questions was as follows: first I would ask what people would do if they were sick. This was a general question, I wanted to find out what the first thing was people thought of when thinking of a case of sickness. Later in the questionnaire I asked specifically if people would visit or make use of a certain way of healing. Answers on these questions differed within questionnaire. More reasoning behind the questionnaire can be found in appendix IV.

¹⁸ This village is also called Warliet, and in this village a clinic (PHCU) from Across is located.

there is called *Athiliny agok*, it has always been used for yellow fever, and we still use it. Once, there was a woman, a bit far away, she was pregnant. She got yellow fever, but her man did not allow her to go to the hospital. One of us advised her to use *Athiliny agok*, but the husband of the sick woman was afraid that she wanted to poison his wife. They were from another clan. One day later the sick woman died.” I ask the woman what the symptoms of yellow fever are and they tell: “when someone has yellow eyes, and has the feeling like he just ate, even if he did not eat for a day. Furthermore there is no execration, and if defecating, the urine is red. Occasionally, there are times that a lot of people have it. When someone has yellow fever, it is not good to eat meat, fish or salt. In the clinic, they are not good in recognising yellow fever. One time, there was a child from our neighbourhood who suffered of yellow fever. One of us advised her to use *Athiliny*, but the parents took the child to the clinic. There she got glucose and other medicines against malaria, and the next days she got these medicines again. In that afternoon the child died. In the clinic, people do not know how to deal with yellow fever. They are not able to recognise it and they cannot treat it either, because they do not have the right medicines. But *Athiliny* always works. We are able to recognise yellow fever, and we always treat it with *Athiliny*, and it always works. Nobody ever died of yellow fever at our place.

This tree *Athiliny Agok* should be cut down, but we leave it here, because it is such a good medicine, and otherwise it would be a long distance to find another tree. Anytime if someone in the neighbourhood has yellow fever, we advise to use *Athiliny*, and we tell the people not to go to the clinic. In the clinic the treatment often fails, also because the people give fish, meat and salt to patients, even if they suffer of yellow fever.

There are two problems in the clinics, the one is yellow fever and the other one is ear pain. There are no good medicines against these diseases. Do you know a solution for ear pain?” I explain what I know about it, and ask them if they would also use other natural medicines, if they would have the same quality as *Athiliny Agok*. But they tell: “No, we do not want to use it. We prefer the clinic, and the medicines in the clinic. If there would be a good medicine against yellow fever in the clinic, we would also go there. It is safer in the clinic; it is clear in what quantity a medicine should be used, because natural medicines can be dangerous. We know other natural medicines, but we don’t use it, because the clinic has a good alternative for it.” (FN 16/09/2009)

In this story, the women use knowledge and experience when describe the sickness yellow fever. They are able to recognise the disease. In the different cases they mention, the clinic does not cure the disease. In another questionnaire, I asked if people would go to the clinic with yellow fever, and the person who mostly talked said: “you can try the clinic, but if it is getting bad, you should go back to use *wal aguei*” but the other man present interrupted and



Figure 3.4 *Athiliny Agok*, growing beside the compound of a house.

said: “No! If you go to the clinic, you’ll die, you should use natural medicines directly!” (FN Q23). With the exception of one other questionnaire, all the twenty-five respondents on the question about yellow fever stated that they would use natural medicines directly, instead of going to the clinic.

Natural medicines

There are different natural medicines, of which the above mentioned Athiliny Agok is one. Another medicine often mentioned is *wal aguei*, which means ‘medicine for yellow fever’. It was not clear which plant people meant with this name, because the descriptions varied enormously. It is also possible that different plants are all called *wal aguei*. Other medicinal plants used in case of yellow fever mentioned by respondents are: *Anëët tueny* (*Moringa Oleifera*), *Cuei* (*Tamarindus indica*), *Kuliu*, *Meen Cui*, *Muana*, *Malual Thiou* and *Papaya* (*Carica Papaya*)¹⁹.

Natural medicines are valued differently; some people only use Athiliny Agok, while others see it as second option, and still others do not know this plant at all. *Wal aguei* is often seen as the best option, because, when using this medicine, it is possible to eat everything, while with Athiliny Agok, there are certain food items to be avoided. Some people mention that *wal aguei* cannot be found the whole year around because it is a small plant. Others say that it grows far away from where they live, and that is why they sometimes have to rely on other plants. Practicalities and knowledge both influence the choice for a certain natural medicine, while experience and the advice of others are the main factor for choosing not to visit the clinic but to opt for the use of natural medicines.

Natural medicines on the market

In the previous descriptions, we have seen that people sometimes go to the market to buy medicines. In that case, manufactured medicines were meant, but also natural medicines are available on the market. Especially the commonly used natural medicines like *acuet-thial-wei* for malaria and stomach problems and *wal agui* for yellow fever. Once I spoke to a woman who lived in a cattle camp, and she told that she would dig the medicine and sell it on the market in Barbakeny (FN Q17). In different conversations, people stated that they would buy a natural medicine like mentioned before on the market.

Advising

In the story, the women tell about different cases where they have advised someone to use the natural medicine they know. But in both cases, the sick person does not take the natural medicines but goes to the clinic. This advising shows something about how people learn about options to choose from, and how the social surroundings function. Still, even though the women give advice, the sick person still has the choice of following the advice or not. In the first case, the husband of the woman suffering of yellow fever does not trust the advice of the woman, because they are from a different clan. Because of the war, there are tensions between different clans and different groups, and this causes distrust between people²⁰. In this case it has fatal consequences. In the second case the parents of the sick girl were reluctant to

¹⁹ All these natural medicines, and a lot of others are described in appendix X, with the local name and the Latin name, if known.

²⁰ Another example of this distrust, is one time when me and my translator were looking for a certain man. We asked people in different houses, and sometimes we were told that this man was gone for a while, and at other moments the people told that he was somewhere. At a certain moment, someone told us that the man was gone, but then he asked why we needed this man, and when we explained it, he told us that we could find the man in the next house, where we indeed found the man.

use natural medicines, and the girl was taken to the clinic where she did not get the right treatment and passed away.

Yellow fever as a specific case

Out of these experiences, the women will always opt for natural medicines in the case of yellow fever, but they do not apply this criterion to other cases of sickness. For every sickness they make their own consideration, to see what is good. Their experiences are that in most cases the clinic cures sickness better than other available options. Moreover, if they would hear of cases where the clinic would offer a good cure for yellow fever, they would change their practice. During my research, I paid specific attention to yellow fever, and I found out that this sickness is for many people a special case. Even when respondents state that they want to visit the clinic in all cases of sickness, when asked specifically about yellow fever, almost every respondent states they will use natural medicines.

Another important matter with yellow fever is the food. As in case of yellow fever, certain food is to be avoided. In another questionnaire, two women told me more specifically about food that one should eat in case of yellow fever. “*There is food that*



Figure 3.5 Cuei fruit and leaves

you should not eat when suffering from yellow fever, like salt and meat and peanut butter, then you will die. When you have yellow fever, you eat pumpkin leaves, or porridge with fruit of Cuei (figure 3.5), because it is sour.

It is possible to see when yellow fever is coming. Especially at this time, when it is the time of harvest, and when there is a lot of flooding. The first symptom is feeling lazy, and other symptoms are: yellow eyes and if your urine is not yellow. If you are not aware of it, it will reach further, and also your hands and feet will turn yellow. Then you will die. But you can treat it with Athiliny Agok and Kuliu. It is also possible to prevent yellow fever, by drinking Kuliu, in times when a lot of people have it” (FN Q6).

Eating and drinking in this case is combined with the use of natural medicines. The food they eat in this case contains a lot of vitamin C, especially Cuei and pumpkin leaves, while porridge is easy to digest. This example shows that people also combine different options if it is convenient.

3.7 (No) child

Options: clinic, natural medicines, herbalist

In this last description, I will focus on a case where people, who are living close to each other and experience the same kind of problem, still make different decisions, on the ground of different experiences. This illustrates that the social surroundings do have influence, but are not the only factor that influences the option people choose. The topic of the following cases is mothers with(out) children.

On a place with a lot of people around, mainly woman, I ask if they prefer to go to the clinic or to use natural medicine. One of the women says she prefers not to go to the clinic: “*I prefer to use natural medicines, because, when I did not have a child for three years, I went to the clinic, and they tried to help me, but it did not work. Then I went to the herbalist, and*

he gave me some natural medicine. After that I got a child.” But another woman prefers the clinic, and tells: *“One day, my child was very sick, it had convulsions, and it was unconscious sometimes. Then we went to the clinic in Adol, and they treated the child till it recovered. That is why I prefer to go to the clinic.”* (FN Q9)

Also other women tell similar stories, where experiences they had with their children in a certain health care are an important factor in the decision making in future cases. The women, even when living at the same household, sometimes make contrary decisions, but have similar reason for doing it. This description illustrates clearly the fact that people are not defined by their environment, and that everyone makes his or her own decisions. In some of the previous cases, the experiences of others were an important influencing factor in the decision making, but these women, although living close to one another, each choose a different option. Experiences with children are very important, as it was mentioned often by different people, mainly women. The most important thing in the life of a woman is the child, and if something happens to the child, this strongly affects the life of the woman. Therefore, experiences like these weigh strongly when making new decisions.

All these descriptions have shown how people choose their health options, in different cases. There is much more to say about this, and there are many more examples of health seeking practices in Rumbek East County. Still, the descriptions above provide enough insight to be able to answer my research questions, therefore I will now turn to my conclusion.

4. Conclusion and discussion

In this thesis, I have looked into the health seeking practices of the inhabitants of Rumbek East County, with the help of the model I developed on the basis of the actor-oriented approach of Norman Long (2001), and at this point I will answer my research questions. First I will give an answer to the first question: ‘What are the health seeking practices of the inhabitants of Rumbek East County?’, and after that to the second one: ‘What are the factors that influence the way in which inhabitants of Rumbek East County choose for a certain health seeking practice?’ In the last part of this conclusion, I will show the practice of my model in changing situations.

