CUSTOM AND CHILD HEALTH IN BUGANDA

V. CONCEPTS OF DISEASE*

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The Baganda, one of the largest and most advanced tribes in Uganda, have ideas
about the causation of disease which are changing rapidly and at present it is difficult
to know what is believed under different circumstances. The peasant in a rural area
will have concepts differing from those of his educated brothers in town, and even
two peasants in different corners of the Kingdom of Buganda might have different
ideas about the same illness. The extent to which traditional Kiganda beliefs are
still held is almost impossible to evaluate. It is only after considerable probing into
the meaning and implications of an illness to an individual or a family that one may
discover the underlying attitudes and beliefs which in turn determine behaviour
which at first seemed illogical or unreasonable. Examples of sudden termination
of western medical treatment, of delay in seeking treatment, of migration of patients
from one part of the country to another are to be met with in every medical practice
in Buganda and many of these can only be explained if the peoples' own beliefs are
known. Near every big hospital or dispensary alternative indigenous forms of treat­
ment are usually available. Kiganda medicines are sold in the streets of the main
towns, in the markets and by indigenous practitioners in quantities which indicate
quite widespread belief in their efficiency.

There are two ways of approaching Kiganda ideas about disease—the first being
from the western outlook and classification, and the second from the Baganda view­
point.

WESTERN EVALUATION OF KIGANDA CONCEPTS

The Baganda’s knowledge of anatomy is limited—mostly being derived from com­
parison with the animals, such as goats, which are slaughtered. Previously postmor­
tem Caesarean sections (by one clan only) were done prior to burial of a mother dying
in childbirth and there are also historical records in nearby Bunyoro of successful
Caesarean sections which indicated some degree of anatomical knowledge. Apart
from this, however, there is little evidence of anatomical thinking. The alimentary
canal and genito-urinary systems are not clearly differentiated, and in the limbs the
muscular, vascular and nervous systems are not seen as separate; pains are referred
to as coming from the veins. Similarly the Baganda do not make a diagnosis with the
same concepts of physiology, microbiology and pathology as in scientific medicine.
Although some diseases are recognised as being transmitted from one person to
another, the Baganda do not appear to have a concept of a living and multiplying
infectious agent. Inherited defects are recognised but there is no recognition of a
syndrome corresponding to sickle cell anaemia in certain families. Allergy or sensi­

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Trauma as an agent of disease is sometimes only considered a secondary cause
e.g. the cause of a man receiving a fracture in a traffic accident might be put down to
his preoccupation with family troubles, this causing him not to see the vehicle which
inflicted the trauma. Perhaps the real implication of this is that causation is always
multiple and that certain cultures stress certain categories, e.g. the social ones among
the Baganda. Parasites, such as worms and fly larvae, are recognised but their life­
cycles and parasitic role are not understood, while some unusual animals such as
lizards are considered to cause disease. Poisons as a cause of disease are overempha­
sised, but the concept does not always coincide with the western one as many are
thought to act through magic. Inflammation and skin neoplasms are known. Meta­
boles of nutritional disorders, the effects of haemorrhage and complications of trau­
ma are not understood. Psychogenic symptoms are hardly considered as such but
are often correctly evaluated in their social setting. The modes of entrance of disease
that are recognised are venereal, ingestion and inhalation. Percutaneous transmission
by insect vector and transplacental transmission are known only to educated people.
Spread by contact often has a different magical concept behind it, e.g. in relation to
bewitchment.
Examples of Western diagnosis and their Kiganda equivalent.

The following examples are selected as being reasonably consistent:

<table>
<thead>
<tr>
<th>English diagnosis</th>
<th>Kiganda Equivalent</th>
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<tbody>
<tr>
<td>Whooping cough, &quot;Ehjiuba chikiire&quot;</td>
<td>This is an onomatopoeic term which stresses the whooping sound.</td>
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<tr>
<td>Poliomyelitis, &quot;Polio&quot;</td>
<td>This is a newly recognised disease and has taken the English name.</td>
</tr>
<tr>
<td>Gonorrhea, &quot;Nziiku&quot;</td>
<td>A term which is applied to most urethral troubles, including stricture.</td>
</tr>
<tr>
<td>Smallpox, &quot;Kawumpuli&quot;</td>
<td>This was also a name of a &quot;Labale&quot; deity (a prince who died of small-pox), and it is probable that the priests of this deity were the ones called upon to drive the disease from a village. Because of its royal origin this disease is sometimes called &quot;ombalanga&quot; (a prince).</td>
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Some epidemics called by this name were in fact plague as the mortality in rats is specifically associated with the disease. The rapid transmission of this disease was thought to be due to the transmission of the spirit by people and rats that were also associated.

