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Doctor-Patient Communication: Cultural Perceptions and Responses to Illnesses among Maasai in Kajiado County.

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Abstract: *People in different cultures and backgrounds have different ways of communicating the causes and treatment of different illnesses. This study investigated how the Maasai perceived the causes of illness and their culturally-based responses to illnesses. The study was conducted in communities and healthcare facilities in two locations of Ngong Divisions of Kajiado County namely; Kitengela and Olekimunke. These locations were chosen because they were areas with pockets of permanent settlements of Maasai community. There was also the fact that Kajiado harbored a rich cultural exchange among the Maasai due to interaction with pastoralists on their southerly migratory route from Northern Kenya to Tanzania in search of pasture. A qualitative data collection method, that generated data that was in form of narratives, was used. A purposive sample size of 40 persons was used. Findings from the study revealed that the primary causes of illness are seen as being due to acts of supernatural beings and forces, witchcraft and curses, even where the illness is believed to originate from the immediate environment of the victim. Response to illness is a progression process which calls for several activities before the healing is accomplished. The Maasai treat the whole person and not the cause of the illness. Treatment successes or failures are reported to solicit further attention. The progress of the patient is monitored closely by both the specialists and family members. Different illnesses perceptions, attitudes and knowledge outside the Maasai's cultural world-view seems to lead to miscommunication during healthcare encounter and thus discourages the patients from seeking modern healthcare services.*

Keywords: *Health communication, cultural Perception, response, illness*

1. Introduction

Health issues are of concern to all people throughout their lives. The greatest fear of man is illness and the worst experience is to see his kind suffering, dying and disappearing into the unknown. Witte and Morrison (1995) assert that effective doctor-patient communication is necessary in effective diagnosis and treatment of illnesses. Doctor-patient satisfaction is dependent on shared meanings. Communication between doctor and patient is affected when they are from different cultures. Even when doctor and patient are members of the same community, they are bound to have difficulties in understanding each other during medical encounters because health care providers and patients are separately entrenched in their own worlds. The health provider is entrenched in his western training while the patient is capsulated in his/her own cultural worldview of illness. When health care providers and patients are entrenched in their own cultural worlds, more often than not miscommunication occurs, which may lead to misdiagnosis.

According to Haffner (1992, cited in Witte and Morrison, 1995), miscommunication that occurs between doctor and patient may lead to misdiagnosis, use of unnecessary treatment and use of risky procedures during healthcare provision. This problem of misdiagnosis may be due to a number of reasons. First, doctor-patient communication is difficult where language is shared but almost impossible where language and meaning differ (Katalanos, 1994). Second, according to Kar, Alclay and Shana (2001), conventional doctors follow the biomedical perspectives that presume that illness is due to abnormalities in the body's workings that need to be fixed. Contrary to the biomedical perspective, the biopsychosocial perspective (du Pre 2000, cited in Mjomba, 2006), views patients as thinking, feeling individuals, who need to feel healthy not

only at biological levels, but also at psychological and social levels. Witte and Morrison (1995) suggest that in order to have effective communication and correct diagnosis of illnesses during health care provision, health care providers and patients need to have shared meaning of illness.

Katalanos (1994), in her study among Vietnamese patients in the United States of America, investigated communication during medical interviews. The findings of the study revealed that if a patient stopped taking the prescribed medicine because they believed it would not cure them, they would totally avoid telling the doctor the truth. The patients believed in being excessively polite to anybody serving them, and they expect the same from the doctors. For effective communication with a Vietnamese patient, the medical provider should avoid loudness, directness and bluntness. Similarly, among the Maasai, a pastoralist group found in East Africa, communication during medical encounters between the patient and the doctor is difficult because of different worldviews concerning illnesses. The Maasai are an indigenous African ethnic group who practice their traditional culture with passion and have kept it to this day. Their heritage is in nature, the people, cattle and their Supreme Being the *Enkai. Enkai,* the creator, serves as the guardian over health, rain, fertility, love and the sun. According to Maasai legend, it was *Enkai* who gave them cattle, land and medicinal herbs (Phillip & Bhavnagri, 2002).

