People on the move

Sani Aliou

Woodaabe women on the move. The nomads are fiercely determined to preserve their unique culture.

The movements of nomadic societies follow the rhythm of the seasons. Varying according to lifestyles and the terrain, these movements have various purposes particularly crop gathering, hunting, livestock rearing, and fishing. In order to live and survive, these people have learnt strategies that are adapted to the natural environment. One of the constant challenges facing them is how to deal with health problems as individuals and as a community.

Because they live in dispersed groups and are constantly on the move, modern health structures rarely succeed in meeting their specific needs. So the survival of the group or tribe depends primarily on the relative efficacy of medicinal and other health-related knowledge and practices that have been handed down from generation to generation.

The Woodaabe, a sub-group of West Africa’s large Peul community, live in the arid lands of the Sahel bordering the Sahara Desert and have developed a health system which is an essential component of their strategy for life. They doggedly refuse to settle in one place and are determined to preserve a culture based on extensive livestock rearing. All year round, they follow their huge herds of cattle and sheep across the empty spaces of the Sahel-Sudanese savanna in search of scarce pasturage and water-holes whose presence depends on the capricious rainy season. This forces them into small family or tribal groups, which reduces pressure on the ecosystem.

Their diet is essentially based on milk and milk products, and on such cereals as they can buy from local farming communities that they pass in their travels. Their own health is thus closely linked to that of their animals, and the first words following a greeting are usually inquiries about the health of the family and the animals. During recent famines that decimated the livestock of the Sahel, many stricken owners are said to have gone mad or been forced to the desperate and dishonourable measure of selling a few head of cattle in order to continue their seasonal journeys.

Self-reliance

Like other Sahel people, but more acutely, the Woodaabe suffer from health threats that stem from one of the harshest climates on the planet: malnutrition, diarrhoea, malaria, tuberculosis and deadly epidemics of measles or meningitis. The health problems of more settled communities are dealt with by trained individ-

Among the Woodaabe people of the Sahel, sickness or accidents may occur at any time, so before seeking specialist help, each adult male or female needs to know how to deal with the most common disorders. Every member of the tribe is regarded as a healer.
Sickness or accidents may occur at any time, so before seeking specialist help, every adult male or female needs to be able to do something about it. They invariably carry with them materials such as powders, tree-bark or roots with which to make medicines for emergency treatment. Recipes, knowledge and practices are handed on among members of the group as basic elements of the apprenticeship for adult life. Thus, after one or two childbirths aided by the mother, an aunt or a grandmother, Woodaabe women must be capable for the rest of their childbearing years of delivering their own babies unassisted.

Among the settled communities, the Woodaabe arouse a mixture of admiration and fear. Each member of the tribe is regarded as a healer - but also as capable of casting an evil spell. The Woodaabe frequently sell the products of their pharmacopoeia during their stay near villages or towns.

Preventive medicine is seen as protection from assaults of both a physical and a spiritual nature: on the one hand, from stings, bites or knife-wounds, and on the other, from the harm that invisible presences can do.

**Contact with health services**

The Woodaabe only have recourse to modern health services at a critical stage in an illness. A visit to hospital is a drama which upsets all their routines and a family microcosm forms around the sick person at the hospital. They may be obliged to sell one or more animals to pay for medicines and for the stay in hospital of the sick person and other family members. Parting with an animal for whatever reason is experienced as a tragedy, since each animal is regarded as a well-loved friend. So while they recognize the efficacy of modern medicine, particularly in cases of physical injury or disease, the tribe tend to fear it and regard it only as a last resort.

Indeed, they only come in contact with modern health services when mobile vaccination or screening teams reach them, or if the tribe happens to pass near large villages or towns. There are many social and cultural reasons for shunning these services, including the language barriers. Moreover, the hospital environment with its concrete walls is particularly uncongenial to them.

All these barriers help to explain the distrust and distress that the Woodaabe show whenever they need treatment in a modern building; they also explain why they turn to such services only when they are already at death’s door. As a consequence, the tribe is poorly served by the modern health system and tends to suffer severely from the more common diseases; infant and maternal mortality rates are very high.

The health services should make themselves much more accessible to such nomadic populations. They can also learn from certain attitudes and practices among this community, in which each member is a potential health worker. At a time when health services are busily promoting breast-feeding with posters and commercials, a Woodaabe woman casually remarked: “Our children have always been breast-fed from birth onwards and go on with only breast milk for more than five months. Breast milk is the best food for a baby!” A very vivid practical lesson for mothers from other communities.

Ministries of health would do well to undertake research aimed at: providing services which take into account the social and cultural environment of nomadic societies; making health care and preventive services more readily accessible; and exploring the contributions that the skills and practices of nomadic communities could make to health care.

Dr Sani Aliou is Director of the Department of Health for the Agadez Region, BP 484, Zinder, Niger.