This term is applied to any epidemic with high mortality, but it is probably correct that some epidemics called by this name were in fact plague as the mortality in rats is specifically mentioned. The word comes from a legend about a prince who was born without limbs and was called Kawumpuli; his father, the Kabaka, was warned not to look at this child but did see him. The father became ill with bleeding from the nose and then died. People dying a similar death are believed to have "Kawumpuli." |

Chicken pox. This is called "namusuma," but is also sometimes termed "ombalanga," for the same reason as smallpox.

Measles. This disease is not known by its name "okukusenu" as this would help spread the disease or cause deaths. Instead it is referred to by the flattening term "ombalanga" (the prince); again because it once afflicted a prince whose spirit now causes the disease. Some of the treatment is based on Western methods. The child has to be kept indoors; with special methods the child is made to sleep in a bed covered with a blanket and he is rubbed down with plantain steam and certain things are given to bring out the rash more quickly e.g. fish without salt. In times of epidemics it is thought that the prince is angered by his gates in Bastro county not having been properly cared for.

Other forms of treatment are: (1) the child is kept in bed and covered with "Oluwa" (Arora lunata) and "chombo" (Momordica foetida) which indicate that he is carrying a prince; (2) ash from a fire-place is applied in paste which is applied to the skin to reduce itching and lastly the child is given soap; (3) a small dish called "encheje," but is not allowed to eat the fish itself.

For the prevention of measles, a fibre called "ahaso" is tied round the neck or arm and the leaves of a plant called "zhiwyirina" are rubbed in the hands and mixed with water on a plantain leaf or on the back of the baby. All members of the family are inside. When they go out through the door each drinks a little of the medicine, the sick child being the last. This procedure prevents "the prince" from attacking other members of the family. It is interesting that the Buganda undertake some of their preventive measures on a family basis, and that Western medicine is not always done.

Syphilis, "Kabobongo." This word refers especially to the secondary lesions and it is not certain if people can differentiate between yaws and syphilis. There are at least 18 other terms for syphilis and these are applied to ulcers as well. A very widespread is recognised. Originally syphilis in Buganda was probably of the endemic type and it is not certain that there may be confusion between yaws and syphilis. "Kabajongo" is a term sometimes given to a condition in the mother giving rise to a macerated stillbirth.

"Amba." This is thought to be a bewitchment but its infectious nature is recognised by the fact that people fear the spurtum and prevent their children from visiting a case. The rest of the family would also not want to sleep in the same house, so a small hut might be built for the purpose. Separate utensils and clothing were supposed to be used. If a person died of this disease would be buried in a swamp or forest and not near to the home. Sooner or later the family would expect to have another case, as once introduced, the disease then believed to be inherited. "Akafula" is often confused with "uljuba," which is the proper word for asthma. People still think tuberculosis is due to witchcraft but nowadays believe more in hospital treatment than in herbs and "cupping" with a horn.

Leprosy, "Ezhangwe." This term is applied to neural leprosy which affects the hands and feet but people would also recognise macules without finger changes as being part of the same disease. It is thought to be due to witchcraft from a person who has been made an enemy by theft or fornication. Witchcraft was the cause which would cause the disease and why, and, as part of the therapy, might insist on the return of the stolen goods. Sometimes the man accused of inflicting the disease objects and refuses the returned goods and then if the leper dies people take measures against the ill-wisher etc.

Malaria. As this is a disease with protein manifestations, it is not surprising that there are many Kiganda diseases which might correspond to different malaria symptomatology. "Omusuupa," the Luganda word for fever is probably often synonymous with malaria. Some educated Buganda might be precise and refer to "omusuupa gu enciri"—the fever of the mosquito. "Akahehe" often refers to an enlarged abdomen due in particular to splenomegaly. "Omutwe," a headache, is probably often due to malaria; "omude" refers to an unilateral headache probably migraine. "Yahehe" a disease with fever, neck rigidity and convulsions in childhood is perhaps often cerebral malaria, but as it is considered a Kiganda disease it will be dealt with later. Numerous other recognised diseases are probably often in fact due to malaria, but the Luganda name is then according to the circumstances in which they occur and they will also be dealt with in the next section. "Nzi kuma w'omugana." This falls into the category of for which it is not really necessary to do anything. A sensible attitude with which, however, many drug firms would not agree.

Pneumonia, "Loiyamire." A diagnosis which includes all forms of respiratory infection with grunting respiration, "Tcisci akubamputi" is a condition where the patient has a pleuritic pain, haemoptys is and dies rapidly and this was no doubt pneumonic plague.

Otitis media is recognised, but is thought to be due to the mother's milk getting accidentally into the child's ear. It is treated with drops made from a Stapelila (indigenous to Tanganyika) which is grown in many gardens. In fact round the homes of most Buganda one can find planted the commonly used medicines.