In recent years, an increasing number of scholars have found that central to the issue of theorization of the contexts surrounding illnesses and their remedies; cultural-centered health and communication capture the challenges faced by health care providers in all countries (Katalanos, 1994; Kaufert & Putsch, 1997; Mjomba, 2006). The cultural diversity perspective begins with the premise that ethnic groups have unique and culturally conditioned beliefs, values, knowledge, attitudes, practices and ethnic communication patterns that affect their health related behavior and beliefs (Kar, Alcalay & Shana, 2001). Busa and Dutta (2007) posit that cultural beliefs and health communication contexts do not only influence knowledge, attitudes and beliefs of prevention efforts, but also the access of participants to diagnosis and health care services.

Effective communication underpins prevention and screening efforts at the clinical level, when providers have the opportunity to engage in one-on-one counseling and supply information that is culturally and linguistically appropriate and delivered at the person's literacy level. Diagnosis and treatments require doctors to negotiate a common understanding with the patients about what is to be done. The quality of provider-patient communication can affect numerous outcomes, including patient adherence to recommendations to safe guard their health status (Roter & Hall, 1992).

Before healers or a physician can effectively prescribe the healing process, they must understand what is wrong with the complainant, both subjectively and objectively. In order to understand effectively what is impending health and leading to illness, they must commit to discovering the patient's perception of the causes of the illness (Witte & Morrison, 1995). Further, they also suggest that the health care provider must understand patients concerns, worldviews, and medical complaints in order to diagnose, heal or prevent illness. Healthcare practitioners should appreciate patient's worldviews, which does not necessarily mean they should concur with the patients' cultural practices.

The Maasai have held to their traditional cultures despite modernization taking place around them. The fact that the Maasai rely mostly on traditional remedies in responses to illness is a concern for health communicators and medical providers as it creates a high likelihood for cases of clashes with western medicine. The differing worldviews between the Maasai and conventional medicine or western-trained medical providers, in most cases leads to miscommunication and misdiagnosis because these parties hold different notions concerning causes and treatment of illnesses. This study investigated cultural perceptions and response towards causes of illnesses of the Maasai community. It also sought to find out whether medical providers who serve this population are aware and have knowledge on the Maasai cultural perceptions and responses to illnesses.

2. Methodology

The study was conducted in Kenya's Kajiado County, within communities and health care facilities in two locations of Ngong Division of Kajiado. Kitengela and Olekimunke locations were chosen because they were areas with pockets of permanent settlements of Maasai community. The estimated population of the two locations was 10,400. The study used qualitative method of research, which use in-depth interviews and focus groups to collect data. A purposive sample size of 40 persons was used. The research assistants identifying five focus groups of eight persons, and eight one-on-one interviews were conducted in each location. From a pre-test sampling and the researcher's interaction with Maasai, it was believed that the category below the age of 25 years had no or very little knowledge about

illnesses and their curative measures. Therefore, respondents in the study were comprised of people above age 25. Healers, health care providers and community leaders were not categorized by age but by their community assignment.

Discussions carried out during focus group discussions and in-depth interviews were recorded and documented as explicitly as possible, occasionally using the participants' own words in Maasai. The key statements, ideas and attitudes expressed about each topic of discussion were recorded. After the transcription of the recorded interviews and focus group discussions was prepared, the researcher wrote comments on the statements being the first interpretation of the data. The data was further analysed as per the research questions and their occurring themes reported in narrations.

3. Results and Discussion

The findings of the study were organized under the two research questions as follows:
1) What are the Maasai's perceptions of the causes of illnesses from their cultural perspective?
2) What are the Maasai's cultural responses towards provision of treatment to these illnesses?

3.1. Perceptions of Illness among the Maasai

On the question of perceptions of illnesses among the Maasai, in both Focus Group Discussion (FGD) and One-on-One (OoO) in-depth interviews, there was recurring themes that revealed that illnesses among the Maasai focus on three categories: curses, witchcraft and natural causes.

