Beliefs and Practices of the Nuer Community towards “Mokism” and Monorchidism in Wanthoaar Woreda and Itang Special Woreda, Gambella Region

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Beliefs and Practices of the Nuer Community towards “Mokism” and Monorchidism in Wanthoaar Woreda and Itang Special Woreda, Gambella Region

This Thesis is submitted to the Department of Special Needs Education in Partial Fulfillment of the Requirements for the Master of Art Degree in Special Needs Education

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Finally, but not the least, though it is impossible to mention names of each individual here below, I would like to extend my deepest thanks to my family members, all my relatives, friends, and colleagues who have materially, financially, emotionally, and technically supported me in one way or the other during the entire time of this research study. It was because of your unreserved encouragement, commitment, and support that enabled the accomplishment of this study; otherwise, this study would have remained a dead dream so far.

THANK YOU ALL IN ADVANCE!
Dedication

This thesis is fully dedicated to my lovely mother, Nyawich Kir Jal, who had not been only an ordinary mother but also doubled as a father, mentor, and advisor since my childhood until her untimely passage to the next life. Rest in Eternal Peace, Mama, I love you so much!
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### Abbreviations

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<tr>
<td>CE</td>
<td>Community Elders</td>
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<td>DDA</td>
<td>Disability Discrimination Act</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>LoL</td>
<td>Lord of the Land</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>NDA</td>
<td>National Disability Authority (of Ireland)</td>
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<td>NdY</td>
<td>Non-disabled Youth</td>
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<td>RL</td>
<td>Religious Leaders</td>
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<td>TH</td>
<td>Traditional Healers</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YwDs</td>
<td>Youth with Disabilities</td>
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<td>TGE</td>
<td>Transitional Government of Ethiopia</td>
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Abstract

This study was conducted in Nuer community in Itang special woreda and Wanthoaar woreda, Gambella region on “Beliefs and Practices of the Nuer Community towards “Mokism” and Monorchidism”. The study has used qualitative method with purposive and snowball techniques to collect relevant data. The tools used for data collection were semi-structured and unstructured interview with opened-ended questions. Study respondents were 28 (M = 23, F = 5); meaning, 4 community elders, 2 traditional healers, 1 lord of the land, 2 youth with inborn monorchidism, 1 non-disabled youth, 8 religious leaders, and 10 health professionals. The main objective of this study was to explore traditional beliefs about the community thinks causes inborn “Mokism”, Monorchidism, and Acquired Monorchidism as well as the applied cultural practices towards persons with these mentioned conditions in the Nuer community. Results obtained from respondents on traditional beliefs about the causes of both inborn “mokism” and monorchidism have fallen under three major sources of beliefs about disability in general: Traditional animalism, Christianity fatalism, and Medical determinism, respectively. Eighteen respondents on “mokism” followed by ten respondents on monorchidism, have said that both inborn conditions are caused by “cultural-related factors” (traditional animalism), followed by medical determinism with 12 & 6 respondents for inborn monorchidism and “mokism”, respectively, and finally, Christian fatalism with 6 & 4 respondents for inborn monorchidism and “mokism” respectively). Study results (findings) have been analyzed using descriptive/narrative method. In general, study results have shown that traditional beliefs about the causes of inborn disabilities are still predominant in the Nuer community. Though explanations on the causes of inborn conditions differ considerably, the results indicated that Nuer community believes their victims “possess” evil spirits, supernatural powers, and killing spirits/powers that can hurt or possibly kill non-disabled community members. In addition, the results have shown that the community has “unique” traditional healing rituals for both inborn victims performed by local traditional healers and lords of the land (leopard skin chiefs) on the one hand, and “simple” to “serious” harmful cultural practices such as “Extermination of Victims”, on the other. According to the study results, most of harmful cultural practices performed on the victims of inborn disabilities directly stemmed from the prevalent negative traditional perceptions and beliefs towards them on the account that the victims possess “perceived” evil or killing spirits and, supernatural powers.
CHAPTER ONE

1. Introduction

1.1. Background of the Study

Our country Ethiopia is a state, which fosters diversity for many centuries since ancient and even modern times. According to the recent studies conducted in the country after the downfall of Dergue regime, it has been indicated that the peoples, nations and nationalities of Ethiopia speak more than 83 different languages (Grade 9th student textbook of history P: 19, MoE, 2005). With these large numbers of languages, we can definitely conclude that Ethiopia, as a country, is not a “Single Nation State” but a “Multination State” inhabited by diverse peoples, nations, and nationalities with diverse cultures, religions, ethnicities, values, norms, and traditions. By considering these realities, the Transitional government of Ethiopia has introduced in the early 1990s federal system of governance characterized by 14 national regional states (recently reduced to 9) based on cultural, linguistic and ethnic backgrounds of the Ethiopian peoples, nations and nationalities, as opposed to Dergue administrative policy (Transitional Government of Ethiopia, TGE, 1994).

However, despite a number of similarities among these national regional states, especially, in terms of political, administrative, educational as well as legislative policies, nevertheless, there are still considerable outstanding differences in terms of socio-cultural, traditional, religious, and ethnic aspects across the said national regional states. The presence of these diverse traditions, cultures, religions and ethnicities, in its own right, has in turn, given rise to the existence (emergence) of a variety of traditional beliefs and perceptions among the peoples, nations, and nationalities of Ethiopia in all aspects of life in general.

Relating these realities to issues of disability such as traditional beliefs, attitudes and/or conceptions (perceptions) as well as cultural practices surrounding it (disability), some researchers (Rahmet, Metasibia & Selamawit, 2000, cited by Tirusew, 2005) have conducted several research studies in the area of disability so far in the country (Ethiopia). For example, Tirussew (2005) stated that, “There is general tendency of
negative attitudes towards people with disabilities that emanate from a number of traditional misconceptions regarding the causal attributions, nature, and consequential prejudices of disability. All this in turn, has resulted in a general popular discernment that portrayed persons with disabilities as weak, beggars (subject of charity) and unable to learn.” Really, is this assertion reflective to all our national regional states? I seriously doubt. This statement seems more probably a portrayal of highland regions such as Amhara, Tigrai, Oromiya, and maybe, with moderate reservations, Southern Nations. My guess lies on the fact that the enumerated national regional states share a number of social, cultural, religious, and traditional aspects as compared to peripheral regions such as Benishangul-Gumuz, Gambella, Afar, Somalia, etc. Therefore, they may have more or less similar attitudes towards disability and persons with disabilities, too. Secondly, most of the researchers (Rahmet, Metasibia, and Selamawit as well as Tirusew) of the existing studies are from those regions, to say the least.

Even though Tirusew (and other researchers in the area of disability) did not specifically make mention of which regions he had conducted his research in (because he simply said ... in Ethiopia), by just reading that statement alone, I doubt whether any one from regions like Gambella, Somalia or Benishangul-Gumuz would really agree with the testimonies above.

Due to these perceived reasons, it can be said that the statement or ideas expressed above shown how their scope and contents are limited in addressing all national regional states’ cultural disability experiences, though they have been portrayed as “National samples” of the country. In fact, the work that had been done so far in “surveying” disability issues in our country is very wonderful, appreciable, and by no means could be underrated. In spite of all this, however, I do not fully agree with the notion that these findings in those previous research studies (works) reflect the “whole” country’s real disability situation on the ground from east to west and north to south.

Therefore, I can say that Tirusew’s statement above does not reflect my culture at all, especially in its traditional context. It is doubtful indeed, whether he and other researchers had really researched inclusively the whole country, including the peripheral regions like Gambella or Afar, to make that statement more conclusive on culture-related
disability issues, for that matter. In fact, the disability context, beliefs, perceptions and cultural practices of Gambella peoples on disability are very different from that of highland regions in many aspects. For example, Tirussew has reported that there is a “General tendency to think of persons with disabilities as ‘weak’, ‘dependent’, and subject of ‘charity’”. This statement is a reverse of cultural disability context and practices towards persons with disabilities in the Nuer community of Gambella region. In contrast to Tirussew’s above account of attitudes towards persons with disabilities in highland regions, the Nuer community does not generally think of persons with disabilities as weak, dependent, and subject of charity, but instead Nuer community members with disabilities, despite the nature (onset) and severity of their disabilities, are equally ‘independent’ (because they are made independent by their families). They may be “physically weak or not”, depending on the severity of the disability, but this could not be a right reason for anybody to beg or depend on the community members in Nuer society as what is generally portrayed here in most highland regions. Secondly, there is no well-established culture of “begging” in traditional Nuer community on any ground in general, whether for (by) persons with disabilities or not, had it been the case, maybe it would have made persons with disabilities to become “subjects of charity” otherwise. That means if anyone is in need (disabled or not), it is his/her family that should fulfill that need such that he/she should not go out at all to the public to seek ‘charity or alms’. This, in part, may be due to the Nuer traditional culture that makes all family members to share almost everything that the “family” possesses, according to their family membership. Despite all these good cultural practices towards persons with disabilities, however, the most important point of interest here is that the Nuer community has divided persons with disabilities into two different general groups based on their disabilities onset. Because the major “dividing-line” for persons with disabilities into two major groups is based on disability onset, the Nuer community, on the one hand, fully integrates and accepts all individuals with acquired disabilities whereas, on the other hand, fears and sometimes rejects those who have been born with inborn-disabilities (congenital disabilities). The reasons attributed for this fear and rejection of individuals with congenital disabilities is grounded on the existing traditional beliefs that persons with congenital disabilities “have evil spirits, supernatural powers, and killing or death
powers or spirits” that actually harm or possibly cause death, failures, bad lucks, misfortunes, etc. on non-inborn disabled community members in general, including their families.

Due to these apparent cultural differences on disability attitudes, traditional beliefs and cultural practices etc., towards persons with disabilities, it can be perceived that the traditional conceptualization of disability itself, too, is as complex as do its components mentioned above. The motive behind my argument is not to critique Tirussew or arguing that these cultural negative attitudes and misconceptions regarding the causes of disability and cultural practices towards persons with disabilities and traditional conceptualization of disability itself are not true. No, it is not like that. They are beyond any doubt of truth; however, they have to be viewed as the peculiar portrayals of cultural and traditional features of disability aspects of the mentioned highland regions only. Therefore, with that point in the mind, I would say that my central point of concern is to emphasize that it is important to acknowledge our “differences” and “diversities” we have across the whole country. Acknowledging the difference of the traditional magnitude, cultural complexities of disability, as well as the context of disability concepts and beliefs culturally attached to these negative conceptions, beliefs and the applied approaches (practices) towards persons with disabilities based on our diversities, is very important indeed. This is because, in a traditional point of view, these “factors” in Gambella region are greatly far different from those of highland regions’ real life situations on the ground as far as traditional disability beliefs, contexts, cultural practices, and experiences are concerned.

For example, with respect to cultural practices of the Nuer community in Gambella region, persons with disabilities in general have “equal” marriage right just like non-disabled community members. The community’s members who had not been able to bear children for themselves either because they were dead before marriage (both male and female ghosts) or because they are barren or impotent individuals who cannot bear children for themselves even though they are physically alive, also enjoy this equal marriage right. Traditionally, while wives are married in the names of the dead persons on the one hand, the living but non-childbearing individuals marry wives for themselves,
on the other. Despite these amazing traditional marriage arrangements for the ‘dead’ and non-childbearing individuals, the reality is that once those wives have been married in their names, then their family members have to delegate or nominate a male relative (or someone outside the family-line) who can bear children in the name of the dead or non-childbearing individuals. This man, who may bear children for another person, in essence is ‘NOT’ a legal father of those children whom he may bear with the married woman by all means, according to Nuer culture. Therefore, through these wonderful traditional (cultural) practices, names of dead persons (ghosts) and those who cannot bear children for themselves while alive due to various reasons, are practically remembered in their generation and generations to come in Nuer community. This cultural practice of the Nuer community in Gambella region is far different on disability as compared to the aforementioned highland regions, according the researcher’s personal knowledge in Nuer community.

This may sound too ridiculous to many outsiders. Nevertheless, the fact is, as it is put by Eskay, Onu, Igbo, Obiyo, and Ugwuanyi (2010) “culture is specific to each human society and its understanding is entirely shaped by the meanings and concepts attached to various behaviors set by the social and economic organizations. Therefore, a culture or tradition of a given society has an unlimited power to impose standards upon all its citizens”. In addition, Murphy (1990) cited by Eskay et al. (2010 P: 475), indicated that:

“Disability has to be defined by the society and has to be given a meaning by a culture [of that society] since there are various cultural perspectives of what disability is and how disability in people is perceived and persons with disabilities are treated in various cultures” [emphasis added].

Based on these understandings, Eskay M.et al. emphasize that the current disability scholars should utilize several social and sociopolitical models of impairment and disability; seeing disability as a “constructed category” which really demands [cultural] conceptual clarification rather than viewing it as a concrete or an absolute concept.

Located in Southwestern Ethiopia, Gambella hosts five indigenous nationalities, namely, Anywaa, Komo, Majang (previously known as Majanger), Nuer, and Opo. These
five indigenous nationalities are culturally different and unique to each other in many social aspects but have been mutually living together for several centuries. Though recently intertribal marriage is becoming a predominant social phenomenon among these nationalities, they are yet to large extent; relatively maintain their individual cultural uniqueness in terms of language, traditional values, customs and norms, traditional political and administrative orientations and cultural practice, etc. Despite that the region hosts five indigenous nationalities, the researcher is however interested to conducting research study only on the Nuer nationality (tribe) with the title: “Beliefs and Practices of the Nuer Community towards Monorchidism and “Mokism”.

1.2. Statement of the Problem

So far, in the background part of the study above many concerns that have pointed out include the importance of acknowledging cultural “difference” and “diversity” among various cultural communities and their disability experiences across the country. Even though some disability researches have been conducted in the some parts of the country, little or nothing is known about Gambella region in general or the Nuer community’s disability experiences in general and monorchidism and “mokism” conditions in particular. Monorchidism (being born with one testicle) and “mokism” (being conceived by a newborn mother who has no menstruation) are both inborn defects that the Nuer community take seriously to an extant that it associates them with ‘evil spirits’, ‘supernatural powers, and ‘killing powers/spirits’. Since disability is not a “tangible” thing that should be agreed upon by different cultural communities, it has to be viewed as a “concept”, a “symbolic idea” attached to “something” else whose “real” meanings and definitions are given in the frameworks of a specific culture and the community that deal with it. This is because disability and all its inherent components are “cultural bounded” (Coleridge, 2009, Haihamo & Lightfoot, 2010).

While fully acknowledging that it is impossible to expect an encompassing national disability study by just two or three researchers within a shorter period, it is equally important, too, to limit our generalizations and conclusions as per the scope of our studies. According to the researcher, with this apparent absence of a seemingly comprehensive national disability study, it seems ‘unreasonable’ to assert that the
existing disability data are representative of the whole country, considering our current cultural diversity. In short, our current “diverse identities” make it too difficult to take one nation or nationality as a “National Sample” and leave behind the rest of other nations, nationalities and peoples of Ethiopia; whether it is a social and/or disability issue. Therefore, viewing our “cultures” (Ethiopian cultures) as uniform, by definition, is unacceptable since it would violate our precious national value _ “Equality in Diversity”.

Doing such a thing would inevitably lead us to serious misunderstandings and ill-founded estimations on the real cultural and/or traditional disability situations on the ground since we may ignore some specific cultural disability experiences of some local peoples within the country because “Each” community has its own understanding of disability in line with its own traditional beliefs (Coleridge, 2009).

According to the available disability accounts from many East African communities (Talle, 1988 cited by Ingstad & Whyte, 1995, Talle 1995, cited by Stone-MacDonald & Buera, 2014), I may not think the Nuer community is far different on general disability traditional beliefs and cultural practices towards persons with disabilities, especially, the acquired disabilities, in particular. However, apart from the present similarities among traditional beliefs and cultural practices in different communities, there is a strong assumption that the Nuer community has “unique” traditional beliefs about the causes of some congenital disabilities and cultural practices towards persons who have been born with such congenital disabilities in general.

Therefore, based on the discussions and this assumption above, it is possible to say that “two major gaps” have been identified so far. First, that the disability research studies that have conducted in some parts of Ethiopia have not included Gambella region in general and the Nuer community in particular. Second, the issues of congenital disabilities in general and that of Monorchidism and “Mokism” in particular, have never been researched in the Nuer community so far. With these two identified gaps in the mind, the researcher has intended to seize this opportunity to conduct research on traditional beliefs and cultural practices of the Nuer community in Gambella region on two specific congenital disabilities with a title: “Beliefs and Practices of the Nuer Community towards “Mokism” and Monorchidism”.

[7]
1.3. Objectives of the Study

1.3.1. General Objective

The main objective of this study was to explore and investigate existing traditional beliefs and cultural practices of the Nuer community towards persons who have been born with monorchidism and “mokism” in Nuer community. Under this frame, the study has specifically given focus on traditional beliefs about the causes of an inborn monorchidism, acquired monorchidism, and “mokism” as well as the accompanying cultural practices (good and harmful) of the Nuer community towards persons with inborn and acquired monorchidisms and “mokism” in general.

1.3.2. Specific Objectives

The specific objectives of the study include:

- To find out how the terms ‘disability’, monorchidism, and “mokism” are defined and understood in Nuer language and cultural context;
- To explore sources of traditional beliefs of the Nuer community about the causes of “mokism” and inborn monorchidism;
- To explore traditional beliefs of the Nuer community about the causes of inborn and acquired monorchidisms and “mokism”;
- To investigate existing useful (good) and harmful cultural practices of the Nuer community towards persons with inborn and acquired monorchidism and “mokism”.

1.4. Significance of the Study

It is a general “truth” that most disability studies that have been conducted in the country were mostly concentrated in some regions only. Some regions such as Gambella for example, have never been included in such disability research studies so far. As a result, disability information of the region in general and Nuer community in particular, are absent in disability issues and histories in academic and national disability fora. Secondly, with the absence of previously research studied in the region in general and the Nuer community in particular, disability awareness in general and on “Congenital
“Mokism” and Monorchidism” in particular is very limited. Due to these very reasons, most people, especially the uneducated mass mostly, do not only understand and perceive the causes of inborn disability and disability itself in traditional and cultural ways but also their cultural practices and services for the persons with disabilities are greatly influenced by these traditional understandings and perceptions. There are simply limited or “No” serious disability awareness campaigns and trainings on “alternative” modern scientific and biological causes of disability, intervention strategies, etc. As contended by some disability scholars, research is the only tool that can be used to find out and ascertain presumed facts and/or human problems pertaining social, political, economic, and cultural issues. This is so true because the information obtained directly from the original primary sources for a given social issue or a problem in its cultural context, is the key to understanding that issue as far as sociocultural contexts of human behaviors are concerned (Ingstad & Whyte, 1995).

Therefore, among the variety of significances of the study, the researcher believes the study:

- Will conceptualize and expose the nature and extent of the traditional beliefs about the causes of inborn monorchidism and “mokism” of the Nuer community;
- Will inform general Nuer community members about the degree (level) of harmful cultural practices towards persons with inborn monorchidism and “mokism”;
- Will inform the academics, the Nuer community intellectuals, and other concerned bodies about the actual “congenital disabilities” situations in general and “Mokism” Inborn Minorchidism” in particular, of the Nuer community versus acquired disabilities so as to make “informed” decisions on intervention strategies and support services for persons with inborn disability according to the modern and “new” disability perspectives;
- Will create awareness for the victims of an inborn monorchidism and “mokism”, their families as well as the community as a whole;
Will correct the existing traditional misconceptions and wrong generalizations that persons with inborn monorchidism (one testicle) and “mokism” possess “evil spirits”, “supernatural powers” and “killing or death powers” that can hurt or possibly kill other non-disabled community members; by presenting biological and scientific factors as the causes of disability;

Will share traditional and cultural disability experiences of the Nuer community thereby contributing to the existing disability literatures with new insights and stories that would expand our current cultural understandings of disability in Ethiopia from the known disabilities to culturally entrenched “Mokism” and Inborn Monorchidism” disabilities from the Nuer traditional contexts and perspectives;

Will fill in the information gap on “National Differences” of traditional beliefs about the causes of “congenital disabilities” and cultural practices towards persons with disabilities between highland regions and Gambella;

Will serve as a reference in the area of disability for the Nuer community in the academic arena in particular;

Will open up new “gate” and opportunities for researchers who may be interested in conducting an in-depth cultural-based disability in the Gambella region in general and in the Nuer society in particular, in the near future.

1.5. Scope of the Study

As mentioned in the background of this study above, Gambella as a region is inhabited by five indigenous nationalities, each of which is mutually unique from others in terms of cultural and social aspects. Because of this apparent social and cultural uniqueness, disability context and perceptions of each of these nationalities is also different across the region as far as traditional beliefs towards the causes of disability and cultural practices towards persons with disabilities are concerned. So, by considering these realities and facts on the ground, this study was confined only to the Nuer nationality (tribe) with specific objectives to exploring “Beliefs and Practices of the Nuer
Community towards Monorchidism and “Mokism” in Itang Special Woreda and Wanthoaar woreda. Itang special woreda is located west of Gambella capital (Gambella) whereas Wanthoaar woreda is found in Nuer administrative zone in the utmost western part of Gambella region bordering with Southern Sudan.

1.6. Limitations of the Study

Limitations of this study include absence of previously research studies on disability in general and on traditional “Beliefs” and cultural “Practices” on “Mokism” and “Monorchidism” in particular in the Nuer community, inadequacy of traditional healers and lords of land (leopard skin chiefs) and individuals with inborn monorchidism and “mokism” and absence of their families among the study respondents, rampant insecurity in the study region (Gambella) during the time of data collection, limited professional knowledge and experience in research work, time and financial constraints.

1.7. Organization of the Study

This research study has been organized into four major chapters. The first chapter deals with the general introduction and the background of the study, statement of the problem, objectives of the study, significance of the study, delimitation (scope) of the study, and operational definitions of important terms. The second chapter entirely deals with literature review on sociocultural disability perspectives in Africa in general and Ethiopia in particular. The third chapter is devoted to research methodology, research design, study respondents population and sampling, sampling techniques, instruments of data collection, data collection procedures, methods of data analysis and finally, ethical issues and considerations. Finally, the fourth chapter is dedicated to the research findings, data analysis and interpretation, discussions, conclusion, recommendation, references and attached appendices.

1.8. Operational Definition of Terms

Most of the words that have been used in this culture-based study, are, too, cultural or Nuer language terms or words. Therefore, the following terms have operationally been defined for the sake of this study on purpose so that they are clearly
understood throughout this study since most of them do not have scientific or literal meaning in English language.

“Dayom” (pronounced as ‘da-yom’): Is a Nuer term or name for a traditional magician who has a power of telling mysteries to local Nuer community members in the Nuerland.

“Mok”: Is a Nuer term which refers to a child (male or female) who has been conceived by a mother and born by who has no menstruation before his/her conception because she has not resumed her monthly periodic menstrual cycle.

“Mokism”: Is a term derived from the Nuer term “mok”. It refers to a Nuer language ‘word’ which explains an unusual congenital conception condition in which children are believed to be conceived by women who have no menstruation before their conception or pregnancy of those children because they are ‘new-born’ mothers who have not resumed their monthly menstrual periodic cycle yet.

**Bridewealth**: Refers to an amount of cattle paid as dowry (marriage price/payment) by Nuer men for marrying wives in the Nuer community according to Nuer tradition.

“Buom” (pronounced as ‘bu-om’): Is a Nuer term that refers to any congenital disability that affects both females and males. It is “Bum” in its plural form. It is the most feared types of disability because Nuer people usually associate it and its victims with “evil spirits”, supernatural powers, and “death or killing spirits and powers” as well as all “misfortunes” in Nuer community. “Mokism” and Inborn Monorchidism are categorized within or under “Bum” disability category.

**Community elders**: Refer to study respondents from Nuer community elder members comprised of both older women and men who have rich knowledge in congenital conditions such as monorchidism and “mokism”.

“Guar” (pronounced as ‘Gu-ar’): Is Nuer word that refers to any adventitious or acquired disability, which results from accidents after birth. It is not feared at all as compared to congenital ones; nor are its victims associated with evil spirits, supernatural powers, killing spirits, and “bad lucks” or “misfortunes” in the Nuer community and culture because everybody accepts and believes that there is a possibility for him/her to acquire
disability in lifetime. Guar is categorized under acquired (adventitious) disabilities category.

**Lords of the land**: Refer to traditional earth masters (leopard skin chiefs/earth priests) who treat (heal) monorchid children, bless and neutralize land and environmental pollutions, heal epidemic humans and domestic animals diseases, manage and control rain and water related catastrophes, heal human incestuous sexual sickness, mediate and resolve communities feuds, etc., in the Nuerland.

**Monorchid**: Refers to a male person who has been born with one testicle only. It is equivalent to the Nuer term called “Toor”.

**Monorchidism**: Refers to an inborn disability condition in which a male child is born with or having one testicle only.

**Religious leaders**: Refer to Christian religion high-ranking officials and study participants that include pastors and deacons.

“**Toor**” (pronounced as ‘to-or’): Is a Nuer term, which refers to a male person who has been born with one testicle (monorchidism or monorchid). The Nuer community perceives him as possessing extraordinary ‘evil spirits’, ‘supernatural powers’, and ‘killing powers or spirits’ that bring “bad lucks” and “misfortunes” to non-disabled community members, including their families and domestic properties.

**Traditional Healers**: Refer to Nuer community’s traditional healing experts who treat (heal) children with inborn “mokism” and monorchidism in the Nuer society.
CHAPTER TWO

2. LITERATURE REVIEW

2.1. Introduction

So far, rough attempts have been made in the background and statement of problem parts of the study to visualize and conceptualize (understand) “traditional beliefs” about disability, “social construction” of disability, and applied “cultural practices” towards persons with disabilities, etc. However, these attempts and discussions are not enough to shed the light on a big picture of cultural disability understanding and conceptualizations. Therefore, this chapter tries to discuss (highlight) and shed enough light on more specific important and major traditional and/or cultural disability concepts, beliefs and practices towards persons with disabilities in general by reviewing substantiated research findings and evidences of disability literature on cultural and social disability perspectives in the world in general and Ethiopia in particular.

2.2. Definition Of Disability: Is It An International Definition?

Several literature accounts and disability scholars have indicated that there is difficulty in defining the term “Disability” in an international and inclusive context, which fits all cultures worldwide (Ingstad & Whyte, 1995). According to some researchers, this challenge in defining disability internationally may be, in part, is because definitions of disability do not only change over time but also vary across various world traditions and cultures (Eskay et al., 2010). This difficulty in establishing an all-cultures-inclusive definition of disability is not a past feature in time but is still a routine experience of present researchers of our time, too. For example, Stone-MacDonald and Butera (2014) in their recent literature review on disability in East Africa have admitted that:

“It is difficult to establish answers to fundamental questions about disability in East African local communities, which in part, due to the fact that definitions of disability ‘differ considerably’ in these communities, as it has been observed also across many countries and communities throughout the world” [emphasis added].
However, despite this challenge in defining disability, Eskay et al. (2010) and Ingstad and Whyte (1995 p: 6) cited by Stone-MacDonald and Butera (2014), in an attempt to answer this apparent international disability definitional challenge have offered the definition forwarded by the World Health Organization (WHO) on three major “conceptual” terms in the following manner respectively:

“An impairment refers to any abnormality of psychological, physiological or anatomical structure or function; whereas, disability... is any restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within the range considered normal for a human being. Handicap, on the other hand, is a disadvantage for a given individual, resulting from an impairment or a disability that prevents the fulfillment of a role that is considered normal (depending on age, sex, social and cultural factors) for that individual” (WHO, 1990 p: 213).

Nevertheless, this (WHO) definition, as a matter of fact, if we critically look at it, it is possible to assert that it lacks “inclusiveness” because it has rather gave disability a broader definition that just draws an attention on the three major terms such as ‘impairment’, ‘disability’, and ‘handicap’. In addition to the observed disability definitional deficiency in the above statement, Smith (2007) cited by Eskay et al. (2010), further indicated that, “There is often some sort of confusion on the World Health Organization’s definition; especially when these three terms are used interchangeably or in the way they are defined in particular”. Therefore, due to the presence of this confusion amongst these terminologies, a strong reaction has been voiced against the way they are often used since the 1970s by several representatives of organizations of persons with disabilities and professionals working in the field of disability. The terms ‘disability’ and ‘handicap’, for example, are often used in an “unclear” and “confusing” way which gives poor “guidance” even for policy-making and services provisions because they heavily reflect a medical and diagnostic approach, which in turn, ignores the realities of human imperfections and deficiencies surrounding our societies” [emphasis added] (Eskay et al., 2010).

In order to correct this fundamental confusion on disability definition, WHO has however recently adopted a little bit comprehensive approach in its international classification system of human impairments, disabilities and handicaps of 2000 definition
of disability, that is, the International Classification of Functioning, Disability and Health (ICF) (Eskay et al., 2010). This disability classification system, looks relatively comprehensive than the 1990 WHO definition because it suggested a more precise approach in defining disabilities that considers environmental factors; but still it could yet be felt that is not “inclusive enough”, too, because it has again ignored human cultural diversities and social construction of disability. (Of course, it is not known for sure here, whether the WHO’s referred “environmental factors” are used to mean physical environmental factors that are exclusive to “perceived social disability obstacle factors”.) However, whatever the case in point might be, it is this ‘new’ international classification of human impairments, disabilities and handicaps that is used these days in areas such as rehabilitation, education, statistics, policy, legislation, demography, sociology, economics and anthropology (Eskay et al., 2010).

On the other hand, apart from WHO’s general disability definition, disability discrimination act (DDA) defines [a person with disability] or (‘disabled person’, according to this act anyway) as “Someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”. The DDA sets out the circumstances under which a person has to be considered as ‘disabled’ person if:

- They have a mental or physical impairment;
- The impairment has an adverse effect on their ability to carry out normal day-to-day activities;
- The adverse effect [of their disabling condition] is substantial and long-term (meaning if it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of the person’s life).

In addition to the above outlined factors, DDA has also argues that there are some “special provisions” which could be covered under this act such as “progressive conditions and past disability.” In defining ‘normal day-to-day activities,’ DDA states that at least one of the following areas should be considered as a crucial dimension or component of that definition. One or more of the following areas of human life aspects must be adversely affected:
“Mobility, manual dexterity, physical coordination, continence (exercising self-restraint, especially sexually), ability to lift objects, carry or move everyday objects, speech, hearing or eyesight, memory or ability to concentrate on a task, learn or understand, understanding the risk of physical danger, etc”. (retrieved from <ahref=http://www.disabled-world.com/definition/disability-definitions.php>definitions of disability</a>-disabled world</i>)

In DDA’s definition of a “Disabled” person, the areas of human day-to-day activities are crucial in determining whether a person has a disability or not in terms of physical and mental fitness. Despite the fact that all the mentioned characteristics are real and useful criteria in assessing whether an individual is ‘disabled’ or not in developed cultures on the one hand, an extreme opposite to this view of disability assessment criteria on the other hand, is the Nuer cultural criterion for qualifying some individuals with congenital conditions such as monorchidism and “mokism”. These congenital conditions, in essence, do not necessarily have much physical or mental limitations or implications in what we referred to as day-to-day activities (including reproductive and/or biological limitations). Instead, Nuer culture ironically views these congenital conditions far beyond known physical, mental, and academic limitations. That is to say, the Nuer culture uses its own unique criterion by relating these two congenital conditions (monorchidism and “mokism”) with supernatural powers and evil spirits; leading the local Nuer community members to terribly fear people having these congenital disabilities.

This terrific cultural disability scenario of the Nuer community cannot be taken for granted to comprehend or even to consider it “true” except in the light of the words of one disability scholar called Murphy (1990) cited in Eskay et al. (2010). In order to understand and define disability, Murphy contended that it should only be understood in its cultural perspectives because it (disability) had been defined by the ‘society’ and was given a meaning by a ‘culture’ because there are various cultural perspectives of what disability was and how disability in people was perceived and treated in those various cultures.

So far, detailed review and discussions related to problems and deficiencies associated with disability definitions have been attempted above. Even though there is no
consensus reached on a definition which should be taken as an international disability definition, we can acknowledge that the two WHO definitions as well as DDA’s are useful for educational and policy-making on social issues affecting persons with disabilities. In a general note, however, with respect to the present “diverse” human races and cultures in the world, it is not possible to expect “one size fits all” approach to disability definition at all. Therefore, what works best is to accept that everything pertaining disability and its accompanying issues is culturally “relative” and so do its definitions, too.

2.3. Collective Sociocultural View of Disability in the World

Do we really have an international or collective view of disability? As an answer to this simple question, Eskay et al. (2010) answered that, “There is no collective world view of disability; rather one’s disability and culture are central to determine the position or the status of that individual in a given specific society”. With this principle and understanding of disability in the mind, these writers indicated that, “Persons with disabilities whose disabilities frequently conform to the existing social or cultural expectations and norms within a specific cultural context are [often] rewarded for that behavior”. This assertion clearly shows that local cultures tend to “accept” those who are willing to conform to given cultural values, standards of behavior and “ethical concerns”. Apart from cultural view of disability, these scholars have however argued that “Cultural understanding [of things]” is also shaped by the meanings attached to various behaviors set by the social and economic organizations of a given society because culture has power to impose standards upon all citizens in that specific culture (Eskay et al., 2010). However, from the cultural perspectives disability can also be perceived differently in both large-scale and small-scale societies. For example, in small-scale society, close interactions between individual members are the norms of the day whereby each individual, whether disabled or not, may have extended and multi-strand relationships with other members of that society (Scheer & Groce, 1988, as cited in Eskay et al., 2010). This is because the social identity of individual members in small-scale societies is based on family, clan and other related characteristics but not on the individual’s physical characteristics as per se (Eskay et al., 2010).
Apart from the above sociocultural views about disability, Becker (1963) and Scott (1969) cited in Eskay et al. (2010) respectively, indicated that disability, unlike impairment and handicap, is a “learned social role”. This statement implies that, ‘disability’, like all other forms of social deviances, can be viewed not as an ‘objective physical and mental condition’ alone but, instead it has to be seen as a ‘role into which people are accordingly placed within social and community positions and affairs’ [emphasis added].

Due to these social and cultural aspects of disability, Massie (2006), cited in National Disability Authority (NDA, 2007) indicated that, the “social constructions” of disability and “accepted way of thinking, reacting and doing business have become firmly embedded in society [ies] and can be remarkably resistant to change”. Moreover, because disability is a ‘social construct’ it also implies that traditional negative attitudes [towards people with disabilities] have become institutionalized [emphasis added]. Massie has emphasized this view of negative social attitudes towards persons with disabilities like this:

“We often see the impact of negative attitudes in how one person treats another. Negative attitudes are also the foundation stones on which disabling policies and services are built [in human societies]. Harmful attitudes that limit and restrict opportunities [for persons with disabilities] are institutionalized in policies and services so as to maintain the historic disadvantage that disabled people have faced for so long” (Massie, 2006).

Similarly, Biklen (1987) and Taylor et al. (1993) cited in NDA (2007), further indicated that the major reason proposed for negative social attitudes, resulting in the denial of basic values and rights or conditions is, “The way disability is portrayed and interpreted in the society”. In addition, Biklen (1987) and Taylor et al. (1993) cited in NDA, added that major barriers to social inclusion of persons with disabilities in community level, is because, “Social construction of disability, which in turn, has led to the birth of negative attitudes and discrernments towards persons with disabilities. These negative attitudes and discrernments towards persons with disabilities have in turn become structured into “social patterns” of segregation and discrimination”.

[19]
Moreover, in a similar context, Berger et al. (1966) cited by Devine (1997) as cited in NDA (2007), indicated that the theory of social construction [of disability] attempts to explain the process by which knowledge is created and assumed as “reality”. This idea, too, was echoed somewhere else by Douglas (1970) cited by Devine (1997) as cited in NDA (2007) who clearly demonstrated how this theory of social construction of disability works in human societies by asserting that, ‘normally, “meanings and concepts” in general, are ‘created’, ‘learned’, and ‘shared’ by people and then reflected in their behaviors, attitudes and language’. In short, particular social construction of disability portrays people with disabilities as “others” and “not” as an integral part of the ‘normal’ world. Therefore, according to Douglas, these examples from negative social attitudes clearly show us how negative human attitudes and behaviors develop from this world view of disability [and how those negative attitudes and behaviors are applied in traditional social services towards persons with disabilities].

Furthermore, concerning collective sociocultural view of disability, elsewhere, Crow (1996) cited in NDA (2007), emphasized that “One can think of impairment [and/or disability] in three, but related ways. First, there is the ‘objective concept’ of impairment. Second, there is the individual interpretation of the ‘subjective experience’ of impairment [or disability]. Finally, there is the ‘impact of the wider social context’ upon impairment in which misrepresentations, exclusion and discrimination [are] combined to ‘disable’ people with impairments and/or disabilities. According to Crow’s notion of these three ways in which people perceive disability or impairment, it is from the third aspect of impairment (disability), that is “the impact of the wider social context upon impairment [and/or disability] in which misrepresentations, exclusion and discriminations are combined to ‘disable’ people with impairments and/or disability that is not inevitable.” Therefore, as such, these socially constructed interpretations, misinterpretations, and meanings attached to disability “are not fixed or inevitable” and for this reason, there must be need for them to be replaced with alternative interpretations.

Similarly, Olkin et al. (1994) cited by Devine (1997) as cited in NDA (2007), informed that the social construction of disability represents “a basis from which barriers
to inclusion of people with disability are created”. Due to this reason, “people with disabilities experience decreased expectations from people without disability and limited inclusion in society” (Bogdan et al., 1992; Safilios Rothschild, 1976, cited by Devine, 1997, as cited in NDA, 2007). In short, all these evidences are indications showing that the understanding of “social constructions of disability” is an important tool that can help explain why people with disabilities have been sidelined and discriminated against their basic human rights. It also indeed, helps people to draw an attention to what needs to be done to eliminate these existing negative attitudes worldwide. In other words, this means that, new interpretations of impairment and disability should be informed by the experience of the people with impairments and disabilities in a wide range of social aspects. These may include such things like facilitating their rightful social participation in the mainstream activities and the recognition and defense of the common values of autonomy in local communities, self-determination, equality, dignity, social justice and diversity that are rooted in every person and of the rights that flow from them [emphases added].

Generally, based on review of collective sociocultural view of disability discussion, it can be concluded that there is “No” similar collective view in the world as a whole, though there are some apparent and relative similarities in the developed Western countries and some cultural communities in Africa. However, the fact is that there is “disability concept” in every human society because disability itself is a social “construct” and a “human making”. Therefore, in a general view, we can understand that “disability views” are “unique” and “vary” from country to country and community to community across the globe. This in turn, tells us that people who are working on disability should not only keep this concept in their mind but also should view disability from the specific perspective of the country or community in which they are working or conducting disability study, etc.
2.4. Cultural Perceptions towards Persons with Disability

Before we talk in detail about how culture affects the way in which people perceive, evaluate, value, devalue, and react to disability as a “concept” or a “real” and persons with disabilities, it seems so important if we could first see what ‘culture’ itself is. So, in this case, what is culture and how is it understood in relation to disability?

According to Banks (2001) cited by Eskay et al. (2010), culture can be broadly seen as:

“A ‘traditional’, a written or an oral method used to pass cultural heritage from one generation to another. The development of genetic theory has come to view culture in a traditional sense as a ‘kind of gene pool’ existing at the level of social symbolism and meaning rather than biology and with ideation rather than material existence.”

On the other hand, other scholars such as Bourdieu (1977) and J. Banks and M. Banks (2001) cited in Eskay et al. (2010), saw culture as a “social process” with specific emphasis to [human] diversity, which emanates from the richness of individual cultural knowledge. Therefore, culture as a social process from the perspectives of Bourdieu (1977) and Barth (1989) cited by Essay et al, emphasizes three important points or components in its definition, namely:

- Systematic process in the allocation of power within specific culture;
- Social conflict that uses both tradition and conflict to systematically generate a new order of behavior within and outside of a given culture; and
- Human interactions, which are influenced by the vital roles played by agreements and conflicts as tools that a culture might use to realize a new order, or restructure the older ones.

Therefore, culture, in the words of Eskay M. et al. (2012), can be seen as a ‘construction of reversible reactions because it constructs us, and we in turn, construct it’. However, this construction of culture by human beings does not necessarily imply that all thoughts, feelings and human activities are natural; but are the result of historical
experiences that become an integral part of the culture. In comparing small-scale agrarian society to a large-scale industrialized society, Eskay M. et al. (2012) had observed that culture is seen to be “different” across the globe depending on the composition and economic nature of these societies. These differences in cultures are also emphasized in the way and manner in which people with disabilities are, have been perceived and treated across the globe.

According to Eskay et al. (2010), the concept “culture” itself has many versions in its contemporary use. For example, if it is used metaphorically culture may mean, “An attitude, a fashion, a behavior or a way of doing things”. [So, based on this understanding of culture], it is common for a new design of clothing to be marketed in a way that allows the wearer to dress in a trendy style that expresses a given cultural pride. (Retrieved from http://fashion-era.com/trends_2007a/index.htm by Eskay et al., 2010)

In addition, LaGuardia and Guth (2003) cited by Eskay et al. (2010), indicated that most cultural anthropologists define culture as, “A total way of life for a society, its traditions, habits and beliefs”. Similarly, Goodenough (1987) cited by Eskay et al. (2010), on his part, has specifically defined culture as, “A way of perceiving, believing, evaluating, and behaving”. According to, Eskay et al, Goodenough’s views of culture provides a “blue print” that provides a method of “examining” how individuals may think, feel and behave within a society. Furthermore, LeVine (1984) cited by Eskay et al. (2010), saw culture as, “A shared organization of ideas that included the intellectual, moral and aesthetic standards prevalent in a community and meanings of community actions”.

Therefore, in a general view of the concept ‘culture’, Eskay M. et al. assert that we can now understand that culture denotes an “identifiable pattern” of behaviors exhibited in response to diverse phenomena in social environments by attaching specific meanings to individual and group encountering that environment”. On the basis of this understanding that culture influences people’s conceptualization and perception of the world, according those scholars, it is possible to say that “People create meanings [and interpretations] from their interactions with their world (environment); these meanings and interpretations about humanity, nature and life; in turn give rise to a philosophy about
that society. It is from this philosophy that those individuals establish a ‘reference point’ from which to judge actions, or non-actions of a given society. A culture learned varies over time with a language as a key feature differentiating it from other cultures in the world. Language also varies over time, too” [emphases added].

The concept of disability itself and cultural perceptions towards people with disabilities must not be taken for granted. This is because, as simply put by some disability scholars such as Ingstad and Whyte, “One cannot be simply labeled as ‘disabled’, basically for the simple reason that the concept or word “disability” as a recognized category, does not actually exist in some world cultures and societies”. Because of this complex view of who should be considered as “disabled” and who is not, Ingstad and Whyte noted that, “There are blind people, lame people, deaf, cripple, and “slow” people, but the word “disabled” as a general term does not translate easily into many languages in the world” (Ingstad & Whyte, 1995). Secondly, these scholars have also observed that another major challenge facing disability scholars in the world is the cultural concept of “physical difference and personhood” in human societies”. Therefore, in order for us to have a clear picture of disability, its cultural concepts and perceptions towards people with disabilities, we need at least to understand and see what “physical difference” and “personhood” really mean in different human societies.

According to Ingstad and Whyte (1995), personhood refers to the “valuation of others in contrast to the reflexive sense of self”. Therefore, according to them, there are “significant characteristics of a person based on cultural ‘valuation’ of personhood and physical differences in appearance”. Based on this cultural ‘valuation’ principle, Ingstad and Whyte contended that one of the basic questions for cross-cultural research on disability is that of “How biological impairments relate to personhood and to culturally defined differences [among persons in different societies]. In this case, are people with impairments impaired people, or [alternatively], are they valued differently than other members of the society?” [Emphases added].

Answers to this basic question, as could be expected, are not only surprising but also are so intriguing at the same time. Sargent (1982) and Scheper-Hughes (1992) cited in Ingstad and Whyte (1995) reported some complex and heart-striking accounts from
some societies in the world, that suggest individuals with certain kinds of impairments of biological characteristics may ‘not’ be considered as humans. Implies that, even though these individuals are virtually humans “biologically”, there may be a point at which such individuals’ “humanity” or “personhood” is in doubt, according to some cultural beliefs. Due to these differences in the way communities ‘value’ personhood, Sargent, reported that ‘there is a wider difference between the Western cultures and other cultures in the world.’ For example, Sargent indicated that an abortion of a defective fetus is considered more acceptable than that of a “normal” one in Western cultures, a notion suggesting that the human status of an ‘impaired’ individual is more “negotiable”. On the other hand, the writer has nevertheless equally asserted that in many non-Western societies, infants who have been born with birth defects are more likely seen as “inhuman” as compared to those who acquired their defects later in life after “humanity” and “personhood” have already been established in those societies (Sargent, 1982, cited in Ingstad & Whyte, 1995).

Similarly, Scheper-Hughes (1992) cited by Ingstad and Whyte (1995), has also reported existence of similar accounts across different countries in the world whereby infants who have been born with birth defects are not ‘anthropomorphized’ (not assigned human attributes of personhood) but, instead are all expected to die. Based on these cultural attitudes towards infant who have been with birth defects, Scheper-Hughes informed how the ‘impoverished’ women in northeast Brazil neglect their “poor little critters” and compares them to Nuer “crocodile infants” and Irish “changelings”, all, with no exception, have been excluded from the realm of ‘humanity’ in those mentioned cultural communities. With these observations in those communities, Scheper-Hughes concludes that the “sickly”, “wasted”, or “congenitally deformed infants” challenge those presumed tentative and fragile symbolic boundaries between ‘humans and nonhuman’, ‘natural and supernatural,’ ‘normal and abominable’ (Scheper-Hughes, 1992: 375 as cited in Ingstad & Whyte, 1995).

Moreover, elsewhere, Ingstad and Whyte (1995) further reported the variability of ‘cultural conceptualization’ of humanity across the globe concerning human anomalies. Though it differs greatly from one society to another for the fact that most of those
differences in anomalies do not correspond directly to biomedical definitions of impairments [and disability], individuals with anomalies are seen as ‘inhuman’ in some societies. For instance, Sargent (1982) cited by Ingstad and Whyte (1995), asserted that the Punan Bah tribe does not consider “Twins” as human beings nor children born with “Teeth” by the Bariba. These two examples clearly show that such traditional ‘valuation’ of human beings on those unscientific claims and categorizations, according to Sargent (1982), may easily lead to “stereotype generalizations” [especially in the context of the cultural construction of disability with regard to what really constitutes “personhood” and “inhumanity” in the first place] [emphases added].

Furthermore, Tirussew (2005) in his recent study on Ethiopian cultural context and experiences of cultural perceptions towards or evaluation disability, its casual attributes and persons with disabilities informed that, ‘there is a general tendency to think of persons with disabilities as weak, hopeless, dependent, and unable to learn and the subject of charity’ [in many Ethiopian regional states] (Tirussew, 2005:7).

