

# Challenges Faced by Western-trained Paediatricians Working in Developing Countries: The Case of Paediatric Diarrhoea among the Luo of Western Kenya

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## ABSTRACT

This study was carried out among the Luo of Bondo District in Western Kenya between January and April 1998. The overall objective was to find out people's perceptions of paediatric diarrhoea and the procedures involved in health seeking and maintenance behaviour.

The findings indicate that paediatric diarrhoea (either appearing as a disease per se or as a symptom of another disease) appears in categories which include *mbaha*, *nyaldiema*, *ndira*, *oranyancha*, diarrhoea due to *chira*, diarrhoea due to evil eye (*Sihoho*), teething diarrhoea and diarrhoea due to measles (*ang'iew*, *anyiew*, *aruodhi*). Notably in this folk taxonomy each category has either distinct or overlapping causes, symptoms and treatment. Some of the causation theories and management procedures differ radically from the biomedical stand point.

## INTRODUCTION

Developing countries carry a heavy burden of disease and death. This is seen mainly in such vulnerable groups as children and women. In these groups, inadequate nutrition and lack of resistance make the effects of disease more serious (Ebrahim, 1984; Ciba, 1976; Cutting and Elliot, 1994; Smith and McNeish, 1986; WHO, 1989).

A striking feature of all studies of childhood mortality is that most of the morbidity and mortality are caused by only a handful of diseases which, until recently, were widespread in all the countries of Western Europe but have now been controlled and contained. Such diseases include protein-energy malnutrition, respiratory infections and diarrhoea which,

in the 1970s and early 1980s, accounted for between 30 and 40 per cent of all paediatric admissions (Ebrahim, 1984; AMREF, 1975).

In diarrhoeal disease episodes, six or more watery stools, with or without blood, are passed in 24 hours. It is particularly more serious in new-borns and young infants who cannot tolerate even small upsets in fluid and electrolyte balance. It is rare in infants who are entirely breastfed but very common in those who are artificially fed, especially if the standards of hygiene are poor. However, according to Tzipori (1985), many of the children suffering high rates of diarrhoea in developing countries are breastfed and given traditional weaning foods. These foods can be as hazardous

bacteriologically as bottle formulas when prepared in unhygienic conditions.

Of particular interest in this research were children under the age of five. This age group is significant because during this period, children are susceptible to many infections which may impinge negatively on their lives. The proper development of children under-five years of age is pertinent for the survival of all human species, since this group forms the foundation of realization of the human potential.

Efforts to ensure proper development of children through reduction of paediatric diseases are critical. To realise this objective, a paediatrician ought to understand the physical, economic and cultural environment into which his/her subjects are born and live. This is the focus of this paper.

#### THE LUO PERCEPTIONS OF DISEASE

According to Sindiga (1995), the Luo believe that disease and illness may be caused through at least five ways, namely: diseases of the air, water and food; diseases caused by humans; diseases of the "living dead"; diseases of inheritance; and diseases resulting from breaching of taboos or customs. The Luo recognize that disease and illness may come from changes in weather. Evil people may also direct harm to other society members through sorcery and witchcraft. Supernatural causes are also blamed for some illnesses which are believed to be some form of punishment due to behaviour against the wishes of the living dead.

In many African societies, a breach of taboos and customs is also believed to result in misfortune and illness to the offender or his family. A notable consequence of breaking taboos is wasting away of the body, ultimately leading to death (Helman, 1994;

Imperato, 1977; Maina, 1978). This, among the Luo, is referred to as *chira*. Disorders such as epilepsy and mental illnesses are believed to be genetic and perpetuated from one generation to the next.

#### The Luo perception of Diarrhoea

The general Luo name for diarrhoea is *diep*. Unlike the biomedical definition of diarrhoea as the passing out of three or more watery stool in a period of 24 hours, the Luo define diarrhoea as the passing out of more than normal watery stools (*mareprep*) which may be accompanied with vomiting. The stools could also be with or without blood (*remo*).

The Luo identify eight categories of paediatric diarrhoea. These include *mbaha*, *nyaldiema*, *ndira*, *orianyancha*, diarrhoea due to *chira*, diarrhoea due to the evil eye (*sihoho*), teething diarrhoea, and diarrhoea due to measles (variously referred to as *ang'iew*, *anyiew*, *aruodhi*). These categories have distinct causes, symptoms and treatment. Included in the above are some categories which are not identifiable by biomedicine either because of their implausible causation philosophy and/or the mechanisms involved in their treatment. These specific potentially troublesome categories through the eyes of a biomedical practitioner include; *mbaha*, diarrhoea due to evil eye (*sihoho*), teething diarrhoea and diarrhoea due to *chira*. Information about perceived cause, symptoms and treatment of these categories is provided in detail below.

