

Literature review on health seeking behaviour, health understanding and access to health care of Muony-Jang/lieng (Dinka) in the Abyei Administrative Area.

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The following research questions were proposed in the TOR for the literature review:

In the Dinka population (specifically the tribes from the northern part of S Sudan):

- What is considered a disease (or an illness or a sickness)?
- What is the meaning of a disease?
- What should be done against a disease (or to solve a disease, or the cure a disease)?
- What are they doing actually in case of disease (health seeking behaviour)

These questions could be stratified according to:

- Type of symptoms: fever, malaria, cough, diarrhoea....
- Type of medical problem: disease or trauma or malnutrition or obstetric complications
- Type of population: for neonates, infants, children, adolescents, adults, elderly, female, male, social status etc.
- Type of clan or tribe or geographic location

Particular attention if possible with regards to:

- Differences of perception and HSB according to sub clans or tribes.
- Different attitudes and behaviour according to age groups or social status
- Perception of risks related to perinatal period (for mother and child) and options to address it.
- Perception of trauma and surgery to treat trauma
- Perception of malnutrition in children.

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Summary.

On health beliefs:

Over the last 20 to 30 years traditional health beliefs of the Dinka have been complemented by bio medical knowledge. Dinka health beliefs are in broad lines similar to those of other cultural group in sub-Saharan Africa, in the sense that most illness episodes are thought to have a proximate cause, explaining *how* the person got sick, and an ultimate cause, which explains *why* a person got sick. This means that treatment or cure for many illness episodes is often double layered. The proximate cause (and its physical symptoms) can be treated by practical interventions, whereas the ultimate cause needs spiritual intervention.

Such an understanding of illness episodes is not necessarily at odds with biomedical explanations and it has been shown that bio-medical explanations have become integrated into the local health belief system or is used as an explanation for the cause of ill-health parallel to more traditional beliefs.

However, health beliefs are only one of the factors that influence a person's health seeking behaviour. It is therefore important to identify the interaction between different factors in their specific context in order to be able to understand and explain a person's action to restore health.

Malnutrition:

Malnutrition in children is mostly not explained through a spiritual intervention, and is therefore not understood to be a disease. Traditional coping systems to deal with the hunger gap have been weakened due to ongoing instability (resulting in a lack of milk cows). Therefore, even when children appear to be prioritized with regards to the distribution of food within the family, women will acknowledge their children's vulnerability with regards to hunger and subsequent malnutrition.

It is likely that the early termination of the treatment in the nutritional centres has a practical background and not a cultural.

Surgery and trauma:

Dinka appear to have specialists for minor surgery and bone setting, called *Atet*. These specialists are consulted in case of wounds and other trauma. Their skills vary from basic wound care and traction and splinting of fractures to interventions as the suturing of large blood vessels and treatment of fractured skull with incision, removal of bone fragments, wound cleaning and suturing of the skin.

However, an *Atet* will not do surgery on intestinal wounds or something like liver rupture. It is thought a person with such injury will die anyway and cannot be helped. Dinka appear to have different cultural perceptions of pain. They are expected to bear extreme pain with dignity, something which could influence health seeking behaviour.

Pregnancy and antenatal care:

Pregnant women are thought to be particularly vulnerable and should therefore avoid contact with other people, especially other pregnant women, in order to protect both herself as well as the unborn child. Nutrition is seen as important for pregnant women, but there no information was found on practical traditional antenatal practices and interventions.

Delivery:

Reasons for home delivery can be both practical (access of care) and cultural. Cultural aspects that might play a role in home delivery are:

- the wish for support of the maternal relatives.
- the need of an trusted and intimate environment in order to be able to admit to previous sexual adventures, and avoid repercussions because of this, in case of a difficult or obstructed delivery
- the need to bear pain with dignity in order to gain respect, which can result in delay of presentation of obstructed birth.
- a lack of family support (maybe due to weakness of the lineage) leaving no other option to the woman than to deliver at home.
- The need to isolate the newborn from strangers and pregnant women during the first days of its life and the importance of the second 'public' birth when the child is brought out of the hut for the first time.

Infertility, miscarriage and abortion:

Madut Jok has raised the issue of the rising of unsafe induced abortion by women as a response to a loss of control and power of negotiation over sexuality and reproductive decision making of women in war-torn regions. It is not clear if this has also been/ is an issue in AAA region.

Difference in access to care according to age groups /social status and differences in health seeking behaviour divided by sub-clans, tribes or lineages:

People who are part of weak lineages (low number of people, lack of adult male present) might have more difficulties to access care than those people who are part of string lineages. However, nothing is currently known about these aspects for the Ngok Dinka in AAA. This can well be a common theme running through many of the other issues mentioned above.

Recommandations.

Malnutrition:

- Identify and check if cultural aspects play a role in the early termination of treatment at the feeding centre and look into practical aspects that could be influencing treatment defaulting.
- Find out if/how treatment defaulting related to practical aspects could be addressed in order to enable children to finish the treatment.

Surgery and trauma:

- To look into the presence, skills and use of *Atet* in AAA. To inquire into perceptions of internal injuries and to look into the influence of the perception of pain on Health seeking behaviour.

Pregnancy and antenatal care:

- Find out if this perception of vulnerability of pregnant women contributes to lack of access/ acceptability of antenatal care.
- Inquirer into the local perceptions of antenatal care and the support system for pregnant women.

Delivery:

- Find out what the influence is of the mentioned cultural aspects on a preference for home delivery and how these issues can be addressed in order to optimize the cultural acceptability of the care offered at the MSF clinic.
- Inquirer into the social structure of the different Ngok Dinka lineages in AAA in order to find out

if a breakdown of social structures lead to a lack of support to the women in labour limiting her access to care.

Infertility, miscarriage and abortion:

- It can be important to make inquiries into the issue of induced abortion in order to find out if/how MSF project activities could respond to this in its reproductive health program.

Difference in access to care according to age groups /social status and differences in health seeking behaviour divided by sub-clans, tribes or lineages:

- Find information on the division of the nine Ngok Dinka tribes into lineages.
- Identify strong and weak lineages in order to get an insight in issues of access to care of individual patients.

Introduction.

In this literature review I will give an overview of traditional beliefs on health and illness, and traditional health resources among the Dinka population of South Sudan (part 1), discuss experiences and influences of 'western' medicine on perception of illness and health seeking behaviour (part 2), address what action is taken by the Dinka population when confronted with certain symptoms and medical problems, which often combines traditional ideas with elements of 'western' medicine (part 3) and provide information on traditional ideas on/relevant to reproductive health (part 4).

Health beliefs, just like 'culture', are in no sense static. Studies that looked into the Dinka cultural system and (health) beliefs in the '60 and '70 are important as background information, but are not per definition telling about health beliefs and health seeking behaviour in today's Dinka societies. Since then, southern Sudan, now known as the Republic of South Sudan, has lived through several war episodes leading to major and disruption of social structures. Such period have a huge impact on the transfer of values, beliefs and knowledge to younger generations.

Also exposure to Christianisation, the contact with foreign (humanitarian) organisations, periods of life lived in other regions/countries due to displacement can have had an impact. On top of that there have been a growing number of young people following education and new (health) information has become available to the South Sudanese, by radio, by health promoters, through visits to clinics and hospitals and local pharmacies.

Although the themes mentioned above have all been subject to studies, very few (recent) qualitative research can be found specifically addressing (the influence of these changed circumstances on the process of) health understanding and health seeking behaviour in Dinka societies. Therefore, this review does not provide a blueprint for health beliefs and health related behaviour for the current Dinka society.

With regards to the Ngok Dinka in the Administrative Area of Abyei, it should be kept in mind that their region has been extremely hard hit by the war and by post-war raids and violence. That the area is currently still disputed between Sudan and the Republic of South Sudan is likely to contribute to ongoing delays in the recovering of traditional social structures, health strategies and coping mechanisms, probably more so than other regions.

Such a delay in recovery will impact a population as a whole, but within a population it will hit some harder than others, depending on the internal organisation of a population. On the other hand such situations sometime create a momentum for change, also with regard to issues around health.

