

SOCIETAL RESPONSE TO ILLNESS: THE POKOT OF KENYA

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INTRODUCTION

Recently there has developed increased interest in the potentialities of cooperation between traditional and 'modern' medical practitioners. In spite of such interest there is still much misunderstanding and lack of objective analysis with regard to traditional medical systems. Most people, scholars not excluded, take traditional medicine to be co-terminous with superstition and magic. While it is true that most traditional medical systems have a magical component engrained in them, it is not true that all traditional medicine is magical. Just like western hospital medicine, traditional medicine is diverse. Any traditional medical system may include, among other things, herbal medicine, obstetrics, psychiatry, physiotherapy and surgery. Monumental studies have been done on the medical beliefs and practices of African societies. However, there has been an unnecessary emphasis, in most of the studies, on the mystical and bizarre aspects of the medical beliefs and practices at the expense of the common sense and empirically-based elements.

Because of the misunderstanding about traditional medicine, there is an urgent need for basic and applied research into the traditional medical systems in Africa which in practice co-exist with, complement and compete against western hospital medicine. Such co-existence, complementarity and competition is not peculiar to Africa. In the United States, India and China, a multiplicity of medical systems exist side by side. In India, Ayurvedic medicine is taught in medical institutions, while in China, traditional medicine has its own curriculum and is regarded as an equal, rather than inferior, alternative to western hospital medicine.

This study is an attempt to present what a society does to deal with and prevent illness.* It endeavours to demonstrate the fact that traditional medicine is a force to reckon with in Kenya because of its availability, persistence and possible utility in medical care. Many beliefs and practices in traditional medicine are medically sound, but I should also note that there are

*It should be noted that this research was conducted when I had little, if any, training in research methods. A more detailed study of the way Pokot relate to illness has now been made by the author in the form of a Ph.D. thesis submitted to the University of Cambridge, England.

aspects of traditional medicine which are useless, if not actually harmful. Such aspects should and can be corrected or removed so that only such elements as are therapeutically and sound remain.

At least 2.3 billion (56%) of the world's population continue to rely upon traditional medical care and healing. Western hospital medicine continues to reach only a small fraction of the population in most third world countries, Kenya inclusive. If the commitment to the right to health for every individual is to be realized, there is need for the incorporation of indigenous methods of treatment into national health care systems. Before this can be done, research needs to be carried out to appraise the theories and practices of traditional responses to illness. There is need for departure from armchair research in libraries and archives to research in the villages.

The material for this paper is based largely on two months research in the area of Lomut shopping centre in West Pokot district. The sample consisted of 25 households (villages) in and around Lomut. The interaction between traditional and western medical systems is only briefly touched on.

MAN AND DISEASE

The socio-cultural dimension of illness is crucial in any attempt to understand man's response to disease at both the collective and individual levels. Health and disease are related not only to biological factors, but also to people's cultural resources and the social behaviour that utilizes these resources. Like any other group in the world, Pokot people, whose societal response to disease is the subject of this paper, are rich in cultural resources.

Though disease is found in all human populations, one may wish to state that not all diseases are regarded as illnesses. What is regarded as an illness in one society may not be so regarded by another. For example, ringworm among the Pokot is regarded as a natural condition. Most people in Kenya regard a certain amount of abdominal worms as a natural, indeed necessary, condition to normal health. This distinction between disease and illness is made clear in the following statement: "I wish to contrast, on the one hand 'disease' defined by criteria of a biological nature, and applying generally to human species, with, on the other hand, 'illness' which will be determined by views of particular individuals or cultures - it is of a social and

psychological nature" (Lewis 1976:90). It is important to note, therefore, that this paper is concerned with illness as culturally defined and dealt with by the Pokot people.

Any disease that affects man may be variously perceived and handled by different societies. It is only recently that the germ theory of disease has been embraced in many parts of the globe; still there are etiologies and theories of causation that pertain only to specific societies and not others. Notions of etiology differ widely as one moves from East to West and North to South; this is mainly reflected in the different therapeutic practices used to handle disease of a like nature, once these have been designated as 'illness' by a particular culture.