##### (a) *Mbaha*

This type of diarrhoea comes about as a result of two causes. The first cause is believed to be other attacks such as

malaria and measles (*ang'iew*, *anyiew*). These attacks are believed to result in *mbaha* if they are not properly treated. The second cause of *mbaha* that was identified by the informants is feeding the child on porridge prepared from only maize flour. If not treated, then *mbaha* develops into yet another category of diarrhoea called *orinyancha* whose prominent symptom is the passing out of greenish stool.

**Symptoms:** During the focus group discussions, the following were identified as the symptoms of *mbaha*: (i) child's body turns yellowish (*marmar*), (ii) high body temperature, (iii) breathing problems (*okul bat*), (iv) headache, (v) hair stands on the body, (vi) passing out of mucoid stool (*wuoyo*). This is stool which contains mucus-like substance. (viii) Loss of appetite, (ix) passing out of yellowish stool, (x) the child passes out urine that is warmer than normal.

#### Prevention and treatment of children against *Mbaha*

A child of less than five years should be fed on porridge made from a combination of beans, groundnuts, finger millet, sorghum, cassava and maize. A little milk should be added to the porridge.

Herbal protection is also practised. Here, a large quantity of leaves from a variety of plants is pounded and mixed with water. The mixture is then kept in a large container such as a basin and warm water added to the concoction everyday. The concoction is then used to bathe the child/children. Another concoction is prepared separately for the child/children to take. This is used for a week and then it is discarded. Thereafter, a fresh concoction is prepared and the whole process repeated till the young child is able to sit. Sometimes,

roots from some trees are boiled and the mixture sieved, and the resultant liquid added to the child's porridge. This, according to the respondents, also protects children from *mbaha*.

The treatment is effected when the *mbaha* symptoms are observed. However, it is imperative to note that the most popular remedy for *mbaha* is the use of *yadh nyaluo* (herbal medicine).

The *yadh agulu/yadh nyaluo* (traditional medicine) is given to the sick child before meals. The participants in the focus group discussions disclosed that this traditional medicine worked by making the child diarrhoea or urinate the disease out of the body. The other way in which herbal medicine is used in relieving diarrhoeal maladies in children includes the concept of sweating the disease out of the body, emically called *fumo/fundo/humo*. In this process, the mother or caretaker and the child are covered with a blanket or a bedsheet and a pot of boiling herbal concoction put in the sheet or blanket such that the child and the mother or caretaker can inhale the vapour from the concoction. The temperature in the enclosure would be high, which induces sweating in the mother or caretaker and the sick child. It is believed that the sweat from the sick child comes out with the disease. According to the information from the focus group discussions, the herbs offer the best treatment for *mbaha*. The participants stressed that although these days some people go to hospital for the treatment of *mbaha*, biomedicine does not treat *mbaha* but only reduces its effects. For complete healing, the informants advocated for a combination

of the Luo traditional medicine and biomedicine.

#### (b) Orianyancha

*Orianyancha*, also known as *mgongo*, is a category of diarrhoea which occurs during the sitting stage in children. It is caused by much bottle feeding at the expense of breast feeding. Apart from too much bottle feeding, sitting on wet surfaces or wet beddings for a long time is also blamed for *oriantyancha*.

**Symptoms:** Information from key informants and focus group discussions revealed the following as symptoms of *oriantyancha*: (i) the child refuses to breast feed (*thuno*), (ii) blisters (*opudhre*) appear on the tongue. These blisters make the tongue look whitish. (iii) saliva flows from the mouth (*olaw chuer*), (iv) the child looks weak, (v) the child passes out greenish stool, (vi) the child passes out yellowish urine that is warmer than normal, (vii) the child also cries a lot when passing out urine, (viii) rashes can be seen on the anus, and (ix) the child has convulsions as if he or she has stomach pains.

#### Prevention & treatment of *Orianyancha*

The preventive measures mentioned in the focus group discussions involve keeping the children's clothes and bedding dry, and avoiding bottle feeding. Bottle feeding is associated with blisters in the child's mouth. Instead of bottle feeding, participants in the focus group discussions stressed the use of cup and spoon to give supplementary food to breast milk.

