

245.11 90S0

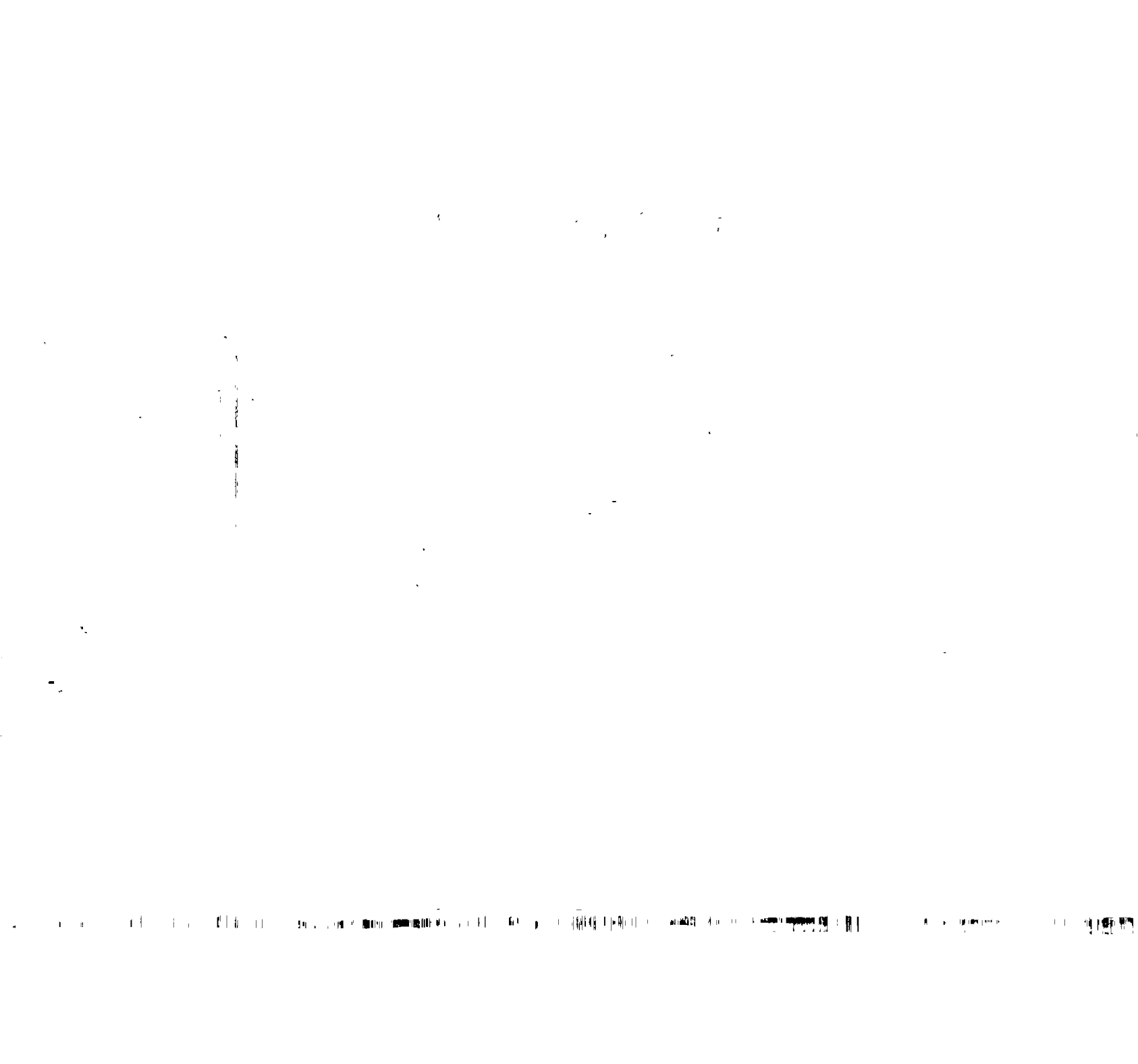
FOR COMMUNITY WATER SUPPLY ASST.

*Sociocultural Factors Influencing  
the Prevalence of Diarrheal Disease  
in Rural Upper Egypt*

*An Ethnographic Study  
in Two Villages  
of Assiut*



245.11-12689



LIBRARY  
INTERNATIONAL REFERENCE CENTRE  
FOR COMMUNITY WATER SUPPLY AND  
SANITATION (IRC)

# *Sociocultural Factors Influencing the Prevalence of Diarrheal Disease in Rural Upper Egypt*

*An Ethnographic Study  
in Two Villages of Assiut*



**Final Report  
Submitted to UNICEF by  
Hania Sholkam**

LIBRARY, INTERNATIONAL REFERENCE  
CENTRE FOR COMMUNITY WATER SUPPLY  
AND SANITATION  
P.O. Box 93190  
Tel. (070) 8149

RN: 15A/12681  
LOI: 245.11 9050

Copyright (C) 1990  
The United Nations Children's Fund (UNICEF) Egypt Office.  
8, Adnan Omar Sidki St., Off Mussadak St.  
Dokki - Cairo  
Egypt

ISBN 92-806-0048-6  
LSBN : 2636 / 91

November 1990

The research findings presented in this report and its annexes do not necessarily reflect the policies or views of UNICEF or the Ministry of Health. The purpose of the report is to facilitate the rapid exchange of knowledge and perspectives and to stimulate discussion.

*All correspondence should be addressed to*

Dr. Pierre-Emeric Mandl  
Chief, Research, Programme Publications and Library Section  
Programme Division  
UNICEF  
3 UN Plaza  
New York, NY 10017  
Tel: 1-212-326-7062  
Fax: 1-212-326-7096  
Tlx: 175989 TRT

# *Contents*

	<b>Page</b>
<b>Foreword</b>	5
<b>Introduction and Methods</b>	9
<b>Central Research Findings:</b>	
1    Breastfeeding	13
2    Other Milks	29
3    Introduction of Solid and Semi-Solid Foods	35
4    Diarrhea	45
5    Personal Hygiene	61
6    Domestic Hygiene	69
7    Water and Sanitation	79
8    Concern for Flies	81
9    Health Services	83
<b>Conclusion</b>	89
<b>Annex A:</b> Village and Satellite Profiles	93
<b>Annex B:</b> Case Studies	103
<b>Annex C:</b> Glossary for Assiut	155



## Foreword

**T**his book is one volume of a four-part series of ethnographic studies on the sociocultural factors of relevance to the incidence and prevalence of diarrheal disease in six villages of Upper Egypt. These studies were commissioned by UNICEF/Egypt in 1988 as part of the agency's preparation for developing a program to reduce the incidence of diarrhea among young children in Upper Egypt.

The first purpose of the studies was thus to explore sociocultural factors of relevance to the problem of the high incidence of diarrheal disease so that UNICEF could seek ways in which mothers and other community members could modify their behavior in the interests of improved child health. A secondary purpose of the research was to test the utility of the approach for undertaking qualitative studies of factors related to community health known as the Rapid Appraisal Procedure, or RAP, which had not previously been used in Egypt as such\*. Since the selection and testing of this research strategy had major implications for the manner in which the research was conducted, and therefore for its findings, it is described in some detail below.

The RAP manual was first developed by its authors, and has since been utilized by many others, to facilitate the study of "the effectiveness of primary health

---

\* *Susan C. M. Scrimshaw and Elena Hurtado, Rapid Assessment Procedures for Nutrition and Primary Health Care. Anthropological Approaches to Improving Programme Effectiveness Los Angeles: UCLA Latin American Center Publications, 1987.*

care programs and the relationship between users and providers" (Scrimshaw and Hurtado 1987, ix). It seeks to provide the benefits of the anthropological approach, which focuses on gaining in-depth understanding of systems of belief that underlie behavior, combined with close observation of the behavior as acted rather than as reported, and without the need to engage in lengthy periods of fieldwork. Thus the methods of classical anthropology have been streamlined and codified, and a uniform framework for undertaking of research, processing of data, and presentation of findings derived.

Field experience with the manual in 16 societies indicates that information of critical importance to primary health care and nutrition programs can be collected in the relatively brief period of four to eight weeks by professional anthropologists, and rapidly transmitted to program managers.

The research reported here developed somewhat differently in terms of scheduling, as program design was to be based on research findings. Thus the research could help UNICEF not only to maximize program effectiveness, but actually to identify specific goals and modalities of intervention. Planning for the work, including adaptation of the RAP manual to the Egyptian context, selection of sample villages, arranging of research clearances, and introducing the research program to local officials, took place over a period of six months, beginning in August, 1988. The work was managed by a working group including Nancy Terrier, Nagwa Farag, Ibrahim El Kerdany, and Magdi Bayoumi of UNICEF, and Hager El Hadidi, Hania Sholkami, Saneya Wahba and Linda Oldham as consultants. This group met monthly over the duration of the planning and research phases, and worked in close cooperation with Dr. Rifaat Saleh and Dr. Salah Madkour of the Ministry of Health throughout.

The RAP manual itself required substantial modification to meet the needs of this program, as the topics of key concern for the prevention of diarrheal disease are quite divergent from the evaluation of nutrition and primary health care programs. The working group therefore cast a wide net in defining the potential areas of interest to arrive at the research outline.

Considerable attention was also paid to the identification of research sites, as the needs of UNICEF were for maximum representativeness of rural Upper Egypt in general, but at the same time qualitative research does not allow for random sampling. A number of selection strategies were investigated and discarded in the process. It was ultimately decided that two sites would be selected in each of three governorates: Aswan, Sohag and Assiut. Within each governorate, the selection would be based on the criterion that paired villages, one a "mother", or main village, the other one of its satellite villages, would be chosen, and that the latter should be



unserved by a piped water supply system. The issue of representativeness was essentially left to the comparison of results; to the extent that similar findings were obtained on a given issue in the six sites, or clear reasons for divergence could be identified, it would be tentatively assumed that a given result was representative of this kind of settlement across the region. Where differences which could not be readily accounted for were found, representativeness would remain indeterminate, at least until further research could be undertaken. The names of the mother and satellite villages in all three research areas are not disclosed by these studies, and names of informants and case study subjects are disguised in order to respect their privacy.

Sixty days were allocated for fieldwork, which was undertaken in two phases, one during February and March, the other during June and July 1989, in order to maximize exposure to seasonal differences in key variables. Meetings of the working group were scheduled before, midway through, and after each of the phases, to share findings and discuss plans for future research activities. An interim report was submitted by each field researcher after the first phase, and a separate final report on each pair of villages at the conclusion of the overall research.

This volume provides the detailed findings of the study in Assiut. Two companion volumes present data on Sohag and Aswan, and a fourth volume summarizes, compares and assesses the generalizability of the findings at the six research sites.

*L. Oldham*



## *Introduction and Methods*

*If you want to understand what a science is, you should look in the first instance not at its theories or its findings, and certainly not at what its apologists say about it, you should look at what the practitioners of it do.*

Clifford Geertz,  
*The Interpretation of Cultures*

**G**uided by the logic of Geertz, this report attempts to comprehend the reasons for and the consequences of diarrheal diseases, by way of looking at how peasant communities and the individuals who form them conceptualize the issue at hand. In other words, the key premise of this work is that any attempt at saving infants and children who would otherwise suffer or die from diarrheal disease should be preceded by an understanding of child protection and the treatment of illness, as these occur in the context of everyday life. The report details the findings of research into factors of relevance to the prevention of diarrheal disease in two villages of Assiut Governorate in Upper Egypt. It is based on 55 days of fieldwork, exclusive of travel time, undertaken during the period from February to July, 1989. The reason for stretching out the research time in this way was to account for the factors of seasonality.

It may be worthwhile to state at the beginning that the conclusions that this report lays claim to fall within the realm of formulating the right questions rather than finding the perfect answers.

This research was carried out in two villages of Assiut Governorate: a large mother village with a population of 13,000, well provided with government institutions and various services, and a much smaller satellite village or hamlet (*'ezba* / *عربة*) of about 150 households. Descriptions of the two settlements are provided in Annex A.

The methodology employed for this work is qualitative, and seeks in-depth understanding of systems of family practices, beliefs and environmental factors impinging on the potential prevention of diarrheal disease and the inter-relationships among them. In-depth work was undertaken with 20 households in the mother village and 16 households in the satellite village. These households were visited a minimum of four times each, with visits lasting as little as two hours, but generally reaching five to six hours. Meals were shared on at least three occasions in each household. While others were interviewed and observed for shorter periods of time, the findings presented here are based mainly on these 36 households. In addition to the families observed and interviewed in depth, many neighbors also joined in the discussions during household visits. Local officials were also interviewed; their inputs are perhaps clearer in the village profiles shown as Annex A.

A note on the sampling techniques employed is necessary. While the guiding principle for the choice of household was 'representativeness', this term refers to knowledge systems and is not used here in its statistical sense. The research sample was chosen so as to reflect families from different socio-economic backgrounds, religions, and ethnic origins, and of varying levels of education and size.

In the case of the larger mother village, ten Muslim and ten Coptic families covering the variety of socio-economic backgrounds in the village were included. Despite the fact that Copts are the majority in the village, an equal number of Muslim households was included to highlight the significance of religion in health-related issues. Amongst these 20 cases, five are women who are over 60 years old, one of whom is a Coptic *daya* (*داية*), (traditional birth attendant). Another is a traditional healer (Muslim) and a third is an injectionist who works in the local health unit (also Coptic). Six of the mothers in this sample are between 18 and 23 years old. Two of these are Muslim. Of the other four, two hold middle level diplomas. The other cases in the sample are middle-aged mothers, including two widows (one Coptic and one Muslim).

Another two from this latter group are 'afflicted' women (both are Muslim) - meaning that their children frequently die early due to the action of the spirit sibling, an important category in village culture. Of the entire sample there are four extended households.

The *'ezba* is not diversified along religious lines. All of its inhabitants are

Muslims. As is the case with many other villages, this one is divided by kinship ties. The *'ezba* is comprised of two feuding families whose enmity has cost many lives and is the underlying force and rationale of much social activity in the village. The writer, due to the brevity of the research period, affiliated herself with one family, the weaker and currently the wronged one. However, three households from the other family are included. The village has a minority who are of slave descent. One such family is included in this sample. The others include five young mothers. The remaining ten households are those of middle-aged women, many of whom have their mothers-in-law living with them. They include the village birth attendant and three 'afflicted' women. A last important remark is that five of the 16 households are extended families.

The above is a sketch of the research sample provided to give the reader an idea of the social categories of the 'voices' that this report attempts to give hearing to. It is not in any way intended for the deduction of seemingly scientific correlates.

Having given the where and who of this work, one should allude to the how. The work was researched and analysed with the assistance of Rapid Assessment Procedures for Nutrition and Primary Health Care (RAP) (1987). This was a requisite of the sponsoring agency (UNICEF). As RAP is a self-evident and clearly written work, this introduction will only comment on the methodology suggested by RAP rather than explain it.

RAP is a useful guide that must be made culturally appropriate before being adopted. The manual does bring together important fieldwork techniques. Consequently it is a valuable aid to an anthropologist in the field as it serves to remind one of important data items to be collected. Moreover, it includes useful hints on efficient means of analysis, or rather systematization and systematic presentation of data. RAP gives a picture of the expected structure of research results. As such it may be useful for consulting agencies which contract researchers as it may give them an idea of what to expect.

Reservations connected to RAP come up when the manual is suggested as a guide for the collection of baseline data. In the collection of baseline data more time is needed. Four to eight weeks of fieldwork is just that, four to eight weeks of fieldwork, whether RAP was or was not used. Regardless of how organized the anthropologist is, the 'native', the director in this particular relation of knowledge production, cannot be made to conform to the tenets of RAP. This manual can be useful if the research is problem-oriented in the narrow sense of the word. However, it falls short of elucidating more complex and undefined questions such as those posed by this research. Such questions need fieldwork that has been described by Paul Rabinow as exploring:

*A system of shared symbols through self-reflection, self-objectification, presentation and further explication...[it] is a process of intersubjective construction of liminal modes of communication*

This definitely takes more than eight weeks, assuming that one has respect and reverence for the people, and for the culture that is being researched and experienced.

As far as the presentation of material is concerned, there is the actual body of the report where each topic in the UNICEF outline is covered generally without the tracing back of information to individual sources. Moreover, there are additional sections or topics which were presented by the field. Standard practices that are sufficiently common warrant inclusion here. Unique occurrences are included only if they highlight key beliefs or attitudes. Instances where there is a divergence between practices in the mother village and the satellite villages are pointed out. The profiles of each village are attached as Annex A. Case studies are included as Annex B.

# 1

## *Breastfeeding*

### I. The Use of Colostrum

**T**he women of both villages report the use of colostrum. The colostrum is described as being thick, honeylike and yellow in color. It is termed *el sarsoub* (السرسوب), though two women refer to it as *el mosmar* (المسمار) milk. These two women are Cairene in origin. The literal meaning of the word 'el mosmar' is a little quantity of any substance. All of the women with whom colostrum was discussed were familiar with the television commercial promoting its use. In the commercial, it was agreed, women are told to put the child to the breast one hour after birth. However, "this is not for us," many women said when asked what they actually did relative to the injunction of the commercial. Colostrum is commonly perceived as the liquid which immediately precedes breast milk. Breast milk is thought to arrive on the third day after birth, and that is when the newborn is put to the mother's breast.

Animal colostrum is a popular delicacy. The animal is left some colostrum for its offspring, but the bulk is milked for use by humans. The colostrum is put over a low flame and left to cook slowly. It is then consumed by young and old alike. This dish is known as *sarsoubiya* (سرسوبية). In fact, the term *sarsoub* is taken to refer to this food unless human colostrum is specified.

"*El sarsoub* is not clean. The young one must be left to take the udder and take a few draws so as to clean the liquid up before we can take it to make

*sarsoubiya*," explained one of the women of the mother village. This account was corroborated by inhabitants of both research sites. An analogous understanding of animal and human colostrum may serve to explain why many women feel that any substance present in the breast before the eve of the third day after delivery is unclean and not suitable for the newborn.

Colostrum is believed to be "too heavy", meaning too rich for infants. Once a measure of rapport was established and women were comfortable enough to express their criticism of the advertisement, the assumed negative effect of feeding colostrum on the first day of life was revealed. In the satellite village, consensus on this point was clear. By the eve of the third day, when it comes with the milk, colostrum can be withstood by the infant. When the proposition was advanced that colostrum can already be in the breast before the third day, one woman's reaction was that "there is that stuff in the breast during pregnancy - am I supposed to give it to the baby then too?" This somewhat sarcastic retort was not contradicted by other mothers present at the time.

The opinion that colostrum is too rich for the infant and should not be given as the first thing that the infant swallows was offered in both research settings. However, the educated women of the mother village (those holding middle diploma or preparatory school certificates) showed interest in giving the breast on the first day, and said that they would do so with their next infants. This position is rather confused by the fact that one of the women, also the escort of the researcher, has a child who is under two years of age. If it is true that the advertisement has been running for two years, then she either has come to notice it recently, or has in fact had the chance to adopt this practice but did not.

In conclusion, one can say that colostrum is considered to be the differently colored substance that arrives with the milk on the third day. It is important to add that the researcher attended two deliveries, one in each village. In both cases, the infants were first put to the breast on the eve of the third day. However, the media message is familiar to all, and some think that the idea has merit. The problem is that women distance themselves from the messages, saying or thinking that this may be applicable to urban or other rural women, but not to them.

However, infants are put to the breast on the day of delivery for two reasons, neither of which relates to colostrum and its merits. The one most commonly given is that the baby is put to the breast to get it accustomed to the nipple, and in some cases to make the nipple protrude. This is a common reason for the first-time mother, the *bikriy* (بكرية). The second relates to the pacifying of the infant, usually at night. If an infant cries during the day it is given to any available female to put to her breast. The female, usually a relative or neighbor, need not be lactating. The



motive is to pacify, not to feed the child. In both villages an older woman - mother or mother-in-law - can take the infant to her milkless breasts to teach it how to pull at the nipple. However, first-time mothers themselves put the baby to their breasts after delivery because of their own desire to feel the baby suckle.

Om Mohamed, a *bikriya*, put Mohamed to her breast the morning after she delivered him so that she might *tihin* (طحين) (feel tenderness and love) and so get her milk. Also, since this was her first child, her nipples needed opening. At the time she had nothing in her breast. On the evening of the second day she had her breasts massaged by her mother while her husband's first wife expressed the flowing milk for her. The latter feared that Om Mohamed did not have enough milk coming into her breasts. Mohamed was put to the breasts of many of his female relatives, both the milk-full and the milk-less, because his father had been waiting 15 years for his birth.

According to another account :

Nadia's mother Kamla had not put the girl to her breast except on the evening of the second day when her milk came. Nadia is her third child...The baby was breastfed by her paternal uncle's wife and by several neighbors when they came to give Kamla their congratulations..Kamla does not remember putting Nadia to her breasts to keep her quiet. Maybe at night, she said. Babies sleep for most of the first three days.

The word *tihin* is key to the understanding of breastfeeding during the first three days. Although seemingly more relevant to the initiation of lactation, it may prove to be the motivation for women to put babies to the breast and thus - mostly accidentally - have babies suckle the colostrum. Literally, the word means to feel tenderness and love. Figuratively, in both villages it means the coming of milk into the breast because of a feeling of sympathy, love, longing and affection for an infant. So, women who have a limited supply of milk and first-time mothers put the infant to the breast so that they stir this emotion and therefore ensure a milk supply on the evening of the third day.

The question that remains is whether colostrum is perceived to be good or bad. It is definitely and in all cases never to be given before the sugar water. All women interviewed - except the escort provided by the village council, who is quite

media conscious - said that giving something so 'heavy' to the infant would do it a great deal of harm. Women reached a consensus on the harm colostrum would cause if given in quantities to a new-born baby.

Many were of the opinion that when a baby is put to the breast before the eve of the third day, so that its mother may *tihin*, it does not get colostrum as there is none. To appease the writer and end months of repeating the same question " . . .but is it good or bad?" several older women from both villages explained that it is bad in quantities, but that putting the child to the breast during the first couple of days to pacify it and/or open the nipples does not lead the baby to feed on colostrum as there is hardly ever that much of it there during those first couple of milk-less days. To quote one woman from the '*ezba*,' .. no one ever died of it but its sight (meaning colostrum) is enough to put you off."

## 2. The Use of Non-Milks during the First Week

Invariably, sugar water is given to newborns just after birth. The water is prepared by the mother, mother-in-law, neighbor or friend when the mother is in labor. It is cooled and given to the baby with a spoon, according to verbal reports and observations. (In one case however, the sugar water was dripped into the baby's mouth from the fingers of the midwife.) The infant has matter in his mouth when he is born. The sugar water washes this out, since the baby spits out the first sip. The second sip is believed to wash out the baby's insides. The spoon with which it is given is properly washed, and so is the cup in which the liquid is mixed. The person administering it is more important than the person who makes it. Anyone can make the sugar water since all one does is to put a lump of sugar into a little water and boil it, pouring it into a cup which is then given to either the grandmother or the midwife. It was in the satellite village that the midwife dripped the sugar water by hand into the newborn's mouth. She had washed her hands with hot water and soap brought to clean the mother. The baby in this case had no living grandparents. With the other delivery that was observed, a houseguest prepared the sugar water and administered it. She is a Carene cousin of the mother.

Until the arrival of the mother's own milk, the baby is given to other women to breastfeed during the day. This is standard practice in the satellite village, but much less common in the larger mother village. This is perhaps best explained by the strong sense of community, and the strong kinship ties in the smaller village. The women of each section are usually related, and anyone who has milk is obliged to offer it to the as yet milkless new mother. Another important factor that was offered as an explanation for this by women of the satellite village is that parents can estimate with a fair amount of accuracy who is a potential spouse for their children,

as babies who are suckled at the same breast may not later marry each other. Blood ties, economic interests and alliances and other political functions of kinship go toward making such matches. Consequently, women can breastfeed other women's infants quite casually, since the risk of making prospective spouses into "brothers and sisters by breastfeeding" is small. However, the discrepancy in the adoption of this practice between the two villages needs explanation based on further research.

At night, when willing relatives and friends are not available, babies may be put to the mother's breast. In some cases they are given sugar water. Cumin and anise were mentioned as possible additives if the baby is crying more than normal due to some kind of upset. However, such a concoction is unlikely to be given during the first week. Feeding is on demand. Most people explained that larger quantities are given in the summer, since the heat makes even tiny babies quite thirsty. This was evident throughout the summer.

Babies are given substantial quantities of water. The taboo is on giving cold water. However, there is little risk of this as the poor inhabitants of the village and all but two households of the *'ezba* have no refrigerators. Babies are given water straight from the *rob'a* (ربعة) (a clay container where water is kept). This water is not boiled or prepared in any way. A deduction from a month of observation during the summer is that breastfeeding mothers hardly ever fetch this water themselves. During the first week of life, babies appearing thirsty are given the breast first; if they turn away, the mother surmises, or is told by an attendant relative that she should give the baby some water. Usually another child is told to fetch the water from the *rob'a*. The following account illustrates what is a common practice with babies who are either under or over a week old.

Hoda told her eldest daughter Thana' to get some water for Nagla'. The girl got a small glass full of water from the *rob'a* although they have a tap. The baby, who was actually suckling at the time, drank the water avidly. Her mother said that the heat makes children thirsty.

This water is given by way of a cup or glass. It is not put in a special container or kept aside for the baby. The water is brought to the baby on demand. One wise old woman of the village said that infants, even when only a week old, should be given water from the family's source of water and in family drinking utensils every time the mother herself becomes thirsty. Infants are never forced to take water, as the common belief is that force feeding an infant at such a tender age causes ill health.

Women give sugar water as a matter of course. In the mother village, mothers and related women are aware of the fact that doctors condone this practice, so long as the water has been well boiled, cooled and given carefully to the newborn. They explain that newborn babies have traditionally been given sugar water. In days gone by, people believed that something sweet given to the infant symbolizes sweet days throughout his life. Now "modern medicine" (*tib hadith* / طب حديث) has come to support this practice. Cleanliness and care are the messages accompanying this process, which can be traced to doctors and the media.

In the satellite village, it is customary to give sugar water shortly after birth. It is given until the mother's milk arrives. When stating this, many add "even the doctors say so!" The traditional belief is that sugar water is the most nutritious and "light" substance that a newborn can be given, unlike milk, which is too rich and difficult for the newborn's digestive tract to properly digest.

The sugar water is typically fed from a bottle during the first three days, aside from the first time, which was described earlier. However, some women administer sugar water with a cup or glass. Plastic baby bottles are commonly used in the mother village. This may be due to the existence of a pharmacy in the village. However, there are cases (such as Case Study No. 2), where the mother used an empty Coca-Cola bottle fitted with a mouthpiece as a feeding bottle for the first three days for three of her seven children. The bottle was first cleaned with soap and water. But some women prefer to prepare the sugar or anise water at the beginning of the day and give it to the child on demand. Some prepare it each time they feed the baby. "It is not a big deal to put a piece of sugar in some hot water, we are heating water all the time," said Case Study 5. If the infant does not take it, the mother herself may drink it. After the mother's own milk arrives, anise water is made if the baby gets a stomach ache.

In the satellite village, old glass bottles fitted with plastic mouthpieces and rubber nipples are sold for 5 piasters at local stores and in the pharmacies of neighboring villages, and these are in common use. The reasons consistently given for their use were: bottles are all the same, and once a bottle is washed, it is no different from the special plastic feeding bottle. The fact that women rarely look at the notches on the bottle to measure the exact quantity of water is significant. This is the first reason. The second is that these bottles are most often old medical syrup bottles (small brown glass bottles) and so take a smaller quantity of sugar water. Consequently there is less waste. A fresh bottle is made every day. Were it a big one, the baby would be unable to finish it, and the mother would be obliged to throw the remainder away. These makeshift bottles are themselves cheaper, since only the rubber nipple-shaped mouthpiece is purchased. Once again, here we find that some women use cups or glasses and not bottles.