Scanning through literature purporting to depict the medical beliefs and practices of non-Western societies, one notes that it is full of narrative accounts about witches, magicians and sorcerers clad in strange attire and in possession of the strangest of objects. Little has been said about traditional public health, preventive medicine and psycho-social support for patients. The bizarre and symbolic have been over-emphasized at the expense of the common and pragmatic measures taken when illness is experienced. Fortunately, such approaches to the study of non-western medical systems are being assailed from many angles. It is notable that the World Health Organization is now a protagonist in the endeavour to reinstate traditional medicine. It has this to say:

"Modern medicine, to which we owe crucial discoveries during the 20th century is ill-adapted to the provision of health care for rural populations in countries in the process of installing their infrastructure. African traditional medicine is one of the pillars of the cultural heritage of the Region and has the potential capacity for finding a remedy to that inadequacy. An integration of the two systems, without compromise of principle, yet with full understanding on both sides, should enable the sorely underprivileged populations to benefit from one of the fundamental human rights: the right to health."

(1976 WHO 26th Session, Kampala Agenda 10).

This paper is not about magic/witchdoctors, as some, steeped in the /and traditional approaches to African indigenous medicine, might expect. Its aim is not to extol or condemn the Pokot medical system, but to examine what the Pokot do, at the collective level, to cope with what they regard as illness. I wish to show that as a human community, the Pokot have developed social institutions, etiologies and therapeutic practices which facilitate the handling

of dislocations in the society caused by illness. A discussion of the incorporation of Western practices into the Pokot medical system will be included. The acceptance or rejection of Western medicine is part of the Pokot response to illness. As is common in any culture, the incorporation of beliefs and practices from other groups into the Pokot medical system has been and still is a continuous process. There is evidence of borrowing from the Turkana, Marakwet, Tugen and now, from Western medicine.

The title of this paper needs some explaining. When an individual falls sick, he adopts a sick role, with certain expectations. He is expected to do certain things: he is expected not to do others. Though I may allude to it, the sick role of an individual is not the subject of this paper. My major concern as stated earlier, is to try to examine what the Pokot do to handle illness. How people perceive illness and/or health is important if one wishes to understand societal responses to illness. My proposition is that illness provides a situation for the mobilisation of human resources which are then brought to bear on the case. When treatment is offered, it is done so in a broad perspective. Though the patient is the focus of treatment, the society aims at repairing the social relations and the feelings which have been negatively affected by the illness. Treatment is thus broad-based and may, and usually does, involve more people than the sick person. I should actually call this paper 'Pokot Sociotherapy' because Pokot medicine is in essence social medicine. Their approach to medicine is the community health type, though medical experts who handle difficult cases are not lacking. The whole community is usually involved in diagnosis, treatment and rehabilitation of patients. Especially important in this respect is the societal involvement in helping the patient re-occupy his role in the society after recovery.

NOTIONS OF CAUSALITY

At present, one can identify a number of different medical systems such as the Arabian, Ayurvedic, Chinese, African and Western. Each of these systems has a disease theory system embracing beliefs about the nature of health, the causes of illness and remedies. Whilst a disease theory is a part of the cognitive orientation of the members of the group which believes in the theory, it also deals with explanations of what a group believes to be the cause or causes of a particular illness.

According to the most recent classification of theories of causation, the Pokot would seem to have a 'personalistic' as opposed to a 'naturalistic' disease theory. Foster and Anderson (1978) state that in a personalistic disease theory system, illness is believed to be caused by active, purposeful intervention of a sensate agent who may be supernatural, non-human or human. To label the Pokot disease theory as personalistic and nothing else would do damage to their notions of causation. It is true the Pokot allude to creator, witchcraft, ancestor spirits and the curse as 'causes' of illness. However, a close examination of the concept of causality reveals that these agents are 'causes' only in a secondary way. These agents are usually referred to when an illness becomes protracted and/or critical. Like many other societies in the rest of Africa, Asia and the Pacific Islands, the Pokot view the causation of illness as a dynamic and processual phenomenon embracing various planes of reality. It is possible that one and the same illness may be perceived as being caused by natural physio-chemical processes, social and spiritual forces, all focused on the patient's condition. A chain of events is thus seen as being responsible for an illness. In any illness, the patient's pathological condition provides the starting point for the process of causation. As I extended my interviews of 25 villages, I realized that the notion of causality had its 'why' and 'how' dimensions. At the how dimension, the people allude to natural physio-chemical and psychological causes. Here people refer to old age, 'bad air', moisture, thunder and organisms as causes. At the why level, the people wish to explain the particularity of an illness. At this plane, people refer to social and spiritual relationships as aggravating or directing an illness. It is here that people refer to creator, witchcraft and ancestor spirits as causes. Causation at this level seems to be secondary to that at the first plane mentioned above. This second plane of explanation does not preclude an understanding or at least a concern for, explanation at the how level.