Still, the information compiled here does provide background information on traditional explanations and action taken with regards to episodes of ill-health in the Dinka culture that are likely to still play a considerable role for many Dinka today. Where possible, the information is complimented with information on specific Dinka groups (mainly Rek and Agar Dinka) and with more recent information.

Part 1. Traditional beliefs on health and illness amongst the Dinka of the South Sudan.

1.1 Health beliefs in sub-Saharan countries.

Illnesses in sub-Saharan countries can roughly be categorized into three categories (Liddell et al 2005:692).

- Illnesses which have no discernible moral or social cause and as such occur by chance and for which causes are not sought; these tend to be minor ailments such as rashes and colds, but also mild episodes of malaria.
- Modern diseases which can be contracted by people anywhere in the world, and which are introduced into Africa by European settlers.
- Diseases which only African people can contract, and to which all African people, regardless of tribal or geographical origin, are vulnerable.

For the second and third category of illness has two kinds of causes can be identified. First there is the proximate cause, which account for *how* a disease is contracted; of which infection and contagion from pollutants are examples. Secondly, there is the ultimate cause which explains *why* a disease is contracted by a particular person.

Liddell uses the example of a mother who might accept that her child has diarrhoea because a flies have settled on it food -proximate cause , but she would also want to find out *who* sent the flies that harm her child -ultimate cause (Liddell et al 2005:693).

The ultimate causes are divided into three types:

- Contact with pollutants, often originating in other peoples bodies such as semen, menstrual discharge, vaginal secretion and blood. But also death is considered pollutant. As contact with pollutants cannot always be avoided, people fortify themselves from contamination by maintaining strict moral codes and observing protective rituals.
- Witchcraft and sorcery are causes for illness inflicted by people who have been offended by the victim's behaviour. Examples are a failure to honour filial obligations, violence or uncooperative behaviour.
- Ancestral vengeance or punishment. The survival of ancestors in the spirit world depends on them being accorded regular attention from living offspring, though rituals, sacrifices, avoidance of taboos and high standards of social behaviour. Illness can be send as a warning or punishment when these requirements are not met.

1.2 Health beliefs in South-Sudan.

According to Conradin Perner, there are many differences between the south Sudanese people concerning origin, language and culture, but when it comes to sickness there seem to be much similarities in their understanding (1994:5). According to him, the South Sudanese people belief that God (Nhialic in Dinka) has created a *perfect* world. Therefore anything that is bad,

and causes a disruption of the normal harmony, must have a human origin.

It is this faith in the essential goodness of existence together with this strategy to limit all existential problems to the sphere of the humans which allows the South Sudanese to overcome the diverse forms of hardship, to keep their courage and their mental strength in the tough living conditions of the South Sudan. To be in 'good health' is considered to be the state of normality and sickness and death cannot be accepted as a 'normal' interruption of human existence.

Following these traditional beliefs, sickness is 'man-made'; it is the consequence of mistakes or misconduct of people. This leads to a disruption in the relationship between humans themselves, between humans and ancestors, between humans and spirits or between humans and the natural environment - earth, rivers, trees, etc.

Serious episodes of ill-health or a person's death solely explained as the consequence of an organic cause, as it is done in western medicine, does not fit these understandings. Finding out what the cause of illness or death is, can be a very complicated matter. It requires careful analyses of the condition itself and the circumstances under which the condition (or death) occurs.

This above explanations also reflect in broad lines how health related issues are explained by the Dinka. More in-dept information on Dinka religious beliefs can be found in the work of by Harragin and Chol (1998), Francis Deng (1972, 1973, 1980) and Peter Fuchs (1961) and Godfrey Lienhardt (1961). In this review I will only look at the beliefs that related most to health issues.

1.3 Causes and meaning of ill-health and death amongst the Dinka.

For Dinka individual ill-health is the result of the intervention of (clan) divinities – *Jath*, powers – *Jok*, or ancestors – *Atyep* (De Marez 2009, Perner 1994, Harragin & Chol 1996). Then there is sickness coming from the sky – *nhial* – mainly concerning diseases or epidemics (Perner 1994:10). And evil forces cause illness or death by working through human beings such as witchcraft – *Apeth* and curses.

- *Ill-health as a punishment of the 'Atyep'-spirit of the ancestors.*

Among the Nilotic people, to which also the Dinka belong, it is belief that people continue to exist after they have died. The spirits of the ancestors accompany the living in the form of *Atyep*, which literally translated means 'spirit of the dead body'. The relationship between the living and their ancestors is a double one. The *Atyep* are both known to protect and help their living relatives as well as to punish them.

A person can fall sick or come to misfortune by making a mistake, behaving badly or not fulfilling promises made to the deceased relative. It is just as well possible that a living relative falls ill because of a mistake formerly committed by an ancestor. De Marez explains that amongst the Rek Dinka it is often the anger of a dead unmarried uncle which is believed to causes illness. His younger brother, or the son of his younger brother, is supposed to marry a wife in his place in order to assure that children can be born in his name (De Marez 2009:14, Harragin & Chol 1996: 11). Childless people cannot become ancestral spirits as there will be no one living to worship them; therefore offspring is both a guarantee of well being during life

as well as in afterlife (Liddell et al 2005:693).

According to De Marez, the *Atyep* can be the cause of mental illness or disturbances, headache, fever. However, whereas *Atyep* can cause illness, they are not known to kill a living relative (2009:14). Similarly, ancestral spirits are never thought to be the cause of reproduction related problems (infertility, miscarriages and stillbirths) as this would have a negative impact on their own 'ancestral life' (Liddell et al 2005:693).

- *Ill-health caused by 'Jok' and 'Jath' - (clan) divinities and powers.*

The Dinka are traditionally monotheists, believing in one God as the creator of all life, who is above the earth (in the sky) and above good and evil. However God has mediators, 'lower spirits', who can help the living creatures as well as harass or punish them. *Jath* can be understood as divinities. Each clan or lineage has their own divinity to which they pray and give sacrifices at a family shrine. *Jath* usually take the form of animals, often birds (Harragin & Chol 1998:6). If the sacrifices to the *Jath* are not done regularly they can be provoked and make you sick.

Symptoms caused by a disturbed relationship with a *Jath* vary according to which *Jath* is involved. It can cause backache, stomach-ache and cramps, diarrhoea (even cholera), or even make a person lose weight until he dies. According to De Marez a Dinka-person can also be possessed by divinities. This person will then become very weak, often with diarrhoea and vomiting.

Then there are also *Jok*, which is best translated as 'powers'. These powers seem to be related to the environment and can be found residing in rivers and lakes, mountains, trees or other prominent places in nature. They are best avoided and left in peace or to be met with respect and generosity.

If this is not done, people may drown, fall from a tree or get lost. Accidents and cases of death are often explained by the anger expressed by these spirits when disturbed without reason or proper respect. Disturbance of *Jok* could eventually also lead to floods (Perner1994:9).

- *Ill-health caused by 'Apeth' - witchcraft.*

Ill-health and death due to witchcraft is a cause known and feared by most of the Sudanese. Witches and sorcerers are difficult to identify. Most people of the South Sudan will say that they are not able to identify a witch, and that a witch can only be identified by a special magician (De Marez 2009:15). People performing witchcraft are sometimes called *ci-jok* meaning 'wife of God', with which is implied that humans can be utilized to do the dirty job of lower spirits.

Apeth are said to act sometimes out jealousy, but often purely for the pleasure of doing harm or kill (Perner 1994:9). They are believed to perform evil through their eye (also known as 'evil-eye'), or to make use of methods like the poisoning of water or food, and robbing peoples back or hair.

They are thought to be able to insert things – small stones, soil, insects, small pieces of wood etc - into the body of another person to cause inconveniences and pain. Related symptoms are pain in the stomach, head- or backache, impotency and a large variety of unpleasant physical problems (De Marez 2009:15, Perner 1994:10). Liddell et al found that fertility and other reproduction related problems are a preferred target for witchcraft

(2005:693).