Despite the verbal statements of unwillingness to give babies anything other than sugar water during the first week, observation indicates otherwise. While talking about other mothers and feeling much relaxed, a mother who had delivered during the research period attested that she had already given her seven-day-old daughter, her seventh child, a chocolate and a sugar-coated chickpea to lick at. She had also dipped her finger in a dish known as *rishhta* (ريشتا) (noodles soaked in milk and ghee) and put it in the baby's mouth. This, she explained, she did in a playful manner to see if the baby would take it or not. This woman is a relatively well-off resident of the mother village. On other occasions, women have mentioned instances where sweets were put into the mouth of a newborn other than their own as a way of playing with the baby. This is more frequent if the infant is born at the time of a festival (usually religious), when sweets are readily available; when they are offered to visitors, they also end up being put into the baby's mouth. This information was not given in response to direct questioning. Giving an infant something to lick at is not considered to be giving him or her something to eat, since the baby doesn't actually swallow a mouthful of the food.

More concern is shown for the ability of the infant to digest than for any matters relating to contamination. Accordingly, kissing babies on the mouth was mentioned as a must by women in the satellite village. This practice was first alluded to by a middle-aged unmarried resident of the village who was displaying her knowledge of correct practices related to children though she had none herself. It is considered a sign of affection for a visitor to kiss the baby deep on the mouth. It is also considered a matter of courtesy for the mother not to object. The informant said that she had stopped doing this upon hearing it said on the radio that this was harmful to a baby's health. Upon pursuing the matter, the generality of this practice in the smaller village was established. This is not so for the mother village, but this is not a conclusive difference, as the possibility of not having come across the practice despite its existence is a very real one.

Another non-milk that may enter the infant's mouth during its first week of life is the infant's own urine. Reports of washing an infant's face with its own urine came predominantly from the *'ezba*. However, Muslims of the village did casually mention this as a practice that was somewhat common a while back and still exists to a lesser extent. However, when asked individually, each of the ten Muslim cases said that they had washed the face of at least one of their sons with urine. The fact that this practice was not observed or mentioned among the Coptic population could be due to chance or to other circumstances. However, one cannot conclude that it is a practice exclusive to Muslims. This rite is supposed to make the child aggressive or *weishoh makshouf* (وشه مكشوف), meaning that the baby's face is uncovered and consequently the infant will grow up to be forthcoming. It is more often than not

done to boys although two cases in the *'ezba* had done it to their baby girls. The smearing with urine was observed to be undertaken by a loving aunt and an out-of-town cousin to the newborns. Sometimes male wellwishers may undertake the task themselves if the baby happens to urinate while the guest is carrying him or her.

### 3. The Initiation of Lactation

To initiate lactation and guarantee a sufficient supply of milk, women have to follow a number of steps and take a few precautions. These processes and procedures may have the dual function of both initiating lactation and protecting the infant. If the mother is *matbou'a* (مطبوعة) - afflicted by an evil sister spirit known as the *tabi'a* (طبيعة) or the *garina* (جرينة) - she has to have a special amulet known as *higab ellaban* (حجاب اللين) prepared. This amulet is bipartite. First an amulet is made for the mother to wear so as to protect the fetus and ensure that the mother does not abort. The amulet is made during the third, fifth or seventh month of pregnancy. One such amulet made by a woman in the *'ezba* contained seven cloves, seven grains of wheat, four beans (*foul / فول*) and a paper with writing on it. These were all sewn up and tied to the braids of the mother. Another one of these amulets contained a dried lizard from the mountains to which some henna and some seeds, including cumin, had been added. This amulet was being worn by an afflicted woman of the village. Upon delivery, the family sends out for the second amulet, which is either worn by the infant or, more commonly, sewn into his or her pillow. This second amulet may have a variety of contents but the prevalent practice is to include bread and salt among the ingredients.

Together these two amulets or *higab el-laban* protect the infant from the evil and angry *tabi'a*. Although seemingly unconnected to the initiation of lactation, the inclusion of the *higab el-laban* in this context serves to highlight an essential thesis of this report. This is the notion of protecting children as both a key to understanding and a 'raison d'etre' of child-related practices and beliefs as undertaken and held by both the family and the community at large. Most topics forming the main body of this work cannot be comprehended or have meaning if not seen through the lens of protection. So in effect the *higab el-laban* is a vital pre-initiation of lactation step for an afflicted woman.

A normal mother is expected to *tihin*, for this is the wisdom and decree of God. Usually what this means is that mothers begin to feel breast milk "prick the breast (from within)," as one informant explained. However, the question of quantity and quality of the milk still needs human intervention. In case of a first child, lactation is initiated with the support of more experienced women.

Mothers-in-law, mothers, aunts, grandmothers, sisters, neighbors and midwives are included among the women who help. A mother is given clear directions on how to proceed. Breasts are massaged at the end of the first day to make sure there are no problems with the milk supply. Inverted nipples are massaged daily until by the eve of the third day they are protruding and easier for the baby to take.

If a mother has a heavy flow before the third day the milk is pumped out and discarded. In response to enquiry as to why the baby is not given this milk, older women from both research sites who are experienced in helping deliver explained that babies are then too small to consume the quantity of milk that some women get. Moreover, babies often require nothing more than the sugar water that they are given. In any case, if a mother has milk before the eve of the third day, and even if she puts the baby to her breast, there will still be milk left over. To ensure a constant supply in the days to come, this milk is removed with a pump bought at the pharmacy, in the case of the mother village. In the *'ezba* this milk is squirted out by a relative, or by the mother herself if she has the experience. One of the above-mentioned women from the village said:

We have always pumped the milk because it is the best way to keep the breast healthy. You know when I was a *bikriya* what I did? There were no pumps then so my mother, who was of the opinion that massage is too painful, got me a small puppy who would suckle the excess milk.

This story was corroborated by other women of the same age group.

This practice, whatever the suction device, also insures that the baby does not get 'bad' milk when it comes to feed. Some women get hard clots of thick milk before their normal milk arrives. These clots must be massaged or pumped out of the breast so that the breast does not become feverish. Women say that a feverish breast yields a harmful, hot milk that makes breastfeeding children sick and can even kill them. Another threat to the quality of the milk comes from the high degree of non-milk in the breast. This substance is described, or rather identified, in the same way as colostrum is. Women say that it is yellowish and has a sticky consistency. This substance does not seem to have - or rather the research was not successful in revealing - a name. If the substance is left in the breast it can also cause fever. It is considered harmful to children and so is pumped out.

To initiate lactation there has to be a nipple which the baby can grip. The

breast must also have the right quantity and quality of milk. First and foremost, however, the mother, if afflicted, must have the security and protection of the life of her infant that is afforded by *higab el-laban*. No mention was made of, nor did observation indicate, any kind of preparation of the breast or of the baby in terms of cleansing.

As far as the mother's health is concerned, food is deemed important for a proper milk supply. Women are fed well. Minutes after delivery the new mother is provided with chicken, broth, noodles and sugared milk. This is to help regain strength after delivery rather than to increase the milk supply. In the satellite village, green vegetables, including cress and onion shoots, were mentioned as foods that increase the milk supply. Radish is also widely believed to increase milk. The use of dry *helba* (حلبة) (fenugreek) and of *halawa* (حلاوة) (sesame candy) is unknown, despite their frequent use in urban areas and despite the availability and extensive consumption of green *helba* here. These items are used to ensure the continuation of adequate lactation, rather than its initiation. In the mother village only radish was mentioned.

A first-time mother must eat everything. This is an unwritten law which no woman in either the village or the *'ezba* breaks. "A *bikriya* must eat everything. Otherwise she will be sick and may die when she delivers again," asserted an informant. The belief is that if a mother eats during the 40 days after delivery something that she did not eat during the 40 days after her preceding delivery then she will be very sick. Consequently, first-time mothers are brought different delicacies and meats from all over - a *bikriya* must eat pigeons, chicken, lamb, beef and duck. Even if the women are poor they must eat a variety of foods. Usually, neighbors and wellwishers will bring foodstuffs to the new mother; a couple of pigeons, some pastries, noodles, cooked vegetables, anything will do. Any fruit is considered representative of its type and the same goes for vegetables. This is the significance of food at this stage. Contrary to what a culturally insensitive view would assume, the bill of fare to which new mothers are treated does not relate directly or automatically to milk.

Most important of all is the mother's psyche. The mother must not be angered or saddened because if *za'l* (زعل) (quarrels, fights) sets in, her milk turns bad or does not come at all. The mother also has to be protected from *mushahara* (مستاهرة), a spell which, once cast, stops the milk supply. A mother must be well guarded until the new moon appears and the lunar month in which she gave birth ends. *Mushahara* occurs when a woman is visited by someone who has come straight from a cemetery. In such a case, the new mother must herself go to the cemetery and pass through it. *Mushahara* can also be caused by the visit of someone carrying eggplants or meat, or who has been to the market and handled



either of these. In this case, the new mother walks through an eggplant field. If the *mushahara* has been caused by eggplants, the plants which she passes over will wilt. If meat is the cause, the woman must pass over blood in the marketplace. The easiest and most-used protection is a *mushohra* (مشهرة), a charm made of five or seven strips of dried palm braided together into a sheaf and pinned to the mother's clothing. This charm wards off the spell if worn until the end of the lunar month. For extra protection, women by preference do not give birth in a part of the house with easy access from the street. An upstairs room or a corner far away from the entrance is a better place for the new mother. Hospitals turned out to be good places to give birth in for one reason. A woman will never be struck by *mushahara* there since there is a lot of blood 'flowing', as one informant explained, in the building. The spell is also known as *kabsa* (كبسة) in reference to the direct entrance, or rather sudden entrance, of the person carrying the spell. Gold causes it as well, but this was the opinion of very few women who have had extensive contact with or been raised in urban settings.

Women in the Muslim part of the mother village agree that the evil eye is a reality and the *mushahara* a fallacy. The former was mentioned in the Koran, and the other is a folk belief. But, saying this does not prevent them from pinning on a *mushohra* for protection against the spell. Women understand that tension, stress and sorrow can decrease the milk supply. As some put it, "once a woman believes that something has happened to decrease her milk supply, the milk stops coming!"

It should be noted that the more serious form of *mushahara* is that which affects a new bride or new mother, rendering the affected one sterile. This is the *mushahara* caused by the visit of a mother who has weaned her child during the same lunar month. If this woman has also lost her weaned child, the spell is considered impossible to break. Such a woman's visit can stop the milk supply as well. In this event, the affected woman must urinate over the urine of the woman who was the cause. A mother who has recently weaned her infant is known as *gatef* (قاطف). In the sections that follow the topic of *mushahara* will be more fully dealt with

Babies are fed on demand and not according to any schedule. The more milk the baby takes, the better for both mother and child. The infant gets the nutrients he needs, and the mother is ensured a painless and non-problematic breast condition. Babies are fed as much as they can take. The remaining milk, in the case of a woman with a heavy supply, is expressed with the help of an experienced relative or neighbor, a pump or, in days gone by, a puppy. If milk is left in the breast, it clots and causes ulcers or fever in the breast. No problems were mentioned concerning inducing babies to suckle.

#### 4. Continued Lactation

The breast is given on demand. Women suckle their babies to pacify as well as feed them. Often the mother will place the baby to her breast just in case the baby wants a draw or two. "If the baby takes the breast, then he wants it," one young mother explained. So there is no harm in putting the baby to the breast as often as a mother feels like it. When breastfed babies are left in the care of others, it is preferable if the babysitter has milk of her own. In the *'ezba*, women leave their babies when they go out to fetch water from nearby pumps and when they venture further out to the fields to cut clover and/or corn sheath. The incidence of women leaving their very young babies is low. However, older babies are left with other women, whether they be visitors, neighbors or other members of the household. This takes place when the mother is busy with household chores, mostly baking, cooking and washing.

In the *'ezba*, where breastfeeding other women's babies is common, bottles are rare. However, there is a marked presence of bottles in the village, whether purchased plastic feeding bottles or the more widely used old medicine or Coca-Cola bottles with plastic mouth-pieces fitted. These bottles are used to pacify a baby and give a temporary feed until the mother can give him or her the breast. Bottles are filled with sugar or anise water. In case the mother is away and cannot be reached for a while, the bottle is filled with artificial, cow or buffalo milk. In the *'ezba*, a substitute breast is used as the baby's source of nutrition until the mother's return.

Breastfeeding is sustained until weaning. There are some, but not many, who believe that breastfeeding is detrimental to the mother's health. "You mean what Safiya said" exclaimed one informant, "she thinks breastfeeding will make her *nbatal* (طبتال) (weak) and that her husband's eyes will wander." This particular mother weaned her baby after six months. She lives in the village but comes from the town of Sidfa. However, young mothers of the *'ezba* expressed a similar belief, one that they could never translate into practice as older members of the community would not hear of it. The notion of breastfeeding wearing the mother out is said to be held by spoiled, body conscious women or *sitat 'aiga* (ستات عايقة).

Those whose milk is not enough to satisfy the baby's appetite are considered to need supplementation. The size of the breast is not relevant. Some women have a supply of watery milk that leaves the baby hungry and crying. Others have a few drops in their breasts which are given to put the baby to sleep, but not to feed it. The latter milk is referred to in the *'ezba* as *haga kadaba* (حاجة كذابة) (something false). This term was not encountered in the village. In both cases the mother does put the baby to her breast to pacify it, and gives nutrition through milk supplements. This is

however less common amongst women who have watery milk who tend to suspend lactation altogether.

To sustain a steady supply, mothers must take a number of precautionary measures. After each feed which leaves milk in the breast, this milk is expressed. In this way the mother avoids milk clots and 'fever in the breast'. The expressed milk is thrown next to the wall since any foodstuff is considered to be a *ni'ma* (نعمة) (gift of God) and so it is a sin to step on it. By throwing it next to the wall, mothers (or relatives, depending on who is doing the throwing) help themselves and others to avoid committing a sin. In addition, mothers must not be upset, since *za'l* causes a decrease in milk supply. They must also eat well since breastfeeding mothers are "feeding two", themselves and the baby. Another piece of advice given to mothers is not to feed their infants in the presence of others who may have the evil eye. This point is stressed particularly for special babies, including long awaited sons, for babies who are robust and for mothers who have an abundant supply of milk.

The most common cause of cessation of breastfeeding concerns the state of mind and/or health of the mother. If the mother falls prey to the *mushahara* or to the evil eye, she loses her peace of mind and the milk stops coming. Alternatively, women who have not been properly massaging and pumping out excess milk from their breasts or who get cut or develop fever or ulcers in the breast become unable to continue lactation. The solution in the satellite village is to have the sore breast burnt, or "ironed". Women lose use of the affected breast as far as feeding is concerned. In the mother village, the two women interviewed who had suffered from such a problem had sought the advice of a physician and had taken antibiotics. Minor surgery lets the pus out of the sore or ulcer. If possible, the mother goes on feeding with one breast. To make up the deficit, she uses animal milks as supplements. In the case of a health problem interrupting the milk supply, usually only one breast is affected. There is, however, one case of a respondent who contracted scabies from her husband and therefore terminated breastfeeding.

When a mother contracts a cold or some other passing and not too serious malady which does not affect the breast directly she suspends lactation. The same applies to women who are emotionally upset. The belief is that anything that affects the mother, affects her milk. The milk of an ill woman causes diarrhea. The following account exemplifies this point.

She had her milk expressed soon after delivery when she got feverish. Her milk would have given *Sadam* (the baby) *ishal* (إسهال) (diarrhea). So as not to lose her milk supply she had her feverish milk-full breasts pumped by hand. The milk was thrown next to the wall.

Despite this milk being considered as feverish or bad, it is still a sin to step on it.

The idea is that once something is a *ni'ma* it will always be one. Stale bread and putrid foods are never thrown where feet may tread on them. Even if these stuffs are not fit for human consumption, this does not strip them of the generic characterization of *ni'ma*.

Once the problem or ailment passes, the baby is again put to suckle. In the interim, however, substitute milk is given in a bottle. In the *'ezba* only the wealthy use artificial milk, which is something of a status symbol. In the village the use of animal milk depends on accessibility to an animal and its milk.

Complete cessation of lactation is usually attributed to the psychological state of the mother. Attempts are made to undo the spell, whether it be *mushahara* or the evil eye. In the case of evil eye, a charm for milk is made. Many women in the satellite village have a charm made and wear it while breastfeeding, without waiting for faltering milk supply.

In the case of pregnancy, mothers go on giving breast milk until their supply decreases or stops completely. Cases in this sample include women who became pregnant six, seven and nine months after delivery. In all three cases, mothers went on breastfeeding until there was no point in doing so as they had too little milk to even partially satisfy the baby. However, they go on giving the breast to pacify the child. The three women, one upon the advice of her mother-in-law and two of their own accord, switched to animal milk which they administered with a bottle. They also began to give their infants regular food in larger quantities than usually given to infants of a similar age.

The practice of breastfeeding while pregnant is discouraged. The father of one of these women said that the reason for his daughter's limited milk supply is that she had given all the milk of the little daughter to the elder one. She had breastfed the first child until she was seven months pregnant with the second. Consequently the father of the mother feels that the milk left for the newborn was sparse.

Mothers point out the problems connected with weaning infants early because of pregnancy. All three mothers mentioned above said that their babies had gotten diarrhea when taking the bottle as a gradual substitute for the breast. The rationalization they individually gave to their own observations was that this sickness was related to the infant's feeling of jealousy, a known cause of diarrhea at the community level. Added to this is the difference between the mother's own and animal milk. The infant must become accustomed to the difference in taste, and so becomes temporarily sick. The notion of contamination falls outside the arena of their views on the matter.

It should be understood that even at this early age it is not the mother who is

solely responsible for feeding the child. As previously mentioned, bottles are given to children, even those who are fully breastfed, as well as those for whom breast milk is supplemented with animal or artificial milks. The bottle may contain anise water, sugar water, or milk. The bottle is carried around with the baby from house to house and place to place. The point to be made here is that even the fully breastfed are at risk where contamination is concerned because of the use of these supplementary or substitute bottles which serve to pacify the baby until someone with milk, mother or otherwise, arrives, and in the hot summer to quench thirst



## 2

### *Other Milks*

There was once a man who had no children. He kept praying for offspring all day and all night. Then one night a *jinniyah* (جننية) (female spirit) appeared to him and said she would give him offspring on one condition: that he not refuse any *rizk* (رزق) (gift/income) that comes to them as otherwise they would die. The man thought to himself that no one ever refuses *rizk* and so accepted the condition of the *jinniyah*. The man was blessed with three daughters who grew into fine young brides. They began having suitors and the man remembered the *jinniyah's* condition and realized that he could not refuse the first three suitors since that would be refusing the girls' *rizk*. One was married to a suitor who looked and sounded like a dog. The second married a man who was very donkey-like. The third and youngest married a man who looked and sounded like a man. The father was very sad until the *jinniyah* appeared to him again and said, "you have been wise and will be repaid for your wisdom." She then revealed to him an essential truth: dog, donkey and man are made of the same meat. It is meat that is not edible. Then she turned the dog-like and the donkey-like suitors into fine young men.

*Folktale told by a female village elder*

The use of both dog and donkey milk is part of the social reality of child-rearing in the researched locales of Upper Egypt. Donkey milk is given to ward off the sibling evil spirit known as the *tabi'a*, or "the follower". Since donkey milk is considered to be soiled or profane, and therefore abhorrent to the *tabi'a*, newborn babies are given half a cup on the seventh day to ensure that the spirit does

not snatch them away. They are also smeared with this milk for the same reason. In the mother village, women who have lost babies during the child's first six months or so of life give donkey milk to their subsequent newborns to protect them. Donkey milk is also given if the newborn baby is a different sex than his preceding sibling. In this case, the risk of the *tabi'a* taking the child is greater, and therefore donkey milk is a must.

Donkey milk is also notorious for making the children who take it aggressive and obstinate. When there is a donkey with milk that is easily accessible to the mother, baby boys are given a cup of donkey milk every few days. Women dislike milking donkeys, so this job is left to men or older boys. One mother in the satellite village gave large quantities of donkey milk to her firstborn baby girl because she wanted her to be loud and "mistress of her neighbors". Donkey milk is given in a cup. None who have used it and who are included in the study put it in a bottle. Although claims have been made that it is boiled first, one respondent said that the milk is never boiled, and that anyone who says so is just doing so because people are being told by the media to boil milk before using it. Observation indicates that this is correct. Moreover, further questioning revealed that donkey milk is never boiled because for one thing it is never drunk in quantities. When a donkey is milked, the quantity taken is never more than a large cup or jug and the milk is given to whoever wants it.

Dog milk used to be given more frequently twenty years ago. This practice is dying out, according to women of both the *'ezba* and the village. None of the women interviewed - including all interviewees, not just the 36 primary cases - had ever given their children dog milk although some remember their brothers, uncles and male peers being given it. This milk was given to male children to make them strong, aggressive and obstinate. Usually it was administered during the first 40 days of life. It does not seem to be *tabi'a*-related.

In the satellite village, babies, usually males, are given to a member of the dark-skinned minorities who reside there and are known as the *'abeed* (عبيد) (slaves) to breastfeed once, usually around the seventh day. This is said to make the child strong, aggressive and forthcoming. The assumption is that the *'abeed* have a missing tooth which causes them to be strong and aggressive. Baby boys are given to one of the *'abeed* to feed so that the boy may acquire these traits which are favorable in males. This practice is also not *tabi'a*-related.

In the village, Muslim babies are given to Coptic women to breastfeed and vice versa. This serves the function of warding off evil spirits. A *tabi'a* is put off by the milk of a woman from the opposite religion. Both afflicted and non-afflicted women adopt this practice because it is one that "keeps the child" as many put it.



With the overhaul in social relations setting in, along with the far-reaching impact of modernity, this practice is also decreasing. Village middle classes have dropped this practice. Both educated or even not educated but comfortably well-off Muslim and Coptic members of the community proselytise against this practice. They are of the opinion that this milk contaminates rather than protects the child. It is with relief that one observes the success of this idea on only a verbal level. Women who have been raised to believe in the benefit of the milk of the opposite religion still sneak their infants to members of the other religious community to have them breastfed. Thus the differentiation between the Arab origins of the natives of the satellite village and the peasant origins of the inhabitants of the mother village shows. In the *'ezba* there is only one household that is Coptic and it lies at a distance from the nucleated settlement area. Community members explain that the practice of giving babies to Coptic women to feed is a peasant one. Similarly, villagers say that the practice of giving a baby to one of the *'abeed* is an Arab practice. None of the above-mentioned milks constitutes a staple source of nutrition for infants.

Goat milk is rarely used in either of the research settings. Some women believe that it causes diarrhea. Others merely express a distaste for it. "Goats eat rubbish and so their milk is *zifir* (زفير) (has a bad smell)," said one native of the village. Even in cases where women do use goat milk it is never a staple item in an infant's diet. Use of this milk is often a matter of expediency. When a family cannot afford cow or buffalo milk, and artificial milk is not attainable, they resort to the good old goat for supplementation, not as a substitute. For example:

Ghina told Safaa to take the glass she had drunk her tea out of and fill it with milk from the goat. Safaa refused, saying that she could not milk the goat. Thouma took the glass, dipped it in a container filled with water standing at the entrance of the bathing/cooking/storage room. She went downstairs with Mohamed. The boy came back with a glass two-thirds full. The goat did not have enough milk and Thouma had added water from the tap. The children like goat's milk but Ghina hates it. Mohamed, who is still breastfeeding, is given this milk upon demand. They cannot afford a cow nor can they afford to buy milk. The boy has gotten used to the taste, said the mother laughing, because nobody could possibly like goat's milk.

The sentiment of most is that goat milk is not nutritious, as it is too light. One woman explained that it is as though watered down. Some women also believe that it can cause diarrhea. Further investigation revealed that the pungent odor, referred to as *zafara* (زفارة), of the milk is believed to make it a cause of sickness. However,

women stressed that it is not every child that is affected by the milk in this way. These two reasons make it unpopular. However, it is its lightness that makes it a popular ingredient in the diet of a child being weaned. Any argument concerning the shortcomings of goat milk are dwarfed by economic necessity. Extreme poverty coupled with the possession of a goat render this milk part of a child's diet. This is still however subject to the child savouring the milk.

Cow milk is preferred to that of a buffalo because it does not need watering down. However, the question is one of availability. In the satellite village, buffalo milk is commonly used when the mother is losing her milk due to pregnancy or other causes. In this event, the animal milk is viewed nutritious enough to replace the mother's milk. The milk is boiled and then poured into a feeding bottle and a little water is added. If it is hot, the water is not boiled. If, on the other hand, the milk was boiled earlier in the day, the added water is boiled so that the feed will be warm like a mother's milk. Some add a lump of sugar to the water. Others add tea with sugar rather than the plain water to some feeds, most often the morning ones. One grandmother admitted to not adding anything to her grandchild's milk. Despite that, the mother of the same child added water when she prepared the feeds. The grandmother (who is the father's mother and the lady of the house, as residence is patrilocal) is of the opinion that water dilutes the benefits (*el kheir* / الخير) of the milk, not the fat. The baby in question was seven months old when her mother's milk supply dwindled due to pregnancy. By that time the child was eating semi-solid foods.

Cow milk is also boiled before being poured into a feeding bottle for infants. It is either a replacement or a supplement to the mother's milk, depending on the supply of the mother's milk. Quite often, when cow or buffalo milk is being given as a supplement to infants who are over six months old, it is given in a normal cup in much the same way as tea is given. The same milks are given from bottles if they are given to younger babies. The introduction of solid foods does not mean that the infant or child stops drinking milk. Children are given milk in the morning regardless of whether they are old enough to eat solids or not. In the case of younger children whose mother's milk supply is scanty, this milk is put into a bottle and its use does not prevent licking and tasting of other foods. Artificial milk is bought from the pharmacy in the mother village. In two cases in each research setting mothers had been pressured into using it by their husbands. In all four cases the husbands were relatively well-off by village and *'ezba* standards and all four had been educated at least through primary school level. As stereotypical as this may sound, it is still true that some see artificial milk and bottle feeding as a sign of modernity. Many men swear that they had offered to buy milk from the pharmacy rather than put their usually young wives through the troubles of breastfeeding.

These men are usually wealthy themselves or, in the case of the village, educated and sometimes even holding middle level diplomas. Their wives are more often than not employees themselves. In all similar cases encountered during the research, the mother or older relatives stood firmly against the idea and encouraged breastfeeding. Only in cases where the mother has no milk and where the father or some other authority shows a preference for artificial milk is this milk used.

The type that is used by inhabitants of the mother village is S26 brand. The advice of the pharmacist is usually taken into account here. It is the father or some other male family member who makes the purchase. Usually the pharmacist is told that so-and-so does not have enough milk, and is asked for advice on which brand to use. At the time of several visits to the pharmacy made by the researcher, S26 and two other less-known and cheaper brands were the only brands in stock. Bebelac No. 1 seems to be in high demand.

Contradictory as this may sound, the dismally poor are the second social group where the use of artificial milk is prevalent. Families who have no access to milk-giving animals and have minimal incomes can better afford cheap artificial milks which sell for under 75 piasters a tin. This situation is exclusive to the village, where there is a stratum of salaried menial laborers who do not own even a goat, nor do they have the space to tend animals for others.

In the satellite village, the woman who was using artificial milk was known to all, and was notorious for so doing. The explanation given was that she is Cairene. That was during the first phase of the research. She had lost the use of one breast due to fever and an ulcer. She had decided to stop breastfeeding her two-week-old baby girl altogether, and demanded that her husband buy her tins of milk. This small village has no pharmacy, and so the husband gets the milk from town. She uses a small medicine bottle rather than a plastic one, to avoid waste. However, she puts as much powdered milk into this much smaller bottle as one is supposed to put into the large plastic one. She cleans the bottle by putting coarse salt into it and shaking it to remove any milk which has stuck to the sides. She believes that, being Cairene, she can bottlefeed and ensure her child's safety because she is enlightened: she notes that "rural women cannot do the same, at least not in this village."

The other woman using artificial milk is a native of the *'ezba* who married a wealthy contractor and lives in Cairo. She was visiting her father's home in the summer, an annual event she undertakes proudly. She has four children aged 4 years, 3 years, 18 months and 3 months. She has used Riri (a commercial ground rice based powder) with all of her children. "My milk," she explained "is *haga kadaba*." That is to say she does not have enough of it to keep a baby full. Her

husband buys her the Riri. This is the basic diet of her babies during their first six months of life. She scoops in the powder with a spoon, adds hot water, then closes the bottle and shakes it. She keeps the feed aside if her baby does not finish it. There is no cover for the bottle. It is kept in a niche beyond the reach of other children.