The treatment of *oriantyancha* involves utilization of *yadh nyaluo*. The outer covering of a lemon fruit (*opokla ndim*) is peeled, dried and ground into powder. This powder is then mixed with ghee from cow's

milk (*mor dhiang*). The mixture is afterwards warmed every morning and evening before being given to the child. According to the respondents, this warming is done so the medicine can flow to all parts of the body. This enables the ailing organs and tissues to heal. The treatment is done for three days after which the child is expected to have been successfully healed. Apart from the above treatment, dry leaves from a plant called *nyanyodhi* (*Leonotis mollissinia*) are burned and the ashes applied on the tongue to heal the blisters.

Another recognized treatment of *oriantyancha* is the use of fruits and roots of *odolwa/odol* tree (*Rhiocissus tridentata*). Here, the gender of the child influences details in treatment. In case of a baby girl, three fruits and a piece of root split into three parts are used. Both the root pieces and the fruits are boiled in a pot, the mixture sieved and given to the baby girl. She is supposed to be given the treatment three times a day for three days. The remaining medicine is then discarded. Conversely, for a baby boy, the same procedure is repeated but in this case, four fruits and four pieces from a piece of split root are used. The baby boy is given the medicine four times in a day for four days, and thereafter the remaining medicine is discarded. The informants explained that the difference in treatment between the boys and girls here is because the boys are weak and vulnerable to many diseases. Others simply said that that is how the treatment is done.

When asked whether hospitals can treat *oriantyancha*, the informants admitted that hospitals can treat it but



not fully. They, therefore, stressed that for complete and fast healing of the children, both biomedicine and *yadh nyaluo* should be used. This combination they said, would make sure that *orianyancha/mgongo* does not recur.

### (c) Diarrhoea due to *Chira*

Every human society gives priority to its physical and social existence. To fulfil this quest for survival, societies have put in place mechanisms which ensure a harmonious interaction and sustenance of the desired behaviour from individual members. These control mechanisms include norms which define appropriate and inappropriate behaviour. Any member of the society who exhibits behaviour considered to be against the norms is believed to suffer retribution afterwards. The Luo of Bondo District are not an exception to this behaviour. According to the information from focus group discussions, *chira* is a form of punishment from the supernatural for any member of the society who breaks the norms (*chike*). The punishment is not confined to the individual who breaks the norm but may also afflict his or her children. When *chira* affects children, the effect will be diarrhoea and a complete wasting of the child's body.

Some of the behaviours which are believed to cause *chira* induced diarrhoea in children include committing adultery by either parent. When a parent having a breast feeding baby commits adultery then goes back home and carries the baby before bathing, the child will be attacked by *chira*. It is believed that the parent from his or her adulterous errands carries with him or her harmful powers which can be washed away by bathing before handling the breast

feeding child. Breast feeding children are always vulnerable to these harmful powers.

The Luo norms also provide guidelines through which the family's activities are to be conducted. For example, in a polygynous household, agricultural work which involves cultivation, planting and harvesting of crops, is supposed to start from the eldest wife's piece of land and then follow the order to the youngest wife. The intricacies involved in these activities are supposed to be adhered to if at all the parents are to protect their children from *chira*. The husband is also supposed to spend the night with his eldest wife on the eve of either the planting or harvesting activity. Likewise, failure by the husband to observe this rule would make his children suffer from *chira*.

The information from key informants and focus group discussions indicated that a girl who has begun to experience menstruation (*dhi edwe*) should not sleep on her parent's bed, or else, *chira* would attack her children when she gives birth. *Chira* is also blamed for diarrhoea in a breast feeding child when his or her mother meets a woman who has just lost her husband (*jasirowa*). It is believed that the widow's shadow carries harmful powers, particularly to breast feeding children. To prevent this form of *chira* from attacking a child, the mother is supposed to attend the funeral of the dead man. A mother whose child has just passed away is also not supposed to hold somebody else's child until she sees her monthly period and has had sexual intercourse with her husband. If this is not observed, the child that the woman

holds would be attacked by *chira*-induced diarrhoea.

Likewise, a breast feeding mother is not supposed to meet a woman whose child has just passed away. They are also not supposed to shake hands. It is believed that the mother of the dead child now possesses a spirit which is harmful to breast feeding children. If, however, they (mother of the breast feeding child and that of the dead child) meet, the breast feeding mother after reaching home is not supposed to breast feed the child immediately. Instead, she is supposed to lie her baby down and then express milk from her breasts such that a stream of milk passes over the baby. It is believed that the milk that passes over the baby goes with the evil powers that she may have collected on the way. The baby is, therefore, protected by this act. Conversely, if this is not done, the baby would suffer from diarrhoea.

