

Karen folk perception of malaria*

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1. Introduction

This paper is a brief investigation into the folk perceptions of the Karen people concerning malaria and their lexicalization of those perceptions. This involves factors of illness, mosquitoes, time, and spirit locations. It is hoped that this brief anthropological linguistic investigation will aid comprehension of the Karen outlook on malaria.

2. Traditional Karen beliefs

Like many other tribal people, the Karen are animistic. All kinds of illnesses are believed to be the results of evil spirits called *tamuga*. They also believe that there are 33 spirits, called *kəʔla*, imbedded in the body organs, which constitute the vital forces of people. When the body becomes weak or sick, it is believed that the *kəʔla* have been attacked by a *tamuga* and they have abandoned the body. Thus it is necessary to perform curative rituals to chase the *tamuga* out of the body. This ritual is performed by the specialist practitioner in the village. In this ritual, liquor, chicken, rice, and flowers are taken to give as an offering to the *tamuga*. After the ritual, the practitioner and members of the sick persons family tie pieces of cotton string around the wrists of the sick person in order to strengthen the *kəʔla* in his body.

The ladder into the house then has leafy branches placed on it for 3-4 days to keep the house free from the evil *tamuga* spirit, and people who are not members of the family are not allowed to enter the house during that time. If anyone breaks this rule, the ritual must be performed again to make sure that the house is free of the evil spirit, and the taboo breaker must provide the offerings.

3. Spirit times and locations

The concepts of time and of spirit locations show most clearly the precision of Karen thinking with regard to malaria in local contexts. Having long been

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exposed to this disease, the Karen have crystallized their experience of malaria into a whole complex set of cultural beliefs around a core belief that the spirit which causes the illness inhabits a specific water site; if people are at that site at a certain time they will have contact with that spirit and will become ill.

These beliefs are used by the specialist to determine the risk of illness to a member of the village. For example, if a member of this village has a symptom of the illness he will consult the practitioner. The practitioner will check the persons pulse and ask about his recent activities over the last few days. He will then diagnose the disease and determine the cause by referring to the time and location, as follows:

1) The *tənenoi* day, corresponding to Sunday, is the day of the garuda, a mythical bird. On this day the *tamuğa* spirit of the garuda will inhabit a fork of the river where leaves and branches are piled up. If a villager goes east of the village before noon or west after noon and encounters a fork in the river he may have contact with the spirit and become ill.

2) The *tənela* day, corresponding to Monday, is the day of the tiger. On this day the *tamuğa* spirit of the tiger will inhabit a cave, cliff, and waterhole east of the village before noon and west of the village after noon.

3) The *?ika* day, corresponding to Tuesday, is the day of the lion. On this day the *tamuğa* spirit of the lion will inhabit a well at the foot of a hill southwest of the village before noon and northwest of the village after noon.

4) The *putuḥu* day, corresponding to Wednesday, is the day of the elephant. On this day the *tamuğa* spirit of the elephant will inhabit a waterhole and spring surrounded by bamboo trees north of the village before noon and south of the village after noon.

5) The *josamede* day, corresponding to Thursday, is the day of the rat. On this day the *tamuğa* spirit of the rat will inhabit a brook or a log across the brook southwest of the village before noon and northeast of the village after noon.

6) The *səkhi-a* day, corresponding to Friday, is the day of the long-nosed rat. On this day the *tamuğa* spirit of the long-nosed rat will inhabit a spring which has a log dam northeast of the village before noon and southwest of the village after noon.

7) The *sune* day corresponds to Saturday. On this day another *tamuğa* spirit will inhabit a spring or swamp east of the village before noon and west of the village after noon.

These *tamuğa* spirits are usually located where there is water, a cave, and a forested area, and disease is usually associated with these spirits. This parallels the ecological fact that malaria mosquitoes breed at water sites in a forested area. This is part of a growing body of evidence that many of the indigenous concepts

of the Karen are rooted in ecological facts. So their concept of malaria basically involves a collocation of spirits, water, and forest. However, the customs described here are true for this one village; wider investigation has not yet been made.

4. Karen terms for malaria

Their lexicon of malaria-related terms reflects their cultural perception of malaria. The term *tasha* is a general term for maladies and disorders. Specific illnesses are lexicalized according to the perceived symptoms. For the chills in the initial stage of malaria they use the term *ɲagə*, which literally means cold flesh. If the fever is serious and the body shakes they call the illness *ɲagətanoʔ*, which means shaking cold flesh (*tanoʔ* shake).

Regarding mosquitoes, the traditional perception is superficial, simply calling all biting mosquitoes *pujo*. The Karen people were not usually aware of the relationship between malaria mosquitoes and malarial illness.

But modern health education and medical service has been having an impact on the Karen, especially the younger people. So instead of the traditional *ɲagətanoʔ* younger people often call malaria *tasha pujoʔ ajuʔ* illness-mosquito-toxic or *ɲagə pujoʔ ajuʔ* cold-flesh-mosquito-toxic.

These linguistic data shed light on how the Karen people integrate new knowledge with their traditional concepts. After Karen workers employed by a biological team to capture malarial mosquitoes at Mea Tao Kee village had spent some months working, they lexicalized terms for the mosquitoes. *Anopheles dirus*, which has a white spot on each of its back legs, they called *pujoʔ kwa khode* mosquito-spotted-leg. And *Anopheles minimus*, which bites its victim at almost a ninety degree angle and is stiff like a stick, they called *pujo nəkhi* mosquito-stick. Thus is born new local terminology.

The folk concepts discussed here might be considered nonsense by modern scientists, but it is of critical importance for field biologists, as well as social scientists and primary health care field workers, to comprehend and empathize with the indigenous mode of thinking with regard to malaria. By doing so, conflict between indigenous concepts and modern disease control practice may be avoided.

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