Generally speaking, the preparation of the bottle is not a function performed exclusively by mothers. Siblings sometimes take on this responsibility. In one household it is the responsibility of an older brother who has a mental handicap, he washes the bottle and fills it with hot water for his baby brother. If the mother is in the house, she adds the milk powder, but it is then his responsibility to shake the bottle and cool it before the mother gives it to the baby. This is in the mother village. In the same locale, another mother prepares the bottle in the morning but leaves it to be reheated and cooled by a six-year-old daughter, who also feeds this starch, cow milk and sugar concoction to her two-month-old sister. However, there are no clearcut divisions of responsibilities in this regard; the arena from which persons prepare and give a bottle to a baby is a large one. While it does not include perfect strangers, it does include all available and able household members and sometimes trusted neighbors or passing relatives.

A final word on artificial milk is a quote from one of the young mothers of the *'ezba*, Rawhiya, who although of middle level wealth, anticipates riches in the future as her husband is about to leave for Iraq. Her sister-in-law is the rich contractor's wife referred to above. Her own daughter had been drinking from the Riri-full bottle of the sister-in-law's son. Aziza returned the bottle to the mother, saying to her daughter for her sister-in-law to hear, "never mind, tomorrow when your father goes to the Arab countries we will be able to give you all the canned milk you want. Tomorrow when we have money, there will be no more breastfeeding." This remark is said perhaps in jest and definitely with a sarcastic tone. It should not be taken literally, but it should be taken into account.

Yet another milk given to children is the mother's own milk. Women in the *'ezba* express their milk into a cup, then cumin, *sheeh* (شبه) (camomile), gum Arabic and anise are added along with some cold water. This concoction is given by spoon to babies. It is believed to protect them from diseases (terrestrial not supernatural ailments). Upon questioning, women said that they had given this milk to their boys. None explained the exclusion of female babies from the administration of this milk. It does not seem to be intentional or at least the intention of the practice was not discovered by the research. Women said that they give their babies a couple of spoonfuls every three or four days during their first four months of life.

### 3

## *The Introduction of Solids and Semi-solids*

**T**he question of the introduction of other foods is a complicated one. Babies are given licks of anything that they will take from the day they are born. The "official" time when licking is initiated is at four months, but this is one of the topics of research where observation has been most critical. When a mother dips her finger into some fresh butter, sweetened milk, cheese, or even the yolk of an egg, and puts it into the baby's mouth, this is not eventful enough to warrant mention in a conversation. This is often a means of experimenting with the baby, seeing when he or she will show willingness to swallow something other than the mother's milk. The baby spits out whatever is taken off the finger, this is a matter of tasting rather than eating. The significance of the practice for present purposes is in terms of contamination rather than nutrition. Children are most often given licks when the mother herself is eating. This is believed to help the infant acquire a taste for various foods, which will allow him to grow up healthy and strong with an appetite for all foods. Without early tasting, the child may grow up a fussy eater, like urban children. Although very sweet things like chocolates and sugarcoated nuts are put into the mouth of the child, with the thought that they are omens of a sweet life to come, mothers complain that since these items are very sweet, babies then find the taste of milk rather bland. Therefore the mothers discourage the licking of sweet things except right after breastfeeding.

By the age of three or four months, babies are given a little more of the foods which they have been tasting. A smear of butter, a little crumbled hardboiled egg

which has been pressed between the thumb and forefinger, some vegetables such as *molokhia* (ملوخية), a bit of bread, some cheese - in fact, anything that the mother herself is eating.

When women say that they do not supplement the diet of their infants with solids before at least four months, they are not purposely misleading the questioner. In both the large and the small village, women explained that no food is specially prepared for the baby. Starting from the age of three or four months, the baby is given bits and pieces from the food prepared for other members of the household. Excluded at the beginning are vegetables cooked with tomato sauce and meat. Food is first chewed by the mother, then given in minute quantities to the baby. By the age of six to seven months, babies are given everything except very spicy food. Unless the baby is breastfeeding at the time, he is given these foods when the mother or the family are eating. When women say that the baby is not being fed anything other than milk, they are actually stating that they do not prepare special foods for the child.

The breast is not always quite enough for the baby. For mothers with a heavy milk supply, extra food is given just to acquaint infants with other foods. In the summer, sugar water with anise is given in a bottle to quench the baby's thirst. Women with less milk supplement their breast milk with buffalo milk mixed with sugar and water, or cow milk which is sugared but not watered down. The sugar is not used in large quantity so that the babies do not find their mothers' milk too bland. Buffalo milk is watered down because it has a high fat content. In the mother village, the use of cow milk is prevalent due to the presence of several dairies which sell cow milk. This milk is sold at 60-70 piasters per kilogram. Many mothers who own buffalo purchase cow milk, worried that the buffalo milk may be too heavy even after the addition of water.

Women who are breastfeeding rarely supplement their babies' diets with artificial milk, according to all informants, even those met with briefly, as this is seen as unnecessary expenditure. Women go on breastfeeding as long as they still have milk and have not become pregnant. If the mother starts normal menstruation around the 40th day after delivery, the chances are that she will be pregnant again and lose her milk when the baby is seven or eight months old. If, on the other hand, she starts menstruation after the milk supply decreases and she is weaning, the child can be breastfed for two years. Contraception is rarely used by satellite village families. In the mother village, women are also constrained by their own physiological state, but contraception is widely used, partly because the church encourages it.

Reference has already been made here to the use of intermittent tastes of

foods. The apparent confusion that may arise from trying to identify initiation of new feeding patterns is largely caused by the absence of a systematic approach by mothers and other persons sharing care of the baby. There are, however, some clearcut dos and don'ts. Children are not forced to take anything. Mothers start introducing foods, seeing as they go along what has proven to be agreeable and what has not. There is a mental list of foods considered ideal for infant feeding. The list consists of the same items in both villages: hardboiled egg yolk, chicken liver, tomato juice, boiled rice and bread soaked in tea and milk. However, there is a variety of other possibilities. The idea of not preparing special food for infants and young children is important here. Anything that is not thought to be too hot or spicy or too fatty, like fatty meat, is considered to be appropriate for young children.

Food is chewed for the baby until he or she is old enough to swallow unchewed pieces. Hardboiled egg yolk, cheeses, soaked bread and soft vegetables such as tomatoes are pressed between the thumb and forefinger, then placed in the baby's mouth. Chicken liver and chunks of things like *ta'miya* (طعمية) (bean fritters), sweets (when present) and cooked potatoes are cut with the fingernails and given to infants and young children.

The perceived benefits of getting infants used to a variety of foods at an early age have been discussed earlier. It should be underscored here that this is a primary cause of variation in foods given, both at the pre-weaning and weaning stages. At the earliest age of introduction of non-milk foods, the motive is not necessarily nutritional. As the child grows older, the quantities of food increase and milk intake decreases. At this later stage, the breast and/or bottle are used to pacify and/or put the baby to sleep, but milk remains an important contributor to the diet of the child.

The time at which the perceived relative value of milk and solid foods shifts is difficult to pinpoint precisely. One can say with certitude that the ability of the baby to sit up by himself implies that he can be given more food. By the age of one year, babies are fed breakfast, lunch and dinner along with the rest of the family, but are breastfed on demand as well. For women who can sustain a milk supply for a long time, breastfeeding on demand continues until the child is over two years old. Some women in the mother village wean their children at the age of three years.

Once old enough not to merit special, dextrous handling, at roughly six or seven months of age, the infant becomes the ward of many people. During the research, infants at this age were observed being fed by five and six-year-olds. For instance, a boy of six months was seen being fed cheese, eggs and bread by his six-year-old sister. Three other toddlers were eating from the same plate. Their mothers were jointly baking, and the children were left in a sunlit corner to feed and care for one another. The plate was overturned several times and the bread was

eaten off the ground. As is the way of children, eating became a form of play, a game. This is in no way an isolated incident. It is often the younger siblings who spend most time feeding and taking care of babies, as the older ones are at school. Mothers keep a distant eye on their children to make sure that the older ones do not purposely harm the baby. A mother may call out to her older children to mind the flies or to mash the food well so that the baby does not choke. Even in cases where mothers make a point of feeding their infants when they can, the possibility of a toddler - a sibling, cousin or neighbor - putting food or sweets into a baby's mouth is a real one. Were it to happen in front of an older person, the toddler would not be scolded. This is an essential indicator of existing norms in these particular communities with regard to feeding. The worries that have overflowed from other cultures, urban, Western or modern, that lead one to wonder if something is suitable for a child, or if it is the right time to feed a baby and if one is at liberty to do such a thing, are all absent in the cultural milieu in question. Babies and young children do not live in a controlled medium where "all that goes in and comes out" is carefully supervised.

In the satellite village, kinship ties play an essential function in settlement patterns. Members of the same clan live in one quarter. Moreover, persons of the same lineage, or *beit* (بيت) (house), of a clan live in the same alley. The private domain that is elsewhere limited to the household extends here to the alley as a whole. Children move, eat and sleep freely from one house to another. Living in the same alley almost automatically means that one is at liberty to feed, fondle or even scold a child or toddler. Children eat out, and are always welcome at any meal in another household, unless there are problems between that household and his own. Even then, it is rare that a child be denied food. If a toddler wanders in carrying a baby sibling, both are fed. Food is placed in the baby's mouth by any of those eating. If the baby spits food out, it means he or she is not hungry. If there are sweets around, such as pieces of sugar cane, they are given to the baby to suck at and play around with until the others finish eating. This situation is much more obvious in the summer. There is a popular proverb stating that "*el-seif shalaby*" (الصيف شلابي) meaning summer is carefree. This reflects the attitude of people towards summer, when they can come and go freely, when one can sleep anywhere uninhibited by the availability of a cover or shelter, and when one can freely eat at any house since people eat less due to the heat. As one woman explained, "our children are *matlouka* (مطلوقة)," meaning that children are free and not controlled. She was referring specifically to summer.

In the mother village the situation is slightly different. Those living in the heart of the nucleated settlement area don't always have blood and/or close friendship ties with neighbors. Children do eat out, but at specific houses where



they know that they are welcome. They are old enough to wander off on their own at nursery or school age. When babies are left in a house while the mother is on an errand, they are of course fed. Anyone visiting a house where there are young children is at liberty to feed them. When mothers are jointly baking, feeding animals or doing other collective functions, babies are fed by any "free hand". However, here the saying "*el-seif shalaby*" is both stated and adhered to extensively.

Those living out in the fields have closer ties with each other and one can see two-year-olds wandering in and out of houses. This practice is somewhat limited if there is a particularly savage dog in the area, since toddlers fear being bitten. When children are sent into the village, or if they go to school there, they often (if not always) stop off at the house of an uncle, grandparent or cousin, where they are likely to be fed.

The suitability of some foods over others is established by the likes and dislikes of individual children, the number of teeth that they have, and the availability of foodstuffs. Mothers are aware of the media recommendations, but as one woman explained, there is little difference between boiling a potato and mashing it specially for a child and taking potato pieces from the pot made for the whole family, usually with a tomato sauce, and mashing them. Another woman from the satellite village pointed to the existence of some foods which the media do not know of but which are delicacies that are good for children. She resolved this problem by noting that, as Arabs, they have their own culinary specialities, including *kishk* (كشك), (wheat kneaded with sour milk and dried) with milk and butter (or ghee), *'assida* (عصيدة), (milk cooked with ground wheat and eaten with honey and ghee) and *sarsoubiya*. Bread figures substantially in the diets of both young and old. Seven-month-old babies were witnessed as they were fed bread with tiny bites of onion, bread with aged cheese and bread with sugar. Tea with bits of *fayesh* (فايش) (dry biscuit-like bread) soaked in it is also a favourite supplement. Babies are sometimes given the glass of tea and piece of *fayesh* to do the soaking themselves. They are usually over a year old when they do so.

One must refer here to possible reasons why the question of the introduction of foods is a confusing one. There seems to be disparity between the theory and practice of the introduction of solid foods. What the mother perceives to be solid food and the time she introduces it are quite different from the understanding of a researcher who is a product of another subculture. Children are fed on demand and they are fed whatever they like to eat from the foods available at the household and neighborhood levels. Some mothers do not give substantial amounts of solid food before the age of one year because they have a ready supply of animal milk. That does not preclude the occasional tasting of cooked food, a bit of *fayesh* soaked in tea and milk and/or a sweet or biscuit here and there. When animal milk is not readily

available, and once the child begins to get an appetite that is not satisfied by the mother's milk alone, other foods as mentioned above are introduced in quantities. This is done in a marked and quantifiable manner from the age of seven months. Breastfeeding then is still on demand and is the sole source of nutrition at night when there is no other food within easy reach.

Sick children are usually taken off what is known as heavy food. They lose their appetites anyway, so there is really little choice left for the mother. Stomach aches are remedied with cumin, mint or anise water. Some women mentioned adding lemon to all of these tisanes. Cumin is widely used in the satellite village. Milk with plenty of sugar replaces the other foods that the child refuses to take. In cases of diarrhea, a concoction of rice and wheat water with sugar is given. In the mother village, several women mentioned its benefits. One woman mentioned giving a glass of wheat water which is made by boiling cracked wheat in water, straining it through a sieve, and adding sugar to the water, feeding it with a spoon. This is both nutritious and prevents continued diarrhea. This young woman was taking the advice of her grandmother when she thus tackled her four-month-old's bouts of diarrhea. Another dietary cure involves mixing rice water, prepared in a similar manner, with wheat water, which is thought to be even more nutritious.

Mothers stop giving buffalo milk, if they are using it to begin with, because it is so rich. When the milk is available in the household, the amount that is to be consumed as milk is taken before the skimming of the whole supply. Consequently the milk consumed by infants has all its fat. Mothers either attempt to procure cow or even goat milk or stop milk altogether. Again, goat milk is subject to the preferences and beliefs of the community. Some are brought up to believe that it causes diarrhea while others see it as a light milk that is not nutritious but also not harmful. One woman said that she dilutes it more than usual. Claims are made as to the adequacy of sugared cumin, mint or anise water and rice water, but this issue is still confusing and problematic. Some women, predominantly those of the *'ezba*, stop all milks except the mother's own and stick to the sugared tisanes. Others, however, prefer to stick to milk. These waters or diluted milks are given in either bottle or cup. The one food that is perceived to be harmful to the sick in both research sites is red meat. Fatty meat and lamb in particular are not to be eaten by a sick person or child as they cause fever.

Weaning is another important research topic. In the village, girls are weaned at the age of 18 months while boys breastfeed till they are two years old. The dominant belief is that if a girl is kept at the breast for over 18 months she will grow up to be quite aggressive. This is a stark example of differentiation between boys and girls. It is not practised in the Arab *'ezba* where people take pride in their egalitarian outlook to children of both sexes. Here they believe that differentiation

is *haram* (حرام), (a sin). Termination of lactation is subject to circumstances such as pregnancy, health, milk supply. This explains why some mothers wean earlier than others. It has nothing to do with the child's gender. In one case a father refused to have his wife stop breastfeeding his daughter although the baby was over two years old, believing that breast milk is the *rizk* of the girl and that as long as the mother has milk she should give it to the child. Another mother wanted to go on breastfeeding her baby girl until after the hot summer months were past since diseases are widespread in the summer and weaning makes children irritable and so does the sun, so a child weaned in the summer becomes very nervous and cries a lot. A third reason that she gave was that children lose their appetites in the summer and are difficult to feed and so it is not a good time to begin to teach them to depend solely on solid food.

For the Christians of the mother village, the ideal weaning time is during the Coptic fast, when the family diet is fat-free and light. Although children are given fatty foods while still breastfeeding, weaning is a different matter. Children become irritable and queasy. Heavy, rich foods are to be avoided at weaning time. Austere Copts wean their children during the fast to make the children themselves join in the fast. However, when children are too young to be weaned, mothers believe that so long as they themselves are fasting, their milk is kosher. Ideal weaning foods are rice made with oil and sugar-dolls sold at the market. Cooked vegetables are also given. Three Coptic households said that ghee causes diarrhea and is too rich to give to children being weaned. Muslims rely on milk, sometimes goat milk, sweets and biscuits. In the satellite village, one grandmother was seen borrowing a goat because her granddaughter was being weaned. She explained that cow milk was too much for the girl for the first day or two, but goat milk was ideal for the *'assida* she intended to prepare.

Children in both settlements are weaned three days before the end of the lunar month. They are made to wear a *mushohra* (a sheaf of five or seven dried palm leaves), a leitmotif of Egyptian peasant society. The child wears this sheaf, tied with a string around the neck till the end of the month and the appearance of the new moon. Some mothers, such as Case Study 5, keep it around the weaned child's neck until the child is completely weaned and is no longer anxious for the mother's breast. People believe that a weaning child can be harmed if not so protected. Any mother who has had her young plucked from her breast in the same lunar month, whether because the child was weaned or died, can harm a weaning child. Such a mother is called *mifarqa* (مفارقة) (parted) or *gatef* (plucked). If she puts her finger into the child's mouth, the toddler will lose his or her appetite, not eat and become very sick. Death is not an unforeseeable consequence. Why anyone would do that to a child on purpose was a question posed by the research. The answer was that there

are some women, especially those who have lost children, who seek to do ill to others. Moreover, sometimes women can miscalculate the month or are ignorant that the baby is being weaned. They may then offer the weaning child food, thus putting their fingers into the child's mouth and so cause harm unknowingly. Just to make sure that the child is fully protected, he or she is rarely taken out into the street and even then only when accompanied by a relative or trusted adult

A *mifarqa* or *gatef* need not be human. Donkeys, dogs and other animals who have been parted or plucked from their young are also a potential danger to children being weaned. In this case, even if the child puts its own fingers in the mouth of the animal the child can become sick. Moreover, the voice of a *mifarqa* or *gatef* can cause blindness to mother and child. This assumption is substantiated by the eye diseases which children in villages are prone to. Mothers say that the *mushohra* protects the child so he or she does not go blind but only gets an eye affliction. Mothers also wear a *mushohra* when weaning. The voice of the *mifarqa* or *gatef*, or contact with her, can make mothers infertile or sick. One woman in the Muslim quarter who had the misfortune to be thus afflicted while weaning her child drank from the same water as a donkey who had just weaned her young one and so became ill. She and her neighbors suspected that she had come into contact with a parted or plucked donkey before the end of the lunar month.

Some children are sent away to be weaned. The mother village is divided into a nucleated settlement area and the houses in the fields. Most households in one area have relatives in the other. Consequently, mothers can readily send their children away to a family at weaning time. The period that the child spends away from home is usually five days. The mother provides no directions as to what the child should be fed, as it goes without saying that whomever she is sending the child to knows what to do.

If the child is kept at home, the mother makes a point of not undressing or showing him her breast. She may disappear altogether at this time, and siblings feed the child being weaned. When a child asks for the breast she tells him or her that some mythical ogre took it away. In the case of some children who are obstinate or persistent and clutch at the breast, the mother puts a bitter substance on the nipple in case the child tries to suckle. She may put a dye on it to confuse the child. She keeps this up until she ceases to have milk and the child has gotten used to not suckling. Children do become irritable and difficult to please when they are being weaned. It is a time when the mother is placed under heavy emotional strain. She stops her milk supply by applying cloths soaked in cold water from the *rob'a* to her breasts, changing them when they dry up. It takes three or four days of this cold water therapy to effectively dry up the breast milk. This method keeps the breast free of fever and of diseases. The situation in the satellite village is the same.

Children are weaned from the bottle when the father feels that he has spent enough on artificial milk. Questions concerning the termination of the use of artificial milk got responses like: "he took LE 40 of milk" and "his father has spent LE 70 on milk for him." Children are usually eating quite a bit before they are taken off the bottle. It is interesting to note that older women discourage the use of bottles for a pragmatic reason. When children are used to drinking from a cup from a very young age, they are easier to wean. They are not used to sucking a bottle, which is a problem at weaning time, because then not only must one accustom them to not breastfeeding, if they are taking the bottle as a supplement to the breast, but must also accustom them to drinking from a cup. Most older women encourage the use of a cup or spoon with babies who are still a month or two old.

While on the topic of individual courses of behavior vis-a-vis lactation and feeding, one should make an important methodological note. It is impossible to say on the basis of this work that patterns are uniform or contrasting between the mother and satellite villages, as samples are very small and the time invested too short to identify detailed patterns. Observation has shown a number of practices, but does not provide data sufficient to indicate divergence in overall patterns between the settlements. Seeing a situation twice, or even ten times, does not necessarily reveal a pattern of behavior. There are some physical realities that are easy to detect, and there are also some actions which are subject to logical explanations related to environmental and historical factors. Only when practices are said to be exclusive to Arabs, or alternatively peasants, can this report make an assertion concerning the pervasiveness and location of a practice, due to the different ethnic identities of the two communities.



## 4

### *Diarrhea*

#### Concepts, Taxonomy and Approaches

**T**he following is an account of one week in the life of an eight-month-old baby boy whom we shall call Ahmed.

FRIDAY. At night Ahmed became feverish and would not stop crying. He had been defecating frequently and had lost his appetite. That was during the day, and his mother, whom we shall call Nefisa, had thought that it was because of the heat. Ahmed would not even take his mother's milk, his staple diet. Nefisa was frantic and her husband was shouting at her all night, saying that the boy must be crying because she was not feeding him enough. But Ahmed refused to take any milk. The little that he did take he threw up again almost instantly. Nefisa looked at the infant's excreta. It was greenish and a little watery.

SATURDAY. Immediately after the dawn call for prayer and when her husband left for the local bakery where he is the head baker, Nefisa took Ahmed next door to the home of Khala Mariouma, her husband's great aunt and the confidante and source of guidance for Nefisa, whose mother lives in a village that is approximately 10 km away. This is the village that Nefisa comes from. Since she is an outsider, she has no aunts or other older female relatives to go to. Moreover, her mother-in-law hates the mere mention of Nefisa. They had fallen out when her husband came back from Iraq and, instead of giving his savings to his parents, whose eldest son he is, he decided

to take Nefisa away from the family homestead in the fields and live in the village in the heart of the Muslim quarter. His mother never forgave him or his wife for 'going nuclear'. So Nefisa has no older woman to turn to in times of crisis except Khala Mariouma. Nefisa thought that her son might be *mi'oumed* (معومد) (have *el 'amoud*) (العامود). Khala Mariouma laid the infant flat on his back across his mother's outstretched palms and looked at his belly. The rectus abdominus contracted as it should, meaning that *el 'amoud* was intact and not broken or *mafrou* (مفروت). Moreover, Nefisa said that Ahmed's feces had consistency and color. The wise old woman said that it was definitely not *el 'amoud*, as his feces were green. However, Khala Mariouma massaged the baby's trunk with oil and ghee anyway and tied a rag tightly around him. She did not include the customary piece of dough with the bandage, as she was sure that the boy did not have *el 'amoud*. Nefisa went home distraught, and as Khala Mariouma had told her, watched Ahmed to see if he would get better. The boy did not. He kept defecating a watery substance and by the middle of the day was too exhausted even to cry. He just sat there with eyes wide open looking rather pitiful. Neighbors were coming and going.

Ahmed is a very special little boy. His mother had given birth to two girls and had had two miscarriages before she was blessed with the boy. Nefisa meanwhile was giving the boy very thick and sweet tea because her neighbor from across the street had told her that tea can stop diarrhea - besides, the sugar is good for the boy. He was not breastfeeding. His mother only gave him her breast when he became very agitated, to pacify him and help him sleep. Milk would not benefit him much since he was so sick. The neighbor two houses away from Nefisa suggested that it might be *el hagma* (الهجمة). That can cause *ishal* (diarrhea) if a child is breastfeeding. Nefisa said that it was not, as she had protected Ahmed from *el hagma* by milking goat milk into his mouth and onto his face on the last three days of every lunar month. Mothers are supposed to do this to protect their children from *el hagma* and cure them of it until they are weaned. Nefisa was very prompt in milking the next-door neighbor's goat for her precious son. She had done the same thing to her first daughter but not to the second, except for a couple of months.

By the end of the day, when the boy did not get any better, one of the neighbors who usually comes to watch television at Nefisa's home, the only one with a TV in the alley (Nefisa had refused to switch the set on as her son was sick), suggested that it might be *el za'afa* (الزعة), otherwise known as *el waraniya* (الورانية). This is a sickness which babies get whereby they lose their appetites, get severe diarrhea and vomit. A baby has it when he or she



gets a bump-like mark on the palate. This sickness can be fatal. Only an experienced woman can feel this bump. Nefisa considered it very rude and ominous of her neighbor to say such a thing. Nefisa was feeling very guilty and her husband was making her feel even worse. She had left Ahmed with his sisters (6 and 4 years old) the day before he fell ill as she baked and cooked. She was not really keeping a close eye on the boy and thinks that his sisters may have kept him in the sun, so the boy had gotten so sick. She was sure that it was either that or the heat from the oven which he had been subjected to when she breastfed as she baked.

By nightfall, the boy became very sick again and began to vomit violently. Nefisa had fed him a little rice and some of the cooked vegetables that they were having. What was worse was that her own milk supply decreased. She thought that that might be the real reason why the boy was sick. Her milk, or rather the lack of it, might be irritating him back into his sickness after he had gotten better when Khala Mariouma had massaged him. She went over to Khala Mariouma who advised her to go and see the doctor to cure her son and please her husband, who insisted that a doctor see the boy. He wanted to take him to a private physician in the nearby town of Abnoub. Khala Mariouma told her not to wait and to take the child the next morning to the local doctor lest he get *gafaf* (جفاف) (dehydration, as labeled by the media).

SUNDAY. Nefisa took Ahmed to the local health unit bright and early in the morning. The boy had had a terrible night. She had taken money from the cupboard and wrapped Ahmed in a towel, then gone on her way. The doctor asked how old the boy was, looked at him, then prescribed Pyral, Kapect, Garamicene shots and Flagyl. She also gave Nefisa a plastic cup and two packets of ORS. She told her to give him no water, just the diluted ORS and some lemonade. She charged her LE 2.50 and told Nefisa that the boy has *ishal*.

On arriving home, Nefisa gave Ahmed all the medications. She had him take the Garamicene orally and diluted one ORS packet for him and then gave him the rest of the medications which she had bought from the nearby pharmacy. She gave him sips of the diluted salts over the next two hours. The boy did not vomit but he was still feverish and cried a lot. Nefisa wrapped him up in a damp towel to take away the fever. A neighbor coming in to see Ahmed told her that it was her fault he was so sick. Nefisa should have introduced the baby to solid food when he was four months old rather than giving him only breast milk and the occasional piece of *fayesh* and tea.

Had she done so, the boy would have been strong and not so sickly. Nefisa said that she does give him cheese and bread and has been doing so for months. Meanwhile, Khala Mariouma was telling the concerned neighbors that she knew the real reason for the child's malady. According to her, the infant was sick because his father had fallen out with his own cousin the same night that the baby started vomiting. Khala Mariouma could hear the shouting from her own house. It concerned money. As a consequence Nefisa had gotten very upset and had cried. This of course affected her milk. When a mother gets upset, her milk becomes poisonous, thus causing the breastfeeding infant sickness, usually *ishal*. Khala Mariouma does not want to tell Nefisa as much because the already distraught mother will just be more miserable if she is told that she is the cause of the *ishal*.

MONDAY. Nefisa was not satisfied with the medication. The baby was still poorly and had not fully regained his appetite. Her milk had increased, but because Ahmed was not taking much, she was having it expressed with the help of the neighbors, and discarding it next to the wall. She woke up thinking that it might well be a case of *el za'afa*. She took Ahmed over to Khala Mariouma who felt his palate with her forefinger and said that Nefisa might be right. The specialist in treating *el za'afa* is a woman called Om Abdel-Ghany. Nefisa took Ahmed to her. She confirmed the suspicions of Khala Mariouma and massaged the baby's palate with ground coffee and lemon. She told her to keep Ahmed away from the eyes of people and said that if he did not stop defecating watery stools, or, as she put it, "to *yehor*" (يهور) by Wednesday, she should come back and have his ears pierced. She took 50 piasters. Nefisa felt that the boy was getting better. He took her milk and avidly drank water all day. When his father came back he was furious when Nefisa told him that Om Abdel-Ghany (a woman of slave descent) had suggested that they pierce the boy's ear. He said that no son of his would have his ear pierced and slapped Nefisa. Meanwhile, she had given the child another packet of ORS and continued supplying him with warm, strong and sweet tea. Khala Mariouma expressed her milk for her at night. The boy continued to *yehor*. She kept him wrapped in a damp towel. The boy was again too sick to cry. She had not given him the medications that day since according to her they did not seem to make him any better.