The concept of causation is revealed in the related notion of health. A conventional definition of health implies that it is the absence of disease or infirmity. The Pokot have a very broad-based concept of health. To the Pokot, health is bound up with the whole interpretation of life. Health is not seen as an isolated phenomenon. It is more than the absence of disease. The Pokot conception of causation dictates what is regarded as health. It is not merely a physical condition. Just as causation embraces the physical, social and

spiritual dimensions, so does the concept of health. Pokot conception of health is close to the World Health Organization definition which is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (W.H.O. Constitution). This notion of multiple causality and multi-faceted notion of health are brought out more clearly in the treatment processes which are dealt with further on. It is worth pointing out that treatment is an attempt to remove the causes of an illness and thus restore health. In treatment, the Pokot deal with the physical, social and spiritual realms of reality. The way the Pokot respond to illness is influenced by their concepts of causation and health. This inter-relationship between causation, health and treatment is found in any medical system. In the following section, I wish to examine the techniques and procedures of treatment used by the Pokot when handling cases of illness.

TREATMENT

In responding to illness, the Pokot practice the art of medicine: that is, the art and science of prevention and cure of disease. For the sake of analysis, medicine may be divided into beliefs, techniques and materials. I have briefly dealt with the medical beliefs of the Lomut Pokot in the preceding paragraphs.

In this section an attempt is made to examine the techniques used in handling or preventing illness. While some of these techniques would appear to have no therapeutic value from a scientific point of view, the Pokot believe them to be efficacious. Even measured by empirical evidence, however, many of the Pokot medical practices are quite sound, at least in principle. This is especially so for the holistic approach to illness in which the patient is treated as a totality of the physical, social, psychological and spiritual realms of existence. Further I touch on the materials and symbols used in Pokot treatment.

As noted before, the Pokot conception and practice of treatment corresponds to, and is influenced by, their concept of health. Treatment usually goes beyond the technical and practical, it extends into the sphere of religion and plunges deep into the mysterious life forces. Emetics and purgatives are used very commonly. The patient is given some substance to 'clean up' his inside. For many ailments whose location is believed to be in the region of the abdomen, the inducing of the patient to vomit is regarded as crucial. It is believed that the organisms or forces which cause illness are thrown out

when vomiting takes place. When a person is suffering from constipation he is also induced to vomit. An excess of worms is expelled by purgative medicine. If a person incorporates some poisonous substance which may be fatal, vomiting is induced and the person is given fresh milk and raw eggs. Over-drinking does occur and the treatment is by inducing the person to throw up the beer by giving him some form of emetic substance.

For cases like common cold, headache, general uneasiness and diarrhoea, medicinal substances are just incorporated. For mild tooth-ache for example, a person takes soda ash in water, sips it and after letting it stay in the mouth for a while, sprays it out of the mouth. For complaints like head-aches, stomach-aches and diarrhoea, the adults I interviewed testified to the efficacy of the medicines used. Some of them claim instantaneous cures after using the medicines.

The Pokot also used the method of 'injecting' medicine into the muscles. This is done only by experts. The medicine is usually in powder form, usually the ash of particular shrubs or animals which have been burned. A vertical incision is made on regions of the body where there^{are}/no large blood vessels near the surface of the skin. The powder is then rubbed in and seeps into the body. This method is used for illnesses which are not located in the alimentary canal or on the surface of the body. The wound made by the incision heals but leaves an indelible scar. At least 45% of my respondents said they prefer injections to the traditional razor blade cuts.

Steaming of patients is another common method of treating for chronic illnesses, especially where rashes appear on the surface of the skin. Severe fevers, colds and malaria are so treated. The procedure is called lioksio and proceeds as follows: some roots and leaves are mixed with water and the mixture placed on a fire and brought to the boil so that steam is emitted. The patient is brought near the steaming pot, now removed from the fire and covered with a blanket. The patient is steamed until the whole body is covered with drops of water. He is also told to inhale some of the steam.

Ointments and creams are widely used for treating infected parts of the skin, eyes, dandruff etc. Various seeds and animal organs which have oily substances are used to make ointments for treating rough skins, fire burns and eye infections. Few Pokot doubt the effectiveness of such treatment.

The Pokot are not unaware of physiotherapy as a technique of treatment. When a bone is dislocated, it can be set in place by an expert. A form of massage is used for treating constipation, fatigue and swellings due to falling or being hit. A wide thick leaf may be warmed on the fire and then applied gently onto the affected surface. In most cases however, bare hands are used to massage parts of the body. Massage is used widely to straighten stiff muscles as the Pokot put it. Of the 14 birth attendants I interviewed, 10 said that they used their hands to set the child in the mother's womb in the right direction, by manipulating the abdomen on the outside.