However, despite the above apparent negative testimonies about the “personhood and physical differences” of persons with disabilities around the world, Talle (1988) cited in Ingstad and Whyte (1995) has something positive to say about the Maasai of Kenya. According to Talle the Maasai of Kenya thought, “It is wrong to kill or mistreat deformed or impaired children because they are of the “same blood”; meaning that they are human beings”. Talle further explains that:

“The Maasai believe that a child who has been born by a man and a woman in a legal marriage, is by definition, ‘a member of a social world’ consisting of relations preceding its birth; though he/she has to go through a number of ‘humanizing’ and ‘socializing’ rituals to be a full member of its society, no doubt, the child is a “social being” at the time of its birth” [emphases added].

Therefore, based on this traditional concept of humanity, Talle further noted that the Maasai strongly believe that mistreating such a child would not only mean “a grave sin against God” but should also be interpreted as mismanagement of divine as well as human relations in their society [emphases added] (Talle, 1988, as cited in Ingstad & Whyte, 1995).
Similarly, other disability scholars have indicated the existence of the same positive cultural accounts towards persons with disabilities elsewhere in African continent (Devlieger, 1995; Ingstad, 1995; and Zhang, 2001; cited by Stone-MacDonald & Butera, 2014). These African disability scholars noted that, “It is not uncommon in Africa to find that an individual who is usually identified as “disabled” in the developed world may not be considered “disabled” in many African communities if they can participate in most important life activities, such as ‘bearing children’” [emphasis added] (Stone-MacDonald & Butera, 2014).

In the above review on discussions of cultural perceptions towards persons with disabilities concerning what constitutes “personhood” throughout the world, it is clear that many cultural-specific experiences have been surveyed from different world countries and communities. The most common features among these cultural disability perceptions towards persons with disabilities are that they have negative and positive aspects alike. Secondly, most of these cultural perceptions towards persons with various types of disabilities across various communities are predominantly characterized by specific perceptions towards persons with disabilities depending on each specific types of the disability they might have. For example, the impoverished women in northeast Brazil neglect their “critter” children, the Nuer “crocodile infants”, and Irish “changelings”, the Punan Bah “Twins” and the Bariba children born with “Teeth” are not perceived as humans at all, with no exception (Scheper-Hughes, 1992: 375 as cited in Ingstad & Whyte, 1995). While on the other hand, Talle, elsewhere informed that mistreatment of children with disabilities is not only unacceptable but is viewed as “a grave sin against God” that should be interpreted as mismanagement of divine as well as human relations in their society (Talle, 1988, as cited in Ingstad & Whyte, 1995). These examples showed that cultural perceptions towards persons with disabilities or factors that could constitute “personhood” and “physical difference” are not uniform throughout the world. Therefore, those concepts have to be understood and perceived as such according to the specific traditional and cultural community perceptions in which they are found in general.
2.5. Beliefs and Attitudes about Disability in East Africa

Stone-MacDonald and Butera (2014) in their recent review of disability studies on “Cultural Beliefs and Attitudes about Disability in East Africa” found that traditional beliefs about the causes of disability continue to be prevalent in East African communities. Though some scholars in the area of disability strongly contended that beliefs and attitudes about diseases and disability are not only different over the world, they also believe that these beliefs and attitudes are also constantly changing through time (Groce, 1999, cited in Haihambo and Lightfoot, 2010). Because of these reasons, Groce (1999) cited by Haihambo and Lightfoot (2010) warns that cross-cultural issues and [studies] in the disability arena should keep in mind that socially constructed concepts and beliefs about disability are “constantly changing” [as time passes over] [emphases added].

Similarly, Haihambo and Lightfoot (2010) in agreement with the above concept added, “Research of myths and beliefs about disability in sub-Saharan Africa are [greatly] varying regarding myths about the causes and nature of disability, which relate to different understandings and meanings of disability across the continent”. Therefore, critical care should be taken if one attempts to assess or explore these disability myths in Africa because of the reason that “These myths about disability are “Not universal” across Africa since there are various etiological myths with regard to different categories of disability in the continent; varying according to diverse cultural groups” [emphasis added].

Furthermore, Ingstad and Whyte (1995), on their part indicated, “Such beliefs [about diseases and disability] are usually common, shared cultural knowledge, and are embedded in the cognitive structure of the society. People usually have their own specific understanding of the cause and development of a disease case [or disability] that draws partly on the repertoire of general beliefs as well as situational factors of social, economic, and political nature”. This particularly means that, according to Ingstad and Whyte, “A contextual analysis of the disability case is instructive if we really want to grasp and understand that phenomenon in its full social and cultural setting” [emphasis added].
Of more recent, however, Skinner & Weisner (2007) cited by Stone-MacDonald and Butera (2014), in line with the above context have also contended that, “Cultural beliefs and values play a critical role in how families and educational programs interact. As parents try to make meaning of their child’s disability, they draw on cultural beliefs and values as well as their understanding of ‘normative’ development for their culture”. Otherwise, according to “Misunderstanding of cultural beliefs may interfere with family participation in programs whereas, on the one hand, while understanding of cultural beliefs can [definitely] facilitate trust between families and education programs, on the other” [emphasis added] (Lamorey, 2002, cited by Stone-MacDonald & Butera, 2014).

Similarly, Peters (1993b) cited by Stone-MacDonald and Butera (2014), in a similar but a bit an expanded understanding of the importance of respecting cultural beliefs. He argued that peoples working with local communities on disability and/or other businesses should not only respect local cultural values but also they should, “Prefer the use of ‘pluralistic paradigm’ where normal functioning [of a given situation or an individual person] should be based on local cultural beliefs and values”. In an international context, a number of scholars in the field of disability have voiced the same concern by emphasizing that discourses on cultural beliefs and values about disability have to “influence services available to people with disabilities” across countries and localities (Mallory et al., 1993; Teferra, 1993, Mutua & Dimitrov, 2001, all cited by Stone-MacDonald & Butera, 2014).

Based on review and discussions above, we have seen that many scholars in the area of disability have repeatedly pointed out the importance of “valuing” local traditional beliefs about disability and the “attached” cultural practices towards persons with disability. Therefore, the current disability study needs to (should) pay an attentive focus on social and traditional aspects of disability, and more importantly, the local knowledge of the underlying social and traditional beliefs and perceptions about the causes of disability. This is because the awareness about the “social construct” of disability is increasingly becoming an international agenda that focuses specifically on its social and cultural perspectives of the local communities. In short, as simply put by Teferra (1993) cited by Stone-MacDonald and Butera (2014), “We need to take a holistic
approach” in order to best deal with the disability and provide a successful support for children and adults with disabilities. In general, the central idea is that disability scholars have to take heed on any attempt that may ignore these traditional and cultural perspectives as non-integral part of disability affairs and intervention programs. Without respecting those traditional norms, the whole labor (work) on disability programs will never be successful by the end of the day, otherwise (Mallory et al., 1993; Peters, 1993b; Teferra, 1993; Mutua & Dimitrov, 2001; Skinner & Weisner, 2007, all cited by Stone-MacDonald & Butera, 2014, and Ingstad & Whyte, 1995, and Haihambo & Lightfoot, 2010).

2.5.1. Attitudes and Perceptions Towards Persons With Disabilities

As there are a number of traditional beliefs about the causes of disability across Africa, so do traditional attitudes and perceptions towards persons with disabilities. On this basis, Talle (1995) and Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera (2014), informed that, “Attitudes towards people with disabilities in East Africa have both positive and negative aspects and are often linked to traditional beliefs about the causes of disability itself”.

Stone-MacDonald and Butera (2014) indicated that, “It is generally considered inappropriate to laugh or ridicule people with disabilities in some local communities in Africa”. Similarly, Talle (1988) cited in Ingstad and Whyte (1995), furthermore confirms a caring (positive) attitude of Maasai of Kenya towards children and adults with disabilities in Kenya in the following:

“It is firmly laid down in the Maasai moral code that impaired children should be treated exactly the same way as other [non-disabled] children. ‘A child is a child whatever it looks like’... is a statement commonly heard in Maasai society. The norm that there should be no discrimination between the children applies to not only their upbringing and feeding of young children but also to marriage and the inheritance of parents’ livestock [and other family properties]. All children, unless they are disqualified through the grave misconduct or neglect of rules of “respect” or are severely mentally retarded, are given chances of marrying or having children; this testifies to the strong conviction of the Maasai
that any member of their society should enjoy the most basic of all human rights, namely reproduction” [emphases added].

Moreover, Kisanji (1995a) cited by Stone-MacDonald and Butera (2014), on the other hand, has found a range of various views when he interviewed Tanzanian tribal elders and schoolteachers about people who were deaf, blind, or had physical or severe disabilities. According to the writer’s report, some of these people felt that, “Individuals with disabilities could be productive in the society if trained to do certain jobs [as per type and degree of the severity of their disability as well as ability]”, while others felt that “Training them was a waste of time and money”. In general, teachers gave more positive responses than others” [emphases added].

2.5.2. Disability and Languages in East Africa

As in other non-English languages in the world, many East African languages do not simply include or have words that allow “disabled”, or “disability” to be directly translated from English (Ogechi & Ruto, 2002, cited by Stone-MacDonald & Butera, 2014). Because of this linguistic limitation in East African languages, disability scholars in the region are forced to describe and/or define each type of disability or name it as it relates to the body part that does not function normally alone (Stone-MacDonald & Butera, 2014). Generally, in light of this consensus, it is possible to say East African languages ‘do not’ provide a common word or construct for the term “disability,” preventing individuals with different disabilities such as physical disabilities, deafness, or intellectual disabilities…etc., to be classified together. For example, according to Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera (2014), the Ekegusii tribe of Kenya term a person with an impaired hand “Nyakoboko” and a person with an impaired finger “Nyakiara”. Similarly, there are different words for each of the different common disabilities such as physical impairments and blindness in the Maasai of Kenya and Somali languages. For instance, Helander (1995) cited by Stone-MacDonald and Butera (2014), indicated that rehabilitation workers use the term “naafo” in Somalia in their work places to describe many body parts with disabilities. However, in reality, this term called “naafo” in fact only refers to individuals with “amputated or badly injured limbs” and does not include those who are deaf or blind or other types of disability.
Furthermore, Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera, reported that the Abagusii and Nandi of Kenya also often give their children personal names that describe their disability along with other clan names. With regard to this tradition of nominating names for children with disabilities, Ogechi and Ruto provide examples of names for children with different disabilities that could be “nicknames” or “personal names”, such as names for “one who stammers” and “big head,” referring to children with speech or mental impairments. Similarly, Mashiri (2000) cited by Stone-MacDonald and Butera (2014), indicated that the same tradition is also practiced in several African countries whereby children are given names that denote their types of disability. According to Mashiri (200) cited Stone-MacDonald and Butera, “Parents have right to make choices amongst the terms and names they would like to use to describe their children but these names have to reflect the extent to which the community has to accept the child and his or her disability also”. In general, the body and words about the body are prominent in East African languages mostly because people believe that a healthy body is important to daily life in many East African local communities (Talle, 1995, cited by Stone-MacDonald & Butera, 2014).

Lastly, elsewhere in Africa, Coleridge (2009) indicated that there is difficulty in defining disability because it is defined by a culture. He further argued that the tendency to categorize all people with different impairments as ‘disabled’ is fairly a “recent phenomenon” emanating from Western societies. Many traditional societies do not have an exact equivalent in their own languages for the word ‘disabled’, and they can seldom match the three-tier concepts in English of ‘impairment’, ‘handicap’ and ‘disability’ espoused by WHO and disability theorists. Instead, they do however have words for each and specific impairments such as ‘deaf’, ‘blind’, ‘lame’, and so on. Furthermore what is counted as a ‘disability’ (i.e., that which prevents someone from fulfilling the roles normally expected of them, especially as regarding marriage), differs from one culture to another. Among the Tuareg in Mali, for example, freckles and small buttocks are counted as a serious impediment to marriage and could therefore be considered a disability in that society.
Generally, the current literature review of the terms “disability” and “disabled” in many non-English speaking communities in most parts of the world and East Africa in particular have demonstrated that the terms “disability” and “disabled” persons do not easily translate into many local languages. Sometimes, in rare cases, the two terms do not even exist at all within some of non-English speaking communities, according to the review above. By relating this language limitation on these terms to the Nuer community, it is not surprising to inform that this difficulty in translating the term “disability” in particular into an “equivalent” word in Nuer language is similarly a serious challenge, too. Instead, the Nuer language (community) uses two but “relative” words to describe/express the presence of the “concept-like-disability”, depending on the “onset” of the major categories of disability _ Congenital and Acquired disabilities. With these general division lines between the categories of disability based on their onset, persons with disabilities too, are divided and categorized along these “natural” demarcations (lines) as “persons with acquired disabilities” on the one hand and “persons with inborn/congenital disabilities” on the other. As reported by several disability scholars in East Africa, it is a commonplace and daily event to find that non-disabled members of the Nuer community “nickname” persons with disabilities according their specific type of the disability they have (Talle, 1995; Mashiri, 2000; Ogechi & Ruto, 2002, cited by Stone-MacDonald & Butera, 2014, and Coleridge, 2009).

2.5.3. Perceived Causes of Disability in Africa

As in other parts of the world, there are various traditional and modern based sources of traditional beliefs about the causes and cultural practices of disability towards persons with disabilities in Africa. Generally, S. G. Harknett (1996) cited by Stone-MacDonald and Butera (2014), classifies sources of beliefs about the causes of disability into three major categories:

- Traditional Animism: This is the most prevalent sources of beliefs of many traditional African peoples. Under this traditional animism, many people accept and believe that disabilities are punishments from the deity and divine spirits for ‘bad deeds’ or the result of ‘witchcrafts’ exercised by other people on others.
Christian Fatalism: This is a lately adopted modern version of sources of beliefs about disability from the Western missionaries and imperialist agents, according to the African point of view towards this concept. Under Christian fatalism as a source of belief about disability includes beliefs revolving around notions that disability results as an “Act of God’s will”.

Medical Determinism: This category is one of the modern notions that use scientific perspectives about what is believed to be a source of causes of disability. This includes beliefs that accept the explanations of ‘modern medicine’ as a means to find out the cause of disabilities.

Generally, however, some of the disability scholars in Africa have observed that, “It is not uncommon for individuals in the field of disability studies to use “multiple categories” of beliefs about the causes of disability; perhaps in an effort to neutralize negative beliefs about disability” (Ingstad, 1995; cited by Stone-MacDonald & Butera, 2014).

2.5.3.1. Taboos Violation and Punishment for Bad Deeds as Causes of Disability

Under the perspectives of traditional animism in Africa as a whole, Stone-MacDonald and Butera (2014), found out that reviews on traditional beliefs about sources of causes of disability in the examined literature are often described or expressed in proverbs, folktales, and oral traditions, obtained through interviews results from “traditional healers” and “community elders” at various times. For example, Adams (1949) cited by Mallory (1993) as cited in Stone-MacDonald and Butera, historically has found in 1949 that, people in Zimbabwe “attributed cerebral palsy to ‘witchcraft’, ‘spirits’, or disobeying [of a traditional] ‘taboo’. They also attribute blindness and leprosy to witchcraft, spirits, or natural causes”.

On the other hand, Mbah-Ndam (1998) cited by Stone-MacDonald and Butera (2014) elsewhere in Africa explained that disabilities are regarded as, “Punishments from the ‘gods’ or ‘bad omens’, and hence people with disabilities are rejected or abandoned” [emphasis added]. Similarly, in line with the above accounts, several literature reviewed
by Stone-MacDonald and Butera have also confirmed similar existence of such
descriptions of traditional “taboos” that if broken, are thought to cause a disability. For
instance, Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera, reported that,
“The Nandi [people] of Kenya consider it wrong to ‘kill animals’ without good reason
during a wife’s pregnancy”. Similarly, such things like ‘having sexual intercourse with a
woman during pregnancy,’ according to Ogechi and Ruto (2002), Hartley, Ojwang,
Baguwenu, Ddamulira, and Chavuta (2005) cited by Stone-MacDonald and Butera, is
“culturally taken as a taboo, and breaking this, too, can cause the fetus (child) [to be born
with] a disability”. In the same context, “Laughing at people with disabilities could also
cause an individual to have a child with a disability, [the laugh]er himself or herself, or
can cause an accident to befall you, or cause future generations in your family to be
In addition, misdeeds of various sorts of family members can also cause a disability. For
instance, Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera, have confirmed
that disability can happen within families if “Family members [might have] done
something wrong [in the past], therefore that family could be punished for that misdeed
(wrong) or act with a ‘disabled’ child”. Elsewhere in Ethiopia, Teferra (2003) cited by
Stone-MacDonald and Butera (2014), similarly indicated an incident in which “A father
blamed his wife for causing their child’s disability after she complained about seeing a
person with distorted features in the street”. In a similar account, Omiegbe (2001) cited
by Stone-MacDonald and Butera, 2014), in other cases, has also informed that, “When
the mistake of the family member is thought to be very bad, then a child is born deaf or
mute ‘in order to keep them from telling’ the family secrets”.

In contrast to the above accounts of African traditional beliefs towards the causes
of disabilities, Talle (1988) cited in Ingstad and Whyte (1995), indicated that there
additional various kinds of “disabilities” and “diseases”, that also may be caused by
“Cursing and sorcery, or by misbehaviors of women during pregnancy or when nursing
their children”. These misbehaviors of women during pregnancy or when nursing their
babies is perfectly highlighted in the following account by Talle from the traditional
belief of Maasai people of Kenya:
“Women by their behaviors during and after pregnancy might cause a child to become sick and weak, [or] even deformed in exceptional cases. In this case, the Maasai women have to observe several precepts while they are pregnant and nursing babies. One of them is that they should ‘abstain’ from sexual intercourse from the third month of pregnancy onwards. Those who are careless about these precautions may risk miscarriages or give birth to stillborn or deformed children. It is believed that the fetus gets bruised by the force of the penis or is harmed by the semen, which enters the womb during intercourse and either shocks the child or defiles its body with white spots. [Similarly,] while nursing the child, the Maasai mother still should not have sexual relations with her husband because sexual activity during lactation is reputed [attributed] to spoil the milk and cause diarrhea in the child. [Based on this traditional belief, a young, newly married woman who had a sucking child suffering from repeated outbreaks of diarrhea was accused of transgressing the rules of sexual abstinence during lactation” [emphases added] (Talle, 1988, cited by Ingstad & Whyte, 1995).

Similarly, according to Talle (1988), cited by Ingstad and Whyte, there are also people called “Clairvoyant people (ilkonjek), (people with eyes)”. These people are also believed to be “one of the major sources for causing disability in other human beings”. However, though they cause harm or disability consciously or unconsciously to other fellow human beings in various ways, the ‘disability’ they may cause is not necessarily a one that makes those people permanently impaired because it comes in various forms such as accidents or injuries that may in turn, result in state of disability. Generally, clairvoyant people are individuals who “admire” (in the meaning of envy) at certain parts of your body or another abilities you may possess, such as having an extraordinary talent for dancing, singing or doing things [emphases added] (Talle, 1988, cited by Ingstad & Whyte, 1995).

Apart from man-made disabilities, there are also disabilities (mostly the congenital ones) that are believed to originate from deity (gods). For instance, according to Ingstad and Whyte (1995), the Maasai of Kenya use the term engoki (sin), meaning a child with a “bad luck” to refer to a deformed child. The term implies that there is some kind of “inherited sin” within the family. In this case, the Maasai believe that the child is born with a congenital disability because the ancestors may have left a bad reputation behind when they died. Meaning that, a cardinal misdeed, as the Maasai see it, is neglect
of old parent(s). Therefore, engoki, according to Maasai, is believed to be a kind of ‘curse not inflicted by people on people’, but by ‘divine powers’ on human beings because God wants it to happen, as a supernatural “punishment”, for the ancestors’ sin comes in the form of the disabled child. So, the child, however, cannot be blamed for it [emphasis added].

Generally, despite differences in their origins of causes or sources, Talle (1988) cited in Ingstad and Whyte (1995), contended that disabilities that are caused by humans may not differ in kind from those inflicted by the deity, but the fact is that the former may be identified and can potentially be healed. For example, a disease that develops into a disabling condition is of course an experience very different from that of giving birth to a child with a congenital deformity. The latter is more readily explained as a direct or indirect act of Enkai (God), while the former is more ambiguous and may have various causes such as curse infliction, sorcery, normative misconduct, or violation of rules of “respect” of traditional norms and values” [emphasis added].

2.5.3.2. Divine Intervention as Causes Of Disability

Despite the fact that disability is sometimes accepted as resulting from traditional taboo violation or recklessness and punishments for normative transgression, Mashiri (2000) cited by Stone-MacDonald and Butera (2014), informed that:

“Most peoples in Africa believe that God (gods) can either “bless” or “curse” families who have a child with a disability; showing that there is a ‘divine intervention’ which can cause the accident to happen to that child”.

Similarly, Kisanji (1995b) also cited by Stone-MacDonald and Butera (2014), found in Tanzania the majority of tribal elders believed that disabilities are caused by “God’s will or results from the works of witchcraft”. As it could be seen in the existing disability studies reviews and examinations so far, several scholars have also confirmed similar accounts in many parts Africa. For instance, Devlieger (1999a), Kiyaga and Moores (2003) cited by Stone-MacDonald and Butera (2014), have indicated that, “Parents of children with disabilities explained that their children were “gifts” from God, or that is, it was God’s will for a child to have a disability” [emphasis added].
Apart from these East African traditional beliefs on disability, the existence of similar accounts in other parts of the continent is apparently self-evident that such complex beliefs about the causes of disability have been reported in the West African countries. For example, Onwuegbu (1977), Abang (1985), Ozoji (1990), Marten (1990) and Eskay (2009) cited by Eskay et al. (2010) indicated that the Nigerian people in west Africa, believe that disability is caused by one or more of the following traditional normative transgressing factors such as:

“A curse from God (e.g., due to gross disobedience to God’s commandments); ancestral violation of societal norms (e.g., due to stealing of other people’s properties); offenses against gods of the land (e.g., fighting within the society); breaking of [traditional] laws and family sins (e.g., stealing family’s or other people’s property or transgressions and denying it). Misfortunes (e.g., due to marriage incest); witches and wizards (e.g., disability resulting from acts of witches and wizards); adultery (e.g., sexual intercourse outside of legal partner, is considered a major abomination). Moreover, it can come as a warning from the gods of the land (e.g., due to pollution of water and the land), arguing and fighting with the community elders (e.g., due to disrespect and ignorance of societal traditional taboos). It can also result from misdeeds in a previous life (e.g., a stealing case of the past, lie, harm done to others secretly); illegal or unapproved marriage by the community elders (e.g., arguing and fighting against the elderly advice in marriage issues); possession by evil spirits (e.g., due to gross societal disobedience) etc” [emphases added].

2.5.3.3. Biological Factors as Causes of Disability

We have been discussing traditional and/or religious factors held responsible as the major sources for the causes of disability. In fact, we have actually seen that the majority, especially, the older African people believe that disability is either entirely caused by breaking of some traditional norms (taboos) or misdeeds to other people, or witchcraft and curses inflicted by people upon others, or by God (s)’s divine intervention. God’s divine intervention is seen in terms of both “blessings” and “punishment” or curse, according to the traditional conception in the above discussion. However, apart from such traditional beliefs-based assertions about the causes/sources of disability, the fact is that these traditional and/or religious beliefs are reportedly said to be speedily changing over time than ever before (Ogechi & Ruto, 2002). And, as a result, according to Stone-
MacDonald and Butera (2014), “Medical explanations is taking hold, giving rise to an alternative evidences and insights to what exactly should be taken as the main cause (source) of disability. That is to say, the medical and biological factors as causes of disability are now becoming more widely accepted nowadays than ever before around the whole continent”. In Stone-MacDonald’s and Butera’s words, “This means that only very fewer East Africans are described as believing that witchcraft, curses or retribution from God (gods) are the sole causes of disability nowadays”. This change in beliefs and attitudes, according to Stone-MacDonald and Butera, is in part, attributed to the “modern” influences of Christianity, Westernized education, and medicine that have altered the predominantly existing traditional beliefs in Africa (Stone-MacDonald & Butera, 2014). However, though at a minimal scale or degree, nevertheless, Omiegbe (2001) cited by Stones-MacDonald and Butera (2014), has contended the above assertion as follows:

“There are still some traditional religions, cultural practices and attitudes that advocate the continuation of these traditional beliefs because the indigenous people are still (especially community elders) believing that these traditional ‘values’ have been existing there in those traditional communities and were parts of their local oral traditions, cultures and beliefs, emanating from ancient traditional religions”[emphasis added].

So far, the above literature review and discussions on the sources of the African traditional beliefs about the causes of disability have put them under the three major causes, namely, traditional animism, Christian fatalism, and medical determinism. Each one of them, however, has its own detailed description as shown above. According to the current academic level of Africans and Western religious influences on the continent, it is true that many cultural attitudes and traditional beliefs about the causes of the disability have been speedily eroding away in favor of modern Western culture and scientific perceptions of the causes of disability. According to the factors outlined above, we can nowadays assume that there are at least few educated individuals and some more new Christianity converts in every local African cultural community. If that assumption holds true, of course, it holds for sure, it therefore means that it is not currently possible to assume that all Africans believe that disability is entirely caused by traditional taboo violations, punishments for misdeeds, and divine intervention alone. Nevertheless, at
least many may be seeing its causes of at least from more than one source or causes. According to Ogechi and Ruto (2002) cited in Stones-MacDonald and Butera (2014), this assumption is true and convincing because the young educated Africans are not just only abandoning their traditional community’s cultural beliefs, but they did it to the extent that dramatically challenges “The once most revered local cultural and/or traditional gods and goddesses of the traditional communities”. This is because of the modern thinking that, “The existing indigenous beliefs (traditional animism) are viewed to be archaic (Ogechi & Ruto, 2002, as cited in Stones-MacDonald & Butera, 2014). In short, while respecting the old local traditional culture is ethically and legally right, nevertheless, it is important that current disability researchers should equally accept and acknowledge the past and new changes and developments that have had taken place in the continent so far. By doing so, it would be possible to apply or find “combined” or “multidimensional” solutions from multi-sources such as traditional, educational and modern scientific and religious sources for our current social issues, like disability, for example.

2.5.4. Good Treatment and Maltreatment of Persons with Disabilities

2.5.4.1. Good (Useful) Practices in Supporting Persons with Disabilities

From the viewpoint of good care for (social support of) people with disabilities in Africa in general, scholars of disability in the area such as Talle, Ogechi and Ruto, Teferra, and Stone-MacDonald and Butera in particular, have reported similar accounts of positive (good) care provided for persons with disabilities in many Eastern African communities and families. However, according to Ogechi and Ruto, (2002) cited by Stone-MacDonald and Butera (2014), this caring attitude is more particularly seen in children as compared to adults in many African societies, families and communities.

Similarly, elsewhere in other parts of East African communities, other disability writers such as Mallory, Charlton, Nicholls, and Marfo, (1993) cited by Stone-MacDonald and Butera (2014), on their parts, have also reported nearly similar accounts but with some “conditional tenses”. Saying that integration of community members into communal life relates to “how well” individuals fit within the social norms, and importantly, “if” they can do their fair share in the community’, whether or not they have
a disability as defined by the developed world”. In addition, Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera have also indicated that people with physical, hearing, and visual impairments “Are not seen as categorically different from others, but simply are seen as people with a ‘specific impairment’”. Moreover, in a similar traditional context and perception, Talle (1995) cited by Stone-MacDonald and Butera (2014), reported that, “The Maasai of Kenya only see people with disabilities as “abnormal” if they are ‘unable’ to carry out daily activities”.

On the other hand, there are also numerous accounts of issues related to the treatment of and care for people with disabilities in many East African communities concerning their taking part or participation in traditional ceremonies and rituals. For example, Talle (1995) cited by Stone-MacDonald and Butera (2014), noted that, “Coming of age ceremonies, marriage, and childbearing involve very important rituals in many East African communities. With no doubt, if persons with disabilities are able to take part in these traditional ceremonies and rituals, it follows that they will be more likely accepted in communal affairs. In other words, despite their apparent disabilities, this means that their ability to participate in these traditional rituals and ceremonies increases ‘social standing’ (social respect) of persons with disabilities” [emphases added]. In a similar note, more related situations to the above accounts and concepts but with special focus and attention for women with disabilities have also been found elsewhere among the Maasai of Kenya by Talle (1995) cited by Stone-MacDonald and Butera. According to this account from Talle:

“*The tradition of Maasai in Kenya generally allows women with disabilities ‘to bear children and live in their parents’ homes, instead of moving into their husbands’ family homes’. This tradition also allows these disabled women’s children to become their parents’ children. Based on this Maasai tradition, the children who are born by a woman with a disability have right to inherit their mother’s family property’. Nevertheless, this practice of retaining the ‘girl of the homestead with a disability’ among her family and bear children who may remain within her family as their children” is ‘not a privilege, entirely restricted to women with disabilities as a category only. But, it can also be deserved by or provided for other women who may remain in their parents’ homes for a variety of reasons” [emphasis added].
Similarly, Kisanji (1995c) cited by Stone-MacDonald and Butera (2014), reports that, “Marginalization and the categorization of people with physical disabilities as “subhuman” [which] has been reported in other East African countries, is ‘not’ seen in Tanzanian proverbs and oral tradition”.

Apart from the individual or ordinary willingness mentioned above as factors for positive treatment of persons with disabilities in East Africa, available literature has confirmed that there are “other underlying reasons” related to ‘traditional and religious beliefs’ for which families and community members in general, provide care for and fairly treat persons with disabilities in East African communities. According to Stone-MacDonald and Butera (2014), “Many communities in East African have been reported as demonstrating more care for individuals with disabilities in order to “protect” the rest of the community members from “ancestral or spiritual curses”. Similarly, Mallory et al. (1993) cited by Stone-MacDonald and Butera (2014), have indicated the same evidences of such kind in the following words:

“The traditional beliefs of the Chagga [people] of Northern Tanzania maintain that people with disabilities “satisfy the interests of evil spirits” and if non-disabled members of the community “protect” and “care” for them (persons with disabilities), then “evil spirits will not disturb the balance needed for daily life within their community”. According to this Chagga tradition, caring for individuals with disabilities, means, protecting non-disabled members of the community from future disabling conditions that may be inflicted by evil spirits as a punishment to them for their failure to take good care of their members with disabilities” [emphases added].

Moreover, Kisanji (1995a) cited by Stone-MacDonald and Butera (2014), indicated that, “The Turkana tribe of Kenya believes that children with disabilities, like other ‘normal’ children, “are gifts” from God and the families must care for their children as best as they can, or God (gods) will take His revenge on those family through death”.

Furthermore, Masasa, Irwin-Carruthers, and Faure (2005) cited by Stone-MacDonald and Butera (2014), reported that, “Families are described as caring for their children, regardless of their conditions _whether they have disabilities or not”. In line
with this idea, Talle earlier cited by Stone-MacDonald and Butera above, has also indicated that, “The Maasai of Kenya cared for all their children in the same way, such as giving the same food, participating in the same ceremonies and rituals despite their apparent disabilities”. Similarly, (Teferra, 2003) cited by Stone-MacDonald and Butera, has in addition indicated that, “In Ethiopia, when children become blind at late age, their parents would help them to maintain and learn skills that will help them to be successful in the future”.

In conclusion, disability scholars in the area have noted so far that caring for persons with disabilities in Eastern African communities is based on two general underlying factors: “Personal and family “own” willingness” and “Traditional or Religious factors”. In general, it can therefore be said that treatment of (care for) persons with disabilities in some communities of East Africa in particular is fair, according to the above testimonies. Therefore, based on this general observation on these accounts, Stone-MacDonald and Butera, asserted that, “This holistic view of people, regardless of their personal or physical characteristics, is not uncommon in Africa in general”. For instance, Miles (2002) cited by Stone-MacDonald and Butera (2014), further indicated that, “Specific characteristics such as ‘disability’ appear as less important features than other aspects of an individual in some African communities”. In general, in the following section, we will review general African experiences and East Africa in particular, on maltreatments (harmful) cultural practices towards persons with disabilities.

2.5.4.2. Maltreatment (Harmful practices) of Persons with Disabilities

So far, evidences confirming accounts of good care (treatment) by traditional communities in East Africa for persons with disabilities, especially children and women with disabilities in particular, have been demonstrated and discussed in advance above. However, in contrast to the “good care or treatment” and caring attitudes for people with disabilities described in East Africa, there are also confirmed numerous negative or maltreatment accounts of people with disabilities in Africa in general and East Africa in particular. According to accounts from wa-Mungai (2009) cited by Stone-MacDonald and Butera (2014), most of the existing maltreatments or harmful cultural practices on
persons with disabilities emanate from local “negative traditional attitudes and beliefs”. For instance, Ogechi and Ruto reported a good example of these maltreatments, among other things, in terms of political participation segregation and discrimination of persons with hearing and visual impairments in Kenyan political system. According to Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera, “It is unlawful for people with hearing or visual impairments to become a president in Kenya, just because the law requires that a president speaks and reads in Kiswahili and English, not Braille or sign language”.

However, apart from political reasons as factors for discriminating or segregating persons with disabilities in political arena, side by side, some scholars in East Africa have also observed that there are economic factors that affect social inclusion and integration of persons with disabilities in general. According to Ogechi and Ruto cited by Stone-MacDonald and Butera (2014), “Children and other family members with disabilities appear to “be less accepted” into the community life, “if” they cannot contribute economically to the family or the community in general”. Nonetheless, in contrast to this economic oriented attitude towards persons with disabilities, Ogechi and Ruto (2002) cited by Stone-MacDonald and Butera, informed that, “In Abagusii and Nandi people of Kenya, individuals are described by how well they integrate into ‘social and communal’ life”.

Elsewhere in East Africa, accounts from research studies done in Uganda by Kiyaga and Moores (2003), Stone-MacDonald and Butera (2011) cited by Stone-MacDonald and Butera (2014), indicated that several caregivers of children with disabilities reported the existence of widespread discriminations against children and adults with disabilities in schools and community in Uganda. For example, according these researchers, “Deaf children in particular are purported to be seen as a “burdens” to their families and are often hidden away as a means to avoid public ‘shame’ from coming to their families”. Similarly, in other related accounts from a qualitative study in Uganda, Hartley, Ojwang, Baguwemu, Ddamulira, and Chavuta (2005) cited by Stone-MacDonald and Butera (2014), indicated that large number of study participants have informed them that, “They did not like to take out their children with disabilities into the community but,
preferred to caring for them at their homes instead”. Other participants also have been reported to “have not enrolled their children in schools” despite the fact that they wanted their children to have an education, due to various reasons such as “rejection of those students with disabilities by schools or their families were unable to afford the school fees”.

Similarly, Scheper-Hughes (1992) cited by Ingstad and Whyte (1995), has reported that there are countries in the world in which infants who have been born with birth defects are not ‘anthropomorphized’ (not assigned human attributes of personhood) but, instead are all expected to die. Scheper-Hughes in a comparative study showed how the ‘impoverished’ women in northeast Brazil neglected their “poor little critters” and compared them to Nuer “crocodile infants” and Irish “changelings”. All, with no exception, are excluded from the realm of ‘humanity’ in those mentioned cultural communities.

Generally, according to the literature accounts reviewed on the maltreatment of persons with disabilities, it can be clearly understood that maltreatments of persons with disabilities are not cultural practices confined to one country or community in the world. Instead, they are international features of all countries and communities, though they may different greatly according to a specific culture under which persons with disabilities may be found in. Similarly, these harmful cultural practices (maltreatments) towards persons with disabilities, whatever their types are, all emanate from negative traditional beliefs and perceptions that differ from one country to another and one community to other. In general, it is therefore important that intervention and program decision-makers of persons with disabilities must take good note and care about the presence of such differences among cultural practices across various countries and communities in the world. It is only after this that it would be possible for them to design their intervention programs or provide the right support services as per the community’s traditional beliefs and cultural practices present there in that given community. Otherwise, ignoring such basic principles will interfere with the success of any program attempted for serving persons with disabilities in most communities in the world.
2.6. Medical View of Monorchidism/Monorchism (Vanishing Testicle)

So far, we have been reviewing related literature accounts that define and explain disability in social and cultural perspectives in East Africa and in the world over. In fact, it should be emphasized (mentioned) that there is no specific reference to monorchidism (monorchism) and “mokism” (a condition in which a child is conceived and born by a mother who has no menstruation before her pregnancy, according to Nuer tradition) in the review that has been made so far. However, with this being said, it could be assumed the reason for not mentioning such a “thing” (monorchidism) might have happened in part, for the fact that too much focus with specific attention has been particularly given to cultural and social ‘construction’ of disability in a general view.

Nonetheless, apart from this cultural and social view of disability, what do medical perspectives really say about monorchidism in general? Therefore, in order to answer this basic question, it is hoped that the following review of medical literature on such issues will generally try to give answers in a medical point of view, anyway.

According to Ito and Kitamura (2014), there are two competing theories regarding the pathogenesis of vanishing testis or testicle (monorchidism) that have been proposed so far: “antenatal vascular accident” and “underlying endocrinopathy. However, despite having these two competing theories, recent studies based on operative and/or histopathological findings showed a general tendency (view) that supports the ‘vascular accident’ theory of “antenatal torsion”. Miyata, Yoshikawa, and Ikemoto et al. (2007) and Emir, Ayik, and Elicevik et al. (2007) as cited by Ito and Kitamura (2014) have indicated that the vascular accident of the antenatal torsion theory is a proposition which explains the torsion of the spermatic cord as the main cause of monorchidism or vanishing testicle(s). Even though a testis visualized on an antenatal ultrasound that subsequently vanished has been rarely described or reported in medical literature of the case, Gong et al. (1996) cited by Ito and Kitamura (2014), had previously reported a case of a vanishing testis after both testes have been presently visualized at an ultrasound exam at twenty (20) weeks of gestation.
2.6.1. Definition and Causes of Monorchidism (Vanishing Testicle)

According to Miyata, Yoshikawa, and Ikemoto et al. (2007) cited by Ito and Kitamura (2014), defined monorchidism (vanishing testis) as:

“A congenital disorder of late gestation that causes disappearance of the testis [or testicles].”

This condition of testis vanishing or disappearance does not involve female infants but, is entirely a condition that affects only male babies. It is generally believed that the external genitalia are usually normal male type, given that the testicular regression occurs after the phase of male [sex] differentiation [emphases added] (Ito & Kitamura, 2014).

By the way, what are the main causes of monorchidism (vanishing testicle), according to medical view? Generally, several medical studies of the etiological research on the vanishing testicle have reported that, “The specific causes of monorchidism are unclear” (Ito & Kitamura, 2014). However, according to Turek, Ewalt, and Snyder et al. (1994) and Belman and Rushton (2003) cited by Mizuno et al, Kamisawa, Kurokawa, Moritoki, Nishio and Kohri (2012), have indicated that, “vanishing testis (monorchidism) results from ‘late antenatal or perinatal vascular thrombosis’ (obstruction of blood circulation), ‘torsion (twisting) or endocrinopathy”’ In contrast to the above account, however, Hadziselimovic, Hocht, Herzog, and Buser (2007) cited by Mizuno et al. (2012), contended that, even though the vas deferens, epididymis, and testicular remnants usually appear hypoplastic (underdeveloped), “the spermatic cord torsion of testicles has not been encountered in testicular nubbin cases so far”. Therefore, according to these writers, “It is generally suspected that a ‘vascular accident or testicular torsion’ is “not” the only cause of vanishing testis (monorchidism)” [emphases added].

Other accounts reporting “additional alternative” causes of vanishing testicle (monorchidism) have been reported by Kogan, Gill, Bennett, Smey, Reda, and Levitt (1986) cited by Mizuno et al. These writers have said, in addition to vascular accident or testicular torsion, “The complete testicular agenesis (absence of testes) is also (usually) associated with “retained” ipsilateral mullerian duct remnants”. Similarly, Kogan et al.
(1986) have reported that, “True testicular agenesis or early degeneration and absence of all structures of testicle are rare causes of monorchidism (vanishing testes), that occur in just only 14% of patients. Therefore, it is likely that the majority of patients’ monorchidism results from a “vascular compromise” of a developed and descended testis occurring in most instances after the wolffian structures have completed their differentiation.”

Moreover, Emir, Ayik, and Eliçevik et al. (2007) noted that, “It is “controversial” whether vanishing testicles have the same etiology and carry the same malignancy risk as undescended testes.” In addition, in spite of the absence of a study to date that clearly elucidates (explains) the main causes of this testicular regression, Mizuno K. et al, alternatively believed that “The interruption of germ cell migration into the genital ridge might cause testicular maldevelopment and the subsequent testicular regression.”

Due to the absence of one agreed cause for the vanishing testis (monorchidism) the search for additional evidences to present satisfiable answers has been continuing ever since. Based on that search for the lingered questions on the condition of vanishing testes, Mizuno et al. have recently made thorough reviews on the histopathological findings of “testicular nubbins” that were surgically excised (cut) at Nagoya City University Hospital, Nagoya, Japan. In addition, they had also carried out “molecular analyses of testicular component cells”. Consequently, Mizuno et al. have found evidences from their reviews on the histopathological testicular nubbins and molecular analyses of testicular component cells that showed testicular “atrophy and degenerative changes” from the patients assessed so far. Therefore, according to these reviewers, it was conclusively confirmed that these testicular atrophies and degenerative changes were the “responsible causes” of monorchidism or vanishing testes.

Despite the above evidences found from the histopathological findings of testicular nubbins and molecular analyses of testicular component cells, controversies among medical professionals on the nature of the “real causes” and “diagnoses” of vanishing testicles (monorchidism) are currently prevalent yet. According to some medical scholars, one of the most contentious issues on exacting the real causes of
vanishing testes up to date have been mostly concerned with their “diagnosis” (De Luna, Ortenberg, & Craver, 2003; Renzulli, Shetty, Mangray, Anderson, Weiss, & Caldamone, 2005; Bader, Peeraully, Ba’ath, McPartland, & Baillie, 2011, cited by Mizuno et al., 2012). Other reasons for medical professionals’ controversies are linked to the evidences which showed that some “tubules” assessed from the patients have been affected by “atrophy and degenerative changes.” Therefore, due to those clinical and histopathological variations and disagreements on the exact causes of the vanishing testicles across patients with vanishing testicles, Mizuno et al. in a general remark assert it that:

“It would be unreasonable to conclude that vanishing testicle has a single etiology; instead, it is likely that the etiologies of vanishing testicles (monorchidism) have to be viewed as different and depend [largely] on their developmental stages and processes in general” [emphases added].

So far, the medical literature review and discussions upon them have tried to offer us medical evidences on the suspected biological causes of vanishing testicle (monorchidism) above. These medical literatures combined both the past and new research accounts involving many researchers (writers) through various times and space throughout the world. Above all, however, one thing about the medical literatures reviewed so far is clear here, that is, there is “No” one agreed single cause of vanishing testes (monorchidism) forwarded by those researchers. Based on the above medical literature evidences, two important things have been learned or understood so far: one, the exact real cause of vanishing testis is not clearly known, second, there is no “one single cause” agreed upon by the medical professionals from the evidenced and presumed causes of vanishing testicles so far. Therefore, until recently, questions or people searching for a single cause and explanation on issues surrounding vanishing testis should acknowledge and beware that, in the words of Mizuno M. et al. (2012):

“It would be unreasonable to conclude that vanishing testicle has a single etiology; instead, it is likely that the etiologies of vanishing testicle (monorchidism) have to be viewed as different and depend [largely] on their developmental stages and processes.”
2.7. Interventions and Awareness Raising Strategies

While the following intervention strategies below are not basically traditional in form, the researcher believes it would be important should they be used as tools for awareness raising strategic approaches and intervention techniques since they were drawn from research findings from other countries’ disability experiences. These may generally include:

- Strategic and intervention techniques that tackle negative attitude towards disability and persons with disabilities by using direct disability awareness training with victims, their families, community elders, traditional healers, and lords of the land (leopard skin chiefs);
- Intervention [strategies] that legislate against discrimination and injustice [in traditional settings and cultural systems] that will be given as an awareness creation for religious leaders and the different administrative agents handling social issues or affairs in general;
- Disability interventions that promote and support “equality” for persons with disabilities in education, employment, and social sectors;
- Intervention techniques that promote supports for ideas that the basic conditions for the development of person’s potential is a legitimate right [as well as basic human rights] so that these conditions should be provided to each person regardless of whosoever they may be;
- Initiatives that highlight the importance of and richness of [human] diversity [emphases added] (NDA, 2007).
CHAPTER THREE

3. Research Methodology

3.1. Introduction

This third chapter specifically deals with research methodology, design, study population (participants), sampling techniques, instruments of data collection, data collection procedures, methods of data analysis, organization of the study (research), and finally ethical issues and considerations.

3.2. Research Design

The research method chosen to conduct this study was qualitative method. The rationale for choosing qualitative research approach is because it usually focuses on the study participants’ perceptions, experiences, and the way they make sense of their lives in which they in turn, attach meanings and conceptions about a given social and cultural aspects (Locke et al., 1987; Merriam, 1988; Fraenkel & Wollen, 1990; Creswell, 1998, all cited in Creswell, 2009). The study has used Ethnographic research design as an since it fits the topic of the study. This was because, as indicated by Harris, 1968 & Agar, 1980, cited by Creswell, 2007), “Ethnographic qualitative design is used to describe and interpret the shared and learned patterns of values, behaviors, beliefs, and language of a culture-sharing group.” Based on this perspective, the attempt of the study is not to understand one issue (phenomenon) only from the research participants, but several realities, especially, their own perspectives, the meanings they attached to those phenomena (situations) in their social (natural) settings (Uncoin & Guba, 1985, cited by Creswell, 2009). In addition, the second principal reason why qualitative method has been chosen over quantitative approach was that, unlike quantitative method which uses quantities and numerical measures, qualitative method systematically explores, describes, and narrates an existing social phenomenon (phenomena) as it is in its social (cultural) state (position) on the ground. In such a situation what the researcher does is just to seek an understanding and then establish meaning (s) of that social (cultural) phenomenon (phenomena) from the views and perspectives of study participants that share a cultural
group who have developed common or shared patterns of views, beliefs, behaviors, etc., over time (Creswell, 2009).

3.3. **Study Population**

This research study was conducted in one of the five administrative woredas in Nuer administrative zone called Wanthoar woreda and Itang special woreda. Itang special woreda is located about 53 kilometers away from Gambella capital city (Gambella) on the one hand and Wanthoar woreda, on the other, is located approximately 140 kilometers away from Gambella capital city in the utmost western part of the region bordering Southern Sudan. Even though the initial anticipated number of the study participants was planned at around fifty (50) respondents, however, this number of participants was never found at all, as it was supposed to be. Major factors responsible for failure to achieve the planned population of the study participants at the time of data collection period among other things, include unprecedented rampant insecurity in the region, personal unwillingness of some study participants to participate in the study, inadequacy of individuals with congenital monorchidism and “mokism” and traditional healers and lords of the land (leopardskin chiefs). Due to these basic reasons, the researcher was just able to find and interview only twenty-eight (28) study participants (male =23, female = 5). These study participants were generally composed of four community elders, non-disabled youth and two youth with monorchidism, two traditional healers and one lord of the land (leopard skin chief), ten health professionals (nurses and health workers), and eight religious leaders making up a total of twenty-eight (28) respondents altogether; meaning twenty three (23) males and five (5) females respectively.