3.1. Curses

When asked what a curse is, a Maasai traditional healer said that a curse usually arise as a result of a member of the community breaking a taboo or when the primary web of interaction of family members is interrupted through misconduct with or without prior knowledge of the offender. It was stressed, however, that strangers do not curse other strangers and such curses cannot implant in a person. Curses were further subdivided into two categories namely curses of commission and curses of omission.

3.1.1. Curses of Commission

A female community leader respondent during O-O-O interview said, "Curses of commission are serious insults that originate from premeditated bad behavior, disrespect and actions directed to members of the family especially the elders. The offender and the offended have full knowledge that the offense has been committed". Asked to give instances that result in curses of commission, one of the respondents in a FGD said, "If someone refuses to help an elderly person, who is a close relative, the person gets a curse spell due to that act. The children sometimes will die in un-understandable circumstances and the curse will remain within that family until a blessing is sought from the offended old person." Most of the respondents in the FGD pointed out that the curse could extend to animals owned by the offender causing the 'milk to dry' and even causing the actual death of the animals. Another example of curse of commission discussed was protection of breast feeding babies and their mothers. Most of the respondents in the two locations affirmed that Maasai advice young couples that beating breast-feeding mothers causes a serious illness known as *nagidaa* (polio-like disease). The respondents listed fever, sore throat, nausea, vomiting and abdominal pains as the main manifestation of *nagidaa* illness. They also went ahead to say that if the illness remained untreated for a long period, the later symptoms will include paralysis that can cause death.

On the question of epilepsy, the respondents agreed it is brought about by a curse from the in-laws. The respondents said, "Epilepsy is caused by poor relationship between a son and the in-laws. When the relationship between the two starts becoming sour, the daughter becomes disturbed and the husband becomes epileptic. To identify the illness, we look for manifestations of seizures that cause involuntary changes in body movement functions, sensation awareness and involuntary loss of consciousness".

3.1.2. Curses of Omission

Maasai perceived curses of omission as actions committed without meditation, awareness of their repercussions or intentions to hurt the feelings or interfere with the normal activities of the members of the family. An example given was failure to recognize some family members by giving gifts during ceremonial occasions such as marriages and other important functions.

3.2 Witchcraft

Another cause of illnesses among the Maasai is perceived to be witchcraft. Maasai recognize two types of witchcrafts. The first is when a bad omen is brought to a person by verbal pronouncement (verbal witchcraft) and the second is when a calamity is brought to a person using an object.

Most of the respondents in the study believed witchcraft is concerned with production of effects beyond the natural powers of normal person. A person who is bewitched is seen to have nightmares, memory loss, epileptic seizures and difficulties in speaking"

Respondents in one FGD collaborated by saying that *ertagonjek* (evil eye), which is a look that causes injury or bad luck on the person at whom it is directed for reasons of envy or dislike, also falls under witchcraft. Most of the respondents in both FGD and O-O-O interviews concurred with the *Olaabani* and said that e*rtagonjek*is caused by someone who is envious, jealous, or covetous can sicken both human and animals especially cattle, goats and sheep. An O-O-O respondent also said that some people can bestow damage on victims by the malevolent gaze of their magical eye.

3.3. Natural Causes

Maasai perceive natural causes of illnesses as resulting from injuries, accidents and lack of food and hygiene. When the respondents were asked to name some of the illnesses that were as a result of natural illnesses they mentioned *Eenkojongani, Kamunyani, Kisoko, Emburuo, Kweesha and* O*lorombu, Bitia* (Malaria, ringworms, measles, anthrax, trachoma, colds and HIV and AIDS representatively). Majority of the Maasai respondent in both FGD and O-O-O said that, during family instructions, *eenkojongani* is perceived as caused by mosquito bites and drinking dirty water especially during rainy periods.

Several agents were perceived to cause *kamunyani* (ringworms). Some type of houseflies that land on the skin causing contamination, sharing of hair shaving tools, especially razors, with the infected persons and witchcraft through the e*rtagonjek* (evil eye).