SURGICAL OPERATIONS

There are cases which need an operation to prevent the worsening of a condition. Head injuries sometimes need surgical operations (trephining) which are carried out only by an expert, one who has undergone a long process of training and apprenticeship. Fifteen people in my sample had had head operations after injuries. Though some scars were visible the people attested to the fact that they no longer felt any pain after their operations. The Pokot surgeons use antiseptics made from leaves which are chewed into a paste to stop infection. There is also a sap used to prevent the flies from landing on the surgical wound. By the process of head surgery pieces of the cranium which have become rotten are scraped away. There is also evidence of operations carried out on the back and limbs.*

When someone experiences severe and continuous headaches, a cut is made with a razor on the forehead so that the blood pressure is reduced or, as the Pokot put it, the bad blood oozes out thus relieving the patient of pain. For snake bites, a cut is made near the bite and blood is sucked by the mouth. The remains of a burnt head of a poisonous snake are rubbed into the cut after the poison has been sucked out. Usually when any of the foregoing treatments are carried out, prayers may be and usually are offered to Tororot (creator) who is believed to help the patient to recover quickly. The patient is given the best food available and is never left alone. Members of the family, friends and relatives sit around a patient and give him moral support.

*There are few Pokot who are experts in the trephination of the head. Most of the specialists who do this are Marakwet, some of whom live permanently among Pokot.

PSYCHO-SOCIAL THERAPY

In what can be called psycho-social therapy, unlike the forms of treatment dealt with above, no material substances are given to the patient except as an additional action to the main course of treatment. Most of this type of treatment consists of signs and symbols which may be visual or auditory. Incantations, songs, clapping, confinement, spitting, and actions of a like nature may be employed to enable or at least help the sick person to regain health. The symbols used appeal to the patient's psychology and the hope and determination to regain health are encouraged. At the same time, the social environment is manipulated such that the whole community is involved in actions or non-actions which help the patient to feel secure in spite of the unpleasantness caused by the illness. Most cases handled this way are of the psychiatric type such as neurosis, psychosis, depression and conditions such as shock.

For example, yomat is the condition which a person develops as a result of the shock caused by thunder, according to the Pokot. The Pokot believe in ultimate causation as far as thunder and lightning are concerned. There is an awareness that atmospheric forces are at play when lightning strikes but at the 'why' plane, the Pokot believe that it is caused by some supernatural agency which is directed by a malicious human being. Because of this belief, there are aspects of the treatment of yomat which appeal to supernatural power to enable the victim to regain normality. A goat is usually slaughtered and its skin cut into shreds. The shreds are tied around the patient's body. He is then carried into the bush and tied to a likwon tree. Here he stays for three days during which no strangers are allowed to see him. It is said that most patients recover after such a treatment. The patient is told that his being left in the bush facilitates the departure of the 'object' which is believed to cause the shock. To understand why the treatment takes the nature it does one needs to understand the Pokot conception of thunder. Thunder is believed to be the sound made by a powerful but small bird. The people believe that the shock comes as a result of an object placed in the victim's body by the bird - it is believed that the bird is induced by an ill-wisher using some magical force. The patient is left alone in the bush so that the thunder-causing bird can take back the shock-causing object from the patient. The likwon tree is believed to be one frequented by thunder 'birds'. Back home, family members and neighbours beat drums, sing and dance as they await the return of the victim

of shock. There are a number of other actions performed as symbols to tell the patient that the society is doing something about his uncomfortable situation. It is rare that the shock victim does not regain consciousness after the whole procedure is finished. The drumming and singing may have something to contribute to recovery.*