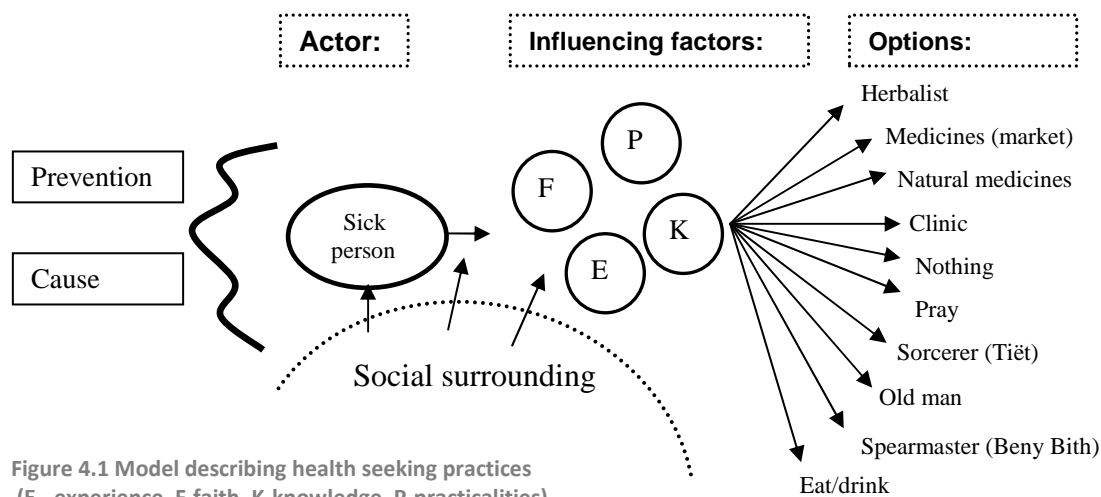


Figure 4.1 Model describing health seeking practices (E - experience, F-faith, K-knowledge, P-practicalities)

4.1 Health seeking practices

During the thesis, and especially in the descriptions, it has become clear how the model I developed functions in practice, and how it provides insight into the health seeking practices. The sick person – the actor – is the start of the model. This person actively chooses a certain option to get healthy. The list of options in the model is incomplete, as some specialists for certain diseases could be added. However, the list of options gives a good impression of the varied amount of options a sick person is able to choose from. There are multiple options the sick person can choose from, and in the second chapter, it has become clear that fifty years ago, some options did not exist, as supporting infrastructure or knowledge was unavailable, showing the options is continually subject to change.

The influencing factors are an important factor explaining why a person chooses a certain health seeking strategy. These influencing factors are not static, and do not give one clear image of what a person will choose. Yet, they are an explaining influence in understanding the health seeking practices of people. In the next paragraph which answers the question specifically about the influencing factors, I will come back to the influencing factors.

One clear point can be made about the health seeking practices of the inhabitants of Rumbek East County, and this is that it varies tremendously. On the one hand, different people suffering from the same sickness can choose different options. On the other hand, the options chosen by a sick person can differ per disease.

Another point is that the health seeking practice of the people is not static at all, as it is continuously subject to change. People will try an option, but if it does not work, they do not hesitate to opt for another possibility. Yet, the amount of options people are inclined to

choose from is limited by the influencing factors, as practicalities, experience, knowledge and faith are important factors in defining options.

4.2 Influencing factors

The importance of the influencing factors was already mentioned above. I will start with some conclusions regarding this topic. The first conclusion I want to make is that all the influencing factors of my model can affect the health seeking practice of a person. Often, factors are combined in making a decision, where one or more factors are seen as key factors when making the final decision. Furthermore, in some cases it becomes clear that people favour a certain option above another in one instance, but in a next instance, they will favour another option. In this, there is no rule; people value different factors in different cases. Thirdly, the choice people make is not always a well-considered choice. Sometimes, people do not know what to do, and they just try something. The fourth point is that, although the practical circumstances and social surroundings may be similar, this does not mean people will make the same choices, as experiences, knowledge and faith also have influence, and can differ per actor. Fifthly, the social surroundings are very important in the decision-making. The social surroundings influence indirectly on the shared experience, shared knowledge, and directly via advises. Lastly, options change over time, and also the influencing factors are affected by developments in time. Therefore outcome of the model does not provide certainty about the outcome the next time. The practice of people is not static at all.

Not all options are very common for all people. Faith can restrict the option of an herbalist, a sorcerer, an old man and a spearmaster, as many people who call themselves Christian will not go to one of these, because they connect the person with a different god than their own. Yet, this is not the case for all Christians, as some make the distinction between healers that connect to Nhhialic, for example the spearmaster, and healers who connect to a spirit, like the sorcerer and the old man, and healers who in some cases do not connect to a god or spirit at all, like the herbalist. The herbalist is a special case, as sometimes he does make use of spiritual power, and in some cases he does not. Praying is also influenced by faith, as could be seen in the case of 'social surroundings in the clinic' where the couple and the people within their social surroundings pray together.

The most important influence of knowledge is on natural medicines, where people have to know which kind of medicine can be used for a certain disease. Yet, the lack of knowledge influences other options, where sometimes people do not know what to do in a certain case, and therefore will go to a place or person which they assume will possess the knowledge needed to treat the disease. In this case, the clinic, a sorcerer or a spearmaster are assumed to have knowledge. Also social surroundings are consulted, as was clear in the case of the 'women in the clinic'.

The main influence of practicalities is on money and distance. Women would mention the limits of practicalities most often, as they are limited by the fact that they do not own money, which can be needed to consult a certain option. Practicalities are a reason to choose for natural medicines as mostly these are available for free. The option 'nothing' can also be opted for in case practicalities lack, although this is often not the last option. Yet, it might be like the description of 'Muony dit', where the man did not know anymore what to do and he opted for nothing.

Overall, experience is an important factor steering towards certain options. As was clear in the last case, experiences in the past have a major influence in future choices.

4.3 Practical value of the model

Looking at the conclusions, it becomes clear that, due to the large range of different practices co-existing within the society and the multiple options a person can choose from, the model does not have any predicting value, as every time an actor has the possibility to opt for another choice. Yet, the value of the model is that it is a mean for understanding the health seeking behaviour, as the four different influencing factors, together with the social surroundings can function as tools to better focus on the different reason why people choose a certain medical practice.

The influence of change

When implementing a new thing, like a new health care or the natural medicines program, it is important to realise that people are not empty vessels (Pigg 1997). In every place, there are existing ways of treating health problems, and any new thing enters this existing practice. However, in some way, people are used to change, and they are used to multiple options to choose from, as in traditional health care, different options already co-existed and have always been subject to change. Besides the traditional health practices, also external inputs have existed for about the last fifty years, and stronger the last twenty years. During this time, people have coped with the changes and they know how to deal with this.

However, there are exceptions, where people do not know what to do. This can be because of different reasons, either there are too many changes, and people do not have enough knowledge to be able to choose. Or, certain new inputs are presented on such a way that people cannot judge any longer for themselves what the value of a certain option is, as in some instances they are taught just to accept a certain option. Fortunately, this seems not very often the case in my research area.

Different aspects to be influenced

The model I presented, gives insight in how people make decisions in health seeking, and this can be of help when offering and presenting a new option. When a new option is offered, it is good to realise that this is a new option within the existing practices, co-existing along many tried options. I will illustrate how a new option can enter the existing practice, using the different factors of my model. Often, when presenting a new health care option, the possible users of this option are provided with knowledge about this option. A lot of information may be given, in order make the new option known, and it is assumed that this is the reason why people will start using the new option. This is however not the total picture, because, as is shown in my thesis, people do often not make their decision only based on knowledge, and secondly, this knowledge enters the existing knowledge people already have about a certain topic. Therefore it is important to address the current knowledge of people when presenting new knowledge. Besides, it is important to connect not only to the knowledge people have, but also to faith and experience.

The factor faith is difficult to influence. In my research area, there is an enormous variation of beliefs and it depends on a lot of factors, like age, schooling, distance to a city, relations, and the preacher in the church. This faith is not static either, as is clearly shown in different cases. Knowledge, experiences and contacts with others influence what people believe, and which values they regard as important. It is possible to influence this factor, but not directly, and I think this factor changes more slowly than the knowledge factor, since beliefs and values can only be influenced indirectly, and not with rational reasoning.

Thirdly here is the factor experiences. It is important to realise that this factor is of major importance. In the foregoing descriptions, it becomes clear that people often make their decision based on what they have experienced before. When asked about the acceptance of new medicine, people often told that they first want to see someone who is cured using these

natural medicines, before they want to use it themselves. Negative experience has a strong influence on the acceptance of a new option. It is not possible to influence this factor directly, however, if people have positive experiences, they might talk about it themselves, and thereby promoting the new option.

Practicalities also influence the choice people make in their health seeking, and it is possible to influence this as an NGO or other organisation presenting the new option. Yet, also in this case, it is important to know the situation. For example, as we have seen in some of the descriptions, women are in a different position than men, especially with regards to money, and as a provider of practical solutions. It is important to realise this, especially because women are often the ones responsible for the health in the family.

The model offers a useful way to look at health seeking practices, because it leaves room for the complexities that are present in the practices of actors. Additionally, it gives ways to distinguish between different aspects and influencing factors, in order to be able to have a better picture of how these interact, and how an intervention takes place. Yet, it is important to realise that the model is a simplification of the complex reality, and that it is not reality itself (Law&Mol 2002).

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* FN – personal field notes, recorded in the field, dated, or numbered per questionnaire

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List of abbreviations and names

Across - An interdenominational, international Christian organization, focused on Sudan.

More information at www.across-sudan.org

CCM - Comitato Collaborazione Medica, a medical NGO from Italy. See <http://www.ccm-italia.org/> for more information.

CHW – community health worker. A person who works in a clinic (PHCC/PHCU), who has one year of health education.

NGO – Non governmental organisation

PHCC – Primary Health Care Centre (see textbox 2.3 on page 22 for more information).

PHCU – Primary Health Care Unit (see textbox 2.3 on page 22 for more information).

UNICEF - The United Nations Children's Fund. More information on www.unicef.org.

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Appendix I Maps of Africa, Sudan and Rumbek East County

In this appendix, three maps can be found. First of all a map where Sudan in Africa is shown, secondly a map where Lakes State is shown in Sudan, Rumbek East County is shown in Sudan and thirdly a map of the region of my research, namely Rumbek East County.