- *Illness, death and misfortune caused by curses.*

According to Perner, cursing is another much feared and much practiced cause of ill-health and it is said that most people get killed through cursing. Cursing, according to him, is a very widespread and much practised activity. It is a complicated and delicate matter. It is said to be purely spiritual, animated by a strong desire for justice and it is thought to be extremely powerful.

Perner describes a curse as a 'moral disease' because it is seen as the consequence (punishment) of some unsettled wrong doing between two people. A person who feels cursed will ask himself about the possible origin of the curse. Being conscious of his own wrongdoing someone is likely to discover the source and will try to retaliate the action by cursing the culprit in return. Curses do not strike only individuals, they can have an impact on whole families, clans, villages and life-stock and it can continue to work after the cursing person has died, as his spirit remains amongst the living. Symptoms related to cursing are not very specific, practically symptom can be contributed as the result of a curse (Perner 1994:10).

- *Ill-ness and death caused by Nhial.*

The sky, with its winds and weathers, with lightning and thunder is understood as a sphere of instability and uncertainty, which is clearly not human, but for which no single 'power' or spirit can be held responsible. Epidemics are an example of sickness resulting from Nhial, and are thought to be inflicted on a tribe by the collective ancestors and might be related to a widespread ancestral neglect, failure to observe taboos or lack of respect for social and moral conduct. Liddell et al found that such situations usually coincide with periods of social upheaval, disorder, or instability (2005:694).

Such events need powerful intervention, such as that from a '*Beny Bit*' - master of the fishing spear (see further below). On an individual level protection is possible by covering oneself with a more earthly matter such as roof, a wig, or feathers, wear products taken out of nature/wilderness, such as skins and ivory-rings, surrounds oneself with colours by wearing beads and with human sounds in the form of songs or human signs such as scarifications.

Important objects and places where people reside would best be marked with signs of humanity such as fences, cords, tools and pots (Perner 1994). Weather conditions such as too much cold, or too much heat are understood to cause illness and the wind is understood to be able to bring large scale diseases such as epidemics for both humans and cattle (Harragin and Chol 1998). As such, birds are seen as important messengers, as they can know what is happening in the sky.

1.4 Traditional preventive measures against ill-health and death.

In order to preserve good health, both physical health as well as mental health, several preventive measures can be taken (Perner 1994, Madut Jok 1999, Smilde 2010, Adolph, Blakeway & Linquist 1996). Mentioned are the following:

- The wearing of charms and/or other body decorations (beads, rings, bangles etc) including scarification.
- Isolation – whereas sick people are usually not isolated, there are exceptions when it is thought that the sick person is very weak and therefore needs to be protected, or when the person is thought to have something contagious.
- Prevent walking in the footsteps of a person who is sick, starving or a woman who has just had a miscarriage.
- Newborn babies are kept away from people during the first days after birth as they should not be exposed to noise and be kept away from certain people (pregnant women and people who are no direct relatives – ‘strangers’).
- Blessings: spoken blessings are thought to protect a person from danger, and also blessings with spittle (understood to be the extension of the most intimate personality) are thought to give a person strength, courage and luck.
- Conduct – as mentioned before this can be related to certain restrictions on sexual behaviour, but also stinginess, especially with water, food and tobacco, are thought to be an invitation for illness and misfortune. In certain situations certain foods are best to be avoided, or are in general prohibited.
- To eat clean food and drink clean water.
- To keep the body clean, as dirt is thought to attract evil. Hygiene is thought to be very important to maintain good health and some diseases are thought to be caused by a lack or poor management of hygiene.

1.5 Traditional health resources.

The list of options below has been assembled using the researches of De Marez (2009) and Smilde (2010). They reflect what they found as options used by respectively the Rek Dinka in the area of Gogrial West County and the Agar Dinka in the area of Rumbek East County. It is likely that at least some of these options are also available to the Ngok Dinka in the Abyei AA.

Additional information is taken from Perner (1994) and from two researches on traditional ethno-veterinarian health issues among Dinka. For the Dinka of South Sudan cattle is essential for every aspect of life and it is known that those resources addressed for health issues in people are to a great extent the same as those that/who are addressed for health issues in cattle. During her research done in Gogrial, one of the first questions directed at De Marez was, if the clinic would serve also the health of the cattle.

In the research done by Adolph, Blakeway and Linquist (1996), which focuses on Rek Dinka from Gogrial and Tonj County, Twic Dinka in Twic County and Malaul Dinka in Aweil East County, the researchers were often confused. It was not always clear if the respondents were speaking of animal health issues or human health issues as respondents made little differentiation between the two. Research done by Schwabe and Kuolog on Agar Dinka near Rumbek in Lake Province concludes that there is much to say for a cooperative program

between veterinarian and human health services (1981:237).

Due to a difference in dialect between the different Dinka groups it did not always become clear from the studies if the groups (and sub-groups) refer to the same health option under a *different title*, or if they have recourse to *different options* altogether. Therefore the below should be understood as possible options, but options available can differ per Dinka (sub-) group. In the same way, other Dinka groups might well use the same kinds of resources, but name them differently.

- *Beny Bit* – Master of the fishing spear.

Beny Bit play an important role in most of the Dinka societies. They are priest and prophets of the Dinka (Harragin and Chol 1998, Liendhardt 1961). They are said to have the ability to 'call on God' and ask for protection. Sometimes they work in cooperation with *Tiët* (see below), but a *Beny Bit* is thought to be much more powerful than an *Tiët*.

A *Beny Bit* is important in many ceremonies for example when people have died, are going to war, to bless the fishing season or ask for rain for the planting season, but also for ceremonies like inaugurations of new buildings (as schools and clinics) and boreholes. They are requested to act as mediators in all sorts of conflicts (even between clans). For sick people, a *Beny Bit* will call on God to restore the persons' good health.

- *Tiët* – Magician.

A *Tiët* is known as an itinerant exorcist, using magic and various 'medicines' and is said to be able to solve problems caused by witchcraft, ancestors and divinities. The *Tiët* will be able to 'see' the cause of the problem and can advise the patient how to manage the problem. Usually he or she will advise to make a sacrifice to the ancestor or divinity (slaughter an animal).

The *Tiët* can also help in the communication between the afflicted person, the family and the divinity that cause the problem. A problem due to witchcraft can be solved by 'removing' object out of the body of the afflicted person, which has been inserted by the witch (De Marez 2009, Smilde 2010). According to De Marez, Smilde and Schwabe & Kuoajok a *Tiët* is considered by some Dinka as a mercenary charlatan. Smilde thinks that this is caused by a growing influence of Christianity, where things like witchcraft are explained as devilry.

- *Ran Cau* – Witchdoctor.

The witchdoctor is often a woman. She is called on in order to counteract the curses of witches (Schwabe & Kuoajok 1981:232).

- *Atet* (*Agor in Rek Dinka?*) – Expert for (minor) surgery.

Schwabe & Kuoajok describe the *Atet* as a specialist or expert. Particularly valued are those *Atet* who are skilled in the manual arts of wounds and abscess surgery, bone setting, and bloodletting for both people and animals. They are also skilled in obstetrics and castrations but only use these skills for cattle. They are consulted concerning injuries and accidents.

Whereas the *Atet*'s interviewed by them mentioned that they will never assist or advise in human births, they performed complicated obstetric surgery on cattle. Depending on their skill and experience, surgery which they would perform on people would include the washing, disinfecting and suturing of wounds – with the tail hairs of the giraffe or softer cattle hair and using a iron needle fashioned by blacksmiths – resulting of fights with spears, treatment of fractured skulls with removal of bone fragments, and all kinds of bone setting techniques

including performance of manual traction and splinting.

Cow urine and dung ashes were used as disinfectants (1981:233). Practical interventions of the *Atet* are often complemented with a spiritual approach by a *Tiët* or *Beny Bit*, in order to find out the ultimate reason (the 'why') of the injury or accident (De Marez 2009, Perner 1994). Adolph, Blakeway and Linqvist found that the knowledge and skills of *Atet*'s were still being actively sought for both people and cattle during their research in 1996.

- *Wal Weth* – specialist.

Wal Weth are people thought to have special knowledge on certain conditions, because of having suffered from the condition him- or herself. As this person has overcome the disease he/she is considered to have gathered secret knowledge through the experience. De Marez found that most of the *Wal Weth* are specialists in child disease.