TUESDAY. This was the day that would decide if Ahmed would have his ear pierced or not. Nefisa passed the day feeding, cleaning and watching Ahmed. She did not buy any more ORS and she gave the boy his medications only once in the morning. The boy was not taking the milk that she had, and so she had it expressed once more in the early evening. Nefisa

was worried that she might get a breast sore or a lump that could cause an infection. Neighbors were visiting her most of the day. She received them while carrying Ahmed or watching over him as he lay on a towel on the floor. She was conscious of the effect of flies and periodically shooed them away. However, a substantial number were hovering around and landing on the child. She covered his face with her own black veil when her husband's sister (a potential evil-eye) came in. Nefisa justified covering Ahmed's face by mentioning the flies and the ever present evil eye of others.

WEDNESDAY. It was 9 o'clock when Khala Mariouma finally finished piercing the boy's ear. Unlike girls who have their earlobes pierced, Ahmed had the upper part of his ear thus treated. He had been very poorly all night. Nefisa had decided that regardless of her husband's preferences she would go ahead with the piercing. Besides which, Mahasin, one of her neighbors and her husband's relative, had talked to him and told him that the piercing would benefit, not harm, the boy.

The woman who performs this task must be *qat'a el dem* (قطع الدم), or past menopause. Expertise is necessary to diagnose *el za'afa*, but any elderly woman can do the piercing. Consequently, there was no need to take the boy over to Om Abdel-Ghany. Nefisa could not stand by and watch. Mahasin held the boy while Khala Mariouma, squatting on a mat, placed a sewing needle in the flames of the *kanoun* (كانون) and passed it through the boy's left ear. Mahasin wiped the blood off with a rag while Khala Mariouma smeared the blood of the needle on the end of her *galabiya*. She had used a long red string on the end of the needle. She then tied the string with her fingers and cut it with her teeth. This string is not to be removed until after the boy is weaned. Mahasin took the screeching infant to his mother, saying "the breast will soon shut him up." Thus Ahmed's anti-*za'afa* therapy was supposed to be complete. Nefisa was told to put oil on the string and move it in and out of the baby's ear so that it would not grow a scab or become infected. The boy did eventually sleep.

Nefisa had been advised to go the health clinic on Saturday, the day set aside for immunization, to have the boy take his shots, which were long overdue. Nefisa hoped that he would be well enough by then to take shots. In the early afternoon she took Ahmed to the *halabiya* (حالبية) (gypsy) who lives across the street to have an '*o'ed* (عقد) made for him. The '*o'ed* is a coin wrapped in a cloth along with some cumin seeds and another component or two which vary. The '*o'ed* is tied around the baby and is a protective charm. Neighbors told Nefisa that she should not have one made for Ahmed because

she had not had any made for his sisters, nor did she - according to her own account - have one as a child. They said the 'o'ed is only for families that have it as part of their established practice. This is the philosophy of some people but not everyone. Nefisa and the *halabiya* were of the other school.

The boy's fever by this time had gotten much worse and after a very short-lived recovery he was defecating stools that had a water-like consistency. He took snatches at his mother's breast, but refused to eat. He was very thirsty and Nefisa was giving him water in a cup from their *rob'a* all the time. At night she had a dream in which a woman dressed in white told her that she had had three warnings and yet she still showed Ahmed to people. When Ahmed was born in Nefisa's village of Beni Mur, the doctor who helped her deliver had told her that this boy would be *manzour* (منرور) (looked at or envied), and that she therefore should not show him to people. She kept his head covered and on the seventh day, when she thought he had a fever, took him to a doctor who prescribed some shots that she neglected to give him. The second doctor also told her that her child is *manzour*. She protected him with donkey milk, beginning on his 20th day, when their donkey finally came into milk, and did not bathe him for three months. When she came to the village she was told that covering the boy's head would give him worms in the head. She uncovered his head and he got *ishal*. She took him to a doctor in Abnoub who also told her that the boy was a victim of the evil eye. So, as the apparition had said, she had been warned three times and told not to show the boy to people. Nefisa was now sure that the cause of her son's illness was the evil eye.

THURSDAY. Nefisa went along with her brother-in-law, a 14-year-old called Higazy, to the doctor that her husband had told her to go to in Abnoub. He took LE 5 and told her that the boy had gotten so sick because she had given him ORS!!!! The doctor, a young resident of the town, said that when ORS is given to children who have *ishal* it makes them very sick. It is meant specifically for those who have dehydration. He told her that the boy was teething and that that was what was causing the severe diarrhea, fever and vomiting. He explained that teeth come directly from the brain and therefore are very difficult on children, and that the least that they could expect under difficult circumstances was diarrhea. He prescribed some Garamycine and some Penicillin shots. After buying them, Nefisa discovered that she already had the Garamycine. He also gave her an ointment. During the preceding night Ahmed had developed an inflammation in his scrotum. It caused

Nefisa much pain to have one of the local injectionists come and give Ahmed the shots. She spent the rest of the day holding the boy and giving him sips of tea and her breast when he demanded it. She stayed upstairs, away from the gaze of passers-by and casual visitors.

NOTE: this account of the visit to the doctor was provided by Nefisa herself. The visit itself was not observed. Regardless of what the doctor actually said, this is what she thought he said.

FRIDAY. Ahmed miraculously recovered. He woke up well enough to be given some *fayesh* soaked in the broth prepared the night before. All were of the opinion that it had been *el za'afa* caused by the evil eye. Behind Nefisa's back, the quarrel with the cousin and the consequent bad feelings and upset which had poisoned her milk were also suspected. The inflamed scrotum continued to irritate the little fellow but otherwise he seemed much better. His fever had gone and he was slowly regaining his appetite and his stool was losing its watery quality. There was great debate as to what had cured him. Elder women explained that a sick child may have several maladies that appear as one. That is why children have to get treatment for everything that they might have or, as in the case of Ahmed, for everything that could be causing his diarrhea, fever, irritation and vomiting. The boy kept the string in his ear, and the *'o'ed* around his chest. His mother did not give him any of his medications, but on Saturday she took him to the local health unit where he was given his immunization shots. There the doctor gave her another two packets of ORS just in case the boy got sick again. Of course Nefisa "knew better than to give them to her son," as she herself put it.

The above account is a product of participant observation unless otherwise indicated and except for events taking place in the middle of the night.

Following is another story, but this time the tale derives from the *'ezba*. It concerns a little girl who is approximately 20 months old. Her name is Nahed and she lives with her mother, Rawhiya, a woman of under 25 years, and her older sister, Nora (3 years old) in a small house in the *'ezba*. Her father is away in Iraq and has been for over a year. They are quite poor by *'ezba* standards but are expecting wealth to come with the father's return. Nahed is a very skinny and poorly child. She has difficulty opening her eyes and has 'soft bones'. The girl is also well under the normal weight and height for her age. Rawhiya explained why her daughter was so skinny by recounting the story of the sickness that Nahed had ten months earlier. It is difficult to be precise about the dates, since Rawhiya dates by events, as do many people in the non-Western world, some of which are obscure, such as so and

so's wedding or departure.

Rawhiya herself had *el sakta*, the local label for dysentery (or so the writer was told by physicians from the area and led to believe by observation). She has had it on and off for a long time. When she had a severe attack a while back, it naturally enough poisoned her milk. Consequently, Nahed, who was breastfeeding at the time, got *el sakta* too. The girl was defecating blood. Just before she started doing so a neighbor's daughter had been carrying the baby girl and accidentally dropped her. This led to the girl getting a *khar'a* (حرج) (shock/fall), which caused her to have diarrhea compounded by the vomiting and blood from *sakta*-contaminated milk. The girl became very weak. After taking her to Om Mohamed, the local birth attendant and healer, who massaged the baby with oil and soap, thinking that the girl might have *'amoud mafrou*t, Rawhiya realized that the girl needed a cure for *el sakta*. She took her to the hospital in the nearby village of 'Arab Mateer, where they kept the girl for two days before transferring her, along with Rawhiya, who was accompanying her, to the town of Abnoub where both mother and child were kept for ten days. During this time the baby was given regular intravenous treatment.

Rawhiya suffered when she saw all the needles in her daughter's shaved head. She begged to be discharged and took her daughter back home. The baby still had diarrhea and severe loss of appetite. She was even too weak to suckle. Rawhiya expressed her milk with her hands into a cup and gave it to Nahed with a spoon. She had to express the milk anyway so that her breasts would not dry up and so that her milk supply did not stop. She says that she should have known better from the beginning and not given her *sakta*-contaminated milk, but she neither has access to another source of milk nor the money to buy it. She had to sell a kid for LE 15 to cover the expenses of transport and medication incurred during her daughter's stay at the hospital. She gave Nahed several packets of ORS, which she had brought to her by one of her many male cousins, to bloat her sunken stomach before taking her to see the doctor again in 'Arab Mateer so that the girl was not once again kept in hospital and given "needles in her head!" The doctor prescribed medication for fever, which she bought and gave to the girl. She also gave her ORS, which made the infant vomit. The shots that he told Rawhiya to buy were too expensive and so she decided not to buy them and to wait and ask her neighbors and relatives. They in turn told her of a healer in 'Arab Mateer.

Rawhiya took her daughter to the healer the next day. This woman told

her that in return for a new *galabiya* she would heal her daughter. She diagnosed the girl as suffering from a bad bout of *khar'a*. When Rawhiya went to see her again she cut up three loaves of *dabdoub* (دب‌دوب), a local bread, which she had told the worried mother to bring with her and threw them into a *beer* (ببر) (deep well). She told Rawhiya to put a bag full of seven cups of ashes from the oven and a jerkin full of salty water next to her sleeping daughter. These were to be kept next to the girl overnight on Thursday. Then, just before the Friday noon call to prayer, Rawhiya was to carry the girl on one shoulder and make a trail by sprinkling both water and ashes on the ground from her house to the mosque and back. This Rawhiya did for three consecutive weeks.

The mother was baffled! During this time Nahed would become well, then all of a sudden start getting diarrhea and vomiting again, with a fever to boot. Rawhiya returned to see the healer in 'Arab Mateer. After all, she had given her material for a new *galabiya*, expecting her daughter to be healed. The girl was still sick and so the healer owed Rawhiya. The healer told the now angry mother to take Nahed to the Coptic cemetery and that this would do the trick. She and a female cousin took Nahed down to the cemetery one afternoon. They found an open corpseless tomb into which they took the baby. They left her inside, rushed out and stood close by while keeping a vigilant eye on the baby. The girl was quiet until she heard their low murmurs. Then she began to cry. After a while the neighbor went to fetch her. The healer had said that if the baby defecated and urinated while in the tomb she would be completely cured. The girl had done both and so her mother took her home much relieved, for now the baby would surely get well, which she did.

Rawhiya knows that Nahed had *gafaf*, or dehydration, because they had told her so at the hospital. She had used a whole box of ORS packets to cure the girl of dehydration. However it was the *khar'a* that had been problematic and that had necessitated resort to a healer. That was what had been difficult to treat.

These two stories illustrate the 'situational logic' of mothers and community members when faced with a case of diarrhea. There are dozens of similar examples that show the logic, procedure, consultations and deliberations activated by an instance of diarrhea. These two particular stories have been included in the body of the work - others can be found in the annexes - because of their representativeness of how local persons deal with the sickness of a child. There are a number of points that this work wishes to stress as commentary on these and other accounts.

One can clearly demarcate a taxonomy of diarrhea-related and locally diagnosed diseases to which children are subject in their day-to-day life. The following is a list of the name, aetiology, diagnosis, symptoms/signs, prognosis and treatment of each disease.

<b>Illness:</b>	<i>El za'afa</i> (الزعة), <i>el waraniya</i> (الورانية), <i>el foukaniya</i> (الفوقانية), <i>el wihsha</i> (الوحشة)
<b>Aetiology:</b>	The evil eye, but some say no one knows why some children get it. It is a disease specific to unweaned children.
<b>Symptoms:</b>	Diarrhea; infants defecate a watery stool of normal color up to seven or eight times a day. In some cases there is vomiting and fever. Infants become very sick and lose their appetites. Babies cringe and suck with their empty mouths. Yellow' ears were once mentioned as a symptom.
<b>Diagnosis:</b>	A specialist, usually a local woman, feels the palate of an infant. If a bump, called by some women a <i>safeera</i> (سفيرة), is felt, then the child has the disease. Copts in the village say that this bump is usually in the shape of a cross, but people of the 'ezba and others in the village say that it is like a date.
<b>Prognosis:</b>	Can be fatal. Women never mention this disease without asking for the protection and help of God. Some do not even mention the name of the disease, but only imply it by using the term <i>el wihsha</i> meaning 'the bad one'.
<b>Treatment:</b>	The bump is massaged with lemon and ground coffee. The woman who cures it in the 'ezba also uses garlic to apply the mixture. The person doing the massaging must be past menopause. This massaging goes on for up to six days, but can take less time. The healer also pierces the ears of the patient. Girls get both their ears pierced, boys only one. This stops the diarrhea and rids



the baby of the *safeera*, which is perceived to be the reason for the loss of appetite and irritation in the jaw and mouth. It is also responsible for the vomiting.

- Illness:** *El'amoud* (العامود).
- This is in fact the name given to the tract connecting the baby's mouth and his or her anus. The malady literally means the tract or column is broken, implying a rupture in this tract. The Arabic diagnosis is *el'amoud mafrou*t. The child who suffers from this disease is said to be *mi'oumed*.
- Aetiology:** A fall backwards. Can be caused by the evil eye. Some say that the fall which breaks the *'amoud* is itself caused by the evil eye. It befalls children of up to two years.
- Symptoms:** Diarrhea; the child defecates a watery colorless stool. In severe cases the stool is exactly the color of the food consumed, i.e. red if baby has eaten something red, etc. The baby vomits and may also have a fever.
- Diagnosis:** The baby is held across the outstretched palms of an adult with its head and shoulders dangling without support. If the rectus abdominus contracts, then the baby does not have a broken *'amoud*. The contracted muscle is construed to be a part of the so-called column. If the belly is sunken and the muscle does not contract, then the baby does have *el'amoud*. Babies who are diagnosed as having a broken *'amoud* are, if taken to a physician, invariably diagnosed as having gastroenteritis.
- Prognosis:** Could weaken a baby to the extent that the child dies, but death is rare, while the disease is common.
- Treatment:** The baby is massaged by a specialist, often a woman. The trunk of the baby is massaged with oil and in some cases soap or even ghee. This is known as *tamrees* (تمريس). Then his or her limbs are criss-crossed (left foot brought to right arm and vice versa, then the right foot is brought to the left shoulder and vice versa). Then a piece of dough is bandaged around the area where the

'*amoud* is supposedly broken.

<b>Illness:</b>	<b><i>El hagma</i> (الهجمة)</b>
<b>Aetiology:</b>	The attack of spirits on a child. Some children are more prone to it than others. Special children, like long-awaited boys, are potential victims. These spirits attack more aggressively if a child is left alone. Infants and children of up to seven or eight years can get it. Many women of the ' <i>ezba</i> displayed a nonchalant attitude towards <i>el hagma</i> , saying that it is one of the worries of peasants, and that the Arabs do not pay any attention to it, though some do.
<b>Diagnosis:</b>	Process of exclusion of other possibilities.
<b>Symptoms:</b>	In the case of unweaned children, <i>el hagma</i> brings about diarrhea and loss of appetite. Its most essential symptoms are irritation and continuous crying, as well as the foul smell that the child's excreta has if the child has <i>el hagma</i> . In the case of older children, they wake up crying and shaking in the middle of the night, which is usually the time that they are attacked.
<b>Prognosis:</b>	Some children suffer continuously from <i>el hagma</i> . These are below average children in terms of growth who have successive bouts of diarrhea, no appetite and some of whom defecate blood.
<b>Treatment:</b>	In the village, a baby who is still breastfeeding has goat milk milked directly onto his or her face and into his mouth for the first and last three days of every lunar month. The last three days of the month are the time that spirits are supposed to attack. So in treating the baby in this way, the mother can either be actually curing the child if he or she is suffering symptoms, or protecting the child if not. A protective charm known as the ' <i>o'ed</i> , which guarantees that a mother can leave a baby alone without risking an attack on the young one by animals or insects, can also protect against spirits. Older children who are weaned are cured from <i>el hagma</i> by being held tightly and covered. A straw is taken from the mats that are used to sleep on and burnt. This

drives the spirits away and the child sleeps safely for the rest of the night. In the *'ezba*, children who have become very poorly as a result of 'chronic *hagma*' are branded. A red hot nail is applied to the crown of the head. If the place where the nail is administered fills with pus, then the child is cured.

**Illness:** *Khar'a* (خرع)

**Aetiology:** Caused by a fall forward, as when a child falls off a lap. According to an elder woman of the *'ezba* it comes when a child falls forward " .. and into the arms of a spirit." It is a concept that combines falling with shock. It is caused by the evil eye. This disease is not specific to babies. Children of up to ten years get it. When a child falls into a stream he or she may get *khar'a*.

**Diagnosis:** If wasting has ensued from a recent fall.

**Symptoms:** Diarrhea, wasting, loss of appetite and vomiting. As one mother whose daughter had suffered from *el khar'a* said, "a baby wastes away and its face is reduced to the size of a lemon."

**Treatment:** *Takhzeek* (تخزيق), or the stabbing with needles of a paper doll, an effigy of the person thought to have cast the evil eye, followed by the burning of the doll in salt and flour, is the usual cure. This is not to cure the symptoms. This is a way of ridding the child of the cause of his or her misery. The afflicted child should be covered by the smoke in much the same way as when treated with incense. This is usually done at sundown. Some women specialize in cutting and burning the paper doll. Severe cases are taken to the cemetery as described above. In the *'ezba*, children are branded as mentioned. However, only children whose own parents have suffered *khar'a* and who themselves have been branded are subjected to the hot nail.

**Illness:** *Sakta* (ساقط), dysentery.

**Aetiology:** It has little to do with food as far as adults are concerned. It is caused by seeing an ugly sight like

rotten meat, a carcass or corpse. The disease is present in epidemic proportions in the *'ezba* where young and old alike have it. Breastfeeding children get *el sakta* from their mother's milk. Otherwise, the disease is not contagious.

**Diagnosis:** Self-diagnosed in the *'ezba*, probably due to the endemic presence of the disease.

**Symptoms:** Excreta mixed with blood, worms, diarrhea (seven to ten times a day), vomiting, loss of appetite and fever in some cases. Adults complain of nausea as well.

**Prognosis:** Observation points to this disease as a primary cause of death, especially in the case of adults when compounded with other maladies.

**Treatment:** Breastfeeding babies are taken off their mother's milk if the mother has *el sakta*. Lemon, cummin and fenugreek are given as tisanes. Diarrhea pills are taken. In the case of babies, the pills are diluted in sugar and water. Meat is avoided.

**Illness:** *Taq (تاق), Tagig (تجيج) (adj)*

**Aetiology:** Worms. Could be caused by the evil eye but usually brought about by an evil spell. This disease is rare in the sense that it was only mentioned by one woman, a healer who specializes in treating those suffering from it. It can afflict children of up to fifteen years of age. The disease was not mentioned or observed in the *'ezba*.

**Symptoms:** Diarrhea, an itching anus, wasting.

**Diagnosis:** When no other cure for diarrhea works and when the anus is so itchy that the afflicted patient can hardly sit down, the patient is suspected of being *tagig*. Boiling water is splashed around the anus. If fat-like lumps are ejected accompanied by worms, then the patient is *tagig*.

**Prognosis:** Severe wasting that cannot be stopped. Could lead to insanity.

**Treatment:** First a concoction known as *kherfet zeit (خرفة زيت)*

made out of boiling oil and crushed garlic and usually applied to cuts, is used to smear the anus and clear it of worms and fatty lumps. Then a *kabsa* is made to heal the inflammation in the anus and cure it of the worms. This *kabsa* can be made out of a variety of ingredients. Traditionally it used to be made out of the toasted and ground head of a small dog. However, the burnt sole of a shoe, ground coffee, and soot from the oil lamp are all ingredients that the aforementioned healer has used to make the *kabsa*. She said that it was both a matter of availability and suitability of the *kabsa* ingredients.

Besides all of these, there is of course plain and simple *ishal* or diarrhea. This can imply anything from a description of stool color and consistency, if not normal, to the frequency of defecation. Diarrhea that can be life-threatening to breastfeeding children is caused by a change in the mother's milk. This can be caused by a disorder in the actual breast, such as a sore or a lump which creates fever in the breast that in turn poisons the milk and leads to the illness of the child. Alternatively, milk can be poisoned as a result of the mother's psyche. *Za'l*, or upset, can both decrease and poison the mother's milk, leading to the same result. The *tabi'a* or sister spirit also poisons the mother's milk. (The likes and dislikes of this sister spirit will be discussed below.) It is important to note that the bad or angry spirit is believed to be active in situations of *za'l* and that this is the connection that some make between *za'l* and poisoned milk.

*Ishal*, as far as the young and old are concerned, can also be caused by a variety of things. Teething is believed by local professionals and lay persons alike to cause diarrhea. Heat and sun also bring about disorders like diarrhea and vomiting. In the *'ezba*, women believe that their children are hardy and robust because they go from sunlight to the windy mountain shade and back into the sunlight again. They believe that drinking cold water or milk in quantities directly after coming in from the sun brings about diarrhea. Fatty meat in large quantities and goat milk also cause diarrhea. Eating meat followed by a dairy product or milk also brings about the same effect. When families have a heavy meat supper they never have milk, butter or cheese for breakfast. This is a tenet of the *'ezba* but there are many who live by it in the village as well. Diarrhea comes from being in a hot place and then going to a much cooler one but not the opposite. This was another opinion voiced by many women in both research sites. Overeating was also mentioned as a cause of the recurring bouts of diarrhea that one little boy suffered in the *'ezba*.

The above are remedied by medications from the pharmacy. Women of the

village dilute an ampule of streptomycine in a little water and administer it orally to the sick child. Others use charms and amulets. In the 'ezba a seed known as *garad* (جراد) is ground and diluted in a little milk and given to a sick child. There, diarrhea pills are also common. Community members do not know what the actual pill is. They go to one of the two general stores and ask for diarrhea pills. In one case a woman was giving her child aspirin; but that was what she was given at the store. Medicines are used quite casually and are interchanged between households.

Jealousy causes severe bouts of diarrhea in breastfeeding children whose mothers are pregnant. It is said that children know before their mothers do of the pregnancy. They feel it from the milk, become poorly and get diarrhea, all because of their jealousy of the coming child. Women must buy a jealousy date for their children if they do become pregnant while breastfeeding. The date can be bought from any market. Children suck at it and then have it hung around the neck.

In conclusion one can safely say that concepts and approaches relating to diarrheal diseases are complex and intricate. It is not a matter on which there is a dearth of indigenous knowledge. Before thinking of intervention, one needs to understand what 'diarrhea' means and what it implies in the dominant conceptual frameworks of a given community or even in the wider society. One can see that the Western biomedical model has been absorbed into the existing traditional healing system. Amulet and medicine stand side by side and are used simultaneously, consecutively and/or interchangeably. Folk remedies and expensive prescriptions are tried while concerned parents hope for the best. Both systems mystify, cure and disappoint. However, the biomedical system is often much more expensive.

## 5

### *Personal Hygiene*

**T**he key problem needing resolution is why people wash their hands in the first place. Rather than going through a long list of instances when women do not wash their hands, it may be more productive of insights to understand why they do. Here, the purpose is to discover the rules that govern handwashing, if indeed there are any. A reasonable postulate that is produced by this work and which should be further researched and tested is that handwashing is a post rather than a pre-action procedure. Women wash their hands if their hands have become unusable due to dirt. Handwashing marks the end of an action rather than its beginning. A woman may wash her hands after cooking and then sit around idle. On the other hand, she may prepare food for a small baby without washing her hands although she has not washed them all day. When hands clearly have wet stains, soil, fat, feces or anything else that prevents easy use of the hands, women wash them. For example, if a woman has been cutting clover in the fields and her hands have wet earth on them, she will not use them to eat, greet or feed. If, however, by the time she comes home the soil has dried, she will perform any of the above functions and others without washing them. She may dust them off on her *galabiya*, to remove dried mud.

Women do not wash their hands after every meal. Eating bread, cheese, eggs and raw vegetables, for example, does not require washing the hands afterwards. Even when one dips pieces of bread into eggs fried in fat or cheese soaked in oil, no handwashing is necessary, as the fat that gets onto the fingers is negligible and can easily be rubbed off onto clothing. Women were not observed washing their hands

after defecation, but they never emerged with obviously sullied hands. If a mother is changing her baby and her hands don't get too soiled, she does not wash them. If they do, then she dips them in a bit of water.

Smell does not constitute a strong reason for washing one's hands. "The smell does not go away if you do wash your hands," the women said in answer to this question. When smell is accompanied by visible or felt uncleanness, then hands are washed. Odor in and of itself is not an indication of uncleanness. The whole issue of handwashing is primarily one of opinion and comfort, not one of cause.

When not done under a tap, handwashing takes as much time and effort as required by the substance being washed away. Usually, water is poured onto the hand, alternating the two hands if the person is pouring for himself. Then the hands are rubbed together well and more water is poured. In the case of baking, for example, a large container of water is kept nearby. Women dip their hands into this water and wet their arms up to the elbows to get lumps of sticky dough off. Hands are then dried on clothing or on a piece of cloth that women keep tucked between their breasts for wiping away sweat, soot, or even for cleaning the baby's bottom. Only one case was observed where a woman wiped a toddler's bottom with the same cloth used for wiping her forehead and her hands - its significance is that it illustrates the possible, but it does not show that women in general do this as a regular practice (although they may). It does indicate that the absence of a clear understanding of contamination and hygiene can result in such practices. As to the soiling effect of excreta, specifically in a religious sense and the Islamic tenet as to the defiling consequence of contact with stool, it does not strictly apply to the stool of children. Toddlers and specifically the yet-to-be-weaned are 'angels', they do not defile or sully.

After a greasy meal where meat has been cut with the fingers and vegetables scooped up with a piece of bread in such a way that hands have been immersed in a tasty and rich sauce, hands are washed with soap, in the manner described above. The soap is usually used only once. Hands are dried on clothing or any handy rag. While women are baking, cooking or working around the house, a small container of water is kept handy. During the course of her work, a mother pours water onto her hands when she feels they are dirty, drying them on her clothing. If her hands have something readily removed on them, such as soot, salt, spices or dry flour, she simply dips her hands into the container and then dries them. This water begins the day clean, but it is not changed even if it becomes murky from dirty hands being dipped into it or small poultry hopping across it. This general picture applies to both villages. Even in cases where families have an in-house supply of running water, a



standing pot of water is kept for dipping. This water is never drunk. The pot is changed during the day if the woman has been baking. Dough, flour and other waste material render the water unusable. Even then it is not thrown out, but rather it is added to. Dirty water is used as a handy medium into which leftovers, tea, pips, egg shells and other materials are thrown.

A typical situation would be that a clean aluminum pot is filled with water, whether from an in-house tap, a public tap or a pump. This water is used to fill the *rob'a* from which people drink. The rest is taken to rinse, cook or give water to animals. Once the water begins to go murky it is used to dip hands into and not to make tea with. Towards midday the water becomes a disposal medium. By this time there is another ready pot with usable water. The important point to make is that the two pots of usable and dirty water stand uncovered side by side in any household. Whereas mothers see a clear difference between them, children do not. Playing in the dirty pot of water and waste disposal water is a favorite game for toddlers. It is a practice discouraged by adults but here again, the notion of the uncontrollability of the environment in which children exist becomes functional.

Towels are used to flatter guests. On the occasions that they were offered to guests, they were brought down or out from far corners of the house. The towel would usually be well tucked away in a small cupboard, giving the distinct impression that it is rarely used. There are face towels that are invariably well worn and faded, which are kept with clothing or hung on a line. These are used by men to dry their faces in the morning and to dry their hands after heavy meals. Clean clothes are used to dry children after a bath, or to dry their faces after washing. Some more careless mothers use clothing which is not so clean for these purposes. In any event, there is never more than one towel out at a time, and it is used by any member of the household who wishes to dry himself. While children are usually dried with clothing after a bath, their hair is dried with a towel in most cases. Babies are taken out covered with towels used to dry hands. As towels have this dual purpose they are always kept on a clothesline to dry, so that whenever the mother needs to snatch one to cover a baby the towel is not wet.

