

## Socio-cultural Factors that Influence Child Survival in Nyang'oma Sub-location, Bondo District

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### Abstract

This paper examines socio-cultural factors affecting child survival in Nyang'oma Sub-location, Bondo District. Specifically, the paper investigates how mothers' perceptions of common childhood illnesses (malaria, measles and diarrhea) and cultural practices like *chira* and the evil eye influence child survival in the district. Focus group discussions, key informant interviews, in-depth interviews, survey technique, narratives and direct observation were used to collect data. The data were analyzed using quantitative and qualitative methods. The study reveals that apart from measles, mothers' perceptions of malaria and diarrhea are fairly consistent with the scientific facts about the diseases. The mothers believe that measles is caused by evil spirits and therefore the disease can only be treated using traditional therapy. Due to its fatal nature, measles is feared while malaria is perceived as a mild infection that could easily be treated. Diarrhea associated with teething in children is perceived as a normal process of growth and as a result, no treatment is given unless signs of severity are observed. Practices associated with the cultural concept of *chira* lower children's chances of survival through delayed treatment. The study recommends that the government and other agencies like the NGOs supporting child survival intervention programs should assist the mothers in dealing with malaria, measles and diarrhea in children. Health education on the appropriate recognition and management of these common childhood illnesses would be ideal.

**Key words:** Child Survival, Socio-Cultural factors, Luo people, Kenya  
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### Introduction

The survival of a child in the first five years of life depends on a number of biological, socio-economic and cultural factors. Due to their low immunity, children are quite susceptible to infection by malaria, preventable diseases like measles, diarrheal diseases and acute respiratory infections among others. Health service provision targeting aforementioned diseases forms a major component of

child survival in Kenya. In addition, optimum nutrition and good feeding of infants and young children contributes significantly to their health, growth and development. Poorly fed children have greater rates and severity of enteric (inflammation of the intestines) and other infections and they are at risk of dying prematurely (WHO 2000). Every society has its own beliefs about the causes and cure of illnesses. However, some of the perceptions could be harmful to the community since they may create and sustain health problems to the people.

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Nyanza Province where this study was conducted is one of the regions in Kenya facing the most serious problems relating to women and children's health status (Magadi 1997). It has the highest under-five mortality rate of about 199/1000, while other regions like Central Province record the lowest mortality rate estimated at 34/1000 (National Council for Population and Development (NCPD and CBS 1998). This study found that infectious diseases like malaria, measles, acute respiratory infections, gastro-intestinal sicknesses and malnutrition conditions pose a great threat to child survival in the area. Up to 89% of the mothers interviewed during this study in Nyango'ma Sub-location, Bondo District reported that their children had been sick with one or two of the above-mentioned diseases within the last two weeks prior to the study. The diseases are often accompanied by malnutrition and they account for more than 70 per cent health facility visits and deaths among children under-five years of age (MOH 1999). Nonetheless, they can easily be prevented through observing personal hygiene, vaccination and environmental manipulation (MOH 1999).

The exceptionally high infant mortality rate in Bondo District calls for policies and strategies that are region specific. Even though there are scientific and biomedical explanations into the causes of illness and death, there are also socio-cultural explanations that contradict them (Wandibba 1998). Thus, research should be carried out into the traditional practices that lead to ill health and hence cause death, in order to use the results as the basis for policy formulation and reformation (Wandibba 1998). The intention of this paper is to add to our understanding of how social and cultural factors influence child survival and the other issues involved in the family's production of healthy children. Specifically, the paper (i) explores mothers' perceptions of causes and cure of common childhood illnesses including

malaria, measles, and diarrhea and (ii) identifies and describes cultural practices that affect child survival in Bondo District.

### **Methodology**

The design of the study was cross-sectional. Multiple methods were employed to study both cognitive and embodied knowledge related to factors affecting child survival within the study area. The first phase of the study involved conducting focus group discussions, key informant interviews and in-depth interviews using an interview guide for mothers of the under-fives. The second phase of this research involved the use of structured interviews to collect quantitative data using a questionnaire with closed-ended questions. The study population included mothers of the under-fives, elderly women, community leaders, women's group leaders, health workers, community health workers and traditional healers. The unit of analysis was the mothers of the under-fives.

Only consenting respondents participated in the study and the information acquired was treated with confidentiality. The study adopted the non-probability sampling strategy where the snowballing method was used to get six key informants and 100 mothers of children under the age of five for a quantitative survey. Twenty mothers were purposively sampled for in depth interviews.

Qualitative data were analyzed using non-computerized techniques, which included content analysis, thematic approach, ethnographic summaries and direct quotations from selected informants. Quantitative data were analyzed using SPSS (Statistical Package for the Social Sciences) software program (version 9.0).