- *Ran Wal* – Herbalist/medicine man.

Whereas knowledge on the medical working of wild plants is high in general amongst Dinka (under both men and women) there are a few herbalists who are thought to have more extensive knowledge than others (Adolph, Blakeway and Linqvist 1996, Smilde 2010, De Marez 2009, Schwabe and Kuojob 1981).

- *Geem* – Traditional birth attendants.

All *Geem* are women, as men are supposed to stay away during a delivery. Whereas De Marez did her research in an area where some of the *Geem* have received training by an NGO, most *Geem* local women who have gathered experience over years in assisting women with their deliveries. The knowledge is handed down from generation to generation.

Geem are always supported by a woman's female relatives. De Marez found one exception in which the help of a 'skilled man' is requested, and that is when a child has died inside the mother's womb and needs to be pulled out. However, even when it is likely that such a man would be an *Atet*, the *Atet*'s interviewed by Schwabe & Kuojob insisted that they would never assist or advise during human births (see the section on reproductive health).

- Knowledge on medicinal plants.

Adolph, Blakeway and Linqvist also found that knowledge on natural remedies based on wild plants is readily available amongst the Dinka, by both men and women. Whereas elder women are often consulted as they are believed to be most knowledgeable within the family/neighbourhood, men, boys and girls residing in the cattle camp will use their knowledge for health issues concerning the cattle (1998:27).

These findings are confirmed by the research of Smilde amongst the Agar Dinka. Within the family it is the women who take first notice of ill-health of family members, especially of the children. She claims that usually action in the form of home remedies is taken at the onset of symptoms. When home remedies prove to be ineffective, women will not hesitate to try other options or take other resources into account (2010:47). These findings are in line with broader findings on home treatment in sub-Saharan countries by Williams and Jones (2004:506).

Part 2 Experiences and influences of 'western' medicine on perception of ill-health and on health seeking behaviour.

2.1 A note on health seeking behaviour.

In 'western medicine' the sickness itself is central to the quest for regaining health. Once the disease has been identified, it can be treated the same way even when the circumstances of the sickness are different. However, *health seeking behaviour* does not start at the moment where a disease has already been identified, instead it starts in the moment where a person experiences an episode of ill-health.

In South Sudan a person experiencing ill-health is likely to first look into the questions *where* the sickness comes from, *why* it is happening and *why* it is happening *now*, in this particular moment. In other words: the circumstances under which the episode of ill-health presents itself offers the afflicted person keys to the cause of the episode of ill-health, which helps this person to identify what he/she is suffering from and, from this, leads the afflicted persons towards options for healing and/or curing. Therefore the same symptoms may lead to different kinds of treatment choices when they occur under different circumstances.

Which treatments and health resources are taken into consideration in search of a remedy depends on a variety of factors. (Traditional) health beliefs (local disease aetiology), are actually only one of those factors. Social, cultural and religious norms (*acceptability of care*), previous experiences with the disease and with health resources, practicalities such as availability, affordability and accessibility of care, and local decision making practices are other important factors (Long 2001, Colvin et al 2013).

Williams and Jones raise the issue of 'delay in treatment seeking behaviour' which was an issue raised in many of the researches they reviewed. They clarify that what is meant with this is mostly a delay in presentation of the sick person to health-care facilities and that it does not refer to a delay in actual treatment (2004:508). This issue of delayed presentation is often raised in MSF project documents as well. Whereas Williams and Jones do acknowledge this as a problem, they plead to not confuse a delayed presentation with a delayed treatment.

Treatment often starts at the onset of symptoms (as mentioned before with regard to home treatment with natural remedies), especially with regards to child-health issues. Ill-health is often recognised at an early stage and action is immediately taken to restore health. However, care from 'bio-medical' facilities is often sought when the health situation has deteriorated despite the use of other, more easily available and/or more acceptable, care.

They also show that the delay in presentation to a clinic is shorter for severe cases than for milder cases, indicating that caregivers do distinguish in most places between uncomplicated and severe conditions (2004:512).

2.2 Influence of 'bio-medical' knowledge on health understanding and treatment.

Smilde found that over the last 20 to 30 years traditional beliefs have been complimented by 'western' explanations for ill-health due to information obtained at clinic and hospitals and

that traditional explanations co-exist side by side or are creatively combined into a new explanation, integration elements of both traditional and 'western' understandings (2010:32). A review article on treatment behaviour for malaria in sub-Saharan countries reports a similar trend with regards to knowledge on malaria (Williams and Jones 2004:507).

Agar Dinka take recourse to pharmaceutical drugs in complementation of natural remedies. These pharmaceutical drugs can be obtained within 'western' medical settings, but often also be bought without prescription at local pharmacies or on the market, with the risk of off-licence use of medication.

Smilde reports that the expectations of pharmaceutical drugs differ from what is expected from traditional treatment. Whereas with traditional remedies people tend to show a lot of patience in order for the remedy to start taking effect, they will expect immediate effect of pharmaceutical drugs, which can lead them to abandon treatment before it has time to become effective. However for long-term treatment – such as TB – she observed that people would abandon treatment once the symptoms have disappeared.

She discovered distrust towards some pharmaceutical drugs, connected to the fact that many tablets have the same colour. This would lead patients to think that they were receiving the same medication for different diseases. She also found a preference for injectables, as these are thought to be 'strong' medicines (2010:23-24).

2.3 The use of 'bio-medical' health-care facilities.

With regards to the use of health-care facilities, Perner (1994) explains that, for a large part of the population in South Sudan, the 'western' medical services that have been available have not been able to offer high quality of care. In those places where 'western' health-care and medical services were introduced, the lack of medicines, lack of trained personnel and lack of medical information has made it difficult for the concerned people to be convinced of the effectiveness of modern medicine (Perner 1994:5).

Colvin et al find similar results with regards to experiences around child-health in government run clinics. According to them, caregivers 'often perceive the provision of care in government healthcare services to be insufficient and ineffective and the staff rude, uncaring and poorly trained. On top of that such inefficient and ineffective care-seeking is a burden to households (2013:71). Such negative experiences are expected to have an impact on health seeking behaviour.

Still, other developments are said to promote health seeking in 'bio-medical facilities'. Smilde (2010:34) and Perner (1994:18) both point to ongoing Christianisation, which leads people to reject traditional health beliefs and healers – as it is being preached that powers of the devil are involved. Also, good experiences will be shared with others and will lead to a growing acceptance and confidence in the care offered and in a steady increase of the use of such facilities.

Part 3 Causes of disease and disease treatment.

In this section I will give an overview of what is thought to be the cause and treatment for a diversity of diseases for the Dinka of South Sudan. Both traditional knowledge and treatment as well as 'bio-medical' treatment is included as far as information was available. The overview can serve as background information, but should be checked with regards to the local context.

- *Febrile conditions: Fever, Typhoid fever, Malaria.*

In general, conditions that have fever as (one) of its symptoms are thought to be caused by 'evil eyes', by 'jok', by curse or by witchcraft and need to be addressed accordingly. Still, often such febrile conditions are also treated with natural/home remedies that are thought to be effective against malaria as febrile conditions are often thought to be (a form of) Malaria and treated as such.

De Marez mentions that malaria is sometimes thought to be caused by 'cold' - cold and rainy conditions (Rek Dinka) or stagnant water (2009:12), Agar Dinka, according to Smilde, tend to connect it to hunger.

In the research of Adolph, Blakeway and Linquist respondents of Ngok and Rek Dinka saw a relation between insects living on and in water and ill-health. Water is usually seen as a pure matter which cannot cause disease, however it still suggested that swampy waters are thought to cause ill-health in both animals and people alike. They refer to flying insects as well as to snails in this respect. A direct connection between malaria and water has not been reported, even when respondents did mention that 'our lives are ruled in some ways by insects' (1996:24).

Uncomplicated malaria, appears to be viewed as a relative mild child illness, as it occurs so often, for which can be sufficiently treated by home remedies that are not malaria specific, but is a more general approach to treat febrile symptoms. The diagnosis might alter during the illness episode as a consequence of symptom variation and treatment outcome (Williams and Jones 2004:508).