Figure 5 Sudan in Africa
(Source: <http://www.prm.ox.ac.uk/cosmetics.html>)

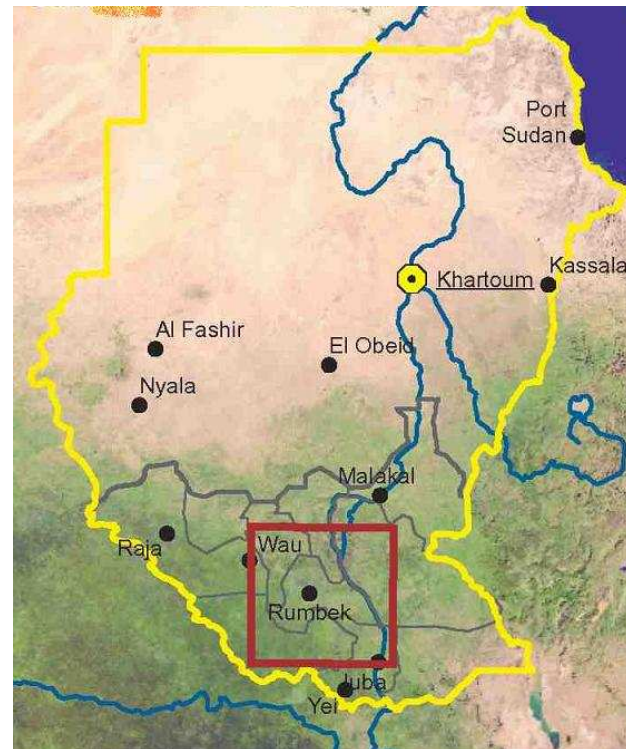


Figure 6 Rumbek in Sudan
(Source: <http://www.gurtong.net/Governance/Governments/GovernmentofSouthSudanStates/LakesState/tabid/332/Default.aspx>)

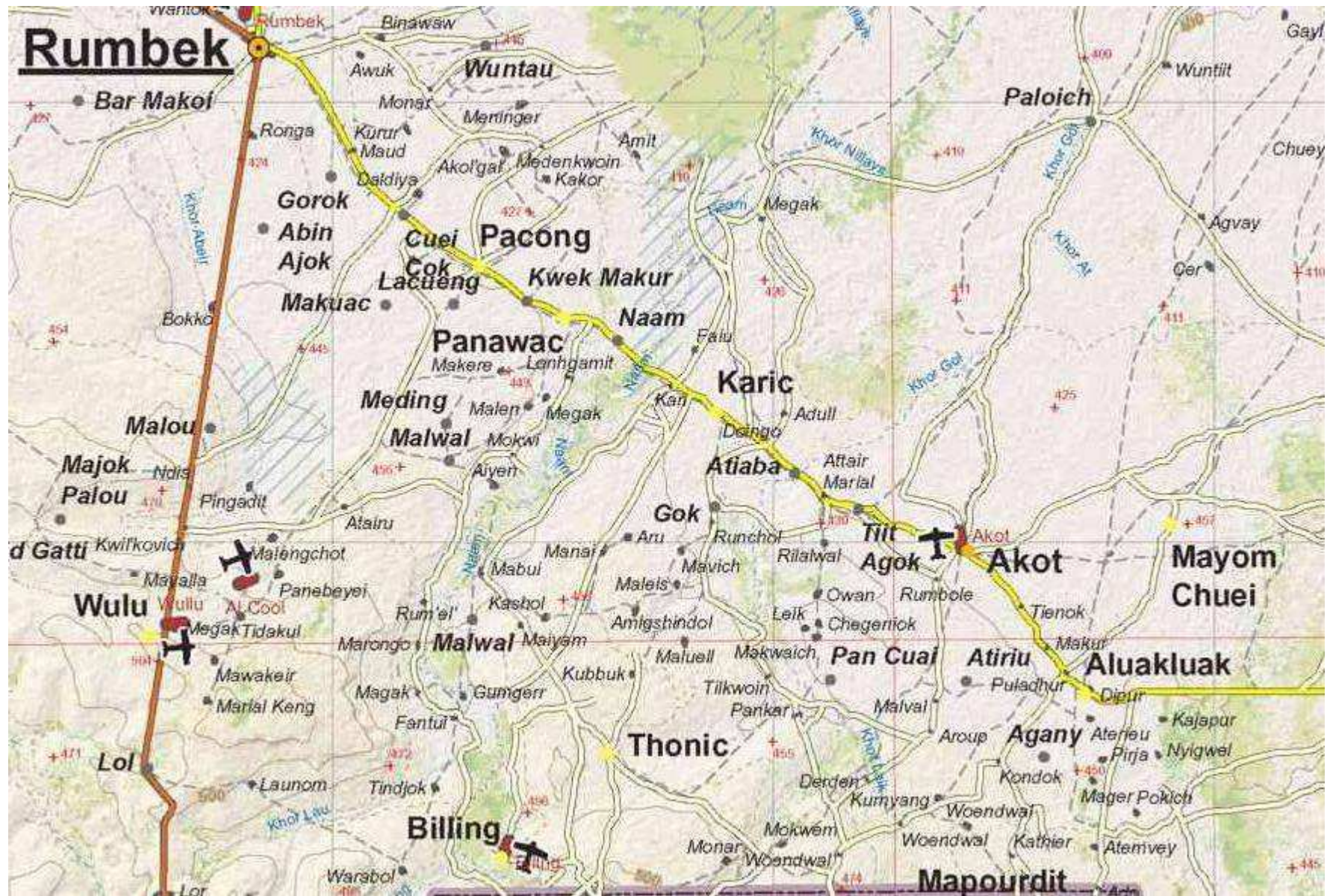


Figure 7 Rumbek East County (Source:<http://www.gurtong.net/Governance/Governments/GovernmentofSouthSudanStates/LakesState/tabid/332/Default.aspx>)

The names on the map are not spelled the way they are used in Rumbek East County. Here I will give some corrections. The names mentioned in this part are also mentioned in appendix II, as research has been conducted in these places.

Adull = Adol

Poloich = Paloc

Naam = Barnam (both cattle camp and river)

Gok could be Barbakeny, although the road leading to Manai is more logical to be the road where Barbakeny lies.

Makwaich could be Makuech which has a clinic (PHCU) of Across

Atairu could be Ateriu, yet, this place is located closer to the main road. Following this road however leads to a place called Amer.

It is not clear on the map where Panyor could be located, but it might be located close to Thonic, although the name Thonic was never mentioned.

Appendix II Places where the research was conducted

In this appendix, an overview is given of the different places within Rumbek East County, with the characteristics of the different places. This shows the variety of places where my research was conducted, and gives insight in the covering of Rumbek East County. In general, my research focused more on eastern and southern part of Rumbek East County, and had a focus on the road, and places close to the road.

Overview places and their characteristics					
Name place	What is the place?	Distance* to Across clinic,	Distance* to other clinic	Questionnaires (total = 30)	Other[#] (total 24)
Adol	Village	Own PHCC	-	5	8
Surrounding villages of Adol	Villages	< 1h - Adol	-	7	4
Barbakeny	'big' market	1 h - Adol		1	
Atiaba	Secondary school & village	2 h - Adol	2h – Akot +	2	1
Akot	Town		Hospital		1
Warliet ²¹	Village	Own PHCU	2h – Akot	3	2
Mabor Duang and surrounding villages	Villages	3h - Adol	Clinic		6
Pacong	Village	Own PHCU	Rumbek +	4	
Amer and surrounding villages	Villages	1,5 h - Pacong		5	
Barnam	Cattle camp	1,5 h - Adol			1
Pajok	Cattle camp	45 min – Adol			1
Panyor	Cattle camp	3 h – Adol		3	
Golmayen / Luok	Cattle camp, place of ceremony				Case study

* The distance is the walking distance to the nearest clinic, if there are more clinics often mentioned, I will also mention these in the other clinic section. Since people mostly do not have any other transport, most of them need to walk to the clinic. In some instances it is possible to use a bus, I indicated this with a +.

[#] Informal interviews and visits, where every number stands for a couple of people I talked to.

There are different reasons why I choose these locations. One is that one of the aims of my research was to evaluate the Program of Natural Medicines of Across. Therefore I wanted to meet people who had experienced these medicines. In the three clinics of Across: Adol PHCC, Warliet PHCU and Pacong PHCU the natural medicines of the program are available, and this is why I choose these villages for my research, and also the surrounding villages.

²¹ Warliet is the name the clinic has in this place, but the place is actually called Makuéc, and Warliet is another village close by. When building the clinic, people said it was Warliet, but later on people would say that the village is called Makuéc. Since in Across this clinic is known as the clinic in Warliet, I will use this name. I have not carried out research in the real Warliet, so it will have no further consequences.

I also wanted to visit places far from any of the clinics of Across, to find out if these people would have heard of the program, and also to see if they would think different about other health issues. This is why I visited the villages of Amer and Mabor Duang and surrounding villages, and also the cattle camp of Panyor.

In these villages I mainly visited households, where there would be mostly women around, although there were also some men. Still, most men go to the market during the day time, and especially the younger men tend to be found in the bigger markets, so this is why I visited Barpakeny and Akot.

The reason for visiting Atiaba was the fact that there is a secondary school, where I did some interviews, and I also visited some houses there.

Area

While I covered quite some area of Rumbek East, there are some areas where I have not been to at all. There are different reasons for this. First, there is the area of Paloc, that is about 2 hours driving from Adol. The road to Paloc is not very good, and also, there is a bush in between the places. Since there are sometimes attacks from Nuer in this area, it was not safe to travel to this place.

The other big area in Rumbek East I have not covered is the south east part, which was not possible due to the distance and a lack of time. At the same time I think that I can still say that I give an overview of what the people in Rumbek East think, since I think I already have quite a good idea of what the people think, and this was also affirmed by the last questionnaires that I have done. Still, I cannot give a good advice on some points to Across about this area.

Appendix III Questionnaire

In this appendix, the questionnaire used to evaluate the program of natural medicines of Across is given. Yet, this questionnaire also has important elements relating to the research of this thesis. When a reference within the text is made to (Q ...), this means that answers from this questionnaire are used.