3.4. **Sampling Techniques**

The sampling techniques that have been used for this study were purposive and snowball sampling techniques. These sampling techniques were preferred for selecting research study respondents because of two basic reasons. First, the case of monorchidism (being born with one testicle) and “mokism” (being conceived and born by a mother who has no menstruation before her pregnancy/conception) are too secretous issues in Nuer
community, which means in traditional point of view, they are not spoken of openly in that community. As a result, persons with monorchidism and “mokism” disabilities, most of the times, are not publicly known by many other community members except their own families and very close-blood relatives and few agemates. Therefore, it is through these groups of people that were used as a means to contact all study respondents, otherwise, it would have been too difficult to find them personally in an easier way. In short, in order to find relevant respondents, deliberate (purposive and snowball sampling techniques) selection of one respondent via other people’s information who knew them in the area has led to finding of other respondents, too. Second, other people who provide traditional services to the victims are very specific and scarce in Nuer community, therefore, getting them (traditional healers and lords of the land), was also made possible through purposive and snowball sampling techniques only. By using these two sampling techniques, the sample frame for this study was entirely confined to twenty-eight (28) respondents from Nuer speaking and community members comprised of twenty-three (23) males and five females only. In general, these include four community elders (male = 3, female =1), one non-disabled youth (male = 1), two persons with an inborn monorchidism (male = 2, female = 0), two traditional healers and one lord of the land (male = 3, female = 0), ten health professionals (male = 8 nurses, female = 2 health workers), and eight religious leaders (male = 6, female = 2) respectively.

In addition, the research study woreda sites have been wholly selected in the Nuer predominantly inhabited areas. For example, Wanthoaar woreda, which is located to the utmost western part of the region in the border of South Sudan, is completely a Nuer administrative woreda; and Itang special woreda which is inhabited by Nuer nationality, Anywaa and Opo nationalities respectively. Wanthoaar woreda and Itang special woreda were selected as study sites because the anticipated study’s target participants were the Nuer speaking people in the first place. Secondly, these two particular woredas have been selected purposively as research study sites due to some basic good reasons in the mind of the researcher. These basic reasons include researcher’s acquaintance to these two woredas, meaning, the researcher’s family members are currently living in Itang special woreda on the one hand, and Wanthoaar woreda, on the other hand, is the researcher’s birthplace and where he grown up in since his childhood. Therefore, these reasons gave
the researcher prior knowledge about these areas in advance especially, regarding some traditional healers and lords of the land, religious leaders, and some study facilitators in those woredas … not to bother you with the mention of an exceptional accommodation provided for him throughout the course of the fieldwork in these two areas, anyhow.

Table 1: General summary of general demographic characteristics of study population (participants) by their gender, age, social groups, roles in the study, marital status, and religious orientation (affiliation)

<table>
<thead>
<tr>
<th>General description of study participants’ personal background and characteristics</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study participants’ age and social positions</td>
<td>20-25 (Youth)</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>26-36 (Adults)</td>
<td>11</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>&gt;40 &amp; above (Elders)</td>
<td>10</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Woreda study sites</td>
<td>Wanthoaar Woreda</td>
<td>21</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Itang Special Woreda</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Religious orientation or affiliation</td>
<td>Christianity</td>
<td>22</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Paganism</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>19</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Unmarried (Single)</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Respondent type, social groups (study groups), and roles in the study</td>
<td>Community Elders</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Non-disabled Youth</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Youth with disability</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Traditional Healers &amp; Lord of the land (Earth Master)</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Health Professionals (Nurses &amp; Health Workers)</td>
<td>8</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Religious Leaders</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

From the total number of the twenty-eight (28) study participants, twenty three (23) of them are males on the one hand, whereas, on the other hand, only five (5) of them are females respectively;
Among these twenty-eight (28) study participant members, twenty-four (24) of them, meaning, nineteen (19) males and five (5) females respectively, are married.

Four (4) males from the overall twenty-eight study participants (one is an individual with an inborn monorchidism) are single (unmarried);

Twenty six (26) out of all twenty-eight (28) study participants; meaning twenty one (21) males and five (5) females, are from Wanthoaar woreda in Nuer administrative zone, whereas only two (2) male participants out of that figure are from Itang special woreda (one non-disabled youth and a traditional healer), respectively.

Twenty seven out of all twenty-eight (28) study participants, which means twenty two (22) males and five (5) females, are Protestant Christians and one person (male) only is pagan amongst the study participants respectively, according to their religious orientations (affiliations).

Paganism: In this study table, generally refers to a Nuer traditional belief of local spiritual bodies or gods such as Buk, Col (pronounced as 'chol'), Deng, etc., just to mention but few. Buk is a god of river (all water bodies) and fertility, Col is a god of ghosts and spirits (unseen and untouchable spirits, but traditionally, community members believe their existence as 'lower' or 'below' spirits in general), and Deng is a god of sky or “above”, meaning, “Kuoth Nhial” or “Kuoth Puora”. In olden times and even currently, Nuer elders sometimes referred to Deng as “Deng Taath”, or “Kuoth Cak”, meaning, “God of Creation”. These are generally traditional names in Nuer Language given to these traditional gods throughout Nuerland.
### Table 2: Summary of general background, gender (sex), number, and woreda sites of study participants who have relatives and those who have “no” relatives with monorchidism condition, type of the monorchidism disability (inborn and acquired monorchidism), and gender (sex) of victims with monorchidism disability

<table>
<thead>
<tr>
<th>Name of study woreda sites</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanthoaar Woreda</td>
<td></td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Itang Special Woreda</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Study participants who have relatives with monorchidism condition</td>
<td>Inborn Monorchidism</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Acquired Monorchidism</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Study participants who have “no” relatives with neither type of monorchidism condition</td>
<td></td>
<td>18</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

**N.B.** Table 2: The following is a general summary and descriptive interpretation of the study participants who have relatives with inborn and acquired monorchidism on the one hand, and those who have “No” relatives with either of monorchidism disability types, on the other:

- All eight (8) individual victims having inborn and acquired monorchidism, meaning, five (5) with an inborn monorchidism and three (3) with an acquired monorchidism respectively, are all from Wanthoaar woreda. All victims are males in general;
- Eight (8) study participants, meaning five (5) male study participants, have five male relatives who have an inborn monorchidism and three (3) female study participants have three male relatives who have an acquired monorchidism respectively, as shown in the table above;
- Twenty (20) study participants, meaning eighteen (18) males and two females, neither have relatives with inborn monorchidism nor acquired monorchidism, as shown in the table above.

### 3.5. Instruments for Data Collection

Instruments that have been used to collect data of this research study from both individual interviewees and focus group discussants were “semi-structured” and
“unstructured” interviews with “open-ended” questions recorded with voice recorder. The reasons for preferring semi-structured and unstructured interview with open-ended questions was that most of the issues that have been prepared and posed in interview questions were based more on respondents’ traditional beliefs, perspectives, experiences, and cultural practices available for persons who have been born with “mokism” and monorchidism conditions in Nuer community. Second, semi-structured and unstructured interviews with open-ended questions have the capacity to generate additional wide ranges of related emergent questions, many of which might emanate from few original questions so far prepared in the first place. Third, interview approach of this kind, has additional advantages of giving study respondents enough time and freedom to think before rushing to ‘unwell-thought’ answers and other related issues that maybe encountered by default on the original major questions as well. In short, this approach allows both the researcher and research study respondents to discuss in a more ‘debate-like’ manner on many issues that may be related to the original or major ‘semi-designed questions’ that would really need more elaborations from the research participants on central topics (major research questions) and emergent issues in the process during the time of interview. This further makes it easier for study respondents to express their own knowledge and feelings, enriching their answers with ample explanations without limitations (Creswell, 2009).

Research “interview questions guide” was primarily designed by me but with professional assistance and consultations from my esteemed advisor. The questions were originally prepared in English in order to enable the advisor share equal knowledge of the “contents and/or ideas” of what was exactly contained in these interview questions guide before it was administered to the anticipated study target participants in Nuer community. Although the interview questions guide was prepared in English, it was later on presented orally to study participants in Nuer language with direct and contextual translation of some terms like “disability” that did not ‘bear’ direct meaning in Nuer language. The interview questions guide was designed and prepared for two purposes in the mind namely: ‘Individual based interview’ and ‘Focus group discussions’.
3.6. Data Collection Procedures

Upon completing the development of data collection tools, the researcher took legal cooperation requesting letter from Addis Ababa University, College of Education and Behavioral Studies, Department of Special Needs Education. Written on it was, “To Whom It May Concern”, as it is often a general rule for data collection procedures (Spradiey, 1980; Locke et al., 1982; Merriam, 1988; Marshall & Rossman, 1989, all cited by Creswell, 2009). Thereafter, the researcher then set out for Gambella region wherein the target of research study sites and anticipated study participants were to be found. After arriving in Gambella capital city, the researcher then went on to the selected research study sites, namely, Itang special woreda and Wanthoaar woreda in Nuer administrative zone respectively. Since there had been two different research study sites, the researcher first went to Wanthoaar woreda which is somehow located far away from the regional capital because the highest population of the study respondents (26 respondents) was found there than in Itang special woreda. Before embarking on data collection process, the researcher first presented cooperation letter of the university to the concerned officials in Wanthoaar woreda on 15/02/2016, and did likewise later in Itang special woreda, too. After being granted full permission to collect data, the researcher spent two solid days gathering “informal” information about the “would-be” research study participants from former “old friends” and some relatives in the area. With all the relevant participants being identified by names, roles, and living place locations, it was now become easy for the researcher to go to where they were living the following day step-by-step.

After all this, the actual interview process with the study respondents in Wantoaar woreda took place on 17-30/02 to 02/03/016 beginning with rapport (relationship) establishment with each study participant by introducing himself, showing the cooperation or permission requesting letter of the university, where he came from, the purpose he needed each of them for and the study objectives, turn by turn their individual homes. Once that general introduction and rapport have been made with each study participant, then individual’s full consent to participate in the study, choice of convenient
time and place for interview were also agreed upon after all. The interview began with individual interviewees who included community elders, youth with monorchidism condition, and traditional healers and a lord of the land (leopard skin chief), and finally, focus group discussion members. Following the completion of all this, the researcher first gave a brief introduction to each individual study participant on the topic of the research study, its ultimate objective, confidentiality assurance concerns, individual willingness on their voice recording request. Finally, turn by turn a short and precise instruction about the general way of the interview process was given at last though at different times and places. Due to confidentiality concerns and the nature of the topic, individual-based interviewees were interviewed in their individual homes. But focus group discussant (religious leaders and health professionals) were interviewed in their work places. In both individual interviews and focus group discussions sessions, the researcher expressed his heartfelt gratitude and thankfulness after the completion of every session to each individual participant as per their interview “turns”, for their willingness to be participants of the study.

After completing data collection in Wanthoar Woreda, the researcher came back to Itang special woreda to collect data from the only male two study respondents on 05/04/2016. The same procedures carried out in Wanthoar were repeated in the same manner in Itang special woreda. Once administrative and official issues have been dealt with and permitted to contact study target participants, the researcher then went to each of these participants at their homes. They are one traditional healer and a son of another traditional healer in that woreda. The researcher begun interview with the traditional healer on 7/04/2016 and then with the non-disabled youth on 08/04/2016, respectively at their individual homes.

The interview was conducted in Nuer language as a medium of communication for all study participants whereby their speeches or responses were recorded with smartphone voice recorder throughout the course of interview in both woredas (districts). After the completion of data collection process in both districts, all recorded interviews, were then transcribed into Nuer language using verbatim transcription or a word-by-word
translation. After this transcription process, the data was then translated from Nuer into English using direct translation.

3.7. Methods of Data Analysis

Data that has been gathered from the research study respondents has been comprised of both individual descriptive and stories (narratives) on the origins of traditional beliefs towards congenital monorchidism and “mokism” and the existing (applied) useful and harmful cultural practices on persons having these inborn disabilities in the Nuer community. Therefore, descriptive method and/or qualitative narrative analysis have been used to analyze such data (Huber & Whelant, 1999, cited by Creswell, 2007). This was so mainly because it is only descriptive data analysis method that fits for analyzing such individual narrative stories of primary information of the study participants on the general traditional beliefs and cultural practices of the Nuer community towards monorchidism and “mokism” disabilities as well as the victim persons with such disabilities. Based on the study participants’ responses and perspectives on the central interview questions, generated data has been so far grouped into major and sub-themes according to their differences, similarities, interconnections, etc. These differences and similarities of study respondents’ responses, in turn, have been used as the main criteria to form major themes (categories), or topics, sub-topics from which major research findings, in turn, have been extracted, analyzed, and interpreted as displayed in chapter four below.

3.8. Ethical Issues and Consideration

As asserted by Spradiey (1980), Locke et al. (1982), Merriam (1988), Marshall and Rossman (1989), cited in Creswell, (2009), ethical issues play vital roles in the overall research study process that can either facilitate it, if put into an account; or jeopardize it, if researchers work in ignorance of them. In other words, this means, if any researcher expects success from their research study, they have to respect their study participants’ individual rights, needs, values, culture as well as the existing professional code of ethics postulated by their academic institutions. By keeping these ethical considerations in the mind, the researcher had first presented cooperation letter from the
university to the concerned bodies in both woredas (Wanthoaar woreda and Itang special woreda) that have been selected as study sites, so far. Following the presentation of the letter to the concerned bodies, the researcher then officially introduced himself to all concerned persons separately turn by turn. First with the woredas administrative officials and then research respondents, briefly telling them the research study topic, i.e., “Beliefs and Cultural Practices of the Nuer Community towards “Mokism” and Monorchidism”, purpose (objectives) of the study and its future significances (contributions) for the community, etc. (Upon saying these things, some of them even laughed with some sort of wonder when they heard of the term “mok” in Nuer language.) With full permission being granted to and an agreement to conduct the study reached with officials, the researcher then embarked on to individual study participants to discuss on their personal consent to participate in the study, choice of convenient time and place for interview process. More so, permission on voice recording, assurance on individual safety and confidentiality of their identity and information given as study data, were also agreed upon with individual-based interview members turn by turn, and then with focus group discussion members thereafter. Each individual interviewee, including those with monorchidism condition, was interviewed separately or alone.
CHAPTER FOUR

4. Results and Discussion

4.1. General Description of Study Setting

This study was conducted in Wanthoaar woreda and Itang special woreda, Gambella region respectively. Gambella region is one of the current nine national regional states of Federal Democratic Republic of Ethiopia. It is located on the Southwestern part of the country bordering Oromiya in the northwest and Southern Nations in the south. The region is found at a distance of 766 kilometers away from the Federal capital, Addis Ababa. Even though the region has three ethnic administrative zones established in line with the five existing indigenous nationalities, namely Anywaa, Komo, Majang, Nuer, and Opo, the study was, however, the research, conducted only in one woreda in Nuer administrative zone and one special woreda; namely Wanthoaar and Itang special woreda, respectively. In administrative terms, however, Itang special woreda is not under Nuer ethnic administrative zone. In fact, it is not under any ethnic administrative zone neither, but is an independent woreda, which is why it is called “Special Woreda”. The reason for selecting it (Itang special woreda) along with Wanthoaar woreda is that the Nuer ethnic members predominantly inhabit it since the intended target population of the study was the Nuer community in the first place, meaning; all study participants have been solely drawn from the Nuer speaking individuals and the Nuer community only. Nuer people are one amongst the many Nilotic peoples, who speak Nuer language, which is part of Nilo-Saharan Super Family Languages. The language uses Latin alphabets (letters) in its writing system form.

In general, study participants have been grouped into five major social (study) groups according to their age levels (sets), roles in the study, as well as social positions in the Nuer community. To make the study process more manageable, these five social groups were again squeezed (compressed) into two small groups: individual interviewees and focus group discussants. In other words, this means there are ten (10) individual interviewees and two sub-focus group discussants, comprising of eighteen members, ten (10) health professionals and eight (8) religious leaders, in general. Owing to the nature
of the study topic, i.e., “Beliefs and Practices of the Nuer Community towards Monorchidism and “Mokism” and personal backgrounds of the study participants, it was so impossible to bring some individual community members together under one group by any means.

In terms of their religious orientation, twenty-seven, meaning, twenty-two (22) males and five (5) females, amongst the twenty-eight study participants, are Protestant Christians on the one hand, and one male traditional believer (pagan), on the other. Besides the above description, when study participants are seen from the angle of their woreda study sites or locations, the highest proportion number goes to Wanthoaaar woreda, which counts for up to twenty-six (26) participants altogether; meaning, twenty one (21) males and five (5) females, respectively. Whereas on the other hand, only two male study participants are from Itang special woreda; meaning, one non-disabled youth (who is a son of a traditional healer who is not a participant of this study, anyway) and one traditional healer. There was no female study participant from Itang special woreda, anyway.

Besides the explanations above, one important point of great impression here is that, eight study participants of the study have relatives who have inborn and acquired monorchidism. This again, has further helped the study to gather more firsthand information about monorchidism from both counterparts, especially on their individual personal experiences. The presence of such individuals would in turn, serve as a spice in making it possible to compare and contrast the differences that actually exist between the two sub-categories (congenital and acquired monorchidism), especially on traditional beliefs and perceptions towards monorchidism, good treatment and harmful cultural practices rendered for persons with monorchidism in general.

Apart from the general description of the study setting, it is important to inform that research responses (answers) that have been gathered on major research questions had been organized into “Five Major Themes” and “Five Sub-themes” respectively. The major themes include, “How the terms ‘Disability’, “Mokism”, and ‘Monorchidism’ are Understood or Perceived in the Nuer Community”, “Traditional Beliefs of the Nuer Community about the Causes of an Inborn Monorchidism”, “Traditional Beliefs of the
Nuer Community about the Causes of an Acquired Monorchidism”, “Traditional Beliefs of the Nuer Community about the Causes of “Mokism” and, “Cultural Practices of the Nuer Community towards Persons with Inborn Monorchidism, Acquired Monorchidism, and “Mokism”. On the other hand, sub-themes have been generally derived from the major theme, “Cultural Practices of the Nuer Community towards Persons with inborn monorchidism and “mokism”, and acquired monorchidism. Under this one major theme, we have “Good” and “Harmful” cultural practices employed and treated under each types of the individual sub-themes: Inborn Monorchidism, Acquired Monorchidism, and “Mokism”. Generally, however, since Acquired Monorchidism does not have “Harmful Cultural Practices towards Persons with it”, only both inborn conditions (congenital Monorchidism and “Mokism”) have two cultural practices per each. In other words, this means such an arrangement brings the total numbers of sub-themes into five sub-themes in general because we have dropped “Harmful Cultural Practices” under the Acquired Monorchidism.

Finally, it would be informed that the twenty-eight (28) study respondents have been grouped into five (5) major study/social groups comprising of community elders, traditional healers and lord f the land, youth, and two group discussants, based on their professions and specific roles in the study, in general. Despite this grouping or arrangement, responses (answers) from these group members have not been presented on the bases of group membership but rather on bases of their “similarities” and “differences”, most often. Certain interview responses of some member groups such as health professionals and religious leaders have not been presented on “Useful Cultural Practices of the Nuer Community towards Persons with an Acquired Monorchidism”. This was because, most of their responses related to specific “Professional Services” have been dealt with in specific “institutional-related” disability “practices” questions. Secondly, the institutions these individual professionals were representing did not necessarily have their own identified “institutionalized practices” rendered particularly for acquired monorchid individuals only, rather, if they could provide any practice for acquired monorchidism victims, than that service/practice would fall under the existing general “cultural provisions” that the Nuer community provides for these individuals (the individuals with acquired monorchidism).
4.2. How Disability, Monorchidism, and “Mokism” are Defined and Understood (Perceived) in the Nuer Community

4.2.1. General Introduction

In the previous section, we have learned that this study has twenty-eight (28) participants in general. However, despite this fact, these 28 respondents have been grouped in two general study sub-groups, i.e., individual-based interviewee groups and focus group discussion groups. Just make the study a bit practical and manageable, anyway. This grouping brings the overall participant groups into just five major categories, meaning, three individual interviewee groups (community elders, youth, and traditional healers and lord of the land (leopard skin chief)) and two focus group discussants. According to the ideas explained above, responses (answers) from the study participants on the major theme or topic (definitions of the major terms) have been categorized based on the similarity of participants’ responses; meaning, answers bearing the similar responses have been merged and addressed in one groups, and the others with different responses, in the other. As indicated in the above heading of the topic, the following are the extracts from questions posed to the study participants with regards to their personal knowledge and traditional understanding of the definitions of the terms “disability”, “one testicle” (monorchidism) and “mokism” or (“mok” person) in Nuer language.

In general, three community elders, one non-disabled youth (a pagan by religion), all religious leaders (8), one traditional healer, one lord of the land; meaning, altogether fourteen (14) study participants out of the two major groups (individual interviewees and focus group discussants) have similar response on the question above. Hence, the first answer on “disability” definition from these respondents is as follows:

“There is “NO” one specific ‘word’ or ‘term’ in Nuer language that fits or can be translated comprehensively with “direct” meaning to the term “disability”. Instead, the Nuer people use but two different terms in their language (Nuer) to identify or describe “visible” human defects (deformities) depending on the basis of the time of their occurrence (onset). These are “Buom” (pronounced as ‘bu-
om’) for all “congenital” deformities or conditions, and “Guar” (pronounced as ‘gu-ar’) for all “acquired” deformities and conditions respectively.”

The second respondents (participants) group with a different answer to the above response on the term disability, is comprised of all health professionals (10), one youth with inborn monorchidism disability, and one male community elder, that means twelve (N = 12: Male = 10, Female = 2) participants altogether, on the other hand, have answered that:

“The term “disability” means “lack of ability or capacity”.”

Moreover, the final third group members, that mean one youth with an inborn monorchidism disability and one traditional healer, have replied to the question as follows:

“Kuic ney min little ke Thok Nuera ke hoo kuic ney thok Linglithni.”
Meaning, “We do not know what it means in Nuer language because I (we) do not know English.”

In addition to the different responses that we have seen above, study respondents have given further general impressions on the implications hold (contextual meanings) of these two ‘disability’ terms in the Nuer language’s traditional context concerning how “victims” having these types of disability conditions (defects) are described in the Nuer community. Based on that explanation above, all study respondents have admitted (said) that, individuals who have been born with birth defects and those who have just “acquired” their disability through accidents after birth, are respectively referred to as:

“Ji Bumni” (pronounced as ‘Ji bum-ni’), which, if it is translated into English, may mean, “Those with Powers”, “People with Powers” or “Those of Extraordinary Powers”. But, literally, the term means “Persons with inborn or congenital disabilities”. This reference is generally used by all Nuer community members to mean or imply that persons with inborn disabilities are “Peoples with ‘evil powers’, ‘supernatural powers’, and ‘killing spirits or powers’ that cause ‘harm’, ‘death’, and other ‘misfortunes’ in general on non-inborn disabled
community members, including their families”. Whereas on the other hand, those who acquired their disabilities after birth are referred to as, “Ji Guari” (pronounced as ‘Ji Gu-ari’), if translated into English, may literally mean, “Those with ‘progressive wounds’, ‘broken body parts’, or ‘lost body parts’, etc”. In short, it means “Persons with acquired disabilities/conditions.”

Secondly, other answers forwarded on other major terms such as Monorchidism and “Mok” or “Mokism”, were unanimously answered with direct answers across all study participants. That is, all study participants answered that, “Monorchidism”, if translated into Nuer language, means:

“One Testicle” or “Having One Testicle” (“Nhian kel” or “Toor”, pronounced as ‘to-or’ in Nuer language).

On the other hand, “Mok”, and “Mokism” as Nuer terms, if it they are translated into English, have the following meanings respectively:

“Mok”, refers to an inborn “mokism” victim who can be a male or female child or an adult who has been conceived and born by a women who has “no” menstruation or “Buoth” (pronounced as bu-oth in Nuer language) before its conception. It involves both genders. Its plural form is “Muokni” (pronounced as ‘mu-ok-ni’). On the other hand, “Mokism”, refers to the ‘condition’ by which a child can be (is) conceived by a woman who has menstruation before her conception of a “mok” fetus/child. Both the condition and its victims are considered the most dangerous inborn conditions, according to the Nuer community’s traditional beliefs.”

Even though the Nuer community members have defined the term “disability” and persons with disabilities according to the onset of their disabilities, it can be agreed that the way in which they have defined it differently is also an observed common feature and challenge of how the term disability is defined in other parts of the world. For example, several scholars from many disability studies in the world and East Africa in particular, have indicated that there is a major challenge facing both local and international researchers in the way the words “disability” and “disabled” could be
comprehensively defined outside their English version (Ingstad & Whyte, 1995, Ogechi & Ruto, 2002, cited by Stone-MacDonald & Butera, 2014, and Coleridge, 2009). To this end, Ogechi and Ruto (2002), indicated that several communities in East Africa used only single words to describe or denote particular disability types alone according to its local in the body or the part it has affected. For example, the Ekegusii tribe of Kenya terms a person with an impaired hand “Nyakoboko” and a person with an impaired finger “Nyakiara” respectively. Similarly, the Maasai of Kenya and Somalis use different words for each of the different common disabilities such as physical impairments and blindness (Helander, 1995, and Ogechi & Ruto, 2002, all cited by Stone-MacDonald & Butera (2014). Therefore, it should be understood that the difficulty in defining the term disability is not a peculiar feature and challenge specific to Nuer community only but a common challenge for many non-English speaking communities (Stone-MacDonald & Butera, 2014). Due to this linguistic limitations, it is possible to say many East African languages ‘do not’ provide a common word or construct for the term “disability”; preventing individuals with different disabilities such as physical disabilities, deafness, or intellectual disabilities, etc. to be classified together as an identified group (Stone-MacDonald & Butera, 2014).

In fact, Amharic is a bit better than the Nuer language because it defines persons with disabilities as “Akal Gudategnoch” under a big “single group” despite the types and onset of their disabilities.
Table 3: Summary of the study participants and their answers (responses) on the definition of the term “disability”

<table>
<thead>
<tr>
<th>Definition given by study respondents on the term “Disability”</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>“There is “NO” one word or term that translates directly to the term ‘disability’ in the Nuer language”</td>
<td>Respondent type</td>
<td>11</td>
<td>3</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Community Elders</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious Leaders</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traditional Healers &amp; Lord of the land</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-disabled Youth</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Grand Total</td>
</tr>
<tr>
<td>“It means ‘lack’ of ability or capacity”</td>
<td>Respondent type</td>
<td>10</td>
<td>2</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Community Elders</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Professionals (nurses &amp; health workers)</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth with Disability</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Grand Total</td>
</tr>
<tr>
<td>“I (we) do not know its meaning in Nuer language”</td>
<td>Respondent type</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Traditional Healer</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth with Disability</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

N.B. Table 3: General description and interpretation of study participants’ group responses on definitions of the term “disability”.

As could be seen in the table above, fourteen (14) out of twenty eight study participants, meaning eleven (11) males and three (3) females that make up half of the study participants’ population, have answered that, “There is no one word that directly translates into Nuer language for the term “disability”. Instead there are just two but general and different terms, known as “buom” (congenital disabilities) and “guar” (adventitious disabilities) respectively” used in Nuer language to describe all types of human disabilities, according to the time of their onset.
Similarly, twelve (12) people out of the twenty-eight study participants, which means 42.86% of the study participants’ population, have answered that the term “disability” “Means “Lack of ability or capacity” in Nuer language”. However, one important point that needs to be stressed here is that the majority of the group members; meaning, ten (10) out of the twelve members who gave such an answer, eight (8) are clinical nurses, two with bachelor degrees, and six others with diplomas, and two health workers with certificates respectively. This tells us that they are educated individuals with some exposure to disability issues in their respective professional field of studies. The remaining members of this group, meaning one traditional healer and a youth with an inborn monorchidism disability, are students of grades eighth (8th) and ninth (9th) respectively. (The traditional healer himself is a youth with an inborn physical disability of lower limbs, which, makes him to crawl using hands (palms) and knees as a means for movement.

Finally, the third group, which is made up of one youth with an inborn monorchidism and one traditional healer is the least of all groups in terms of population (7.14%). It has lastly asserted their predictable answer as follows ... “I (We) do not know its meaning in Nuer language”, as a reasonable reply to the question on how the term “disability” is defined from English into Nuer language.

In general, however, all study participants have an awareness of the concept “disability” though in different ways of understanding in their local or cultural perspective apart from that of an English conceptualization of the term (disability). Apart from those having relatives with inborn monorchidism, the second impression that can be made from study participants’ knowledge of ‘monorchidism’ and “mokism” conditions, is that, the majority have agreed that they know both or either of those individuals with such conditions. For example, other study respondents who do not even have relatives with neither of the mentioned disability conditions, except two youth among twenty-eight (28) study respondents, at least know a person with monorchidism or “mokism” in one way or the other in their locality. The youth, who have admitted that, they do know neither an individual with monorchidism nor “mokism” are one (1) young male clinical nurse and a young woman who is a health worker by profession. Both are from Wantoaar Woreda.
4.3. Results Related to Monorchidism and “Mokism” in Nuer Community

4.3.1. General Introduction

Generally, results related to monorchidism and “mokism” have been purposefully divided into two separate major themes just because the two “conditions” are so much different considerably from each other, especially in traditional views of their causes, therefore do also the issues pertaining to them (monorchidism and “mokism”) in the Nuer community. For the same reason, monorchidism, too, has been further divided into two major themes or categories, i.e., congenital and acquired monorchidisms. It is hoped that this approach of dividing monorchidism into two major themes would crucially help to enhance our understanding on issues related to monorchidism contextually since the Nuer community holds different traditional views, beliefs, and conceptualization of each major category, depending on the time of its onset. To make this argument a bit stronger, take for instance, according to the accounts from the respondents, Nuer community generally sympathizes with acquired monorchidism and all persons who might have acquired their disabilities just after birth in general. In contrast to that view, however, the community perceives congenital monorchidism and all persons with other types of inborn conditions (disabilities) with mixed views, predominantly associated with negative traditional beliefs that persons with inborn disabilities “possess” evil spirits, supernatural powers, as well as killing spirits/powers. These traditional perceptions towards these individuals in turn, generate fear among the community members towards the persons with congenital monorchidism in particular, and all persons with any type of congenital conditions in general. So, with this general concept in the mind, we are going to see each particular category at a time, one by one to exactly internalize how the Nuer community perceives and treats each type of the monorchidism (inborn and acquired monorchidisms) and its victims based on the time of their onset.
4.3.1.1. Results on Monorchidism

4.3.1.2. Traditional Beliefs of the Nuer Community about the Causes of Congenital Monorchidism

As a starting point of the interview, study participants have generally been asked about their general background knowledge on whether or not they have awareness about “one testicle” or “monorchidism”, followed with another related question that explores their personal knowledge of persons with both acquired and congenital monorchidism in their community. As a response to the first question, all the respondents have answered “Yes” …, “We know what is meant by the term “one testicle”, in Nuer language on the one hand. On the other hand, however, though many of the respondents have admitted that they personally knew persons with both disability conditions in Nuer community, two youth from health professionals, meaning, one young woman from health workers and a young man from clinical nurses, have answered otherwise. That is, they maintained that they did not personally know individuals with neither acquired nor congenital monorchidism. Next to monorchidism awareness question, comes the question of what the respondents think (believe) should be the main cause of congenital monorchidism in particular. Therefore, the following are the responses given by study participants based on their traditional, personal beliefs, and professional knowledge of “what they think (believe) causes monorchidism.”

The first group to give its accounts on traditional beliefs on the causes of an inborn monorchidism was formed from different group members comprised of one traditional healer, one community elder, two youth with an inborn monorchidism disability, four religious leaders, and finally, four health professionals. Nonetheless, some group members maintained that could also be caused by some “irresponsible” human dealings regarding the affairs of bridewealth payment during marriage occasions. In spite of the slight difference mentioned above, their responses have been presented in one paragraph since their individual responses begun their statements with, “I think …monorchidism is created by “God” or “god”, …then followed by blames on marriage dowry of paying animals that have inborn blemishes, that may be in turn, are thought to
be alternative “causes” of an inborn monorchidism. In general, their response is as follows:

“We think (believe) monorchidism is created (caused) by the “God of Heaven” (some said, “god of sky in Nuer context of the word ‘God’)). Nonetheless, this statement, many local community members believe that some irresponsible human mistakes can possibly cause an inborn monorchidism condition, according to the Nuer community’s traditional beliefs”. For example, locally, most people in the Nuer community believe that the inborn monorchidism is mainly caused by a payment of a monorchid male animal in marriage bridewealth. That monorchid bull or castrated monorchid ox would in turn, resemble (transmit monorchidism to) a male child of the woman whom the monorchid bull or castrated monorchid ox has been paid for her marriage bridewealth. According to the traditional beliefs, it is from such a situation that the birth of a child with monorchidism happens in the Nuer community, anyway. It just comes that way as a punishment from “god” for paying an animal with blemish in bridewealth.”

Apart from the main question above, youth with inborn monorchidism have been asked in an extended question on whether or not they really thought (regarded) their inborn disability condition could be viewed as “Buom” or congenital disability with a “negative” connotation traditionally attached to it. (The negative connotation attached to an inborn monorchidism, in this context, implies that individuals born with it possess “evil spirits”, “supernatural powers”, and “killing spirits”, that can cause death and other dangerous misfortunes on non-disabled community members, including victims’ families, according to the Nuer community’s traditional beliefs.) Their answer was unanimously:

“Yes, we do regard (think) it as a congenital disability (buom) simply because we were born with it together and because our families and community members in general believe that it is a congenital disability.”

On the other hand, besides beliefs that monorchidism is God’s (god’s) creation, the second group of respondents to this same question completely have a different answer
and belief on the cause of an inborn monorchidism. In general, the group members believe (think) that, “An inborn monorchidism is entirely caused by a payment of a monorchid bull or a castrated monorchid ox by a bridegroom and/or his relative during his marriage of the child’s mother”. Meaning, they are saying it is “Not” at all, God’s creation, but it comes because of careless human “misdeeds” in marriage affairs concerning their bridewealth payments. This group is composed of three community elders, one non-disabled youth, four religious leaders, one traditional healer and the lord of the land in general. Even though the group has ten members, however, only the most unique and fascinating sample accounts of one of the community elders who has a nephew with an inborn monorchidism and a non-disabled youth and a son of a traditional healer in the area have been presented below.

“I think and I know that there is a specific factor to what causes him to be born with one testicle or monorchidism (he was referring to the cause of his nephew’s monorchidism condition). Generally, it is a common experience in the Nuer community that if a child is born with monorchidism in a given family such questions as “why and how” it could have happened that way, what would be a reason behind the birth of a “monorchid” child, are normally raised. Therefore, since it is generally believed that such a condition might not have happened without a cultural mistake from the family marriage dealings, especially during the bridewealth payment for marriage of the child’s mother. Based on this traditional belief, it was therefore assumed that our or the close-relatives who had paid cattle (bridewealth) during the marriage of the boy’s mother, at least, someone amongst them might have paid a monorchid animal. As a result, my family summoned all family members as well as those relatives who had paid cattle during the wedding ceremony and enquired of them the backgrounds of their respective paid cows/cattle. Accordingly, it was later on found out that a close relative from our extended family members has unknowingly given (paid) a three-year-old ox during the bridewealth payment of the boy’s mother. This ox was again, when its origin was seriously tracked, found to be a former inborn monorchid calf whose testicle (the remaining testis) was later castrated and sold to this relative as a normal steer (young ox), a reason for which he (the relative)
unknowingly gave it for marriage dowry to my brother, anyway. So, according to this account, I personally believe that the payment of that monorchid ox for dowry was the main cause of the boy’s monorchidism disability.”

Similarly, the second long, fascinating and explicit account comes from a non-disabled youth (NdY) and a son of a traditional healer in their family-line, as well as a pagan by religion. It should be informed that the account of this youth is not longer and impressive, but also it is the most encompassing and comprehensive one that narrates not only the cause of an inborn monorchidism but the “origin” and roles of the “traditional healers” and “lords of the land” (leopard skin chiefs) in the Nuer community in general. In short, let us see what his narratives contain of such stories in the following accounts:

“There are very known causes of this disability (monorchidism) in Nuer community, according to the Nuer tradition. Children with monorchidism (children with “One Testicle”) are born just because their fathers or relatives have paid (given) bulls with “one testicle” or castrated monorchid oxen when their mothers were married at a time of their marriage. Therefore, it is not like the case of individuals who lost their testicles after birth that happens because of accidents. As the cause of an acquired monorchidism is clear and simple to everyone in the society because it happened once they had already been born with all their two testicles but lost one later because of accidents, so does the cause of an inborn monorchidism.”

Because of his background as a son of a prominent traditional healer of children with monorchidism and “mokism”, he was then asked about “How could a payment of monorchid bulls or castrated monorchid oxen possibly cause human beings to be born with monorchidism, just like those animals?” Alternatively, “What is the relationship between animal monorchid oxen (bulls) and human reproduction according to the Nuer tradition?” He just confidently answered those questions with more explicit explanations in the following narratives as follows:

“… Yes. Surely, it is possible that a payment of a monorchid bull or a castrated monorchid ox can cause human beings to be born with monorchidism,
according to the Nuer tradition. (The word ‘cause’ here, should be understood in a sense of ‘resemblance’ or ‘inheritance’ of animal monorchidism to humans.) According to the Nuer traditional myths and folklores about human monorchidism, the tradition had it that…

“Monorchidism (having one testicle) as a recognized dangerous condition just occurred once upon a time when a boy with monorchidism was born within a family for the first time in a given village, long time ago in Nuerland. Following his birth, his grandmother and uncle become sick and all died on spot. A short while later two cows and some goats died, too, without being caught by a known and visible disease at the time of their death. So, the family set out to look for a “Dayom” (pronounced as day-om, is a local magician) who would tell them fundamental answers of what would be the main cause of their child’s monorchidism (being born with “one testicle” and “how and why” death of humans and domestic animals. “How and why” could pestilent things and incidents that had followed it, had to happen in the family just after his birth? Therefore, in order to find relevant answers to such questions, the family of the child then set out to find a competent local magician even though that journey’s destination was unknown. (Dayom is a local traditional magician whose job is to tell life’s mysteries for ordinary community members in Nuerland in general.) This “local magician” was the only person who had power to give answers and/or explanations for the real cause of the child’s birth with such an extraordinary condition (one testicle) and the happening of “misfortunes” such as death of humans and domestic animals that followed it within days after his birth. The family travelled from village to village for a longer time to find the local magician (dayom). Fortunately, they lastly arrived at a village where a renowned local magician was living. When they asked certain villagers about where his home was, it was shown to them at the other side of the village. They then went to his home where that traditional magician received and welcomed them warmly; and told them that he would like to talk to them the following day after they rested because they got so exhausted at the time of their arrival. Early in the next morning, the magician called them out and enquired of them what they were looking for. Thereafter, the father began to describe their child’s condition that he was born with ‘one testicle’ (monorchidism). Then the magician asked him with a general question about what he might think could be the possible cause or reason why should such a condition could have happened to the child. But on the contrary to magician’s expectation, the child’s father had no direct idea
or word to say at all about bad things that he might have done to be a reason for what had happened to his son. Instead, he just narrated his good deeds and fair dealings with dead grandfathers, family gods and ghosts as well as a general description on his personal conduct in relation to traditional norms of “respect” of local community elders. However, the man missed the point of question, that is, ‘His payment of a monorchid bull’ when he was marrying his wife! Apart from his personal accounts and perspective, the local magician then took an opposite direction, and said to them, “There is nothing more mysterious about your son’s condition, he was born ‘that way’ because you had paid a monorchid bull of four year old when you were marrying his mother two years ago. So, do you believe that what I said was true or not?” “Yes. I do believe; it is true, my lord!” replied the child’s father. “So, this was the cause of your child’s condition anyway, it happened to him because that monorchid bull has inherited its monorchidism to your child. Now, according to traditional laws of rites of healing, I could not do anything to heal your son from his “evil spirits and killing powers”, but you have to go and find a “Traditional Healer” or “Lord of the Land (leopard skin chief)” who has more “powers” that would “prevail” or “overpower” your child’s possessed “evil spirits and killing powers”. Anyone among these people (traditional healers and lords of the land) would exorcize those “evil spirits and killing powers” out of your child so that “His body would become ‘cool’ or ‘normal’, at once”. That means his, “killing powers and evil spirits” that bring about “bad lucks” on the family and properties would become “powerless or normal” and as result, he would no longer hurt anything at all _ whether humans or animals because his body would become “normal” and “peaceful”. By following local magician’s directives, the family then set out again to look for traditional healers or lords of the land in other areas that were somehow located very far away from magician’s home village. By luck, they finally found a traditional healer in around one of the villages who then actually healed their son as the magician had just told them. This same traditional healing mechanisms and rites as well as principles were later on applied to treat children with “mokism”, too, in the Nuerland as the whole.”

In general, he continued…,

“This was how traditional healing system came to be, and how traditional healers and/or lords of the land (earth priests or earth masters/leopard skin chiefs)
got their uncontested and monopolized traditional supremacy healing expertise of victims of monorchidism and “mokism” in the Nuerland.”"

Another but, yet related question posed to this non-disabled youth and a son of a traditional healer was, “Who gave traditional healers and lords of the land (leopard skin chiefs) powers or ability to heal children with monorchidism and “mokism”?” Alternatively, “How did traditional healers and/or lords of the land acquire their traditional healing (treatment) expertise (ability), anyway?” His answers to these questions are as follows:

“It was given to them by “god of sky or heaven” ("Kuoth Nhial" or "Kuoth puora") who created everything in the world for different purposes. It was a “gift” given to them and their families by the “god of sky” to save and serve humanity from natural and man-made catastrophes in the Nuerland. Because of this reason, it is not possible for everybody to become either a traditional healer or lord of the land on his own attempt or desire. This is because it is a “hereditary” to become a traditional healer or lord of the land; it has to be transmitted only from fathers to sons within the same family-line. According his laws of creation, he (god) puts every problem down here on earth with its solution together. He has created individuals with monorchidism and “mokism”, for example, and at the same time, he has prepared traditional healers and lords of the land to heal them and save the community from their ‘evil powers’, as well. In the traditional point of view, there are differences between traditional healers and lords of the land (earth masters/priests) in their social and healing roles and powers, anyway. For instance, the powers and healing roles of traditional healers are entirely restricted on healing of children with monorchidism and “mokism” only. However, on the other hand, the power and healing role of the lords of the land is limited to the healing of children with monorchidism only, but cannot heal children with “mokism” by any means. Nonetheless, in addition to the roles and powers of healing children with monorchidism, the lords of the land (leopard skin chiefs/earth priests) can, by far, “heal and normalize land (soil), reconstruct” broken human and human relations, human and nature relations, animal and land...
relations, etc. However, in contrast to these abilities, traditional healers can never play any of these roles or have such powers to do those jobs by any means, according to the Nuer tradition; instead, they may be receiving services from the lords of the land in some social and health aspects when need be. For example, if someone has killed somebody (traditional healers included) or if two communities have clashed for whatever reason, leading to the killing of their members but, yet they wanted to maintain peace between themselves again, so, it is the lord of the land who would come in to mediate it (peace) between them. The lord of the land (leopard skin chief), in the peace process, will do such things like identification of those who have killed other people in the battle but denied the killings, determining and discussing the number of cattle to compensate the wounded (those who might have been badly wounded with permanent broken or lost body parts) and the dead. In addition, the lord land of the land will also give traditional rules and orders that should be respected by all parties to the conflict to ensure peace building, healing and reconciliation process on the past conflict between the concerned communities. These are rules and orders that no one would dare transgressing at all. Moreover, he can declare and put into effect those traditional rules and orders by slaughtering an animal. Once he has slaughtered the animal, he would particularly break the animal’s “leg bones” deliberately, as a sign, which shows that the current conflict is ‘over’ or ‘broken’ between the parties involved. After the breaking of the animal’s leg bones, the conflicting parties’ members would be made to “drink” water together to show their reunification and conflict reconciliation to avoid any future “blood or bone incest” between their members. In a traditional sense of understanding, performing of such duties and rites clearly means that there are blessings for ‘conformers’ and ‘curses’ for transgressors (spoilers) of that ‘settled’ peace. Once everything has been settled, all people of the warring parties hereafter would formally say “The dead has (have) been compensated (with cattle)”, “The bone has been or bones have been broken”, “The lord of the land had made people drunk water together (again)”. This literally, means, “The compensation for the dead or wounded has been settled or paid with cattle, the peace has been signed or reached between these two warring
families or communities because the lord of the land (leopard skin chief) has broken animal bones between them and made them drunk water together again. All these are signs of peace, showing the previously enemy families or communities have now become relatives again”. This “drinking together” by communities who previously had feud is so important in the context of Nuer traditional hostility or conflict resolution simply because these community members “never eat or drink together” if their impending feud has not yet been resolved, according to the tradition. In other words, it is traditionally forbidden for community members who have killed their respective members to attempt to “drink”, “eat” or “do” anything together at all, never, never. Instead, they have to keep themselves separately until the lord of the land has performed all traditional rites to “reconcile” and “reunite” them. In some rare cases, however, if some members from these families or communities have unknowingly or deliberately attempted to do anything together, whether eating or drinking, for example, they will then automatically die on spot from the “bone or blood incest” of the dead person(s) previously killed between their families or communities. Nonetheless, even after once all this has been done but someone from the involved conflicting members then transgresses the imposed traditional rules and orders by restarting the conflict over again, then that individual is ‘cursed’ with death that will never leave his family-line for a long time. According to that traditional “curse”, every time if a battle breaks out between his community and another community, someone ‘has to die’ from the “spear of war” in his family. Secondly, besides the above jobs, the lord of the land is also responsible for healing of two relatives who maybe dying from “sexual incest” which they might have committed not knowing that they are close-relatives by blood or by underestimating (ignoring) the “closeness” of their “bloodline”. To heal these relatives suffering from sexual incest, the lord of the land would slaughter a steer (young ox) of not more than two year old, cutting it (the ox) from head to tail into two equal parts as a sign showing that these two relative individuals are now separated forever from their sexual relationship. It also means they are now separated from the sin (incest) they have committed against their blood by this same animal. The cutting of the
steer into two equal parts does not only show ‘separation’ of these relatives but also indicates ‘equal share of responsibility’ for anything that these individuals may be attempting to do, after this ritual. It also means there will be no more sexual relations between these relative individuals, or more ritual healings whatever may happen hereafter but they have to die, should they be continuing their sexual relations. Moreover, the third duty of the lord of the land is the ‘healing’ and ‘normalization’ of the polluted land and “rainmaking”. This happens when the land (soil) has been polluted (spoiled) by human acts on it, or if there is no rain in the land for a longer time in a season for unknown reasons, or if there is an outbreak of an epidemic disease on animals or people in the land. Owing to one or more of these factors, the lord of the land is invited to slaughter a goat, a ram (sheep) or a steer to “normalize and heal” the spoiled land and sick people or cattle or bring rain throughout the Nuerland.”