TREATMENT OF CONDITIONS BELIEVED TO BE CAUSED BY ANCESTOR SPIRITS

Many societies in Africa - the Zulu, Yoruba, Mandari, Yao and Kamba, to name only a few - believe that one's ancestors have a great contribution to one's general well-being. It is believed that the ancestors can help one to escape from a difficult situation. The ancestors are sometimes seen as the custodians of the moral order and immoral actions are seen as punishable by them. Only a specialist called cheposogoyon can determine whether an illness is due to the anger of the ancestors or not. If the cheposogoyon suggests that this is the case, appropriate steps are taken to placate the ancestor spirit so that the patient can recover. It is believed that the ancestors can punish a wrong doer directly or through someone related to him. The treatment usually consists of a number of ritual actions performed by the members of the victim's family. A goat or a sheep is slaughtered and the people sing and praise the ancestors and ask them to forgive him. A lot of anxiety and even actual illness may result when a person has reason to believe that he has done something to annoy the ancestors. The calling together of the whole community and the public confession have a cathartic effect and anxiety disappears. The confession and its acceptance by the community gives the wrong-doer psychological satisfaction because a right relationship has been established with the members of the community both living and dead. The fear that one has annoyed the ancestors can contribute to a patient's debility - hence the emphasis on early discovery if ancestor anger is suspected in an illness. Such fears may aggravate the condition of a sick person. After the treatment ceremony has been performed, the patient and his community have confidence and can now deal with the problem more realistically. After or before the psychosocial form of treatment, medicine may be administered in a matter-of-fact way. To a non-Pokot, all the foregoing actions seem useless and unscientific. To the Pokot

*Pokot in other parts of the District use a different method of healing such patients. This method is called Kilokat and is said to be of Karimojong origin.

however, the actions are actually helpful in dealing with the stress arising from guilt. It is difficult for a therapist trained in Western hospital medicine to help a person whose health has deteriorated because the latter believes the ancestors are annoyed with him and are thus causing or increasing the illness. The Pokot as a society have evolved ways of coping with the stress which is born of cultural beliefs. A person who believes to be experiencing illness as a social sanction needs to be assured that after a confession he can recover - such an assurance by the patient's community provides him with much needed psycho-social support. In planning health care services authorities should consider the cultural influences on concepts of health and disease, so that where these are contrary to empirical evidence, they should be corrected. Where cultural beliefs are therapeutically useful and efficacious, the same should be encouraged. The belief in ancestors as causal agents of illness is the plight of many societies in Kenya - yet there is little attention paid to such beliefs in medical training institutions. The Pokot procedure of dealing with anxiety resulting from behaviour which is undesirable is not very different from western psychoanalysis where the patient is taken back to childhood experiences which have been repressed.

In Western society, people talk of the bad luck which results from walking under a ladder, or the use of any room with the number thirteen on the door. Beliefs in black magic and witchcraft, though not admitted in public, are not lacking. Many psychiatric clinics are filled with patients who believe that dead relatives or loved ones are sending them messages requiring them to reform their lives or do some seemingly absurd thing. The Pokot are no different. Belief in witchcraft, the evil eye and the curse are rampant. In the case of illness believed to be 'caused' by the dispositions of other human beings, a ceremony, usually preceded by a moot, is held. The victim names the people he suspects to be afflicting him. One of the persons named accepts the claim - he is likely to be someone who has some disagreement with the victim. The alleged afflictor spits on the sick person and wishes him quick recovery. It is true there may be no connection between an illness and the dispositions of neighbours of the patient. However, because of the cultural orientations of the people, there is a belief that social conflicts which evoke bitter feelings can cause or at least aggravate an illness. There is a strong psychological basis for such a belief. Squabbles in any society can arouse mental strains and stress which, if not nipped in the bud, can become pathological. Pokot

medical institutions are construed as dealing with psychological stress and preventing it from leading to a person's physical debility. In the absence of psychiatric clinics and psychiatrists trained in western medicine, the Pokot use such forms of psychotherapy as are available - and in most cases are successful in preventing the worsening of medical cases. What is needed is a systematization and standardization of these therapeutic techniques: Since the concept of health has social and spiritual dimensions, the maintenance or restoration of social harmony and spiritual uprightness have therapeutic value. In treatment, the physical, social and spiritual aspects of the patient are regarded as a united entity.

TRAINING AND MEDICAL EDUCATION

I remarked at the beginning that Pokot response to health is of the community health type. Medical education is part and parcel of growing up. 'A mature person is medicine' is a common saying among the Pokot. As a child grows up, he is taught the basic health beliefs and practices which every Pokot is supposed to know. Scientifically some of the medical knowledge imparted to the younger members of the society may be invalid, but the approach itself is sound. The aim is to achieve self-reliance in handling common illnesses that do not necessitate the attention of a medical expert. Most adult Pokot know the remedies for headache, constipation, diarrhoea, malaria and fever. The women are well acquainted with infant complaints and their remedies. Poisonous plants and animals are known and avoided. Medical rituals and ceremonies are performed to ward off disease-causing agents. All this knowledge is imparted at random but it is available to all Pokot.