Questionnaire

Health seeking behaviour

A. General

- 1. What do you do to prevent diseases? or What are the causes of disease?**
- 2. What are the main diseases?**
- 3. What do you do if you are sick?
If hospital, where and how is your experience with it?**

B. Traditionally (the times without a hospital)

- 1a. Do you use local natural medicines?
Name
Part used, prescription
Which disease (symptoms)**
- 1b. When did you use it for the last time?**
- 1c. Do you know acuet thial wei?**
- 2. Do you know anything about traditional healers?
For which disease would you go there?**
- 3. What do you do if you have yellow fever?**

C. Spiritual world

- 1. Do you believe in something? How do you practice it?**
- 2. How do you see the relation between God and medicines?**
- 3. Is there a difference between different kinds of medicines?**
- 4. How do you see the relation between God and a traditional healer?**

Across and the program of natural medicines

D. General

- 1. Do you know Across?**
- 2. Do you know the program of natural medicines of Across? (if yes -> E, if no explanation -> G)**

E. Facts about the program of natural medicines

- 1a. What do you know about it?**
- 1b. How do you know about it?
If training - What did you think about the training?**
- 2. Did you ever visit the pharmacy?
If yes – Did you use a medicine? Which one? How many people used it? What is your experience?**

F. Association

1. What do you think about the program?

Why?

If necessary: relation herbalist, believe, clinic, nm, western medicine.

2. Do you have any suggestions for the improvement of the program?

G. Possibilities for the program of natural medicines

1. Do you want to learn more about it?

How? (training, text, radio, else)

2a. Do you have a garden beside your house?

2b. What is in there?

2c. Also in the dry season?

2d. Are you interested in growing medicinal plants in there?

3. Would you prefer either cover the distance to the pharmacy or growing and taking care of the plants in your garden? (which would mean to also water them at summer, preparing the medicines)

4a. If you could choose two diseases for which there should be a natural medicine in the program, which ones would you chose?

4b. How do you treat these diseases now?

Optional questions

1a. Did you ever buy medicines on the market?

1b. What is your experience with it?

1c. How do you see the relation between medicines of the market and medicines of the clinic?

2. What is the relation/difference between local natural medicines and medicines of the clinic?

4. Where is your family related to? What influence does this have on health?

5. What do you do if you are bitten by

a. A scorpion

b. A snake

c. A dog

6. How does malaria work in the body?

Appendix IV Questionnaire + explanation behind each question

Questionnaire:

Explanation of why I choose this question, and clarification of the order of the questions.

I used what Lambert&McKevitt (2002) say about how people can give information. They name three different ways how people can talk about something namely: normative statements, narrative constructions and actual practices. “Ideas about treating illness and lay explanatory models, for example, are shaped by contingent circumstances and forms of practical ‘reasoning in action’ that are not always expressed orally, especially in one-off interviews, which tend to produce orthodox responses” (p.211). Also what Giddens (1984) stated about practical and discursive consciousness is applicable here, in the first questions I look more for the practical consciousness, and with the later questions I also hope to reach the discursive consciousness.

Health seeking behaviour

A. General

I started with how people look in general to disease in order to see where people think of at first. What kind of knowledge comes up before I offer them something. Also I wanted to see what is active, or practical as Giddens (1984) calls it, knowledge in the heads of people.

1. What do you do to prevent diseases? or What are the causes of disease?

I started with prevention or causes to find out if how people see disease, where is it related to and how does it come into human life.

2. What are the main diseases?

This question in order to make it practical. This diseases occur often in the human life. Also I wanted to find out on how people see disease, what falls under the definition of disease and what does not.

3. What do you do if you are sick? Are there different stages of sickness? What do you do in the different stages?

This is to hear practically what they do if they are sick and when they say they are sick enough to go to the hospital.

If hospital, where, and how is your experience with it?

This in order to see how far the distance is to a hospital, if they use different hospitals.

B. Traditionally (the times without a hospital)

First I asked this question later and first handled a part about Across, but I discovered that people are more willing to talk about this topic if they are not yet directed towards a certain health care by the questions in the questionnaire.

The traditional health systems can roughly be divided into two sections, namely the section of natural medicines and the section of traditional healers. In the total thesis I will spend more time explaining the traditional health systems, because it is much more complex.

Sometimes I introduced this topic with the question ‘What did you do before there was a hospital?’

These questions are more guiding than the one of part A, this because often people would not start talking about this topic without being asked, even if they often know a lot about it, and use it as a health seeking practice.

1a. Do you use local natural medicines?

I discovered a lot of people know a lot about local natural medicines, and I wanted to find out more about this. To find out if they mentioned the same plant very often, to be able to recommend some plant for further research.

Name

Part used, prescription

Which disease (symptoms)

These practical questions served two purposes: one is to be able to give some good information when recommending some plant. The other one is to find out how much the people know, how active the knowledge is.

1b. When did you use it for the last time?

Here I wanted to see if people used it recently or not, to see if they would say something in line with question A3 or something contradicting.

1c. Do you know acuet cial wei?

This plant was often mentioned as a traditional medicine, and often provided for me an entrance to talk about local natural medicines. People stated that everybody knew this plant, and I wanted to find out if this was true.

2. Do you know anything about traditional healers?

The other section of the traditional health care. This question I asked in this way, because people would sometimes be offended if I just asked straight away if they would go to a traditional healer. On this way, people would tell me more stories about what they knew, or about the things they experienced.

For which disease would you go there?

I discovered that there were quite a few traditional diseases where either the clinic would not have a solution for, or which was believed could only be treated outside the clinic.

3. What do you do if you have yellow fever?

After some questionnaires, I discovered yellow fever would be sometimes the only or one of the few diseases for which people would use the traditional health system. This question served also as an entrance to find out more about the practical health seeking behaviour of people. Also this question I could compare with the results of A3. Some people said that nobody would go to the clinic with this disease, and so I wanted to see if this was true or not.

** Note* Yellow fever is not the medically defined yellow fever, but just the literal meaning of the words, so it describes the symptoms. The better name for it would be jaundice, but since this word would either be misunderstood or be the same when translated into Dinka, I asked about yellow fever.*

C. Spiritual world

First I asked this question later and first had a part about Across, but I discovered that people are more willing to talk about this topic if they are not yet directed towards a certain health care by the questions in the questionnaire.

Since health is strongly related to what people believe, I wanted to see how they see this.

1. Do you believe in something? How do you practice it?

This question I asked to find out where the people themselves stood. Since most people say that they believe in Nhialic – which is god – I asked them how they practiced it to gain more insight in what they really believed.

2. How do you see the relation between god and medicines?

The word god can mean different kinds of god, it is either the Christian God or the god locally believed in. In the first question it becomes clear which god it is.

3. Is there a difference between different kinds of medicines?

This difference can be seen in various ways, in the spiritual side, but also in effectiveness, the way it is prescribed etcetera.

4. How do you see the relation between god and a traditional healer?

I wanted to find out if people connected the traditional healer and god or not. And if they connect it, what the connection is.

Across and the program of natural medicines

D. General

1. Do you know Across?

To find out if they knew anything about Across, and also to find out what they knew, also because Across also has a clinic.

2. Do you know the program of natural medicines of Across? (if yes -> E, if no: explanation -> G)

This is a directing question, to see if the questions about the program would make sense.

E. Facts about the program of natural medicines

First some factual information, to find out what and how people know about the program of natural medicines, to be able to give answers to question 2.1 and question 2.2.

1a. What do you know about it?

1b. How do you know about it?

If training – 1c. What did you think about the training?

2. Did you ever visit the pharmacy?

If yes – Did you use a medicine? Which one? How many people used it? What is your experience?

F. Association

This question to find out what people think of, where they relate the program to. This in order to answer question 2.3 and a bit 2.4.

1. What do you think about the program?

Why?

If necessary: relation herbalist, believe, clinic, nm, western medicine.

2. Do you have any suggestions for the improvement of the program?

This question I only asked to a few people, because I only came up with it after a lot of interviews where done already.

G. Possibilities for the program of natural medicines

This question I asked to everyone, but sometimes the people would already know something about the program, and also having answered question E and F. Sometimes people would only know what I told them.

If I would tell them about the program, I would tell them that the program is working with medicines made of plants (sometimes I would link them to the local natural medicines) but that there was research done on these medicines and that it was clear for which disease the plant would work and how much would be needed.

1. Do you want to learn more about it?

With this question I wanted to find out if people are interested in the program.

How? (training, text, radio, else)

This in order to be able to give advice about the future of the program. Also this would provide an indirect way of asking if the people would be able to read. If I would ask this directly people would often feel offended, thinking that they would be worth less because they could not read.

2a. Do you have a garden beside your house?

One of the ideas of the program of natural medicines is that it would be good if people would grow their own medicinal plants. In order to give a good advice on this, it is important to know if people are actively involved in taking care of plants, except for the standard crops. With garden I meant something else than the fields with corn or millet etc.

2b. What is in there?

This to find out if there would be a lot in the garden. Most of the times I could just take a look at the garden.

2c. Also in the dry season?

Since the medicinal plants need to be taken care of also in the dry season, it would be good if people would already be used to watering plants during the dry season. Another reason why I asked this is to find out if people would plant vegetables during the dry season, to find out how healthy they would live.

2d. Are you interested in growing medicinal plants in there?

This in order to ask them if they would see it as a good idea. This question also was a bit of a promoting question for the program of natural medicines.

3. Would you prefer either to cover the distance to the pharmacy or to grow and take care of the plants in your garden? (which would mean to also water them at summer, preparing the medicines)

This question I asked in order to find out if people realised how much work it was to take care of plants, and to see what they would prefer and why, in order to give recommendations to Across.

4a. If you could choose two diseases for which there should be a natural medicine in the program, which ones would you chose?

This in order to find out what people would see as the most problematic diseases, in order to find out if I could tell them that there was already something in the program, or to give recommendations to Across about the future of the program.

4b. How do you treat these diseases now?

Mostly, people would already have answered this question in A or in B, but sometimes some new diseases would come up, and then it was interesting to find out how people treated the disease.

I. Optional questions

These questions I did not ask to everyone, only if there was time or interest left. These questions are mainly in order to better understand some specific parts of the health seeking behaviour.

Market

The market is another place where it is possible to buy medicines. I heard some very bad stories about this, like that people died when they had taken a medicine of the market on the wrong way, and also the article of Geest&Whyte (1987) spoke about this, so I wanted to find out how people in Rumbek East see this.