### **Results**

#### **Mothers' perceptions of causes and cure of malaria in children**

When asked about the causes of malaria (*malaria*), 67% of the mothers identified

mosquitoes (*suna*) as the leading cause of malaria in children. This was said to take place through mosquito bites that occurred mainly at night. 20% mentioned cold weather and drinking of dirty water as the cause of malaria, while 6% did not know the cause of malaria in children. Other causes that were reported included children playing in the rain, and eating of cold food. Respondents' knowledge of the signs and symptoms of malaria was also examined in order to establish whether local mothers knew how to identify the disease. The study reveals that mothers in Bondo District use a number of symptoms to recognize childhood malaria. Such symptoms included fever, vomiting, diarrhea, painful joints, convulsions, unconsciousness, flu and headache. Other symptoms mentioned included feeling weak, stomach pain, loss of appetite, feeling cold and shivering and aching body. Mothers in Nyang'oma utilized a variety of therapeutic resources and techniques in dealing with malaria among young children. The over-the-counter drugs (OTC) were found to be the most popular (70%) initial source of therapy for the respondents because they were more accessible (physical accessibility, availability and affordability) as compared to the health facilities. Only 30% reported having gone to the hospital as a first line of treatment when their children were sick with malaria.

#### **Mothers' perceptions of causes and cure of measles (*ang'iew*) in children**

More than half (57%) of the respondents interviewed cited evil spirits known in the local language as *nyawawa* as the leading cause of measles in children. While 37% did not know the cause of measles, 4% said it was an air-borne disease (*yamo*) that spreads very fast from one child to another, especially where people are crowded. Only 2% said measles is a viral disease that is air-borne and mostly attacks children who have not been vaccinated. In-depth interviews revealed that *nyawawa* are

evil spirits residing in the lake and sometimes attributed to ancestors. Occasionally, they roam the village where they leave behind many childhood illnesses including measles. During the *nyawawa* season, many children in the village die out of measles infections. To ward off *nyawawa*, the villagers usually beat tins and drums to scare them back to the lake.

Nearly all the respondents (97%) reported having experienced measles attacks in their children. They could, therefore, identify correctly the symptoms of the disease. Such symptoms included, fever, rashes all over the body, red lips, sores in the mouth, coughing, chest problems and red eyes with pus. At home, in the absence of facilities to reliably detect measles, caretakers can only tell from the behavior of the child, by feeling whether the child has fever and by observing if the child has rashes on the body, among others. Appearance of rashes all over the body was the most commonly mentioned symptom of measles. It was said to be a good sign for a measles patient; an indication that measles is coming out of the stomach and the patient is on the road to recovery.

When asked about how they treated measles in their children, 49% of the mothers reported the use of traditional herbs (*yadh nyaluo*) as the most effective cure. 29% begun by giving traditional herbs at home but later went to the hospital when symptoms became severe. Only 15% of the respondents reported having gone to the hospital as a first line of treatment when they recognized measles infection in their children. Others (7%) bought modern drugs either from the local shops or the nearest community health worker (CHW) and at the same time administered traditional therapy to cure measles in their children. Focus group discussion participants reported that even those who had used the hospital as a first line of therapy later gave their children some traditional herbs to erupt the rashes. This may

be partly attributed to the belief in the potency of medicinal plants and also perceptions of etiology. A key informant (49-year-old CHW) argued that the preference for traditional therapies as a way of treating measles was a dangerous practice in the community. He explained that measles might be accompanied with a number of other infections including diarrhea, pneumonia and coughs among others. Sometimes it occurred together with malaria. It is therefore, advisable to seek hospital treatment so that the accompanying infections are also addressed.

#### **Mothers' perceptions of causes and cure of diarrhea (*diep*) in children**

Among the study community, diarrhea in children was perceived to be caused by a number of factors. The respondents interviewed cited the following as the causes of diarrhea in children: contaminated food and water, introduction of new food, teething, eating soil, feeding the baby with dirty utensils, lack of toilet in the home and excessive consumption of food. They also perceived diarrhea to be the result of an internal purification process associated with a primary illness such as measles and malaria. This kind of diarrhea was viewed as evidence that harmful wastes had left the body. Sometimes when it was suspected that harmful wastes had accumulated in a child's stomach, diarrhea was induced using traditional herbs to enable the purification process as part of healing. The respondents further mentioned cultural causes of diarrhea such as sorcery, evil eye and *chira*. In such cases, diarrhea was perceived as a sign of household vulnerability as much as individual illness. Treatment delays in such situations were related to a family's felt need to consult a traditional specialist prior to seeing a physician if symptoms became severe. Only 23% of the respondents went to the hospital as a first line of treatment for diarrhea in children. 68% reported having begun with home based