Marasmus. Any very undernourished child is thought to have "ehiroo" a condition due to being undernourished or by bad prenatal or lactational advice. In some cases a diviner has to be consulted to determine the cause but his diagnosis might lead to marital friction if it reveals unfaithfulness. Treatment is by special herbs for drinking and adding to the child's food which is ground with water in a bit of broken pot and the mixture then drunk and smeared over the child.

Gastroenteritis in children. The Kiganda equivalent for a disease characterised by diarrhoea and vomiting is "obusohe." This word means a mistake, the mistake being that one of the parents has slept with someone else and then looked after the child without taking any of the prescribed precautions. One of which is that a ten cent piece should be rubbed on the abdomen of the adulterous couple and then given to the child. Diarrhoea can also occur in a child if the roof of the mouth is closed by a man who is not the father so that this threat of illness can on occasion force a man to do his own work. Leaving a child's clothes outside so that they can come into contact with strangers can also cause diarrhoea.

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"Omusana," is the name given to the disease with hypochromatricia and pallor of the skin and this implies that these particular changes are in some way due to the sun (Fig. 7).

Sometimes the following "causes" are used to name the disease:

1. "obusolo" the seeds of a plant called "okakubagiri" or "okakubansiri" (Ocinum sp.) which are thought to enter the body of the child in some unknown way and cause the oedema.

2. "empemwe," air may also cause the swelling if it enters while the child is not...
properly covered at night. This is one reason why mothers like to sleep with their children even in hospital, so that they can cover the child if it tosses off the blankets. It is also an explanation of the frequency of the disease at weaning when the mother who is pregnant again puts the weanling out of her bed.

(3) the last causative factor is “heat” from the mother’s womb, if she becomes pregnant again especially while lactating. Almost any disease of a child under such circumstances is called “obwosi” and it is one of the many reasons for sending a child away (especially to the father’s sister) from his mother at the time of weaning if she is pregnant once again.

Kiganda treatment for kwashiorkor is as follows: a bundle of sticks called “obukubagiri” is soaked in water contained on a plantain leaf—“nakitembe” for a girl and “mbide” for a boy—and this is then kept in the sun for some time. The child is then beaten with the sticks and the seeds scattered are thought to be coming away (especially to the father’s sister) from his mother at the time of weaning if she is pregnant once again.

Kiganda concept of disease. Child in Children’s Ward, Mulago Hospital, suffering according to mother's diagnosis from “omusana”. From viewpoint of scientific paediatrics, the diagnosis was kwashiorkor, complicated by severe hookworm anaemia.

Because the Baganda associate kwashiorkor with the mother becoming pregnant while lactating, one of the preventive steps is to send the baby away to relatives. A measure which from a scientific viewpoint helps to cause the kwashiorkor, but which could perhaps on occasion be of benefit if the child were sent to a wealthier home. Other preventive measures involve various types of bathing e.g. the mother will wash her swollen abdomen directing the water from it onto the child. She will bath the child with the leaves of “akakubagiri”; this is in fact done as a routine for every newborn child in a village.

Probably because there is such a high incidence of kwashiorkor in Buganda and because apathy and oedema are two of its features, it is not a compliment to say that a child is fat and placid, but it is praise to say the baby is happy and lively.

KIGANDA DISEASES

After considering some scientific medical diagnoses with their Kiganda equivalents, there is however a large group of named Kiganda illnesses which do not readily fit any single Western diagnosis. Dr. Southwold gives the Kiganda classification of disease into what is done about them, viz. “obuwadde” which need no treatment because they are trivial, “endwadde ez’ebizungu” for which a European doctor is consulted, “endwadde ez’ekiganda” for which an indigenous practitioner is consulted, and “olambe” which means death and for which there is no hope. He mentions that a diagnosis is often made by a process of trial e.g. going from a European doctor to a native doctor if the first is not successful. The first and last categories also carry with them an appreciation of prognosis. The so-called Kiganda diseases have their origin in local culture; they are thought to be due to sorcery, spirits or breach of taboos and Europeans cannot know about or deal with such causes (Fig. 8). A person whose spirit commonly inflicts illness on a child is that of the father’s sister (“senga”) who might be offended after death by not having an heir appointed or who might have been offended during life by not being given a coveted child to rear. Neglect of a grave is a common source of irritation of spirits who consequently inflict illness.