Finally, the third response that explains the cause of an inborn monorchidism in terms of “biological and/or pathological factors” comes from the last group formed of six (6) health professionals. They said monorchidism is, “Caused by biological and/or hormonal factors, or yet, by other ‘unknown’ factors”. According them, monorchidism, unlike the way it was claimed by the traditional community members above, has nothing to do with neither how human beings are created nor the way they pay cattle in marriage dowry. This is the first answer that challenges the existing traditional perspectives and beliefs about the causes of monorchidism as a product of human activities and/or God (gods). With less wonders, unlike the rest of other respondents, the reason to which these respondents’ answer is by far different from the above participants’ responses that have been described so far, might be that they are pro-scientific individuals in the form of clinical nurses and health workers. Five out of eight clinical nurses (because there are ten health professionals, 8 male clinical nurses and 2 female health workers of study participants in one focus group discussion members) and one health worker out of the two female health workers are the major members of this last group.

Apart from the traditional beliefs about the cause of monorchidism, study respondents have also been asked with other belief-related questions. These questions
include, “Is the case of an inborn monorchidism considered a “concern or problem” in Nuer community?” If it is really thought as such, then “How is it a ‘concern’ in your community?” “Is there a “difference” between individuals who have been born with monorchidism and those who acquired it after birth through accidents?” “What does your religion (s) say about monorchidism (if anything)?” “Have you ever personally experienced any of the “claimed” misfortunes brought about by ‘evil spirits and supernatural powers’ of monorchid individuals in Nuer community?” Finally, “Is monorchidism is hereditary or not?”

Despite the fact that there are twenty eight (28) study respondents, reduced by the means of grouping into five major study or social groups, community elders, youth, traditional healers and the lord of the land, and two (2) focus group discussants, respectively. It would therefore be informed that it is not all individual answers to the above questions that have been written down per se, but many answers have been compressed together on the bases of their similarities just to reduce unnecessary redundancy. This is because almost all respondents with an exception of few nurses have acknowledged the ‘troublesomeness’ of an inborn monorchidism and its negative influences on “non-monorchid” community members imposed on by the victim persons of the inborn monorchidism in Nuer society. However, albeit, as per responses to this belief-related questions in general, the following are individual interviewees’ and focus group discussion members’ accounts which have generally been selected from all across responses because of their uniqueness and richness in describing what the Nuer community really believes about the “problem-ness” (troublesomeness) of an inborn monorchidism condition in general.

On this basis of the above understanding, the first group is composed of all community elders, one non-disabled youth, all religious leaders, two youth with inborn monorchidism, two traditional healers and one lord of the land, and, four health professionals (nurses and health worker). In short, their answer to the question that reads, “Is the case of being born with “one testicle” (monorchidism) a concern (problem) in your community and culture in general?” is as follows:
“Yes. The case of monorchidism or being born with “one testicle” is a big concern in Nuer community because the community and its culture think and believe that children and adults who have been born with it (monorchidism) are “sources” of the community “misfortunes” and problems. This is because these children have “supernatural and evil powers” that always inflict death and other very dangerous misfortunes on humans and their properties, including domestic animals. That is why either a “Traditional Healer” or “Lord of the Land (Leopard Skin Chief) traditionally heals (treats) them so as to reduce their evil spirits and supernatural powers they possess. The Nuer community and its culture associate an inborn monorchidism and all persons have been born with it (an inborn monorchidism) with “evil spirits, killing powers, and supernatural powers” that cause all “pestilent events” affecting both their family members and other people in the community in general.”

Additional account but a more astonishing one, was narrated by a non-disabled youth who is a son of a traditional healer (as mentioned before) as follows:

“Yes. Surely, it is a big concern because it is a generally accepted fact that if a monorchid child were born in a given family a number of serious problems would definitely follow. There is no doubt about that. These “problems” or “troubles” that happen following the birth of a monorchid child may come in various forms that may include death of one or both of the child’s parents, or one or both grandparents, or someone amongst older siblings, if any, property loss, accidents to other family members and relatives, etc. These perilous incidents never stop here at the birth time of the monorchid child but may also continue happening as the child grows and throughout his lifetime. For this reason, people who maybe having frequent company with him are always more susceptible to any of the following troubles and accidents: Being killed in a battle, failure to win a girl friend or make a friendship with most agemate boys, failure to kill a game animal in the bush, failure to catch a fish. Or getting killed by furious wild animals such as buffaloes, leopards, lions, elephants in the forest, or dangerous aquatic animals such as crocodile, hippopotamus, or bitten by snakes, or get
stricken by a rain thunder, or accidentally felling sick for no good reason but for a simple case like sleeping in the same house with a monorchid person, etc.”

In addition to the above narrative, a community elder who has a nephew with an inborn monorchidism added the following “lived experience” account to the narratives given so far, as follows:

“Yes. Definitely, it is a problem because when a child with “one testicle” (monorchidism) is born in a family, “bad things” such as death of one or both parents, or one or both grandparents, or a sibling (s), etc., usually occurs within that family. For example, when this boy (referring to his nephew) was born in our family, his father got sick and shortly died later. Then, after sometimes later, two of his younger brothers died, too. Similarly, his mother and last brother then died too, at last recently. After all his family members died, he has now remained alone. The explanation to this situation is that he is the reason for the death of his family members. In addition to his family condition, the extended family members, neighborhood and community in general blamed him for any “misfortunes” happening always, as long as he is still alive within this community”.

Moreover, in agreement with the above responses, one of the youth who has an in monorchidism condition, puts his own personal account of the community’s attitude towards monorchidism and persons who have been born with it and how it is concern in Nuer community, as follows:

“Yes. It is a big concern (problem) because both family and the community members believe that children and adults who have been born with monorchidism possess “evil spirits, supernatural powers and killing powers” that hurt or kill other people without monorchidism. It is generally “claimed” that if such a child with monorchidism is born in a given family, then “terrible things” such as death of people and domestic animals or loss of other family properties happen on spot within the family and its surrounding community members.”
When he was asked whether, he has personally witnessed and accepted those “claimed” perilous events, which are believed by the community members to be taking place whenever a monorchid child is born, or not, particularly when he was born in his family, he answered:

“Yes, I was told that following my birth my grandmother (mother of my mother) had suddenly felled sick and died so quickly. Following her death, some family cattle and goats got sick and died on spot, too, within a short span of time. In addition to this, at the time I was at age two, my newborn brother who followed me was born but following his birth, our father died not so long after his birth. It was said that he was affected by some unknown disease (probably, tuberculosis of glands) that killed him very quickly at the time that young brother was not even one year old. Besides, our family was subjected to death of many domestic animals. The cattle which had been at home before I was born and those obtained later after my birth from relatives as part of “bridewealth distribution lot (share)” for the family, had to either die of sudden diseases, or eaten by wild beasts in the forest or got lost in the bush with no trace of their whereabouts at all. Because my father had died, my mother was supposed to find a ‘new’ husband from my father’s relatives, who would bear children in my father’s name, according to the Nuer culture. However, because those male relatives feared me, suspecting that they would die in the way my father did, they refused to take up my mother as a wife at a time. Due to this reason, my mother was forced by that condition to find someone for herself as a husband somewhere outside family-line. As time passed on, another younger brother was born and was later followed by other siblings, too. It is this older brother who followed me that stayed safe for a longer time than other siblings did after him. However, the rest of the siblings who have been born after him, most of them, did not make it beyond the first or second year after their birth. They all died so early indeed, except that boy brother and I remained alone. Then after some years later, my mom died, and lastly that remained younger brother who was born after me died, too, at his adolescence. Now, after all my family members had died, I have remained alone. Nevertheless, throughout my lifetime, all I used to hear from relatives and community members about all
these incidents was the claim that I was the cause or reason for the death of my family. No other explanations whatsoever, was given.”

So, have you then accepted this “claim” that you are the reason or cause of their death?

“Yes. I have accepted it. What else could I do than accepting it? That was how all people believed it to be; no other explanations for the cause of their death, except me.”

Similarly, the second youth with an inborn monorchidism has also confirmed that monorchidism is viewed as a big problem in the Nuer community in the following narrative:

“Yes. Of course, it is viewed as a big concern (problem) because the Nuer community generally believes a child who has been born with monorchidism possesses “evil spirits and killing powers” that cause various pestilent conditions such as death and loss of domestic properties within his family and the community in general.”

Based on his own words above, the lad was specifically asked whether, he had ever witnessed anything of these “pestilent conditions or events” ever happened in his family and/or to other community members by the time of his birth or thereafter. He answered as follows:

“Yes, it was said that my father had suddenly died a week later after my birth. Other “misfortunes” had also been said to have taken place, too, within the family since my birth time and thereafter. However, as matter of fact, those things (misfortunes) that had taken place within my family did not differ from “things” that are claimed by Nuer community members that have taken place in other families of inborn monorchid children in Nuer community. Nonetheless, what is so hurting to me is that my family members, relatives and the general community blame these “misfortunes” on me; they held me responsible for their occurrence according to local traditional norms and beliefs towards monorchidism. Anyway,
this blaming for community “misfortunes” continued on me for a longer time until nowadays.”

Finally, health professionals (five clinical nurses and one health worker) have also been asked of what they personally think, mostly from their professional opinion, on whether or not monorchidism is a problem in Nuer community. They gave the last but a different response to the above accounts of the first group as follows:

“Though the community accepts that monorchidism is a concern, we don’t see any reasonable evidence that could make this claim acceptable rather than the community’s traditional beliefs, otherwise, we don’t therefore think it is a problem in the Nuer community, anyway.”

The second belief-related question posed for the study respondents is whether or not they think there is a “difference between individuals with inborn and acquired monorchidisms” according their personal and cultural experiences in the Nuer community. In general, since almost all respondents have agreed on the fact that the two sub-categories of monorchidism are far different from each other, so only the most important narratives or accounts have been taken as general samples for all respondents, according the rule that has been used in the first questions before. The first answer to this question was taken from non-disabled youth has been presented as follows:

“Yes. Of course, there is a big and a clear difference between individuals who been born with monorchidism and those who acquired it later after birth. One of the basic differences between these two groups is the fact that children and persons who have been with “one testicle” (an inborn monorchidism) possess “supernatural and evil powers” that “overpower” or “prevail” over other non-disabled community members. Because of this reason, all community members including their families fear them. Secondly, their companions (friends) or other persons who usually go along with them on journeys or even just for a walk or those who go to battlefield at anytime are killed in battle or by a leopard or a lion, injured, bitten by a snake…or by anything at anytime, anywhere. The third basic difference is that children who have been born with “one testicle”
(monorchidism) are traditionally treated by either “Traditional Healers” or by “Lords of the Land (Leopard Skin Chiefs)” in order for them to stay alive and/or that their possessed “supernatural or evil powers” not to kill other community members including their families. Lastly, the fourth but very important difference is that children or persons who lost their testicles through accidents after birth, unlike monorchids, do not cause any death or “misfortunes” to other community members or properties. The reason being that they acquired their monorchidism disability after they had already been born with all their body parts, including testicles; and hence do not possess “evil powers” that can kill “non-monorchid” community members in the area.”

Another respondent from the community elders (a female by gender) has similarly joined the above non-disabled youth in her response, claiming that:

“The difference between these two sub-groups basically lies on the fact that children and adults with an inborn monorchidism are viewed as sources of family and community “misfortunes” because they have “extraordinary powers”, “evil spirits, and killing powers that “overpower” non-monorchid members of the community. Whereas, on the other hand, the community views children and adults who have lost their testicles through accidents after birth as “normal” community members in the society because they (the acquired monorchids) do not possess any of the characteristics mentioned in the above scenario of inborn monorchids, anyway. Since they are seen as “normal”, members, they are neither treated by traditional healers nor lords of the land (leopard skin chiefs) but instead, they are normally treated by their families or anyone in the community or may be taken to medical centers for medical treatment.”

In addition, the following is a response given by two youth with an inborn monorchidism disability on how they think the two sub-categories: individuals with inborn and acquired monorchidisms are different from one another as follows:

“Yes, we think there is a difference between these sub-groups of monorchidism. However, their difference is based mostly in the way the
community sees them according to the nature and causes of their disabilities. For example, children who have been born with monorchidism are taken to “Traditional Healers” or “Lords of the Land (Leopard Skin Chiefs)” for traditional healing processes because the community believes that such children have “evil spirits and death powers” in their bodies that should be driven out of them so that their ‘bodies’ become ‘cool’ (‘normal’). By doing this, the community thinks that children with an inborn monorchidism and their inherent “evil spirits and killings powers” would not hurt or kill their family members and other people in the community in general. However, on the contrary to this, children or adults who lost their testicles through accidents after birth are ‘not’ taken for traditional healing processes at all as such nor does the community and their families believe that they possess “evil spirits” in their bodies that could hurt or kill other people, like us, the “individuals” with inborn monorchidism.”

Moreover, the youth above have also been asked whether they had been taken to traditional healers or lords of the land for healing process at the time of their birth or not. Their response is as follows:

“Yes. We have been told that our families had taken us to traditional healers so early once (I) we have been born and confirmed monorchid (“toor”) at the birth time to avoid or reduce subsequent occurrence of misfortunes in our families and the community as whole.” (From the two youth with an inborn monorchidism)

Furthermore, other respondents, meaning one community elder, one traditional healer, and one lord of the land have narrated their explanations on the difference between the two sub-categories as follow, respectively:

“There are a number of differences amongst these sub-groups of children and/or adults with such particular inborn monorchidism disability and those who have ‘acquired’ it through accidents after birth. The first difference between children with congenital monorchidism and those with acquired ones is that the community members including their families view the former group as the
‘sources’ of family and community problems because they possess “evil spirits and killing powers”. In addition, since they possess such evil spirits and killing powers, they are all expected to undergo complete traditional healing (treatment) ritual processes from “Traditional Healers” or “Lords of the Land (Leopard Skin Chiefs). This is a “must to do work” and obligatory for their families and traditional healing experts of the job, without it being done, local people believe that there will be “no peace” at all in the families and communities where these children have been born. However, in an opposite view to the case of children with congenital monorchidism, the community and victim families fully accept children and adults with acquired monorchidism as “normal” members just like non-disabled despite their loss of one or both testicles. Secondly, the acquired monorchid group also differs from the congenital one on the account that the community does not view them as possessing “evil spirits and killing powers” that cause various disasters to their families and other community members in the areas in which they are born and reside. Because they do not possess “evil spirits and killing powers”, individuals with an acquired monorchidism are neither traditionally treated by traditional healers nor lords of the land. Instead, any ordinary individual in the community or in health and medical facilities can attend their wounds. Due to these factors, they are generally perceived as “peaceful” and “non-destructive” community members as compared to those with inborn monorchidism in the Nuer community.”

The third question, which was forwarded to the respondents, deals with “personal exposure” to the influences of monorchids’ “claimed evil spirits, supernatural powers, and killing powers”. It is asked as “Had you ever personally experienced any of the claimed “misfortunes” that you have repeatedly mentioned above from an inborn monorchid person (s) in your lifetime, so far?” Generally, for some clarification reasons, it should however be informed that this question does not include two youth with inborn monorchidism and all health professionals as well as all religious leaders, but it deals only with other study respondents such as community elders, traditional healers and lord of the land, and the non-disabled youth. The reason for leaving out those mentioned groups is that, normally the victims cannot impose their own evil spirits, killing powers,
and natural powers on themselves at all (for the case of the two victims). Secondly, it is generally presumed that health professionals and religious leaders might have infrequent or less contacts and exposures to the negative influences of individuals with an inborn monorchidism, and thus the less experience they may have, in general. Therefore, the following are selected personal accounts from the mentioned group members only.

“Yes, I do have some unforgettable memories of such experiences with individuals who have been born with inborn monorchidism because I used to go fishing several times with some of them (inborn individuals with monorchidism). More often, as far as I could remember, I had never caught a fish at times whenever we went fishing together with an individual with an inborn monorchidism throughout my fishing experiences. Secondly, I remembered a time when I went to a battle for the first time with an inborn monorchid when an intercommunal war broke out between our village and another village in the area. Despite the fact, that many people from our force were somewhat aware of the monorchid’s presence amongst us, no person had ever considered the eventual negative effects of his “evil powers” on us at the beginning of the battle since everybody were rushing toward the battlefront at the time. Due to our failure to monitoring the monorchid’s “evil spirits, supernatural powers, and killing powers” early before we advanced for the battle, the invading enemy force killed three persons and wounded several others on our side on spot. Because of those setbacks, our force was eventually defeated.” (From the community elder, CE4)

“Yes, of course. As family members, we did experience some of the claimed negative influences from a family member with an inborn monorchidism. For example, when my nephew was born with monorchidism, his father got sick and shortly died later. Nonetheless, besides this family exposure to the boy’s evil spirits and supernatural powers, I could say that I had never experienced anything of great note on myself from him personally. However, apart from my nephew’s experiences, I often used to go for fishing and hunting with other non-relative individuals with an inborn monorchidism in my community. Even though I normally heard from other people that those who went to fishing or hunting with
inborn monorchid risk their own “luck” and return home with “empty hands”, I unknowingly went to fishing activity once upon a day on a river with some community members in our area; among them was an individual with an inborn monorchidism. We began fishing at 6 o’clock local time (12 pm) and continued until 12 o’clock (6 pm) in the evening. Nevertheless, throughout this much time, we did not catch even a single fish. Therefore, we went to ask another group who has had a “good catch” to give us some fish. However, before they could give us a fish, somebody from their group enquired of us why we failed to catch fish. Before we could answer him, someone amidst them whispered to him (with a low voice so that the monorchid could not hear him), and said, “Didn’t you know that they were fishing with a monorchid?” To be honest, it was from that time onwards that I had to personally experience a firsthand monorchidic myth by myself for the first time.” (From a community elder, CE2)

In addition, another interesting account was also narrated by a non-disabled youth (and a son of a traditional healer, coded as NdY) as follows:

“Yes. I have had quite many firsthand experiences from monorchids at various times. One of these experiences took place once upon a time when we were just graduated from a traditional boyhood transition to manhood ceremonial rite (traditional manhood initiation of ageset) in the Nuerland. As a traditional practice for newly initiated young men, we were all permitted to buy our own guns of different types after the transitional ritual ceremony because we had now become “men” so far. Before then, we were not considered “men” because, according to the Nuer culture, boys despite their chronological age, become men if and only if they have undergone traditional “six facial marks” (called ‘gaar’ in Nuer) initiation ritual. Otherwise, they are never considered as or called “men” or “adults” in the Nuer society. As part of cultural requirements for “newly graduated men”, all newly face-marked members of young “men” do everything together or in sub-groups; they sleep, eat, hunt, fish, make or find new girl friends…etc., all together. After all this, it all happened one day we went to hunting game animals in a forest. We were seven altogether with seven guns and
enough bullets: two magazines per each of our guns. We actually begun hunting
too early in the morning at around 1 o’clock local time (7 am), rounded the forest
through different directions, north, east, south, and west, but all in vain, there was
no even a single animal that we could see in the bush at all throughout this much
time, let alone killing one. To that end, it was too late for us to continue hunting
but we just decided to go back to village. Normally, people at the village were
eagerly waiting for us, expecting a great hunt (meat) from us. Nevertheless, as a
fact, that expectation did not hold true because we all came home at last with our
empty hands. We began talking about our hunting failure and physical exhaustion
issues just at our arrival at the village. By default, there was a group of old men
sitting under a shadow of big tree near to us, listening to our lamenting and
complaints about the hunting failure. Then, suddenly one old man whispered
among them, and asked, “Boys, is there a monorchid or a “mok” among you, my
sons? There must be one among you, at least; such ‘things’ (failures) never
happened without any good reason!” Then we all laughed at ourselves because it
sounded funny, however, no one dared among us to give an answer to the old
man’s questions, anyway. Nevertheless, after we dispersed from that spot, each of
us began asking himself individually, some in pair, especially those who knew
and trusted each others, seriously debated on the subject in private (because the
issues of monorchidism are not openly or publicly discussed in the Nuer culture).
Therefore, it was later on found out that, one person among us was an individual
with an inborn monorchidism. He was not from our family members but came
somewhere from another section of the community, that was the reason why we
did not know him in the first place. After this revelation, we therefore concluded
that he was the only person responsible for our hunting failure. Besides this, other
failures followed thereafter whenever we attempted to do anything if that inborn
monorchid man was present among us. The second but rare incident happened
when a great and prolonged war broke out between two big Nuer sub-sections
once upon a time. This time, it was a new experience from another new inborn
monorchid, anyway. It happened that one day we went to a battle for the first time
with an inborn monorchid within our force, a big force that might comprise of
hundreds of men at the time. Some people were aware of his presence anyhow, but others were not, because there were so many people coming from various sections of the community at that time. Those who were aware of his presence then changed their standing positions in relation to where the monorchid was standing in the battle. Then after a little while, our force clashed with the enemy force that stood in front of us. It did not go well enough for our force because several men were immediately killed; others were also wounded within a very short span of time. With this terrific blow, old men and war leaders of our force gave orders to withdraw back from the battlefront to take the wounded members somewhere for rest and treatment. Again as usual, that monorchid was now blamed and held fully responsible for the disaster on our force, though old men shared some fair part of the blame, too. For one thing, old men were blamed because, as claimed by some members, they were supposed to prepare an *inborn* “*left-handed*” person whose “*powers*” might have “*overpowered*” the inborn monorchid’s “*evil spirits and killing powers*” on home force during a battle, in the first place. As a traditional rule, it is a common Nuer traditional war dealings and culture if a monorchid person is present within a given force during a battle then; an inborn “*left-handed*” person is prepared to counter-balance an inborn monorchid person’s evil spirits and death powers in the battlefield. The inborn “*left-handed*” individual usually stands on the right side of the monorchid throughout the wartime. Therefore, based on that arrangement, the monorchid always stands at the extreme left wing of the force followed by “*left-handed*” and then come other members of the force. Therefore, after that blow mentioned above, it was then arranged in such a way. Anyway, after that traditional tactic, the number of causalities was dramatically reduced on our side eventually. However, now another new problem had occurred after that wonderful arrangement. The monorchid had now began to fear the “*left-handed*” after he had understood that he had left with less or no guarantee to his fate in the battlefield. He was no longer sure whether he would be killed or not, since his “*evil powers*” were “*overpowered*” by that of the “*left-handed*”. Due to that reason, he began to deliberately changing his standing positions in relation to the inborn “*left-handed*”
man. Unfortunately, after three solid years of fierce fighting, the enemy force finally killed that monorchid anyway. At the time of his killing (death), no one would have ever mourned for him except his real family member only. After his death incidence, everyone felt relieved and happy for now because all people thought that our force was now and would be relatively safe for a time being, anyway.”

Moreover, in addition to the above account, the lord of the land also known locally as leopard skin chief (coded as LoL) added his personal experiences in the following short sentence as follows.

“No, I had never experienced any of those things or misfortunes as claimed; however, I would acknowledge that they are not wishful claims but are real, anyway. I did not encounter any of these claims, in part, perhaps because I am a lord of the land and I am therefore the master of all things including the inborn individual with monorchidism in the Nuerland. In other words, their possessed “evil spirits, supernatural and killing powers” do not “overpower” me or “prevail” on me at all, instead they fear me. Their “evil spirits and powers” do not work at all if I am present or a “left-handed” person is present. However, in spite of these conditions, it is true that many dangerous “misfortunes” routinely happen on many ‘ordinary’ people who usually have company with inborn monorchid individuals at any time, at any place, and under any situation. Traditionally, it is not a surprising situation to see people expecting such “misfortunes” if there is an inborn monorchid individual (s) within their group members, since something ‘bad’ really happens as it is usually expected, according to the existing accepted ways of thinking and beliefs towards them (monorchids).”

Furthermore, a traditional healer (coded as TH1) on his personal experiences of “misfortunes” from persons with inborn monorchidism persons’ further added an additional response claiming negative exposures and influences from them in the following narrative:
“Yes. Of course, it is true, though infrequently. I used to hear many of such things about the monorchids’ “evil spirits” and “supernatural powers” and that they “overpower” other non-disabled community members of in my lifetime. However, due to my present physical condition (he was referring to his physical disability) I had not gotten enough time for exposure to monorchid adults’ company most often. Nonetheless, I sometimes shared several routine traditional fishing activities and travel between villages having short distances. Therefore, despite my physical difficulty, I however used to participate in fishing activities using traditional boat and travelling some fair distances between villages using my limbs. With this limited exposure, I therefore had personally managed to have firsthand experiences of “bad lucks” such as failure to catch a fish, despite a whole day fishing activity, or finding a person whom or a thing which I went to look for in another village. This situation had happened to me several times with different inborn monorchid individuals whenever I took a joint activity with someone from them in routine traditional activities of such kinds, for example. In fact, I had never experienced any kind of success in these all activities whenever I attempted to do anything or activity together with an inborn monorchid person. However, to be honest, I had never got hurt physically during those times of these shared activities with monorchid individuals throughout our contacts. Anyway, it is a normal experience because it is traditionally acceptable for everybody to expect “misfortunes” as long as she/he takes time or doing something together with a monorchid individual.”

The fourth belief-related question on an inborn monorchidism that was posed to the study respondents was asked on “What their religion(s) really say (teach) about the causes of “one testicle” (monorchidism) and persons who have been born with monorchidism”. Alternatively, “What religious teachings are there in your community regarding the causes of an inborn monorchidism and the general religious perceptions towards persons who have been born with monorchidism in general?” Unlike in the previous question, which has excluded religious leaders and health professionals above, all study respondents have participated in answering this question in general. This is because they all have, at least, a religion. Regardless of their individual religious
orientations, all respondents from community elders to health professionals have responded: “There are no religious teachings” especially Christianity religion, with specific regards to the causes of monorchidism nor for persons with inborn monorchidism. This is because the issues of an inborn monorchidism are just but surrounded by traditional myths, beliefs, and oral traditions in the Nuer community in general. However, for the sake of evidence, let us see some samples from the selected community members’ responses in the following paragraphs:

“No. There are no religious-based teachings, especially Christianity religion that give explanations about the causes of an inborn monorchidism in our church. However, what really exits, if anything is a Nuer traditional beliefs and explanations about the causes of monorchidism that we have seen before in the above responses in the previous questions. That traditional belief explains that, “Inborn monorchidism happens if a man gives (pays) a ‘monorchid bull or a castrated monorchid ox, or a monorchid male goat or a ram’ for bridewealth during his marriage, that person risks bearing of a son with monorchidism at any time.” (From community elder, CE1)

“I am not really sure whether there is religious teaching on monorchidism. However, with the absence of widely circulated religious teachings about these disabilities in our community, I think it maybe because what is usually rumored about that congenital condition (monorchidism) is totally based on traditional beliefs. Thus, I don’t think the religion, especially Christianity, has anything to say or do about it, and if there is any, I had never heard of it so far.” (From community elder, CE3, the only female elder among her group members)

“Normally, I am not a Christian religion believer, but I do believe in Nuer traditional gods and the god of sky (Kuoth Puora). In general, the Nuer tradition has clear descriptions of and explanations about the causes of monorchidism and persons who have been born with it. Anyway, I think it is part of what we have discussed so far above.” (From a non-disabled youth and a pagan according the religious affiliation)
“No. There are no Christian religious-based sayings or teachings in our local churches regarding the causes of monorchidism in the Nuer community in general.” (All religious leaders have unanimously answered so)

The last fifth question was asked about whether or not “monorchidism is hereditary” according to the Nuer community’s belief and tradition to the problem. In a general remark, however, it could be noted that all study respondents have admitted that “inborn monorchidism” condition is “Not” hereditary, especially in terms of human parental-child genetic heredity. Therefore, despite this relative consensus on the question, some unique and comprehensive answers have been selected from the respondents’ answers to this question, as usual. These are as follows:

“No. Monorchidism can never be considered hereditary in terms of human or parental resemblance of their children. But the fact is that monorchidism is “inherited” or “transmitted” from monorchid bulls or castrated inborn monorchid oxen that have been paid along with other bridewealth cattle, as it has been discussed before, according to the Nuer tradition.” (From community elder, CE1)

“Yes. Monorchidism can be said “hereditary” because it is inherited from monorchid bulls or castrated monorchid oxen, but this heredity should not be understood in terms of human genetic transmission of that inborn condition, but it should be understood in terms of Nuer tradition.” (From the non-disabled youth & community elder, coded as NdY & CE4 respectively)
**Table 4**: General summary of study participants’ types of social groups backgrounds and their responses on traditional beliefs of “what they think (believe) causes inborn monorchidism” in Nuer community

<table>
<thead>
<tr>
<th>What study respondents think (believe) causes (creates) Monorchidism in Nuer community</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Monorchidism is created (caused) by the God of Heaven (&quot;Kuoth Nhial&quot;) or the god of sky”</td>
<td>Respondent type</td>
<td>10</td>
<td>2</td>
<td>12</td>
<td>12</td>
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<tr>
<td></td>
<td>Community Elders</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious Leaders</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traditional Healer</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth with Disability</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Professionals (nurses &amp; health workers)</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent type</td>
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<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Community Elders</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Traditional Healer &amp; Lord of the land</td>
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<td>0</td>
<td>2</td>
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<tr>
<td>Non-disabled Youth</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Religious Leaders</td>
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<td>1</td>
<td>4</td>
</tr>
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<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Respondent type</td>
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<td>1</td>
<td>6</td>
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<tr>
<td>Health Professional (nurses &amp; health workers)</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

**N.B.** Table 4: General description of facts summarizing study respondents’ answers on what they think (believe) causes (creates) monorchidism according to the Nuer community’s traditional beliefs, their personal and/or professional opinions (knowledge) on the subject
As can be clearly seen in the table above, twelve (12) study respondents, meaning, ten males and two females believed or have answered that, “Monorchidism is caused (created) by the God of Heaven or gods”. This, in other words, means, one (1) community elder, four (4) religious leaders (M = 3, F = 1), one (1) traditional healer, two youth with an inborn monorchidism and four (4) health professionals (M = 3, F = 1) believed or have answered that, “Monorchidism is caused (created) by the God of Heaven or gods”, respectively, according to their social groups and study roles.

Similarly, ten (10) respondents, meaning, eight males and two female (believed) or have answered that, “Monorchidism is caused by a payment of a monorchid bull or a castrated monorchid ox for bridewealth”. If grouped according to their social groups and study roles, it means, three community elders (M = 2, F = 1), one traditional healer and one lord of the land, one non-disabled youth, four religious leaders (M = 3, F = 1) have agreed that “Monorchidism is caused by a payment of a monorchid bull or a castrated ox for bridewealth”.

Finally, six (6) health professionals, meaning, five male nurses and one female health worker (M = 5, F = 1) have answered that, “Monorchidism is caused by diseases and/or biological factors”.

4.3.1.3. Cultural Practices of the Nuer Community towards Persons with Inborn Monorchidism

So far, we have seen detailed descriptions of the Nuer community’s traditional beliefs and their related perceptions towards the causes of an inborn monorchidism (being born with one testicle) in the above section of that major theme. However, now the following second major theme and its sub-themes or sub-sections are specifically devoted to general cultural practices of the Nuer community towards persons with inborn monorchidism. To make it a bit more clear, this major theme is going to be dealt with in two dimensions: “Good” and “Harmful” cultural practices of the Nuer community towards persons with inborn monorchidism. While questions that deal with good cultural practices generally aim at exploring practices and/or services supporting persons with inborn monorchidism in various aspects in Nuer society on the one hand, cultural maltreatments towards persons with inborn monorchidism, on the other, aim at investigating existing harmful cultural practices of the Nuer community in general.
4.3.1.3.1. Good (Useful) Cultural Practices in Supporting Persons with Inborn Monorchidism

Before we see or discuss what exactly are considered as good (useful) cultural practices in the Nuer community, it should be noted that such cultural practices cover a range of dimensions rendered for persons who have been born with inborn monorchidism right from childhood supports to adult individual and social rights. Most prominently, individual and social rights of these kinds may include right to marry, family property inheritance, economic freedom and independence, etc., just to mention but a few. Therefore, based on the above concepts (ideas), the following are the respondents’ responses to the questions asked with specific regards to good cultural practices in supporting children and/or adults who have been born with congenital monorchidism; be it religious, traditional, social, or medical, etc. Actually, even if the questions contain the same concept throughout all study respondents, it should be reminded that respondents have been asked differently in a way that fits each individual’s or group members’ level of knowledge or connection with inborn monorchidism in Nuer community. The first central question on cultural practices of the Nuer community towards persons with inborn monorchidism reads as, “What are the existing good cultural practices (social supports) provided for children and adults who have been born with monorchidism in the Nuer community?” Even though the core idea of the central question was maintained, the way in which the question has been asked had conceded certain slight differences across different study groups; meant to accommodate modifications depending on the study respondent being asked. Therefore, the respondents’ answers have been generally presented as follows.

First answers to this question came from two youth who have been born with monorchidism (coded as YwD1 and YwD2 respectively). However, to help conceptualizing their individual experience on the subject (question), their answers have been presented separately or individually. Therefore, answers from the first youth with inborn monorchidism (YwD1) are as follows:

“Based on the information I obtained from some relatives when I became an adolescent, I was told that there are certain existing good cultural practices
which had been provided for me at home and community levels at the time I was born. In addition, I personally used to hear of such services in the Nuer community because I was growing there. In short, these traditional services (good cultural practices) include traditional treatment or healing provisions, eating together with family children, buying clothes for me like other siblings in the family, playing together with siblings and neighborhood community agemates, attending church services and school with siblings and agemates together, equal marriage and inheritance rights, social and economic freedoms and rights, etc.”

Apart from the general question on good cultural practices above, the youth was specifically asked whether his family and the community treat (care for) him equally just like siblings and non-disabled age-mates or not. He answered as follows:

“Yes. But not always really.”

However, because he has given somewhat a “double response” which is not completely a “Yes” or “No” answer, he was further asked to verify or explain, “why he thinks his family and the community do not always treat him as equally as non-monorchid children in the community”. He answered in the following account as:

“I think the reason why my family and the community sometimes do not treat me as equally as other non-monorchid children may be, in part, due to the locally existing traditional beliefs and explanations about the nature of my disability condition (monorchidism). Secondly, I think it may be due to the fear generated from what they “claimed” I have “evil spirits and killing powers” that they think would hurt or kill their children or themselves if they keep me so close and friendly to them.”

Moreover, this same youth has also been asked whether adults who have been born with monorchidism marry like non-monorchid adults or not, in his community. His answer was:

“…Yes. Definitely, they do marry, given that they have enough cattle for bridewealth payment. That means, apart from the existing minimal social and
cultural obstacles to monorchid marriage, the question of “enough cattle for bridewealth” is a common challenge for all Nuer males regardless of who you are or your physical conditions.”

“So, have you married so far?”

“Yes. I have married long time ago; almost eight (8) years back from now.”

Furthermore, the youth was personally asked on a general situation related to his marriage affair between him and his in-laws when he was marrying his wife in a question that reads as, “Had you encountered any challenge or rejection (objection) from your in-law family during your marriage?” He answered:

“No. I had not encountered any challenge or any apparent rejection from them at the time. Actually, it had been a ‘two men deal’, i.e., I just eloped the girl privately on our own understanding and agreement without her parents’ or my relatives’ consent, anyway. It was after our elopement that the marriage issues were discussed and then settled by our two families. However, since the agreement was reached on the number of cattle for bridewealth, we were then allowed to marry after all. So, now we have three children; two sons and one daughter so far.”

In addition, he was further asked whether there are traditional preventive mechanisms (intervention techniques) to which causes of an inborn monorchidism can be prevented with, and the accompanying traditional treatment (healing) techniques or mechanisms by which children who have been born with monorchidism can be treated (healed) in the Nuer community or not. His answers to these questions are as follows:

“Yes, there are local traditional preventive mechanisms by which causes of an inborn-monorchidism can be prevented with, in the Nuer community. One among these preventive mechanisms, for example, is that monorchidism can be traditionally prevented by “avoiding payment of any monorchid domestic animal (bull) for marriage bridewealth.” By doing so, the people and the tradition believe
that the occurrence of an inborn monorchidism could be completely prevented. However, in rare conditions, if the above preventive mechanism fails for any unknown reasons, the community uses the available traditional healing mechanisms and procedures to heal (treat) inborn monorchid children mainly by local traditional healing experts such as “Traditional Healers” and “Lords of the Land (leopard Skin Chiefs)” respectively. These groups of traditional healing experts are the only ones who can heal such children in the Nuer community.”

On the other hand, other answers on these same questions asked above have also been answered by the second youth with inborn monorchidism disability (coded as YwD2) as the following:

“...There are good cultural practices for children who have been born with monorchidism in the Nuer community. Among the existing good cultural practices, which had been provided for me at home since my childhood include, eating together with family children, buying clothes for me along with siblings together, playing together with siblings and close relative family children, etc. In addition, the community has provided me with traditional healing services through a traditional healer, relative chances to play with neighborhood and community agemates together, attending church services and school with agemates together, etc.”

In addition, the lad was further asked to whether his family and the community treat him equally like non-monorchid children or not.

“Yes. My family treats me fairly just as equal as other children in the family. Nevertheless, some community members sometimes do not treat me equally as compared to my family.”

When he was asked to express the reasons why he thought some community members do not treat him as equally as the rest of non-monorchid children since he was a child until then. He then answered as follows:
“The reasons why the community members do not treat me equally just like their non-monorchid children are so clear to me. It is just because they fear that if I were to be treated equally like other children or let their children spend much time playing with me together always, may be their children would get hurt because they think I possess “evil spirits and killing powers” that could hurt or cause death to their children. Due to these reasons, they make sure I am kept a bit “distanced” away (isolated) from their children, anyway.”

Other related to Nuer community’s good cultural practices is whether adults with inborn monorchidism marry just like non-monorchid adults or not in the Nuer community. His answer to that question is:

“Yes. They do marry just like other community members.”

So, if that is the case with all adults with inborn monorchidism, “Then, have you married so far?” He answered it:

“No, I have not yet married. However, the case that makes me not to marry until now is not because an inborn monorchid but, it is because I am still so young (adolescent) and for the fact that it is not yet my marriage turn in the family. Marriage sometimes, according the Nuer cultural rules, depends on many factors such as birth order or seniority. And, since there are other family members on the line, they have to marry first before me because of their seniority in terms of our birth order within the family.”

In addition, the young boy was again asked whether or not he had ever been encountered by any challenges in making friendship with young girls of his age in Nuer community so far since he became adolescent.” He answered it as follows:

“No. I had never faced any challenge at all, so far.”

Moreover, this same youth was further asked whether there are traditional preventive mechanisms (intervention techniques) to which causes of monorchidism can be prevented with; and traditional treatment (healing) techniques or mechanisms by
which children who have been with inborn monorchidism can be treated (healed) or not in the Nuer community. His answer to this question is as follows:

“Yes. There are definitely traditional preventive techniques that I heard the community elders usually used to talk about such as “strict prohibition of paying any monorchid bull animal by the marrying bridegrooms and their families during bridewealth payment”. That means, they are saying that, “all marrying families (male families) should seriously or strictly screen out all monorchid bulls and castrated monorchid oxen from among bridewealth during marriage occasions.’ In addition to this, there are certain traditional treatments and healing mechanisms available for treating such children who might be born from such cultural mistakes (paying of a monorchid bull or a castrated ox). For example, according to the information that I heard from relatives, I was told that I had been instantly taken to a traditional healer for traditional healing process at the time I was born with this monorchidism condition.”

Moreover, additional answers have also been gathered from the community elders (coded as CE1, CE2, CE3, & CE4 respectively) on these same questions so far. Even though these community elders have been interviewed on individual basis, one thing that has been noted so far in their answers is that, most of their answers are so much similar to each other. Therefore, to reduce redundancy, only the best and more elaborated answers have been selected across their individual answers. The first central questions posed to this group are, “What are the existing good cultural practice provided for children and adults with inborn monorchidism in your community?” The second question is, “Are there traditional treatments or healing mechanisms (intervention techniques) to which causes of inborn monorchidism can be prevented with; and traditional treatment (healing) mechanisms by which children that have been born with monorchidism can be treated (healed) in your community?” Thus, their answers are as follows:

“Yes. There are good cultural practices for children born with monorchidism in general. Most of these existing good cultural practices (social supports) provided for children who have been born with monorchidism include traditional trial of ‘testicle recovery processes of undescended testicle of a child
born with monorchidism. However, if that recovery process trial fails, then “normalization process” (exorcism) of the child will definitely follow so that his “supernatural powers and killing spirits” would not kill both family and community members. Traditionally, either traditional healer or lord of the land can perform both testicle recovery and normalization processes in the Nuer community. In addition to those healing processes, children with an inborn monorchidism, like any other Nuer community members, have unlimited ranges of equality rights such as marriage, inheritance of family property, social and political participation in their agest groups, economic independence, etc.”

In addition to good cultural practices, community elders have also been asked whether the Nuer community has traditional preventive techniques to which the causes of an inborn monorchidism can be prevented with or not; and what specific traditional healing processes really are available for the victims in the community.

“Yes. There are traditional preventive mechanisms to which causes of congenital monorchidism can be prevented with in Nuer community, according to the community’s traditional strategies and belief system. One of these mechanisms is “not to pay a monorchid bull (a bull with one testicle) for brideweight in marriage dowry”. However, if there might be children who may be being born with an inborn monorchidism they can be also traditionall treated by traditional healers or lords of the land. That means, side by side, if preventive techniques attempts did not function, there are traditional treatments or healing mechanisms in place, by which children with inborn monorchidism are healed (treated) in the community. For example, if a child has been completely confirmed that he is a monorchid after its birth, then the first traditional rite is to provide traditional healing (treatment) for the child by a traditional healer or a lord of the land so that he is “freed” from “supernatural and evil powers” through exorcism. Once the traditional rituals are properly performed, then a child will be free from the possession of “killing powers and supernatural powers” and can therefore be able to lead normal life like other community members without hurting anyone in the community.”
The third question is, “Does your community equally treat (care for) children and adults who have been born with monorchidism?”

“Yes. It can generally be said that the Nuer community treats kids and adults with inborn monorchidism as equally as other non-disabled community members in most aspects of the community life. Much of such treatment is expressed in social, economical, political, religious, etc., services. However, that equal care or treatment happens on the condition that if they (the inborn monorchids) had been traditionally treated (healed) by “Traditional Healers or Lords of the Land (earth masters), anyway”. Without that traditional healing ritual performed on them, the reverse is always true, otherwise. Meaning that if there is a suspicion that those individuals with inborn monorchidism have never been treated traditionally, then some community members, especially the elders, might ‘deliberately’ or ‘secretly’ discriminate or segregate them of the times. They may do this in many forms such as advising their children to fear and take care of themselves from children and adults with inborn monorchidism not to go along with them at all; otherwise they will risk their own well-being due to “misfortunes” brought by the “supernatural and evil powers” of those individuals with inborn monorchidism condition.”

In addition, community elders have been also asked on whether or not adults who have been born with monorchidism do marry like their non-monorchid agemates in their community. Their answer to this question is:

“Yes. Every individual adult with an inborn monorchidism can marry in Nuer community with no resistance from either the bride herself or her family, given that they had been traditionally healed (treated) by the traditional healers or lords of the land (leopard skin chief). But, if it is confirmed that the marrying individual with an inborn monorchidism has never been traditionally treated, then his marriage proposal may be turned down automatically by the bride herself or her family on the account that the monorchid’s “supernatural powers and evil spirits” will kill his wife later once they have married each other.”
Lastly, traditional healers and one lord of the land group have been interviewed on the same questions exploring good cultural practices of the Nuer community towards children and adults with inborn monorchidism in general. Generally, two traditional healers and the lord of the land have unanimously agreed on all questions that have been asked on ‘good cultural practices towards persons with inborn monorchidism in Nuer community’. However, as we have seen before in the case of community elders who have more similar answers to all questions as mentioned above, answers from this group, too, have been treated together as group answers but not as individual answers since they are similar indeed.

The first answers from traditional healers and lord of the land (coded as TH1, TH2, & LoL respectively) on the question, “What are the existing good cultural practices provided for children and adults with inborn monorchidism in your community?” have been put together and compressed into one answer under one paragraph as follows:

“Generally, there are some good cultural practices provided for children and adults with inborn monorchidism in the Nuer community. Among these, for example, is that children with inborn monorchidism are traditionally treated or healed in traditional rituals to “normalize” or “exorcize” their possessed “evil spirits, supernatural, and killing powers” that cause numerous “misfortunes” on other “normal” community members. In addition, the community also grants many basic human rights for all adults with inborn monorchidism that include social and political freedom, family establishment (marriage), economic independence and equal family property inheritance rights…etc.”