MEDICAL SPECIALISTS

The Pokot have about five major categories of medical experts. Some of the experts use a combination of physiotherapy, psychotherapy and other clinical methods in their professions. Most of the medical experts are religious experts at the same time. Since space does not allow a detailed discussion of all types of Pokot healers, I have isolated the kamaecho (birth-attendant) for closer examination.

BIRTH ATTENDANTS (MIDWIVES)

Though giving birth is not regarded as an illness by the Pokot, I consider birth attendants in this section because they deal with matters which pertain to the medical sphere, besides assisting in actual delivery. To be a birth attendant one needs to undertake a course of instruction 'on the job' which may last up to several years. Birth attendants are held in great respect because of their anatomical, dietary and obstetrical knowledge. When a Pokot woman delivers a baby, she is assisted by a group of women who gather in her house. The women encourage, cheer up and tease the woman in labour as necessary. I was told that the birth attendants work in groups though one may be considered as the leader because of her special experience with child birth. If a woman is delivering a baby for the first time, the birth attendants instruct her as to what position she should take as the labour pains intensify. If the labouring woman becomes too tired, the birth attendants hold her back in position and a person may be called to 'blow her up' with breath while the nose is held closed. The birth attendants can extend the vagina a little by making a small razor cut at the bottom end. It is the birth attendants who cut and tie the umbilical cord. The baby is made to cry by a gentle smack on its back or by being tossed in the air. (I was not able to watch any attendant in practice for obvious reasons). After birth, the mother is told to abstain from sex for a number of days, what she should eat and what chores she may or may not do. Except for two women, one a teacher's wife and the other a medical assistant's wife, all Pokot mothers in Lomut claimed that they had had all their children delivered at home. It is worth noting that the nearest hospital to Lomut and where hospital delivery could take place is over 20 miles away. The Pokot birth attendants are medical personnel with very specialised knowledge about child birth. They do not beat labouring women as is the practice in some hospitals. Given basic training in simple hygiene, these birth attendants can perform a valuable job as auxiliaries in labour wards. Because they know the beliefs, fears and much more, of their fellow women folk, they can greatly assist hospital personnel in avoiding the lack of communication so prevalent between nurses and mothers who go to hospital to have their babies. In any case the birth attendants are available, a thing not true for hospital personnel in many rural areas. In fact a recent study estimates that only 15% of local women deliver under modern medical supervision. Traditional delivery methods in any case have the advantage of cultural, psychological and physical proximity

to the people. Should family planning be attempted, the appropriate people to be used to disseminate the programme instructions would be the indigenous birth attendants and midwives because they are aware of the cultural dimensions of any such a programme.

WESTERN HOSPITAL MEDICINE IN POKOT

For a number of reasons, most residents in and around Lomut shopping centre have limited contact with 'western' medical practitioners. Table 1 summarises the reasons for this and shows why there is little use of western medicine.

TABLE 1

REASONS FOR LIMITED CONTACT WITH WESTERN MEDICINE

<u>Reasons</u>	<u>Percentage of Respondents</u>	<u>Social Category</u>
Non-availability	40	People over 50 (can't walk long distances).
Lack of knowledge about the effectiveness of western medicine	100	Mostly people with little literacy.
Belief that traditional medicine is more efficacious	50	Random distribution

The figures above are only rough estimates: I did not collect enough quantitative data largely because of inexperience in research methodology. The nearest inpatient hospital to Lomut is Ortum, over twenty miles away. There is a dispensary at Sigor for out-patients but this is over ten miles away. The roads are very poor and transport is largely unavailable, and expensive when it is. This non-availability of western medicine is not the only reason why attitudes towards it are negative (over 75% of adult Lomut residents preferred traditional to western medicine). Many people I interviewed told me that they believe that traditional medicine is effective in treating a number of illnesses. There is a mobile child clinic at Lomut every other Tuesday but a number of mothers ignored its presence. Such mothers told me that they didn't like the young nurses who scolded them for being dirty and incapable of following instructions. For instance, the nurses insisted that the mothers wash off the fat on their bodies before coming to the clinic. The women claimed that the

oil they used as cosmetic made them beautiful and their husbands admired them most when the bodies were well oiled.

Trachoma affects over 50% of Lomut residents, especially the young and their mothers. If not treated, the disease can lead to blindness. It is generally associated with poor hygiene, poverty and crowded living conditions, particularly in dry arid regions (World Health, June 1970 p.9). These conditions prevail among the Lomut Pokot and so does trachoma. Failure by western medical personnel to deal with the disease effectively has increased the people's suspicion of western medicine.