According to the information from focus group discussions, an expectant mother should not breast feed. If she conceives while still breast feeding, she is supposed to stop breast feeding immediately. Failure to stop at this time would lead to *chira* attack on the breast feeding child. This attack may be fatal. Another explanation given for the need to stop breast feeding the child once conception has taken place, is that the growing foetus will be jealous about the breast feeding child and may, as a result, poison the mother's breast milk, thus causing diarrhoea in the breast feeding child.

Symptoms of *chira* include: (i) the child passes out a lot of watery stool. The frequency of the diarrhoea episodes is also very high, (ii) blood veins show on the child's forehead and lower abdomen, (iii) frail or loose skin develops on the joints and

buttocks of the child, (iv) the child grows thinner and thinner everyday, (v) the child clinches his or her palms to make fists. Although young children close their palms and form fists, the informants said that the fists formed during *chira* attack have closed thumbs, (vi) the child looks dull and weak, and (vii) the child's hair stands on the head like hot-combed hair.

### Prevention and treatment of *Chira*

*Chira* can be prevented by following the Luo norms (*chike*). However, there is a provision for preventing children from *chira* attack after a norm has been disobeyed. This prevention involves the use of herbal medicine to cleanse the offender before he or she interacts with the children who also fall under the vulnerable group. For example, adultery is not allowed among the Luo. If, however, adultery happens, *chira* would attack the child/children of the concerned parent unless protective measures are put in place. To prevent *chira* from an adulterous parent, the faithful parent prepares leaves from specific trees and pounds them. Water is then added to make a mixture and the concoction is poured on the door frames such that when the adulterous parent comes back home from his or her adventure, the *chira* is left outside the door and, therefore, the child is not attacked. Another protective measure is pounding the leaves from specific trees, adding water and the resultant liquid mixed with drinking water for all the family members to take. This water is believed to have prophylactic qualities against adultery-related *chira*. All this is

done without the knowledge of the adulterous parent.

On treatment of complications resulting from *chira*, the informants were categorical that hospitals cannot successfully treat it. Only traditional Luo medicine is recommended for treatment. For example, in *chira* resulting from an adulterous husband or wife, a large quantity of leaves (*bago yadh*) from a variety of trees are pounded and mixed with water. This concoction is used to bathe the child. A separate concoction from the same leaves is also prepared and given to the child to ingest. In case of a baby girl, the treatment is done for three days and four days for a baby boy.

#### (d) Diarrhoea caused by Witchcraft (*Juok*) and Evil Eye (*Sihoho*)

Diarrhoea from witchcraft is caused by evil powers from witches. The person practicing witchcraft (*jajuok*) either bewitches the child directly by magically inscribing objects into the child's body or bewitching the child's food, thus making the food harmful once taken. Most of the informants in the focus group discussions and key informant interviews identified the evil eye (*sihoho*) as the most common form of witchcraft. Here, the possessor of the harmful powers (*jasihoho*) causes harm to the child or his/her food simply by looking at the child or when the child is feeding. The mother's breast milk may also be affected by the evil powers such that she produces milk that is harmful to the baby. The evil powers are believed to be passed on involuntarily from the *jasihoho* to the child. Once such powers are passed on, the child's food that he or she was taking at that particular time becomes stale in the stomach. The stale food causes the child to have stomach pains

and the stomach becomes hard. For relief, this stale food is supposed to be removed from the child's stomach. This removal is done by a specialist called *jatak*.

Symptoms of *sihoho* include the following: (i) the child refuses to breast feed, (ii) the child has convulsions and cries a lot, (iii) the stomach swells and pains (the stomach aches at specific times, for example, at cock crow (*kok gwen*) and at the time when the *sihoho* was passed to the child), (iv) the child's skin becomes dark in colour, and (v) the stomach becomes hard.

#### Prevention and treatment of *sihoho*

The prevention of children against witchcraft and evil eye involves the use of charms and making cuts (*angola*) on the body of the baby. Protective medicine in powder form is then rubbed into these cuts. The cuts may also be made on the mother's breasts. On the other hand, the charms are sewn in a band and tied around the child's waist or neck for protection. It is also believed that pig's lard (*mor anguro*) is capable of keeping away the evil power from the witches. Therefore, the lard is applied on a child's body to protect him or her from being attacked.