Other proceeding questions on the Nuer community’s good cultural practices for persons with inborn monorchidism include “Are there traditional preventive (intervention) techniques to which causes of inborn monorchidism can be prevented with; and traditional treatment (healing) mechanisms by which children with inborn monorchidism can be traditionally treated (healed) in your community?” “Does your community equally treat (care for) children and adults who have been born with monorchidism?” and finally, “Do adults who have been born with monorchidism marry like their non-monorchid age mates? The answers to these questions are as follows:
“Yes. There is but just one traditional preventive technique, which is used to prevent the happening of an inborn monorchidism in Nuer culture. This traditional preventive mechanism is, “a total prohibition of paying monorchid bulls or castrated monorchid oxen for marriage dowry”. On the other hand, however, besides traditional preventive strategy mentioned above, there are certain types of traditional treatment (healing) mechanisms and techniques that traditional healers and lords of the land use for treating babies with inborn monorchidism in the Nuer community. For example, when a family has confidently confirmed that their child has monorchidism condition, then they would take him to a traditional healer or lord of the land in the area. After a child has been brought to that traditional healing expert, then the traditional healer or lord of the land should ask the child’s family to provide an animal for sacrifice before he begins his work of traditional healing processes. In traditional terms, a family can provide anything they may have at hand for sacrifice amongst all domestic animals. It can be a cock (hen), a male goat or ram sheep (sometimes a female goat or sheep can be a possible option), or a one year old bull (steer). That animal should be immediately slaughtered before the traditional healer or lord of the land embarks the actual healing process. After this, a piece of fatty meat is taken and mixed with a traditional dry tobacco and fresh grass and then burn on a fire before touching the child’s body. After all this, the traditional healer or lord of the land can now inspect the child to “reconfirm” the family’s claims whether his testicle is present, but had not just descended to testicle sac (scrotum) or it is a real monorchidism condition so far. If the result is that the testicle is present but undescended, then the traditional healer or lord of the land will just try to “push it down” using hot water prepared by the child’s mother for the purpose of “massaging”. This stage sometimes is traditionally known as “testicle recovery trial”. This process of testicle recovery may just take few days depending on the position (location) of the testicle in relation to scrotum and the traditional healer’s or lord of the land’s ability and experiences in the job. However, if the result is that the testicle is not present, then the child will be confirmed monorchid and hence, real “normalization” or “exorcizing process” of the child’s possessed “evil
spirits, supernatural powers, and killing spirits” begins right from there. The second stage of healing process is but a continuation of what had already been started so far. Meaning, no more animal is going to be slaughtered for sacrifice again nor doing other routine preliminary activities neither, but only the preparation of ritual healing materials (traditional tools/utensils) for traditional healing process such as a gourd and a grinding stick (traditionally called “tuok” and “lek” respectively, in Nuer language). The gourd (tuok) is used to carry a child with to a water body on the one hand, whereas on the other, the grinding stick (lek) is used to attack the child while firmly contained or held in the water within the gourd. Once the child is taken to a nearby river shore, lake or pond (if the first two choices are not available), the traditional healer or lord of the land will immerse him deeply into the water in the gourd, washing him thoroughly. However, while the child is still in the water, the traditional healer/lord of the land can wage “fakery (symbolic) attacks” on him with the grinding stick (lek) at the same time but not simultaneously. This attack is called fakery because it is not a real physical attack on the child but a ritual one that aims at driving out (exorcising) “evil spirits and killing powers” possessed by the child. To that end, the traditional healer or lord of the land simply directs the stick towards the position or direction in which the child is held in the water. After all this is done, then the child’s body would become “cool”, “normal”, as said by the Nuer people. In other words, the child’s possessed “evil spirit, supernatural powers, and killing spirits” that cause death on human beings and loss of properties will not be affecting or hurting family or community members anymore because the child’s body has now become “normal” after this traditional ritual healing process.” (From two traditional healers and one lord of the land, TH1, TH2 & LoL)

Answers concerning Nuer community’s equal treatment of children and adults with inborn monorchidism as compared to non-monorchid community members have tended to be different from among the group members. Meaning, one traditional healer has come up with an opposite answer to other traditional healer’s and lord of the land’s answer. Because of this reason, their responses are going to be treated separately in the following manner respectively:
“No. the community does not equally treat (care for) children and adults with inborn monorchidism because of the existing negative traditional beliefs about the nature of the victims’ disability. For example, individuals with inborn monorchidism are sometimes secretly or openly discriminated and segregated by some community members on the belief that they are possessed by or possess “evil powers and killing spirits” that may kill or hurt other people in one way or the other. It does not matter whether they have been traditionally treated or not, they never enjoy equal treatment in many social and cultural aspects in the community as compared to non-monorchid individuals.” (From traditional healer one (TH1))

“Yes. The community does equally treat (care for) children and adults who have been born with monorchidism if they had been traditionally treated by traditional healers and lords of the land. However, there are conditions in which the community may not equally be treating them if it happened that those children and adults had not been traditionally treated. This happens because some people in the community fear that their possessed “evil spirits and supernatural powers” would “overpower” non-monorchid community members, and as a result, “bad things” may befall them.” (From TH2 & LoL)

Finally, the last question on whether adults who have been born with monorchidism marry or not, has been unanimously similar among all the group members therefore is it presented in the same paragraph as follows:

“Yes. In principle, no doubt on the issue of their marriage, they all marry just like other community members except if an individual does not have enough cattle demanded to marry with, according to the Nuer culture.” (All have unanimously agreed upon)

The same questions that have been posed to local traditional healers and lord of the lord above, have also been rendered for religious leaders in line with their job or department, however. The questions they were asked on religious (cultural) practices towards persons who have been born with monorchidism include, “What are the existing
good religious (cultural) practices in your church?”, and, “Are there religious (spiritual) based intervention strategies that are used to prevent the occurrence of inborn monorchidism, and intervention mechanisms in your local church?” respectively. Since they have been interviewed as focus group discussants, their answers to the above questions have been presented together in general. Therefore, their answers to the first and second questions are as follows:

“Generally, the existing good religious practices in our local church are “giving prayer services, comforting and consolations for families of victim children. However, in cases if the victim family is not satisfied with the provided spiritual services, they have right and freedom to look for additional help, supports, and professional services from any competent body that could provide any help and services for their child.”

Their answer to the second question is as follows:

“No. There are no religious-based preventive strategies available for preventing the occurrence of an inborn monorchidism in our church. However, what are locally used as inborn monorchidism preventive strategies in the Nuer community are more of traditional techniques in general. This traditional preventive strategy, according to the Nuer tradition is said to be “a complete prohibition from paying (giving) monorchid bulls or castrated monorchid oxen for marriage dowry in marriage dealings”, but there is nothing else more than this.”

In addition, religious leaders have also been specifically asked on whether or not their church community equally treats (care for) children and adults who have been born with monorchidism. Their answer to it is:

“Yes. As an institution of God, our church really treats all its members equally regardless of their individual differences and backgrounds because we are children of ‘One God’ for that matter.”
Finally, similar questions above have been posed in the same manner to the second focus group discussants comprised of ten health professionals (8 clinical nurses and 2 health workers). Even though their answers are more or less similar with those of religious leaders, they are going to be presented separately just to portray their institution-wise experiences on inborn monorchidism issues. Thus, the following are their answers on the questions above:

“No. We do not have medical services provision in place that have been organized with specific focus for children and adults with inborn monorchidism in Wanthoaar woreda except the general existing medical treatments (services) for all community members regardless of their individual health cases. Nonetheless, because there are known traditional healing mechanisms and practices provided in the area by traditional healers and lords of the land, families of victim children whose children have not been completely healed in the health center are sometimes advised to contact traditional healing experts on this specific congenital condition.”

Apart from the first question, health professional have also been asked whether their institution or the Nuer community in general, equally treats children and adults with inborn monorchidism just like non-monorchid individuals. Many of them, i.e., (N=7: male = 6, female = 1) have agreed that the Nuer community does not treat children and adults who have been born with monorchidism just as equally as non-monorchid disabled persons; mentioning the underlying reasons for why those individuals are not really equally treated by the community as follows:

“No. Normally, it can be said the Nuer community does not equally treat children and adults who have been born with monorchidism just because of some traditional beliefs-based reasons. For example, most community members generally fear individuals with inborn monorchidism because they possess evil spirits and supernatural powers. Based on these traditional claims these community members suspect that the possessed evil spirits and supernatural powers of individuals with inborn monorchidism maybe killing them (the non-disabled) should they individual with inborn monorchidism friends or treat them
equally like themselves, as it is usually justified that way by the majority of the Nuer community members.”

However, despite the above stance by the majority of health personnel on the community maltreatment of persons with inborn monorchidism, some of their group members (N=3: M=2, F=1) have maintained that the community is optimistic and friendly towards children and adults who have been born with monorchidism. This means, on the contrary to the above statement, they have contrarily confirmed that the Nuer community equally treats individual with inborn monorchidism without any apparent difference between them and their non-disabled counterparts.

“Yes. The Nuer community equally treats children and adults who have been with inborn monorchidism just like non-disabled community members.”

On the other hand, though both institutions (church and health institutions) members have unanimously admitted that, “Adults who have been born with monorchidism actually marry in Nuer community”, however, the question that explores whether or not their respective institutions have documented records of children with inborn monorchidism has been answered otherwise. That means both focus group discussion members from the two institutions have an opposite answer to the above question but have unanimously answered the second question as follows:

“No, there are no separated records that specifically documenting the cases of children who have been born with monorchidism.”

Similarly, in a separate but an institution-specific question, health professionals have been asked whether there is a rehabilitation center for persons with disabilities in general in Wanthoaar woreda or not. They have generally admitted that, “There is no rehabilitation centre for all persons with different types of disabilities in general and individuals with inborn monorchidism in particular in the woreda”. They however, specifically put the full blame on woreda local administrative government and health office for their lack of commitment to issues of disability and failure to build the rehabilitation center for persons with disabilities in general.
4.3.1.3.2. Maltreatment (Harmful) Cultural Practices towards Persons with Inborn Monorchidism

In the above sub-theme of good cultural practices of the Nuer community towards persons with inborn monorchidism, we have seen wide ranges of the community’s useful cultural practices towards persons (both children and adults) who have been born with monorchidism in general that begin right from birth and continue throughout their entire lifetime. Good examples of these cultural practices include traditional childhood exorcism of children’s possessed ‘evil spirits’ and ‘supernatural powers’ to equal rights in all social, political, and economic aspects in the Nuer community in general.

Now, however, is the second sub-theme of the Nuer community’s cultural practices that focuses on maltreatment (harmful cultural) practices towards persons with inborn monorchidism in their society in general. Under this sub-theme, general community approaches towards persons who have been born with monorchidism will be presented in line with negative dimensions of cultural practices only. That means respondents’ answers will be addressed by displaying answers obtained from all across various questions that have been posed to them with specific attention on the existing harmful traditional (mal-cultural) practices of the Nuer community towards persons with inborn monorchidism. Generally, there are only two central questions on this sub-theme: “What are the known existing harmful cultural practices of the Nuer community towards persons who have been born with monorchidism in general?” and “Does the Nuer community apparently abuse persons who have been born with monorchidism on the ground of their disability?” These questions may however vary from one study participant (s) or one group to another with slight modifications depending on who are (is) being asked with the questions.

The first answer comes from a youth with an inborn monorchidism (coded as YwD1 in the previous section) on the first question that reads, “What are the existing known harmful cultural practices against you and other children or adults who have been born with monorchidism at home and the community levels in general?” His answer to this question:
“There is no serious family maltreatment towards me however, except the old ‘blames’ on me for the death of my parents and siblings that the living family members fully put as resulting from the effect of my ‘evil spirits’ and ‘killing powers’ on those dead family members, claiming that it was me who has ‘overpowered’ them to death. Nonetheless, in a general community perspective, however, there are some existing harmful cultural practices, though most of them are usually practiced against me secretly at the community level, anyway. For instance, when I was still a child some of my agemates and other children in the community often attempted to avoid me during play times; which I guessed might be due to “bad things” which their parents or relatives might have told them about me. Nevertheless, this friendship avoiding behavior continued even when I have grown up. Generally, I can say that many non-relative individuals never feel comfortable and easy whenever I am with them at anytime or anywhere. Secondly, albeit a rumor (because I had never personally experienced such a thing during the time I married my wife), I actually often heard of some informal stories that marriage proposals of some male adults with an inborn monorchidism are sometimes turned down by few girls or their families on various accounts and reasons. One of those major reasons (accounts), especially, is on the suspicion that, “married wives of individuals with inborn monorchidism die after marriage because they are “overpowered” by ‘evil spirits’ and ‘killing powers’ of their husbands”. This is the main reason used as a potential reason for refusing marriage request of all individual adults with the inborn monorchidism in the community.” (From youth with monorchidism disability, YwD1)

The second question, though closely related to the first one, forwarded to this same youth is, “Does your family or community apparently abuse you on the ground of your disability?”

“Yes. Though it is not always, there are complaints that may sometimes constitute to personal abuse on me in my view. In fact, even though most of these abuses that come in the form of negative rumors and gossip talks are not openly shown or expressed to me face to face, they made me felt very bad anyway,
whenever I accidentally came across such rumors and gossips. Because what the community members explain is based on their traditional beliefs on the cause of my disability condition that says inborn monorchids possess ‘evil spirits’ and ‘supernatural powers,’ there are times when some people, including relatives might be gossiping and rumoring about me. They hold me responsible for all their failures and “misfortunes” or of my age-group members, or anyone in my company, especially at times when there is a sickness or a battle, etc., that has taken place but whose results turns out worse on our side. Say for example, if I happened to be present in such occasions of these incidents and in case anything “bad thing” has to happen on anyone amongst those who are with me at that given time. Then, with no doubt, people would simply conclude that it is because of my presence at that particular time and place, otherwise, nothing “bad” of such kind would have ever taken place in the way it has happened to the victim (s).” (From YwD1)

Similarly, other answers gathered from the second youth with an inborn monorchidism (coded as YwD2 in the previous section) on these same questions are described here below as follows:

“Yes. There are certain harmful cultural practices, some of which are more dangerous on children who have been inborn monorchidism children in particular and adults in general. However, I can say that most of these existing harmful cultural practices on all children and adults who have been born with monorchidism in the Nuer community originate mostly from the community’s traditional belief system and attitudes attached to the causes of inborn monorchidism. It is all about the community’s beliefs and perceptions towards this condition (monorchidism) that matters and tortures us most; by putting (labeling) us in a dangerous status as I have mentioned in the above discussion before. Therefore, because of those reasons, most people are not friendly to me because they think that if they could make friendship with me, maybe, maybe, they would end up experiencing many “bad things” that the community believes often happen because of persons with an inborn monorchidism as usual. Due to
those traditional beliefs, a number of harmful cultural practices are performed against ‘us’ that include such things like social discrimination and segregation, marriage rejection, baseless blames for any “misfortune” in the community, etc.”

(From YwD2)

The youth’s answer to the second question on whether or not the community apparently abuses him or all individuals with inborn monorchidism on the ground of their congenital disability is as follows:

“No. My family and relatives do not really abuse me on the ground of my disability. However, nonetheless some community members do abuse me sometimes. Of course, it is not only me who faces such abuse but also all persons with inborn monorchidism in the community do face similar abuses, anyway.”

(From YwD2)

Besides the two youth with inborn monorchidism’s responses to the above questions, the responses from the non-disabled youth (coded as NdY), all community elders (CE1, CE2, CE3, & CE4), and traditional healers and lord of the land (coded as TH1, TH2, & LoL) have been merged together because they are similar in many aspects. Therefore, following are their answers on these same two questions presented according to their ascending order:

“In a general sense of the matter, the existing harmful cultural practices of the Nuer society towards children and adults who have been born with monorchidism depend largely on how their families and the community members react to and perceive the causes of their birth. This is because the community members, victims’ families included, believe that individuals with inborn monorchidism possess “evil spirits”, “death killing, and supernatural powers” that can cause harm or possibly death on non-monorchid human beings. This means that maltreatments practiced on victims with inborn monorchidism disability are based on these traditional beliefs on the issues surrounding the causes and negative influences experienced from individuals having inborn monorchidism disability. Generally, the existing harmful practices of the Nuer
community against children and adults with inborn monorchidism include subtle and open social segregations and discriminations, rejection, etc. Concerning the extent of discriminatory practices against and rejection of individuals with inborn monorchidism, some community elders with traditional orientations and attitudes, for example, show unusual behaviors towards the victims in general. They think that individuals with inborn monorchidism naturally possess ‘evil spirits’ and ‘death powers’, and as result, they give negatives advices to their children not to have any kind of contact or friendships with children or adults with inborn monorchidism; by terrifying their children with dangerous accounts about the victims. They tell their children that, “People who often used to go along with monorchids are usually subjected to death, sickness, failures, bad lucks, etc., on their way or at any places they maybe in with them (the inborn monorchidism victims)”. Of course, we, too, believe that “these things” said above are true. Due to these all factors, it is not uncommon in the Nuer community that, to a large extent, some individuals and families take personal decisions to totally turn down any marriage proposal of their daughters not to allow them to marry individuals with inborn monorchidism for the same reasons it has already been elaborated above, so far.” (From non-disabled youth (NdY), community elders, CE1, CE2, CE3, & CE4, and traditional healers and lord of the land, TH1, TH2, & LoL)

Similarly, the group’s second answer to the last question that reads as, “Does your community apparently abuse children and adults who have been born with monorchidism on the ground of their disability in general?” has to be presented in the following paragraph as follows:

“No. The community does not apparently abuse persons who have been born with monorchidism most often. However, despite that apparent respect for individuals with inborn monorchidism, there are times and conditions under which they (victims) come under serious abuses. Adult monorchidism victims, in particular, maybe apparently abused by some community members who might think, they themselves or their relatives, have negatively been affected by the victims’ “evil spirits and killing powers”. That abuse is particularly seen more
specifically at times of wars within local communities. At these particular times, many people whose relatives and loved ones have been killed or badly wounded, may openly express their emotions and grievances, if an individual with an inborn monorchidism or their families were safe and have not been affected by the sustained wounds and death incidents. It largely depends on the community safety issues”. (From non-disabled youth (NdY), community elders, CE1, CE2, CE3, & CE4 and traditional healersand lord f the land, TH1, TH2, & LoL)

Finally, the last two focus group discussants, i.e., health professionals (nurses and health workers) and religious leaders, have also been interviewed with the above two questions. They, too, have unanimously acknowledged (agreed upon) the existence of the above harmful cultural practices of the Nuer community towards persons with inborn monorchidism and expressed their group accounts in the same way, as did the first individual interviewees. However, since they did not have different answers from the above responses given by individual interviewees (community elders, youth with inborn monorchidism, non-disabled youth, traditional healers and lord of the land) it does not look so important therefore to repeat their answers here over again because there is nothing impressive and different in them, anyway.

4.3.2. Traditional Beliefs of the Nuer Community about the Causes of Acquired Monorchidism

So far, so much have been discussed in depth above on the two central themes, i.e., traditional beliefs about the cause of the inborn monorchidism, cultural (good and harmful) practices of the Nuer community towards persons who have been born with it. More importantly, detailed and specific individual accounts of the study participants on the community’s general traditional beliefs about the causes of congenital monorchidism on those traditional beliefs of the Nuer community and their subsequent implications and applications have been presented in detailed approach above. By contrast, however, under this theme (traditional beliefs of the Nuer community about the causes of acquired monorchidism), we are going to deal with the study respondents’ narrative accounts narrated about the Nuer community’s general beliefs on the causes of an acquired monorchidism in detail, anyway. Though it may seem a little bit unfair to say so too
early, it seems reasonable to inform and acknowledge that the Nuer community’s traditional beliefs about the causes of an acquired monorchidism and its resultant cultural practices towards persons with that condition, are exactly the opposite of what we have seen in the case of an inborn monorchidism above. In other words, it is possible to say that there is so little, if anything so “exciting and impressive” about the existing traditional beliefs of the Nuer community as compared to accounts that have been presented in the previous scenarios of the inborn monorchidism and its individual victims. However, there is an “impressive and fascinating” cultural practice of the Nuer community towards individuals with “complete acquired monorchidism” in the Nuer society, in particular. “Complete acquired monorchidism”, in the context of this study means “loss of the two testicles through accidents”. We will see what is this “fascinating” cultural practice is all about in the proceeding discussions later. In a general view of the matter, it could be said that, the community as a whole does not have a “different” attitude and perceptions about the cause of an acquired monorchidism. That general positive perception and attitudes about the cause of an acquired monorchidism in turn, is being reflected here in the way in which the community applies positive cultural practices in its traditional treatment of individuals with acquired monorchidism. Therefore, the absence of negative traditional beliefs about the causes of an acquired monorchidism, in its own right in turn, has brought about “one dimension of cultural practices”—“Good Cultural Practices” towards persons with acquired monorchidism. In other words, it is another way, which is very different to the community’s general beliefs and approaches towards individuals with inborn monorchidism, as we have seen in the previous discussions above, if we could at least, make some comparisons between the two categories of monorchidism in a general traditional perspective.

Owing to this fact at hand, most answers (responses) collected from different study participants, both individual interviewees and focus group discussants have shown consistent similarity with one another across different and similar social groups of the study respondents in general. As a result, responses under each similar social group have just been merged together and presented under the same paragraphs to reduce unnecessary repetitions in the work process. With this impression in the mind, the following narratives are the individual interviewees’ and focus group discussants’
accounts on what the Nuer community’s traditional beliefs about the causes of an acquired monorchidism really look like.

Generally, though responses from different group members bear little variations in “wordings” of the explanations given, it is clear that the first two responses to the first two questions are conceptually more similar. Therefore, based on that observation and understanding, the first answers of all respondents to the first two questions are going to be presented in two separate paragraphs per each question, respectively. In general, questions that explore Nuer community’s “Traditional Beliefs about the Cause of Acquired Monorchidism” include, “What do you think (believe) causes an acquired monorchidism, according to your personal and traditional knowledge?” “Is the case of having an acquired monorchidism a concern (problem) in your community and culture in general?” and finally, “Do you think there is a difference between individuals who have been born with monorchidism and those who lost their testicle (s) (those with acquired monorchidism) through accidents after birth?” Their response is as follows:

“Unlike the cause of an inborn monorchidism, we believe that acquired monorchidism is caused by accidents. From the traditional point of view, the causes of the acquired monorchidism have nothing to do with the local traditional beliefs of the Nuer community because “it” just happens later after the birth of victims. Therefore, all local community members believe that it is directly caused by accidents of any kind in lifetime. That is why Nuer community does refer to all people with acquired disabilities as “Ji guari”, meaning, “People with ‘damages’, ‘broken body parts’, or ‘progressive wounds’, etc”. The term “guar” or “damage” carries in it a positive impression that those individuals with such acquired physical defects or damages have just been accidently obtained these disabilities in one way or the other once they have been born with all their physical body parts present at birth time. This means that the cause is accepted as something “real” and “acceptable” since it happens, at least, before other people and it happens as a ‘fate’ to victims and therefore, in the same sense, it can possibly happen to anyone, anytime in life.” (From all the 28 study respondents)
The second response of the second question to the respondents that reads as, “Is the case of having an acquired monorchidism a concern (problem) in your community and culture in general?” is as follow:

“No, it is not a concern in Nuer community because individuals with acquired monorchidism do not have or possess the so called ‘evil spirits’, ‘killing, and supernatural powers’ whose effects bring about so many “misfortunes” to the families of individuals who have been with monorchidism as well as other community members in the Nuer society as a whole. Therefore, unlike the case of an inborn monorchidism, the community members do not associate acquired monorchidism and persons having it with those characteristics and their “misfortunes”, but instead, they (community members) fully accept and sympathize with them as “normal” members just like non-disabled community members in general.” (From all the 28 respondents)

However, when we come to the third question that explores whether or not respondents think there is a difference between individuals with inborn monorchidism and those who lost their testicle (s) (acquired monorchidism) after birth through accidents, the answers obtained from this question were slightly different across the respondents. Due to that reason, instead of merging all responses in similar paragraphs as done above, it is therefore preferred to present only the most similar one together under each paragraph. Therefore, following is the response from all the community elders and two youth with inborn monorchidism, all health professionals, and all religious leaders.

“Yes, there is a clear difference between the individuals who have been born with monorchidism and the victims who just acquired it after birth. One of the basic differences between these two groups is the fact that all children who have been born with monorchidism are taken for traditional treatment to either traditional healers or lords of the land as soon as possible. According to the Nuer culture, those children are taken for traditional healing processes because their families and the community as a whole believe they possess “supernatural and evil powers” that “overpower” or “prevail” over other non-disabled community. However, on the other hand, unlike those of inborn monorchidism victims,
acquired monorchidism victims are never taken neither to traditional healers nor to lords of the land for traditional healing processes. Instead, they are generally treated either in health facilities or by any “ordinary” person who may have knowledge in traditional wound healing procedures. This is because acquired monorchidism victims are traditionally seen as “powerless” and “normal” members in the eyes of the non-disabled community members, according to Nuer community’s traditional beliefs. With those views in the mind of the community members, it is impossible to expect anyone to fear individuals with an acquired monorchidism among the community members at all — not to mention their family members, for that matter. It is due to this reason, people used to tell stories in the Nuer community such as, “companions of “individuals with inborn monorchidism” or persons who usually go along with them (the inborn victims) on a journey or just a short distance walk, or go to a battlefield, may experience one or more of the following events:

“They can get killed in a battlefield, or can be attacked by a leopard, or a lion, or can be badly injured by an object on the road, or bitten by a deadly poisonous snake, stricken down by a rain thunder ... or by anything anywhere, anytime.”

Whereas, on the other hand, you could never hear from a Nuer community member who would ever dare to extend such bizarre stories of inborn monorchidism victims to the acquired monorchidism victims, never at all. The third difference is that “NO” children and adults who might have lost their testicles at any time after birth are referred to as “Monorchids” (Toori) in the Nuer community in general.”

Next study participants’ group to the above respondents’ response is the traditional healers’, the lord of the land’s (coded as TH1, TH2, & LoL), and non-disabled youth’s answer on the third question. It asks as “Do you think there is a difference between persons who have been born with monorchidism and those who lost their testicle(s) (acquired monorchidism) through accidents after birth?” is:
“Yes. For sure, there is a wide difference between them (inborn monorchid and acquired monorchid individuals). For one thing, for example, one of their basic differences, lies on the fact that all inborn monorchid children are often brought to ‘us’, we, the traditional healers and lords of the land (also referred to as leopard skin chiefs, earth masters, soil or earth priests) for traditional treatment or healing ritual processes from across all corners of the Nuerland. They have to be brought for traditional treatment as soon as they were born with no much delay, according to the Nuer tradition on the one hand. On the other hand, however, the practices of traditional healing processes are not applied at all for treating individuals who may be losing their testicles through accidents at any time in life in the Nuer community. The reason why children with inborn monorchidism are primarily brought to us for traditional healing rites is that the Nuer community tradition believes that these children possess “evil powers and death spirits” that cause “perilous events” on family and community members and loss of domestic properties at the time of their birth in the community. The second reason is that these pestilences may continue seriously in their families and the community in which they have been born, should those children remain untreated traditionally for a long time. However, that belief, on the other hand, is totally of none existence as far as the case of an acquired monorchidism is concerned or other things that have to do with acquired monorchid individuals throughout the whole Nuerland neither. Instead of bringing them to us, their families may simply take them to hospitals or health centers, or they may be treated at home by anyone who may have an ability to do the job in an ‘ordinary’ traditional way. Though, much of those treatments for accidents depend largely on the degree of the damage on the victim and his family’s capacity to treat him wherever their economy may permit as well as the distance between the local community and those medical institutions, they are never taken for traditional healing rituals at all.”
4.3.2.1. Useful Cultural Practices of the Nuer Community towards Person with Acquired Monorchidism

Under the major theme of the Nuer community’s traditional beliefs about the causes of an acquired monorchidism, we have seen that study respondents have enormously forwarded almost similar positive views in their responses to various questions that investigated issues pertinent to acquired monorchidism in detail. In order to enhance cultural understanding of those traditional beliefs on the causes of acquired monorchidism, issues surrounding it have been described and discussed in detail as per the information on answers collected from the study participants on what they thought and believed could cause the condition, i.e., the “accidents”. However, now it is time to turn an attention to the cultural applications of those traditional beliefs towards the victims of acquired monorchidism in the Nuer community. Unlike the case of the cultural practices of the Nuer community towards persons with inborn monorchidism, which has two separate sub-sectins or themes “good and harmful cultural practices”, it is important to note that Nuer community does not have pronounced harmful cultural practices (maltreatment) towards persons with acquired monorchidism in general. So, due to the absence of such noticeable cultural practices as a separate set of traditional approach, it would be reminded that the exemption of the latter sub-theme under discussion has been forced on us as a result. In the same token that also means in turn, forced me to treat only what constitutes the community’s “Good cultural practices towards individuals with acquired monorchidism in the Nuer community” only, just to say the least. Now, under this subsequent sub-theme of this same central theme, we are therefore going to deal only with study participants’ responses to questions that enquire the community’s useful (good) cultural practices towards persons with an acquired monorchidism disability in general.

Secondly, due to the same factors elaborated above pertaining to issues on acquired monorchidism, two focus group discussants (health professionals and religious leaders) have also been exempted from an interview on cultural practices of the Nuer community towards persons who have lost their testicles through accidents after birth. The reason for their exemption being that, these two groups represent professional
institutions which, by principle, do not necessarily have their own independent ways of dealings with acquired monorchidism victims apart from the existing popular Nuer cultural practices towards this group members under discussion.

Thirdly, it would be informed that the previously used method of merging and grouping the same social group members’ responses under one or similar paragraphs (sentences) as a means of reducing unnecessary repetitions of similar answers from the same ideas or concepts, is going to be used here, too. Generally, questions that have been presented to study participants on the Nuer community’s good cultural practices towards persons with an acquired monorchidism include, “What are the existing good cultural practices of the Nuer community towards persons with an acquired monorchidism?” “Does your community equally treat (care for) children and adults who have ‘acquired’ monorchidism after birth through accidents like non-disabled community members?” Lastly, “Do persons who have an acquired monorchidism marry like their non-disabled agemates in your community?”

Below, are responses from all community elders and two youth with inborn monorchidism to the above three basic questions on cultural practices of the Nuer community towards persons with an acquired monorchidism according to the order they appeared above.

“Generally, the existing good cultural practices available in the Nuer community for persons who have lost their testicle (s) through accidents after birth include medical treatment, “ordinary” or non-traditional wound healing processes, social, economical, political rights, serving as high ranking religious officials (pastors or elders, etc.), equal family property inheritance rights, etc.” In a general remark, however, it should be noted that acquired monorchidism victims “Do Not” necessarily have “well-pronounced” separate cultural services rather than those available for all community members in general. In short, these group members enjoy unlimited maximum equal rights in Nuer community in all social and cultural aspects in general. Above all this, however, it would be informed that the Nuer community has a “special traditional arrangement” provided for victim individuals who, for example, have lost their both testicles through accidents. In
that case, such individuals would not be able to bear children for themselves anymore. Instead, culturally what happens is that, the victim’s family has to nominate someone who will bear children for the victim from his previous wife, in case he had already married before the onset of his accident. However, whatever the case, it does not matter whether he had married before the accident or not, somebody has to bear children for him as long as he has lost his both testicles, either with the previous old wife, or with the-would-be married new one, no problem at all. What matters so much here, however, is the fact that those children, who will be born in such a traditionally arranged relationship, are legally called after the victim’s name as their “legal” father, and them as his own “legal” children. In the traditional terms of such matter, considerable priority is given to the victim’s “own” brothers, or stepbrothers in the nomination process of a person who is going to bear children for the victim in most cases, anyway. However, for whatever reason, if the victim does not have “his own brother” from his own mother or a stepbrother (s) from his own father from another woman, or if he does not trust his own brother (s) to act on his behalf as a child-bearing husband to his wife. Then, someone else can be nominated from all his available cousins, except his uncles’ sons (from his mother’s brothers’ sons) to do that job for him. According to the Nuer tradition, this “exceptional rule” for not nominating the sons of the brother of victim’s mother is deliberately put there for the “respect” of a traditional taboo of a “perceived” sexual incest between the victim and his cousins from his mothers’ brothers’ sons. Nonetheless, if there is no male cousin available at all, or a trustworthy cousin from the potential nominees, then the victim has right to find someone “outside” from the family circle or members to bear children for him, anyway.”

Similarly, the second answer from this group to the second question that investigates whether or not the Nuer community equally treats or cares for children and adults who have lost their testicles (acquired monorchidism) after birth through accidents like non-disabled community members is as follows:
“Yes. Of course, the community does equally treat acquired monorchids just like the way it treats all its non-disabled community members without even a slight difference at all. The reason for this equal social and cultural treatment is that these individuals are viewed as “normal” community members who, by default, have encountered accidents through life journeys (mostly from traditional harmful practices) and then lost one or both of their testicles after they have already been born with them full. Therefore, it is unreasonable to be blamed for it, anyway. Second, the causes of an acquired monorchidism disability are just but a consequence of “wounds” or “damages” to the testicle(s), which in other words, means that the victims do “not” possess evil spirits and killing powers as compared to those of inborn monorchid victims.”

Finally, the group’s last answer to the third question on whether or not persons, mostly adults, who have lost their testicles (acquired monorchidism), marry like their non-disabled agemates in their community is presented below as follows:

“Yes. No doubt, they definitely marry if they have cattle and if their marriage “turn” comes, according to the marriage norms in the Nuer culture. As we have mentioned before, acquired monorchidism does not have any negative social effects on its victims at all, perhaps, except psychological, if any. It does not matter or makes any difference whether or not someone loses one or both testicles because that individual person has right to marry according to the Nuer tradition of “The right of having children of your own”. However, whether or not these children are his legal or biological children, is not a “big deal” at all, but what matters most, is “having children who should be named after your own name” so that your name survives and perpetuates in your generation and throughout the generations that follow.”

The second group that follows the group mentioned above is that of traditional healers, the lord of the land, and the non-disabled youth’s group (all coded as TH1, TH2, LoL, & NdY respectively). Their first answer on the question, which explored what are considered as good (useful) cultural practices of the Nuer community towards persons with an acquired monorchidism in general is as follows:
“Traditionally, there are no separated set of cultural practices established alone for individuals who have lost their testicles after birth through accidents in Nuer community in general. For example, apart from medical treatment that the victims may receive because of their current wound condition, individuals with acquired monorchidism simply share the existing good cultural practices available for all its members in the community. These available cultural services or provisions include the right to social and political participation; own family establishment, equal family and social respect, etc.”

Similarly, the second question to which the group members have forwarded their answer on is, “Does your community equally treat (care for) children and adults who have ‘acquired’ monorchidism after birth through accidents just like non-disabled community members?” Their answer is:

“Yes. The community generally treats acquired monorchids as equally as non-disabled community members without any sign of discrimination or difference because they are perceived as “normal” by all community members since they just acquired their disability from accidents after they have already been born with their testicles together so far. For this reason, the community fully accepts and integrates them completely into its social life. In addition, the Nuer community generally believes that acquired monorchid individuals do not possess “evil spirits”, as in the case of inborn monorchids. Due to this case, community does not even refer to those who lost their testicles later after birth through accidents as “monorchids” (toori, plural), but instead, calls them as people with ‘damages’ or ‘wounds’ (“Ji Guari” in Nuer language).”

Lastly, the final response that was forwarded by this group to the third question that reads as, “Do persons (adults) who have an acquired monorchidism marry like their non-disabled agemates in your community?” is as follows:

“Yes. They marry no problem on that issue. Practically, though the issue of cattle is a concern for at least all Nuer male community members, all individuals with acquired monorchidism do marry, whether they have lost only
one of their testicle or both. This equal marriage right, may be in part, due to the fact that biological reproductive limitation on men or women does not necessarily prevent people from marrying, rather it is economic factors such as ‘not’ having enough traditional number of cattle for marriage. This case is always true not only for complete acquired monorchids (those who have lost both testicles from accidents) but also for all “impotent males” and “barren women” and/or those whose children had all been dead, or those who gave birth to female children only. Even those barren women have right to or can marry “other women” as their wives in the Nuer community; given that they have the amount of cattle deemed for marriage according to the Nuer tradition. However, it should be noted that, in the real sense of the idea, the women who marry “other women” as their wives do “not” necessarily bear children by themselves from such marriages (women) neither as mothers nor as fathers for that matter. However, what happens is that somebody from the male family members has to be delegated (nominated) to do the job of childbearing for the “barren women” or “complete acquired monorchids and/or impotent men” from the “married” woman. To that end, children who will be born by the married woman and the barrens’ or “complete acquired monorchid”’s (victim who has lost his two testicles) nominated relative are legally called after the names of victims or non-childbearing individuals, according to the Nuer cultural principle.”

4.4. Results on “Mokism”

4.4.1. General Introduction

Definitions of the major terms of the study such as ‘disability’, ‘monorchidism’, and “mokism” have been defined and elaborated in detail in the the first major theme of the second section of this chapter above. While the terms monorchidism and disability are clear a bit than the term “mokism”, it however seems too, unreasonable to repeat its definition over again under this section, except, only a brief explanation on its general characteristics will be given here, anyhow. In general, “mokism” condition, unlike monorchidism, is a congenital birth defect that involves both genders but that does not necessarily have an acquired sub-category, anyway. From the traditional point of view,
however, it can be said that “mokism” and its victims, do not differ so much from the victims of an inborn monorchidism in the Nuer society, especially in terms of their traditionally “perceived” ‘evil spirits’, ‘supernatural powers’, and ‘death powers’ or ‘killing spirits’ possessed by their respective victims. Even though explanations rendered on the major “traditional” root causes of these congenital conditions are traditionally different from one another, nevertheless, according to the respondents’ accounts, most of the traditional beliefs that are held by the Nuer community and its cultural practices (both good and harmful) towards the victims of these congenital conditions are more or less similar. Normatively, however, in spite of the community’s equal traditional approach towards and cultural treatment (practices) similarities of these congenital disabilities’ victims, the most important point, which is worth mentioning here is that the Nuer community holds exceedingly higher degree of “awful fear” towards “mokism” and its victims than that of monorchidism and its victims. Generally, like in the case of the inborn monorchoidism, we are going to see what these traditional beliefs of the Nuer community about the causes of “mokism” really are according to the accounts gathered from the study participants in the Nuer community so far.

4.4.2. Traditional Beliefs of the Nuer Community about the Causes of “Mokism”

Generally, interview on the traditional beliefs of the Nuer community about the causes of “mokism” was started on respondents’ general knowledge and awareness on the condition itself. In other words, respondents have been asked on whether they had ever heard of the word “mokism” or have a “mok” relative, or knew anyone having “mokism” congenital condition, or not from their community. That question was then followed by ‘what they might think cause’ that person (s) to be born with “mokism”, and then come the rest of other related questions on issues of “mokism”. Interestingly, however, all the respondents did not only have admitted that they “Knew the word “mokism” itself but also their knowledge of individuals who have been born with it (“mokism”) in one way or the other in their lifetime”. Although none of them has admitted having a “mok” relative, at least most of them have their own personal basic knowledge and explanation on what they think could possibly cause “mokism” in general.
As we have observed in the previous sections of this chapter that respondents’ accounts are merged according their similarities, similarly, accounts that have been gathered on the traditional beliefs of the Nuer community about the causes of “mokism” have also been grouped accordingly according to that same approach. Based on this understanding, respondents of similar social group members’ accounts have been arranged in a manner that allows the combination (merging) of their accounts on the major theme into paragraphs and narratives depending on the bases of their similarities and/or differences. This is done to avoid repetitions. To begin with, the questions that have been posed to the respondents on their traditional beliefs, among other things include, “Do you have a relative who has been born with “mokism”?” If “Yes”, then “What do you think causes “mokism”, according to your personal and traditional knowledge?” “Is the case of being born with “mokism” a concern (problem) in your community and culture in general?” “What does your religion say about the causes of “mokism” and “moks” (victims) in general?” “Is “mokism” hereditary, according to the Nuer tradition?”

In general, concerning the first question that asks all respondents whether they have relatives with “mokism” or not, their answer was unanimously “No”, as could be seen below:

“No, we (I) do not have “mok” relatives”. (All the 28 respondents have unanimously answered so.)

In contrast to the first question above, the second question that explores what respondents “think (believe) causes “mokism” according to their personal and traditional knowledge on the matter, has come up with different answers, so far. Accordingly, all community elders, non-disabled youth, all youth with inborn monorchidism, all traditional healing experts, four religious leaders (N = 4: M = 3, F = 1), and finally three health professionals (N = 4: M = 3, F = 1) have responded that:

“We believe (think) “mokism” results from having untimely sexual intercourse with nursing women who have not yet resumed their monthly menstrual period or cycle. According to the Nuer tradition, “moks”, on the other
hand, are children who have been born by those nursing mothers, who did not yet have menstruation before their conception, mostly, often the newborn mothers.”

In addition to the above narrative, below is an interesting account from the only female (CE4) respondent among the community elders on the traditional beliefs of the Nuer community about the cause of “mokism”. It reads as follows:

“Mokism”, according to the Nuer tradition, happens (is caused) when a man has sexual intercourse with a newborn woman who has not yet reached her menstrual cycle period or any child-nursing woman who is not yet ready to have another child because she is still breast-feeding her present baby. Normatively, it is not part of the Nuer culture to allow all child-nursing mothers to have sexual intercourse anyway, neither with their husbands nor with any other men, whether their menstrual cycle has resumed or not, it does not matter at all. They have to wait until the rightful times for weaning their current children come. There are two fundamental traditional reasons for which child-nursing women are prohibited from having sexual intercourse neither with their husbands nor with other men. One of these traditional reason for prohibiting child-nursing mothers from having sexual intercourse with men is to prevent conception of a “mok” child in case if that woman has not yet resumed her menstrual cycle. The second traditional reason is to prevent the conception (pregnancy) of a child called “Thiaang” (pronounced as thi-a-aang), which literally means a “polluted child”, if that woman has already resumed her monthly menstrual cycle so far. That child is called like that because its conception can cause “pollution” or (thiaang) on other nursing babies. Thiaang (pollution), in its traditional context refers to an unprecedented outbreak of a serious diarrhea and fever on all breast-feeding babies at the age of one to two year old in the area in which the child is being conceived in. Traditionally, the diarrhea and fever that happened because of this “dangerous pregnancy” can neither be cured by medication nor stopped by any other means possible, except by forcing the pregnant woman to stop breast-feeding her current baby through the elder women in the area. There might be death incidences of babies and toddlers that result directly from that serious
diarrhea and fever if that woman persists breast-feeding her current baby while is pregnant at the same time with another new child. The Nuer people call such a child as “Pollution” because it is conceived from unlawful and a secret (illegal) sexual intercourse with a breast-feed woman. In other words, this means that the ultimate objective of sexual intercourse between women and their husbands in the Nuer culture, in short is “To bear children”, no more no less, according to the Nuer cultural point of view on sexual affairs of married families. This traditional rule on sexual affairs of breast-feeding mothers, therefore tells us that as long as mothers are still breast-feeding their current babies, it means there is no room at all for careless and unlawful sexual intercourse that does not aim at its ultimate goal _ bearing a new child. For this reason, Nuer couples of this situation do not have right to do sex for the sake of pleasure and enjoyment while mothers are not yet ready for the next round of lawful and free sexual intercourse period … “The legal weaning period of the current child”. However, if they do sex while women are nursing their current babies, then, no doubt, they will risk conception of either one of the two types of children described above: a “Mok” and “Polluted Child”, according to the Nuer tradition. Generally, what is particularly impressive about the characteristics of a “Polluted Child” is that the negative effects of its “pollutions” on nursing-children do “NOT” persistently linger (continue) after its birth.” (From a female community elder, CE4)

The second contradictory answers to the same question above, as usual, come from handful health professionals (N = 6: M = 5, F = 1) and some religious elders (N = 4: M =3, F = 1) from among the Nuer community study respondents. Their answers have been presented separately as follows respectively:

“We (I) think “mokism” is caused (created) by the “God of Heaven” (“Kuoth Nhial”) who creates all creatures.” (From four religious leaders, N = 4: M =3, F = 1)

“I (we) do not know what may cause “mokism”. However, if there is really such a thing as “mokism” itself, then, we think ‘it may be caused by
biological processes’ to say the least.” (From health personel, N = 6: M = 5, F = 1)

Similarly, responses obtained on the third question which investigates whether “The case of being born with “Mokism” or “mok” (the victim) is a concern or not, in the Nuer community and its culture in general” have been unanimous throughout all the 28 study respondents so far. For that reason, even though all respondents have unanimously acknowledged that the case of “mokism” a big concern in the Nuer community, only the most “fascinating” narrative samples are going to be presented below.

“Yes. It is a real problem in the Nuer community and its culture because the community members believe that the conception and birth of “mok” children are accompanied by a variety of deadly dangerous events that may occur in their respective families and communities even before and afer their birth. Those events happen because both “unborn” and “born” “mok” possess “evil spirits and killing powers” that “overpower” everything in the areas or communities in which they have been conceived or been born. These evil spirits and death powers affect human beings and domestic animals as well as other properties. More so, what makes them more threatening to everything is that their “evil spirits and supernatural powers” do not only affect human beings and their domestic properties but indeed, “disrupt” natural orders such as “suspension” of rain and alteration of general weather condition in areas where they are being conceived or have been born. Such things like these ones mentioned above may continue and stop unless a traditional healer interferes (intervenes) before and after their birth.” (From all the 28 study respondents)

In the same manner that we have seen in the above questions’ responses, the question that explores religious-related teachings (beliefs) on the cause of “Mokism” in the Nuer community have been similarly responded with similar answer by all respondents in general. The question reads as, “What does your religion say about the causes of “mokism” and “moks” (the victims) in general?” Their merged response is as follows:

[137]
“No, there are no locally available religious-related teachings whether Christianity or other modern religions that say anything about all congenital conditions (disabilities) in general and “mokism” or its victims in particular. Despite that notion, however, what really exists locally, are traditional beliefs and explanations about what the community and its tradition think could cause “mokism” in general. According to Nuer oral traditions, “mokism” is completely caused by “having sexual intercourse with a newborn mother who has no “menstruation” because she has not yet resumed her menstrual cycle so far since her birth of her current baby”. It is for this reason that Nuer culture prohibits all husbands and their wives from having sexual intercourse while those mothers are still breast-feeding their babies yet. Instead, the Nuer traditional culture of sexual affairs expects all newborn women and their husbands to strictly abstain themselves from having sexual contacts and wait until legal weaning period comes after two or three year time. Nevertheless, if those couples ignore this traditional norm and commit sexual intercourse for any reason, they will then risk the birth of either “mok” or “Polluted Child” as explained before in the above question on the causes of “mokism”. In short, if we therefore look at these beliefs and explanations given about the causes of “mokism” and/or “polluted child” (thiaang) in a general point of view, they are totally based on traditional beliefs and views, and therefore have nothing to do with religious (especially Christianity) teachings, at all.” (All the respondents have unanimously answered so)

Finally, the last answer on whether or not “mokism” is hereditary, according to the Nuer tradition has answered with a similar response by all study participants as follows:

“No. From traditional point of view, “mokism” cannot be hereditary because at all, as we have mentioned above, it is a man-made act that results from an “untimely” sexual intercourse between men and newborn mothers who have not yet resumed their menstrual period since their birth of the current children. Not only “Mokism”, but also “Thiaang” or “pollution” condition is not hereditary
at all. This, in other words, means that, had not the couples committed such sexual
transgression against normative sexual laws of the Nuer tradition, then “mokism”
would not have ever happened in their families.” (All have answered so)

Table 5: General summary of the study participants’ responses on traditional beliefs of
what they think (believe) causes “mokism” in the Nuer community according to
their personal and/or professional knowledge on “mokism”

<table>
<thead>
<tr>
<th>Description of what the study respondents think (believe) causes (creates) “Mokism” in the Nuer community</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Mokism” is caused (created) by ‘the God of Heaven or (Kuoth Nhial)”</td>
<td>Respondent type</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Religious Leaders</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Community Elders</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Traditional Healer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Non-disabled Youth</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Youth with Disability</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Health Professionals (nurses &amp; health workers)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>“Mokism” is caused by ‘having sexual intercourse with newborn mothers who have not yet resumed their periodic menstrual cycle since their delivery of their present children”</td>
<td>Respondent type</td>
<td>15</td>
<td>3</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Community Elders</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Traditional Healer &amp; Lord of the land</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Non-disabled Youth</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Youth with Disability</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Professionals (nurses &amp; health workers)</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Religious Leaders</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>“We do not know, but if there is really such a thing, then, ‘it may be caused by biological processes’”</td>
<td>Respondent type</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Nurses &amp; Health Workers</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

N.B. Table 5: General descriptive interpretation of the study respondents’ answers on
what they believe (think) causes “Mokism” in Nuer community in the table above.
As it can be observed in the table above, four (4) religious leaders, meaning, three (3) males and one (1) female (or 14.29%), have responded that, “Mokism” is caused (created) by ‘the God of Heaven” (Kuoth Nhial)”, respectively;

Similarly, the second group members meaning, eighteen (18) (M = 15, F = 3) respectively (or 64.29%), have answered that, “Mokism” is caused by ‘having sexual intercourse with newborn mothers who have not yet resumed their periodic menstrual cycle’ so far”;

Finally, the last group members, meaning, six health professionals (M =5, F = 1), respectively (or 21.42%), have responded that, “We do not know, but if there is really such a thing, then, ‘it may be caused by biological processes’”.