Water used for handwashing is clean but not always potable. In the mother village, where people living in the fields do not have easy access to potable water, the water that is used for handwashing is the salty water that comes from the handpumps. In the satellite village, water is also pumped, but here it is sweet and potable. In all events, women rarely use running water. Even families that have taps inside the house do not wash hands, clothes, dishes or children under running water. Whether from pump, tap or canal, water is usually held in a large container from which smaller quantities are placed in smaller containers for use as mentioned

above. This is not to underestimate the value of water in the home. It saves women and children the labor which was previously expended on filling containers and carrying water. However, the impact on water use patterns is less obvious. It may be that in-house taps have increased the quantity of water used, but there does not appear to be any difference in the liberty of use in handwashing, nor in the pattern of use, between houses with taps and those without. It has become easier to get water but the extent to which that has meant using more of it is not clear. The least one can say is that the impact of having water readily accessible and using more of it for different purposes is not automatic. Not only is the use of water culturally as well as materially dictated, but even the way one carries water is a cultural statement.

A little anecdote may serve here. The writer had lunch with friends from the *'ezba* in the home of a very popular member of the community. Only women and children were present and the bill of fare was simple - aged cheese, tomatoes, fresh bread and melted ghee - all of which went towards making it a relaxing and familial affair. After lunch the writer was treated to a small pot full of water, a piece of soap and a towel. These items of hospitality were brought into the room where all had been eating. When the writer started scooping water to wet the hand in which she held the soap the women present fell about with laughter. The comedy was the way the writer clumsily scooped the water, letting it trickle through her loosely gripped fingers. "That is how you urban people hold water. By the time you take it where you want it you spill it all on the way."

The moral of the story is that even the way one cups one's hands is a matter of cultural, material and historical commentary. Women have been managing with limited water supplies for centuries. This material fact has produced set patterns of water storage, usage, consumption and disposal. Taps and ready access to water will change these set patterns, but not without a certain lag due to inertia, and certainly not without sewerage.

In reference to the reasons for handwashing, one might add that some meals do not warrant handwashing to the extent that even the urban researcher was not offered an opportunity to wash hands after eating. Meals that have no cooked food (*tabikh*) do not warrant even a suggestion of washing hands. Fried eggs, *kishk* in ghee, noodles with honey and ghee do not count as cooked food.

The hands of toddlers are washed by pouring water on them by means of a small cup over a container that is kept for dirty water. The person washing the hands may rub them thoroughly, then rinse the dirt away, and may use soap. Children get their hands washed when their hands are very obviously dirty. In one of the households of the mother village with an in-house tap, the six-year-old son was playing in the mud. He ran in, chasing his sister, who is four years old. In

attempting to hit her, he smeared her clothing with mud. Their mother, who was busy chatting at the time, shouted at them both, took hold of the little boy's smeared hands, and told him to go and wash them. This he did, but not under the tap. Rather, he poured water from a small container which his mother filled for him from the tap. He did not dry his hands. The little girl then started crying and asking to have her hands washed too. The mother took hold of them and looked at them. She said, "they don't have anything on them." The girl's hands had dried stains, and her nails were black. After about ten minutes, all got up, researcher included, and ate cheese and bread with their hands.

In the village, children are bathed once a week during winter. Two containers are filled with water. One is hot, the other not. The child is made to stand in a large *tisht* (طشيت), a shallow container used for laundry as well as bathing children. The mother mixes hot water and cold in a large cup (*kouz*) (كوز) and pours it over the child. First, the hair is washed well with soap and rinsed. The child is dried with clean clothes, an older person's *galabiya* or a towel, and dressed. One can estimate the amount of water used as under two liters. Women of the 'ezba bathe their children in the same way on Fridays and Sundays all year round because the markets that they frequent are on Thursday and Saturday, and market day is meat and intercourse day. Consequently women themselves have to bathe the next morning. Usually they then also bathe their children. Of course this is not an iron rule. Women and children may bathe during the week if circumstances require.

In the summer, children are bathed less systematically and perhaps more frequently because they play in water all the time. In the 'ezba, toddlers frequently step right into the aluminum pot kept filled with clean water for household use. It is a game played to ward off the heat. Mothers don't mind this game too much. They just dislike having to fetch more clean water. Usually the children's clothing is taken off. When they step out they may put on the same clothes or put something else on. The proper bathing of the child then seems unnecessary. Children are of course bathed as described above but because of their frequent play with water from the pot, under the water pump or in the stream, mothers feel that they are getting the water exposure necessary for minimum comfort from heat and dust. In the mother village, children were not observed casually wandering into the domestic water pots but that does not mean that the practice does not exist. Standing under public water taps and pumps is quite common there. The stream is the private domain of young men and boys who are old enough to know how to swim (apologies to the bilharzia campaign). Children are bathed more frequently than in the winter. When the mother is free and the child is absolutely dirty she may wash him or her as did the mother in the following account :

All the kids were plastered with chocolate from the biscuits. The swarming flies were so great in their numbers that they would stick to the faces of the children and trap one another onto the melted chocolate. Aziza picked Racha up and while holding her upside down from the waist so that the girl seemed as though she was about to dive into the aluminum pot filled with water, she washed the child's face and both her hands, letting the used water collect in a puddle on the mud floor. Then looking over at the researcher from the corner of her eye she took a piece of soap from the plastic soap dish kept over the mud *zeer* (زير) shelter and went through the whole process again using soap. She dried the toddler's face with a stained towel which she brought out from one of the inner rooms. She did not wash Sawsan (her baby daughter) who also had chocolate all over her face, but not as much as Racha.

The mother considered that Racha had bathed, for she told one of her neighbors who had just walked in that she had been bathing Racha.

Face washing is a must for children who are about to go out. Children have their faces washed with soap when they are old enough to be going to school or to the nursery. Soap is not good for very young children, or so some mothers believe. Face washing is not timed. It does not take place immediately when the children and toddlers wake up. The day can run into the late afternoon and children would still not have had their faces washed. When the mother finds herself free, in between chores, she may reach out to her passing toddler, scoop up some water and splash his face with it, wiping the water off with her palms, then dry the face with her *galabrya*

Soap is always used when old and/or young are going out. Going to church, Sunday school, the cemetery, the doctor, the nearest town, or to a wedding, banquet or fair, calls for washing the face. The well-off use perfumed soap after ordinary soap when bathing so that they smell nice. When bathing, inhabitants of the *'ezba* and the village soap and rinse their bodies twice, the second time with expensive soap in the case of young brides and wealthy people. Scented soap is kept for strangers and visiting males who have been dining, to use to wash their hands. Teeth brushing is believed to cause bad breath. From observation, the unfortunate fact that children are not made to rinse their mouths after a meal has been revealed. Food leftovers remain on the teeth for quite a while.

After defecation, anything handy will do to wipe off any excesses. This may mean a piece of paper or dried palm leaf. In the presence of a latrine, water may be used and applied by hand. Adults rarely mess up their hands while undertaking such a procedure. Again the postulated golden rule applies. If this procedure renders the hands nonfunctional, then the hands are washed. In Islam, water has to be used after

urination and defecation to cleanse and enable one to pray. Without making any statement concerning the religiosity of villagers, one can safely say that water is not used immediately after defecation. Perhaps later, definitely during the course of the day and specifically for men.

Children are not cleaned after defecation. Stool remnants stay on their clothing and that of others. Toddlers usually do not use latrines even if their homes have them. They are afraid of falling in. There are cases of children who are three and four years old but who are quite skinny and consequently are afraid of slipping in. As for the *'ezba*, latrines are few and far between. Toddlers often defecate together, as will be discussed below. As far as personal hygiene is concerned, they are taught to show their bare bottoms to their mothers after defecating to see if they need wiping. If there are excesses, they are removed by way of a cloth or rag. In some homes a rag is kept specifically for that purpose. In others, any rag that is used for wiping sweat, hands etc., and which is handy is used. The rag used for wiping is usually washed at the end of the day. It is kept in a niche in the wall, lying on the *dikka* (دكة), in the mother's bosom or on the dirty clothes pile. This is an inclusive, not exclusive, list of places where the rag used for wiping was observed to be kept.

One factor of major importance that should not be overlooked is feet washing. Little children step over bedding, clothes and utensils as well as on animal feces, mud and rubbish. Feet are vehicles of contamination, but keeping the physical and cultural environment in mind, one can see that it is difficult to keep them clean. When bathing, feet are not scrubbed. Mothers feel that it is enough that they are soaked in the water by virtue of the child standing in the *tisht*. It seems a bit absurd to scrub them as children step out of the *tisht* and onto the mud ground in their bare feet. Little children step onto stool in the street. Mothers rinse the excreta off with water. They do not wash their own hands after doing so. Excreta-soiled feet are washed only when the child complains or comes in crying. If the child goes on merrily playing in the street, the mother has little chance of knowing and of washing the stool off. Children are told to defecate next to the wall and away from the middle of the street so that "passers-by do not slip and fall, then wish the child whose stool was the reason ill!" said one mother.

In conclusion, one can safely say that handwashing is one of the practices that is least accessible to a logical explanation educated by preconceived notions of what cleanliness, hygiene and contamination mean. To offer a couple of examples that are possible explanations, though not conclusive ones, one can say that hands are washed to remove visible dirt, not to ensure that they are not vehicles of contamination. Soap is a used luxury. It is one that is used every now and then

when enough dirt has accumulated to warrant its use, and definitely used on important occasions. Scented soap is used on happy and important occasions. Faces are washed because they are supposed to be washed. Other people's children are often looked down upon because they have mucus or pus in the eyes by midday and the late afternoon. Once the hands, face or body are washed, they are considered clean regardless of how they are dried. Towels and *galabiyas* are used after a bath because the water that has to be dried off needs a large object to soak it up. However, in the summer, drying is superfluous because the heat dries more quickly and evenly. Hands can be dried, if at all, on anything.

Personal hygiene is not as erratic as it sounds. There is a pattern to be discerned, and there are meanings to be discovered. Women's personal hygiene is subject to very clear codes of behavior and practices, with separate towels for drying and clear steps that are pursued. Cleanliness has a specific meaning and a firmly established means for its achievement. Hand and face washing are perhaps more subtle aspects of the culture.

## 6

### *Domestic Hygiene*

**T**his topic and the ones following permit a greater measure of differentiation between the two villages being discussed. This is because the physical and social environments of the two locations are different enough to sustain comparison and contrast.

#### **1. Infant and Child Excreta**

The satellite village has no latrines. Only the home of the richest man in the village is said to have one. Even persons building new houses or expanding their old ones do not think of including a latrine. Children are toilet-trained quite early on in life. This means that they are taught to say that they want to defecate when only a few months old. Urination takes place anywhere and does not necessitate an older person's intervention. Little girls were frequently observed urinating while walking and when standing playing. The urine dries quickly, especially in the summer. No washing or changing of children ensues nor is the site of urination cleaned, covered or avoided. There are several defecation places and practices. Children and infants defecate inside the house next to a wall. They are not made to wear underwear, so they can squat at ease, and without older members of the family worrying about soiled garments. They are discouraged from defecating outside the house so as not to create problems with neighbors. Children aged three to four years and less are exempt from this restriction, as their feces are considered "no big deal". Any passer-by can sprinkle a bit of dust on them and they will dry up and disappear in no time.

Incidents of children defecating next to other people's homes are sometimes

used to add fuel to an already burning fire. When women are at odds, one child's defecation next to the other family's property is used as an excuse to start a fight. In such situations, mothers take care to pour dust over the stool, remove it with a piece of paper or a rag and/or publicly scold the child. Children over age six do not defecate in the middle of the village, as this violates the modesty code. They use the outer borders of the village, that is, the cemetery and the nearby fields, open desert or their own homes. Animal pens (*zeribas*) (زريبة) are the most-used places. Little children are sometimes afraid of the animals, so use the courtyard or closed rooms. The following excerpts from the fieldnotes taken during research illustrate some of the points made above.

Racha (two years) did not want to defecate alone and so Sabrine (three years) went with her. They both had been having last night's rice and eating it with their hands. Rawhiya (aunt to the first child) took them to the end of the courtyard where they squatted.

Sawsan (eight months) was crawling all over the floor. Na'ima (three years) went outside and squatted to defecate. Nahed carried out some dust and put it over the stool. Racha wanted to defecate. Her mother made a show, saying that she should carry her daughter over to their home. Om Farag said that the girl was welcome to do it here. So Racha went into the courtyard and defecated. She came back and 'Aziza held up the hem of her dress, parted her bottom and said 'clean' then she resumed sewing. As Om Farag recited her poetry to me, 'Aziza remembered the stool. She got up, took a handful of dust and sprinkled it on the already drying excreta.

The baby wanted to do *bah* (ح) and her mother was about to take her out into the courtyard but our host, Om Arafat, would not hear of it. She insisted that the girl defecate inside the house for fear that the sun might harm her. And so the baby (eight months) defecated inside. Om Arafat told Arafat to put some dust on it. Then the mother of the baby took a piece of cardboard - a Rabso box - and lifted the dry feces into it and threw them outside.

Older persons have several choices. Urination takes place in *zeribas* or at the back of the house if no one is around. One section of the village enjoys what can be described as a public utility: a deserted house which is used for defecation. This is strictly for women and children, and used only during daylight hours because it is said to house snakes and scorpions. There are favorite stories about people being bitten by such vermin while squatting. However, no specific incidents were ever



recounted. After defecation, it is considered polite to pour some dust or ashes over the stool. The house smells like a public toilet, and has flies buzzing all around. Women in this section of town see it as the reason why their houses are cleaner than everyone else's.

The women defecate at night in their own homes. Wandering out alone at night can bring on much slander to an Arab woman. In the early evenings and during twilight some head out in groups of three or even five together, so as to keep each other company and to look out that there are no men and no strangers, and go to the backs of the houses facing the cemetery and the fields.

Women said that men either use the mosque latrines or the cemetery (this is a topic on which neither observation nor direct interview was feasible with the men themselves). The cemetery, however, does bear witness to its use as a public defecation ground. Dry, not so fresh, and fresh stool is strewn all over the large burial area. The village is high up on the eastern edge of the valley. The wind is strong and dry, while the hills provide enough dust to dry up any refuse. The two mosques in the village both have deep pit latrines. One however is full up and has been for a while. The smell and flies make the vicinity of the place one to be avoided. However, families in the area jointly had the latrine emptied and shared the cost of the *kash* (كاش) car brought in from the nearest town.

After defecation, women and children do not immediately wash themselves or their hands, because there is no water that is readily available at the defecation sites used. Women were never observed washing their hands afterwards even when they had a source of water accessible, but that does not necessarily mean that they never do. Children sometimes have their backsides inspected but were not once, over the whole research period and despite the frequency with which defecation was observed and encountered, observed to have their hands washed after defecation.

In terms of a concept of contamination with regard to excreta, there is consensus that feces are a "bad thing". One can say that it is a simple understanding of contamination. It does not carry with it an understanding of excreta serving as a vehicle of transmission of disease. For example, defecation in animal sheds provides for the spread of traces of stool by way of animal feed, claws, hoofs or paws. Small fowl are free to come and go, stepping in stool on their way. Similarly, children play with sticks and wooden toys, often sticking them in stool, then brandishing them at one another. This is seen as idle play, not a particular threat to health. The role of flies is perhaps recognized, but still, flies are not combatted actively. Having joined in village life for some time, one can begin to understand the absurdity of this undertaking as felt by villagers.

Persons in the nucleated settlement area invariably have latrines, but only the very well-to-do and some of the employees have tiled floors in their latrines. More often, the latrine is a deep pit and a mud floor. The land in this area is absorbant, and so the latrines do not need evacuation (*kash*), as they do not fill up. The latrines have wooden doors that are kept shut and there is no other means of ventilation. A water pitcher is generally, though not always, to be found in the latrine. Women say that latrines don't need cleaning, taking the question to mean removal of solids. However, there are latrines in the village that are very small in circumference, leading to an odd sight: strangers and little children of the households defecate outside the hole. In such cases, any member of the household pushes the stool, when it is dry, into the hole with a shod foot, a stick, a duster, or a piece of paper. There are latrines with no doors. The walls are made of the same stuff as the rest of the house: brick, cement, mud.

Children are toilet-trained by the age of one. They fear falling into the latrine when they are very young. It is not before the age of two or three, and sometimes even five, that the children cease to fear this. One woman said that it is the role of the mother to insist, and to hold the child while he is squatting until he overcomes his fear. Unfortunately, this same woman complained, mothers are not as patient as they used to be. Thus toilet-training means teaching the baby to say that he wants to defecate, and subsequently teaching him where this is done.

Urination is a different matter. It is only when children are much older that they are told to say that they want to urinate. For defecation, mothers toilet-train from an early age, so that they will be able to remove the child from their laps, fetch a potty, or even just register the information. Urination needs none of the above. Again and as in the *'ezba*, urine dries up quickly, and does not need precautions or cleaning. When a toddler says that he wants to defecate, the mother may get a potty or she may tell the child to do it next to the wall, depending on whether she uses a potty at all, or if she does but is not at the moment in a position to get it. Mothers - aside from the educated middle classes of the village - feel that defecating on the floor is cleaner than using a potty. In fact, potties, as is the case with artificial milk, are symbols of upward social mobility. "Who will clean it (the potty) each time they do it in it? It will stand there and collect flies. But on the ground you just put some dust on it and it is as though nothing happened," explained one of the poorer women of the village. If one may be permitted an explanation on this point, the fact that the better-off have cement or even tiled floors and sometimes with rugs on them indicates the necessity of a potty. The aspiring few who cannot afford the tiled floor and rug settle for a potty. The potty is emptied into the latrine and splashed with water, then kept out of the reach of the children.

Children are usually told to squat on the floor. The mother then puts dust on the stool and removes it with a piece of paper. Often this is the chore of siblings. Only if the hands have been directly soiled are they washed with water. Children wear underwear in this village: "We are not like the Arabs, who make their children run around with bare bottoms," one informant said proudly. Children either ask to have their underwear removed, or they do this themselves. They are not cleaned after defecation. Children squat, then get up and resume whatever they were doing. Some come to the mother for a backside inspection. This is regardless of the absence or presence of running water. The following quotation from the field notes expresses the casual attitudes that people have towards these matters:

Kirolos said that he wanted to go and do *bah*, and Mina too. Om S told Kirolos to take his pants off and go do it next to the wall. "He messes his pants when he keeps them on." Mina was wearing no pants. They both went and squatted next to one another. Miriam joined them. She kept touching her anus as she squatted, and her mother looked over when she saw me looking, saying "stop spoiling yourself, girl." The girl did not defecate, but the boys did. She, with a stick in her hand, played with the feces. Om S, who was going to fetch a basket from her house, collected the pants that Kirolos was wearing from the ground. She wiped his bottom with a piece of dry cloth which had been tucked in her sleeve. With the same cloth she wiped Mina's bottom and put the cloth back up her sleeve. She did not wash her hands in the house, since S came in at that moment and she sent him to fetch the basket. Meanwhile, Ihab and Soheir were playing in the mud with Miriam, who had left her stick in the ground. Romani had come back from school, and his mother sent him to fetch the tea she had left on the stove and a tray with glasses and sugar. He did, and Om S made the tea. She put sugar in a glass, poured tea into it, returned the tea to the *kanaka* (كنكة), the Arabic coffee pot, back and forth, then served. Kirolos grabbed my tea and drank it greedily. He then went around to the other glasses, but missed and poured tea all over himself. His mother used the same cloth (she smelt it first and used the other end) to wipe the sugary tea off his feet. Then he and Mina, both barefoot, went back to the same place where they had defecated, took a few steps away from their fresh feces, and squatted again. Miriam playfully joined them. She first took her pants off and kicked them to the side. She had also taken her boots off again. I asked if this frequency of defecation was not a bit high. Om M, who had joined us again, said, "If they want to defecate let them! Are we also going to prevent them from defecating?" I said that it might mean that they have a problem with their digestion, or even

diarrhea. She replied, "If they were defecating *horar* (هرار) it would be diarrhea, but this is ordinary *bazbouz* (بظبوط)." .

In the Muslim part of the village, the houses visited had a tap in the latrine. The explanation in both cases was that their husbands prayed, and so there had to be a source of water close to the defecation place. However, children under school age in both houses who were witnessed defecating did not use the tap, nor did their mothers wash them. In one of these houses, a long hose was fixed to the tap and directed at the pit. The mother used this hose with the water from the tap to push in stool that had fallen into the pit. This, it must be said, is so far a unique observation.

People living out in the fields sometimes dig a small pit to defecate into. The pit is surrounded by a fence. This is a practice followed by temporary residents of the fields. Those who live there permanently use the backs of their houses as a defecation area and sweep up the feces after they dry. Children are not bought potties because there is little difference between a potty and the ground. Children are also not washed directly after defecating.

In cases where a latrine exists, the question of contamination arises from the occurrence of defecation outside the pit. Stool is left lying around for a whole day at times. Other children can step into it. When this happened once in the house of an informant, the child was told off, then told to put his feet in dry dust to do away with the discomfort of the stool on his feet. Danger also increases when the door of the latrine is left open, and even worse, when there is no door. In houses that have no latrine, it is amazing to note the indifference of children to feces. They step in it just as they step in the excreta of other animals and poultry. The same dangers of contamination mentioned in reference to the satellite village also apply here. Of course mothers scold their children when they walk into still-wet stool and invariably rinse their feet for them. In many houses, dry, dust-covered stool is thrown onto a dust pile. This pile or stool disposal locale is an important source of free fuel. The organic content of the dust makes it ideal oven lighting material. In some cases women mentioned that the dust has value as a fertilizer. These are the "clean folk" who keep stool in a pile. Others just throw the paper with which they scooped the dust-covered stool to the back or even the front of the house.

Clothes washing is one of the most time-consuming household functions that women have to undertake. The clothes of breastfeeding children are washed separately. Questioning produced the following answers: some said that it was purely out of practicality. Children dirty their clothes quickly and so they cannot wait until the weekly washing day or they will run out of pants. Usually when the

baby is bathed his or her clothes are washed in the same water. However, even when the day is a wash day, unweaned children still have their clothes washed in different water. Others replied that since children are 'angels' and so their clothes are pure, their clothes should not be mixed with those of adults who have known sin. This particular interpretation was given by all Coptic residents of the village. In the *'ezba*, women wash the clothes of babies separately because other loads are tainted by their own clothes which in turn are not pure due to the fact that women menstruate. Besides the notion of defilement, the preferences of the sister spirit, the *tabi'a*, figure prominently in women's explanations of this 'universal' practice (it is universal for the in-depth cases, their friends, acquaintances and neighbors as encountered by the researcher). A *tabi'a* will take a child of a *matbou'a* mother who washes her baby's clothes with those of other members of the household. Since women are never sure that they won't become afflicted if they are not to begin with, they stay on the safe side and wash babies' clothes separately.

The usual procedure for washing clothes necessitates a pot for soapy water, another for rinsing and a third to pile clothes in. If the soapy water container is small and there are two women washing, a second one may be used. The order in which clothes are washed is first those of the man, then the children's, then the house clothes of both, then those of the women. Hard soap is used. Powder is a perk that not too many can afford. It does exist and is even sometimes used for whole washes if they are loads that belong to very special or dear members of the family, such as educated sons home from university or men working in Arab countries

## 2. Food Hygiene

Practices relevant to this topic are quite similar in both research sites. Unprocessed foods such as flour, grain and dried vegetables and fruit, i.e. okra, dates and *molokhia*, are kept in plastic or paper sacks and stacked in a storage room. Some poorer families who keep these items in small quantities keep these sacks in a niche in the wall. Cheese, ghee and *mesh* (مش) are kept in a *zil'a* (زيلة), or mud pot, which is covered. Women generally rinse their hands with water before dipping them into the *zil'a* to get some cheese or *mesh*. A spoon is always used for the ghee. In the summer when there is not much of it and when it is melted by the heat, the ghee is simply poured out onto a plate. Most women bake enough bread to last a week. It is kept wrapped up in cloth or an old *galabiya* and put into a basket. In both villages, bread is toasted before being eaten. It is either taken to a neighboring house where an oven is in use, or a clay pot is filled with dried manure used as fuel, lit, and loaf by loaf the bread is put on the fire to heat. When using a neighbor's oven, a loaf is given and usually a fresh one is taken.

Milk is not kept unprocessed. For people who have livestock, what is not drunk in the morning is made into cheese and butter. The butter is kept covered in pottery bowls. When enough has been collected, it is made into ghee. In the summer and specifically in the village, milk is used to make *kishk*. These cracked wheat balls are made with sour milk. Milk left over from the family's breakfast is poured into a clay *zeer*. The *zeer* is washed and scraped clean at the start of the summer season. The milk is added daily and the *zeer* is kept with a moist cloth upon which the lid is placed. The *zeer* is moistened daily from the outside so that it stays cool. In this way the milk clots and sours without becoming putrid. When the *zeer* is full the clotted mass, known as *gemeed* (حميد), is used to make the *kishk*. In the *'ezba*, the *zeer*, which in other settings is used to store water, is kept exclusively for this purpose. Water is kept in a *rob'a*.

When food is being stored, it is always kept covered and away from sunlight. One can find cooked food in pots under beds and cupboards in the village. Every house in the *'ezba* has a mud and hay cupboard that is shaped like a column or a silo. It is invariably built by the women, as are all the appendages of the house which serve for storing, cooking, keeping animals. etc. In this *namlia* (نملية), cooked food and leftovers are kept. Food is kept safe from flies, since this silo, which has one shelf, has a very small aperture through which food is put in and taken out. However, mice are rampant in many of these storage places. It is during meals that food may become seriously contaminated. Flies stand on uncovered plates of food, most often when a toddler is being fed. This takes a long time, and the person doing the feeding may be doing something else at the same time. A plate of cheese, eggs or anything else being eaten, and the bread that goes with it, are attacked by flies quite easily. The plate is not covered, because theoretically it is being used and because the food on it is being consumed, not stored.

Meat is consumed fresh, either freshly purchased as is the case in the village, or freshly slaughtered, as in the *'ezba*. If it is stored raw, it becomes *zifra* (زفرة) or unpleasant in taste and smell. In the *'ezba*, meat with "stored blood in it", which is the description of frozen meat, can cause stomach upset and diarrhea. Meat can be kept cooked for days in winter. It does not go bad if stored cooked and covered either under the bed or in storage silos.

Eating utensils are freely shared in the household. Dirty plates and cups are usually piled up on the floor. Dishes are hardly ever washed at night. During the day, women clean pots, pans and dishes at once. If a pot has been used for frying or cooking something sticky, it is filled with water and kept overnight uncovered. Regardless of whether there is a tap in the house or not, women fill a pot with hot water, put cold water in another, and squat on a low stool in front of a large *usht*

where the dishes are piled after being scrubbed with soap and hot water. In the satellite, sand is sometimes used instead of soap. Very greasy pots are scrubbed with sand put on a palm loofah or scouring pad. After the dishes are rinsed, they are left in the sun to dry. They are kept overturned.

### **3. Animal Excreta**

Those with animal sheds have the tiresome job of cleaning under the large animals every morning. Manure is carried out to dry in the sun. The mud that is wet with urine and watery stool is kneaded and made into dung cakes, which are stuck to walls of the shed to dry. Although this is a tedious job, women feel lucky that they still have to do it, as having a lot of dung and manure means that the house is one of plenty. When the job is done, the women or girls rinse their hands with water. The exception to this is if the woman or girl is going to prepare food immediately afterwards, in which case she may use soap. Observation shows women sweeping sheds, then rinsing their hands with water only. An hour or more later they may prepare food, and in this case they do not use soap to wash their hands.

Excreta from poultry, rabbits, goats and sheep is kept as is. Every couple of weeks or so, depending on the number of animals and the size of the area in which they are kept, the excreta is swept away with a brush. Most women add it to the manure heap, as it can be used as fuel if mixed with large quantities of large animal manure.