#### (e) Teething diarrhoea

This category of diarrhoea is caused by the growing of teeth in children. However, the informants did not recognize it as a disease. They said it is normal for children to have diarrhoea during the stage when teeth are growing and, therefore, this diarrhoea does not require any treatment. However, some prophylactic measures were put in place

to prevent children from growing the teeth early.

**Symptoms:** The following were identified by focus group discussions participants and key informant interviews as symptoms of teething diarrhoea: (i) passing out of watery stool, (ii) swelling of the child's gums, and (iii) the child does not look sick and feeds normally.

### Prevention of teething diarrhoea

Although teething diarrhoea is perceived to be normal and marking a stage in the child's development, its early occurrence is supposed to be suppressed. According to the information from the focus group discussions and key informants, this is done by the prevention of false teeth from growing. It is believed that early diarrhoea would adversely affect the health of the child who is still tender and vulnerable to many diseases. Therefore, after delivery, the mother of the child is given a special herbal portion to chew and press on the child's gums. This treatment serves to prevent the child from developing early teeth (teeth which occur at about three months) and it is also believed to prevent other diseases, such as malaria, from attacking the child/children.

### DISCUSSION

The definition of diarrhoea as advanced by the Luo does not differ radically from the one given by the biomedical practitioners. The point of intersection between the definitions given by the two groups (biomedical practitioners and the Luo people) is that, the passing out of watery stool with or without blood as a symptom of diarrhoea is general to both definitions. However, the Luo are not specific in the frequency and temporal dimensions as

exhibited in biomedicine. They define diarrhoea as the passing out of more than normal watery stools. On the other hand, biomedical practitioners give the precise frequency and time period in their definition of diarrhoea. They state that it is the passing out of 3 or more watery stools in a period of 24 hours (AMREF, 1975; Ebrahim, 1984).

The Luo perception about the causes of diarrhoea also correspond with biomedical beliefs. However, it appears that the Luo perception of causes is not restricted to the natural causes. The natural causes of diarrhoea as identified by biomedical practitioners include infestation of the gastro-intestinal tract by diarrhoea-causing organisms such as bacteria and the intestinal worms. The Luo believe that disease and illness may be caused through air, water and food, from humans, "the living dead", and breaching of taboos or customs (Sindiga, 1995).

The categorization of diarrhoea into groups may serve to create an antithesis of the biomedical strive to effectively manage diarrhoeal problems. Each category has distinct perceived causes and symptoms, and may also have distinct management practices. Therefore, the stress by biomedical practitioners to promote the use of oral rehydration salts (ORS) and use of similar management practices irrespective of cause may create a problem in the adoption of health promotion and health maintenance programmes. For instance, it is hard for the Luo to conceptualize the provision of ORS to manage diarrhoea from *chira*. However, this folk taxonomy of diarrhoea is not peculiar to the Luo.



Green *et al.* (1994) found a similar categorization in Mozambique. *Nyoka dzo kusorora* and *phiringaniso* were, respectively, identified as diarrhoea disorders caused by neglect of tradition and extramarital sexual intercourse by a parent(s) while their children/child was still breastfeeding then coming home and interacting with him/her (child) before bathing. This is consistent with *chira* diarrhoea among the Luo. *Chikamba* correspond to the Luo category of *orianyancha* diarrhoea.

The preventive measures of diarrhoea in biomedicine call for good personal and environmental hygiene while among the Luo, the preventive measures transcend the above biomedical measures and include other factors such as remaining faithful to one's spouse and obeying the norms and taboos of the society. Some of these protective behaviours may not be biomedically relevant to diarrhoea as far as aetiology and prevention are concerned.

Some Luo perceptions about diarrhoea causation are helpful in the development of healthy children. For example, one of the causes of *mbaha* is feeding the child on porridge made from only maize flour. The preventive measures against *mbaha*, the respondents said, include feeding the child or children on porridge made from beans, ground nuts, finger millet, sorghum, cassava and maize. They also insisted on adding a little milk to the porridge. Such a combination of foods gives an assurance about the quality as far as balanced diet is concerned.