- 1a. Did you ever buy medicines on the market?
- 1b. What is your experience with it?
- 1c. How do you see the relation between medicines of the market and medicines of the clinic?

2. What is the relation/difference between local natural medicines and medicines of the clinic?
Sometimes this topic would already been covered within other questions, but sometimes I thought it was good to ask it specifically for local natural medicines.

4. Where is your family related to? What influence does this have on health?
Family in the Dinka culture are always related to a certain something, like a tree, a bird, an animal, stones, water, fire etc. I was interested in this topic.

5. What do you do if you are bitten by
- a. A scorpion
 - b. A snake
 - c. A dog

These three things are difficult to cure in the clinic, while everybody knows the problem. The answers were often interesting stories where again a way was opened to the traditional health care.

6. How does malaria work in the body?
I heard some theories about malaria, the cause and how it works. I interested me, so I asked this question to some people.

Appendix V List of some relevant words related to my research

Most of these words are also explained during my thesis, in textboxes. This is an incomplete overview of words related to health.

Thuɔŋjäŋ

The alphabet of the Dinka (Muɔnyjäŋ) is similar to the Latin alphabet. However, in Thuɔŋjäŋ (the language of the Dinka) there are some letters that are not used in the Latin alphabet.

When writing in Thuɔŋjäŋ, I will therefore use some other letters.

‘ɔ’ is written as ‘o’

‘ŋ’ is written as ‘ng’

‘ɛ’ is written as ‘e’

English - Thuɔŋjäŋ

Sickness – tuaany (sing) tueny tueny (pl)

Healthy – pial guop (pial = no sickness, guop = good)

Fever with headache and vomiting – juääl

Medicines – wɛl

Doctor – akim

Clinic/doctor – pan akim (house, doctor)

Natural medicines - wɛl eke wec (medicines, -, dug out)

- wɛl bees (not manufactured)

Natural Medicines Pharmacy – pan akim ëë wɛl roor (house, doctor, -, medicine, plant)

Medicines of the market - ɣöt wɛl

Herbalist – ranwel (sg) kocwɛl (pl) (people/man, medicine)

‘Sorcerer’ – Tiët

‘Spearmaster’ - Bɛny bit, Baany Bit (pl) Bɛny = master, leader, Bit = spear

‘Prophet’ - Bɛny kec

Traditional healer who can counter witchcraft – ran cau

Traditional healer, specialist in bone setting and external wounds - atet

Magic man – Binyja

Other, more dangerous magic man – mataba

God – Nhialic (nhial = heaven/above, ic = in, so the one who is above of the one who is in heaven)

Spirit – jok, jak (pl)

Small gods – nhialinkor

God creator – Duciek / Aciet

Kind of spirit, attached to something material – wal

Thuonjäŋ - English

akim – doctor

atet – traditional healer, specialist in bone setting and external wounds

Beny bit, Baany Bit (pl) – ‘spearmaster’

Beny kec – ‘prophet’

Binyja - magic man

Duciek / Aciet - God creator

jok, jak (pl) - spirit

juääl - fever with headache and vomiting

Mataba - other, more dangerous magic man

Nhialic - God

nhialiqkor - small gods

pan akim - clinic/doctor

pan akim ëë wël roor - natural medicines pharmacy

pial guop – healthy

ran cau - traditional healer who can counter witchcraft

ran wël (sg) koc wël (pl) - herbalist

Tiët - ‘sorcerer’

tuaany (sg) tueny tueny (pl) - sickness

wal - kind of spirit, attached to something material

wël - medicine

wël eke wec - natural medicine

wël bees - natural medicines

ÿöt wël - medicines of the market

Clinic in in Thuonjäŋ

Pan Akim

Pan = house

Akim = doctor

Pan Akim is the house of the doctor. A place where the doctor is. This can be a bigger hospital, in a big city, or a clinic, both PHCC (primary health care centre) and PHCU (primary health care unit). A PHCU is only open on weekdays, and only has an outpatient section. A PHCC is the clinic in Adol for example, a place which also has an inpatient section, and is therefore open day and night and also during weekends.

Mostly, when people talk about a pan akim, they mean a place where there is someone with knowledge about health, and with manufactured medicines.

Still, also a place in Rumbek East, where a person with a special instrument (digital thermometer) gives some special medicines (vitamin pills) to people, is called a pan akim.

In this thesis I will use the word 'clinic' and 'hospital' to translate the word 'pan akim'.

Gods and spirits in Thuonjän

Nhialic

Nhial = above or heaven

ic = 'in'

So Nhialic can be translated as 'the one who is in heaven', or as 'god'.

Nhialic is used in general to describe god, which can be the Christian God or the traditional god.

Lienhardt (1961) translates Nhialic with Divinity.

Nhialingkor – smaller gods, or 'clan-gods'

These gods are not real gods, because Muonjjan say that there is only one god, but these are like helpers of Nhialic.

Jak (plural) Jok (singular) = small gods or spirits

Lienhardt (1961) translates *jok* with Power

Beny Bit

Beny = a 'master' or a leader, the head of a village or a tribe is also called 'Beny ~ '

The plural is Baany

Bit = a spear

Beny Bit can therefore be translated as spearmaster.

One of the stories about the origins of the Baany Bit has to do with a spear: *"Nhialic threw down a spear to the earth, and the ones got this spear have this spear have a special spiritual power.*

Therefore they are called spearmasters. Nhialic chose the people." And, even though Nhialic is not throwing spears down to the earth, the descendents of the first Baany Bit will be the Baany Bit of this time.

This does not mean that if you are a son of a Beny Bit you will automatically become the next Beny Bit after your father dies. One of the sons of the old Beny Bit is likely to be the next one, but not directly after his death.

"Every clan has their own Beny Bit, once in a while someone stands up and will be leading their clan in the coming years. It is not possible to choose to become a Beny Bit, but you will discover it with signs, and special happenings and miracles. Also people around can recognize a Beny Bit on these signs."

Tiëth

Tiëth is a kind of sorcerer, a clairvoyant, a medicine-man (Lienhardt 1961, p.75,142). He can be found in nearly every village.

Medicines in Thuonjän

Wɛl = medicine

Wɛl beec = medicine that is not manufactured.

Muonyjan = people or Dinka (the word Muonyjan is the name that the Dinka give themselves, in other languages it is translated into 'Dinka').

Wɛl muonyjan = 'medicine of the people', people who did not study in the western health care, or 'Dinka traditional medicine'.

So pan akim wɛl muonyjan literally means 'the house of the doctor with the medicine of the people', but it can also be translated as 'a place where you can get traditional medicines'.

Other kind of medicines can be:

- yöt wɛl = medicines from the market
- wɛl eke wec - where 'wec' means 'dug out'. This is the name people use for (local) natural medicines. A lot of local natural medicines are the root part of the plant, so they have to be dug out.

These last medicines can be dug out yourselves, or purchased at the ranwɛl (singular) or the kocwɛl (plural), where ran (singular) / koc (plural) means people, and which can be translated as herbalist.

The plant *acuet-thial-wei* in Thuonjän

There are different stories about *acuet-thial-wei*. 'Wei' means bitter, 'thial' is a kind of spoon, made from a shell or something from the river, and 'acuet' means throw away. So the medicine is called 'throw away the spoon'. Some people say that the medicine is so bitter that people who drink it want to throw away the spoon, because the taste it is so bitter.

A headteacher from a secondary school told: "Acuet-thial-wei is a very special plant. A lot of people still use it against malaria or stomach pains. Thial means spoon, but a special spoon, not the one you see today. It is made from something from the river. Acuet-thial-wei is poisonous, so if you drink it, you should throw away the spoon because you can't use it for something else."

Appendix VI Problematic diseases

In this appendix, a list of problematic diseases are mentioned. This list is incomplete, and based on the impression I got during my research.

Diseases mentioned by people in question G4a.

In my questionnaire, I asked “If you could choose two diseases for which there should be a natural medicine in the program, which ones would you chose?”

Here I will give an overview of which diseases²² were mentioned:

Name disease	Times mentioned
Malaria	12
Stomach pain	10
Diarrhoea	4
Fungal diseases	4
Malaria typhoid	3
Joint pain	2
Anal pain	2

The rest of the diseases were all mentioned once: meningitis, zaida, yellow fever, giardiasis, not be able to get a child, sickness in the nose, HIV/Aids, chest pain and athong.

Most sicknesses with the symptoms of malaria are called malaria. Stomach pain can be caused by a lot of different things like worms or bad food, but it is also a symptom of malaria. This is also the case with diarrhoea. Fungal diseases, skin diseases can also be caused by a lot of different factors. Malaria typhoid is not a disease, but typhoid fever is. Since severe malaria may have similar symptoms as typhoid fever, the two are seen as one disease. There is a difference however, since with malaria the fever will raise and fall, but with typhoid fever, the fever will remain very high. Joint pain is arthritis and anal pain is haemorrhoid. Zaida is appendicitis. The reasons people mentioned these diseases where either the hospital could not treat the disease well, or they would occur very often, so they are seen as problematic. I will give an overview of some of the diseases people mentioned for which they would not go to the hospital.

Diseases mentioned for which people would not go to the hospital

Disease: jaundice or *agui* in Dinka which means yellow fever

Current solution: local natural medicine (*Athiliny agok*) or other

Why not to the hospital? You will die there. No medicines.

Evaluation current practice: It works, everybody recovered, as far as people know. Everyone knows a local natural medicine for *agui*, and it is available at the market.

See also chapter 2

Challenge for the program: People need more knowledge about the disease. Find a good solution in the clinic. Train people of the clinics.

Need: low

Disease: otitis (earache)

Current solution: nothing (problem) or local natural medicine: *Anëët tueny* (*Moringa*) or local natural medicine: *Thielget*

²² For the diseases mentioned, the name as how the sickness is commonly known within Rumbek East County is used, not the medically defined diseases.

Why not to the hospital? There is not a good medicine there.

Evaluation current practice: Moringa works very well, but not everyone knows it.

Challenge for the program: incorporate a solution for otitis in the program, maybe research on how Moringa works, or *Thielget*

Need: middle

Disease: pneumonia

Current solution: problem or use local natural medicine, for example *Manyang*

Why not to the hospital? There is not a good cure there.

Evaluation current practice: It works, but not everyone knows the tree.