There are a number of people who have been treated and cured in 'western' hospitals. Usually these are people with educated and well-to-do relatives who have contacts outside Lomut where proper treatment is available. When such people return home, they have the disease transmitted to them again from other family members. The main vector of trachoma is the common fly. Other forms of direct or indirect contact with infected eyes can transmit the disease. The Pokot believe that the more the flies in a compound, the richer is the head of the compound. For security reasons goats, sheep and chickens share the same habitation with humans. This leads to many flies in and around the homestead. Transmission of trachoma from one person to another is very easy because of the abundance of the vector. Treating a person without treatment of the environment as well does not reduce the prevalence of the disease.

Lomut Pokot are openly skeptical of western medicine's handling of psychosomatic illnesses. They claim that these are 'African' illnesses which can be handled best at home. This has an important message for health care planners. Most such psychosomatic illnesses result from social and psychological stresses inherent in the culture. To handle them, a medical expert has to be aware of the socio-cultural background of the patient. If a person believes that an illness is the result of witchcraft or such other force, the therapist must also understand this and not just dismiss the claim as false.

However, the picture is not as dark as I have maybe painted it as regards Pokot attitudes to western medicine. In spite of lack of communication between western and traditional medicine, the people avail themselves of both systems. It is only unfortunate that there is as yet no official dialogue between personnel from both systems.

PREVENTION

In the foregoing, the emphasis has been laid on curative measures. Before concluding I wish to touch briefly on the measures and beliefs related to preventive medicine among the Pokot. Western medicine, at least until recently, has laid much emphasis on curative as against preventive medicine. This approach to illness is rapidly changing with the institution of 'public' or community health programmes aimed at eradicating conditions in society which contribute to the development of illness. Proper diet, sound living conditions, personal hygiene and vaccination are now considered just as important as tablets, injections, x-rays and the like. Among the Pokot too, the principle of prevention is not lacking.

It should be stated clearly that I am concerned with principles underlying the preventive measures rather than their actual efficacy. It is true that many of the allegedly preventive measures have little medical value but since the Pokot take action to ward off any possible onslaught of illness, it is necessary to look into some of these measures so as to deepen our understanding of their response to illness.

The Pokot natural environment abounds in bushes, trees and other flora some of which have medicinal properties. Fauna is not lacking either for the area is rich in edible and inedible animals. It was stated earlier that through experience acquired by trial and error, the Pokot know what substances can be used as medicine. As people go about their daily chores around the homestead, they stop occasionally to chew, sniff at, rub onto their skins, various parts of flora known to contain substances that have therapeutic value. I collected a number of the plants used thus but I have not yet received their scientific names from the Herbarium; suffice to say, however, that even when a Pokot is healthy, he incorporates substances into his body to protect him from harmful organisms which might attempt to attack him pathologically.

When a sick person is being treated, the rest of the household also have some medicine prescribed for them. This is believed to protect them from whatever is afflicting the patient. Occasionally, the head of the household may call a medical expert to give the family medicine to prevent sickness. Special precautions are taken so that the recently bereaved do not have too much depression which may prove pathological. Because of the fear that a bereaved family may develop some psychological problems, they are never left alone until such a time that they have forgotten the traumatic experience of the death of a loved

one. The many ceremonies which follow the death of an individual are not useless as some observers have remarked, but rather forms of socio-therapeutic preventive measures.

There are also occasions when the whole community may engage in rituals aimed at preventing mystical forces from molesting the people. Certain foods are known to be essential to good health, and the Pokot ensure that these are available even if this may necessitate long journeys to neighbouring groups. People in Pokot wear amulets, charms and other objects to avert evil. There have been a few occasions when vaccination teams have visited Lomut from the district hospital at Kapenguria. Such programmes have been generally accepted because school children, the chief and sub-chiefs are told beforehand the reasons for the vaccination. Families with no children going to school find it difficult to accept vaccination because of lack of information. I referred to the problems of trachoma in Pokot district because no concerted effort has yet been made to inform the people about the measures to be taken to avert the disease. At the clinic held in Lomut, the mothers are advised to wash the faces of their children regularly to keep away flies, but little is said about the sharing of rooms with goats and sheep which increases flies. Nothing has been done to convince the people that flies are not necessarily an indication of wealth.