## *Water and Sanitation*

### 1. Water

**B**oth of these topics have been discussed under various subtitles in this report. One may just repeat here the surprising lack of difference between houses with and without running water. The habit of storing water is unbroken by the existence of a tap. The dangers of low sinks with stagnant water filling them and which are within easy reach of children is a very real one. Homes that have no taps (in the fields around the mother village and in the satellite village) are saved from the presence of dirty water puddles in the middle of their courtyards. Taps without a proper sewage system do little to change patterns of water use. Small quantities of water are still used in handwashing and in bathing, because both take place using a cup, not under a running tap. The problem of carrying water long distances has been solved by the taps. In the fields around the satellite village, water is brought in from the nucleated settlement area by men carrying jerrycans on donkeys. The water pumped from under the ground is salty, and so sweet water has to be taken from taps. In the satellite village, pumps draw up water that is sweet. Here the women and girls do the pumping and fetching. The village is a small one, and pumps are within easy walking distances.

Drinking water is kept in round clay vessels known as *rob'a*. The *zeer* is used predominantly in the summer, and in the *'ezba* mostly for milk. The vessels are kept covered. In order to keep water clean and not smelly, the *rob'a* is completely emptied before being refilled. Older water is not kept when fresh water is added.

The two households which have refrigerators, both in the mother village, use them for commercial purposes, not for personal use.

## 2. Solid Waste

None of the investigations undertaken by this research managed to earn as many cynical remarks, guffaws and ridicule as this one. The serious response was usually "What waste?!" In both villages women throw very little away. Plastic bags are rinsed and used to carry food to school, to work or to the fields. Plastic items and bones are sold to pedlars who come around to both village and *'ezba* specially for this purpose. They offer a variety of household odds and ends for the plastic items. Children collect bones and run after the bone collector, who exchanges them for ice-cream. Some offer sweets instead. Vegetable and fruit peel, leftover bread, putrid cooked food and other edible leftovers are given to fowls. Mothers usually eat leftover food that no one else wants; rather than throw it away, they tend to swallow it. Human excreta is piled and used as fuel or fertilizer. Animal excreta is processed as described in an earlier section. Boxes, bottle caps, rubber wear and rags are used as toys. Paper cartons, torn bags and anything else which cannot serve any other function are burnt in the oven. Consumer durables that are no longer functional are kept anyway. Broken-down fans, radios and lanterns are kept in the firm belief that some day they will come in handy.

## 3. Sewerage

This topic has been covered in preceding sections. This space will be utilized to stress the dire need for sewerage in these and other villages. Much of what is lacking in terms of a better life and better health for children involves the poor quality of the infrastructure in these two villages. Some homes are better than others and some areas are healthier than more unfortunate ones. However, there is little that human behavior can improve or avoid without the material support and hygienic context provided by adequate water and - equally important - functional sewerage.

## 8

### *Concern for Flies*

**T**his is another topic of which mention has been interspersed throughout the text. The mass media have succeeded in conveying the danger to health represented by flies. However, no one 'liked' or encouraged flies before the media became active. People believe that flies are dirty and harmful; they are avoided and combatted. In homes where there are closed rooms, the rooms are darkened during the day so that they are fly-free. But these rooms are for husbands and guests. So opinions on flies are not problematic. The fact is that flies, especially in the summer and specifically in the *'ezba*, are overwhelming. Mothers shoo them away but most children, especially toddlers, find it a futile endeavor. There is, however, a problem with the media messages. The propagated believe is that flies should not be left to stand on food. Consequently mothers cover food, believing that whatever it is that the fly does, it does it only to food. Consequently eating utensils and, more dangerously, pacifiers and toys which children put in their mouths are not protected from flies. Babies are kept covered with a veil to save them from attack by flies. However, mothers are not always consistent in this practice. Sick babies are usually covered.



## 9

### *Health Services*

**T**he local health unit serves both the village and its satellite, the *'ezba*, but is situated in the village nucleated settlement area. Occupying an area of six *qirats* (قبيراط), the unit was constructed in the 1960s. It is comprised of a registry, a dispensary, an examination room, a laboratory, a child survival room and housing for resident staff. There is also a two-bed ward for minor surgeries and the like. There are waiting areas that have cement canopies which keep them quite cool. Patients either stand around or squat on the cement tiles awaiting their turn. There are no chairs for patients. There are fifteen staff on the unit work-force: one practising physician who is the head of the unit, three health overseers, one employee in charge of the vital events registry, two nurses, one lab assistant, two health observers, three paramedics, two female health workers and another three men in charge of cleaning and guarding the unit.

Most people really like the physician at the unit. She has been there for over five years. Her day starts at around nine in the morning. She comes in from Assiut. Up until eleven in the morning she charges the government set visitation fee. From that time on she charges an increased fee. She uses a stethoscope on private patients only. Those paying the government set fee get to have their complaints heard. She leaves at one in the afternoon. This doctor never insists on her private fee, but most patients request to be treated privately. Patients queue at the door of the examination room. They come in one at a time and stand at her desk. She keeps a pile of empty torn-out note papers in front of her. The patient hands over his or her ticket, bought for 25 piasters from one of the health observers who sits in the registry, and gives a verbal account, usually lasting under one minute, of his or her

problem. The doctor then scribbles her prescription on both ticket and note paper. Items which are available at the unit dispensary are put on the ticket. Other necessary medicines are prescribed on the note paper to be purchased from a pharmacy. Throughout the research period the dispensary had only aspirins, sulpham and too few ORS packets, but lots of plastic NCDDP cups. Patients exit through the door at the opposite end of the room to wait for the doctor to finish examinations and come to dispense medications. The work day at the health unit was observed from beginning to end over two separate five-day periods. All patients were given prescriptions that needed filling from the pharmacy.

Skin infections, festering wounds, throat infections, diarrhea, dehydration, eye infections, and gynecological problems are the most common complaints. The doctor fits contraceptive loops for LE 8.50. Patients are ushered in by one of the two health workers, who actively participate in comments, explanation and consultation. The doctor receives her own guests in the examination room. Patients are not permitted the privilege of privacy. In fact, the doctor did not understand why the writer wished to ask permission of women coming in to have loops fitted to attend the procedure. Perhaps this may be due to the doctor's assumption that the writer is herself a physician.

The examination room has a desk, two chairs, two long wooden benches, an examination table covered with a dusty and stained sheet, an empty medicine cabinet, a table with smashed glass shelves and a sink with an empty NCDDP cup used to drink from the dripping tap. On the wall there is a blue Family of the Future poster and opposite it are four large hand-drawn topographical charts of the village nucleated settlement area, drawn in 1983. The dispensary has a desk and a refrigerator as well as the medication-less cupboards. The doctor expresses dissatisfaction with available supplies and equipment but also understands the limitations of the Ministry's resources.

There is a child survival room that is used by the nurses. They give immunization shots here. The room is cluttered with two tables, an examination table, a torn partition, a cabinet overflowing with dusty papers, a sink with a puddle and a wooden bench underneath it, a desk and three chairs. The floor is invariably littered, often with scraps of food. There is a filing cabinet that has USAID friendship emblems plastered all over it and scales with the name of the same agency on top. In addition, there is a magnetic board with nutritional advice for mothers and children, a poster from the NCDDP with a taxonomy of the types and degrees of diarrhea and cures for each, a sheet with what would be ideal clothing for a new-born stuck on it, a family planning poster, a UNICEF calendar that is two years old, another family planning cartoon and a sheet with newspaper clippings

about ORS stuck on it. The latter was made by the chief health overseer many years ago. The above-mentioned devices and charts are broken-down, unused, sadly neglected and torn.

The doctor is well versed in NCDDP rhetoric. She distributes ORS when she has it. She knows that there are families who do not give it. She thinks highly of the project but remembers the problems caused by the one liter packets which were confusing to women in terms of their mixing instructions. She said that women keep ORS packets refrigerated as a sign of how much care and attention they pay to the salts. Observation failed to substantiate this statement, not due to its falsity but because there were not that many refrigerator-owning households in the research sample.

The new family planning campaign is a tragic failure. As one person working closely with the project and who works in the unit said: "It is supposed to be a five-year project. Health personnel spend their time wondering if they have filled in the correct register or not and if they have a bonus coming up soon or not. Any project with such a large amount of paper work is doomed." The doctor has no pretensions as to her role in this project. The following account illustrates why

Dr. X came back to her desk and announced that she was going to give a family planning lecture. The two health workers came in with a crate full of Coca-Cola bottles. There were three women and six children in the room waiting to see the doctor. They turned out to be the unknowing audience. The doctor asked Om Nasser to go and get some more women. There were none. Then one of the village employees came in to pay a social call on the doctor. As we drank the Coca-Cola (I got one too) the doctor talked with her friend. Meanwhile one of the male health workers came in with what looked like a milk pail full of various contraceptives. He placed it next to me on the bench and left. Then the doctor took one of the people in the audience, or rather a patient, into the dispensary to examine her. I sat there till one by one they all left. I asked Om Nasser about the lecture. "That was the lecture!" she said to my amazement.

The three health overseers have a very nice division of labor between them. Unfortunately there is no evident labor to divide, but nevertheless, it is an effort on their part to give a semblance of efficiency. One is in charge of food hygiene, another is responsible for immunization and community health and the third is the epidemic and contagious diseases man. All three are sure of the specialities but not

as to whom is responsible for each one. The registration official is a very important member of this work-force. He is very eloquent, organized and cynical. The two nurses are rather mysterious characters. The elderly one is a native of the village. She is very hostile to outsiders because she is one of the village midwives and does not like 'health officials from outside' knowing about this. She is called in to treat women and children at home. The other comes from another village but is equally antisocial. It would be unfair to make any conclusive statement about the two. Both do as they are told. Both detest workshops and training courses because they have to travel to attend them and usually pay their own transport expenses. They find these courses useless and feel that they are set up so that the lecturers can make a pretty penny. This is the sentiment expressed by all those working in the unit. Many times, health unit employees were seen refusing to acknowledge receipt of a summoning memo to a workshop. One way of penalizing the nurses employed by their superiors is to force them to go.

There are nine private physicians in the village. Besides which, villagers have easy access to nearby towns. Many opt for the metropolis of Assiut for medical advice. However, a problem as complicated as the lack of supplies and trained personnel is the attitude of professionals towards patients. The writer accompanied villagers to private clinics and hospitals in the town and in the case of one villager, a host and a great help to the writer, to a hospital in Assiut. Professionals don't usually tell patients what their ailment is. Doctors are at best condescending in their attitude towards patients, particularly uneducated ones. Their knowledge and status is used to mystify rather than to elucidate. Worse, however, are the nurses, technicians, health workers etc. This is a gross generalization of a very real situation. There are some dedicated and modest persons who don't exercise their social or class complexes and aspirations on the people they are supposed to be helping, but then again there are those who do.

The man accompanied to the Assiut hospital was told that he had amebic dysentery and no complications. The man was dying. This was evident to his family and friends. He was given glucose, which is admittedly what he needed. The doctor, however, insisted that he would get well and that he had no complications. This was at a time when he had become hemiplegic. The family insisted on having him discharged so that they would not go through the nearly impossible process of releasing his corpse. The doctor still said that it was just dysentery. He was released at noon and died among his family at 8 pm.

The *'ezba* has access to the above-mentioned health facilities. However its inhabitants go to 'Arab Mateer for treatment. This is despite the fact that the doctor in the *'ezba's* health unit is a Muslim female who is trusted by all who know her. The



people of the *'ezba* prefer to go to the village that they identify with ethnically. This does give an indication of the logic behind native people's prioritization.

It would be appropriate to recommend that health outreach programmes select their workers on the basis of character, not position. Persons who are trusted and who have a cultural sensitivity and commitment not to distance themselves from villagers because they have knowledge or power should be chosen. Injectionists are usually local people who are welcomed into homes. They could be a potential category that could act as a vehicle of health information. The problem with listing who could be a potential health educator, even in an informal sense, is that people are removed from those they are chosen to help by virtue of their changed status. The key may lie in the training of persons, whether they be nurses, *dayas*, injectionists, housewives etc. Part of the content of their training should be how to maintain or rather retain their relationships with their friends, neighbors and/or clients. The drastic mistake that these types of programmes make is to assume that just because a person is born in a village, is uneducated and wears a *galabiya*, others with similar credentials will think that he or she is one of them and will listen to what he or she has to say, considering this individual to be 'one of us not one of them.' However, by relaying a health message devised in other cultural contexts, these vehicles of health knowledge transmission, regardless of how they may seem, have been distanced from the rest. Consequently the distancing has to be addressed and accounted for. When told what to say, health outreach persons must acquire a degree of cultural sensitivity and an understanding of the rules that govern the relationship between those who have a message to give and those who are supposed to receive that message. The easy flow between the two cannot be assumed. It has to be nurtured and preserved.

In addition, persons who are trained as health outreach agents must have the necessary support system. Material reward, transport and realistic expectations are due to them. Their true participation in training courses is vital. They know more about their micro-environment and community than those who are training them. Flexibility in approach and the creativity of these people are resources that should be mobilized by trainers.

In devising programmes, the consulting agency is advised to beware of the dangers of bureaucratization and of having programmes buried in the trinity of authority, knowledge and mystery exercised by offices and officials from which few programmes emerge alive and kicking.



## Conclusion

**T**his research has thought to describe. In so doing there are a number of tasks that have been simultaneously achieved. First among these is an understanding of the priorities of the people who have produced this work, the villagers. In beginning to understand the dominant sensibility in the two research sites, this work is also beginning another task, that of setting down the topics that according to this rural sensibility relate to diarrheal disease. Hence the sister spirit gains a prominent place as far as discussion of intervention is concerned.

Educated and religiously active members of the Coptic community of the village discourage mention of the *tabi'a*. They cite belief in the sister spirit as an example of how women can have no religion. As a leading member of a church women's group said, "If a woman prayed to God and believed in Christ no such spirit would dare come near her." It had taken months to get this woman to even admit to the existence of the concept of the sister spirit. Among the Muslim community, educated sons and daughters look down upon the concept and actively try to disown and belittle it with equal disdain. However, when considering what the sister spirit can do and what one has to do to ward its evil deeds off, one comes to realize the centrality of this concept in day-to-day rural life and to women and children. It is of no importance what those who do not believe in the *tabi'a* think. Those who do believe in it do so with a conviction that conditions their lives and their behavior. These are the people who constitute the bulk of the researched community.

The *tabi'a* kills children, causes their morbidity, renders a mother incapable of delivering live offspring or preserving her infants, and causes miscarriages. In

the case of men, it can cause impotence. All of the above are vital, essential and central concerns of village life. Moreover, they are the problems that commonly afflict people and those on which they spend much energy, money and time finding solutions. Women who are threatened with an angry *tabi'a* must take precautions during pregnancy and after delivery. A woman should have a *zıkr* (زکّر) performed if her child survives and she is *matbou'a*. The *zıkr* is a communal occasion where men join in celebrations as well as women (the latter ululate while the religious chanting is going on). The *tabi'a* affects how women wash their clothes, how and when they breastfeed, what they give their children at birth, when they bathe them and whether they breastfeed or not. The *tabi'a* is even functional in terms of relations between husband and wife. Many feel that the man's *tabi'a* is more vindictive and is often the cause of trouble but it is always the woman's *tabi'a* which is blamed, for as one wise woman of the village said, "They always say 'she' is *matbou'a* never 'he' is *matbou'*", but who is to say which *tabi'a* is killing the children?!"

Consideration for what the *tabi'a* can do requires husbands not to upset their wives, not to beat them and not to withhold any material thing from them. Women who are afflicted can lose their children if pregnant because of *za'l*, or upset. Breastfeeding children are also subject to their mothers' moods and psyche. The *tabi'a*, if prompted, can suspend the mother's milk supply, or, even worse, poison the milk and cause it to be fatal to the child. The *tabi'a* can be prompted or angered by a baby sleeping between his parents. This is the explanation that many women give as to why they make their babies sleep under the bed or *dikka* or in a corner of the room.

The *tabi'a* should be of particular concern to the readership of this report who are keen on interventions that will eventually decrease infant mortality. Proof of the *tabi'a*'s responsibility for the death of a child is if the dead child has tainted nails and tainted sides. Another sign of the responsibility of the sister spirit is if the baby bleeds at the mouth. However, an infant who dies during the first week of life or before the 40th day also indicates that the mother is *matbou'a*. During her next pregnancy she and those around her will behave on this basis. Consequently the dos and don'ts that pertain to the state of being *matbou'a* become more prominent in the action and thinking of the family. Modern curative and, more dangerously, preventive precautions recede in the face of the *tabi'a* culture activated by the belief that the mother is *matbou'a*. Consequently, the *tabi'a* needs to be understood and addressed, not dismissed as an old wives' tale. Like it or not, old wives' tales do make some definitive statements about the life and health of children in these villages.

This leads to a further point concerning 'what people know' or what one can

call people's knowledge. The reality is that there is a very intricate and elaborate system of knowledge connected to the health of women and children. To say that there are healers who have set ways of healing is to give an unfairly crude picture of village life. There are specialized healers. There are those who guard against and cure impotence. There are others who massage and set bones. There are women who specialize in burning paper dolls and curing evil eye related diseases. There are others who know what to do in cases of infertility. Then there are the priests and mosque sheikhs and the men and women who make amulets. There are the fortune tellers, the dewormers and the *zar* singers and dancers. Not all villages have this variety, and usually one will find a healer who is accredited with a number of these specialties. But to note the continuum of healers and what they heal is to understand the history and culture that is played out by these people and their clients. In devising intervention, one cannot turn a blind eye to this wealth of transmitted traditional knowledge. If the beliefs that are a product of this knowledge are dismissed, one is liable to intervene insensitively and so both distort the existing and functioning system and fail to provide an effective alternative. To respect people's knowledge is not necessarily to condone its negative aspects. To respect this system and these traditions is to understand, intelligently deal with and consequently improve the systems that people resort to in order that they may rear and cure their children.

The material conditions of people in such villages still contribute to the morbidity and mortality of children. Water and sanitation need to be made available and of hygienically acceptable quality before behavior can be seriously addressed. There are some families who are cleaner than others. There are some who pay more attention to hygiene than others. All suffer the death of children when faced with insurmountable problems resulting from the lack of sewers. While water and sanitation are still variables, it is not possible to exclusively focus on behavior. They need to become constants before people can be made to understand that if they change their behavior they will live better, healthier lives.

The attitude of health outreach personnel to people's knowledge and to the people who practise it distances the helpers from the people whom they seek to help. Educated health personnel in villages are socially differentiated from the local community by virtue of their status and their own self-images. Unless they are committed persons by volition, they tend to opt for taking the role and mannerisms of village officials. This sometimes means that these health persons begin to disassociate themselves from the people they are supposed to be serving, the sick and needy. One answer is to stress the idea that peasants are not ignorant and worthless. It is the responsibility of health persons to help and guide, not to contemptuously scold or ignore, especially if the latter is done out of a need to prove

that one is better than the individual that one is there to serve.

Realistically speaking, one must point to the vested interests of private medical practitioners in villages in discouraging preventive medicine, use of ORS and of cheap medications. Some doctors, alas, make their money out of the trust and lack of knowledge of others. Private practices in villages need monitoring and supervision. This matter, if left unchecked, can and in some cases has already turned into one of exploitation and abuse. This last point should be considered at a national level as well.

This text has been a true learning experience as far as its research and writing are concerned. Now, one knows how much one doesn't know. That is a valuable beginning. The people who have taught the writer and the readers what this text has to offer in terms of social processes, structures and behavior, the people of both village and *'ezba*, the hosts, are acknowledged as teachers, not as research subjects.

## - Annex A -

### *Village and Satellite Profiles*

#### **The Mother Village**

**T**his village profile is constructed purely on observation and some comments and assessments made mostly by non-officials. The reason for this is that access to all official documents was denied the researcher. Consequently all of the relevant statistics (infant and child mortality, fertility, immunization, etc as well as other vital statistics like causes of child and infant deaths, female education, population density) are missing from this account. Following is a picture based on a sense of the village acquired by the researcher after being there during the research time.

The mother or main village, referred to here as 'the village', has an estimated population of 13,000. It falls in Markaz Abnoub in the Governorate of Assiut. The village is north of the city of Assiut and east of the Nile at a distance of seven kilometers. Transport to and from the village is not difficult. The public bus stops there on a somewhat regular basis. The bus route is quite a long one, and so by the time the bus repeats the route several hours pass. The first bus comes at around 8:30 a.m. The last bus leaves at around 2:00 p.m. The stop is on the main road to Assiut city; passengers must walk the kilometer or so into the village itself. The bus ticket costs 5 piasters but is due for an increase. The most used transport vehicle is the service cab which costs 25 piasters. The cab takes people from the village to Assiut in 15 minutes, excluding the wait for the cab to fill up. There is a huge cab waiting area that has cars waiting to fill up and go from very early in the morning (6:30) till

late into the afternoon. The last cabs leave at 5:30 or 6:00 p.m., after which time one has to walk to the main road to ride with a passing car back into Assiut.

Topographically, the village is a stereotypical Upper Egyptian village. The nucleated settlement area lies in the midst of endless green fields with the eastern hills faintly appearing on the horizon. The weather is dry and hot in summer and equally dry although quite cold in winter. Like the rest of the area, winters are quite short, as are other seasons except for the long extended summers.

The village is a Coptic one. Although not exclusively divided along religious lines, the village does have a small Muslim section that occupies about a quarter of the land area. The rest of the village is Coptic; there are Muslims living there, but never in a group. One finds a Muslim family (usually nuclear) here and there. These families, or the ones that were come by in this research, were not originally from the village. There are other Christian minorities as well. There is a Catholic church and a Protestant Evangelical one in the village center. Both are quite small and both were closed for the duration of the research period. Muslims are followers of the *tariqa* (طريقة). Perhaps due to the religious character of the village, Muslims here practise their rites with added fervor and zeal.

### Land Holdings and Agriculture

The village enjoys some of the most fertile land in the Upper Egyptian Nile Valley. Historically, this village was the property of two large land-holders known as *khawagat* (خواجهات) in reference to them being Coptic and wealthy. The large palace-like homes of these two men still stand in the midst of the nucleated settlement area today; they house many local government offices. After the revolution, their ownership was divided up according to the land reform laws. The mother village has a *zimam* (زمام), or agricultural land area, of 3500 feddans. There is a section outside the satellite that is being reclaimed according to a Ministry project. Of this area of 1500 feddans, 500 have been reclaimed, increasing the *zimam* to 4000 feddans. The total number of land users is 2000. Among these are women. The structure of the landholdings is as follows:

Large holdings - 40 feddans each	3 persons
Medium, 5-10 feddans	200
Small, 1-5 feddans	800
Tiny, less than 1 feddan	1000

It is estimated that a family of five needs at least five feddans in order to be able to make ends meet. The land area in the village is included in the government



cotton crop rotation plan which is bi-annual (year in and year out). For the past two years, cotton has been doing very badly, with yields less than one third of normal. Cotton stays six months in the ground, and tires out the land, thus giving the cultivator little chance to profit from other crops. For the past two years, maximum profits from a feddan have been LE 400, if the owner has been lucky. A feddan requires an expenditure of LE 1000. Other crops have also been doing very badly, because of the cold.

Vegetables are cultivated in the village. In fact, this village is noted for its cucumbers and tomatoes. Both make good profits, and the villagers have experience in cultivating them. USAID set up a small farmers' project, now called the "Project of Agricultural Production and Credit", by virtue of which technical advice and production inputs of high yield seeds were provided to farmers with holdings of less than five feddans. This has become a completely Egyptian project run by the government since the American experts left. The project began in 1981 and USAID left in 1985. The inputs were paid for by loans given to the farmers by the village bank.

Mechanization has become common. Tractors are rented at LE 25/feddan. Mechanical irrigation as well as artesian motor irrigation is used, as ten percent of the land is irrigated by artesian wells. The rest is part of the government irrigation project and uses *ray bil raha/raf* (ري بالراحة). Greenhouses are not common and are inappropriate, as each one costs LE 20,000. The whole village is, of course, suffering from inflation and its consequences. Most people, especially those who live out in the fields, have livestock. They are getting almost too expensive to keep. A sack of grain costs LE 30 on the black market while the government sells it for LE15.

### Community Organization

The nucleated settlement area of the mother village is 45 feddans. The majority of the population lives in this area. Some landowners live out in the fields. In the winter season when the land is green with clover, owners of large livestock, at least two animals and their offspring, move out to the fields to be near the supply of animal food. The land also needs a lot of work before the major summer crops and people are prompted to move by this as well. They go to live on their fields in shed-like homes that are built with dry *bouss* and twigs. They have no running water, no electricity, no sewerage, and no latrines. Over time many people have chosen to go and live there permanently. Sometimes older couples move out to the fields and leave their village homes to their married children. For others it is the young who go out to the field and create a new life there. Usually, those members

of the family who have taken charge of the agricultural activities and livestock tending are the ones who take their families and move out.

Each group of these houses is named after the fields in which they are situated. Each field is as though a separate neighborhood. It is only people who are well-off enough to spare a *qirat* or more to build a house and who have enough livestock to warrant living with them who choose to go out to the fields and live in these scanty constructions or make-shift homes known as *zirbiyat* (زربيات). In effect it is the more privileged members of the community who are least 'privileged' when it comes to their living conditions

Houses in the nucleated settlement area are built with stones and mud. The older constructions are usually two storey with very high walls and no open courtyard. Many houses have been rebuilt with cement and bricks. The village is quite densely populated, with houses built next to one another and with very narrow streets between them. Houses have pit latrines, electricity and water taps in or near them.

The mother village is a closely knit community partly due to the role of the church. Most inhabitants are quite religious and all who can, attend church services regularly. The church has a bookshop, a dispensary and a clinic on Thursday evenings when the female doctor who volunteered for it comes in from Assiut. The church also has a Sunday school that is taught by members of its congregation. There are classes analogous to those of primary school. Pupils are also given free tutoring, and children who are not attending school are given literacy classes.

A group of church-going young women who are all employees donate one tenth of their often much-needed and meager salaries to a church fund that spends the money on the poorest of the village poor.

The four priests of the church provide the village with moral leadership. They are, of course, much respected members of the community whose word, guidance and ordinances effect the village as a whole.

The Muslim quarter has three small mosques. Only one of them is officially recognized by the Ministry of Al-Awakaf and provided with a sheikh.

The village has a Coptic *omda* (عمدة), or mayor. He is a graduate of the Faculty of Agriculture and was a headmaster before becoming *omda* six years ago. He lives in Assiut and comes into the village in the morning. He has seven *mashaykh* (مشايخ) or village sheikhs to aid him. He downplays conflict in the village and says that all 'political' issues are not due to hidden conflict in the area. This village does have a peaceful and calm air to it. However, there is a lot of

tension under the surface, in the interplay of Coptic and Muslim elements. Inhabitants make a point of telling strangers, several times each visit, that 'we all live in peace and we have never had and never will have conflicts between us!' Observation says otherwise.

Political leadership is also provided by the elected village council. The head of the council is a science teacher called Fawzy. During an interview with him, he highlighted the representativeness of the elected council which did not ask any questions in connection with Muslims and their representation on the village council. The members of the elected council have been the same for the past two terms. The interview gave a very positive picture of participation and politics. The delivery system for all social services is, in their opinion, near perfect. They also claim that there are no drop-outs from their primary schools. The classes have at least 50 students each. He said that all the schools have two sessions, although it is a fact that only the primary school has two. He said that the local community development association (CDA) was formed of elected officials completely different from those on the council. Upon giving his reaction to this situation, they responded by saying "well, actually the head of the CDA is the secretary of the council." He is also the head of the council of agricultural cooperation. He did not want me to think that he monopolizes political positions in the area. The CDA has a nursery in the former headquarters of the agricultural cooperative and plans to set up a workshop. The council has contributed six *qirats* as the site for a veterinary surgery. The agricultural cooperative donated 21 *qirats* for the primary school, and LE5000 of local funds were added. Fawzy has been working in the village for 19 years.

Almost all the employees in the local government offices are natives of the village. Eight of them are women. The CDA has a nursery and the Social Affairs office is in the CDA building itself. Next door is the village bank and the agricultural cooperative. The Social Affairs office was opened in 1986. As yet they have few activities. There are no participants in the Rural Women's Leaders Program from the village. They are implementing a Productive Families project and operate two sewing machine loans. Four families have taken goats loans. The head of the unit is not from the village. In an interview, he said that the high level of education and culture in the village makes it self-sufficient and not in need of any projects. At the same time, he claimed that 25 percent of families and landless families are in bad need of the UNICEF women's projects that he had heard of in other villages.