When available locally, malaria is often treated as well by pharmaceutical medications that are obtained in the market, from drug stalls or local pharmacies. Injectables are said to be preferred for such treatment as they are thought to be strong. Often, before arriving at a clinic or hospital, both children and adult have therefore already been administered pharmaceutical drugs, although rarely in the appropriate dosis/ways (Smilde 2010, Colvin et al 2013, Williams and Jones 2013).

Perner says that malaria is treated with the roots or bark of the *Nyim*-tree (he does not make it clear in which dialect the tree is called this way). Smilde found among the Agor a large collection of remedies used to treat malaria, and one respondent said that, as a child, she would be given boiled milk 'which should be drunk like tea until you sweat' (2010:35).

Respondents of Adolph, Blakeway and Linquist also showed awareness of the possibility that high body temperatures can cause (fatal) seizures (or bring about abortions). For certain conditions with high body temperature a cow will be put in the river to bring the body temperature down or wet swamp grass is used to 'sponge' the cow (1996:25). Again it is not clear if such measures are also used for treatment of people with the same symptoms.

Colvin et al find that convulsions in children were practically always explained as cause by supernatural forces (2013:69) and likewise Williams and Jones find that for convulsions – which were often thought to be unrelated to malaria – traditional healers were the primary source of treatment, even when employed in addition to bio-medical interventions (2004:507). Treatments for convulsions were not mentioned.

De Marez explains that Typhoid fever is often confused with malaria (2009:42).

- *Diarrhoea, dysentery, cholera.*

Explanations given for Diarrhoea are manifold. They vary between transcendental causes and ‘natural’ causes:

- Eating too much , or eating too much after starvation (Rek Dinka)
- Infant has suckled milk from a mother who has been working in the sun for a long time, causing the milk to be of a too high temp (to be solved by mothers washing their breast before suckling)
- *Thiang* – a kind of diarrhoea which a child gets when breastfed while the mother is pregnant again.
- Some women are thought to have ‘bad’ (watery) milk causing the child’s diarrhoea. This is thought to be caused by some kind of breach of conduct.
- Babies eating solid food: contaminated food – by flies. Flies are known to sit on dirt and shit and then move to food and cause dysentery and diarrhoea
- Worms, causing an upset stomach
- An angry snake living in the water
- Quarrel about wealth.
- Eating bad food
- Witchcraft or curse

Curing of diarrhoea is done with natural remedies through home treatment or with help of a herbalist. Smilde has assembled a variety of natural remedies used for this (see Annex 1).

When diarrhoea has caused a state of malnutrition (called *Weth*), these remedies are complemented by sacrifices (Perner1994:20).

Perner claims that Dinka believe that a person who has diarrhoea has in general ‘too much water’ and that a way to treat this condition is to prevent the afflicted person from drinking (1994:20).

Adolph, Blakeway and Linqvist checked this information with their respondents with regards to the cattle. However, none of their respondents appeared to be familiar with withholding water as a ‘treatment’ for diarrhoeal disease, neither for cattle nor for humans (1998:25).

Dysentery, recognised as diarrhoea with mucus and blood is called ‘Janje-riem’ (also here it is not clear in which dialect is used here). The cause is not known. It is considered a serious condition and may require a sacrifice to God (‘rawa’). Treatment is similar to that of diarrhoea: patients are prevented from drinking too much and are given soft foods (Perner 1994:20).

Cholera is said to be recognised by its symptoms by most Dinka, as it is endemic and

considered a serious condition. Its cause or ways of prevention are not known (De Marez 2009:13).

- *Infectious disease.*

According to Adolph, Blakeway and Linqvist, Dinka have an awareness of contagion and understand the importance of isolation and quarantine in connection to cattle (1996:25). According to Perner, isolation of people is not usually but could occur when a person is considered to be particularly weak or to be infected with a dangerous 'virus'. They are then brought to a place outside the village, but still looked after. However, people known to have leprosy will be isolated and have to live with their family outside of the village (1994:12).

Even when water is in essence considered as a pure matter, Dinka do believe that some disease can spread through drinking water or find its origin in swampy water and some diseases come through the air. However, they cannot explain the mechanism behind this (Adolph, Blakeway and Linqvist 1996:25).

With regards to prevention, hygiene is a general principle applied for households as well as for the sleeping area of the cattle. In the cattle camp the sleeping places of both people and cattle are scrupulously cleaned. The cow dung is dried and burned, and the smoke of the Dung-fires keeps the numbers of mosquitoes down during the night. In the morning tick and other parasites are repelled through the daily dusting of warm dung ashes all over the bodies (idem:25). In her research Smilde encountered the application of dung ashes as well amongst boys in the cattle camp, who she said 'made themselves beautiful with ashes of cow dung' (2010:VIII).

Perner puts hygiene in a broader perspective and points to 'purity' as a fundamentally spiritual essence and therefore applicable to all aspects of life, which is achieved both through practical interventions (cleaning, washing) and symbolic interventions (cleaning the air by making noise – in order to chase a disease from the air, restarting a fire for better protection – fire being the symbol for absolute purity) (1994:26).

- TB : De Marez looked into issues of TB in Gogrial West County and concluded that TB is seen as a dangerous disease that causes a cough and makes a person thin. Ways of transmission are not clear to her interviewees. Witchcraft was given as a possibility. Some people thought TB is inherited via the mother and therefore a girl who is known to have TB it could be difficult to get married. This could be a reason for the family to not disclose her status. Within their traditions they do not find a cause or treatment for TB and people tend to refer to western medicine as the solution for TB (2009:11). The Rek Dinka refer to TB as *Agolong* or *Hol*.

Liddell et al found that TB is often thought to be a disease which has its origins in the breaking of sexual taboos (2005:696). Even when sexual taboos are said to be important in Dinka culture and many health issues can originate in a breach of such taboos, I did not find any reference to a relation between breach of sexual taboos and TB.

- HIV/AIDS: Aids is an illness that appears to fit well in existing health belief system in sub-Saharan Africa and similarly could fit well within the Dinka health system. HIV/AIDS has three characteristics through which it can be explained as resulting from

witchcraft, sorcery or intervention of transcendental powers. It qualifies equally as an STD, an epidemic and a cause of premature death. Additionally, it makes seemingly healthy people capable of inflicting the illness on others, which also fits a mystical route for transmission (Liddell et al 2005:695).

According to Liddell that does not mean that the traditional belief system through which HIV/AIDS is explained is necessarily at odds with biomedical views. Where the biomedical model identified sperm, blood and vaginal secretions as the ways of transmission, the traditional belief model understands the same substances to be likely targets of evil forces and therefore as possible causes of disease (Liddell et al 2005:695). Therefore the biomedical explanation on the cause of HIV/AIDS can in principle be incorporated into the traditional health belief system.

Treatment for HIV/AIDS can be sought both within biomedical settings as well as traditional settings. Liddell et al also do not see a reason why biomedical treatment for HIV/AIDS would not be acceptable as treatment of the proximate cause (the 'how' of the disease) and its physical symptoms, when it proves to be effective. A spiritual intervention needed to address the ultimate cause of disease (the 'why' of the disease) does not need to interfere with treatment, these activities usually runs parallel to each other.

However, other reasons of why patient who turn to traditional healers instead of to clinic might be:

- The distance to biomedical facilities and the the fact that these locations are often overburdened with patients.
- The fact that traditional healers are local, familiar with the client's social and sexual circumstances.
- That traditional healers are often religious ritual specialists, family and community therapists, teachers, and perhaps empirical leaders, and therefore might offer a more authoritative source of advice when compared to nurses and doctors at the medical facilities
- because they offer a comprehensive approach to disease
- (Liddell et al 2005:697).

HIV/AIDS is thought to be more problematic in sub-Saharan settings with regard to prevention, due to the high value placed on fertility and reproduction (Liddell et al 2005:694 and Machine, Ross and McCurdy 2011:1041), polygamy and the practice amongst Dinka where a women is given to another male relative after her husband's death (Harragin & Chol 1996: 11) and with regard to testing due to the fear of stigma (Yengkopiong, Lako, Tosiki 2013:55).