Challenge for the program: do research on local natural medicines, to incorporate them in the program

Need: middle

Disease: bite of snake, scorpion, dog

Current solution: Go to a traditional healer or use a local natural medicine

Why not to the hospital? The clinic does not have a good solution for it.

Evaluation current practice: Mostly it seems to work, but the traditional healer can ask a lot of payment.

Challenge for the program: promote black stone, do research on local natural medicines

Need: middle

Disease: bone fractures

Current solution: Go to a specialist (traditional healer who is specialized in this)

Why not to the hospital? Specialist works well, and in the hospital they don't know how to deal with it.

Evaluation current practice: Specialist works well, but asks a high payment.

Challenge for the program: make one place where people can go with their health problems, so also for bone fractures.

Need: low

Disease: HIV/Aids

Current solution: none

Why not to the hospital? Why does the hospital not bring a cure for it?

Evaluation current practice: problem

Challenge for the program: promote the use of healthy food and strong immune system, and the use of moringa and other plants to strengthen they immune system

Need: high

Disease: haemorrhoid

Current solution: none, problem

Why not to the hospital? They don't have a medicine

Evaluation current practice: problem

Challenge for the program: already tackled, now promotion

Need: high

Disease: joint pain (arthritis)

Current solution: none, problem

Why not to the hospital? They don't have a medicine

Evaluation current practice: problem

Challenge for the program: already tackled, now promotion

Need: high

Appendix VII Interview with Deer Makuer

In this appendix, an interview with Deer Makuer, currently the highest Beny Bith, is presented. As was shown in chapter 2, the Baany Bith have an important influence on the health seeking practices of the people in Rumbek East. This appendix has the goal to give a stronger impression of these Baany Bit.

After the ceremony in the cattle camp, I meet Deer Makuer, together with a friend who translates. We sit under a tree and drink Red Bull and bottled water. He gives me some nutlike seed that are natural medicines (from the tree called *Thöu*). He tells the history of the people and of his family, and he gives me his family name. The following story has some of the same elements as the story in the beginning of this chapter, this is because there are different stories about the origin of this family, or different emphasises in the various stories. Cuär Kom, who is mentioned here, is the same as Mayual in the story in the beginning of this part on this case. The Mayual in this story is a *Nhialingkor*, a small god under Nhialic.

“Long ago, there was nobody. Then Mayual came to the earth, to multiply, because there was nobody. Mayual had a lot of hair, chest hair.

Later, there came a big flood, and only Noa remained. Mayual gave Nyim Moath as a wife to Morrol Noa, and the children that she got where the black people, the ones who are related to the Rual tree. The other wife of Morrol was Alueth, and she was the mother of the white people.

The first son of Nyim Moath was Cuär Kom.

Cuär Kom got the promise that there will never be a big flood anymore that will kill all the people. Cuär Kom was the builder of Luäk. He said that all clans should work together to let Mayual give them peace and health. From each clan one person should come, and these people where made into a building, so that nobody should die, only the ones made into a building. Some people where made into a wall and others into a roof. The building is called Luäk. After seven days, all the people died, and new people came to become the building. This three times, and then it would be enough for eight years. In these eight years, there will be no sickness, no war and no death.

In the old times, when somebody would die, nobody would be buried. The person would be carried to the gate (Thongrok). The cows would walk over the person, when coming back, and the person would come to live again and would come back to the cattle camp.

The tradition that Cuär Kom introduced was being followed by his sons and their sons and their sons, until, a long time after Cuär Kom, there was a descendent of him, who also was a Beny Bith. His name was Ding Kom. He said, this man wants to complete all the people by building this Luäk all the time. This is not good. So he buried his father and a bull while they were still alive. And the bull tried to say ‘booh’ in the grave, and the man tried to sing. This continued for seven days, and after that, the man rose to heaven.

Dink Kom changed the system. The Luäk would not be built of people anymore, but of the tree LingJir, and of grass. Every clan should bring helpers and cows to build the Luäk. Every eight years, both Luäk and



Figure 8 Deer Makuer and me

Thongrok are renewed, and all people will be fine, production in cows and human, there will be peace, no disease, and enough rain. The helper and the cow are like a contribution to God, they can be distributed back again, and it is like a gift in the church. The God we serve is the same as the Christian God. I am also going to church, God is one. Long ago, the white people called God Jesus, and the Luäk church.

There have been many generations since Ding Kom changed the system, and a lot of miraculous things have happened. When there was no hospital, this Luäk was a hospital. People would come here with all kinds of diseases. When someone would have malaria, the Beny Bith would spit on the head of the person and the malaria would go away. Sometimes, there would be a woman who is not producing, and the Beny Bith would pray for her, and she would get a child. With every problem you can go to the Beny Bith, and you will be ok.”

Between the death of his father and the time that he became Beny Bith, there was nine years. In between there was nobody. I ask him about it, and he says: “A person cannot say, I want to become the new Beny Bith. God choses. God will call, it is like a sickness in your body. Like a vision. And you discover that when you say something, it happens. People rely on that this person is really chosen by God. After they know, all clans come and slaughter bulls, and they put a little piece of the skin of a leopard around the wrist of the person. Only last year, it fell off.”

Appendix VIII Ayang Lual, the past Beny Bith close to Adol

In this appendix, information about another Beny Bith, who resided in the area close to Adol, is given. There used to be a competition between Makuer Gol (the father of Deer Makuer) and Ayang Lual, and most of the people around Adol would not go to the cattle camp of Makuer Gol but to the place of Ayang Lual. Therefore I give some information about this specific Beny Bith (who passed away a few years ago).

Around Adol, there used to live an important man, he had the same kind of powers like the father of Deer Makuer Gol. He died a few years ago, and since then there is no person like him in that area anymore. A man told me that he will be the new person, but other people were not sure if that man would really be the one to get that task. The man could perform some small miracles, but according to others, he was not from the right family.



Figure 9 Grave of Ayang Lual in cattle camp close to Karic

A man together with a group of boys told: *“There is a man, he can make rain, and also stop rain. He is called Ayang, but he died, and he is buried in Karic. You can call him Beny Bith, and he can also heal, for example if you have a bad malaria, you bring a goat and he will talk to god, and god will hear the voice and you will be healed. He has a special relation with god. On the place where he is buried, there is a small hut, and in that are crocodiles and snakes, but they don’t eat you.”*

Appendix IX How do people think about Beny Bith and Tiët?

When people describe their health seeking practices, Beny Bith and Tiët have a significant role. All people know Beny Bith and Tiët, yet, not all people see Beny Bith and Tiët as options to go with their health problems, because of various reasons. People make a strong distinction between the two healers. In this appendix, the reason why people will choose to go to a Beny Bith and Tiët are mentioned, and also the differences between the two healers. Often these are related to faith.

I asked some people in a cattle camp about *Tiët* and *Beny Bith*. First they did not want to talk about it, but then they did talk about it.

“About Tiët: if you have a problem, you will go there. You take a black goat and a white and red hen. Tiët will kill the animals and he will call the sickness to go away. Then you will be alright.

And about Beny Bith: Such a people can do miracle things. He will put a goat, do a ritual, and the goat will die because of the ritual. Beny Bith can also give Arob if you want it.

I asked, when is the last time you visited *Tiët*?

“Nowadays, there is no fighting, so we don’t go there. If you have any problem, you go alone. If you are sick, or there is fighting, then you can go.

We believe in Nhialic. How? On different ways. Some go to church, some do not. Things of Tiët do happen, so some stay here. I don’t believe so much in church. God is there but he doesn’t do anything there. I have been baptised. I don’t know where God is, but I heard about it. For people who go to pray in church, Tiët is bad, but for those who visit Tiët, he is good. Beny Bith and God are related, because Beny Bith calls God, the same like in church, so Beny Bith is good.

We can’t read, but if we would be able to read, we would be able to get more knowledge. Only orally, so the theories of Tiët and Beny Bith are the only things they know, because they perform orally.

Sometimes the clinic refers us back to Tiët or natural medicines.”

Once I was at a house and there was a woman and some children. One of the boys, together with his mother, actively participated in the answering of the questionnaire.

They told: “Maybe, someone has spiritually done something to kill you. We call it Macar Dhuol. The solution for this is to call for a goat or cow to be killed. Then someone will tell the sickness to stop. Killing, so that the spirit will go away. Tiët can see all these kind of problems. He can tell you to go somewhere, for example to Beny Bith. Tiët is only referring and tells that you have to go somewhere with a bull. You can also go to Beny Bith directly, and then you tell about your problems. Beny Bith will call upon the spirit to leave, and if the spirit does not want to leave, Beny Bith will fight spiritually with him. A normal person cannot do something, only Tiët can know and see it. He knows what someone has done to you, spiritually he can identify this, he is not a normal person, he has capacity.

I asked how God (*Nhialic*) is related to *Tiët* and *Beny Bith*. The mother said: *“Tiët has a relationship with God, because he sees what a normal person cannot see. That is the power of God.”* The boy however said: *“No, Tiët is not related to God. God doesn’t like someone to die. Someone can come to Tiët to say that someone else should be killed, and God doesn’t like killing. God created you as people, and one person cannot say to another*

that you should die. God knows when you'll die, but it is not for a person to say. Beny Bith does not like to kill people, so he is related to God. Beny Bith comes for peace”.

This story clearly illustrates that different people have a different opinion about how spiritual power works. The image of *Beny Bith* is sometimes more positive than that of *Tiët*. Since both of these men are spiritually, there is also a relation to the church, since this is also mentioned as a place where people can go with their problems.

At one place when I asked about traditional healers people told: “There was one man, a good man, in the past, they were there. It is for example Beny Bith, and if you would have any problem, you could go there and talk. Then he'll come and slaughter a hen or a cow or a goat. Then the man will say to the god, take this away, to leave for peace. Also, old people, older than seventy year, can ask for bad things to go away, but only man. These people live far, if you want to go there, you'll go somewhere far to find him. You'll bring a goat or a hen to solve the problem. He'll slaughter it and tell the God to take away all bad intentions, and you will be able to live in peace.

Nowadays, people believe that there is a god, and people go for prayer. If prayer doesn't work, they will go and look for this man.

The god where people pray to in church and the god of Beny Bith is the same God. Even though they have a different performance, it is the same God.