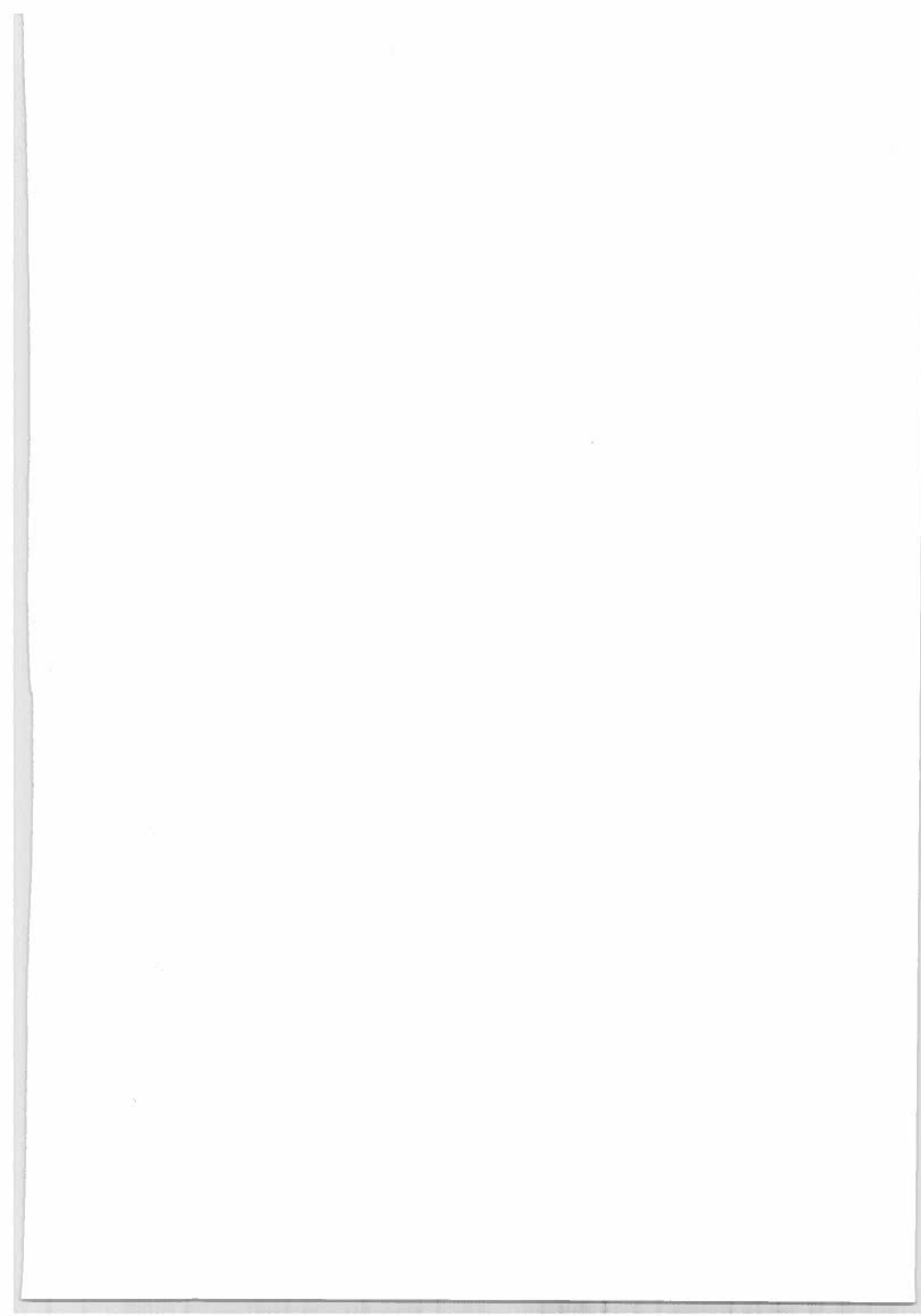
treatment including the use of OTC drugs or traditional herbs, while 9% did nothing to cure diarrhea in their children.