Machine, Ross and McCurdy found that in South Sudan (in the Lui Area), people with HIV/AIDS are referred to as the 'living death' and as 'the ones without hope'. Respondents explained that HIV/AIDS was a punishment from God, and that 'this generation is a wicked people' - referring mainly to pre-marital sex and deviant sexual activities -, and as such would have deserved their fate (2011:1044).

De Marez however, found very little knowledge on HIV/AIDS in the Gogrial region, but noted that people who know about it mostly understood it to be a 'hospital disease'. It can be important to note that whereas in principle sexual matters are not thought to be shameful as they are linked to reproduction, there are very strict behavioural rules with regards to sexuality. Amoral sexual behaviour is heavily sanctioned (adultery, pre-marital sex - even

when this is said to happen on a regular basis – and prostitution) (Perner 2001: 25).

This has an implication on the acceptability of condoms as a preventive measure. The use of condoms is very badly seen as it is associated with such amoral sexual behaviour, as only those engaged in amoral sex would want to prevent reproduction. Madal, Purdin and McGinn found that in most of Southern Sudan private drug stores were the only facilities where condoms were available, but that condoms were not sold to women who came to purchase them without their husband (2005-2006: 183).

De Marez found that because of the high value of fertility, the use of condoms within marriage is not an acceptable practice (2009:27).

- *(Mal-) nutrition*

A note on hunger.

One of the creation myths of the Dinka illustrates both the negative image of greed and hoarding, but also refers to hunger as part of Dinka existence. The myth relates of Garang and Abuk (the Dinka Adam and Eve) who climb down to earth from a rope suspended from the sky. They are told that Abuk can grind one grain of sorghum a day to eat. However, soon they become greedy, and as Abuk is grinding a larger number of grains with her pestle and mortar, she accidentally pokes the creator god *Nhialic* in the sky with her pestle. In a show of anger, *Nhialic* decides to withdraw the rope that attaches Garang and Abuk to the small but endless supplies from above, and forces them into a life of forever having to fend for themselves.

Perner explains that we should understand from this creation myth that even now it is expected (and accepted) that a woman will watch over her resources and can keep food aside for her children, whereas from the man it is expected that he will give show of generosity. It also shows that hunger has been around forever, and that a certain amount of hunger is 'normal' to the life of people in Dinka societies.

However, under the current circumstances, the ongoing instability has led to poverty, extreme exposure to risk and a breakdown of social structures and coping strategies, hunger is no longer to be perceived as normal and sufferable (Harragin and Chol 1998:14).

In some regions in South Sudan, this has led to a change in behaviour with regards to the sharing of food. In the study of Yilma, respondents claim that 'hunger has changed our people; they have no food for their own family, let alone to feed others'. Still, in her research on the vulnerability of orphaned children, she found that much effort is done by the communities to make sure children are taken in by (distant) relatives and only in very exceptional cases this was not managed (Yilma 1998:20).

Harragin & Chol point out that such breaches of values are an indication of the breakdown of coping mechanisms. They found that level of vulnerability of a lineage will depend mostly on how hard the region has been hit by the war and subsequent instability. Within these regions there is likely to be a difference in vulnerability between 'strong lineages' – lineages with many people and largely intact households – and weak lineages, which would be smaller and/or mainly exist of female headed households as men might have died, have left to fight or have gone to look for work elsewhere (1996:22).

People in southern Sudan do not help each other exclusively on a scale of vulnerability; more important is how people are related to each other. Help is understood as an obligation within the direct family, and seen as a debt to be settled in the futures when it concerns the extended

family (lineage). The obligation to help does not apply to people outside of the lineage. Starving people might prefer to starve than ask an unrelated person for help, unless that person is a particular friend or acquaintance. A woman can always request food from her relatives with the argument that she needs to feed her children. A woman without children risk being refused the requested support (Harragin & Chol 1996:22).

Infant and child feeding habits.

In normal times, the hunger gap was bridged with milk from the cattle, which, due to loss of cattle has become unavailable in sufficient quantities for most of the population (Harragin & Chol 1996:22). However, during her research mothers complained that it had been bad years and there had not been enough milk for the children available (Ogilvy 1981:299).

During the dry season families will split up, some will remain in the village, some will move to the cattle camp. The population of the cattle camp comprises mainly unmarried men and girls, and children of all ages. There will be a few elder men and very few mothers, most smaller children are being looked after by older siblings or cousins (Ogilvy 1981:297).

Ogilvy found that milk was the main source of food in the cattle camps and that it was consumed fresh or sour. When the food is divided, children were given priority. She found that children had been brought to the camp especially to drink milk and if milk was in short supply they were likely to be given it first. Additional to milk, small children were given *asida* – a thick porridge made of Sorghum flour. (1981:298).

Children are breastfed on demand until the age of two or three years, although they are also given cow's milk from nine months to one year. They are first given *asida* when they reach one year and are encouraged to feed themselves with a spoon by the age of two to three years. As of that time children have two meals a day with a long time interval between each meal. (Ogilvy 1981:299).

Small boys collect wild roots to eat, which they roast in the dung fire, just as small catfish, which they will catch themselves. However, these roots and catfish are considered fit only for small boys and will not be consumed by others. Meat is eaten occasionally when wild game or a cow is killed or died. And fish can become plentiful during the wet season, which will then be prepared as a stew.

Sometimes chicken are kept and the eggs are given to the children. Maize, beans are sometimes grown, but are only eaten for a short while after the harvest time. Fruits from the *Balanites aegyptica* tree are available some of the year and eaten fresh or boiled with *asida* (Ogilvy 1981:299).

Within the family home, the husband and the younger children are the ones who are served first, young men follow then adolescent daughters, the wife (mother) is always last to eat. The only exceptions are mothers who have recently given birth; they are served before the other members (Yilma 1998:30). As mentioned, Ogilvy found that in the cattle camp children are given absolute priority.

With regards to perceptions on malnutrition in children, it is said that a child can suffer from malnutrition due to drinking the milk from a mother who is already pregnant again (Smilde 2010:39).

- *Child disease.*

Children are thought to be particularly vulnerable (*miith nyop* – soft children) until about the age of 8 years and in need of extra attention. There is a natural child-focus in the society (Harragin and Chol 1998:22). Newborn and small babies are thoroughly checked by relatives to assure that the child is a ‘real’ human being and not infected at birth by some spiritual matter (Perner 1994:11). The baby or infant is given utmost care. Certain people may not be allowed to come near (pregnant women, strangers) and visitors are not received during the first 3 to 4 days after the birth. Talking loud near a newborn is strictly forbidden, crying children are directly consoled. Children get special protection, sometimes by getting a special name, through wearing of charms from wood or beads and special ceremonies are performed to wear off evil spirits.

It is important to note that child diseases in general is often being thought to originate in a mother’s illicit sexual activities while she is still weaning her child, which can cover a period up to two years. However, similarly it is also thought that amoral (sexual) behaviour on the side of the father can bring ill-health on his children (Perner 1994, Smilde 2010, Colvin et al 2013).

A child can suffer from *Thiang* – a kind of diarrhoea caused by drinking the milk from a mother who is already pregnant again. This is also considered to be a possible cause of malnutrition or even death. Smilde was explained that when the health situation of a child becomes really bad and when it is suspected that a child may die, parents would prefer to bring their children home in order to die there. It does not become clear why this would be preferred (2010:39).

Schwabe & Kuoajok found that among the *Atet* (medical experts) from the Agor Dinka, common child diseases such as measles, smallpox and whooping cough and their symptoms were recognized, but no information is given on treatment or health seeking behaviour (1981:235)

- *Surgery and trauma.*

As mentioned, the Dinka has special people – the *Atet* – who are known for their knowledge and skills on minor surgery and bonesetting (Adolph, Blakeway & Linqvist 1996, Schwabe & Kuoajok 1981, Perner 1994, De Marez 2009). Schwabe & Kuoajok found that even when the *Atet* can have many skills and knowledge. Their skills vary from basic wound care and traction and splinting of fractures to interventions as the suturing of large blood vessels and treatment of fractured skull with incision, removal of bone fragments, wound cleaning and suturing of the skin. However, an *Atet* would not do surgery on internal wounds. Their respondents told them that in case of intestinal wounds or liver rupture a person will die anyway and therefore surgery is not attempted (1981:233).