Kisoko (measles*)* was perceived to be as a result of a child sharing a bed or sleeping place with someone infected with the illness. In some cases, witches were blamed perpetrators of *kisoko.*

One male respondent said, "*Emburuo* (anthrax) is contracted by eating or coming into contact with contaminated hide or animal skin. Ugly sores, influenza, and nausea, loss of appetite, bloody diarrhea and fever followed by abdominal pain, manifest it".

Kweesha (trachoma) was perceived to be caused by *lejonga* (housefly), however, one woman respondent said, "Not all houseflies that land on one's eyes bring *kweesha*. The illness manifests itself by pain around the eye, swollen eyelids, a discharge, eye tearing, and eye sensitivity to light".

Olorombu (flue) is perceived to be caused by drinking cold and dirty rainwater, dust during dry periods, and is manifested by runny nose, cough, sore throat, fever, muscle and joint pains.

Bitia (HIV and AIDS), among the Maasai people, is perceived to be contracted from "*watu wamanguo"* which is in reference to people wearing modern cloths and especially the prostitutes. A woman respondent asserted, "Any physical contact, especially sexual, with *watu wa manguo*, causes the illness. A person becomes sickly and wastes away with appearance of runny nose, coughing, body sore, sore throat, fever, muscle and joint pains and occasional diarrhea".

Within the Maasai cultural practices, even where the illness is believed to originate from the immediate environment of the victim, underlying primary cause is seen as being due to acts or wishes of other people, supernatural beings and forces, and the same are responsible for accidents.

In relation to the Maasai perception of modern medical provision, respondents in the FGD and OOO interviews, revealed that the Maasai perceive western diagnosis and treatment as costly, inappropriate and ineffective. They also view health care providers in health clinics as lacking understanding of their culture, which plays a big role in determining the cause of illnesses.

Medical healthcare providers interviewed in two medical healthcare facilities, Tinga clinic in Olekimunge and Kajiado Town District hospital said that they are familiar with cultural knowledge of their Maasai clients. When they were asked how they access this cultural knowledge one respondent said, "We learn about their beliefs as we interact with them here in hospital". A Clinical Nurse asserted, "Before starting a medical interview, we first seek to know the well-being of the patient. As long as you are dealing with a Maasai patient, you have to go out of your way and discuss social questions such as their livestock, family members and trip to hospital. This is purposely to create a rapport before medical interview".

Regarding causes of illnesses, healthcare providers perceived illnesses to be brought about by abnormalities in the functioning of the individual's body. All the healthcare providers interviewed said that germs, bacteria and viruses in the body caused illnesses. However, where application of cultural knowledge is viewed to be harmful to a patient's health, healthcare providers talk to the patient telling them of its effects.

4. Responses to Illnesses among the Maasai

The second research question asked what are the Maasai's cultural responses towards provision of treatment to the illnesses? Most respondents in both FGD and O-O-O agreed the process of treatment

started at the homestead using various herbs and the parents, especially the mothers, diagnosing and administer the herbs. The respondents went ahead to say that when the illness becomes stubborn, the patient is taken to a medicine man *(olaaboni)*. In treatment of illnesses, most of the respondents said "*Magonjwa tofauti huwa yanatibiwa kwa njia tofauti,*" meaning "Different illnesses are treated in different ways." They believe whether a curse, witchcraft or natural illness, there is always a cause for it; there is always somebody or something behind sickness.

4.1. Responses to Illnesses due to Curses

Illnesses perceived to be as a result of curses were responded to by the *Olaabani* performing rituals of purification, prayers in addition to herbal medication.

An *Olaabani* respondent said, "The healing process in curses is to reconcile and make peace to both the guardian spirit and the human". He emphasized that prescription depended on the cause and the person who planted the curse. The identification of the offended or the witch is done by using *Olaabani's* small guard (*enkidong*). An example of a curse discussed in one of the FGD was that where the offence was directed to peers, the offender was advised to honor his contribution to the age mates and make substantial apology to accompany the settlement of matters. On issues of disrespect to an elder, honey brew is offered to the offended old man, who in acceptance will tie a leather strap around the wrist of the offender and after spitting on him, will utter some words to cast out the curse and bless the offender by saying "*Olee pee"*.