The health unit in the village is run by a female doctor who is a Muslim. She has been there for six years. She has working with her two nurses, a health overseer, a school health assistant, a person responsible for the vital events registry, one male

and one female orderly. The doctor is liked by most people. However, the health unit is not frequented very often except at times of immunization. The village is full of private clinics. Specialists in pediatrics, gynaecology, dentistry, and neurology, as well as general practitioners and even a physiotherapist have clinics in the village.

The research came across eight such clinics, although inhabitants say there are more. Fees range from LE 3 to LE 10. There is also a pharmacy in the heart of the village.

There are several shops. There are two shops that sell sandwiches of egg, *ta'miya* (bean fritters) and potatoes or aubergines. Each costs 10 pt. There are several notions shops and some grocers. There are also 13 tailors and seamsters in the village. This is the minimum, since there are parts of the village that have closed-down shops which might very well be tailors. This is a profession that the men of the village are famous for; besides those who have shops, several men sew at home.

The weekly market is held on Thursdays. Vendors start arriving shortly after the dawn prayers. The market is held in a wide lane that roughly divides the Muslim and Coptic sections of the village. It is not a big market. Livestock are not sold there. It is basically a food market. Ghee, eggs, vegetables, fruits, cheese, meat, spices and grains are the main items on sale. Household goods such as brooms, brushes, pots and pans are also sold there, but the selection is quite limited. Live fowl are also sold, but only on occasion. The researcher attended the market four times. On two occasions there was no one selling live fowl. Few processed foods are sold at the market. Sweets like pink sugar dolls and *basbousa* (بسبوسة) are sold by a woman who comes from a nearby village. However, she was never there during the above-mentioned visits. The market empties by 10:00 a.m. Animal fodder is also sometimes sold there.

There are several workshops in the village. There are two carpenters, a welder, shoe repairers and a tire repair shop. In addition there is one bakery and a new shop that has just opened which sells fruit juice.

There are three schools in the village, two primary schools and a preparatory school. All three take both boys and girls. One of the primary schools has two sessions: a morning and an evening one. The headmaster of the evening session said that he had 670 students and 40 teachers. The morning school has the same number. (Access was denied to the school registry so it is impossible to verify these figures.) The other primary school was built by the villagers and is much smaller. Most of the teachers come from the village itself. Both schools are in the nucleated settlement, within walking distance for most residents of the village, including those who live in the fields. The nursery is frequented only by village dwellers, as it is too

distant for toddlers living outside the nucleated settlement area.

Migration from the village is a recent phenomenon. Many of the village's educated young men, specifically those with middle diplomas, head for Iraq. Except for the three households that represent the poorest of the poor, every single household visited either casually or as part of the core sample, had an immediate relative in Iraq. By immediate relative, brothers, fathers, sons, and husbands are implied. Moreover, many homes had returned migrants living there besides those who were away at the time of research. Not all migrants are educated. There are examples of peasants who went to work there as construction laborers and/or as agricultural laborers.

The village has an almost urban air to it by virtue of the great number of educated people who live there. Men and women in modern western-style clothes are as frequent a sight as those wearing the traditional *galabiyas*. Because the village is so close to the metropolis of Assiut and the town of Abnoub, many employees working in these busy centers do not need to move out there and do in fact stay in the village. Those who have houses and land there have even more reason to stay. They adopt a slightly different style of life in terms of their dress, furnishings and their socializing. Employees and other persons with urban affiliations differentiate themselves from peasants by virtue of their appearance, mannerisms and their choice of friends and acquaintances. Private cars can be seen parked outside the homes of some of these 'urban villagers'.

### **The Satellite Village**

#### **History and Setting**

The *'ezba* lies 7 km away from the village and about 10 km from the town of Abnoub, along the recently constructed eastern road that leads into the hills bordering the narrow Nile Valley. There is no public transport directly to or from this village. To get there, one takes a service cab from Abnoub to Arab Mateer and gets off on the asphalt road to walk 0.5 km or so on loose sand into the village. To get back, one walks back to the asphalt and waits for a passing private car or cab going either to Abnoub or to Arab Mateer then takes a service cab from there to Assiut. Either way, the fare comes to 40 pt.

The village is comprised of 150 households. It is built next to a very beautiful old church that is surrounded by a cemetery. It houses the tomb of a 'man of God'. The church keepers, one rather large extended family, live just outside its doors in three connected houses. The cemetery lies between the church and the

nucleated settlement area of the *'ezba*. It is the burial ground of the Coptic inhabitants of the mother village.

The residents of the *'ezba* belong to the Arab bedouin tribes of Arab Mateer. The village is an *'ezba* in the historical sense of the word. That is to say that the area upon which the core of the nucleated settlement area now lies used to belong to one of the rich landowners or *khawagat* of the mother village. He provided housing for the Arabs who came to work for him. These Arabs were brought over to guard his land. Other landowners hired them too until all the guards in the *zimam* were Arabs and all were living together in the area now known as the *'ezba*. They derived from two clans of Arab Mateer: that of 'Sewify' and that of 'El-Thaqeel'.

The time of their move to the *'ezba* is estimated to be around the 1930s. From each clan came three brothers. Thus inhabitants of the village fall into six main lineages. As they are Arabs, they were thought to be ideal for this guard duty. They also had notoriety for raiding and other mercenary activities. The inhabitants of the mother village disliked the Bedouin and looked down upon 'the Arabs' as they are called. This animosity, or traces of it, remain to this day.

After the revolution and with land reform and reclamation, the Arabs became landed peasantry. They remained guards on private land and on government-owned property and construction at night, but began to work on their own land during the day. What once used to be barren land was reclaimed chiefly due to the government irrigation canal expansion program. Now the *'ezba* is surrounded by green fields where wheat, cotton, beans and vegetables are the basic crops. Clover for animals, *helba* and wheat were the crops in the souk at the time of research. Date palms and *nabaq* (نَبَق), or crab apples, are the most common and abundant fruit trees in this village.

The residents of the village are all Muslim except for the keepers of the church. According to this overwhelming majority, the holy man after whom the church is named was a member of the *sahaba* (صحابية) or entourage of the prophet Mohamed, whose name is mentioned in the Quran. The spot upon which the church now stands is his tomb. Since the big rich landowners in the area were Coptic, they had initiated the mass delusion that he was Coptic and built a church there. Thus when villagers say they believe in this saint and the miracles that are attributed to him, they are referring to a Muslim saint who, according to them, was appropriated by Christianity. Thus both Muslims and Copts in the villages have blind faith in one saint as their own.

### Structure and Social Organization

In the midst of the nucleated settlement area is a clearing. To the north west of this empty spot live the members of the clan of Sewify. To the south east are the homes of the Thaqeel clan. Within each domain members of separate lineages lived together. Intermarriage between lineages has blurred these boundaries. There have been several intermarriages between the two clans, but that sort of thing came to a halt when the two 'families' fell out and 'let blood'.

The Sewify family installed a pipe in an area of desert land and used the water to reclaim 22 acres of previously barren desert. The scenario given by one of its members is that the Thaqeel family became jealous and claimed that the land upon which the pipe and 20 meter canal were installed was theirs. The quarrel broke out into face-to-face combat. The Thaqeel men came to the edge of the piece of land on tractors armed with thick wooden rods and rifles. They had their women with them. As one person explained in an interview: "One fears a woman more than a man in situations like this. You cannot hit her back, so she is safe and is able to throw rocks and stones that in one case a long time ago disabled two men!" It would be wrong to think this a carry-over from *intifadeh* (انتفاضة) imagery. On the contrary, villagers say Arab women have been throwing stones and joining their men in village combat for many years. Two men were killed during this battle. Both were Sewifys. There was one who died on the spot, and that was how the fighting stopped. The other died later while in intensive care as a consequence of his wounds. The man who was responsible for the death of the first was made to pay the ransom for one man and ordered to leave the whole governorate of Assiut. If he were ever to be found in the governorate again he would be killed. The other man died due to wounds inflicted by several persons. Consequently, the Thaqeel family collectively paid half of a man's ransom. All of this was arranged in a dispute settlement (*solh arab*) (صلح عرب) with judges brought in from Arab Mateer. The two families have since ceased to interact or intermarry.

There is a primary school in the heart of the village. It was constructed in the 1960's by Mehani, a leading member of the Sewify clan. It is constructed on five *qirats* and includes two toilets (pit latrines), six classrooms, a storeroom/teachers' room, and the headmaster's office. There are seven teachers (all males and all from elsewhere), two workers, two teachers who are currently army conscripts and one who is on leave of absence in North Yemen. In addition there are the headmaster and his deputy. The latter is from Arab Mateer, but lives in the fields near the *'ezba*. There are 231 students enrolled in the school, 30 percent of whom are girls (67 names). Attendance is generally high, though it drops on Thursdays and Mondays. The reason for this, according to the deputy, is that on these days the free snack of

biscuits provided by the Ministry is not given, so some children don't bother to come to school. In addition, Thursday is a market day, so most children either go to the market or stay and help at home (in the case of the girls); household chores increase on market day, as all homes cook meat and other treats. Saturdays are also bad because there is a market in Arab Mateer.

There are 34 students in first primary, 67 in second, 37 in third, 43 in fourth, 29 in fifth and 41 in sixth. The reason for the variation in these numbers is that first, third and fifth primary are not pass/fail years. Children from these grades are automatically transferred to the next year, so that they pack in 2nd, 4th and 6th levels.

According to teachers, parents could not care less if their children come out first or last. In 1982, the school had a 92% score for students passing sixth primary. This is quite high even by Cairo standards. I was shown a certificate from the Ministry of Education testifying to this.

The school is the only government institution in the village, said the deputy. The other government services and offices are in the mother village. The link between the *'ezba* and officialdom is the sheikh assigned by the *omda*. He serves them with their court orders, requests for rent, news of seeds and fertilizers, calls for conscription and other official papers and notifications.



## **- Annex B -**

### *Case Study 1*

#### **Hoda**

**T**he village consists of a central village and small settlements scattered along the irrigation canals here and there in the fields. The residents of the latter have come to form separate settlements named after the section of the centralized village that they came from. Although this area is deprived of potable water, electricity and other such amenities, this is where the better-off people live, those with enough land to make it worth living on. They are also the people with livestock; as is said of the stereotypical Egyptian peasant, they sleep with them. Most people also have a house in the village, where they go to fetch potable water and where the men and children go to watch television. Some families live in the fields only in the winter, when fodder is plentiful and the fields need tending.

#### **Hoda's House**

Hoda and her family live on the agricultural land, a 30-minute walk from the main settlement area. The family's house overlooks a small irrigation canal. It opens at the back onto lush green fields (the family owns one feddan). To both the right and the left, their plot adjoins those of neighbors, Wassily and Om Karim, who, unlike Hoda, only live in the settlement in winter. Hoda's plot is divided from that of her neighbors by a low fence of twigs and cane, used to demarcate property lines rather than to establish privacy.

The area of the plot facing the road is partly fenced in; it has a large gate and

a pump in the middle of it. The pump was dug to a depth of 15 meters, costing LE 100 three years ago. There are small canals dug on the outer sides of the fences, so that the house does not become flooded when the fields are being irrigated. These were dug after the house actually was flooded two years ago. The plot is one *qirat* and a bit (a total of 180 m<sup>2</sup>). The house is in the middle of the enclosure and occupies half of its area. The inner half is a mud floor area where the animals sleep. There are round pot-like structures in this area, seven of them, which are used for storing fodder for the animals to eat at night. Also in this area is a *zil'a* for storing potable water brought from the village to use for making tea. There is a *rob'a* for pump water, which is used for other domestic purposes and which has a high salt content. The former is covered with an aluminum plate and a small cup (*kouz*) is kept on top for taking out water. The other is covered with a lid taken from a plastic jar.

All the partitions in the house are built of cane. There is a semi-circular partitioned area on either side of the entrance. One is where Hoda and her family sleep, and the other is where the other members of the household sleep. Inside there are plastic sacks filled with clothing and school books. There is a line on which some clothes are hung. Pillows and mattresses occupy a small area where pigeon and rabbit coops are. Outside the partition on the right is where foodstuffs are stored (butter, cheese and flour urns). Pots and pans are brought in at night, and otherwise are kept on the outer walls of the house. Ladles, medications, toys, plates, plastic *jerkins* (جركن) (water containers) and even leftover pieces of bread are kept hanging on or squeezed in-between the cane partitions. The stone *kanoun* (كانون) (the brick heating/cooking construction) is in one corner of the yard where the animals sleep. There is a clothesline drawn across this yard.

The walls of the house are made of mud and brick. The roof is cane. The walls are plastered with little round dung cakes on both the inside and the outside. They really look rather pretty. The stuff is collected from under the animals, and once it is a bit dry it is made into these cakes, which are used as fuel. The structure of the house is kept up by wooden poles. The house is made of bricks made of mud from the family's fields. An area of approximately 5 m<sup>2</sup> of land has been completely used up for making bricks. There is a pile of freshly made bricks that still need firing, piled up to form a sort of annex to the house.

This house was formerly made entirely of cane. Then when the house was flooded and it all came down, the family decided to rebuild and use bricks. The neighbors to the north have lived in a *zirbiya*, a completely cane structure, since five years ago. They have no electrical appliances. They do have a radio. To keep warm at night, they light a small fire in the brick stove or in a mud plate that is piled

with twigs, straw and some manure and then lit with gasoline. The back of the house is sheltered by two protrusions from the brick walls. This is where members of the family defecate. Across these protrusions a clothesline is drawn. On the right side of the house is a small, tent-like enclosure, where the mud pile is located. This also houses the oven and baking equipment. This oven is used by many of the neighbors, since they are temporary residents of the fields.

There are three basic types of water in this house. Sweet water suitable for making tea and cooking is brought in plastic *jerkins* by mule from the village. Salty water used for drinking (human and animal) and for rinsing clothes and bathing is provided by the hand pump. Water for washing is brought from the canal and boiled, the lady of the house insists.

Among the prized possessions of the household are three cows, two calves, about four rabbits, two ducks and a number of ducklings, about ten chickens, two dogs, three goats and one kid, and two gas lamps. The house gets plenty of sunlight and air, but not by intent. There are no windows, which I am sure reflects the type of construction materials, but there is air circulation by virtue of the open doorway and the skimpy ceiling. The same applies to sunlight. In the winter time, family members are usually outside in the area surrounding the house and enclosed by the fence. Hence Hoda washes, milks her cows, makes butter and cheese, gossips with her neighbors, sorts her dried washing, and often enough feeds her baby, all in the sun. Dung is kept on the front side of the house in piles. One of these is *lassa* (لاسة), the mud from under the animal that is wet with urine, and the other *khata* (خنة), the manure itself.

### The Family

The family consists of Adam Halim Zakı, the head of the household, his wife Hoda, aged 23, and their children: Girgis, 6, Bassem, 2 1/2 and Walid, 3 months. In addition to the nuclear family of the head of the household, residents include 'Am Halim, who is Adam's father, his new wife, aged 20, and his two daughters, Nagla, 17, and Daisy, 16. Adam's father married this wife after the death of Adam's mother. There is an uncle who is in Iraq and who appears to sometimes live in this household in the fields when in Egypt and sometimes with his brothers in the central settlement. He is single. He has an influence on events in this household. The two girls are both in their third year of preparatory school. Their father did not register their births to begin with, so as not to have to educate them. When they were about nine years old, their uncle told him that he should send them to school. So they procured false birth certificates for the girls, showing their ages as three years less than they actually were, and both the same age. Hoda did the same thing with

Girgis; since he was a low birth weight baby and stayed in an incubator for a month (he had a twin sister who died at the age of 16 days), she and his father judged him to be too weak to take all the necessary shots and vaccines, so they waited a year before registering his birth, "so that he would be strong enough," she explained. Thus he is now officially five and a half years old, but in reality he is six and a half

Hoda has lost two baby girls ("I wed two"). Her first daughter died at the age of three months. She got a respiratory infection and died. Hoda had taken her to the doctor, and had gotten a prescription filled. That same night "I gave her a lick of butter", and she died. The other lost daughter was Girgis' twin.

Hoda's husband is a peasant. He was released from the army in 1977. The draftees were promised jobs, but thus far he hasn't received one. He has applied for the position of cleaner at the council, but this was six months ago and he has heard nothing. He and his father take care of the land. Their ownership is joint, with the father, the son and the brothers sharing, but not the cousins. His uncle, who is also Hoda's father, is a tailor, and so is his own brother. The family has one feddan of land, on which the house is built. They also have land in the *'ezba* and elsewhere in the area.

Hoda got married eight years ago. She was exactly 15 years old. She has never been to school, and she cannot read or write. She stayed at the family house in the village for a few months and then moved to a *zirbiya* to the east, near the *'ezba*. She had her first baby out there. She also became pregnant with Girgis and his sister there. After they lost the baby, they came over to this piece of land. When their house was flooded, they went to live in their house in the village until they could rebuild. It took them three months.

Hoda's father-in-law, her uncle, is quite old and a seemingly gentle man. Her son Bassem adores him. He sleeps with them and the girls. Bassem is fed by his grandfather and follows him everywhere. Girgis adores his father. Hoda is a very pretty woman. She is full of vitality. She is also very kind and open-hearted, and a generous neighbor.

Hoda and her stepmother-in-law do all of the house work. With so many animals in the house, there is work in plenty. Each family sleeps in a separate compartment. The animals are all locked into the outer part of the house, except for the dogs. There is one old dog and another quite vicious one. Hoda gets up in the morning to sweep the *khata* and *lassa* from under the large animals and poultry. She first lets them all out into the outer area and milks the cows. The milk is kept in a covered *magour* (ماجور) near the entrance.

The mother-in-law makes breakfast for all on the stoves inside. They have

tea, milk and some *fayesh* if it is available. The girls go off to school and then to the fields or to do their errands. Girgis does not go to school yet, nor does Bassem. According to Hoda, they get up, have their tea, and, of course, go out to squat. Then she washes them if they are going out, but if they are staying home, she does not. She uses soap at least once a day. "I wash their hands and faces, but they are all boys and give me a hard time." When I asked her what soap was for, she replied as an immediate reaction, "for laundry." In winter, washing hands and faces takes place as follows: water from the canal is put into a large container on the brick stove. Then water is taken in the cupped hand and used to wash the face and hands of a child. The end of a *galabiya* is used to dry, or, in the case of a baby, the end of the cloth in which he is wrapped. Walid had not had his face and hands washed, I assumed, for a couple of days, because the weather was chilly and Hoda feared that he would catch a cold. Besides, she asserted, "babies don't get dirty." Once they start walking, they become a mess. On one visit, Hoda said it was a holiday. Her husband had told her that President Mubarak was being elected in Iraq (the actual event was the establishment of the Joint Arab Economic Council).

Hoda is responsible for housework, but she also has the prerogative of telling Nagla, Daisy and her own children how to help and what to do. She is a very modest person, and not an imposing character by nature. Her stepmother-in-law is as though another wife rather than a more senior person. She is, of course, Hoda's senior, though she is not obviously more powerful. Hoda told me, between us, that she is only good with children and perhaps when it comes to cooking, but otherwise she is not very experienced. It is Hoda who is in charge of the livestock, the staff of life for the whole household. She tends to them and is responsible for the butter and cheese-making.

Halim is in his sixties. He is a jovial kind of person. He has four sons and two daughters. The sons are from a previous marriage. He has land which he owns with his brother and which Adam, his eldest son, helps him cultivate. On one visit, Adam, the husband of Hoda, dropped in briefly to say that he was taking the donkey to go and fetch clover from another field. The stepmother treated him with the reverence due to a man, not a son. Hoda told me, when I commented on this, that Adam and Maurice are the two older sons of Halim, and so they must be respected. They could have told Halim not to marry again if they wanted. Adam was 15 when his mother died.

I have yet to learn how much land the family has. They cultivate cotton, beans, clover and vegetables. Halim is a very amiable grandfather; when we sat down to eat, he was responsible for feeding Bassem, his middle grandchild. He has been a peasant all his life, and shares in the wisdom ascribed to the peasantry. He

told me that just as the fingers of one hand are not of equal length, so people can never be equal. He said that as people had taken more rights, the world had to take its own revenge, and so it made these rights worth nothing: "Now I can vote, but because I have this right, I can no longer feed my family!" He and his son are *khalidun* (خلدون), or corporate, in terms of ownership of animals and land. Actually it was all bought with his money, or so he said. Hoda said, "how come that Adam pays the bills? Does Halim give him an allowance of some kind?"

Hoda is quite a religious person. She goes to mass on Wednesday mornings whenever she can. To her mind, it is the church that keeps the village prosperous, since it teaches people how to love one another. Hoda is quite quarrelsome by nature, but when she goes to church she remembers the directives of the holy book and apologizes to whomever she has quarreled with.

She envies her stepsisters-in-law because they are getting an education. She observes the educated women of the village, the employees, the nurses, the doctors and the happy wives with middle level diplomas, and is sure that they work less, are happier, and enjoy better health than peasant women. "We have the advantage when it comes to raising children," she consoles herself. Peasant women are more patient, and so they can sit with a child and comfort it rather than rush to a doctor in search of immediate relief. She, however, does take her children to the doctor because her father-in-law insists on it. He has a lot to say when it comes to the children. Hoda believes that he has the right to interfere more since he is the head of the household. When one of her sons falls ill and she takes him to the doctor, she comes back home and gives the medication which she herself buys from the local pharmacy to her father-in-law to administer.

Hoda breastfed her last two sons. Her eldest was in an incubator for over two weeks. By that time she had lost her milk. She was given artificial milk at the hospital. When she came back home she started to give him cow milk with sugar instead. She also gave him a feed of rice water every so often as added nutrition. She gave him donkey milk to protect him once they were all safe at home.

Hoda toilet-trains her sons herself. By the age of one year, they know how to express a wish to go and relieve themselves. Once they can walk, they go themselves. It is all right if small children defecate inside the house, because they are so small. Part of the regular household cleaning is to strew dry mud or dust on stool if there is any, then to remove it with paper when it is dry. Children, however, do learn pretty soon to defecate outside like the other members of the household. The area that is sectioned off for defecation is sprinkled with ashes from the oven and with dust, so as to make the feces dry up.

The family usually eats inside the house since their courtyard can be clearly seen by passers-by. The low wooden *tableya* (طبلية) is easily accessible to the chicks, rabbits and pigeons. It is the chicks which particularly get in the way, as they hop into the food, water containers and anything else in their path. Hoda does not view them as a problem. Are they to be seen as vehicles of contamination, especially when there are all sorts of feces lying around inside and outside the house?

Hoda's case is particularly intriguing as it illustrates how the mechanism of prioritization works here. Hoda and her family have given up the comforts offered by the central village: electricity, running water and latrines. However, it is as though this family is too wealthy to be able to afford these things. They have land and animals that need tending. There is a lot of capital at stake, plus the interests of other members of the family who benefit from the regular supply of milk, butter, cheese and ghee. Hoda does not feel she is making a concession at all. She does not see a connection, or at least not a direct one between sanitation and disease. The swarming flies are blamed on the fields, not on the stool lying around. Despite her consciousness of the merits of education and her daydreaming of being an employee, she does not bemoan the fact that her husband and his family have land and animals which give them a comfortable income. That they live in a makeshift house without the comforts of modern life is part and parcel of their lifestyle.





## *Case Study 2*

### **Mahassin**

**M**ahassin and her family live in a small brick and cement house that does not belong to them. The house has two rooms, an inside room which serves as the sleeping area for all the members of the household, and an outer room which is multipurpose (to say the least). The house has a cement stairway that leads up to nowhere. Actually the house is half completed. The second floor is currently little more than a roof upon which the children can play. The house does not have running water, but it has a latrine which is essentially a hole in a mud floor, in a cubicle 70 cm x 1 meter. Its brick walls do not reach the ceiling. It has no door. The latrine opens onto the living area.

The furnishings of the house are sparse. The inner room is 3 x 3 m, and has a window that is hardly ever opened. During the whole research time, Mahassin never opened it in the researcher's presence. The room has five mats, two straw and three plastic, on the floor. In one corner lies a pile of many items, including clothing, schoolbooks, bread and bed clothes. In another corner lie empty vegetable and fruit crates. One crate holds plastic toys and other odds and ends such as aluminum plates and empty milk boxes. The outer area is also quite large, but is divided. This 3 x 4 m area is comprised of a raised area on which the family sits, eats and sometimes sleeps, and a lower area which is used for cooking and for storage. Part of this room is occupied by the latrine. The household furnishings deemed essential to the family are scattered around the flight of stairs and the raised area, and hung on

the walls. The family has a television set which is kept in a corner immediately opposite the latrine. There is no electricity in the house, but they have an arrangement with the neighbors, who are cousins, by which they have an extension from their electricity cable.

There is no kitchen as such. Utensils are kept piled against the latrine wall, outside the latrine. There are two kerosene stoves (primus). A number of pots and pans and plates are piled up with some basic supplies such as flour under the stairs. Water is stored in a *lob'a* that is kept under the stairs. But it was broken during a fist fight between the boys (Mahassin's children), and they have yet to replace it. For a period of at least two weeks during the research, the house had no container used specifically for the storage of water. During this time, water was kept in uncovered containers, large and small. Their sizes depend on the way the water is intended to be used. The hand pump used by the family is across the road from the house. However, a cousin's tap, also across the road, is preferred. It is easier to turn on a tap than to use a pump, Mahassin explained. The only problem is that this cousin gets annoyed if her sons, who fetch the water, walk in and out of his house too often each day. When they are prevented from using this tap, they go and use the pump.

The house was constructed five years ago. It belongs to the great-aunt of Greiss, Mahassin's husband. This aunt, or rather her family, built this house but never lived in it because it is too small. They ran out of funds to finish it, and so they let Greiss and Mahassin live in it as a *zeriba*, or animal pen, just outside the village. This they rented, since the land upon which this *zeriba* is built does not belong to them. The main asset of the house is the plentiful supply of fresh air and sunlight there, but these hygienic circumstances are unintentional, coming from the absence of a ceiling in the outer room and main living area. This room is half-ceilinged. The stairs, however, lead up to an open expanse; the owners intend to complete the house.

### The Family

Seven people actually live in this house: Mahassin, Greiss, her 13 year old son Nakhla and his four younger brothers, Romani, 6, Alaa, 4, Habib, 2 1/2, and Bassim, 6 months. Mahassin has two other living children, Ishaq her eldest and Mna, her third living child, who is now 10, both working with an ironing man in Cairo. Both of these children have attended school. Ishaq was thrown out of school for his lack of discipline; he used to pinch the girls. They were sent to Cairo three months before the research. Times are hard, and their parents need the money. The arrangement is that they work as apprentices to this man and do the clothes collection and deliveries for him. In return, their parents get half their earnings. The

other half is kept by their employer as pay for the room and board he provides. The boys themselves get no money. "What would they do with it," their father said. "They do not lack anything in Cairo, and besides, they are too young to be able to spend it properly."

Mahassin has lost two children. One was a girl who died of dehydration. She had had diarrhea for four days and had started vomiting and defecating blood. The parents took her to the hospital in Abnoub, where the girl, who was eight months old, was given intravenous treatment. She died two days after being discharged from the hospital. Mahassin still shudders as she recollects the sight of the "needles in my daughter's head." She is convinced that it was the treatment that caused the death of the baby. This child was two years younger than Ishaq. Mahassin also lost a boy named Atef to a respiratory infection. He was three months old. "One morning I woke up to find him dead," she recollects. He had not been sicker than babies normally get. He had been coughing a little. To her mind, Atef died suddenly, but her husband said that the boy had been feverish for two days before dying. Mahassin has had two miscarriages as well.

Greiss is a vegetable retailer. He has no land and no education, but he attended three years of primary school and is literate. He spent three years in the army, and was unable to find a job after his discharge. His uncles are in the vegetable business, and took him on. The money that he had at home went towards buying his first lot of vegetables. Mahassin claims that her gold was also used as initial capital for the purchase of vegetables, but her husband denies this, saying that he never had enough money to buy her gold in the first place. Greiss is temperamental, and has a reputation to go with it. He has tried to find a job as a janitor at any of the nearby government offices, or to become the keeper of the local church, but was refused everywhere. He also has a severe case of scabies, which helps in discouraging potential employers.