Admittedly there is a lot that remains to be done to correct societal beliefs, attitudes and measures related to the prevention of illness using modern scientific evidence. What is important however is the fact that the notion of prevention exists among the Pokot though some of the beliefs and measures related to it are faulty. There is need for programmes to educate the people about the basic principles of prevention, which exist in embryonic form in the culture.

CONCLUSIONS

It has been shown in this article that Pokot have social mechanisms, etiologies and therapeutic techniques which compound to form adaptive strategies in response to disease. These adaptive strategies combined form the Pokot medical system, which includes elements of western hospital medicine. The aim here was to examine the socio-cultural dimension of the Pokot medical system. This paper claims no ultimacy in the attempt to bring out what the Pokot do at

the collective level to cope with the social dislocations occasioned by illness.

It should be stressed that a lot can be learned about disease by seeing it in a socio-cultural matrix. The Pokot concept of health has been shown to be very broad and embracing more than just biological phenomena. Disease makes its impress felt on the economy, polity and other facets of culture. Some of the Pokot therapies do not seem to be directed at healing the patient only, but at healing a more complex patient - the social unit as a whole. Leading medical anthropologists have underscored the significance of social factors in man's response to disease; Frank for example, states that:

"The phenomenal triumphs of modern scientific medicine have been made possible by this emphasis on the physio-chemical aspects of health and disease, and greater triumphs are undoubtedly in store. Yet in one vital respect it will always remain insufficient. It does not take into account the powerful influence of meanings derived from the interplay of the individual with his family and his culture on his bodily states... It (disease) is never merely bodily pathology, but has implications for the patient's view of himself and for society's view of him". (In Kiev (ed) 1974: viii).

In attempting to introduce western hospital medicine in Kenya's rural areas, there must first be a proper understanding of a community's assumptions and concepts about disease and health. Those beliefs that are useful should be fostered while useless ones should be understood and then discarded. This is necessary if the right to health is to be realised. I have pointed elsewhere in this paper to the problems which result from lack of communication between indigenous cultures and western-oriented medical practitioners. More research needs to be done to make possible an understanding of indigenous responses to disease and how these bear on the present government-instituted medical care system.

It should be noted that a lot of ignorance exists about the nature of disease, remedies and possible preventive measures. For example, many Pokot believe that planting certain substances at the doorstep can prevent diseases like malaria, diarrhoea, common colds and the like, from attacking the occupants. Many Pokot do not understand the connection between germs, vectors and patients. Such limitations in knowledge can be dealt with by educating the people about basic health principles. The belief in mystical forces as causes of illness prevails among the Pokot but they are not unique in believing in

such forces. I have alluded to the existence of such beliefs even in the so-called industrial societies. Regarding the presence of misconceptions about disease and health, Peter Morley says:

"Rarely has the esoteric of western medicine and science percolated down to the common sense level of reality without a concomitant dilution of factual content and the incorporation of some degree of mysticism and 'magic'. Thus while modern industrial man submits to the scientifically based materia medica of the allopathic physician, it does not necessarily follow that the former understands either nosology, or the complexity of treatments offered him by the latter. In essence, the allopath's patient is, like the Zande, a participant in a belief system". (Morley and Wallis, 1978: 15).

In studies of indigenous responses to illness hitherto done, the emphasis has been on the ignorance, at the expense of any empirically based aspects of traditional medical systems. To help mankind achieve a better standard of health than he now enjoys, it is necessary to change any attitudes to disease which are not based on abstractions from empirical evidence. Unnecessary fears about various forces in the universe can be eradicated by proper education.

Let me touch on the holistic approach to health and disease which the Lomut Pokot believe and practise. The Pokot concepts of health and disease are 'unified' in that the sick person is treated in his totality as a physical, social and spiritual being. "In this perspective, disease is not viewed as a discrete and discontinuous state that is attached to an organism, in space and time. What obtain, instead, are systems in articulation, molecular systems within cells, biochemical energy-processing systems at the tissue level, homeostatically geared systems at the organ-physiologic level, biopsychologic and sociopsychologic systems at the level of the self, sociointerpersonal systems at the family and institutional level. --- Disease is seen as a natural consequence of man's open relationship with his physical and social environment. Thus cause is multifactional, processes are interconnected, and manifestations are multifaceted" (Fabrega 1974: 141). This 'unified' or systems approach to disease is now becoming common in modern health care. Many countries now emphasise the importance of a social environment which is conducive to health. There are now moves to involve members of social units in their health care, instead of depending on medical experts alone. Prevention of social strain in the community-oriented health care system is not strange to the Pokot.

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