Among the Maasai, the process of treatment starts at the homestead using verbal incantation and various herbal medications. The parents, especially the mothers, administer these initial treatments. It is only when the illness becomes stubborn, that referral is made to a medicine man (olaaboni) or taken to a healer of a different ethnic group. Before healers can effectively prescribe the healing process, they must understand what is wrong with the complaints, both subjectively and objectively. This agrees with the findings of Witte and Morrison (1995) that in order to understand effectively what is impending health and leading to illness, the healer must commit to discovering the patient's perception of the causes of the illness.

4.2. Responses to Illnesses due to Witchcraft

Most FGD respondents pointed out that witchcraft spells can be cast out in many ways, including meditation, reciting incantations, performing physical rituals and making herbal preparations.

An *Olaabani* said,

> *Sometimes quite simple actions can constitute the physical casting of a spell. Methods are many and differ from olaaboni to another. The spell casting requires a verbal component, gestures (usually involving the hands and whole body), and a material component or substances such as herbs and animal extracts. The verbal components and gestures accompany each other.*

The material components are given sometimes orally, or are smeared on the body. Other paraphernalia, such as flywhisks, guards, cow horns, stones, seeds, green grass and herbs, and material from other animals are used to strengthen the spell casting.

Another FGD respondents also pointed out that *Olaabani* can prescribe other medicines and a set of prayer to recite to provide future protection. A female community leader said, "In most cases, *Olaabani* ties a cord or a row of small beads round the necks or loins of their client so as to protect them from the 'evil eye'." During a O-O-O interview with a woman healer, she said "Illnesses that are as a result of the 'evil eye', are cured with milk, oil and honey." Most of the respondents in both FGD and O-O-O interviews also pointed out that in addition to use of milk, oil and honey in curing the 'evil eye' the healer verbally invokes the "evil eye" by uttering a formulaic prayer to ward off the symptoms of the illness.

Since witchcraft encompasses supernatural powers, it is evident that it is treated by special people who have strong divine powers from God to be able to remove witchcraft from the victim thus paving way for healing through enchantment.

4.3. Responses to Illnesses due to Natural Causes

Illnesses such as malaria (e*enkojongani)* and ringworms (k*amunyani*) which are perceived to be as a result of natural causes were responded to by administering herbal treatment.

Naturally caused illnesses, such as *enkojongani* (malaria), *olorombu* (colds), *kweesha* (trachoma), *kisoko* (measles*),* were stated as some of the illnesses that are diagnosed and treated by members of the family, especially mothers, when they notice the obvious symptoms especially shivering and pains and the common response being herbal treatment. One of the respondents in FGD said, "The elderly women in a homestead are the ones that first treat children, young girls and boys when illness is discovered before they are taken to an Olaabani".

Communication that occurs during elders encounter with junior members of the family pointed out that natural caused illnesses are mostly cured exclusively with herbal medications. Elders and indigenous healers claim to have learned by observing that sick animals change their food preferences to nibble at specific bitter herbs they would normally reject. Youngsters, in their herding spree, are usually very observant to discover one or two of the healing plant species. Healers use extracts from roots of *oloturuja* or *epelese* to treat *enkojongani* (malaria). Sometimes a certain herb (*entidian*) is powdered and boiled together with milk. A concoction of *olchanilolpurket* or the *oremit* leaves is administered for*olorombu* (colds).

Most respondents in FGD and O-O-O interviews pointed out that kwe*esha* (trachoma) was cured with ash from a special herb mixed with water and the paste is gently smeared on the eyes. Alternatively, cow's milk is mixed with *entulele* herb and is rubbed on the eyes until some blood comes out. En*kamunyani* (ringworms) is treated with blood from a goat's ear which is rubbed on the infected areas. In cases of obstinate *kamunyani,* a referral is made to the *olaabani* who operates the infected area by pricking around it and allowing the patient's blood to flow over the itchy patch.