Smilde was told by some respondents that when someone has been in an accident and has broken his legs, they will not bring this person to the hospital, but instead to a traditional healer, who knows how to deal with this. A reason that was given was that in hospital ‘they given injections so that you do not feel pain anymore’ (2010:22). This is apparently not a good thing.

In the South Sudan Medical Journal¹ I found this picture of a traditional way to apply traction

¹South Sudan Medical Journal Vol 6. No 3. August 2013, Photographe sent by Kivumbi J. Bonabantu, Mariallou Hospital.

for a fracture of the upper arm bone (humerus):



- *Pain.*

In relation to surgery, but also as a broader topic regarding many aspects of health pain might be an important topic to consider for further inquiry. The Agok hospital evaluation report (2012:8) makes a recommendation to improve assessment and treatment of pain in all departments; however it does not become clear why this need to be done.

Perner (1994) and Lienhardt (1961) both point to pain in Dinka society as a specific topic and pain in Dinka society is also a topic referred to by Byron Good in *Pain as Human experience: An Anthropological Perspective* (1992). Perceptions on pain can have an huge impact on decision of health seeking behaviour and can be related to a delay in seeking 'western' treatment.

Perner claims that there is little difference between the bearing of physical pain between Dinka men and women. Suffering inflicted to children on a young age (extraction of the lower teeth, scarification of the forehead and other smaller scarification) introduces children to pain early in life and is used to teach children self-control and courage.

Deng explains that the Dinka idea of honour, dignity and pride is related to courage. He relates that, in former days, during the extremely painful, sometimes lethal operations performed as initiation into adulthood (approximately between age 16 and 18), relatives would stand by ready to kill a relative who would not bear his pain with dignity and courage and as such brought dishonour on the family (1973:16, 1972:).

The performance of these kind of painful interventions has decreased since, still, courageousness and bearing pain with dignity remains a core value and influences how pain is perceived. Men will bear signs of their toughness (scars of fights and accident) with pride and the fear of being ridiculed (and being the subject of a song) for being a weak person is strong. This counts just as well for women. This conditioning with regards to the bearing of extraordinary pain could very well influence the moment in which people seek help or treatment from a clinic/hospital.

- *Disability.*

Yilma (1998) found that in Dinka culture the disabled are given special care and protection and are fed before all other members of the family expect for very small children. This attitude is rooted in the belief that those who abandon or hurt the disabled will be cursed by the ancestors who are the guardians for the living. Such ancestral curse arouses fear in the living, because it is followed by punishment from God. Her team found that of two orphan brothers of whom one had a disability. The boy with a disability was taken in by relatives, but the other was left to fend for himself.

Whereas the disabled are cared for, what they often lack (although it depends on the level of disability) is a chance on education and treatment. Still, Yilma mentions that her team witnessed two boys, one paralysed from the knees down and one with a non-functional left hand, who were attending school alongside other children(1998:10).

- *Death.*

Perner mentions that for South Sudanese there is only one kind of 'good death'. This is a young person dies during a fight or as a result of injuries gotten from a fight, because in these cases the cause of death is known and the loss of life can be revenged by retaliation or by legal means (1994:28).

The only 'natural death' is considered death in old age (Liddell 2005:693). With regards to this, Perner explains that old people are expected to die because they have already somehow grown into the sphere of spirituality (1994:3). By contrast, premature deaths are said to be unnatural and they cannot be attributed to chance as chance events are only responsible for minor illnesses. Therefore it is particularly important to identify the ultimate cause for a premature death so that the appropriate rituals of appeasement can be undertaken by the victim's family. Without this the deceased cannot enter the ancestral world and surviving family members will be at risk of the same affliction, which includes unborn children (Liddell 2005:694).

Part 4 Reproductive health.

Information available concerns general information about the importance of having children in order to strengthen the lineage, continue one's name (men) and become a (respected) woman and secure care for old age (women) (Liendhardt 1961, Harragin and Chol 1998, Yilma 1998, Buser 2008 and Smilde 2010).

More recent information on perceptions and practice around reproductive health amongst Rek Dinka comes from De Marez (2009). Additional information on the impact of war and war related sexual violence on beliefs around reproductive health are given by Madut Jok (1999 and 2006), Tankink (2013), Elia (2007), Ward, (2005) and Scott et al (2013).

4.1 The importance of children.

Dinka culture places paramount importance on children, a man's most important priority is to have children and to increase the size of the lineage/clan. For the women, children – and specially boys – are insurance for old age. Women and children belong to the clan. A man's status in the community and his prosperity is measured by the number of wives, children and cows (Yilma1998:11).

Whereas boys are important because they will continue and enlarge the lineage, girls are important because they will bring in wealth in the form of a dowry (cows), which will allow their brothers to get married. A man who dies without children to continue his name, is said to really die (*riar* – which literally means: to perish). Immortality, in local belief, consists of having children and children are only possible if there are cows available for the bride wealth of the mother. Therefore, to have rights in a herd is to have rights in a descent group (Liendhardt 1961:26).

4.2 Marriage and ghost-marriage.

Marriage is obligatory among the Dinka. Every male is expected to raise a family and marry as many wives as possible (Buser 2008:46). A young man can only get married when, with the help of his extended family, his father can come up with enough cows to pay for the bride price. Therefore every young man will in-debt himself to his lineage with the obligation to repay his debts due time. The women and children will belong to his lineage and move into his household.

'Ghost marriages' occur when a wife is married on behalf of a dead man, in order to conceive children, with the intervention of one of the man's paternal relatives, in the name of the dead man. When a man dies and his wife is still able to conceive children, a similar arrangement will usually take place so that she can continue to conceive children with the man's brother.

Traditionally it has also been possible for a woman who herself is unable to conceive, to marry a woman to a husband in her name, so that she herself will be considered to be the mother of the children. This is only possible if the woman's father has enough cows to pay for the marriage. It is not clear if this is still practiced today (Harragin & Chol 1998:12).

Before marriage women will be 'educated' by elder women on her role as a wife and mother, mainly concerning behaviour around sexuality, including the prohibitions on sex during specific periods such as during the two years of breastfeeding (Smilde 2010:18).

4.3 Pregnancy and birth control.

For Dinka women it is important to get pregnant as soon as possible after being married. This is how she will attain the status of an adult woman. Infertility is perceived as the worst that can happen to a woman (De Marez 2010:20).

In South Sudan a pregnant woman is said to be particularly vulnerable and in need of special physical care and spiritual protection. A pregnant woman will be met with respect, caution and care. She should abstain from certain activities, should not eat certain kinds of meat and should not look up at the sky. Out of fear for the safety of the unborn child, other people and specifically other pregnant women, should not come near the mother, step over her legs or stand behind her (Perner 2001:17). Madut Jok mentions that women who have just conceived are advised not to walk on the main road, at least during the first trimester, when the baby is still thought to be 'mere blood'. However, when asked about this, the women interviewed did not believe that walking in such footprints would cause miscarriage. Instead miscarriage was attributed to heavy labour, infection, poor diet and the lack of health advice (1999:207).

According to De Marez, Western way of family planning is rejected by the Rek Dinka and, understood as an absurdity as children are the basis of a family's wealth, both in economical as in emotional sense. However, from research done by Madut Jok we might need to regard these beliefs as a representation of traditional belief that might still prevail on the side of the male population, but might not represent current female perspective. More on this is explained under the section *infertility and (spontaneous) abortion*.

Traditional mechanisms of birth control are present in Dinka society even when they are not regarded as such (De Marez 2010:21).

- Pregnancy before marriage is seen as amoral sexual behaviour (even when sexual intercourse between boys and girls is practiced as of an early age). According to De Marez young girls use the calendar method to prevent pregnancy.
- Dinka children are breastfed until they are two years old. During this full period women are not supposed to have sexual intercourse.
- Traditionally women should stop conceiving once their eldest son or daughter is married and ready to have children. This might still be done in villages, but is said to be less in issue for 'urban' women.