In some cases you go to pray in the church, and sometimes you go to Beny Bith. There is a god, but Luäk Makuer Gol²³ still exists. They are all working. In most cases, the God of the church works, and most people go to church. But for wealth, if you want to be rich, then you can go to Beny Bith.”

At a house, there are some boys, and they talk about Beny Bith. They say: “Beny Bith can heal, he has a special relation with god. It is a different god than the Christian god, because the Christian god doesn't need life, but your heart and soul. We as Christians can also pray to god, so in some way we have the same power as a Beny Bith. But we do not slaughter animals.”

Another man told me “Tiët is more like a fortune teller. Sometimes, someone loses a cow, and then he will go to Tiët to ask where the cow is. Tiët pretends that God communicates through him, but sometimes it comes out that he is a liar. You better go to Beny Bith, he has more power than Tiët. Beny Bith will pray, and ask God. And then you can see something happening.

At a house I ask how she sees the relation between God and health and people answered: “There is a relation between God and medicines. If God doesn't bless the natural medicines you are taking, than you'll not be healed. The same for the clinic. God works through the clinic. Tiët is not God. The doctor investigates the complaints, and he prescribes something, and that is good. Tiët is not good, he just assumes. A doctor has studied, so he knows.”

There are different opinions if the God of *Beny Bith* is the same God as the Christian god. This is also a difficult topic, since the Muonjang believe in one God, who is in heaven. And therefore the concept of different gods is not always clear.

²³ The cattle camp that I visited, the place where Deer Makuer Gol is.

At another place, I asked about where people would go if there is a very bad disease: “We would go to the hospital. Then they will test and test, and there is no result. Sometimes then the doctor will tell us, the hospital can’t do anything. You should go back to your village, to the old man. Sometimes, people come even from Khartoum to go to Beny Bith here!

In the following story a man further how he sees the power of god in healing.

A man tells me: “Any power in medicines is from God, if it is manufactured or if it is a plant. God put the power in it, we didn’t create the medicines.

If it treats the same disease, it has the same power, also if it is a traditional healer. All power comes from God, but sometimes they – the traditional healer – say ‘It’s my power’. There are some powers not to be used. Some powers can kill, some can cure, avoid the ones that kill, but both of them are from God.

Tiët thinks it’s my own power, but we can tell that it is God’s power. Don’t sell it, it is given for free, than you should also use it for free, but Tiët steals from God. If you do not rely on God, Tiët is good, because Tiët has the power to take a disease out. Though, if you do rely on God, then Tiët is not good, because then you know: anything affecting me, God has power over it. You know it by faith.

Even the clinic, some believers don’t go to the clinic, because they don’t see the value of it. If I have a headache, I just pray and it is gone, why should I go to the clinic?

When I was young, my father went to Tiët on my behalf, but when I was twelve, I went to school and I became a Christian, I never went to Tiët.

They are all sellers of God’s power, Tiët, the hospital, they are all the same. Except that the hospital didn’t connect me with devil worship, but Tiët does, he says that the disease has come from a Jok, and he sacrifices something. That’s why I prefer the hospital.”

Also other people make a difference between educated and uneducated people. When I was in the cattle camp during the ceremony, some people told me that they were Christians and were going both to the ceremony in the cattle camp, and at other occasions they would go to church. Some of them told that the ceremony is there for the uneducated people, and church is for the educated people.

But most of the people in Rumbek East County are uneducated, and a lot of them go to church.

There are different convictions under the Christians, some will use natural medicines while other do not because they are Christians, some will visit traditional healers but some do not because they are Christians.

A woman told me: “If someone is sick, we will go to the doctor. Before, people did not go to the hospital. My mother did not even go to the hospital when she would expect a child. Nowadays, we don’t go to a traditional healer anymore. Most people are Christians.

Before, when someone would perform a ritual, he would call upon god. Now, if I slaughter a hen, I will make a cross, which is the symbol of God. Then I will call Nhialic, and I say, I am a Christian, and I want to eat this food in your name.”

Appendix X Plants used as local natural medicines

In this appendix, the different natural medicines used in Rumbek East County are mentioned. As natural medicines are an important health seeking practice, I have collected specific data on the various plants used, and the specific diseases where the plant is used for. Every disease is at least mentioned by two independent sources, and often by more.

Column A gives the Dinka name that is commonly known in Rumbek East County.

Column B gives an alternative name, which can be another Dinka name, an Arabic name, an English name or other, clarified in the note.

Column C gives the botanical name. To get to know the botanical name, I have made use of pictures and descriptions of the plant. There are different where I got to know the botanical name, these are mentioned in the note.

Column D gives other characteristics of the plant. Of the plants indicated with a \diamond I have pictures as well.

Column E gives diseases where the plant is used for. If the disease is mentioned by nearly all people, the disease is written in bold.

Column F gives which part of the plant is used, given per disease.

A) Dinka name	B) Alternative name ⁱ	C) Botanical name ⁱⁱ	D) How to recognize and other characteristics	E) Disease used for ⁱⁱⁱ	F) Part used
Abët	Corn (En)			Diabetes	Hair around corncob
Abiech	Abeny jur (Th)	<i>Cissus integrifolia</i> (R)	Small black fruit ◇	Ear problem Syphilis ^{iv} - Deny agok (named Abeny Jur)	
Acək				Diarrhoea/gastritis children	Root (mother chews, gives to child)
Acetheeth wəl	Chili (En) Cheta (Ar)	<i>Capsicum frutescens</i> (Anamed)		Diarrhoea (combine with Meen cui)	Root
Aciëëc			◇	Child diarrhoea Rabies Inflammation, muscle pain Children, gastritis	Root Root Leafs
Acuet thial wei	Tergeleng (?)	<i>Aristolochia albida</i> , Aristolochiaceae (BS) ^v		Malaria, stomach pain	Root
Adol gak			(food)	Nearly abortion	
Agurböök roor	Wild union (lit. translation is forest union), many kinds exist, the one that is commonly used for scorpionbite is the small one.			Scorpionbite Nyintok ^{vi} Snakebite	Root ~ union Juice of union

Akuem		? <i>Vigna</i> sp. (R) (WFP)	Kind of bean, the seeds vary in colour but the leafs & name of the different plants are the same. ◇	Indigestion	Root, chew
Akuor		<i>Leptadenia hastata</i> /syn/ <i>Leptadenia lancifolia</i> , Asclepiadaceae (BS)	(leafs = food) ◇	Snakebite Syphilis	Root (put in water, pound, vomit)
Alel cuei				Malaria, stomach pain	Leafs
Ameth		<i>Anogeissus leiocarpa</i> , Combretaceae (BS)	Leaves are used to clean water ◇	Baby wounds Vomiting Obstipation/Full stomach	Leafs Leafs Leafs
Anëët tueny	Moringa (En) Tueny = from urban ~ there are 2 kinds	<i>Moringa oleifera</i> , Moringaceae (BS)		Earpain Yellow fever ^{vii *}	Roots (pound, put in cold water, put in ear)
Anyok			Small plant, grows in wet area.	Baby diarrhoea	Fruit (mother eats, through breastfeeding it works for child)
Apat	Sweet potatoe (En) Bambe (Ar)			Infected wound Swelling - antiseptic	Leafs (pound) Leafs (boil)
Apiath		<i>Grewia mollis</i> (R)	◇	Bleeding wound	Inner stem & human saliva (to cloak the blood)

Apuol guop			Tree	Coughing	Root
Arej				Stop bleeding, create nice marking	
Atetak	Sodom Apple (En)	<i>Solanum incanum</i> , Solanaceae (BS)	◇	(Child) diarrhoea Stomach pain Malaria Scabies Septic wound (to clean it)	Root Fruit (cut, put on wound)
Athiliny agok		? <i>Erythina abyssinica</i> (R)	◇	Yellow fever* Cough	Root Leafs
Ayool				Stomach pain	Root
Bangi	Opium (En)			Meningitis	Leafs (drink/smoke)
Bath		<i>Grewia Villosa</i> (wild) (WFP)	(Fruit- berry=food WFP)	Intestinal pain, deworming also children Thiaj ^{viii} Guandala ^{ix}	Root
Bëët				Giardia Abdominal pain	Root
Bial		<i>Lonchocarpus laxiflorus</i> , Fabaceae (BS)	Tree	Stomach pain	Root
Bïi		<i>Acacia seyal</i> (R)	Smells like penicillin. Has thorns. ◇	Pneumonia Snakebite	Roots Roots (dig, pound, put in water, vomit)
Cuei	Tamarin (En) Aradef	<i>Tamarindus indica</i> ,	Fruit = food (vit C)	Vomiting	Soft part of the fruit

	(Ar)	Caesalpiniaceae (BS)	◇	Helps with Yellow fever* Malaria (comb with fruit Thoü)	Fruit (vit C) Fruit
Dhiot		<i>Annona senegalensis</i> , Annonaceae (BS) <i>Nauclea latifolia</i> (R) (WFP)	Serves as water point indicator (BS) ◇	Diarrhoea Deworming Malaria Stomach pain Earpain, headache	Root
Gok		<i>Combretum collinum</i> , Combretaceae (BS)	3 kinds: Gok yer ◇, Gok col ◇/Gok tiñ jook (meaning Gok widow), Gok amiyei, all work	Diarrhoea Stomach pain Obstipation Deworming	Root (chew/ pound, drink) Soft leafs (pound, in water, drink)
Gudi		<i>Datarium senegalensis</i> Gemel (WFP)	(fruit=food)	Chase away snake/mosquito	Wood – as firewood
Gumel		<i>Sclerocarya birrea</i> , Anacardiaceae (BS)	(fruit=food ^x) ◇	Diarrhoea Deworming No excretion child	Inside stem
Jieel		<i>Pterocarpus lucens</i> , Caesapiniaceae (BS)	(leafs = food) Natural water indicator ◇	Diarrhoea (child, adult)	Root
Kaar		<i>Catunaregam nilotica</i> Rubiaceae (BS)	Poisonous ◇	Dogbite Snakebite Syphilis (signs in mouth)	Root (pound, put in water, vomit). In case of dog: use 5 roots Ash
Kεc			Family of sorghum – type of sorghum ◇	Deworming	Root (chew)