4.4.2.1. Cultural Practices of the Nuer Community towards Persons Who Have Been Born with “Mokism”

In the above section of this same major theme that dealt with the traditional beliefs of the Nuer community about the cause (s) of “mokism”, we have seen handful responses generated from questions posed to study respondents with an intention to investigating those traditional beliefs, as described in detail, so far. Even though it would be too early, perhaps, it would not be a strange thing to assert that many social and cultural affairs (traditional ways of dealings) manifested in the Nuer community are, at least, founded on the community’s general beliefs on some specific traditional values and virtues handed down from one generation to the other. Such traditional manifestations, without any doubt, are direct reflections of the community’s traditional belief systems. And by extension, it could be said that most cultural practices of the Nuer community that have been described above in previous topics under this chapter are just but revelations (reflections) of the community’s traditional beliefs. Previously, cultural practices of the Nuer community towards persons with inborn monorchidism of the first major theme have been treated in two separate sub-topics or sub-themes as “good” and “harmful” ‘cultural practices’ … just to shed enough light on those cultural practices with an aim to enhance cultural understanding on such issues. Therefore, this same method of treating such typical sub-theme in two separate sub-topics for the same reason is going to be used in the case of cultural practices of the Nuer community towards persons with “mokism”, too. In short, apart from the above discussion on responses that have collected from the questions that dealt with the Nuer community’s traditional beliefs about the
cause of “mokism”, the following are responses (answers) gathered from other questions that explore the community’s cultural practices: “Good” and “Harmful” … towards persons who have been born with “mokism” in general. However, for the sake of clarification and differentiation between what exactly is meant by the terms “useful” and “harmful” cultural practices of the Nuer community towards persons with “mokism” let us them separately, one by one.

4.4.2.1.1. Useful (Good) Cultural Practices towards Persons Who have Been Born with “Mokism”

Study respondents have been generally asked in the interview with direct questions that enquired of what really constitute cultural practices of the Nuer community towards persons who have been with “mokism”. However, because there are two separate types of such cultural practices _ “Good” and “Harmful” practices within the Nuer community, hence separate treatment of these ‘cultural practices’ towards persons with “mokism” has so far been rendered under this sub-theme. In a general traditional perspective, questions exploring what is considered as ‘good’ cultural practices towards individuals with “mokism” in Nuer community include, “What are the existing good cultural practices (social support) provided for children and adults who have been with “mokism” in Nuer community?” “Does your community equally treat (care for) children and adults who have been born with “mokism” like non-“mok” individuals?” “Do adults who have been born with “mokism” marry just like their non-mok agemates in your community?” and finally, “Are there traditional preventive and intervention techniques to which causes of “mokism” can be prevented with in your community?”

Despite the fact that there are twenty-eight (28) individual study respondents, it should be reminded that six (6) individuals from health professionals have not been interviewed on cultural practices of the Nuer community towards “Mokism” victims, due to their professional point of view on the cultural existence of “Mokism” in general. Therefore, the accounts that will be addressed below are the responses, which have been obtained from the interviews with the rest of the respondents so far. Generally, as it used to be throughout previous parts of this chapter, individual accounts and/or group’s, accounts have accordingly been arranged depending on respondents’ social group
membership, and similarities of responses. Thus, the following are the responses gathered from the study respondents according to their preceding orders.

Even though answers that have given by various study group members bore slight differences, they nonetheless carry the same concept about what the Nuer community really practices as “good cultural practices” towards individuals with “Mokism” in general. Therefore, due to their similarities from across all respondents, all responses to this question have just been compressed (merged) together in one paragraph as follows:

“There are several existing good cultural practices provided mostly for all individuals with “mokism” in our community in general. One of these is “traditional healing or treatment”. One thing that needs to be stressed here is that, traditional healing of “mok” children is much more complex than that of children with an inborn monorchidism that takes after birth only. Secondly, unlike the traditional treatment (healing) of inborn monorchid children, which is performed by both traditional healers, and lords of the land, traditional healing or treatment process of “mokism” is exclusively provided by “Traditional Healers” alone. It usually comprises but of two major traditional ritual healing stages or phases, i.e., before and after birth. That means, it is provided for both “unborn” and “born” “mok” children. The first healing ritual process is more of “intervention” in nature because it is undertaken as early as the second or third month of the “mok” child’s conception or just before its birth. Sometimes it may take place late, depending largely on the month in which the old women in the area have detected the woman’s pregnancy, or in case, if the conception of the “mok” child has suddenly manifested itself through any “bad thing” or misfortunes in its family at anytime. To this end, the traditional healer begins his prenatal traditional healing processes by slaughtering a sacrificing animal that can be a male goat or ram, a hen or a cock, if a goat or a ram is not available. Once the animal has been slaughtered, then the traditional healer takes some fatty meat from it, and then mixes it up with green grass and tobacco (mostly fresh) and burns it up on a fire to please traditional gods and spirits as well as ghost grandparents in the area. By doing so, those local gods, ghosts and dead grandparents can help in their own indirect
ways in neutralizing (normalizing) the child’s “dangerous” evil spirits, supernatural powers, and killing or death powers. After all this, the traditional healer will be provided with a traditional grinding stick (called “Lek” in Nuer) that he would in turn, cut into small pieces as many as the number of the “unborn” “mok” child’s family size and the “close-blood” relatives. The wood cut pieces are then put on “strings” as per the number of the family members and the said relatives. After all this arrangement, the traditional healer will finally make the “unborn” “mok” child’s family members and close-blood relatives to wear on their necks those strings with cut wood pieces in the specific area in which the child has been conceived in. Anyway, those strings bearing pieces of grinding stick are never loosed (untied) until the time the child is born. The traditional healer does this because the unborn “mok” child’s possessed “evil spirits” and “killing powers” begin operating as early as its conception. In short, these earlier traditional “intervention rituals” are primarily performed for two fundamental reasons. One, to “protect” the child’s family members, their properties and relatives as well as other community members from any “pestilence” which may be incurred by an unborn child’s evil spirits and killing powers. Second, to “free” the rain from the child’s “rain suspension powers” and other natural orders that may be complicated (altered) by the unborn child’s supernatural powers in the area in which it (the “mok” child) has been conceived until the child’s birth. After the completion of all these primary traditional interventions rites, then the conceived child’s family and the whole community will then be safe from the child’s feared “evil spirits and killing powers” for some time until it is born. The second phase takes place right at the time the child is born. It all starts up by repeating similar ritual steps or procedures that have been described above in the intervention stage so far. This time, however, what is remarkably spectacular is that the child’s parents and the traditional healer decide the “FATE” of the newborn “mok” child: whether to let her/him live or exterminate her/him for good (because traditional healers are willingly allowed to exterminate newborn “mok” children, sometimes). However, say, if the decision made by the child’s parents is to let it (the child) live, then the traditional healer will be provided with a gourd
and a grinding stick (called “Tuok” and “Lek” in Nuer, respectively). After the slaughter of the sacrificing animal and the provision of the gourd and grinding stick, the child is then taken to a nearest river, lake or pond. While the traditional healer often uses the gourd to carry the newborn “mok” child with to where water is found on the one hand, he uses the traditional grinding stick to ‘attack’ a child whilst it (the “mok” child) is being immersed in the water while contained in the gourd, on the other. The objective of taking the child to the water body is to wash out (exorcize) his/her “evil spirits and killing powers” from its body completely. Side by side, however, the traditional healer has to attack the “mok” child ‘symbolically’ in a fakery attack while he/she is still in the water contained in the gourd, by repeatedly pointing the grinding stick to the child’s direction but he can not really touch the child physically. This process is locally known as “evil spirits and supernatural powers normalization and dismissal”. (The gourd is a natural container used for multi-traditional purposes in the Nuer community.) Though the primary purpose of the grinding stick in traditional healing process is intended to attack the child, the attack is not a real one, but it is a spiritual or ritual procedure because it is meant to drive out the child’s “evil spirits and supernatural powers” but not to hurt his/her physical body by all means, anyhow. It is more of spiritual show and symbolic attack that is traditionally used to drive out the child’s “perceived” evil spirits and killing powers. Once this symbolic attack is over, the traditional healer washes the child thoroughly. Finally, the traditional healer can get the child off the river if he is convinced that she/he has been completely freed (healed) from his/her evil spirits and supernatural powers that might have killed other “ordinary” community members had they not been exorcized out of him/her so far. Following the completion of all traditional healing procedures and performances, the “mok” child’s body would become “cool” or “normal” because the traditional healer has now healed him/her, as it is usually said by Nuer people in their local language. This literally means, “The child could no longer hurt or kill neither family and community members nor their domestic properties including animals, because its supernatural powers and evil spirits have been completely exorcized by the traditional healer. In addition, apart from the
childhood traditional healing services, adults with “mokism” condition are, indeed, granted with all adults human rights like non-“mok” community members in the Nuer community. Such rights, among other things, may include marriage, own family administration, equal political and social participation and responsibility, parents (family) property inheritance, equal family wealth sharing, distribution and responsibility,… etc.” (All the 22 respondents, except 6 health personnel, have unanimously responded so)

Following the first response to the above question, is the second question that investigates whether or not the Nuer community equally treats (cares for) children and adults who have been born with “mokism” just like the way it does for non-“mok” individuals. However, since respondents have come up with different and contradicting answers on this question so far, their, responses, too, have been addressed separately as per their similarities accordingly. Therefore, the following is the first answer that comes from all respondents who have said the Nuer community “equally treats” individuals who have been born with “Mokism” just like its non-“mok” community members. In a general remark, however, the researcher would like to warn that the “So-called good cultural practices of the Nuer community” need to be understood in the perspective that strictly focuses on “basic cultural services” that depend largely on whether the “mokism” victims have traditionally treated or not. In short, “good” cultural practices provided for individuals with “mokism” in the Nuer community are generally “overshadowed” by their opposing practices (harmful cultural practices) indeed, according to the respondents’ accounts. I said so because almost all of the answers that begun with “Yes” to this particular question are followed by statements such as “If” these individuals (“moks”) “had” or “had not” undergone traditional healing ritual processes”. In general, the first group of these respondents is composed of three community elders, one traditional healer and the lord of the land, respectively.

“Yes. The community treats children and adults with “mokism” as equal as its non-“mok” community members “if” they had been traditionally healed by “Traditional Healers. That equal treatment is manifested in most social aspects in the community life such as social, education, economical, political, and religious,
etc. Nonetheless, there are conditions and occasions under which most community members may not equally treat individual with “mokism” who happened to have not been treated traditionally by traditional healing experts. Much of that unequal treatment of or care for individuals with “mokism” arises from the fear and belief that children and adult with “mokism” are possessed by or possess “evil spirits and killing powers” that would “overpower” non-“mok” community members and brought by such things like “death” on ‘ordinary’ community members otherwise.” (From community elders, CE1, CE2, CE4 & the lord of the land and traditional healer, LoL & TH2)

In contrast to the above “partial” positive response, which we have seen from the few study respondents (17.86%) on the Nuer community’s good cultural practices for “mokism” victims, below is the opposite account of the majority of respondents (60.71%). This second group of respondents is generally comprised of one community elder, one traditional healer, two youth with an inborn monchidism, one non-disabled youth, all religious leaders, as well as four health professionals.

“No, the community does not treat individual victims with “mokism” as equal as compared to its non-“mok” community members always, except very seldom only. We said this because we always see various maltreatments practiced by some community members and some traditional healers against victims of “mokism” across the Nuerland. Even though most of these harmful cultural practices against the “mokism” victims are justified with claims such as the individuals with “mokism” possess “evil spirits” and “killing or death powers” that can inflict “pestilent conditions” on non-“mok” community anytime, anywhere, they are generally not fair, anyway.”

In addition to the question on “Equal Cultural Treatment” of individuals who have been born with “mokism” in the Nuer community, study participants have been enquired of whether or not the Nuer community has traditional preventive techniques in place for the cause of “Mokism” in general. However, it would be informed that six (6) health professionals have been deliberately exempted from this particular question because of their scientific (medical) orientation and perceptions towards such traditional issues in
general. Because the respondents’ answer to this question was definitively similar throughout various study (social) groups, it has been therefore presented in one paragraph below as follows:

“Yes, of course, there is but one traditional preventive technique for which the cause of “mokism” can be prevented with in Nuer community. The only major and commonly used traditional preventive mechanisms is “Not to have sexual intercourse with a newborn mother” before the resumption of her monthly menstrual cycle and/or not having sexual intercourse with any baby-nursing mothers, whether they have resumed their periodic menstrual cycle or not. In a broader traditional perspective of the matter, it can be said that this traditional sexual abstinence rule is, of course, imposed on all child-nursing mothers in the community to prevent the conception (occurrence) of both “mokism” and “Polluted Children” until the right time (weaning period) comes for sexual relationship resumption between those mothers and their husbands. Otherwise, any sexual attempt that would be made before that rightful weaning period could automatically result in either one of the two most dangerous “conception defects”, i.e., “mokism” and “pollution” or “Thiaang” within that given family attempting it.” (From all study study respondents, except 6 health professionals)

Similarly, respondents have also been asked with a question that reads as, “Do adults who have been born with “mokism” marry (or are married, in the case of female “moks”) like their non-“mok” agemates in your community?” Even though all study respondents have unanimously answered it with “Yes”, many of the respondents have retained some “reservations” in their statements indicated with the “Ifs” due to the existing negative traditional aspects surrounding marriage issues of “Mokism” victim individuals including the females alike. Anyway, let us read from the respondents’ own words below.

“Yes, they definitely marry or are married (for female “moks” because girls do ‘not’ marry but are married according to the Nuer culture) like any other community members “if” they have been traditionally healed and “if” they have cattle for bridewealth (for male “moks”).” However, if the invidividual with
“mokism” do not fulfill the requirements mentioned above, then their marriage (both genders) may otherwise run some difficulties from non-“mok” community members’ families most of the time.” (All have unanimously agreed so)

Furthermore, in an extended question from the perspectives of traditional healing processes, traditional healers have been specifically asked on their job-related question whether “mok” children’s families paid them for the traditional healing services they provide for the “mok” children or not. As could be normally expected, their response to this question was:

“Yes. Definitely, we are paid indeed, by their families.”

In general, “how much does a “mok” child’s family pay you for a treatment of their child?” They replied it as follows:

“Generally, there is no specific or one standardized payment which has been traditionally set so far in the Nuer community for traditional treatment cost of children with “mokism” nor for children with an inborn monorchidism neither, anyway. It usually depends largely on what the family has at hand, most often. However, adjustments are made sometimes if that ‘thing’ is too small to be enough for treatment cost. Nevertheless, though the pay cost varies in kind or amount, the normal treatment payment expected from the victim child’s family is two to three sacks of cereals (200 to 300 kilograms), or a two-year-old heifer or a pregnant cow, or three thousand Ethiopian birr or South Sudanese pounds with the same value to Ethiopian birr. With an absence of the above items, sometimes, two or three pregnant female goats or sheep, added together to make-up one full-grown cow, can be considered as an alternative, too, anyhow. However, despite this arguably traditional treatment cost in place, sometimes it may happen that the family of the child may be too poor enough to provide something in the meantime except sacrificing animal only. Due to such uncertainties, nonetheless the child’s treatment process is never revoked (cancelled) by any means, but should continue because the major objective is not primarily all about payment, is but saving the life of the child, the family, and the community members as a whole.
Nevertheless, this does not mean that the child’s family will never pay anything at all in the future, but as a rule, they will in essence; have to agree to bring the agreed treatment cost very soon in the very near future as soon as they get anything. However, if the family deliberately or willingly fails to bring the agreed treatment cost, then the “evil spirits” and “killing powers” of their child will “re-rise” (return back) and repossess the child again in spite of the fact that they had been previously exorcized out of the child so far. If the child’s “evil spirits and killing powers” return back because the family has willingly failed to pay the first agreed treatment cost, then their “evil” effect on the family and the community as a whole will be too dangerous and deadly destructive than the previous condition. Meaning, the evil spirits and killing powers may be too difficult to control and manage easily. With this present condition of “failed treatment payment” between the child’s family and traditional healer, no another “new” traditional healer would like to interfere or be able to heal that child under whatever condition except the first traditional healer. However, this time, if it is “re-agreed” that the child should be re-healed, then its family should be punished for “double” payment as a punishment for their reckless behavior, according to the tradition. This traditional punishment rule on “failed” traditional treatment payment cost is practically applicable for both “mok” and monorchid children’s families. In fact, it is unusually so rare for any victim child’s family to deliberately fail for good to pay treatment cost for a traditional healer or a lord of the land. They clearly know what the eventual consequences of that action hold …, it is too embarrassing, too humiliating, and too high and dangerous for them to attempt!” (From the two traditional healers)

4.4.2.1.2. Maltreatment (Harmful) Cultural Practices towards Persons with “Mokism”

So far, responses collected from the previous sub-theme’s questions exploring Nuer community’s useful cultural practices towards persons who have been born with “mokism” have been dealt with in the above sub-section in fascinating scenarios, according to the study participants’ personal accounts on the subject matter. Here, under
this second sub-theme, however, we are going to specifically deal with the study respondents’ opposite accounts that investigate the Nuer community’s harmful cultural practices towards individuals who have been born with “mokism” in detail. Generally, there has been only one question prepared so far under this second sub-theme to investigate the Nuer community’s “Harmful Cultural Practices” towards persons who have been born “Mokism” in general. It is hoped that this particular and single question would have an extended capacity to extract out additional related question (s) from the answers that would have been replied by the study respondents in the interviewing process. This question reads as, “What are the existing harmful cultural practices towards persons who have been born with “mokism” in the Nuer community in general?”

As usual, all responses from across different study (social) groups have been re-arranged into paragraphs depending on their relative similarities in general. While all respondents have participated in the interview on harmful cultural practices of the Nuer community, six (6) health professionals have again been exempted from the interview process. Normally, if somebody may ask, “Why have they been exempted?” The answer is, “Because most of them are medical or scientific oriented, and “mokism” in their view of the matter, has nothing to do with the science or medical, according to them”. The majority number (6 out of 10) of the guys have not even accepted the existence of such a thing as “mokism” in the first place, leave alone giving witness on the existing harmful cultural practices of the Nuer community on the victims of this “Non-Existent” condition, according to some of them. For one thing, their argument looks convincing because, unlike the victims of inborn and acquired monorchidisms who are usually taken to medical centers for medical treatment, “mokism” victims, are never taken to those centers for treatment purposes at all. In other words, the local harmful cultural practices of the Nuer community against “mokism” victims is very much complicated, and therefore, only people (individuals) who have direct relations and contacts with the victims could comprehend or have relevant information about them. In general, the interviewed individuals include traditional healers, lords of the land (leopard skin chiefs), community elders, religious leaders, non-disabled youth (because he is a son of a traditional healer), the two youth with an inborn monorchidism disability, and four health professionals. These four health professionals have included within this group because they believe that
“mokism” is caused by “untimely” sexual intercourse with newborn mothers who have no menstruation before their conception. In general, the following are typical sample responses taken from most unique and wonderful answers across all respondents in general.

“There are certain types of harmful cultural practices which are practiced specifically practiced on “mok” children by some traditional healers. However, it should be noted that any traditional healer who may be conducting these harmful cultural practices does it in agreement with a “mok” child’s family and not in their own will. One of the most commonly known, and dangerous harmful practices is an “extermination” of the children with “mokism”. This is allowed to happen because families of children with “mokism” believe that their children posses “evil spirits and killing powers” that can later kill family members or affect family properties if such children are left alive once they are born. Due to this reason, some families deliberately allow traditional healers to ‘exterminate’ their children as a means of avoiding future perilous incidents in their families and the general community. To this end, here is how a traditional healer exterminates a “mok” child. Once it is unanimously agreed by the child’s family and a traditional healer to kill the “mok” child, then the traditional healer shuts in a child inside a house and then performs a “fake” or “symbolic” attack on him/her with a “traditional grinding wood-like stick” (called “lek” in Nuer language) while standing outside the house. Even though the traditional healer attacks the child while standing outside the house, he should be pointing the stick repeatedly to the direction of the door where the child resides. Without touching the child physically, the traditional healer continues this fakery attack until a child loses consciousness, and dies eventually, for good! Besides, some community members, mostly the elders and “mok” children’s and adults’ agemates may show some unwilling behaviors in terms of making company or friendship with individuals with “mokism”, an attitude which may lead to social discrimination and segregation against the victims within the Nuer community. community members who usually commit these “antisocial” malpractices and behaviors often justify their social discrimination and segregations towards “mokism” victims by
basing their claims on the existing traditional beliefs, which say that ‘if someone always stays or walks (goes) together with a “mok” individual, they will be “overpowered” by the “mok” person’s “evil spirits and supernatural powers”. Meaning, people who do so, they get hurt, killed, become sick, failed in anything that they may be attempting to do, etc’. In addition, such perceptions, attitudes or beliefs are, by large, practically reflected in the community’s social affairs, too. For example, few community members may refuse marriage deals either between themselves and “mok” individuals, or between their children and “mok” community members for the fear that if they get married to those individuals (male and female “moks”), they will then eventually die from being “overpowered” by the “mok” victims’ “evil spirits and killing powers” once they become married couple. It does not matter at all whether a “mok” individual (both genders) has been exorcized (traditionally healed) or not, their marriage circumstances is always a challenge for them and their families.” (Merged answer from community elders, religious leaders, two youth with an inborn rnonorchidism, and four health professionals)

In addition, the following is a merged version or account from the traditional healers and lord of the land as well as the non-disabled youth.

“Actually, there are harmful cultural practices against individuals with “mokism” that carried out by some traditional healers in particular, victim children’s families and the community members in general. However, one of most of extraordinary harmful cultural practice of all these harmful practices against children with “mokism”, other is the “extermination” of the “mok” children. Even though the act is so dangerous as it looks, nonetheless, it is performed by the traditional healers through the full permission and the watchful of “mok” children’s families. Traditionally, the families of the victim children allowed their children to be exterminated by the traditional healers because they believe the children possess “evil spirits” and “killing powers” that make their presence too dangerous for the family’s well-being and the whole community as a whole. Some social and cultural discrimination practices (harmful practices) include such
as things as beliefs that if someone frequently goes together with a “mok” individual, they will get killed, struck down by a thunder, lost their properties, hurt, etc. In general, there are many apparent social discriminations and segregations against “mokism” victims for a variety of reasons in the Nuer community”.

In addition to the above account, the following unique and interesting narrative comes from the non-disabled youth as follows:

“Unlike the case of monorchid children, there are by far, some strikingly harmful cultural practices against “mok” children in particular in the Nuer community. For example, according my personal experiences, I have witnessed a number of instances in which “mok” children are legally exterminated (killed) by traditional healers because their families fear their “evil spirits and killing powers”. Other examples of maltreatment of “mok” individuals, as we have discussed before in the first sections above, are more or less similar to those of the victims of an inborn monorchidism. The most common ones include social discrimination that may be expressed in many forms such as avoiding friendship with a “mok” boy or girl, turning down a marriage request from a “mok” male adult or vice versa. The main cause of these maltreatments, however, is the local people’s belief that “mok” individuals possess “evil powers and spirits” that affect (overpower) non-“mok” community members in one way or the other. Therefore, with this belief in the mind of many people in the community, it is not so easy for many “mok” individuals to secure a full time or long-term friendship with non-“mok” community members in general in Nuer community.” (From non-disabled youth, coded as NdY)

Besides the main question above, traditional healers have been singled out in an extended question, which specifically asked them whether or not; any of them had ever exterminated a child with “mokism” as a part of their job. Their answer, as could be expected, did miss the target in a wider margin indeed.

“No, we (I) had never exterminated a “mok” child, never at all.”
Traditional healers were further asked for what would be the reason why they had never exterminated “mok” children’ throughout their career. Their answer to such a question is as follows respectively:

“Because, as a believer of Christ, I don’t think it is a right thing to do. My job is to heal those innocent children but not to kill them. Actually, there are times when some families of victim children might come up with such decisions, but I had never submitted in to their requests, always. I firmly refused to commit such a grave sin against humanity.” (From the first traditional healer, TH1)

“No, no. I had never exterminated a “mok” child ever since I began my job even when I was still a young man because I did not see any good reason for doing it anyway.” (From the second traditional healer)

Finally, traditional healers have been lastly asked about how they acquired their traditional healing expertise in the Nuer community. One (TH2) of them had answered that he did not clearly know the origin of how his family become traditional healing expert but he simply acknowledged that it is hereditary in their family-line that is inherited by male family members from fathers hen to their sons. However, on the other hand, the other traditional healer (TH1) who knew the origin of how his family acquired its traditional healing profession/expertise has the following narrative as answer to the question as follow:

“It is a very, very long time history. My family tales had it that long, long time ago there had been a man among our ancestors who had been born with monorchidism in his generation. Because of him, the family believed that many things in the family had been going wrongly due to his disability. Bad lucks such as death of family members by sickness or being killed in battles and loss of family cattle and other properties were events of daily life during his lifetime. It was then said there was a battle that broke out one day between the Nuer community and a neighboring community from other Nilotic nationalities in the area. As usual, this man went to that battle with his family male members together. Two of his relatives were killed in action during that battle. Their death
was all blamed on him as usual. This man however, did not only manage to kill many people from the enemy force but also had looted some cattle from the side of the enemy by himself alone and then brought them to his people after the battle was over. When his relatives had come together after the battle, he then conferred them and told them about his plan that he did not want to go back home with them together anymore, but instead wanted to remain in the wilderness because he had understood that the causes of all “misfortunes” in the family life were due to his disability (monorchidism), just as it was always being rumored by many people in the family and the community as a whole. He therefore told them only to take those cattle home and divide them among themselves fairly, but he himself had to remain in the wilderness on a specific location of a molehill for sometime like three-day period to see what would happen to him. Nevertheless, he told them to come back to see what he had become after these three days. To completely convince them, he put down two conditions for them about his fate however: One, he told them that “If I were really the cause of our family’s and community’s “misfortunes” so far, then you would not get me right here on this molehill, but I had to die, however, if I died, then you would not get this molehill here anymore but it would become a fountain of water forever. Second, “If I were not the real cause of those “misfortunes” which happened to our family and the whole community all the times since I was born, then you would get me right here sound, and alive”. However, his relatives were so angered by his speech and strongly refused the man’s proposal and suggested they go home with him together instead. Nevertheless, he refused to accept their suggestion, anyway. So, after very hot arguments and discussion between him and his relatives, some community elder members were convinced by his argument and agreed to his ideas and decision; and those elders in turn, then convinced the young men to let him remain there in the wilderness and visit him after three days just as he had told them. Therefore, after the three days were over, then his relatives set off and came back to see what had happened to him as he had told them. Surprisingly, as he told them, they did not find him right there, nor did the molehill. However, despite its disappearance in its original place, the molehill had become a deep
fountain of cold and clear water in the wilderness as the man had said to his relative three days ago. Therefore, because of this event, the family members went back to home village and told the whole story to the community elders. Based on the story which the men who came back from wilderness had told to the community elders about the man’s situation, the community elders then suggested that an animal should be slaughtered as a sacrifice for what had happened to that man so that the family would be free from his death responsibility. But, that his case should rest down on him as his own personal decision and responsibility to die in the wilderness in such a manner. According to this understanding on the monorchidism victim’s death situation, the community elders gave directives to a local traditional magician (dayom) in the area during the slaughter of the sacrifice animal for that event to “curse” out monorchidism in the family so that it would never happen again in that family in future generations. To make this a permanent “oath” between the dead monorchidism victim and his living family members, one precondition has to be laid down as “covenant”. That is, “The family should strictly “honor” monorchidism in both human and animal born with monorchidism in their family lineage forever. To make that condition a real and “eternal” oath between the “ghost” (the dead monorchidism victim) and his family, a cow was “dedicated” to him from that time onwards by spraying an ash on it (cow). This dedication of the cow to the dead monorchidism victim, implied that the cow belonged to him and had to be replaced by another cow any time if and only if anything happened it (the previous dedicated cow) from generation to generation within that family. The community elders, in collaboration with the local magician at the same also ruled that someone within that family’s male members would thereafter had to become a “traditional healer” of monorchidism in the community right from that time onwards. So, up to nowadays our family ‘honors’ any male animals with monorchidism which might be born among the family cattle ranch or anywhere, and humans with monorchidism who are born within the community. Due to this “honor” for monorchidism, if a calf with monorchidism is born by a cow among our cattle, or goat or sheep, it then dies immediately right after its birth. However, if it has not died for any unknown
reason; then it had to be given away to anyone who may like to take it freely without an exchange for it. Our family cannot even buy a castrated monorchid ox on any condition. Therefore, according to this traditional rule, there is always one “monorchidism traditional healer” person or expert in all our family lineage male members wherever they are since that time onwards. For example, I am the only monorchidism healer in my father’s family right now. But whenever I die, then someone among my sons will have to become a traditional healer in my place. This is how our family members (me included) become monorchidism healers so far. So, in other words, it means monorchidism healing expertise is hereditary that cannot be claimed by everyone in Nuer community”.

4.5. Discussion on Monorchidism and “Mokism”

4.5.1. General Introduction

This section will be committed to the interpretation of study results obtained from the data that exploring Nuer community’s traditional beliefs about the causes of monorchidism and “mokism” as well as the cultural practices towards persons who have been born with those inborn disabilities. First section of this chapter four has tried to shed light on the general description and setting of the study. Therein, it was pointed out that the research study has “Five Major Research Themes” and “Five Sub-themes” in that section. These major themes were formed from the major questions of the study that include cultural contextual definitions of the “Terms” (disability, monorchidism, and “mokism”), Nuer community’s traditional beliefs about the causes of these congenital disabilities, applied cultural practices (good and harmful) towards persons who have been born with these disabilities, etc. On the other hand, sub-themes, in turn, have been derived (developed) from under each major theme per se to detail specific “underlying” traditional perceptions and beliefs toward the issues surrounding monorchidism and “mokism” and their applied cultural practices in the community as ascertained by study respondents’ responses from the interview questions. Accordingly, both major themes and sub-themes have all been exhaustively analyzed and presented in each sections above according to the data (information) gathered from the study respondents from among the twenty-eight Nuer community members.
Therefore, the discussion will be specifically devoted on the results related to definitions of the major terms (disability, monorchidism, and “mokism”), and traditional beliefs about the causes of monorchidism and “mokism” as well as cultural practices of the Nuer community towards persons with these inborn disabilities at large. Besides discussions on inborn conditions (monorchidism and “mokism”), short and precise discussion will be specifically attempted on acquired monorchidism, especially on its “Good Cultural Practices”, just to enhance our understanding and to draw a reasonable comparison between the two types of monorchidism in general. In general, it is now time to turn an attention to the discussion of research findings on these major themes, sub-themes, and then their associated issues and applied cultural practices in general. However, before we specifically discuss the following discussion points from accounts on these major and sub-themes, it is important to note that all study participants have acknowledged that they have awareness about “mokism”, and “monorchidism” (one testicle) in their community. Secondly, with an exception of few individuals from health professionals (one clinical nurse and a health worker), the rest twenty six (26) study respondents have also admitted that they at least knew one or both individuals who have been born with congenital monorchidism and “mokism” in general.

To begin with, let us see what the study respondents had to say on the first major theme that deals with the definitions of the “Terms” such as “disability”, “mokism”, and “monorchidism”, anyway. In general, fourteen (14) respondents, meaning eight religious leaders, three community elders, one traditional healer and one lord of the land (leopard skin chief), and one non-disabled youth, out of the twenty-eight (28), i.e., half of the study participants, have answered that, “There is “NO” one word or term that directly translates to the term “disability” in Nuer language”. Instead, they said, “There are but two general terms (words) that the Nuer language or people use to denote (describe) “deformity conditions” and persons with various “visible” types of deformities or defects depending on the basis of the time of their occurrence (onset). These are “Buom” (pronounced as “Bu-om”) for all congenital defects (disabilities) and “Guar” (pronounced as “Gu-ar”) for all acquired disabilities, respectively”. Similarly, twelve (12) respondent members, meaning one (1) community elder, ten (10) health professionals, and one (1) youth with an inborn monorchidism have responded with an answer that challenged the
first group’s response by saying, “The term “disability”, if it is translated into Nuer language, means, “Lack of ability or capacity”. Finally, the last group members (the least one in terms of population), one traditional healer and the second youth with an inborn monorchidism said, “We do not know what the term “disability” means in Nuer language, at all.” While the gap of understanding among these group members in the way they define “disability” may not be a major concern, however, “differences” shown in their answers matter a lot. We can understand that half (50%) of the study participants have admitted that there is “NO” one “direct” word that comprehensively translates to the term “Disability” in Nuer language. This difficulty in defining the term “disability” as a “single” and “encompassing” word is not only confined to Nuer community, but has also been an apparent challenge elsewhere in many non-English speaking communities in most parts of the world (Becker, 1963; Scott, 1969 cited by Eskay M. et al., 2012; Ingstad & Whyte, 1995; Stone-MacDonald & Butera, 2014; Coleridge, 2009). In addition, in line with this idea, Ogechi and Ruto, 2002, cited by Stone-MacDonald and Butera, 2014, for example, indicated that many East African languages do not simply include or have words that allow “disabled”, or “disability” to be directly translated from English into their local tongues. To that end, Stone-MacDonald and Butera (2014) informed that, [because of the absence of an encompassing local word (s) for] disability, scholars in the region have been forced to describe and/or define each type of disability or name it as it relates to the body part that does not function normally.

Secondly, one more impression, which can be made from the answers on the definitions of major terms, is the response from the educated health professionals and a youth with an inborn monorchidism (he is currently a ninth grade student). In line with this apparent change in traditional understandings and definitions of disability in traditional perspectives only, as observed elsewhere in the world over, it is not surprising to see Nuer community members to define “disability” in a more scientific (medical) way (Groce, 1999; cited in Haihambo & Lightfoot, 2010; Skinner & Weisner, 2007, cited by Stone-MacDonald & Butera, 2014). Based on this explanation, I would assume that the group members have just asserted such an answer because of their exposure to the English language and medical knowledge to disability. It just seems as if they were directly translating the term “disability” in its entirety directly from English into Nuer
language. Their answer is consistent with Groce’s words that warned, “Scholars of cross-cultural issues and studies in the disability arena to keep in their mind that socially constructed concepts and beliefs about disability are constantly changing as time passes over” (Groce, 1999, cited by Haihambo & Lightfoot, 2010).

Another concept but yet related to the word disability and its definition, is the issue of what the English language calls “disabled” persons. Concerning this idea, the Nuer community has two parallel concepts about and perceptions towards persons with disabilities (“disabled” peoples) in general, as elaborated above on the definition of the disability itself. To this end, all study respondents have unanimously given similar answer to how persons with disabilities are described in the Nuer community’s traditional context and why they are described like that as follows. These are “Ji Bumni” (pronounced as ‘Ji bum-ni’), which, if it is translated into English, can literally have an equivalent meaning to words such as, “Those with Powers”, “People with Powers” or “Those of Extraordinary Powers”. It is traditionally used to denote all persons who have “inborn” defects in general. These references are used by all Nuer community members to mean or to indicate that persons with inborn disabilities “have” ‘evil powers’, ‘supernatural powers’, and ‘killing spirits or powers’ that cause ‘harm’, ‘death’, or other dangerous ‘misfortunes’ on non-inborn disabled community members, including their families. Whereas on the other hand, all those who “acquired” their disabilities through accidents after birth are referred to as “Ji Guari” (pronounced as ‘Ji gu-ari’), which may generally mean, “Those with ‘progressive wounds or damages’, ‘broken body parts’, or ‘lost body parts’, etc”. The description given to the individuals with acquired disabilities, in its traditional contextual meaning implies that these individuals have “NO”, or nothing to do with what the Nuer community calls as ‘evil spirits’, ‘supernatural powers’ and ‘death spirits or powers’ that cause all sorts of misfortunes on non-disabled community members.”

Apart from the definitions of “disability” and “disabled” persons, study respondents have also defined other major terms such as “mokism” and “monorchidism” in a traditional perspective and/or Nuer language. Accordingly, “Monorchidism” (having One Testicle), if translated into Nuer language, means “Nhian kel” or “Toor”
(pronounced as ‘nhian kel’ and ‘to-or’ respectively). Its plural form is “Toori” or “Tori” (pronounced as ‘to-ori’ and ‘tori’, respectively).” It literally means “One Testicle” in general. On the other hand, the term “Mok”, as a Nuer word, if it is translated into English, “refers to a child or an adult who has been conceived and born by a women who has “no” menstruation or “Buoth” in Nuer language, before its (her) conception.” Its plural form is “Muokni” (pronounced as ‘mu-okni’). Unlike monorchidism, “mokism” involves both genders. The Nuer community considers it as the most dangerous inborn condition than monorchidism, according to traditional beliefs. In a specific note, it would be important to inform readers that the term “One Testicle” (as to mean monorchid person, but not monorchidism), in Nuer contextual meaning, stands for both the person who has been born with one testicle (monorchid) and the condition itself (monorchidism). Similarly, the term “Mok” in its traditional context, also means both the person (“mok” person) who has been born with it and the condition itself (“mokism”), too.

Even though the range of beliefs about the causes of disabilities may seem archaic (outdated) from the perspective view of the developed world (Stone-MacDonald & Butera, 2014), it is so important to appreciate the way in which and how these two disability groups have been traditionally categorized into such categories based on their “onset” as deemed by the Nuer sociocultural view/context of those disabilities. It is not just only wonderful as such but is also traditionally convincing, particularly, the way and how “evil spirits”, “supernatural powers”, and “killing powers” are completely “attached” to individuals with “inborn” defects (disabilities) only but not to the acquired monorchids, is so astonishing and contemplating, indeed. Of course, this cultural or traditional bias of accepting and rejecting (dividing) disabilities and their victims on the bases of onset is not only common in Nuer community only but has also been indicated by Scheper-Hughes (1992) cited by Ingstad and Whyte (1995). Scheper-Hughes indicated that many communities sympathize with individuals who acquired their disability after birth when the status of humanhood/personhood has already been established than those with inborn defect victims. In scientific or biological perspectives, however, it may seem unconvincing even to assert that, “Moks” are “persons with a disability”, let alone claiming that they possess “extraordinary powers”, evil spirits, and “supernatural killing spirits” that hurt and kill non-disabled community. Nevertheless, it is yet the case in the
Nuer community’s traditional perspective, anyway. It may be so, as indicated somewhere by some disability scholars, since there is “no collective world view” of what constitutes disability; rather what determines one’s disability, social position and status in a given situation is “central” to their specific culture and society. This is true because ‘disability’ unlike impairment and handicap, is a “learned social role” (Becker, 1963; Scott, 1969 cited in Eskay M. et al., 2012, Eskay M. et al., 2012). In short, in light of this consensus from these disability scholars, it is possible to say Nuer language, like other East African languages “Does not” provide a common word or construct for the term “disability,” preventing individuals with different types of disabilities to be classified together (Helander, 1995; Ogechi & Ruto, 2002, cited in Stone-MacDonald & Butera, 2014; Coleridge, 2009).

Following discussions on the definitions of major terms of the first theme is the “second groups” of major themes that explore “Traditional Beliefs of the Nuer Community about the Causes of Congenital (Inborn) Monorchidism, Acquired Monorchidism, and “Mokism”. Though most responses from respondents’ accounts predominantly showed high tendency towards “traditional beliefs” about the causes of inborn monorchidism and “mokism”, the overall respondents’ responses fall under each of the three major sources of beliefs about the causes of disability, namely, traditional animism, Christian fatalism, and medical determinism (S. G. Harknett, 1996, cited by Stone-MacDonald & Butera, 2014). On this basis, twelve respondents, out of twenty-eight (28) study members, meaning one (1) community elder, four (4) religious leaders, one (1) traditional healer, two (2) youth with an inborn monorchidism, and four (4) health professionals had said that, “Monorchidism is created (caused) by the God of Heaven (“Kuoth Nhial”) or by gods. On the other hand, ten (10) respondents, that means three (3) community elders, one (1) traditional healer, one (1) lord of the land (leopard skin chief) one (1) non-disabled youth, and four (4) religious leaders have answered, “Monorchidism is caused by a payment of a monorchid bull or a castrated monorchid ox for marriage bridewealth”. Apart from responses on the causes of an inborn monorchidism, responses on questions that explored traditional beliefs of the Nuer community on the cause of “mokism” have also been gathered from the respondents. In general, however, responses about the causes of “Mokism” are more or less consistent with that of an inborn
monorchidism, particularly, in the traditional view of their root causes. With the exception of four religious leaders and six health personnel, the majority of the study participants, meaning eighteen (18) respondents have said, “Mokism” is caused by ‘having sexual intercourse with newborn mothers who have not yet resumed their periodic menstrual cycle since their delivery of current children’”. In other words, this means the members of this group include all four (4) community elders, all traditional healing experts (two traditional healers and the lord of the land), one non-disabled youth and two youth with an inborn monorchidism, four religious leaders, and four health professionals respectively. Similarly, four (4) religious leaders have responded that, “Mokism” is created (caused) by ‘the God of Heaven or “Kuoth Nhial.” Finally, six (6) respondents from health professionals (five clinical nurses and one health worker), as could be expected, have respectively responded that, “Monorchidism is caused by biological and/or disease factors, hormonal and/or genetic incompatibility, or other unknown physiological processes”, and …“We do not know what causes “mokism”, but if there is really such a thing, then, ‘it may be caused by biological processes”.

From the study participants’ responses above, we could see that twelve (12) out of twenty-eight respondents and four (4) out of twenty-eight (28) respondents have respectively said that both monorchidism and “mokism” are created (caused) by God (gods). On the other hand, ten (10) out of twenty-eight respondents and eighteen (18) or out of twenty-eight have respectively said, “Monorchidism is caused by a payment of a monorchid bull or a castrated monorchid ox for a marriage bridewealth”, and …“Mokism” is caused by ‘having sexual intercourse with newborn mothers who have not yet resumed their periodic menstrual cycle since their delivery”. Lastly, six (6) health professionals out of twenty-eight respondents per each of the questions on monorchidism and”mokism” have ironically said, “Monorchidism is caused by prenatal diseases and/or biological factors such as hormonal and genetic incompatibility or other physiological processes”, and …“We do not know what causes “mokism”, but if there is really such a thing, then, ‘it may be caused by biological processes”.

Stone-MacDonald and Butera (2014) in their more recent literature review on “Cultural Beliefs and Attitudes about Disability in East Africa” with an intention of
finding out cultural beliefs on the causes of diseases and disability, found that traditional beliefs about the causes of disability continue to be prevalent in East African communities. This same finding on traditional beliefs is also evident (prevalent) in this research results as could be seen in the respondents’ answers above. This same intention was also, indeed, the central objective of this study at the very beginning.

Depending on the responses above, we can clearly understand that the respondents’ accounts shown that “Traditional Beliefs” about the causes of the inborn monorchidism and “mokism” are not only similar and reflective to each other, but are predominantly “traditional” as compared with other answers on the causes of those inborn conditions. Even though the first answer seems to be falling under the “Christian Fatalism” theory on the causes of disability, nevertheless, the explanations given on them by the respondents, tell otherwise. Despite the fact that none of the first group members has accepted the notion that paying a monorchid bull or castrated monorchid ox is the responsible cause of ‘an inborn monorchidism condition’, most of them, if not all, had however mentioned and/or acknowledged the apparent traditional belief that “The payment of either of the monorchid animals” is the main cause of an inborn monorchidism. The same perception about the cause of “mokism” can be contextually understood (drawn) from the respondents’ explanations, too.

Based on this understanding, the first two groups do not seem very different from each other based on their answers; but they are “overlapping” instead, according to my personal observation. This is because the first group’s response is “dichotomous” at best, informing about a “Divine intervention” for the “creation” (cause) of inborn monorchid persons on the one hand. While, on the other, it also at the same time reflects high tendency of thinking and perception that inborn monorchidism comes (is caused by God or “gods”) as a form of punishment for some irresponsible human mistakes in marriage affairs, as claimed by some group members in their personal accounts. That they are telling that an inborn monorchidsim is caused by a payment of a monorchid bull or castrated monorchid ox is indeed, a part of the traditional belief system of the Nuer community. That means, in other words, they did not fully accept that inborn monorchidism results from pathological and biological processes and deficiencies, but it
entirely comes from human mistakes through marriage dealings and/or God’s (gods’) part of creation in the form of “punishment”. The last of the sentence of the story complies with the “Traditional Animism theory. Anyway, this dilemma on exacting the real causes of disability in traditional communities is not only prevalent in the Nuer community alone but is also evident in many parts of the continent. For example, several disability scholars in the region have found that such traditional perceptions towards and beliefs that disability is a punishment from the “Deity” or “gods’ (God) are prevalent in many East African communities as well as other parts of African continent. They said God (gods) or “Deity” punish transgressors for their misdeeds against other humans, breaking of traditional normative laws or rites and taboos (Adams, 1949, cited by Mallory, 1993; Mbah-Ndam, 1998; Omiegbe, 2001; Teferra, 2003, cited in Stone-MacDonald & Butera, 2014, and Abang, 1985; Ozoji, 1990; Marten, 1990; Kisanji, 1995b; Eskay, 2009, all cited by Eskay M. et al., 2012).

Secondly, the second group, which said, “monorchidism is caused by a payment of a monorchid bull or a castrated monorchid ox, and …“Mokism” is caused by ‘having sexual intercourse with newborn mothers who have not yet resumed their periodic menstrual cycle since their delivery (of their current children)’, is telling the “Real Traditional Belief” of the Nuer community. It is a “Real Thing” because it reflects exactly what the majority of the study respondents from among these Nuer community members (35.71% & 64.29%, respectively) think and believe about what the Nuer community traditionally believes is the main cause of an inborn monorchidism and “mokism” according to the local traditional beliefs. I would like to stress a point here on the traditional beliefs of the Nuer community about the cause of “mokism” in relation to one of the traditional communities in East Africa, a neighboring tribe (community): the Maasai of Kenya. It is just an analogy to enhance our understanding on such traditional beliefs in some parts of the region. The traditional beliefs of Maasai of Kenya towards women’s behaviors during pregnancy and throughout nursing periods, is very amazing indeed! Nearly three decades ago, one of the scholars in the area called Talle (1988) cited in Ingstad and Whyte (1995) highlighted such traditional beliefs about how pregnant women and nursing mothers of Maasai people of Kenya in particular, are expected to (should) behave during these periods in the following account:
“Women by their behaviors during and after pregnancy might cause child[ren] to become sick and weak, [or] even deformed in exceptional cases [or ways]. In this case, the Maasai women have to observe several precepts while they are pregnant and nursing babies. One of them is that they should ‘abstain’ from sexual intercourse from the third month of pregnancy onwards. Those who are careless about these precautions may risk miscarriages or give birth to stillborn or deformed children. It is believed that the fetus gets bruised by the force of the penis or is harmed by the semen, which enters the womb during intercourse and either shocks the child or defiles its body with white spots. [Similarly,] while nursing the child, the Maasai mother still should not have sexual relations with her husband because sexual activity during lactation is reputed [attributed] to spoil the milk and cause diarrhea in the child. [Based on this traditional belief,] a young, newly married woman who had a sucking child suffering from repeated outbreaks of diarrhea was accused of transgressing the rules of sexual abstinence during lactation” [emphases added] (Talle, 1988, cited by Ingstad & Whyte, 1995).