In the treatment of HIV and AIDS the Maasai healer inserts a string through the urethra of the patient and draws out a drop of purse and concludes that the process has healed the patient. This is because Maasai believe any illness is removed from the body through the same route of entry. If an illness gets into somebody through the mouth it must be removed by giving medication through the mouth to force the patient to vomit. In case of HIV and AIDS, the Maasai therefore argue that one cannot be healed by taking ARVs orally. The first aid is usually given at home by the first time the symptoms are noticed. Most illnesses are cured this way. When symptoms persist there is always need for further consultation just as in modern medicine.

On the question why they do not first go to the modern medical facilities, one of the respondents said, "The western medicine used in treatment of illnesses makes patients weak and irresponsive to future cultural treatment and the medicine takes a long time to cure an illness unlike traditional herbs". In both FGD and O-O-0 interviews, most of the Maasai respondents revealed that they seek modern medical diagnosis and treatment as a last result after home remedies and *olaaboni* treatment have failed. Treatment is sought, when in many cases the illness conditions are almost irreversible. This was confirmed during an O-O-O interview with a clinical nurse who said, "It is correct. The Maasai come to hospital when they are almost dying. They come after the herbs they are taking fail to heal them. In most cases we counsel the patients to abstain from using herbal medicines which are retrogressive. We view the Maasai responses to illnesses as 'primitive' and 'unhygienic". A Maasai male community leader revealed to the researcher that when given medicine from the hospital, patients take the medicine up to the point where they feel relieved of the illness and after that, the remaining drugs is sometimes kept for future use. When one of the respondents was asked why patients behave in such a manner, he replied, "It is lack of knowledge and again those hospital drugs makes patients weak and irresponsive to future cultural treatment". One of the Maasai elders emphasized, "We have used herbs and other healing procedures from time immemorial and we have survived".

5. Conclusion

The findings show that the Maasai have different perceptions and responses towards illnesses from those of medical healthcare providers. The Maasai perceive three main causes of illnesses as emanating from nature, witchcraft and curses. Response to illness is a progressive process which calls for several activities before the healing is accomplished. The Maasai treat the whole person and not only the illness. Treatment of any aliment begins at the *boma* (homestead) and is done by the first mature person who notices the behavior change. In instances where a family has reached a disparate stage and all the possible cultural consultations have failed to give a positive remedy to the illness, the decision to consult a healthcare provider is made.

On the other hand, medical health care providers perceive illnesses to be as a result of abnormalities in the body and respond to the illnesses by using the simplest curing methods. Even though medical providers have cultural knowledge of their Maasai clients concerning illnesses, they perceive and respond towards causes of illnesses differently. Clinicians do not appreciate the Maasai world view in diagnosis and healing which they term "primitive and unhygienic in terms of preparation". In most cases clinical nurses counselled the patients to abstain from using herbal medicines which they termed retrogressive. Medical Providers' view the Maasai responses to illnesses as 'primitive' and 'unhygienic'. This is because they have different health perspectives and worldviews leading which cannot accommodate views held Maasai community.

Different world views concerning illnesses, is therefore likely to bring about misdiagnosis and miscommunication between patients and health care providers. Patients who are satisfied with the

care they obtain from their healers are more likely to be compliant and provide better outcomes. The satisfaction is brought about by building a strong relationship of mutual trust and concern. Health care providers should be aware of these differences and use them to understand the community beliefs. According to Katalanos (1994) there is need for improved intercultural communications because causes of illnesses are viewed in different ways in different cultures. Clear, candid, accurate, culturally and linguistically competent provider-patient communication is essential for the prevention, diagnosis, treatment and management of health concerns (Roter & Hall, 1992).

6. Recommendations

Health providers should learn to listen to some cultural "trash" and avoid rushed examinations. It is advisable to listen to complaints of a patient without placing blame.

There is need to recognize and understand that sometimes cross cultural differences are annoying and frustrating. In these situations patience is a virtue. Through patience respect is won and cross cultural understanding is enhanced.

Maasai patients are often scared, anxious and uncomfortable in hospitals. They detest wearing hospital gowns, undergoing frightening procedures, exposing their nakedness to strangers and trusting those in charge of their care. Health providers should therefore be given some training on cross-cultural communication.

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