Many of the Kiganda diseases appear to be related to withheld or overindulged sexual intercourse (or even the symbolic equivalent of stepping over the outstretched legs of a woman) with the wrong people e.g. a woman who denies her lover will risk bewitchment from him, a woman who yields to a chief will expect bewitchment from her husband, who would not beat her for fear of his superior. The other illnesses due to extramarital intercourse or transgressed incest taboos will be mentioned later. To be labelled with many of the Kiganda diseases is in fact a penalty for the breach of some social obligation or taboo—for many the accusation of the disease is worse than the disease which might be something quite trivial e.g. malaria. The Kiganda doctor, besides an armamentarium of herbs, some obviously pharmacologically active, has to know a knowledge of the types of tension existing in the society and, in particular, a good doctor would even know the ancestors and all the clan and personal associations of a particular client. Tensions in relationship are often expressed through beliefs in bewitchment and it is this which the local doctor diagnoses. In many cases, witchcraft is a form of social control because people guilty of antisocial behaviour are readily accused of witchcraft.

In Buganda, there are different types of practitioner, e.g. the spirit diviners who have a spirit which makes the diagnosis and prescribes treatment in special sessions accompanied by drumming and the rhythmic shaking of gourd rattles. These diviners
may be associated with Lubale deities which in turn are associated with certain diseases. This spirit, being of a previous generation, might prescribe treatment current in that generation and this gives a supernatural prestige to methods which might otherwise be disapproved of by the modern generation with their hospitals and clinics. The straightforward herbalist often possesses a lot of knowledge passed down in the family or gained by apprenticeship so that he uses herbs which have often undergone generations of screening and selection. The indigenous midwife and bone-setter specialist are also found. Moslem Baganda are especially feared for their ability to bewitch and they have practitioners who prescribe amulets containing passages from the Koran.

Some of the common and feared Kiganda diseases will now be described and it is apparent that most of them are diagnoses of a social situation rather than of a single clinical entity.
even used the cover the violence and agony of the caning of a pupil by a teacher! The disease "Kifal" is due to "amayembo" (invisible magic horns which can be directed and which can talk) and are obtained from a specialist at great cost. They can be sent to knoc at the victims door and when he emerges he is beaten with great commotion until he drops unconscious. Treatment is firstly by smoking, until the horns which have entered the victim confess where they came from. The medicine chosen is suitable counter-amayembo and water, and mortar made of a banana tree base and this medicine is then used for bathing the child. It is carried out by the parent of the child's sex. If this is done in the morning then the person doing it must look to the east where the sun is rising, so that when it sets later it will take the disease away.

(vi) If the child has an enlarged spleen, then the leaves of "atangau", crushed in the hands and mixed with water, are given so as to crush the spleen inside the abdomen. Other remedies are to rub the splenic area with a small round stone when the child is feverish or to place the child morning and evening on the back of a black cow so that its spleen is in contact with the cow.

As this disease is especially common and feared in Buganda, almost every mother takes preventive measures against it. One is by tying an "omugaga", or charm, round the arm or crest of the baby. The "omugaga" is made of either a claw of an eagle or of the insect eyeabwe together with herbs woven into a piece of clothe. The "omugaga" is usually worn as a continuous form of protection and it cannot be used by another family. Another similar charm called an "oluhia" can be worn by the mother or put on the child at times of risk. An "oluhia" might also be used if a woman has lost other children. An alternative is to tie a small bell on the arm so that when the child moves its arm the bell rings and frightens away the bird. The association of this disease with birds and insects is difficult to explain scientifically, except on a chance epidemiological association of these with particular meterological conditions and consequently with malaria.

SUMMARY

From the Kiganda concepts of disease it appears that the Baganda on occasion use particular diagnoses as a form of social control especially in the sphere of illicit sexual relationships and, as such, these concepts may play a small part in stabilising marriages.

Kiganda diseases are essentially situational syndromes and this recognition of social aetiology is remarkable and certainly accurate in their concept of kwashiorr. Baganda attitudes to behaviour or symptoms in children are often quite different from Western attitudes, because underlying beliefs are different.

The importance of modern medical practitioners who have some knowledge of these concepts lies especially in the fact that they underlying rational health education of the cultures, and, secondly, that they give insight into the family situation of tension which could have produced a particular diagnosis.

RESUMEN

Nociones de los kigandas concernientes a las enfermedades en Uganda. De las nociones de los kigandas acerca de enfermedades se desprende que ellos ocasionalmente hacen diagnósticos peculiares, como si representaran una forma de control social, especialmente con respecto a las relaciones sexuales ilegítimas; es posible que tales nociones tengan alguna influencia sobre la estabilidad de los matrimonios.

Las enfermedades de los kigandas son esencialmente síndromes relacionados con la situación social; es interesante que reconocen la etiología social de enfermedades, en especial la del kwashiorr. Las nociones de los bagandas concernientes al comportamiento y a los síntomas de los niños muchas veces difieren considerablemente de las ideas occidentales, porque los parámetros fundamentales son distintos.

La importancia para facilitadores modernos de tener conocimientos de tales nociones reside especialmente en el hecho que tienen relaciones importantes con la educación sanitaria de los padres y segundo porque dan una percepción de la tensión que ocasionaría un diástolico peculiar.

REFERENCE