The people's belief about the cause(s) of diarrhoea have a direct bearing on the methods employed in the control of the problem (Ashworth and Draper, 1994; Jennings, 1995; Kaendi, 1995; Sindiga, 1995). This is also consistent with the research

findings. Diarrhoea from the evil eye (*sihoho*) or witchcraft (*juok*) entail the taking of the affected child or children to a traditional medical practitioner called *jatak*, who is believed to be knowledgeable in matters related to bringing the child/children and adults back to health from problems resulting from witchcraft and evil eye. *Jatak* is also believed to be capable of offering prophylactic services against harmful effects of the evil powers possessed by those who practise witchcraft and the evil eye. Categories of diarrhoea thought to result from *chira* are believed to be from the supernatural forces and, thus, can only be managed by the use of *yadh nyaluo*.

The fact that teething diarrhoea is seen as normal and a stage marker in the child's development makes it hard for diarrhoea control programmes to achieve their required goal. This is because such diarrhoea, besides being taken as normal, according to these people, does not need any treatment. However, from the biomedical standpoint, diarrhoea entails loss of water through dehydration and this fact makes diarrhoea a fast killer if no attention is given. Therefore, if at all child mortality rates from diarrhoea are to be minimized, all diarrhoeal diseases must be given equal attention as far as prevention and treatment is concerned. Indeed, biomedical literature on diarrhoea does not seem to give much attention on such categories of diarrhoea perceived to be "normal". Instead, such categories are just mentioned under "people's beliefs about diarrhoea." The necessity of management of such diarrhoea is not stressed. The fact

remains that dehydration, which is considered fatal, is always present in all diarrhoeal diseases.

In disorders perceived to result from the evil eye and witchcraft, diarrhoea and vomiting are seen as a positive step towards healing. In such cases, diarrhoea is experienced after treatment and is believed to indicate the effectiveness of the medicine given. The child would, therefore, not be taken to hospital because of diarrhoea and no corrective action would be taken to stop it. There is a high risk of death in children who suffer from disorders perceived to be from either witchcraft or evil eye.

The social function of perceptions is clearly seen from the analysis of the perceived causes of *chira* disorders. Committing adultery by either parent is supposed to cause *chira* in the children of the parents in question. This is manifested in total wasting of a child's body and may ultimately lead to death. Because of the fear of children being affected, the parents are compelled to be faithful to their spouses and to avoid extra marital sexual relationships. This kind of perception could be very functional, especially in keeping the social cohesion of individual families. If followed, it could also help to minimize the devastating effect of HIV/AIDS to human populations in Bondo District.

Another type of behaviour which is perceived to cause *chira*-induced diarrhoea in children is by parents (mostly fathers) not following the right procedure during agricultural activities. The father is supposed to spend the night with his eldest wife on the eve of either the planting or harvesting season. Therefore, to see to it that the husband plays his matrimonial roles to all his wives, norms are put in place and any behaviour against these would

lead to *chira* attack in children. Likewise, the agricultural activities are supposed to start from the eldest wife's piece of land. This happens in polygynous households. It is quite clear that such perceptions are aimed at giving importance to the eldest wives and barring a man from becoming more attached to his younger wives at the expense of their predecessors. This, by extension, may lead to maintenance of social solidarity in the families. Therefore, perceptions should not be taken by their face value as, when given a closer look, they have socially significant covert meanings that may be essential for the continuous survival of individual families and, by extension, the whole society. It should, therefore, be noted that cultural perceptions are not only medically significant but also have social implications.

Implementers of any diarrhoea control programmes should, therefore, be knowledgeable about these people's beliefs and general perceptions on cause(s) and management practices before initiating the programmes.

## CONCLUSION

This study revealed that the definition of diarrhoea on the basis of the passage of watery stool is common to both biomedical practitioners and the Luo people. However, variation in the definition between the two groups is that the Luo are not specific in the frequency and temporal dimensions as exhibited in biomedicine.

The existence of several categories of diarrhoea with distinctive causes, symptoms and treatment makes the understanding of paediatric diarrhoea

among the Luo from an etic perspective difficult.

The use of Luo traditional medicine (*yadh nyaluo*) for prophylactic and curative purposes is widespread. This could be attributed to the effectiveness or superiority exhibited by the traditional medicine over biomedicine in the treatment of some categories of diarrhoea. The unavailability of sufficient drugs at the district hospitals and other health facilities run by the government, which are relatively cheaper providers of health, and poverty may also explain the widespread use of ethnomedicine.

The perception of "teething diarrhoea" as being a normal phenomenon to the growing child predisposes children to the danger of death as a result of dehydration.

Perceptions should not be thought of as something meaningless and without any function. Taking perceptions on face value does not lead to any understanding of the covert meaning. Instead, only the overt practice associated with the disease category or social phenomenon can be described.

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