#### **Practices associated with the concept of *Chira***

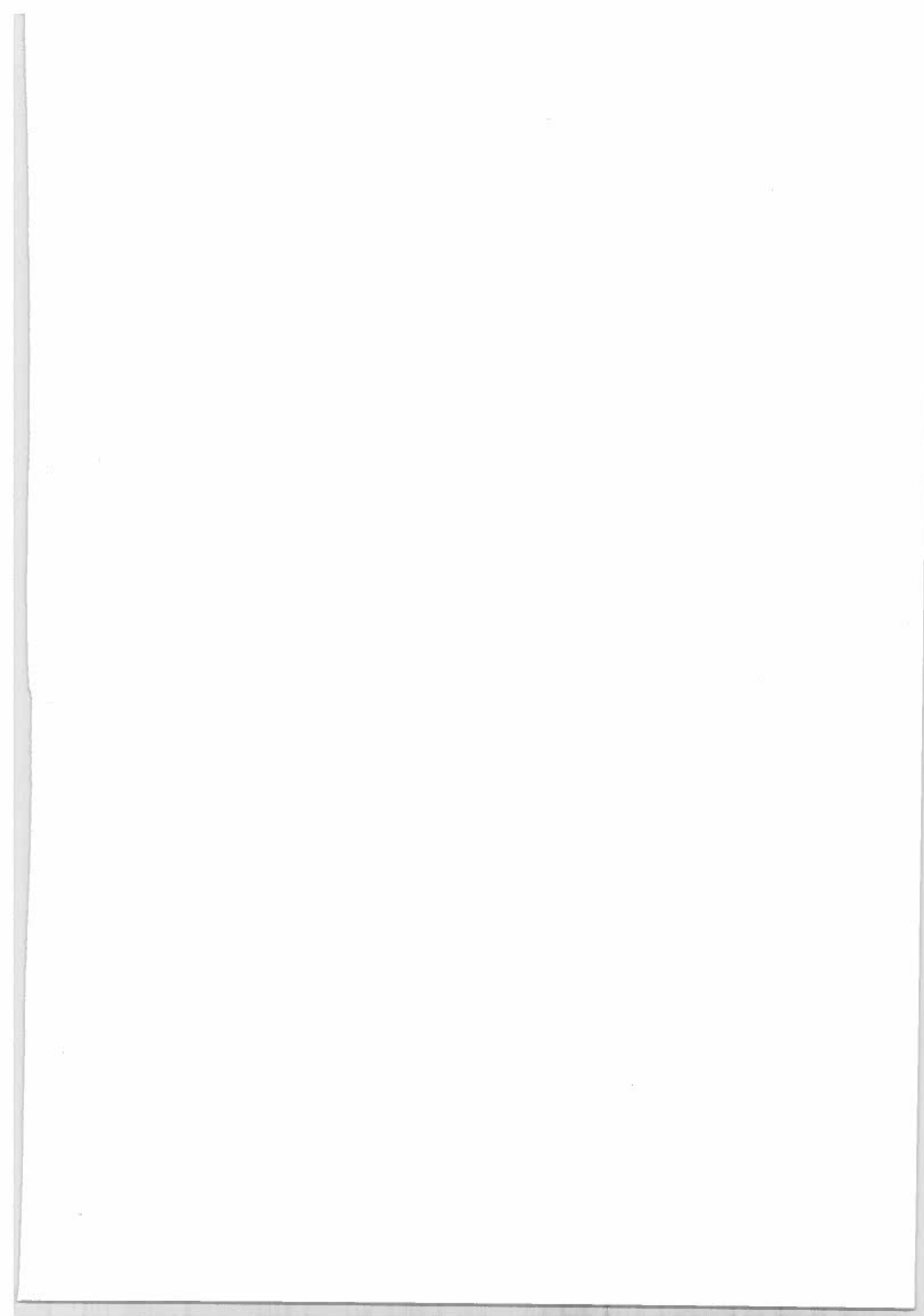
Out of the 100 mothers interviewed, 36% had children who had suffered from *chira*-related illnesses. Causal explanations of *chira* are numerous, and the neglect of ritual avoidance may lead to *chira* in both children and adults. Almost all the causes of *chira* have to do with the transgression of principles governing sexuality and/or seniority. It can come about because of adultery, contact with a widow who has not been inherited or disregard for seniority rules, such as those requiring that a senior wife should sow and harvest before a junior one, or that an elder brother should build a house before a younger one (Abe 1981, Ochola-Ayayo 1976).

One of the respondents Adoyo (names have been changed to protect their identity), is a 20 years old woman who had given birth to five children, two of them now dead. One of the living children was extremely emaciated and looked quite weak. When Adoyo was asked what the problem was with the child, she gave the following explanation:

...I have done all I can to seek treatment for this child. Many times I have taken him to Nyango'ma Mission clinic for treatment but he is not improving. My mother-in-law gave me some pot medicine (*yadh agulu / manyasi*) to try him with. The signs of *chira* are now very clear in him. He has a very pronounced vein running on the forehead. He is also producing very watery and smelly diarrhea that is not like the normal diarrhea. His body is very weak and whenever I try to force-feed him porridge (*kago nyuka*) he vomits everything. I know it is my husband killing our child. He is sleeping with another







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