4.4 Delivery.

Both De Marez and Smilde address the issue of home delivery. DeMarez explains that especially in the case of the first pregnancy, a woman will normally go back to the house of her

mother for the delivery. There she can be supported by her closest relatives (2009:20). After delivery, a woman is supposed to stay inside the house for seven days, but after this period she is supposed to resume her household tasks .

In case of a difficult or obstructed labour the women giving birth should confess her sexual adventures with men other than her husband. Once she has confessed all her amoral behaviour the child will come out (De Marez 2009:20, Smilde 2010:18, Perner 2001:17).

In Gogrial women said that they would fear an operation, but accept a C-section in order to save the life of the mother and/or baby (De Marez 2009:20). With regards to obstructed birth, the note on pain given earlier might play a role in delayed presentation at a clinic, however, no information on this was found.

After the birth, the new born should be kept in the house and away from strangers and pregnant women in order to not put the child at risk. The first days are understood to be decisive for the child's survival. The coming out of the child from the hut is a second , public kind of birth, which is duly celebrated and during which the relatives will check is the infants 'human identity' (Perner 2001:17).

4.5. Infertility, miscarriage and abortion.

In the reports of both DeMarez and Smilde infertility is raised as a major concern amongst their research populations DeMarez also reports that spontaneous abortions are said to be very common and that induced abortions seem never to be requested as both men and women want many children (2009:21). Still, an overview of Smilde on medicinal wild plants, includes knowledge on abortion inducing plants (2010, Annex 1).

Madut Jok found that, in his research amongst (displaced) Dinka in south-western Sudan (Area of the Reik Dinka), a large part of the presented miscarriages turned out to have been actively induced by the women (1999:206). He explains this high number of active terminations of pregnancies as a consequence of a loss of control and power of negotiation over sexuality and reproductive decision making of women in war-torn regions.

He found that in South Sudan society responded to the increased rates of infant mortality (due to war and displacement) by urging women to maximize their reproductive activity in order to replace the lost ones. Women were therefore exposed to a breach of traditional sexual taboos that had been protecting their reproductive health and insured maximum care for small children. Women resorted to clandestine and unsafe abortions as a way to reconcile reproductive expectations to ensure the continuation of the family line, and gain acceptance as worthy community members, with the concern about their own health and lack of resources for the older children (1999:197).

Methods used to induce abortion were the consumption of bitter roots to upset the uterus, overdoses of Chloroquine or other anti-malarial drug, exerting physical pressure on the belly or the back, heavy labour or inserting a thin object, such as the stem of a leaf, through the cervix.

When a child is born with scars on the forehead, is underweight or is never healthy during childhood people will speculate about the mother having attempted to abort (Madut Jok:208).

Spontaneous bleeding during the first trimester is believed to be caused by the supernatural and is unlikely to be remedied by means other than communicating with the spiritual world. Such communication can be initiated by asking a woman who has given birth to twins to try a rope around the bleeding woman's waist or ankle in order to stop the baby from 'coming out.

When it is suspected that the bleeding is caused because the woman has trodden in the footprints of someone who has had an abortion or miscarriage, then she will be given a substance to ingest. Other options are the burning of *nyor*, a sort of incense for the woman to smell or to be placed in an amulet for the woman to wear (Madut Jok 1999:207). Women who have suffered a miscarriage are said to avoid footpaths in order to not inconvenience others.

Madut Jok also found that women would speak covertly of a number of symptoms that are greatly feared in childbearing and which they think cannot be treated at that moment in time (in 1999). Reason for lack of treatment options were said to be war and lack of family support. The women would refer to 'lack of blood in the body' (amaemia), eclampsia/hypertension, obstructed labour and the difficulties of infant care in general using the euphemistic description of the 'broken back' – *duony kou* –, which could well be interpreted as a reference to women's hard work in general. *Duony kou* can stand for any ailment resulting from heavy labour during pregnancy: pregnancy without proper nutrition or the mental burden of breastfeeding a child that is possibly going to be malnourished. Conditions that should alert the woman to the possibility of *Duony kou* are the absence of a husband to aid in food production, lack of milk cows, the number of children born and displacement. It was explained to Madut Jok, that women in such situations would 'do best to take matters into her own hands', meaning that if she could not control the sexual decision she could at least control the outcome (1999:204).

4.6 Sexual violence.

Gender based violence and sexual violence in South Sudan has been a focus in much of the recent research on South Sudan. The two topics stand out in these studies. One that focusses on war related sexual violence and its consequences for women connected to mental health. More recently researches have been looking into the ways in which war-experiences have a lasting effect on values and behaviour of men with regards to sexuality, the ways in which this contributes to an increase in (sexual) violence in the daily lives of South Sudanese women within their own society and families and how women deal with this (Madut Jok 1999 and 2006, Elia 2007, Tankink 2013, Ward, 2005 and Scott et al 2013).

This first issue has been brought forward as a priority in the reconstruction process for South Sudan after the Comprehensive Peace agreement and discussion on strategies to deal with experiences of sexual violence are taking place on all levels involving also local women's organisations (ibid). The 'Final communiqué of the nine Ngok Dinka chiefdoms conference'², foresees support for the establishment of community cultural centres for youth and women that should facilitate psychosocial counselling on these issues for the affected IDPs and

²The nine Ngok Chiefdoms being those of the Abior, Achaak, Achueng, alei, anyiel, Bongo, Dill, Manyuar and Mareng.

returnees³ in the Abyei Administrative Area.

However, Tankink found that in South Sudan women tend to respond to the experiences of sexual violence by keeping silent and trying to forget about it, as a general coping strategy, mainly because there is no narrative available in which individual suffering around such sensitive subjects can be addressed.

In societies such as in South Sudan, where daily life centres around relationships within the family and communities (rather than the individual) the attempt will be to create a new public space where memories of the past can be shared and a community spirit experienced. This is needed in order to repair the 'psycho-sociocultural damage done to both the community and the culture. Individual experiences need to be translated into a more general experience that can be shared by the community. Individual experiences of suffering will often remain unaddressed in this process (2013:400-401).

Elia explains that an increase in GBV in communities originates in the disruption of communities and family structures, a breakdown in conflict resolution mechanisms, presence of arms and vigilantes, prevalent trauma, increased alcohol consumption (of both men and women), weak security institutions, poor functioning of traditional and modern courts and tensions between those who have been displaced and those who have stayed put (2007:39).

Research of Scott et al and of Ward both conclude that currently domestic violence is normative in South Sudan. Scott et al found that the majority of male and female respondents thought that 'a woman should tolerate violence in order to keep her family together' (respectively 81% and 82%) and that 'there are times when a woman deserves to be beaten' (respectively 63% and 68%). On top of that more women than men agreed that 'it is ok for a man to hit his wife if she won't have sex with him' 47% of the women against 37% of the men (Scott et al 2013). The article does not give any insight into possible influence of war experiences on these findings.

Jok Madut confirms that the militarization from the war period has led to a continuous reproduction and entrenchment of GBV throughout the society which has subsequently led to widespread GBV and marginalization within communities and families. But he also points out that over time women in South Sudan have created a complex subculture of 'expanded self-reliance' based on both newly found as well as traditional methods through which they resist GBV and marginalization (1999, 2006).

Madut Jok argues that when addressing GBV it will be important to take notice of these changed circumstances and make use of this subculture in order to support the women in their struggle. He claims that such changes are often missed during the quick assessments done by organisations that aim to address GBV (2006:60).

When inquiring into issues of GBV in Gogrial, De Marez was told that rape was very rare and that even before the war it would occur more regularly than nowadays. The reason given was that the government had enforced laws and that rapists would be taken to court and jailed. She also found that in case of rape, a girl will fight back in order to defend herself. Respondents claimed that in such cases the girl will not be blamed. She will be supported by their families and that they will do everything to find and punish the violator.

Beating of women by their husbands was reported more often and mostly associated with alcohol abuse (2009:22).

³Press release on <http://www.sudantribune.com/> -- site visited on 09.10.2013

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