Kot OR		<i>Acacia polyacantha</i> , Mimosaceae (BS)	Tree, produces gum/glue arabic (grease)	Snakebite Rabies	Root (bark, put in water, drink, vomit) Root
Kot		<i>Acacia siebierana</i> , Mimosaceae (BS)	1 of the 2, different diseases	Snakebite Rabies	Root (bark, put in water, drink, vomit) Root
Kuliu			Used to tie the grass on the roof	Yellow fever*	Root
Kuom			◇	Pneumonia	Root
Kurcok yer	White asthmaweed (En)	<i>Mitracarpus hirtus</i> , Rubiaceae (BS)	No milky sap – to distinguish from other astmaweed ◇	Skin disease Not internal, poisonous	Leafs
Laŋ	Nabäk (Ar)	<i>Ziziphus mucronata</i> , Rhamnaceae, (BS)	Healthy (vit A) fruit ◇	Diarrhoea Malaria Stomach pain	Root
Maŋauŋau				Rabies – dogbite Child diarrhoea	Root (drink, vomit) Root (mother chews, gives it to child by breastfeeding ^{xi})
Madiŋ (ayok)				Painkiller Deworming Malaria Infant diarrhoea	Root Root Root Root
Majok dit				After baby is born, mother stomach problem.	Fruit
Malidi	Malido (Th)	<i>Maytenus</i>	Young leaves are	Stops bleeding, kill germs	Leafs, crush

		<i>senegalensis</i> , Celastraceae (BS)	edible. ◇	Anti-crack in lips	Powder on the stem
Malual cuei				Toothache	Branch
Malual thiou				Stomach pain Yellow fever*	Root
Manga	Mango (En)			Diarrhoea Cough ^{xii} Diarrhoea (see papaya)	Leafs (tea) Leafs – soft (chew)
Manyañ		? Entada sp. (R)	Big tree, smells like penicillin. ◇	Wounds in private organs (combine with Rür Tueny) Cough, people/cows Pneumonia	Root Bark Bark
Manyañ athoi yok			Poisonous. Seed ‘like Cuei’, black beats in it.	Stomach pain, constipation	Possibly in anal
Matokou	Demir (Th-Yirol)		Tastes bitter ◇	Diarrhoea Stomach pain Malaria Severe diarrhoea	Stem, bark, whole plant
Mayok	Adiñ piuu = sweet water (Th) Wal ca = medicin for milk (for cows) (Th)			Dehydration No excretion (child) Stomach pain Malaria	Root (chew, more it better) Root
Mayol				Stomach pain Diarrhoea (adult & child)	Root
Mayom ɣernhom			Unclear, different stories about how the	Earpain Scorpionsting ^{xiii}	Root Root

			plant looks like, only older people know.		
Meen cuiu			It is yellow.	Yellow fever* Stomach pain Diarrhoea (combine with Acetheeth wəl)	Root Bark
Milo			Not very common, big tree	Meningitis Pneumonia Abdominal discomfort	Leaf(smoke/steam) bark (outer part), root (tea/ smoke dried)
Monyjar			◇	Diarrhoea	Root (crush, put in water, 2ce a day, 3 days)
Mouna	Muana (Th)	<i>Saba florida</i> , Apocynaceae (BS)	Tee grows around other tree. Common. Natural water indicator.	Yellow fever*	Fruit, increases urinating
Nyan yec ner			Small plant with white flower (food).	Indigestion	
Nyor			◇	Stomach problem (opposite of diarrhoea) Malaria ~ headache Giardia Cough	Root, chew Root, pound, in water Root Bark (chew)
Pac		(<i>Piliostigma reticulatum</i> , of is het) <i>Piliostigma thonningii</i> ,	Leafs around bread while baking will give a nice taste. ◇	Stomach pain, diarrhoea Toilet tissue babies Control bleeding when giving birth	Root Bark Leafs

		Fabaceae (BS) (R) (WFP)		Swollen wound	
Papaya	Pawpaw (En)	<i>Carica Papaya</i> (Anamed)		Malaria Yellow fever Stomach problem Diarrhoea (combine manga, kurcok col, guava)	Root (pound, water, drink) Juice of fruit -(Latex Papaya?) Leafs
Rak	Lulu (Ar) Shea (En ~ sheabutter)	<i>Vitellaria paradoxa</i> /syn/ <i>Butyrospermum</i> <i>paradoxum</i> , Sapotaceae (BS)	◇	Cough Severe fever Children stomach, deworming Malaria Diarrhoea children Worm in body	Inner bark / Young leafs Oil Bark (pound) Lulu oil (put on skin..)
Riir tueny	Neem (En) Nema (Ar) Morubanje (Kis)	<i>Azadirachta indica</i> , Meliaceae (BS)		Malaria Wounds in private organs (combine with Manyan)	Leafs (boiled) Root (pound, water)
Rit	Ebony (?) (En)	<i>Dalbergia</i> <i>melanoxylon</i> , Falbaceae (BS)		Stomach pain	Root
Rual		<i>Kigela africana</i> , Bignoniaceae (BS)	◇	Nearly abortion	Fruit (called anyok, not the same as the small plant)
Töt	Type of grass ~ sweeping grass, gash (Ar)		◇	Common cold Chest problem Swollen tonsils Coughing	Root

				Diarrhoea	Root
Thiep agok			Poisonous	Stomach pain	Bark (put in water, drink)
Thoü	Lalof (Ar)	<i>Balanites aegyptiaca</i> , Balanitaceae (BS)	◇	Diarrhoea Stomach pain Deworming Malaria (typhoid)	Seed (Mëët kethou) Comb with fruit Cuei
Tiit	Mahogany (En)	<i>Khaya senegalensis</i> , Melaceae (BS)	Poisonous ◇	Malaria typhoid Abortion (causes it) Stomach pain	Inner part of stem
Tonpiny	Peanut (L)			Malaria Deworming, stomach pain	Thin red skin of the nuts
Tonpiny anyor			! not family of peanut	Syphilis - gollo	
Tubu				Very swollen stomach	Root
Wal abil	Medicine for leprosy (L)			Leprosy	
Wal aguei	Medicine for yellow fever. (L) Yellow medicine (? , is it this one)			Yellow fever*	Root
Yayai	Maleŋ kec ~ is a certain kind of fish, the plant tastes like it	<i>Momordia foetida</i> , Cucurbitaceae (BS)	Rainy season, eat leafs for vegetable. Bitter. They resist drought. In dry season, people rely on Yayai. Commonly found under Rak.	Stomach problem Not be able to get a child ^{xiv}	
	Guava			Diarrhoea (see papaya)	
Ca	Milk (L)			General	Because cow eats

					different kinds of grass
	Ostrich oil			Trauma ^{xv}	Massage on affected area Drink it
	Artemisia			Malaria	Leafs (boil, drink)
	Stool of goat			Snakebite	Pound, put in water, drink, vomit
	Pumpkin plant			Wounds (marking)	Leafs, boils shortly, put on wound

ⁱ Different languages are used: Ar = Arabic (South-Sudan Arabic ~ Juba Arabic); Th = Thuɔŋjäŋ ~Dinka, Th-Yirol is the Dinka spoken in Yirol, a neighbouring area ; En = English; Kis = Kiswahili; L = literally translated Thuɔŋjäŋ into English

ⁱⁱ The abbreviations refer to the source of information. BS – Botanical Survey, January 2006, Innocent Balagizi, anamed and Across. Anamed = Natural Medicine in the Tropics1: foundation text, Hans Martin Hirt, Bindanda M’Pia, 3rd edition, Jan 2008.

R – Roger, a plant scientist and founder of REAP (Rural Extension with Africa’s Poor, a Nairobi based NGO <http://reap-eastafrica.org/reap>), together with some women who speak Luo

WFP – Wild food plants, Western Food Plain, database print out, C. Gullick, FEUU/WFP Loki, 23 February 1999

ⁱⁱⁱ In this section, I write the diseases people mentioned where they use the plants for. If a lot of people mention a certain disease, I typed it in bold. Every disease is mentioned at least by two independent sources.

^{iv} I will explain this disease later, the traditional disease is different than how it is seen in modern health care

^v James Madit (a man who worked with the natural medicine program before, and who has lived in the area all his live) did not agree with this, the picture on the internet did not resemble with how he thought the plant looks like. More research is needed upon this plant.

^{vi} This is a local name of a disease. When a child wakes up with sand in the eyes, you can put the juice of the union in the eyes to cure it. It can also be cured with normal union.

^{vii} Yellow fever is the name which is used in Dinka (Agui), but it only describes the symptoms, which is Jaundice. More about this can be found in chapter 3.

^{viii} Traditional disease, caused by distortion of family relations. More about this can be found in chapter 2.

^{ix} Traditional disease, caused by spirit with the same name.

^x In ‘God grew tired of us’ this fruit is mentioned as food, but it says that you will get the symptoms of malaria from it, the fruit tastes sweet-and-sour. (John Bul Dau and Michael Sweeney (2007) ‘*God grew tired of us: A memoir*’, National Geographic, Washington (p.104)

^{xi} Interesting, the mother doesn't vomit while she is using the same part of the plant as when bitten by a dog. I asked why this difference was there, and people told me that only when the poison of the dog meets the plant, there will be vomiting).

^{xii} This man said that you can only use it when you steal the leaf, that is, if nobody sees you using it. Use the soft leaves.

^{xiii} This is an interesting story, it can also work as protection.

^{xiv} People believed that if a woman cannot get a child, it is also a stomach problem (chapter 3.1), so sometimes the same kind of medicines can be used.

^{xv} People said that it was used for tuberculosis, but the symptoms of Trauma might sometimes be similar to tuberculosis.

A man mentioned that ostrich oil was a very special oil, which he used sometimes to massage people who had trauma – a disease he described with that someone has been hurt in the past, and that now the cause is not clear but the pain is there at the same place as the pain is now. On the internet, ostrich oil has a special function, though not very much known. The following source shows that ostrich oil has a special function because the oil seems to penetrate the skin, and keeps the skin very moisturized and even helps with pains under the skin.

<http://www.google.nl/patents?hl=nl&lr=&vid=USPATAPP10010771&id=g1ePAAAAEBAJ&oi=fnd&dq=%22ostrich+oil%22+health+skin&printsec=abstract#v=onepage&q=%22ostrich%20oil%22%20health%20skin&f=false>