Even though the two communities’ cultural accounts about traditional beliefs on the causes of disability are not perfectly similar in content and cases, their analogical presentation here in this perspective is so educative indeed! This is said because such sexual normative rules on pregnant women and nursing mothers are also prevalent in the Nuer traditional culture or community. Such traditional sexual abstinence embargoes (bans) against women are intended to prevent fetal damage in pregnant women and the perceived future conception of a “mok” or “Polluted Child” (“Thiaang, pronounced as thi-a-ang) child from nursing mothers, respectively, according to the Nuer community’s tradition. (Please, see analysis part on this same chapter for further understanding on this topic on traditional beliefs of the Nuer community about the causes of “mokism” in particular.) Therefore, it could be inferred that the respondents of this inquiry might be telling the “Truth” about the cause of an inborn monorchidism and “mokism” partly, because of their personal and community’s traditional beliefs and perspectives towards the case (causes) of those of conditions. Secondly, their response might be “True” because there is one particular thing that which is extraordinarily so peculiar about the composition of this group members as compared to others anyway. That is, the only pagan study member and the son of a traditional healer (also known as non-disabled youth and pagan elsewhere in the study), two (2) traditional monorchidism healing
experts, and three community elders (3 out of the 4 community elders) are found within this group only. Simply, by looking at the group composition itself alone, it is too “traditional”, is it not? This, in addition, gives us an additional impression to assume that this is the only group which reflects the very traditional “belief system” of the Nuer community on the matters pertaining inborn monorchidism and “mokism”, respectively.

The third group, which is composed of six (6 per each answer on each inborn disability) health professionals only, had asserted that both inborn conditions, though their causes are not clearly known, are more of the consequences of deficient biological process and genetic incompatibilities and/or hormonal complications. Given the available major sources of the causes of disability and diseases in Africa in general and a literature review carried out in East Africa in particular, Stone-MacDonald and Buera, 2014) have noted that there is a growing awareness about the biological or genetic causes of disability. However, this does not necessarily mean that traditional beliefs and perceptions such as witchcraft, the breaking of traditional taboos and rites; punishment by God(s) for misdeeds and sins, indication of God(s)’ or gods’ will, are giving way as an important aspect of how East Africans understand disability. Therefore, beyond any measure of doubt, this group’s response emanates completely from this awareness as indicated by their medical (health) professional knowledge or what Harknett calls “Medical Determinism”, no more, no less! (S. G. Harknett, 1996, cited by Stone-MacDonald & Butera, 2014)

In a rare but paradoxical circumstance to the above accounts on traditional beliefs about the causes of “mokism” and inborn monorchidism, study respondents have come up with an extremely contrasting answer about the cause of an “Acquired Monorchidism”. That is to say, they all have unanimously answered, “There are “NO” such things as traditional beliefs about the causes of an acquired monorchidism at all”. Instead, they said, “An Acquired Monorchidism is entirely caused by various human and natural accidents that happen after birth, and as such, individual victims “Do Not” possess “evil spirits”, “supernatural powers”, and killing powers” as evidenced in the case of persons with inborn monorchidism and “mokism”.

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Apart from the Nuer community’s traditional beliefs about the causes of an inborn monorchidism and “mokism”, as well as acquired monorchidism, study respondents have also been enquired of other traditional belief-related questions such as “Is the case of monorchidism considered a “concern or problem” in Nuer community?” “Is there a “difference” between individuals with inborn monorchidism and those who have just acquired it through accidents after birth?” “What does your religion (s) say about an inborn monorchidism (if anything)?” “Have you personally ever experienced any of the “claimed” misfortunes brought about by ‘evil spirits and supernatural powers’ of inborn monorchid and “mok” individuals in the Nuer community?” Finally, “Are inborn monorchidism and “mokism” hereditary or not?” Answers or responses to these questions in general, with an exception of few (six health personnel) health professionals out of the twenty-eight (28), almost more than 78.58% of the study respondents have admitted that the case of an inborn monorchidism and “mokism” as well as their victims is a “Big Concern” in Nuer community in general. They said so because the victims of the inborn monorchidism and “mokism” have “supernatural and evil powers” that always inflict death and other unexpected dangerous “misfortunes” on humans and their properties, including domestic animals. That is why they are taken to “Traditional Healers” or “Lords of the Land (Leopard Skin Chiefs) for traditional treatment (healing) so that the influences (effects) of their evil spirits and supernatural powers on non-monorchid community members would be reduced or eliminated through exorcism. These traditional attitudes and perceptions of thinking (perceiving) that inborn monorchidism and “mokism” and their victims are the “sources” of the community problems, is not only fully accepted by the victims’ families but also the victims themselves. Similarly, on the same context, the majority of the respondents have also admitted the existence of the “difference” between individuals with inborn and acquired monorchidisms in general. Though some health professionals shown some sort of little reservation and indifference from expressing what exactly the difference is and where it lies, the rest of the study participants have openly explained this difference in terms of disabilities “onset” and the associated traditional beliefs concerning the cases of “evil spirits”, “supernatural powers”, and “killing powers/spirits” to each congenital condition. However, the whole issue in comparing these congenital conditions is that, an acquired monorchidism, unlike
an inborn monorchidism, has nothing to do with the mentioned evil and killing powers and spirits. Thirdly, with the exception of religious and health professionals, the third question was posed only to other study respondents on whether or not they had personally ever experienced any of the repeatedly mentioned “misfortunes” affecting non-monorchids and non-“moks” from inborn monorchid person (s) and “moks” in their lifetime so far. Even though respondents have expressed their personal experiences (exposures) to persons with monorchidism’s “misfortunes” in different ways (words), the truth of the matter is that their answer is “Yes”. However, despite the fact that there are those who had directly experienced the “real” situation of “misfortunes” in person from the victims, nevertheless some other respondents have just acknowledged the “actuality” and occurrences of such “misfortunes” as resulting from the prevailing influences of persons with monorchidism’s and “mokism”’s “evil spirits” and “supernatural powers” in their individual localities. In short, there is an apparent and high degree of consensus among the interviewed respondents on the presence of these “misfortunes” caused by the inborn victims in the Nuer community on the non-disabled community members.

Furthermore, in spite of having one pagan study participant from among the twenty-eight (28) respondents in general, an answer to the question on what their religion (s) really says (teaches) about the causes of an inborn monorchidism (one testicle) and “mokism” and their victims, was unanimous. That is, “There are no religious teachings” with specific regards to the causes neither of monorchidism and “mokism” nor for victim persons”, especially Christianity religion. Instead, they further explained that the issues of inborn monorchidism and “mokism” and/or their victims are just but surrounded only by traditional myths, beliefs, and oral traditions in the Nuer community. Finally, but not the least, the last and fifth question that enquired study participants of whether or not “monorchidism and “mokism” are hereditary” according to the Nuer community’s belief and tradition to these conditions was answered in two different answers per each inborn condition. The first contrasting responses but with seemingly the “same” idea at best were answers for monorchidism and then the second on “mokism”. The majority of the respondents, meaning twenty (20) respondents against six health professionals, have said, “No, monorchidism can never be considered hereditary in terms of human or parental resemblance of or genetic elements transmission to their children. But the fact is that it is
“inherited” or “transmitted” from or through monorchid bulls or castrated monorchid oxen that have been paid along with other bridewealth cattle for marriage”. Other very few respondents, one community elder who has a relative with an inborn monorchidism and a traditional healer, on the other hand, had said, “Yes, monorchidism is “hereditary”. They explained the reasons why they said it is hereditary is because “It is inherited from monorchid bulls or castrated monorchid oxen”. However, they continued, “Such heredity should “NOT” be understood in terms of human genetic transmission or resemblance of their children, but it should be understood in terms of traditional beliefs according to the Nuer tradition.” The answer to the “mokism”’s heredity question has been unanimously answered with, “No” by all the respondents except six health professionals. The respondents said “Mokism” can never be hereditary because it is a consequence of irresponsible sexual affairs between newborn mothers who have not yet resumed their periodic menstrual cycle and their husbands”. However, it is important to remind that six health personnel are exclusive from the above numbers of respondents to “mokisim” heredity. In other words, it means only twenty-two against six, have denied “mokism” condition’s heredity. The health professionals, if you remember, have not even accepted the existence of “moksim” as a “real thing” in the first place, leave alone arguing about its heredity in the real world. Nevertheless, their answer on the cause and “realness” of the condition (“mokism”) rests on the argument that “if” there is anything like that then, complex and deficient biological processes should be its cause. Therefore, their answer on its heredity, too, is more scientific and tends to maintain that “It is not hereditary”, but it may happen because of so many chromosomal and hormonal complications during conception (pregnancy) periods. This is the reason why I did not mix them up with the “non-professional groups” (the other group members) though they both shared the “denial” that mokism is not hereditary because their reasons for saying so are by far, too opposite and paradoxical to one another according to their individual groups’ perspectives and backgrounds. In addition, study respondents have also been asked whether there are traditional preventive mechanisms, to which the occurrence of these inborn disabilities could be prevented with in the Nuer community. With the exception of few health personnel mentioned above, the rest (22) of the respondents have answered, “Yes”. According to them, the most commonly used traditional preventive mechanisms
(techniques) in the Nuer community include, “Not to have sexual intercourse with newborn mothers” before they resume their monthly menstrual cycle as well as, “Not having sexual intercourse with any child-nursing mothers, whether they have resumed their periodic menstrual cycle or not”. In short, that traditional sexual abstinence is deliberately imposed on all child-nursing mothers in the community so as to prevent the occurrence of “mokism” and “Polluted Child” until the right time (weaning period) comes for sexual relationship resumption between those mothers and their husbands. Otherwise, any sexual attempt that would be made before the rightful weaning period could automatically result in either one of the two most dangerous “conception defects”, i.e., “mokism” and “polluted child” within that given family attempting it. Secondly, the second traditional preventive mechanism to which the occurrence of an inborn monorchidism can be prevented with is “Not to pay monorchid bulls or castrated monorchid oxen at all” for marriage dowry or bridewealth.

In general, based on these diverse narratives and accounts on the traditional beliefs about the causes of inborn monorchidism and “mokism”, as well as the associated evil spirits and supernatural powers of the Nuer community, it can be understood that such accounts are not unique to Nuer tradition and community only. Even though the natures, types, and root causes of disabilities may vary from community to community, traditional communities often share one thing, that is, they have traditional beliefs and explanations for every type of disability there is in their communities. Due to this shared characteristic among these traditional communities, several disability scholars in the past and present indicated that there are replete of similar traditional accounts in the continent (Abang, 1985; Ozoji, 1990; Marten, 1990; Eskay 2009; all cited by Eskay M. et al., 2012) and East Africa in particular (Adams, 1949; cited by Mallory et al., 1993; Kisanji, 1995b; Mbah-Ndam, 1998; Devlieger, 1999b; Devlieger, 1999c, cited in Stone-MacDonald & Butera, 2014). According to these scholars, it is not uncommon to find these traditional beliefs and perceptions towards the causes of disability, the disability itself, and persons with disabilities in a more prevalent and complex circumstances just as that of the Nuer community, especially in the neighboring East African communities (Adams, 1949; cited by Mallory et al., 1993; Mbah-Ndam, 1998; Devlieger, 1999b; Devlieger, 1999c, cited in Stone-MacDonald & Butera, 2014; and Ingstad & Whyte, 1995; Stone-MacDonald &
Butera, 2014). For example, Skinner & Weisner (2007) cited by Stone-MacDonald and Butera (2014), in line with the above context have also indicated that:

“Cultural beliefs and values play a critical role in how families and educational programs interact. As parents try to make meaning of their child’s disability, they draw on cultural beliefs and values as well as their understanding of ‘normative’ development for their culture” [emphases added].

Though some scholars in the area of disability contended that traditional beliefs and attitudes about diseases and disability are not only different over the world, they also pointed out that these traditional beliefs and attitudes about and towards disability are constantly changing through time (Groce, 1999, Ogechi & Ruto, 2002). As it is the case in many parts of traditional African communities, the coming of Western religion and modern education into Nuerland, is forcefully pushing down ancient foundations of traditional frontiers of traditional beliefs and attitudes about many, many things, in favor of modern culture and thinking than ever before. However, such a change should not be exaggerated because its intrusion and impacts have been very slow in pace and adoption throughout the Nuerland. As a result of these new Western influences, new pattern of thinking and attitudes, too, have been starting to manifest themselves in many aspects of the Nuer community including issues of traditional beliefs on and perceptions towards the causes of inborn monorchidism and “mokism” and their victims, too. The case of the health professionals is an ample example of this new experience as it has been observed elsewhere in other parts of East Africa (Ogechi & Ruto, 2002).

Next to the above discussions, comes a part that deals with “Cultural Practices of the Nuer Community towards Persons who have been born with an Inborn Monorchidism, Acquired Monorchidism, and “Mokism”. However, since these cultural practices have been divided into two categories, i.e., Good and Harmful Cultural Practices, we will first be dealing with good cultural practices and then harmful ones, at last. Secondly, good (useful) cultural practices will be treated in two ways _ good cultural practices for persons with inborn monorchidism and “mokism” together on the one hand and that of persons with acquired monorchidism on the other. Generally, however, it should be reminded that these “cultural practices” entirely reflective to and emanated from the Nuer community’s “traditional beliefs” about the “perceived” causes
of the mentioned inborn disabilities as discussed above, so far. Therefore, it would not only be important to keep this concept in the mind while reading, but also that all issues discussed here, need to be understood and conceptualized in the light of cultural context of those traditional beliefs of the Nuer community, too.

Before we enter deeply into discussion, it would be informed that the words or “wordings” used to describe “Good Cultural Practices” here vary from one literature or writer to another, sometimes from one community to another, it depends. Therefore, it should be born in the mind that words such as “good care”, positive cares”, “good treatment”, “useful cultural practices”, “social supports”, “good cultural practices” “services provision”, etc., mean or tell only “one and the same thing” in general.

Several disability scholars in the region such as Talle, Ogechi and Ruto, Teferra (Tirussew Teferra), and Stones-MacDonald and Butera in particular, have apparently reported similar accounts of positive (good) care provided for persons with disabilities in many Eastern African families and communities. This caring attitude, according to Ogechi and Ruto, (2002) cited by Stones-MacDonald and Butera (2014), is more particularly seen in support of children as compared to adults in many African societies, families and communities. The Nuer community in this respect could not be portrayed as differing so much from many Eastern African families or communities, too, in terms of good cultural provisions for its members with disabilities in general and those with monorchidism and “mokism” conditions in particular. Generally, however, useful cultural practices (social supports) of the Nuer community provided for persons with an inborn monorchidism and “mokism” are of various arrays that range from traditional fetal intervention rituals and childhood healing processes to family (marriage) establishment for the adult victims. Therefore, in this regard, all study respondents have informed (told) that traditional fetal (prenatal) intervention ritual processes (provisions) for unborn “mok” children begin as early as the second or third month after their conception. However, these traditional intervention rituals are resumed as soon as the fetuses are born. On the other hand, traditional healing rituals for children with monorchidism, in most cases, may begin as early as the day the child was born “if” a traditional healer or a lord of the land (also locally known as leopard skin chief) is available in the area in
which the child has been born. Anyway, in traditional terms, there are traditional healing “Role Differences” between the traditional healers and lords of the land (sometimes called earth masters or earth priests). That is to say, traditional healers can traditionally heal both children with monorchidism and “mokism”, but lords of the land (earth masters) can only heal children with monorchidism alone. The reason, if someone may dare asking “why?” the respondents said, is that “Their roles are God-given, and everything they do, falls within those spheres (roles) only, no more, no less!” However, in terms of “powers status” and “social position” in a traditional point of view, the lords of the land (earth masters or leopard skin chiefs) are extremely “more powerful” than the traditional healers in many social roles and cultural aspects. (For more information, see narratives on good cultural practices on both inborn conditions in the analysis sections above in this chapter.)

According to the study respondents’ accounts, the traditional treatment (healing rituals) of a child with “mokism” often begins (the intervention phase) as early as the second month or so after its conception depending on two fundamental reasons. One, if the older women in the area have detected the mother’s pregnancy at that period, second, if the fetus (unborn “mok” child) has suddenly manifested itself through the infliction of “bad things” such as the death of humans or domestic animals within the family at anytime after its conception. Whatever the case, the traditional healer is invited by the family of an “unborn” “mok” fetus (you can call it child if you like) at this particular period in time, to perform traditional intervention rituals aiming mostly at the “suspension” of “evil spirits”, supernatural powers”, and killing spirits/powers”. The traditional healer starts intervention healing procedures by slaughtering a sacrificing animal. This sacrificing animal can be anything from the domestic animals such as a cock or hen, a male goat or ram, (sometimes females if males are not available), a steer or heifer, etc., it depends on what is available in the family’s hand. Once he has slaughtered that animal, he will then prepare a fatty meat, mixes it up with a local tobacco and freshgrass, and then throws them onto the fire altogether as a burning sacrifice for family gods, local “ghosts”, local gods, lower and sky spirits, and dead grandparents, etc. After this, the family of the child will provide him with a traditional grinding stick (“Lek” in Nuer) that he will into smaller pieces as many as the family size of the child and their
close-blood relatives, and then puts them on “strings”. Once the traditional healer has completed the preparation those wood pieces he will then put them on strings and then gives them to the child’s family members and close-blood relatives to “wear” on their necks. The wearing of pieces of stick on the necks by the family members and close-blood relatives of the child serves as a means of “protection” for the family members from their unborn “mok” child’s evil spirits, supernatural powers and killing powers, nothing more. Because of these early traditional interventions and healing rituals, the unborn “mok” child’s family will stay safe from the child’s “evil spirits”, supernatural powers”, and killing spirits/powers” influences until he/she is born. Secondly, through the performance of these rituals, the rain in the area in which the child has been conceived will automatically be “freed”, too. According to the traditional point of view, as indicated by the accounts of study respondents, the rain in the “unborn” child’s locality is freed by the acts of traditional healer’s ritual performances because it has been “suspended” by the “unborn” “mok” child’s supernatural powers, too. After all this, according to the respondents, it means everything is safe for now _ whether human beings or domestic animals or properties, or rain, weather complications or other celestial bodies; are safe for a time being until the child is born. After all, the child “mok” child will be automatically born, anyway. Once he/she is born, however, the family decides it “FATE”, whether to let it live or die. However, the case the traditional healer starts his work whether or not the child is deemed to live or die. In this secondary traditional healing stage, all healing ritual procedures that had been performed in the primary or “prenatal intervention stage” are repeated along with new ones, except the cutting of a traditional grinding stick into pieces that are worn on the necks by the family. For example, at this time, a new grinding stick and a big traditional container (made from a gourd) to carry the newborn “mok” child with to a river shore or any water body are prepared. Once the sacrifice and associated ritual activities have been performed at home, then the child is taken to the nearby waterbody being carried within the gourd container. While the child is being put and contained inside the gourd firmly, held still in the water, the traditional healer will seriously wage a “fakery attack” on her/him with the traditional grinding stick, pointing it repeatedly towards the direction in which the child was situated in the water but without touching or hurting him/her physically. That is why it is termed as a “fakery attack”
because the healer does not even “touch” the child physically, let alone hurting him/her (the victim child) under any circumstances, because the attack is ritually meant to inflict spiritual “fight” and dismissal of the “perceived” evil spirits, killing powers, as well as supernatural powers from the child. It is like exorcizing process in nature (content) and objective. Upon the attack, the child is thoroughly washed by the traditional healer while still in the water contained in the gourd, until the traditional healer is lastly convinced that the child has been freed from his/her “evil spirits”, “supernatural powers”, and “killing spirits/powers”, after all. In general, all these two traditional rituals are aimed at (meant to) at exorcizing the “perceived” evil spirits, supernatural powers, and killing powers/spirits out of the newborn “mok” child so that he/she will be able to live a “normal” life thereafter. Secondly, he/she would not be hurting or cause other troubles and “misfortunes” to the family or the whole community members anymore since the healing rituals have been performed on him/her.

Similarly, the traditional healers or lords of the land (earth masters or leopard skin chiefs) also traditionally treat children with inborn monorchidism as soon as they have been born in a much similar manner with that of newborn “mok” children as described above. However, even though the two traditional healing processes share a number of treatment procedures, they so too, have some differences. Their differences lie on the fact that, the traditional healing processes for children with “mokism” has two phases, the one that begins before their birth (intervention phase) and other after their birth. With an exception of the cutting of a grinding stick into small pieces that will be put on strings and then worn on the necks of the unborn “mok” child’s family members and the close-blood relatives, the rest of the traditional healing procedures performed after the birth of a “mok” child as described above, are similarly performed in the traditional healing ritual processes of children with inborn monorchidism, too. In addition, the other difference is, while traditional healers and lords of the land can both traditionally heal (treat) children with inborn monorchidism, the traditional treatment process of children with “mokism” is exclusively conducted by the traditional healers alone.

Secondly, apart from the traditional healing ritual services as “Good Cultural Practices” provided for children with inborn disabilities, children with “mokism” and
monrchidism share other types of “good cultural practices/supports” in the Nuer community that are provided in terms of social and economic rights (support provisions) at equal social status. Examples of these set of social rights and services may include equal childhood care and support in all aspects in the family, social and political participation, economic equality in terms of equal distribution of bridewealth and other related family properties, equal marriage rights and own family administration, equal inheritance right of parental property, etc.

In line with these mentioned good cultural practices of the Nuer community, which it provides for persons with disabilities, similar accounts had been reported by Talle (1988) cited by Ingstad Whyte (1995) in the Maasai community of Kenya as follows:

“...It is firmly laid down in the Maasai moral code that impaired children should be treated exactly the same way as other children. “A child is a child whatever it looks like”... is a statement commonly heard in Maasai society. The norm that there should be no discrimination between the children applies to not only their upbringing and feeding of young children but also to marriage and the inheritance of parents’ livestock [and other properties]. All children, unless they are disqualified through the grave misconduct or neglect of rules of “respect” or are severely mentally retarded, are given chances of marrying or having children; this testifies to the strong conviction of the Maasai that any member of their society should enjoy the most basic of all human rights, namely reproduction” [emphases added].

Similarly, Masasa, Irwin-Carruthers, and Faure (2005) cited by Stone-MacDonald and Butera (2014), reported that, “Families are described as caring for their children, regardless of their conditions _whether they have disabilities or not”. In line with this idea, Teferra (2003) cited by Stone-MacDonald and Butera (2014), indicated that, “In Ethiopia, when children become blind [both at early and late age], their parents would help them to maintain and learn skills that will help them to be successful in the future.”

In general, it could however be informed that some rights such as the “marriage right” that which Talle had mentioned as the most basic human right, (and of course it is in the Nuer culture, too) is a “double edged” issue in the Nuer community. This is because the marriage issue is culturally viewed as a family affair that involves two
persons from two different families (the marrying individuals, man and girl, plus their
individual families). That means, the acceptance and/or rejection of a marriage proposal
(request) of a male person with “mokism” or a monorchidism, in most cases, is not
entirely a decision that could be made by the “would-be-married” girl alone, but her
family, too, have their own say on the matter, at large. The same conflicting issue also
arises when a non-“mok” young man falls in love with a beautiful but “mok” female.
Somebody may be wondering why a collective decision is needed on such issues. The
reason is, “To first confirm whether a traditional healer or a lord of the land (for the case
of inborn monorchids) had traditionally healed that individual with “mokism” or
monorchidism or not”. If the answer to that enquiry is, “Yes”, then the marriage process
will go a head, but if the answer is otherwise (“No”), then the marriage request and its
process will immediately stop there. That means the marriage proposal is rejected with
“Full Stop”, all and no more negotiations at! For what reasons, then? …The respondents
said, “Because the girl herself or young man himself (for the case of a proposed “mok”
female) or their families fear that their daughter or their son will be “overpowered” and
get died from the marrying individual with monorchidism’s or “mokism”’s (“mok”
female’s) “evil spirits”, “supernatural powers”, and “killing or death spirits”, once they
become married couple”. That is the only reason there is, according to the Nuer
traditional beliefs on such matters involving inborn monorchidism and “mokism”, no
more, no less!

Elsewhere in East Africa, Mallory, Charlton, Nicholls, and Marfo, (1993) cited by
Stone-MacDonald and Butera (2014), though in a different social aspect, but with a
similar social context to the above scenario, indicated how “decisions” about social and
economic inclusion and supports of community members, whether or not, they have
apparent disabilities, are “sometimes” influenced by “conditional tenses”, “If” … as
follows:

“The integration of community members into communal life relates to
“how well” individuals fit within the social norms, and importantly, “if” they can
do their fair share in the community’, whether or not they have a disability as
defined by the developed world” [emphases added] (Mallory et al., 1993, cited by
Similarly, Talle (1995) cited by Stone-MacDonald and Butera (2014), noted that:

“Coming of age ceremonies, marriage, and childbearing involve very important rituals in many East African communities. With no doubt, “if” persons with disabilities are able to take part in these traditional ceremonies and rituals, it follows that they will be more likely accepted in communal affairs. In other words, despite their apparent disabilities, it means their ability to participate in these traditional rituals and ceremonies increases their ‘social standing’ (social respect)” [emphasis added].

In addition, Devlieger (1995), Ingstad (1995), and Zhang (2001) cited by Stone-MacDonald and Butera (2014), noted that:

“In Africa, an individual who is usually identified as “disabled” in the developed world may not be considered “disabled” in many African communities “if” they can participate in important life activities such as bearing children” [emphasis added].

The elaborated examples above showed us that the “acceptance” or “social inclusion” of both non-disabled and persons with disabilities in most communities is “NOT” the genuine one, but a “negotiable” condition that depends largely on how and “if” those individuals comply with the existing traditional norms and social systems of their communities. According to the literature evidences above, it can be understood that the only reasons for accepting some community members depend on “preconditions” such as, “How well they fit within a given ‘systems’, or more importantly, “if” they can contribute their ‘fair share’ to the community”. Otherwise, “if” they fail to comply (fit) with the traditional and social systems of their respective communities and fail contribute their “fair share” economically, then what do we guess? Secondly, what would happen “If” persons with disabilities were “NOT” able to take part in traditional ceremonies and rituals as well as other communal affairs? Then, the opposite side of the proposition would automatically emerge from nowhere, and then the “Rejection!”

However, in contrast to the above accounts, Kisanji (1995c) cited by Stone-MacDonald and Butera (2014), has reported a different story from Tanzania concerning marginalization and stereotyping of persons with disabilities as follows:
“Marginalization and the categorization of people with physical disabilities as “subhuman” [which] has been reported in other East African countries, is ‘NOT’ seen in Tanzanian proverbs and oral traditions” [emphases added].

Apart from the individual family’s or general community’s “ordinary willingness” as a factor for a positive cultural treatment (social support for) of persons with disabilities in East Africa, many scholars have also indicated other “underlying” reasons mostly related to “traditional and religious beliefs” that make families and communities to care for persons with disabilities in the region. Stone-MacDonald and Butera (2014), for example, in agreement with this idea, pointed out that:

“Many communities in East Africa have been reported as demonstrating more care for individuals with disabilities — [doing it] in order to “protect” the rest of the community members from “ancestral or spiritual curses” [emphases added].

Similarly, in a more seemingly the same context, Mallory et al. (1993) cited by Stone-MacDonald and Butera (2014), explicitly elaborated similar examples from the Chagga community of northern Tanzania as follows:

“The traditional beliefs of the Chagga [people] of northern Tanzania maintain that people with disabilities “satisfy the interests of evil spirits” and “if” non-disabled members of the community “protect and care” for them [persons with disabilities], then evil spirits will not disturb the “balance” needed for daily life within their community” [emphases added].

Moreover, Kisanji (1995a) cited by Stone-MacDonald and Butera (2014), has further indicated that:

“The Turkana tribe of Kenya believes that children with disabilities, like other ‘normal’ children, “are gifts” from God and therefore, the families “must care” for their children [with disabilities] as best as they can, or God (gods) will take His revenge on those families [who fail to care for their disabled children] through death” [emphases added].

In the first part of discussion on this theme of good cultural practices, we have seen that the Nuer community has many unique cultural practices especially in terms of the traditional treatment (healing) processes it provides for its inborn disability victims on
The one hand. On the other hand, concerning social and economic rights (supports), it is apparently evident that Nuer community shares numerous social and economic provisions such as equal marriage right, social and political participation, as well as economic rights, with many neighboring East African communities as confirmed in several literature accounts above (Mallory et al., 1993; Devlieger, 1995; Ingstad, 1995, Talle, 1995; Kisanji, 1995c, & Zhang, 2001, cited by Stone-MacDonald & Butera, 2014).

In a general note, however, it could be informed that the traditional healing (treatment) processes on the one hand, are obligatory (compulsory) for both traditional healers (lords of the land) and victims’ families because of various safety and survival reasons for the whole community. On the other hand, social and economic rights (provisions) are basic human rights that are equally provided for all community members whether they have disabilities or not. Nonetheless, apart from the two fundamental factors mentioned above for providing traditional healing rituals, social and economic supports (rights) for children and adults with inborn disabilities in the Nuer community, several scholars in the region have been indicated that there are other “underlying” religious and traditional belief-related reasons for which persons with disabilities are cared for in some cultural communities in East Africa (Mallory et al., 1993 & Kisanji, 1995a, cited by Stone-MacDonald & Butera, 2014). For example, the Chagga tribe of Tanzania and Turkana tribe of Kenya provided those supports for religious and traditional reasons as a means to “protect” their non-disabled from the”wrath” of God (gods) should they fail to serve and care for their community members with disabilities (Mallory et al., 1993 & Kisanji, 1995a, cited by Stone-MacDonald & Butera, 2014).

However, in contrast to this notion above, it would be remarked that such “underlying” traditional and religious reasons as factors for providing positive care (good cultural practices) for persons with disabilities in other parts of East Africa, are not as explicit and as common in the Nuer community. In fact, what is commonly heard in the Nuer community as a “traditional and religious taboo” is an advice that prohibits “non-disabled” persons from making “fun” of persons with disabilities. “You do not laugh at a person having a disability, no matter how he/she looks like!” Second, there is an apparent
general tendency of sympathy towards persons with disabilities in Nuer community, but this too, does not seem reasonable and convincing to assert that it emanates from religious reasons. However, if there are really such things similar to what had been enumerated above by disability scholars (Mallory et al., 1993 & Kisanji, 1995a, cited by Stone-MacDonald & Butera) in case, I had never heard of them nor anyone amongst the study participants had ever come up with such ideas during our interview sessions. Instead, what I know so far is that the Nuer community’s traditional beliefs are more or less entirely focusing on the “causes” of inborn disabilities and how the “victims” having those disabilities should be traditionally treated depending on the “history” of the perceived “sources” of the causes of those disabilities. According to the study respondents’ accounts on the traditional beliefs of the Nuer community, as portrayed in the analysis and discussion above, those traditional healing rituals, too, are performed intentionally to “SAVE” victim children’s families and the whole community from “deaths” or other dangerous “misfortunes” that would have been brought on them by those children’s evil spirits”, “supernatural powers”, and “killing or death spirits” had they not been traditionally healed. Therefore, from that point of view, it does not sound as a “Good Samaritan’s Services”, or a “Humanitarian Intervention”, from the community to inborn disability victims, but an obligation that should be conceptualized in the context of “death” and “life” issue, otherwise, “NOTHING” more, to say but the least. In short, it can be concluded that all Nuer community members, including their families fear persons with inborn disabilities because of the major reasons highlighted above. That is one of the main reasons why marriage requests of adults with inborn monorchidism and “mokism” are automatically rejected by girls and/or their families “If” traditional healing experts had never traditionally treated them, so far. Female victims of “mokism”, too, experience the same challenges as male victims of “mokism” and monorchidism do, “If” they have a similar “life history” mentioned above. Anyway, we will exhaustively discuss these issues later in the next discussion section that deals with “Harmful Cultural practices of the Nuer Community towards Persons with Inborn Disabilities”.

Lastly, the following is a discussion on “Good Cultural Practices of the Nuer Community towards Persons with Acquired Monorchidism”. Traditionally, it can be “safe” and possible to say with confidence that good cultural practices of the Nuer
community for persons with acquired monorchidism are not different in many aspects from the general services provisions rendered for all local community members, “the so-called ‘normal’ community members, in general. In other words, this is to say, “There are no seemingly ‘separate set’ of cultural service provisions for individuals with acquired monorchidism” as a “specific social group” in most cases, according the respondents. Traditionally, there is nothing “unique” done for an individual victim who just loses one of his testicles in the Nuer community, except general community’s social and economic rights. Such rights in general, may include medical treatment, ‘ordinary’ traditional wound treatment, equal access to social and political participation, equal family responsibilities, getting equal distribution in bridewealth and other related family properties and benefits, own family establishment and administration, equal inheritance right of parental property etc., just to mention but few. However, in rare cases and under certain circumstances, if the victim has lost his both (two) testicles, the condition that I termed “Complete Acquired Monorchidism” in the analysis part of this major theme, then something more than just the most common social and economic rights and services has to be arranged for him in very extraordinary traditional manner. Maybe, whether or not we can take this “special traditional arrangement” as a “separate set” of good traditional or cultural practices for persons with acquired monorchidism is what I am sure about so far, anyway. The fear for not to attempt such a move is because the term “special traditional arrangement” as a “concept” itself, was just coined in this research work only in the first place. Second, in its very traditional context, it was not necessarily put in place for “complete acquired monorchidism victims” only, but for all people who might have reproductive and/or other biological deficiencies and limitations in bearing children. To grasp a full glimpse of the issue, let us read an excerpt taken from one of the striking accounts of the community elders’ group on good cultural practices of the Nuer community for individuals with complete acquired monorchidisms (those who have lost both testicles).

“... In addition to these cultural practices mentioned above, (they are referring to some of good cultural practices already mentioned before) ... in rare cases, it may sometimes happen that a victim may lose all his testicles from an accident. Say, for example, if someone’s two testicles had been shot in a battle with a bullet or hurt during a fight ... or fallen on a hard object on his testicles
and hurt them both. Under such circumstances, such a person, by all means, would not be able to bear children for himself anymore. Instead, culturally (traditionally) what happens is that somebody from male family members has to be nominated by his family (the victim’s family) to bear children for him from his previous wife, in case he had already married before the onset of his accident. However, traditionally, whatever the case is, it does not matter whether or not he had already married before the accident, somebody has to bear children for him as long as he has lost his both testicles, either with the previous old wife or with the would-be married new one, no problem at all. What matters so much here, however, is the fact that those children have to be borne for him … no matter what, … and that the children born after an accident in such a traditionally arranged relationship, are legally called after the victim’s name; “Him” as their “legal” father, and “Them” as his own “legal” children. Traditionally, however, before any attempt to nominating a childbearing relative is made, considerable care is seriously first taken on the matter to make sure that this “someone”, who has to be nominated to bear children on behalf of the victim, is anyone from his own brothers, or stepbrothers. Nonetheless, in case if the victim does not have his own brother (s) from his own mother or a brother from his own father but from another woman; or if he does not trust his own brother (s) for any reason to act on his behalf as a childbearing husband to his wife. Then, someone else can be nominated from all his cousins, except his uncles’ sons (from his mother’s brothers’ sons) to do the job of childbearing for him. This “exceptional traditional rule” for not nominating sons of the victim’s uncles is deliberately put there for the “respect” of a traditional taboo of a “perceived” sexual incest between the victim and his cousins from his mothers’ brothers’ sons, according to the Nuer culture. Nonetheless, if there is no male cousin at all from his relatives, or a trustworthy cousin from the potential nominees, then the victim has right to find and nominate somebody “outside” from the family circle or members to bear children for him, anyway.”

(When they were asked, why would it not be possible to give victim’s wife to his uncles’ sons (his mother’s brothers) to bear children for him, what would happen? They said, “The reason was that the mothers of the victim’s cousins (in other words, the victim’s uncles’ wives) maybe, they (she) had been married by the cattle paid by the victim’s father as bridewealth for the victim’s mother. Therefore, if that is the case, then the victim and his uncles’ son (s) have a very “special traditional relationship” because of the cattle obtained from the victim’s mother that have then been paid for their mother’s bridewealth (the victim’s uncles’ wives or uncle’s wife). Because of that reason, it means
they are more relatives in addition to their biological blood relationship they shared with other family members in their genealogy, according to the Nuer tradition of relationships. For this very traditional reason only, they can have a deadly “sexual incest” should such a thing attempted. Therefore, to prevent this perceived sexual incest from happening, the only way is to reject them from having sexual relation with or bear children for the victim from his old or new wife at all.) Sometimes, it is so much complicated to express, it is not sure whether there is other best way to elaborate it much better more than this.

This equal marriage right, the respondents further explained, in part, is due to the fact that “biological and reproductive limitations on men or women, in the Nuer society, do not necessarily prevent people from marrying, rather it is the economic factors such as ‘not’ having enough traditional number of cattle deemed for marriage (bridewealth)”. This case of “equal marriage right”, they said, “is always true not only for complete acquired monrchids (those who have lost both testicles from accidents) but is also “applicable” to all community members who might not have children of “their own” for one reason or the others. These individuals may include all “impotent males”, “barren women”, women and men whose children had all been dead and as a result, they remained childless, men and women who have given birth to female children only, and unmarried “dead ghosts” who had died before marrying or before bearing children for themselves, in case they had married before their death”. The living, the respondents said, “have a right to marry for “themselves”, including women, meaning, the barren, those who have born female children only, and those whose all children had died at early age”. This means, these women have a right to or can marry “other women” to bear children for them as their wives given that they have the amount of cattle expected to pay for marriage bridewealth according to the Nuer local tradition. However, the respondents warned that, “Such a traditional arrangement should only be understood in its “Traditional Context” but not in a “Biological Point of View”, anyway. Meaning, it should not be perceived as if those women, who marry “other women” as their wives, necessarily can bear children from such marriages by themselves (the women) as real mothers or fathers in the real sense of the matter, from the traditional point of view. No, it is not that way. What really happens is that “somebody” from male family members, as discussed above, has to be nominated to bear children for the “barren women” or the
“complete acquired monorchids and/or impotent men” from the “married” woman. This is also true for all males who fall under these similar circumstances and criteria for different reasons. After such arrangements (marriage), children who will be born by the married women and the victims’ nominated relatives (the barren women, impotent men, and the complete acquired monorchids, the ghosts, etc.) are “legally” called after the names of the victims (the non-childbearing individuals), according to the Nuer tradition and cultural norms on such matters, no more, no less! In short, the above narratives are the cultural practices and duties that Nuer community traditionally views as the prime pillars and symbols of “equality” for “all” community members in Nuer society regardless of their physical, biological and life or death limitations.

Does it not sound too ridiculous and confusing, indeed? May be, it does. But the fact is, it has nothing to do at all with scientific laws and biological rules of reproduction of living things as it has been indicated by Ingstad and Whyte (1995). These scholars have observed that cultural and traditional criteria for determining “Who is disabled and who is not” is a common challenge in many traditional communities because the cultural “Valuation” of “Physical Difference” and “Personhood” does not depend entirely on biological factors alone, but the culture and traditions of those communities, is what matters most. This is what Ingstad and Whyte described “The cultural concept of “Physical Difference and Personhood” and “Biological Impairments” and “How” they really relate to each other in “culturally defined differences” among persons in different human societies (Ingstad & Whyte, 1995). These dilemmas maybe, in part, are the factors that force the Nuer community and its tradition to do the “Unthinkable”, striving to “cover up” human biological deficiencies to the extent of marrying women for “other women” and “the dead” just to perpetuate the memory of their names in the Nuer society. By doing this, these community members are really “Made to Become Equals” of the living and “non-disabled” community members because they have got children named after their “own” names (even though they are biologically born for them by other persons). The objective behind this traditional practice is to make sure that everybody has been enabled to have children of his/her own at any cost. It is for this reason that even the girls who cannot easily be married because of apparent severe disabilities are given, at least, the “opportunity” and “right” to bear children of their own for themselves, as
indicated elsewhere in Maasai community of Kenya (Talle, 1988, cited by Ingstad & Whyte, 1995). The family of the victim girl arranges a “mutual agreement” with any trustworthy male person to bear children with the girl with disability based on “his own personal willingness”. There is “No” payment of any kind on both sides for a time for being or ever! Unlike in the Nuer cultural marriage terms, in most cases, it means that the man who bears children with such a girl with disability should (does) not pay cattle for bridewealth most of the time. According to the community’s traditional philosophy, said the respondents, this arrangement is done because, “There is “Nothing” in the world comparable to having children of “Your Own” according to the Nuer cultural perception of the ‘perfect’ world”.

In the next discussion section, however, we will discuss the paradoxes of this community’s complex culture and traditional practices of “Harmful Cultural Practices of the Nuer Community towards Persons with “Mokism” and Monorchidism” in detail.

So far, we have been discussing various, wonderful issues pertaining what the Nuer community considers and practices under “Good Cultural Practices” for its members with inborn monorchidism, “mokism”, and ‘acquired’ monorchidism, in general. After all, however, it is possible to say that we have, indeed, understood that Nuer community shares a number of “good cultural practices” with many East African communities in many social, economic and traditional aspects in general, and the Maasai community of Kenya in particular (Talle, 1988, cited by Ingstad & Whyte, 1995). On the other hand, however, it is also hoped that we have been able to learn “new things” that are very specifically “unique” in many respects to the Nuer community’s cultural practices such as the “special traditional arrangement” (as a cultural practice) that ensures the most “basic” human right, namely, “marriage right” for all its citizens including the dead members. That even the women are given an extraordinary power and rights to marry “other women” for “themselves” just to let them become “Equals” with “Living Others”, and that their names are kept alive (perpetuated) in the memory of the community in their generation and through generations to come. Next, we are going to discuss what this community considers as “Harmful Cultural Practices towards Persons with Inborn “Mokism” and Monorchidism. One more important thing that readers would
be informed about in the following section is that, the Nuer community “Does Not Have” “Harmful Cultural Practices” for persons with acquired monorchidism at all. Therefore, our discussion in this section will entirely focus on “Harmful Cultural Practices” towards persons with inborn disabilities _“Individuals with “Mokism” and Monorchidism” only. This is simply because there are no “well defined” and “well pronounced” or identified set of harmful cultural practices against persons with acquired monorchidism victims within the Nuer community.

Generally, harmful cultural practices are sometimes termed as “Cultural Maltreatments or Mal-cultural Practices towards (against) Persons with Disabilities”. The only question that has been posed to the study participants in order to explore Nuer community’s harmful cultural practices towards persons who have been born with Inborn Monorchidism and “Mokism” is, “What are the existing known harmful cultural practices of the Nuer community against persons who have been born with “mokism” and inborn monorchidism in general?”

Despite the fact that individuals with inborn monorchidism and “mokism” culturally experience more or less similar harmful cultural practices (maltreatments) from the Nuer community, it would, however, be noted that most of the “extreme” harmful and dangerous childhood cultural practices are mostly practiced on (against) on victims with “mokism” more than inborn monorchidism victims. Even though the objective of this section is to discuss harmful cultural practices of the Nuer community in general, it is decided that dividing these cultural practices into two subcategories as “simple” and “serious” harmful cultural practices ones would greatly enhance our understanding of such issues. To this end, all study respondents, including health professionals, have acknowledged the presence of various types of harmful cultural practices against individuals who have been born with inborn monorchidism and “mokism” in the Nuer community. The respondents have also indicated that all the practiced maltreatments against the inborn disability victims originate from the community’s traditional beliefs that portrayed these individuals as “sources” of all community problems because they possess evil spirits, supernatural powers and death spirits in the first place. Therefore, such traditional attitudes and perceptions have led all community members, including the
victims’ families, to perceive individuals with these inborn disabilities as “others” as indicated by Douglas nearly half century ago (Douglas, 1970, cited by Devine, 1997, as cited in NDA, 2007).

Generally, “simple” harmful cultural practices that are carried out by non-disabled members of the Nuer community on inborn disability victims include such things like friendship avoidance, private rumor and gossiping “bad things”, avoiding to sleep in or share one house (with a victim of inborn monorchidism), refusal of marriage proposals. General avoidance of victims of inborn monorchidism and “mokism” in almost all routine traditional activities such as fishing, hunting, travel, fighting in a battle along with one of the victims, physical fight, etc. In addition, other examples of “simple” social discriminatory and segregating practices, mostly done by elder community members, include advising agemates (both children and adults mates) not to have company or associations, blaming inborn disability victims for every “misfortune” and failures that happen in the community’s daily life.

Secondly, “serious” harmful cultural practices are as follows: One of the most dangerous traditional practices conducted on inborn monorchidism victims alone is a “deliberate arrangement” of an “Inborn left-handed” person during war times. The source of this arrangement emanates from the community’s traditional beliefs that the inborn “left-handed” person is more “powerful” than an individual with inborn monorchidism in terms of “supernatural powers and spirits”. Based on this traditional belief, the community assumes that the “inborn left-handed” person’s “supernatural powers” and “spirits” “Overpower” or “Prevail” over the inborn monorchidism victim’s “evil spirits”, “supernatural powers”, and “killing powers/spirits”. Due to this traditional assumption, if a war breaks out between two villages or communities but one of those warring villages (communities) has inborn monorchidism victim (member) within its fighting force, it is traditionally believed that many people from the victim’s home-force members are killed than that of the counter-enemy force. Therefore, in order to avoid large number of casualties on home-side’s fighting force, an inborn “left-handed” person is put in place to stand between the monorchidism victim individual and the “ordinary” fighting force during the battle to just deter and counter-balance the victim person’s
“perceived” supernatural powers, evil spirits, and death or killing spirits. In other words, the formation of the inborn monorchidism person’s home-fighting force is arranged in such a way that the victim person himself stands as a “line-starter” at the far left-wing side of the fighting force, followed by the “inborn left-handed” person and then follow the mass of the “ordinary” fighting community members. After this arrangement, however, the respondents said, “Two things will automatically happen or be involved”. One, the number of casualties on the inborn monorchidism victim’s side will be reduced dramatically. Two, if the “inborn left-handed” person’s supernatural powers and spirits have “completely” “overpowered” the inborn monorchidism victim’s evil spirits, supernatural powers, and killing spirits, then the monorchidism victim himself will be eventually killed at anytime during the war period. In traditional terms, based on such deliberately arranged war affairs, nobody cares about whatever may be happening to the inborn monorchidism victim by the end of the day. Say, for example, if the enemy force kills the victim in that war, “Nobody” except his own family may mourn for him, while on the other, the general community members feel happy and relieved about his death as long as they are “safe” from the dreadful influence of the victim’s evil powers, killing spirits, and supernatural powers. The reason why other community members do not mourn about the monorchid’s death is that he has been previously used to be the prime cause or reason for the death of other non-disabled community members who might have been killed so far in previous battles. After all, his turn has come now. Therefore, from a “blaming mindset” it seems as if they are saying in their hearts, “Who cares about the death of a “death bringer” when the “inborn left-handed” person had eventually made him paid his fair and righteous price at last!” In addition to the above narrative, another harmful cultural practice used to “hurt” or if possible, to “kill” inborn monorchidism victims through “inborn left-handed” individuals is to deliberately letting “left-handed” person to “sleep in the same house” with an inborn monorchidism person. It does not matter even if it happens unknowingly, if a monorchidism victim has actually slept in one house with a “left-handed” person, he would either be seriously felling sick if he is so lucky, and if not, he will otherwise die from such a meeting (sleeping in the same house). In traditional terms and context, the reason why an inborn monorchidism victim dies whenever he encounters an “inborn left-handed” individual is that the two individuals
traditionally “honour” or “respect” each other to the death. This “honour”, in its traditional context, does not literally mean a superficial “respect”, but it is a deep honour that exists as imaginary “traditional boundary” between the two groups: the inborn monorchidism victims and inborn left-handed individuals. Therefore, it should be understood traditionally as in the case of “sexual incest” that automatically kills relatives who have committed sexual intercourse; whether they did it knowingly or not. That is a traditional “curse” and you do nothing about it, at all. Therefore, due to this imaginary traditional “honour”, members from these opposing groups “Never” do anything together, even the most simplest routine traditional activities like eating, working, fishing, hunting … etc. No, it is impossible. They can never be jointly attempted anything of such activities, let alone sleeping together under one roof. These are some of the most harmful cultural practices specifically performed against inborn monorchidism victims in the Nuer community.

Similarly, according to the respondents, one of the most “serious” common and known harmful cultural practices specifically performed on children with “mokism” is an “Extermination” of newborn infants with “mokism” by the local traditional healers in the Nuer community. However, one important thing of note about these infants’ “Extermination Rituals” is that the exterminations are performed with full consents and agreements between those traditional healers and victim children’s families. Based on the respondents’ accounts, one of the main reasons for exterminating these innocent infants with “mokism” is that, “Their families believe that these children possess “evil spirits”, “killing powers” and “supernatural powers”, and therefore, if they are left alive after birth, then their “powers”, and “evil spirits”, can later “overpower” and kill family members, cause destruction on their properties, or affect the whole community over”. Due to this reasons, they avoid all these “perceived” perilous things by deliberately allowing traditional healers to exterminate their children as a means of “saving” themselves and the general community. To that end, after performing basic ritual procedures that we have discussed above, the traditional healer puts the child inside the house, shuts him/her in, and comes out leaving the child behind in the house alone. After shutting the child in the house, he will then perform a “fakery attack” on him/her with a “traditional grinding wood-like stick” while standing outside the house at a reasonable
distance, without even touching the house or the child itself. He would keep pointing the stick repeatedly to the direction of where the child resides. He continues attacking the child with the grinding stick as he stands outside the house, pointing the stick to the direction of the child, now and then until the child loses consciousness, stops breathing, and then dies eventually, for good! At last, once the child drops its last breathe, the traditional healer then enters the house just to collect its corpse and hands it over to its parents just only for funeral service. Hereafter, the family, the relatives, the neighbors, and the whole community feel free, happy, and comfortable forever because their “death bringer” is sent to hell by the traditional healer. This is all. Mind you, said the respondents, “There is a “No Mourning” attempt or service at all for such a death, even from its mother! You know, an inborn monorchidism victim who has been killed in a battle is relatively better off a child with “mokism”, because his own family (the family of monorchidism victim) can mourn for him except the rest of the community members. It is so paradoxical indeed!

Finally, in an extended question, study traditional healing participants have been singled out among the rest of the study participants and were asked whether or not; anyone of them had ever “exterminated” an infant with “mokism” disability as a part of their job. To your surprise, they all said, “No.” “No, we have never exterminated any child with “mokism” condition at all throughout our career, never”. When asked again for the reasons behind their decisions as to why they had never killed children with “mokism” their career so far, one of them said, “Because he is a believer of Christ, and that he did not think it was a right thing to do since his job was to heal those innocent children and their families but not to kill them”. On the other hand, the other said, “He could not do it because he did not see any good reason for exterminating those children, anyway.”

In the light of the discussions above, accounts that have been gathered from different social groups from the Nuer community have ascertained that Nuer community has both extreme “Good” and “Harmful” cultural practices that it performs on its members with both congenital and acquired disabilities in general. In line with the harmful cultural practices, several disability scholars have documented handful accounts
of such extreme harmful cultural practices throughout the history of humankind at various times in different communities all over the world. However, of more recent past, Nuer community in this respect is one among those communities known for committing (performing) such grave malpractices against infants who have been born with various types of birth defects (Schepfer-Hughes, 1992, cited by Ingstad & Whyte, 1995). Not so long before two decades and half years ago, Schepfer-Hughes (1992) cited by Ingstad and Whyte (1995) had conducted a comparative study which indicated how impoverished women in northeast Brazil neglected their “Poor Little Critters” and compared them to Nuer “Crocodile Infants” as well as the Irish “Changelings”. According to the writer, all these children, with no exception and mercy, are excluded from the realm of ‘humanity’. “Exclusion from the realm of humanity”, here literally means, they are all “expected to die”. With these observations in those communities, Schepfer-Hughes concludes that “The “sickly”, “wasted”, and “congenitally deformed infants” challenge the [existing imaginary], tentative, and fragile symbolic boundaries between ‘humans and nonhuman’, ‘natural and supernatural,’ ‘normal and abominable’ [emphases added] (Schepfer-Hughes, 1992: 375 cited in Ingstad & Whyte, 1995).

Similarly, Sargent (1982) cited by Ingstad and Whyte (1995) by contrasting Western perspective towards infant with birth defects and non-Western countries has found that an abortion of a defective fetus is considered more acceptable than that of a “normal” one in northern countries (Western cultures), suggesting that the “human” status of an impaired individual is more “negotiable” in these countries. However, in many non-Western societies, infants born with birth defects are more likely seen as “inhuman” as compared to defects acquired later in life after a time when “humanity” and “personhood had already been established. Despite the differences behind the “underlying reasons” for accepting human defects after birth, Sargent’s finding shows that all societies, regardless of their cultural differences, share the same “negative” attitudes and perceptions towards children with birth defects.

On the other hand, contrary to the above negative testimonies about the mistreatment of infants and adults with birth defects on the bases of “personhood and
physical differences” Talle (1988) cited in Ingstad and Whyte (1995), indicated that the Maasai in Kenya believe that:

“**It is wrong to kill or mistreat deformed or impaired children because they are of the “same blood”** [meaning, they are human beings]. A child who has been born by a man and a woman in a legal marriage is by definition, ‘a member of a social world consisting of relations preceding its birth’. Despite the fact the child has to go through a number of ‘humanizing’ and ‘socializing rituals’ to be[come] a full member of its society, he/she is a social being at the time of its birth. Therefore, mistreating such a child would mean ‘a grave sin against God’ and should be interpreted as mismanagement of divine as well as human relations” [emphases added] (Talle, 1988, as cited in Ingstad & Whyte, 1995).

Ingstad and Whyte (1995) taken by wonder on these cultural (traditional) complexities and confusions on how to determine between “physical differences” and “personhood” raised their concern in the form of questions such as “Who is disabled and who is not?” “How does the cultural concept of “Physical Difference and Personhood” and “Biological Impairments” really relate to each other in “culturally defined differences” among persons in different human societies?” (Ingstad & Whyte, 1995).

In general, the answer is, “There is no universally agreeable answers to these questions because, according to Ingstad and Whyte, cultural conceptualization of humanity is “variable”, because the anomalies that may be seen as “inhuman” differ greatly from one society to another; and for the fact that they do not correspond directly to biomedical definitions of impairments [and disability itself] (Ingstad & Whyte, 1995).

In a general note, it can be understood that the statements above showed us that most part of what is called “disability” is not all about biological characteristics of human beings rather, it is more of social and/or cultural construct. Culture, the foundation stone of human attitude is central to human “salvation” and “death” whether in terms of disability affairs, social, political, and economic equality, etc. This is because, as observed by Eskay M. et al (2012), “culture can be seen as a “construction” of reversible reactions; because it constructs us, and we in turn, construct it”. For example, if you take the case of two types of monorchidisms in the Nuer community, in most aspects they are biologically the same by definition. However, when they are seen from the traditional or
cultural lenses, the former and its victims are viewed by the community as the “problem causer” (troublemaker), “source of death”, and all sorts of “misfortunes” even by their families, whereas on the other hand, the latter’s victims are viewed as “just brothers/sisters but with acquired damages”, and nothing else. In other instances, maybe, if it happens that those “brothers” lose both their testicles from the accident, then the community in the form of his family can do whatever it can to ensure that he is not left behind anyone in the community and social status. Striving to “equalize” that individual with other community members will reach to an extent of marrying a wife and bearing children for him by someone else, according to the Nuer tradition. While when it comes to the case of an inborn monorchidism victim, the community leaves no stone unturned to make sure that he is not living peacefully the among the community members to an extent that an inborn left-handed person is deliberately arranged to counter-balance his “perceived” supernatural powers, evil spirits and death spirits either at home or in a battlefield. If he were not lucky enough and that he is eventually killed in a battle during the war times, then that would be taken as “Breaking and Great News” for the whole community. In case he is killed in a battle, so, nobody would even mind about mourning for him at all, leave alone marrying a wife for him as in the case of other non-childbearing community members as has been discussed above. The second heart-touching case of Nuer community’s harmful cultural practices is the “Deliberate Extermination” of infants with “mokism”. Here, is another paradox of the Nuer community’s cultural practices at work. In the above discussions on good cultural practices of the Nuer community, we have discussed that Nuer community marries women for “other women”, for ghosts, for impotent men, for a family who has born only female children etc. All this is done on the principle that having “Children of Your Own” is the ultimate measure of “human equality”, according to the traditional norms and perspectives of the Nuer community. Whether they are borne by someone else or by yourself, is none of anybody’s business, what matters so much in this regard is that you got children named by your own name; that is all. On the other hand, however, we can see how other community members deliberately allow traditional healers to exterminate their “Own Children” whom they have born by themselves biologically just to get rid of them on a traditionally perceived account that these children possess evil spirits, killing
powers, and supernatural powers. In general, everything that has been discussed above is all about traditional and cultural construction of disability (Eskay M. et al., 2012). Therefore, much of our understanding and conceptualization of these traditional accounts of the Nuer community’s cultural practices – both good and harmful ones, should be synthesized in the community’s traditional and social perspectives otherwise; it would be challenging to make sense of these accounts in medical and biological lenses.

4.6. Summary

In previous first two discussion parts on the general traditional beliefs of the Nuer community on the causes of an inborn monorchidism and “mokism”, we have seen that a number of accounts from among the study respondents on those “Traditional Beliefs are relatively similar. Despite the fact that the Nuer community does not have, “well-defined” and “well-pronounced” cultural practices separately set aside for “Acquired Monorchidism Victims” most of the “Traditional Healing” related cultural practices for inborn monorchidism and “mokism” victims are more or less similar, except in term of timing in the case of “unborn” fetuses with “mokism”. Despite the fact that traditional beliefs and explanations given for the root causes of the inborn conditions, much of cultural practices of the Nuer community towards the victim persons are more or less consistent with each other in general. However, when it comes to the applied “Good Cultural Practices”, slight differences have been seen on the community’s “extended practices” the “Equal Marriage Right”, that allows victims with complete acquired monorchidism, the dead, impotent men, barren women, persons who had born only female children and those whose children had died so early and had remained childless, for that matter.

On the contrary, however, the last part of the discussion on the other side of the Nuer community’s cultural practices has extremely taken us with an “unthinkable” surprise by displaying extraordinary harmful cultural practices performed on the inborn victims of “mokism” and monorchidism respectively. Based on narratives that we have read (or have been discussed) above, it could be hoped that most of us, if not all, have been able to see the complexity of the Nuer community’s paradoxes and extremity of what can really be termed as “Harmful” cultural practices in human society. On the one
hand, if you remember we have learned, especially in the discussion part on good cultural practices for acquired monorchidism victims, how the community has gone as far as “marrying” women for “other women”. To that extent, the community ensured uncontested right for some individual community members having “limitations” in childbearing due to various reasons in the expense of “others”, imposing on them “difficult duties” such as nominating “other childbearing individuals” to bear children for the non-childbearing women, the dead, the impotent men, etc. The worse part of of the whole history is that the children, who are born by the delegated relatives or any childbearing person to the mentioned non-childbearing community members, are not even considered their biological children. Instead, they are “legal” children of the non-childbearing persons, proudly called after their personal names, just only to ensure “equality” for the right to “Have Own Children” for all community members and for the simple reason their names would be remembered in coming generations. Whereas, on the other hand, the community goes to the extreme limit of human right as far as “Exterminating” both living infant and adult members without “mercy” and “remorse” on the simple “perceived” account (reason) that these individuals possess ‘evil spirits and killing powers’ that cause “death” on other “ordinary” members. So, which one of these things discussed above is right to do if the ultimate traditional objective of the Nuer community is to ensure “equality” of all its community members?

4.7. Conclusion

The theory of social construction of culture indicates that knowledge is created and assumed as “reality” (Berger et al., 1966, cited by Devine, 1997, as cited in NDA, 2007). One of these social constructions is human culture. Culture is one of the foundations and “shapers” of human thinking and attitudes because it constructs us and in turn, we construct it (Eskay M. et al., 2012). Culture, as defined by some disability scholars is a “total way of life for a society, its traditions, habits and beliefs” (LaGuardia & Guth, 2003, cited by Eskay M.et al., 2012). By extension, our thinking and attitude in turn, construct our “tradition and belief system”. All these cultural elements added altogether do not only construct our actions and practices but also influence and direct our practices in all aspects of human life. This is because everything we do with human
beings and for human beings in human societies always involves the culture of that given human society. This research study has been conducted with an objective to explore “Beliefs and Practices” of the Nuer community towards “Mokism” and Monorchidism. In other words, these beliefs and practices are the fundamental “Portrayals” of the traditional beliefs and cultural practices of the Nuer community towards these specific congenital disabilities in general. Based on the interviews conducted on the community’s traditional beliefs about the causes of inborn monorchidism and “mokism” as well as their cultural practices towards persons who have been born with these inborn disabilities, the study findings revealed that:

The majority of the study respondents (14 out of 28) have answered that the term “disability” has no one specific term in Nuer language that directly and equivalently translates to it, as so does the term “disabled” person, too. Instead, the Nuer language uses but two general terms that describe or indicate the “presence” of human deficiencies (defects) according to the time of their “onset”. These are “Buom” and “Guar” for “congenital” and “acquired” disabilities, respectively. The former represents all congenital disabilities on the one hand, and the latter stands for all acquired ones, on the other. Similarly, the term “disabled” person, is also defined based on the time of onset or when an individual acquires the disability. This means “disabled persons or persons with disabilities” are not homogeneous but rather are heterogeneous according to Nuer culture and language. In contrast, the second group, which is “seemingly” an educated group composed of one community elder, one youth, all ten health professionals (42.86%) have answered that, the term “disability” means “Lack of ability or capacity”, when translated from its English version into Nuer language.

The study respondents’ responses on questions that explore the sources of traditional beliefs about the causes of inborn disabilities of the Nuer community shown that Nuer community members shared many belief-sources with other Africans, especially the East African members, in particular. Despite those apparent similarities, however, the majority of the study study participants (10 & 18 for inborn monorchidism and “mokism” respectively) have predominantly tended to be dominated by the “Traditional Animism” belief system. Based on those responses, it was found that these
respondents believed that inborn monorchidism is caused by “a payment of a monorchid bull or a castrated monorchid ox … and … “mokism” is caused by having sexual intercourse with a newborn mother who has not yet resumed her menstrual periodic cycle so far, respectively. The second majority group was dominated by the “Christian Fatalism” belief system (12 & 4 for inborn monorchidism and “mokism” respectively). These respondents believed that inborn monorchidism and “mokism” are part of (created or caused by God (gods)) of the God’s or gods’ creation. Lastly, a group made up of six (6) medical and health professionals counting for only 6 per each type of inborn disabilities gave the “Medical Determinism” (biological factors) as a cause of both in monorchidism and “mokism” as their response.

The study, in general, has found that there are both useful and harmful cultural practices for persons with inborn monorchidism, “mokism” and acquired monorchidism in the Nuer community. On the one hand, it is true that we have learned lots of facts from the study respondents’ accounts about what the Nuer community believes as the main causes of the inborn monorchidism and “mokism” disabilities. In fact, the traditional beliefs concerning the “root causes” of inborn disabilities are “so simple” and “baseless”, if viewed from the scientific and biological point of view. Yet, nevertheless, in contrast to such idea, we have only seen how the Nuer community traditionally takes those traditional beliefs about the causes of these disabilities seriously to an extent that it associates them with evil spirits, supernatural powers, and death or killing spirits. Due to these beliefs, some of the traditional rituals and healing processes begin as early as in the second month after the conception of the “Unborn Fetuses” with “Mokism”. According to the traditional beliefs of the community, these traditional rituals are primarily intended to “Blocking” unborn children’s “perceived” evil spirits, supernatural powers, and killing spirits that could have killed its family members, community members, and “suspended” the rain in the area in which they have been conceived, if unattended. Other similar healing rituals for both newborn inborn victims follow as soon as they are born, all meant to exorcize “perceived” evil spirits and killing powers out of those children. In general, the beliefs that individuals with these particular inborn disabilities possess evil spirits, supernatural powers, and killing spirits, have in turn, led the community to commit various “untold”and “unthinkable” harmful cultural practices on the victims of in
disabilities in general. In general, the Nuer community makes many wonderful attempts possible, to save its inborn victims in terms of the “traditional healing rituals” through traditional healers and lords of the land (leopard skin chiefs), as well as fulfilling its social responsibilities in ensuring “Equal Rights” for the “Complete Acquired Monorchidism Victims” in “Special Traditional Marriage Arrangements”. These special traditional arrangements do not only save ‘complete acquired monorchidism victims’ from social humiliation and psychological trauma, but also “equalize” them with non-disabled and childbearing community members _ for the fact “other childbearing indivuals” are delegated to bear children for them. Even the “Barren Women” have unlimited right to marry “Other Women” for themselves, too.

On the other hand, in contrast to all these wonderful cultural practices, however, it is crystal clear that the opposite side of the Nuer community’s cultural practices towards the inborn victims with monorchidism and “Mokism” are not far from human right abuse and violation. Such things like deliberate and traditionally arranged extermination of newborn infants with “mokism”, letting an inborn-left-handed person to stand beside a monorchidism victim in a battlefield, or sleeping with him in the same house, are unbearable examples of the extreme margin of the Nuer community’s harmful cultural practices. In short, in could said that these harmful cultural practices of the Nuer community have overwhelmingly overshadowed at large, its wonderful “good” cultural practices, indeed.

Considering all the accounts above, it can be concluded that the initial objectives of this research study have been fully achieved.

- For one thing, the question that deals with definitions of major terms have confirmed that “disability” as a word, does not exist or have a “single”, and direct word translating to it in the Nuer language. Instead, it exists as a “concept” in two separate words indicating the origins (onset) of those disability types. So, does the term “disabled”, too. There is no comprehensive term that puts (describes) all persons with disabilities under one umbrella as in Amharic (akal gudategnoch) or in English (persons with disabilities/disabled persons) in Nuer language. Instead, the Nuer people and their language use two general terms that also stem from the
“onset” of each category, i.e., “Ji Bumni” for all inborn disability victims and “Ji Guari” for all acquired disability victims, respectively.

- Second, questions that dealt with traditional beliefs about the causes of inborn disabilities (monorchidism and “mokism”) and their accompanying cultural practices have also hit their targets. For example, it has been confirmed that “monorchidism” as a disability, is “caused by the payment of a monorchid bull or a castrated monorchid steer (ox) as a dowry during the marriage of the victim child’s mother (10 respondents against 6 who said it is, “God/god’s creation”). Anyway, it could be reminded that 12 other respondents from health professionals and two students (traditional healer and one youth with inborn monorchidism disability, 8th & 9th grade respectively) have been deliberately left out (exempted) in this judgment and conclusion on traditional beliefs about the causes of an inborn monorchidism. The reason for leaving them out is that their response reflects medical/scientific factors as the main cause of an inborn monorchidism, and that was not the objective of the study, because the main objective was to find the “underlying” traditional beliefs that in turn, caused harmful cultural practices towards victims with that inborn condition, in the first place.

- Similarly, “Mokism”, to the same extent, has been confirmed by 18 study respondents that it is ”caused by having “untimely” sexual intercourse with a newborn mother who has not yet resumed her monthly menstrual periodic cycle since her delivery of the current child”. (In other words, this means 18 respondents against four (4) respondents who said it created by God/gods or “God’s creation”). Similarly, six (6) health professionals have said, “We don’t think a child can be conceived without menstruation, but if there is really anything like that, then, it could be “caused by “biological factors”. This group again, has been left out for the same elaborated above in the case of an inborn monorchidism.

- Besides, all study respondents except six health professionals, have acknowledged that both inborn monorchidism and “mokism” are big concerns in the Nuer community in general because their victims “possess” evil spirits, supernatural powers, and killing spirits/powers. For the same reason, all the respondents (health professional included, but with reservations in expressing their ideas because they
see it traditional to assert that the two groups are different) have also confirmed that there is a “wider difference” between inborn and acquired monorchidism victims because the latter do “NOT” possess evil spirits, supernatural powers, and killing spirits.

- Third, even though the Nuer community has so much impressive and fascinating “good” cultural practices for its inborn victims of monorchidism and “mokism”, nevertheless, findings have shown that its harmful cultural practices are extremely “unfair, unjust, and at best, can legally constitute “human rights abuse and violations”. Therefore, according to the researcher, such harmful cultural practices by definition demand strong legal and social interventions, as well as political interference from local and national concerned bodies and authorities who deal with disability and/or human rights affairs.

Finally, in a general remark, even though the study respondents have been selected from two woredas (Itang special woreda and Wanthoaaar woreda only), it is convincingly true that this current study is very small in scope, especially in terms of its respondents (28) and geographic coverage. Because of these reasons, it is therefore impossible and unreasonable by any measures or standards for its findings (results) to be generalized as representative of the “whole” Nuer community, instead, they but should however be taken or viewed as just a “small” reflective facets and parcels of the Nuer community and its culture, anyhow.
4.8. Recommendations

So far, various issues on “Beliefs and Practices of the Nuer Community towards Persons with “Mokism” and Monorchidism” have been investigated, their findings have been analyzed and discussed in a detailed manner above. On the one hand, we have seen how the community displayed its unique cultural practices characterized by extraordinary traditional healing processes and procedures that include early prenatal intervention phase as in the case of unborn fetuses with “mokism” and postnatal healing phase that entertains both newborn infants with “mokism” and monorchidism. In addition, we have also seen that the community has “special traditional marriage arrangements”, put in place for all its non-childbearing members, unmarried ghosts and families who have born only female children so that their “child ownership and equality” is ensured and names of those individuals are remembered in their respective regenerations and generations that follow. On the other hand, however, on the other side of the community’s cultural practices – the harmful cultural practices towards persons with inborn disabilities that the community practices have manifested “unheard” and “unthinkable” apparent rare and extreme inhuman cultural practices against inborn disability community members. We have seen, with a bitter feeling, how a traditional healer can willingly exterminate an innocent baby with “mokism” with a full consent from its own parents without remorse, how an adult with monorchidism can be deliberately arranged to adjust his standing position beside an inborn left-handed person in a battlefield, just to let him be “overpowered” and then, if he is not lucky, killed if possible. In all these cases, we have even seen that no one dares to waste their time and energy to mourn for the death of these inborn victims, even their own families, especially in the case of infants with “mokism”, let alone the whole the community members. By extension, I am personally concerned also that, such rampant harmful cultural practices against persons with disabilities may also be existing in neighboring nationalities such as Anywaa, Komo, Majang, and Opo communities.

Therefore, with all these serious concerns of harmful cultural practices of the Nuerr community in the mind, the following recommendations would be forwarded as a way forward for all concerned bodies and/or interested academics and researchers:
The regional bureau of social and workers’ affairs and human rights commission branch office in Gambella should prepare collective awareness training for the Nuer community elders, traditional healers and lords of the land (leopard skin chiefs), religious leaders, victims of inborn disabilities and their families, and Nuer Zone’s woredas’ administrative officials;

The department of special needs education shall take a leading role and collaborate with Gambella region’s responsible bodies for disabilities affairs and human rights commission’s branch office to provide trainings that aim at awareness creation;

The department of special needs education should mobilize experienced researchers who would conduct further indepth research studies on these inborn disabilities and other similar disabilities in the region in the Nuer community and other remaining four indigenous communities such as Anywaa, Komo, Majang, and Opo.
References


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APPENDICES
Addis Ababa University
School of Graduate Studies
College of Education and Behavioral Studies
Department of Special Needs Education
Appendix: A

Interview Questions Guide

Instrument Code Number (1)

Interview Questions Guide prepared for community elders and non-disabled youth in Nuer Community

Assurance Declaration for Study Participants: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher only. The data will be completely used only for the purposes of this study and intervention strategies to reduce the existing negative traditional beliefs and harmful cultural practices against persons with monorchidism (one testicle), and “mokism” in the Nuer community. Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party.

Questions for Participants’ Consent to Study:

1. Do you accept to be a participant of this study? Yes:________ No:______

2. Would you like your voice to be recorded with voice recorder? Yes:___ No:____

Objectives: To explore existing traditional beliefs held by the community elders (men and women) and non-disabled youth about what they think and believe causes inborn monorchidism (one testicle) and “mokism” as well as existing good and harmful cultural practices rendered for them in Nuer community.
Personal information: Sex: ____ Age: ____ Marital Status: ____ Religion: ______

**Instruction:** The following questions have been prepared for you to answer in order to explore what you think and believe causes monorchidism (one testicle) or “mokism” and how they are treated in your community in general. So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Thank you very much for your cooperation!

<table>
<thead>
<tr>
<th>Interview questions prepared for community elders and non-disabled youth in Nuer Community</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. What are the term “disability”, “one testicle” (monorchidism) and “mokism” or “mok” meant in Nuer language?</td>
<td></td>
</tr>
<tr>
<td>1.2. Do you have a relative who has been born with monorchidism (one testicle), “mokism”, or someone who has just lost his testicle (s) through an accident after birth?</td>
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<tr>
<td>1.3. If your answer to the above question is “Yes”, then, what do you think causes his/her disability?</td>
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<tr>
<td>1.4. If your answer to the above question is “No”, then, are there children and adults who have been born with monorchidism (one testicle), “mokism” or ones who have lost their testicle (s) through accidents after birth whom you know in your community?</td>
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<tr>
<td>1.5. If your answer to the above question is “Yes”, then, what do you think causes their disability in general?</td>
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<tr>
<td>1.6. Is the case of “one testicle” (monorchidism) and “mokism” a concern (problem) in your community and culture?</td>
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<tr>
<td>1.7. If your answer to the above question is “Yes”, then, would you like to specifically explain how it is a concern in your community and culture?</td>
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<tr>
<td>1.8. Do you think there is a difference between children and adults who have been born with one testicle and those who have lost their testicle (s) after birth through accidents?</td>
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<tr>
<td>1.9. If your answer to the above question is “Yes”, then, would you like to explain in what respect you think they differ from each others?</td>
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<tr>
<td>1.10. If your answer to the above question is “No”, then, would you like to explain why you think they are not different from each others?</td>
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<tr>
<td>1.11. What does your religion say about the causes of monorchidism (one testicle), and “mokism” and monorchids and “moks” in general?</td>
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<tr>
<td>1.12. Are monorchidism and “mokism” hereditary, according Nuer tradition?</td>
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<td>Question</td>
<td>Answer</td>
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<tr>
<td>1.13. Does your community equally treat (care for) children and adults who have been born with monorchidism (one testicle), “mokism”?</td>
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<tr>
<td>1.14. If your answer to the above question is “Yes”, then, would you like to explain why you think they are equally treated (cared for) in your community?</td>
<td></td>
</tr>
<tr>
<td>1.15. If your answer to the above question is “No”, then, would you like to explain the reason why you think they are not equally treated (cared for) in your community?</td>
<td></td>
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<tr>
<td>1.16. What are the existing good cultural practices (social support) provided for children and adults who have been born with monorchidism and “mokism” in your community?</td>
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<tr>
<td>1.17. What are the existing known harmful cultural practices against children and adults who have been born with monorchidism, “mokism” and those who have lost their testicle (s) through accidents after birth in your community?</td>
<td></td>
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<tr>
<td>1.18. Do adults who have been born with monorchidism and “mokism” marry like other non-disabled adults in your community?</td>
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<tr>
<td>1.19. If your answer to the above question is “No”, then, what do you think is the reason why they do not marry for like non-disabled members?</td>
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<tr>
<td>1.20. Are there traditional preventive mechanisms or intervention techniques to which causes of monorchidism or “mokism” can be prevented with or having one of these inborn-disabilities can be traditionally treated (healed) in your community?</td>
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</tr>
<tr>
<td>1.21. If your answer to the above question is “Yes”, then, can you specifically name these traditional preventive and healing (treatment) mechanisms or intervention techniques, please?</td>
<td></td>
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<tr>
<td>1.22. Who perform (s) or carry (carries) out these traditional healing (treatment) mechanisms or techniques?</td>
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<tr>
<td>1.23. Had you ever personally experienced any of the “misfortunes” claimed by many community members that happen on non-disabled human beings or properties because of the “mokk”’s or monorchid’s “evil spirits and powers”?</td>
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</tbody>
</table>

**Thank You So much for your Kind Cooperation!**
Appendix: B

Interview Questions Guide

Instrument Code Number (2)

Interview Questions Guide prepared for traditional healers and lords of the land (leopard skin chiefs) in Nuer Community

Assurance Declaration for Participants of Study: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher only. The data will be completely used only for the purposes of this study and intervention strategies to reduce the existing negative traditional beliefs and harmful cultural practices towards persons with inborn monorchidism and “mokism”, in Nuer community. Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party.

Questions for participants’ Consent to Study:

1. Do you accept to be a participant of this study? Yes:______ No:________
2. Would you like your voice to be recorded with voice recorder? Yes:___ No:____

Objectives: To explore existing traditional beliefs held by Nuer traditional healers and Lords of the land (leopard skin chiefs) about what they think and believe causes inborn monorchidism (one testicle) and “mokism” and existing traditional healing services and other harmful cultural practices they provide for them in Nuer community.

Personal information: Sex: ____ Age: _____ Marital Status: _____ Religion: ___

Instruction: The following questions have been prepared for you to answer in order to explore what you think and believe causes monorchidism (one testicle) “mokism” and how you treat them or manage their disability in general in your community. So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter, because the success of this study depends entirely on your relevant accounts. Thank you very much for your cooperation!
### Interview questions prepared for traditional healers and lords of the land (leopard skin chiefs) in Nuer Community

<table>
<thead>
<tr>
<th>Questions</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. What are the terms “disability”, “monorchidism” (one testicle) and “mokism” or “mok” meant in Nuer language?</td>
<td></td>
</tr>
<tr>
<td>1.2. Do you have a relative who has been born with “one testicle” (monorchidism) or “mokism” or someone who has lost his testicle (s) through an accident after birth?</td>
<td></td>
</tr>
<tr>
<td>1.3. If your answer to the above question is “Yes”, then, what do you think causes his/her disability?</td>
<td></td>
</tr>
<tr>
<td>1.4. If your answer to the above question is “No”, then, are there children/adults who have been born with monorchidism, “mokism” or people who have lost their testicle (s) through accidents after birth whom you know in your community?</td>
<td></td>
</tr>
<tr>
<td>1.5. Is the case of being born with one testicle (monorchidism) or “mokism” a concern (problem) in your community and culture in general?</td>
<td></td>
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<tr>
<td>1.6. If your answer to the above question is “Yes”, then, would you like to specifically explain how it is a concern in your community?</td>
<td></td>
</tr>
<tr>
<td>1.7. In your view, do you think there is a difference between children and adults who have been born with “one testicle” (monorchidism), and those who have lost their testicle (s) through accidents after birth?</td>
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<tr>
<td>1.8. If your answer to the above question is “Yes”, then, would you like to explain in what respect you think they differ from each others?</td>
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<tr>
<td>1.9. If your answer to the above question is “No”, then, would you like to explain why you think they are not different from each others?</td>
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<tr>
<td>1.10. What does your religion say about the causes of monorchidism (one testicle) or “mokism” and monorchids and “mok” persons in general?</td>
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<tr>
<td>1.11. Does your community equally treat (care for) children and adults with monorchidism and “mokism” and those who have lost their testicle (s) after birth through accidents?</td>
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<tr>
<td>1.12. If your answer to the above question is “Yes”, then, would you like to explain why you think they are equally treated (cared for) in your community?</td>
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<tr>
<td>1.13. If your answer to the above question is “No”, then, would you like to explain the reason why you think they are not equally treated (cared for) in your community?</td>
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<tr>
<td>1.14. What are the existing good cultural practices (social support services) provided for children and adult inborn monorchidism, “mokism”, and acquired monorchidism (those who have lost their testicle (s) through accidents after birth in your community?</td>
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<tr>
<td>1.15. What are the known existing harmful cultural practices towards children and adults who have been born with inborn monorchidism, “mokism”, and those who have lost their testicle (s) through accidents after birth in your community?</td>
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<tr>
<td>1.16. Do adults who have been born with inborn monorchidism and “mokism” marry</td>
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<td>Question</td>
<td>Answer</td>
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<tr>
<td>1.17. If your answer to the above question is “No”, then, what do you think is the reason why they do not marry or are not married (for the case of “mok” females) for, like others?</td>
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<tr>
<td>1.18. What are the existing traditional preventive mechanisms and intervention techniques to which causes of an inborn monorchidism and “mokism” can be prevented with?</td>
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<tr>
<td>1.19. If your answer to the above question is “Yes”, then, can you name these traditional preventive or intervention techniques and healing mechanisms or treatment, please?</td>
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<tr>
<td>1.20. How do you treat (manage) children with inborn monorchidism (one testicle) and “mokism”?</td>
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<tr>
<td>1.21. How much does an inborn monorchid’s or “mok” child’s family pay you for a traditional treatment cost of their child?</td>
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<tr>
<td>1.22. Are inborn monorchidism and “mokism” hereditary or not?</td>
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<tr>
<td>1.23. Had you ever personally experienced any of the “misfortunes” claimed by many community members that happen on human beings or properties because of the “Mok”’s or monorchid’s “evil spirits, “death powers” and “supernatural powers”?</td>
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</table>

Thank You So much for your Kind Cooperation!
Appendix: C

Interview Questions Guide Date____/____2009 E.C (2017. G.C)
Instrument Code Number (3)

Interview Questions Guide prepared for youth who have been born with Monorchidism (one testicle) in Nuer Community

Assurance Declaration for Participants of Study: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher only. The data will be completely used only for the purposes of this study and intervention strategies to reduce the existing negative traditional beliefs and harmful practices against persons who have been born with monorchidism (one testicle), “mokism” as well as those who lost their testicles after birth through accidents in Nuer community. Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party.

Questions for participants’ Consent to Study:
1. Do you accept to be a participant of this study? Yes:_____ No:____
2. Would you like your voice to be recorded with voice recorder? Yes:__ No:__

Objectives: To explore existing traditional beliefs held by children and youth who have been born with monorchidism (one testicle) and “mokism” about what they think and believe causes their disabilities and existing good and harmful cultural practices rendered for them in Nuer community.

Personal information: Sex: ___ Age: ____ Marital Status _____Religion: ________

Instruction: The following questions were prepared for you to answer in order to explore what you think and believe cause you to be born with monorchidism (one testicle) or “mokism” and how your family and community treat you in general. So, please, feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter, because the success of this study depends entirely on your relevant accounts of your disability.

[213]
Thank you very much for your cooperation!

### Interview questions prepared for youth who have been born with monorchidism in Community

<table>
<thead>
<tr>
<th>Question</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>1.1. What are the terms “disability”, “one testicle” and “mok” meant in Nuer language?</td>
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<tr>
<td>1.2. Do you have a relative who has been born with “one testicle” (monorchidism), “mokism” or someone who has lost his testicle through an accident after birth?</td>
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<tr>
<td>1.3. When did you acquire your condition (disability)?</td>
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<tr>
<td>1.4. What do you think or believe causes you to be born with “one testicle” (monorchidism)?</td>
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<tr>
<td>1.5. Do you regard your condition as a “buom” (congenital disability)?</td>
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<tr>
<td>1.6. Is the case of monorchidism (“mokism”) a concern (problem) in your family and community in general?</td>
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<td>1.7. If your answer to the above question is “Yes”, then, would you specifically explain how it is a concern in your family and community in general?</td>
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<tr>
<td>1.8. Do you think there is a difference between children and adults who have been born with one testicle (monorchids) and those who have lost their testicle (s) just after birth through accidents?</td>
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<tr>
<td>1.9. If your answer to the above question is “Yes”, then, would you like to explain in what respect you think they differ from each others?</td>
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<tr>
<td>1.10. If your answer to the above question is “No”, then, would you like to explain why you think they are not different from each others?</td>
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<tr>
<td>1.11. Had you been taken to a traditional healer or lord of the land for traditional healing service (process) after your birth?</td>
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<tr>
<td>1.12. So, if that was the case, how come that your possessed “evil spirits and killing powers” were still active, killing your family members and cattle, even though you have been traditionally healed and those “evil spirits and killing powers” been driven out (exorcized) already by a traditional healer after all?</td>
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<tr>
<td>1.13. What does your religion say about the cause monorchidism (one testicle) and monorchid children/adults in general?</td>
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<tr>
<td>1.14. Do your family and community treat (care for) you equally just like your siblings and non-disabled age-mates?</td>
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<tr>
<td>1.15. If your answer to the above question is “No”, then, would you like to explain the reason why you think your family and community treat differently from other children?</td>
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<tr>
<td>1.16. What are the existing good cultural practices (social support) provided for you at home and in the community?</td>
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<tr>
<td>1.17. What are the existing known harmful cultural practices against you</td>
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</table>
and other children and adults who have been born with monorchidism and “mokism” in general?

1.18. Do adults who have been born with monorchidism and “mokism” marry like non-disabled adults in your community?

1.19. If your answer to the above question is “No”, then, what do you think is the reason why they do not marry for like others?

1.20. Are there traditional intervention techniques and treatment mechanisms to which causes of monorchidism and “mokism” can be prevented with or treated with in your community?

1.21. If your answer to the above question is “Yes”, then, can you name these traditional preventive and healing (treatment) mechanisms or intervention techniques, please?

1.22. Who perform (s) or carry (carries) out these traditional healing or preventive mechanisms or interventions techniques?

1.23. Do your family and community apparently abuse you on the ground of your disability?

1.24. Are inborn monorchidism and “mokism” hereditary or not?

1.25. If your answer to the above question is “Yes”, then, can you explain the reason why you think they abuse you?

1.26. As a victim of these social stigmas and discriminations, what do you think should be done to eradicate social abuses and discriminations in order to protect the rights of children/adults who have been born with monorchidism and “mokism”?

Thank You So much for your Kind Cooperation!
Appendix: D

Focus Group Discussion Interview Guide  Date___/___/2009 E.C (2017. G.C)

Instrument Code Number (4)

Focus Group Discussion Interview Guide prepared for health professionals (nurses & health workers) in Nuer Community

Assurance Declaration for Participants of Study: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher only. The data will be completely used only for the purposes of this study and intervention strategies to reduce the existing negative traditional beliefs and harmful practices against persons who have been born with monorchidism (one testicle), “mokism”, and those who have lost their testicles through accidents after birth in Nuer community. Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party.

Questions for participants’ Consent to Study:

1. Do you accept to be a participant of this study? Yes:_________ No:_______
2. Would you like your voice to be recorded with voice recorder? Yes:___ No:____

Objectives: To explore existing medical knowledge and/or traditional beliefs held by local nurses (health workers) about what they think and believe causes inborn monorchidism, and “mokism” and existing good and harmful medical and/cultural practices rendered for them in Nuer community.

Personal information: Sex: ____ Age: ____ Marital Status: _____Religion: ___

Instruction: The following questions were prepared for you to answer in order to explore what you think and believe causes children and youth to be born with one testicle (monorchidism) and “mokism” and how they are medically (traditionally) treated in your community in general. So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter, knowing that the success of this study depends entirely on your relevant accounts. Thank you very much for your cooperation!
Focus Group Discussion Questions prepared for health professionals (nurses and health workers) in Nuer Community

<table>
<thead>
<tr>
<th>Question</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>1.1. What are the terms “disability”, “one testicle” and “mok” meant in Nuer language?</td>
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<tr>
<td>1.2. Do you have a relative who has been born with “one testicle” (monorchidism), “mok-ism” or someone who has lost his testicle (s) after birth through an accident?</td>
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<tr>
<td>1.3. What do you think causes inborn monorchidism and “mokism”?</td>
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<tr>
<td>1.4. Does your health center have data of children who have been born with monorchidism and “mokism”?</td>
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<tr>
<td>1.5. Is the case of monorchidism and “mokism” a concern in your community?</td>
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<tr>
<td>1.6. If your answer to the above question is “Yes”, then, would you like to specifically explain how it is a concern in your community?</td>
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<tr>
<td>1.7. As a nurse (health worker), is there a medical-based explanation for what causes children to be born with monorchidism and “mokism”?</td>
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<tr>
<td>1.8. As a Nuer community member, do you know what your community believes to be a cause of monorchidism and “mokism”?</td>
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<tr>
<td>1.9. What are medical intervention methods (strategies) that you use for treating children and/or persons who have been with one testicle and “mokism”?</td>
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</tr>
<tr>
<td>1.10. Why does your community mistreat children and adults who have been born with monorchidism and “mokism”?</td>
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<tr>
<td>1.11. What are the reasons why your woreda does not have disability rehabilitation centre?</td>
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<tr>
<td>1.12. What are the existing good medical practices (medical support) provided for boys and men who have been born with one testicle and “moks” in your community?</td>
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<tr>
<td>1.13. What are the existing known harmful cultural practices against children and adults who have been born with monorchidism, “mokism”, and those who have lost their testicle (s) through accidents after birth in your community?</td>
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<tr>
<td>1.14. Do adults who have been born with monorchidism and “mokism” marry like non-disabled adults in your community?</td>
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<tr>
<td>1.15. If your answer to the above question is “No”, then, what do you think is the reason why they do not marry (are not married, for female “mok”) for, like others?</td>
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<tr>
<td>1.16. Does your community apparently abuse children and adults who have been born with one testicle and “moks” on the ground of their disability?</td>
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<tr>
<td>1.17. If your answer to the above question is “Yes”, then, would you like to explain the reason why you think they are abused for?</td>
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<tr>
<td>1.18. Are inborn monorchidism and “mokism” hereditary or not?</td>
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<tr>
<td>1.19. Generally, as a nurse (health worker), what do you think should be done to eradicate existing social abuse and discrimination in order to protect the rights of children and adults who have been born with one testicle, “moks” as well as those who have lost their testicles through accidents after birth in your community?</td>
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</table>

Thank You So much for your Kind Cooperation!
Focus Group Discussion Questions Guide prepared for religious leaders in Nuer Community

Assurance Declaration for Participants of Study: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher only. The data will be completely used only for the purposes of this study and intervention strategies to reduce the existing negative traditional beliefs and harmful practices against persons born who have been born with monorchidism, “mokism”, and those who have lost their testicles through accidents after birth in Nuer community. Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party.

Questions for participants’ Consent to Study:

1. Do you accept to be a participant of this study? Yes:_______ No:________

2. Would you like your voice to be recorded with voice recorder? Yes:____ No:____

Objectives: To explore existing religious (traditional) beliefs held by religious leaders about what they think and believe causes inborn monorchidism and “mokism” and existing good and harmful religious and/or cultural practices rendered for them in Nuer community.

Personal information: Sex: ____ Age: ____ Marital Status: ____Religion: __

Instruction: Following questions were prepared for you to answer in order to explore what you think and believe causes children and youth to be born with monorchidism and mok-ism and how they are treated in your community as a whole. So, please, be honest and give only the true and factual answers based on your knowledge on the subject matter, because the success of this study depends entirely on your relevant accounts. Thank you for your cooperation!
<table>
<thead>
<tr>
<th>Focus Group Discussion Questions prepared for religious leaders in Nuer Community</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>1.1. What are the terms “disability”, “one testicle” (monorchidism) and “mok” meant in Nuer language?</td>
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</tr>
<tr>
<td>1.2. Do you have a relative who has been born with monorchidism or mok-ism or one who has just lost his testicle (s) after birth through an accident?</td>
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<tr>
<td>1.3. What do you think is the cause of inborn monorchidism and “mokism”?</td>
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<tr>
<td>1.4. What does your religion say about the cause of inborn monorchidism and “mokism”?</td>
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</tr>
<tr>
<td>1.5. Is the case of inborn monorchidism and “mokism” a concern in your community?</td>
<td></td>
</tr>
<tr>
<td>1.6. Do you think there is a difference between children and adults who have been born with monorchidism and those who have lost their testicle (s) through accidents after birth?</td>
<td></td>
</tr>
<tr>
<td>1.7. Do adults who have been born with monorchidism and “mokism” marry (are married, for “mok” females) like non-disabled adult members in your community according to the religious tradition?</td>
<td></td>
</tr>
<tr>
<td>1.8. What are existing religious/spiritual intervention programs for children and adults who have been born with monorchidism and “mokism”?</td>
<td></td>
</tr>
<tr>
<td>1.9. Does your church have data (written documents) of children and adults who have been born with monorchidism and “mokism”?</td>
<td></td>
</tr>
<tr>
<td>1.10. Does your church equally treat children and/or persons who have been born with monorchidism, “mokism”, and persons who have lost their testicle (s) through accidents after birth?</td>
<td></td>
</tr>
<tr>
<td>1.11. What are the existing good religious (cultural) practices in your church (religious institution)?</td>
<td></td>
</tr>
<tr>
<td>1.12. What are the existing harmful religious practices in your church (religious institution)?</td>
<td></td>
</tr>
<tr>
<td>1.13. Are inborn monorchidism and “mokism” or not?</td>
<td></td>
</tr>
<tr>
<td>1.14. Generally, as religious leaders (elders), what do you think should be done to tackle existing social stigmatization, abuse and discrimination in order to protect the rights of children and adults who have been born with monorchidism and mok-ism in Nuer community?</td>
<td></td>
</tr>
</tbody>
</table>

*Thank You So much for your Kind Cooperation!*
Declaration

I, the undersigned declare that this thesis is my original work that complies with internationally accepted academic and research ethical practices, rules, and regulations. I have dully cited and acknowledged all works of others that I have used as references in the review of literatures and throughout the thesis; understanding that non-adherence to the principles of honesty and integrity, misinterpretations or fabrications of any idea/ideas/facts/sources, etc., will constitute sufficient reason (ground) for disciplinary actions by the university and/or can equally evoke penal actions from the sources which have been improperly cited or acknowledged.

Name: Jal Paul

Signature: _______________

June: 2017 (2009)

Addis Ababa, Ethiopia