Mahassin is in her mid thirties. She married Greiss when she was 16 years old. He is her mother's paternal cousin. She has one blind eye. She also has scabies, contracted from her husband. Mahassin had four years of education. She can count, but she cannot read and write. She is very active in her husband's work, helping him with his vegetable selling. Mahassin laments her luck most of the time. She feels that her husband does not work hard enough, expressing her feelings in vivid language. The selection of obscenities which she directs at him is quite colorful. She resorted to looking for work herself so as to make ends meet. It was his idea to send two of their children to work in Cairo, and she calls it the best idea he ever had. She misses them, but finds their remittances useful, even essential. She resorts to seeking help from her own family quite often in the face of her husband's

inactivity and helplessness.

Her mother insisted that they register their children. Her uncle came with them when they took their daughter to the hospital. Now it is the same uncle who is advising them not to let Romani go to school because he would be better off learning something more useful. The problem is that the boy has a birth certificate, and so they will pay a fine if they don't allow him to attend school. Mahassin wants Nakhla to join his brothers. The only problem is that Nakhla is not quite normal. He has a speech impediment, and is a very slow learner at school. Although he is in sixth primary, he cannot write his own name legibly, and he has difficulty in reading. Nakhla helps his parents by unloading and carrying fruit and vegetable baskets. The other four boys do not go to school. Romani wants to go to Cairo.

The division of labor at the household level is a seemingly simple one. Greiss is the active income generator in the sense that he goes to Assut's wholesale market and buys the vegetables and fruits that he sells. Mahassin takes care of the various domestic needs, and is solely responsible for such activities as cleaning, cooking, making tea, washing and baking. She is aided by Nakhla, who does the water-fetching, dishwashing, and helps with taking care of his baby brother Bassim. Mahassin does some of the vegetable selling herself. When not otherwise occupied, she sits just outside her door with a pile of vegetables and sells to passers-by. When the vegetables are of the sort sold by the kilogram, she has Nakhla sit with her to do the weighing. The scale is kept in the house.

Decision-making, power play and hierarchy in the confines of this particular household are quite intriguing. Greiss is deemed a good-for-nothing layabout. He is not a clever businessman, and was the black sheep of his family. Even the church would not let him work there, although "it takes care of all the other poor people," to quote Mahassin. Although he is closely related to her, it is her own maternal uncles who help him in his business. At the start they guaranteed him to merchants and wholesalers. These uncles, the relatives who have lent them this house, and his own friends participate in many decisions concerning the nuclear family of Greiss and Mahassin. The fact that the family openly accepts charity (the house, food, old clothing, etc.) has come to mean that donors can also make decisions for them. Hence, as previously mentioned, decisions concerning the education, health care and employment of their children are greatly affected if not initiated by this circle of friends and relatives. The choice of artificial milk that Mahassin uses was made by her sister's husband. Her sister had mentioned to him that Mahassin had not enough milk this time to feed the baby. The husband told her that the best kind of milk was S26, as shown on the door of the pharmacy. That was it - Mahassin told Greiss to go and buy it for her.

It is difficult to describe the power play between Greiss and Mahassin. He beats her, but she swears at him. Sometimes her word goes, at others he has his way. He is responsible for decisions concerning their vegetable business, but she does intercede, with the help of her relatives. She gives her opinion in connection with good deals and bad ones. Sometimes her own relatives become a liability rather than an asset, as when one of her maternal uncles took LE 52 from her husband in kind (potatoes and tomatoes to sell), not in cash. He only returned LE 30, which they quickly spent. They were broke and needed the money back. Mahassin had been told by her mother that this uncle in fact did have money and was using it to pay other outstanding debts. She went to his wife, and after having it out verbally and letting all the neighbors know about this scandal and interfere on her behalf, Mahassin came back to her husband with the good news that the uncle was going to repay the LE 22 in the form of sugar cane for them to sell, which indeed he did

"He beats me and the children because he is a man, but he knows that my opinion is better (wiser) than his," Mahassin succinctly described her relationship with Greiss. When it comes to their children, "people advise him," she said, "and he makes the decision because he is the father." When asked about matters which related to feeding and infant care, Mahassin said that this is the province of women, not men. There are things, as she puts it, that everyone knows that have to do with feeding and rearing children. These matters don't need a father's interference. When the children get sick, he is involved in taking them to the doctor and buying the medicine, but even that is not a rule - neighbors are often kind enough to lend Mahassin medicine

Greiss is not in sole control of the household income, since Mahassin participates in selling vegetables. He keeps the ledger, and she usually gives him all the incoming money made from her sales. However, she keeps close track of how much money they have. They make around LE 20 a week from the vegetable sales. Greiss buys five or ten baskets of tomatoes, potatoes or whatever is in season, and buys no more until these are sold, as they lack the capital to trade in larger quantities. The other new basic source of household income is the wages of the two working children, which come up to LE 50/month. This sum of money is sent to them directly by the employer on an approximately monthly basis, depending on when someone they know is travelling the Cairo-Assiut route. Once income is recorded in the ledger, Mahassin keeps the money safely with her. Greiss takes what he wants for cigarettes and his other habits, and gives her the rest for household expenditures. This amount is never quite enough, and that is why she deducts from the income which she earns from her sale of vegetables to make up the deficit.

At one point during the research, the family was broke for a period of five days. Mahassin borrowed cheese, tea and kerosene from the neighbors. Her husband had a bit of cash with him which she did not want: "It is not enough for food, and better he spend it on his *mazag* (مزاج) (whims, habits) than make us live in hell." Borrowing is not a problem since a plate of cheese or a packet of tea is not too much to ask for. Besides, this state of nearly total poverty was only temporary, as the family was expecting the repayment of a standing debt in short order.

Mahassin is not breastfeeding her seventh son. She lost her milk due to *mushahara* when the boy was 15 days old. As with all of her other deliveries, she gave birth to Bassim at home, with the aid of the local midwife. She has never had complications during delivery. She gives sugar water for the first three days until her milk comes in on the evening of the third day after delivery. Because she lost two babies, who were still-born, before giving birth to Nakhla, she gave him donkey milk right after birth. She also wiped him with this milk for protection. She has continued these practices with all her children born since. "They throw it up and cry when I first give it to them because it is heavy, but it protects them," she explained. In the case of Bassim, she believes that she was the victim of *mushahara* caused by meat. On being asked why she had not protected herself with a *mushohra* or stepped across blood to undo the deed, she replied that she had done both but that these things don't always work. Besides which, her milk had been sparse to begin with. The two babies that she lost had also been taking artificial milk. In the case of the girl, Mahassin got a fever in her breast, which became clogged, and she was afraid that the milk in the other would not be enough, so she weaned her at the age of three months. The baby boy was being given both artificial milk and her own milk, but became very weak, and died. It is highly unusual to give both.

Mahassin is verbally conscious as far as health practices and contamination are concerned. She freely airs her views on the dangers of flies, the hazards of leaving stool on the floor, the necessity of boiling feeding bottles and covering food, the essentialness of handwashing. And yet, this consciousness has yet to take effect in practice, as shown in the following excerpts from the field notes:

March 8 : An hour later I passed by Mahassin's house again. Once more, she was not inside. Bassim was on the floor on a blanket, covered with a *galabiya*. He was fast asleep. Lying next to him on a straw basket and covered with flies was his baby bottle. On the steps there was an uncovered plate of *mesh*. There were shoes strewn all over the floor. Also on the steps was an uncovered tin with sugar in it, a half packet of tea, two tins of S26 baby milk, and a USAID food aid tin, I think containing oil. The primus

stove was lit, and the *kanaka* was boiling on it.

The latrine, which is across from where I sat, had stool outside the hole, something I am becoming accustomed to seeing. I took this chance to take pictures of the children, house, bottle, etc. That Mahassin feels she must supervise the unloading of the sugar cane herself is indicative of her stature in the household. The boys had meanwhile gone out and gotten sugar cane, which they began breaking, peeling, chewing and spitting at an incredible pace. In no time the floor, the baby (I kept taking chewed sugar cane off him) and I were covered in sugar cane that had been sucked dry. Romani started telling me that they had had lunch, and that they had even borrowed the *mesh* they had eaten. They had eaten *mesh*, onions and bread. The bread was good, because his mother had just baked it. On the floor beside the onions that she had been trying to sell earlier on during the day was a plate of flour placed on the scale. On the floor was a pot of dirty water that had potato peel in it. I pointed to it and said to Romani, "it seems that you had potatoes for lunch as well " He shook his head and said that they had had potatoes the previous night for dinner.

On the three occasions on which Mahassin was observed preparing food, she did not wash her hands or those of her children. Moreover, this case highlights the fallacy of the assumption of an exclusive mother-child relationship. It is Nakhla who prepares the feeding bottle for Bassim, and it is he who, more often than not, feeds him. The following excerpt describes a regular and repeated, rather than exceptional situation.

Nakhla took the bottle, and poured some water into it, after pouring the milk left in it into a big pot where his mother had thrown the remnants of the tea leaves from the *kanaka*. He had removed the plastic nipple with his hands, which he had not washed. He poured water into the bottle and poured it out again. Then he put the same amount of water into it, filling about 1/4 of the capacity of the bottle, and sealed it with the mouthpiece. He then shook the bottle, opened it, and put the bottle upright in front of his mother. She took the can of water from him, and, having already poured the tea leaves out of the *kanaka*, she put some water in it, moved it around, and threw it in the pot. She put a little more water and poured it straight out, then filled the *kanaka* with water and put it on the primus stove. Despite all of this activity, the S26 can from which the water had been taken still had about two

inches of water left in it. When the water started to boil, she poured it into the bottle. Meanwhile, a couple of flies had landed on the bottle. She made nothing of it, even though one had landed on the mouthpiece. The water was a murky yellowish color. Although she had put some sugar into it with her cupped hand, I don't think the color was due to the sugar since this is the tea-making *kanaka*, so it was more likely to be the remnant of the multiple preparations of tea.

The most serious health hazard to children in this household and in others is inconsistency. At times, Mahassin wraps up the feeding bottle in a clean *galabiya* to protect it from flies. She explains that this is important because the bottle has just been made. It is possible that she wraps it up to keep it warm, rather than clean, for at other times she gives Bassim the half-full bottle that has been prepared hours before and left lying on a basket or on the stairs. "I make sure I rinse the mouthpiece with water cupped in my hand," she defensively answered me.

Mahassin and her family are representative of the lower income groups in the village. Identifying themselves as poor, their lives are a self-fulfilling prophecy. Mahassin has no qualms when it comes to borrowing anything. Their house, electricity, clothing and even food, at times, are given to them. She is serious in wanting a job, and is not embarrassed to press this wish on everyone. She does not identify with a number of media messages, because they are "not for people like us". This list of messages is inclusive of contraception and family planning, which she has never practised, and the use of colostrum, which she does not believe she has. "I just get thick bad milk before my proper milk arrives".

Despite the fact that children in rural areas start to work at a young age, during times of harvest for example, Mahassin emphasizes the fact that her children work in Cairo as an indicator of true poverty. The same is true of her husband. In dealing with a haggling customer, Greiss is quoted to have said, "I send my boys to Carro to work, and yet you haggle with a poor man like me over three piasters."

This family may be exceptionally poor. The mother and father may also be exceptionally less cautious when it comes to taking care of their children. The significance and importance of including this family as a case study is to indicate the realm of the possible. Mahassin does not mean to harm or neglect her children. She is viewed as poor, but is certainly not an outcast. She does not understand why her children fall ill and why a number of them have died. She interprets this situation in terms of wealth and poverty. Better-off children eat better, they get better health care when sick. This set mind is difficult to break. It breeds a kind of apathy that



can be lethal. The apathy leads parents not to mind flies and other vehicles of contamination because they are poor, and shooing away flies is not going to solve the problem.



## *Case Study 3*

### **Ghalia**

**T**he house that Ghalia and her family live in is typical of those in the *'ezba*. It is large, bare and full of people and animals. Ghalia is not the lady of the house, but the wife of the eldest son of Ibrahim and Yemen. Settlement patterns in this village dictate that a wife live with her in-laws as if she were their own daughter. This implies certain measures of humility and submission. Ghalia is such a daughter-in-law.

In addition to her mother and father-in-law, her husband's siblings live in this house too. Saber, Ghalia's husband, is 22 years old and a construction laborer in Cairo. He has an elder sister, Amina, who has crossed eyes and is unmarried. He has a second sister of 24, married into the nearby and somewhat larger village of 'Arab El Awamer. His younger sister is named Aziza, and is married across the street. She is the second wife of a wealthy cousin of her father. This man was married to his own cousin for 15 years and they had no children. He married Aziza two years ago when she was 18. She bore him a son, giving him the proud title of 'Abu Mohamed' (father of Mohamed). Saber's younger brother, now dead, would have been 15 years old had he not died at the age of 10. He got severe sunstroke while out in the fields helping his father, and dropped dead on being brought back home. Next in line is Badr, Saber's 13 year old sister. Then comes Mohamed, who is 11 and a pupil at the local primary school. Saber and Ghalia have two daughters of their own, Rima and Abeer, one not yet two years old, the other five months.

Ibrahim, the father and head of the household, is a landholder and one of the founders of the village. He came with his own father to settle there while still a child. He is now past 50. His wife, Yemen, is a strong-willed Arab woman in her mid 40s. She was a resident of Arab El Awamer before marrying into the *'ezba*. Although kind and seemingly timid, it is her word that counts as far as the female-related matters of the house are concerned. The other females of the household, including Ghalia, are reverent to her because of her status as mother-in-law, not because of her personality traits.

Ghalia has her own private area on the second floor of the house. These two small rooms house her belongings. One of them is a completely empty room which is used by the family to keep rabbits overnight during the cold winter. The inside room has a bed and a large cupboard. Ghalia prides herself on being a modern bride and having a bedroom set as part of her trousseau. She does not sleep in this room unless her husband is with her. When he is away, she sleeps downstairs with her sisters-in-law. Yemen and Ibrahim sleep on the floor of one room along with Mohamed. The girls, including Ghalia and her daughters, sleep in another room. Access to this room is gained only through the room where the parents sleep. There are another two closed rooms in the house. One has a mud cupboard used as a *namlia* in which eggs, ghee, flour, and other household goods are kept. It also contains the kerosene stove and the kitchen utensils. The inner room is empty except for piles of clothing lying around in the corner. There is a television in a niche in the outer room. The house has electricity.

This relatively large house was built in stages. It is the house where Ibrahim was brought up. Being the eldest of his brothers, but the last to marry, he was the last son living there when his father died, followed by the death of his mother. There had been a stretch of land to the left of the house which Ibrahim decided to use for expansion. He bought it from the brother who had inherited it and built two rooms. This in turn provided for a much larger courtyard. Now the women of the family are busy making bricks to roof part of the courtyard and to build another room. The cost of living is getting higher and higher, and they want to create room for Mohamed's family when he marries, while they can still afford it.

All of their animals are kept together in a spacious, half-roofed pen. They have a buffalo and a cow. They also have chickens, ducks, rabbits, a goat and two kids, a donkey, and a male turkey. Inside the shed there is space allocated for each type of animal. The cow and buffalo are tied up in one corner, the chicken coop is in another, and the donkey is tied up in a third. The rest are free to come and go as they please. The mud oven used for baking is also built in this pen, where the grains are stored as well. The courtyard has the water *beer* (well) housed in a small mud

hut to make sure that it stays cold. There is a large tree trunk along one side of the courtyard. This is where the family elders sit most of the day. In the niches on the walls are various odds and ends, all safely tucked away. The family spends most of its time in the courtyard or outside the house in the street.

This family belongs to the Tokala clan, which occupies the southeast section of the village. The alley in which Ghalia's house is located is completely occupied by members of Beit Ibrahim (the Ibrahim lineage) of this clan. All the inhabitants of this street are very closely related. This alley borders the village from the south, and is near the cemetery, the burial ground for the mother village and the defecation area for the people of the *'ezba*

The house is very sparsely furnished. The only pieces of furniture there (bed and cupboard) belong to Ghalia. The rest of the family sleep on mats and keep their belongings hung on a line and/or piled in a corner. Other household items such as pots, pans, plates, glasses and cooking utensils are in abundance. They also have two round tables, *tableya*, for eating. There are no chairs in this house. By village standards, they are quite well-off. They have a wooden bench-like sofa which broke and they have yet to fix it. The house itself is built of mud and stone. Very few of the houses in this village are built with brick and cement. The house receives plenty of sun and fresh air, since the courtyard is unroofed and the doors of the rooms looking onto it are usually kept open.

The inhabitants of the household form one family, with Ibrahim as its head. Amina, his unmarried daughter, recounted a story of how this family deals with unwanted questions. There came to this village two researchers from the government who said that they were working on the national census. They asked a lot of questions, one of which concerned the size of landholdings and of family income. Amina said that they owned one feddan, and gave an equally false reply as to their income. Amina wondered what possible use that information could be to any well-intentioned person. Consequently, only a rough estimate of landholdings and income will be made in this report. The father owns at least three feddans. They are not in one piece. During the course of the research, visits to the field with women of the house indicated ownership of at least three one-feddan plots, cultivated with traditional crops. During the time of the research, clover was undergoing its fifth cutting. Ibrahim was getting ready to plant cotton in at least one of these plots. The main income of the family derives from agriculture. They also own some date palms, since they sell dates to a wholesaler just before Ramadan. Amina said that their palms were too few to warrant being called an orchard, but they were enough for their own consumption with a little left over to sell.

The eldest son, Saber, is an income generator, but not on a regular basis. He

has a preparatory school certificate, but does not have an actual job. He helps his father with the agricultural activities. Every once in a while, mainly when the land is not in a demanding season, he goes to Cairo to work as a laborer on building sites. At the time of the research he was on such a mission. He was carrying sand for the builders renovating one of Egypt's largest confectionaries, the Bim Bim factory. Saber does not contribute to the household budget directly, but he buys presents with the money he earns, saves some, and gives cash presents to his mother and unmarried sister. He gives some pocket money to Ghalia, his wife, before he leaves, usually a ten pound note. She in turn does not spend it, saving it for him.

It is difficult to estimate the family's monthly and annual income. They do, however, eat well. They buy meat weekly, and often slaughter a chicken or a duck in the middle of the week. Every member of the family gets at least a new piece of fabric every season. All of this comes from the household budget. They are also well enough off to consume all the milk, cheese and ghee, not to mention the eggs, produced by their animals. Moreover, they could afford to marry off Saber before he was drafted into the army. They got him a truly beautiful young bride by virtue of the gold which they enabled him to offer. Besides the traditional silver anklets, he gave Ghalia big gold earrings, a necklace, and three rings. Ghalia, who was also 18 at the time of their marriage, and who had attended primary school for one year, was overjoyed at the idea of marrying Saber. He is a paternal second cousin. She was happy to move into his house in the two rooms built especially for her, since this was only natural. It would have been unusual for her to have gone to live anywhere else.

After the fortieth day of marriage, Ghalia reappeared from her quarters upstairs to resume daily life. She was pregnant, but otherwise little different from the perhaps brighter, stronger-willed sister-in-law, Amina. The two women share household responsibilities of baking, washing, cleaning, minding the animals inside the house, making butter, cheese and ghee. Yemen issues orders and supervises their activities. She is also the person responsible for Rima and Abeer, Ghalia's daughters. She is the mother-in-law, and has the age, experience and status to back her claims to better knowledge of how to bring children up. She tells Ghalia what to do. She leaves it up to the young mother to dress the girls up, manicure their nails, and put *kohl* (كحل) around their eyes and ribbons in their hair. Yemen says that this is all that young mothers can do. She will not stand for Ghalia not doing the actual child care herself. Ghalia must do everything, but according to the directives of Yemen. Amina also has to participate.

The younger girl, Badr, does not go to school and has never gone, as she has no birth certificate. Ibrahim had certificates made for his two elder daughters, the

married one in the nearby village and Amina. Both dropped out at third primary, and both had been given the same birth date to make things simpler. All the boys also have certificates. However, the two younger girls were never registered. Ibrahim had no intention of sending them to school. Yemen said that his decision was prompted by Saber, who had been old enough at the time to have a say in such matters (Saber was nine when Badr was born). After Aziza got married, all of the animal and agricultural chores were left to Badr. Mohamed goes to school and is too busy, so it is Badr who takes the animals out to the fields, helps her father irrigate the land, fetches fodder, cuts clover, and fetches vegetables from their patches. She does little housework, but she helps out with the clothes washing that takes place once a week.

Amina and Ghalia are good friends. They complement each other in various ways. Amina, like her mother, issues the orders. Ghalia is kind enough to follow these, since besides respecting Amina, she feels sorry for her for being a spinster. The only thing that stops her from being malicious in connection with this particular issue is that she has a spinster sister herself. To see them both cutting mud bricks outside the house makes one think that they are two sisters. It is not a matter of emotions or mutual liking. This is the way in which relations are determined among satellite villagers. As wife of the eldest son and as the clever and strong-willed eldest daughter, the status of the women is close enough to bring equal treatment, equal responsibilities, and mutual respect. Amina may not be a wife, though she should have been one years ago, but Ghalia has no sons either.

Ghalia was pregnant with Rima less than a month after her wedding. She gave birth with the aid of a midwife who is also her aunt. The child was a healthy one, but a girl. Five months later, Ghalia became pregnant with Abeer. She had acted toward Rima as though she were a boy, so as to get over her disappointment. On her seventh day, she had Badr milk a neighbor's donkey and gave half a cupful to the baby girl. Until the evening of the third day, when the milk promptly arrived, her mother-in-law gave the baby sugar water, which was prepared by "anybody", for, as Ghalia said, "sugar water is not a problem." They used a small glass medicine bottle which the mother-in-law had washed herself and left to dry in the hot sun. The rubber nipple was bought by Saber from the town pharmacy. He had taken leave to attend the delivery and participate in the cotton harvest. Yemen added caraway to the sugar water because the baby was born in the summer and caraway takes away the possible negative effects of the large quantities of water the thirsty child would consume. Ghalia was told this much later. She never prepared the bottle herself. Her milk had arrived on time, thanks to the breast massages that her mother and Yemen had given her. Her breasts were quite full by the second day. This was not milk for the child. The midwife expressed it for her and tossed it away

beside a wall. This abundance was due to the *mushohra* and the milk *hegab* that her mother had got for her.

To prove that she was not too disappointed that her first grandchild from her son was not a boy, Yemen participated in the festivities of the baby's first week of life. To give donkey milk is to make the child obstinate; females should be treated differently. The idea is to make them forthcoming but not aggressive. To do this, a baby's face is washed in its own urine, which makes the child grow up with a "revealed face", as the saying goes. After washing Rima's face three times, the urine was wiped, not washed, off.

Ghalia ceased to have a sufficient milk supply when Rima was nine months old. The girl was given buffalo milk instead. Ghalia had wanted to give her artificial milk "Once, after Saber had been with me, I said late at night that I dreamed that if I gave Rima milk bought from town, the baby I am heavy with would be a boy," she said. The next day Saber told his mother that he was going to buy milk from the pharmacy. Yemen put her foot down, and refused to permit him to do so. The girl was going to get buffalo milk with a little *helba* boiled with it, and that was all. Yemen took over the matter. She asked her son-in-law to buy a large plastic feeding bottle for the baby, since animal milk was now going to be her staple diet. She made the feeds herself without watering the milk down. The girl took an average of three bottles a day. Ghalia's resistance expressed itself in two ways. She used to water the milk down when she made the feeds. And second, she was glad when her next child was a girl, since that proved her prophecy to be correct.

Rima suffered three severe bouts of diarrhea when she was still two to four months old. Yemen and Ghalia believe that diarrhea comes when a baby is left unguarded and something passes over its lips. A reptile and a snake were mentioned as possibilities. She had been breastfeeding at the time, and Yemen judged that the milk was too rich for her, so she gave her a diet of sweetened caraway water and expressed Ghalia's milk to make sure that it kept coming. On two occasions, the girl's skin had become loose and she could not open her eyes. Ghalia, Yemen and their neighbor, along with young Mohamed, took her to the doctor in Arab El Awamer, who gave her ORS.

This recurrent ill health encouraged Ghalia to vaccinate Rima. She would go along with young mothers to the mother village and get the shots, which she had entered on the back of the birth certificate. Abeer, on the other hand, has not been given any of her vaccinations. Ghalia has no reason, at least not one that she has expressed, for being negligent. She just didn't feel like taking Abeer. Perhaps because the baby is dainty and slim. She is far from being low birth weight, and seems quite a healthy little girl. Both of Ghalia's daughters, however, do suffer from



an eye infection to which she seems oblivious. She is certain that it will go away. Yemen is intending to wash their eyes out with salt, but never seems to get around to it. Abeer is currently being breastfed, but Ghalia plans on getting pregnant when Saber comes back for the feast.

The two baby girls are not troublesome children. Rima eats most things by now. She has learned to defecate in the corner of the courtyard, not in the middle. Yemen toilet-trained her. By the time the girl was a year old, she was trained to say she wanted to defecate. She, as in the case of most children in this village, wears no underwear. Ghalia, in agreement with other women, said that this is why Arab children are clean (since they never run around with soiled underwear) while those of peasants are not. Rima is still too frightened of the animals to defecate in the shed. Members of the family urinate in the animal shed or next to the courtyard wall. They are lucky to have a deserted house next to them where they and other women in the area can defecate. None of the houses in this section of the village have latrines. Men can defecate outside the village borders. Women, however, usually go to the cemetery, but only at night and in groups, for reasons for being female rather than individual modesty. During the day, women use their own homes. This deserted house comes in handy during the day, but at night it is too dark, and one might step into something. Women make a point of taking some ashes from the oven to put on the fresh feces. Ghalia and other members of her family make a point of doing this to maintain their reputation of being a clean family. The children in this village are free to defecate anywhere, so long as they don't do it against a neighbor's wall. In this case, their mother is supposed to remove the feces with a piece of paper.

Ghalia and Amina do the water fetching. Since the pump is across the street, the family does not store water in large quantities: "Why carry a lot of water, when all I have to do is cross the street and get some more," Amina said. The water is kept in uncovered aluminum vessels, and is used accordingly. It is only little Rima who sometimes dips her hands into it playfully, but according to her grandmother her hands are too small to do any harm. Drinking water is kept in a little *rob'a* that is covered with a plate. The cup that is dipped into it and used for drinking is uncovered. The *zeer* is not in use, since the weather is still quite cool.

The flies in this household are phenomenal. This may be due to the public defecation facility that is next door. When baby Abeer goes to sleep, her mother covers her face with a piece of cheese cloth. Often Rima lies next to her in slumber, covered in flies. "Rima can stand flies, she is almost an adult," Ghalia said jokingly, but she was embarrassed by the sight. Flies abound to such an extent that it is pointless to shoo them away. Dare one say that the women of the household have

ceased to notice them? One cannot offer such a conclusion. Suffice it to say that flies have stopped explicitly discomfiting the old and young of the house.

It has become difficult to make ends meet. Saber wants to go to Iraq, and the family is getting ready to sell their buffalo to provide the LE 500 necessary to get all the paperwork done. Ghaliya is delighted with the idea. Among her unrealized dreams is a visit to Cairo and high heels. Her mother-in-law finds her frivolous, but all in all acceptable as daughters-in-law go. She is still young, and may still bear a boy.

## Case Study 4

### Sayedra

**T**his is perhaps more of a life history than a case study. Sayedra is a controversial figure in mother village society. She is a central item of gossip, a sought-out aid in times of trouble, and at others she is just another one of the neighbors. The tale to be told in which Sayedra has the leading role is illuminating on many levels. This essay will concentrate on its pertinence to the social position, history and knowledge of healers.

### History

Sayedra was not born in the village. Her neighbors don't know where she came from. They call her a gypsy, *halabiya*, a label that she vehemently rejects and makes a point of distancing herself from. She was born in the *zaraby* (which literally means animal-pen but is applied to the shacks constructed of dry twigs and mud built out in the fields where both animals and their owners or custodians live), out near the town of El Ghanayem. Her family had lived there long before she was born. Her grandfather had gone up to the mountains one day and come down with a huge snake around his neck. Villagers said that he must have been a sorcerer if he had been able to charm the snake into befriending him. Being an 'ignoramus', as Sayedra puts it, meant he was kicked out of the village along with his family. He went to the village of El Zaraby which is south of Abu Tig. There, Sayedra was born a stranger. Her father had no land and used to work as an agricultural laborer. There

she grew up and married a man. By him she bore a son. As is the custom, she went to live with her mother-in-law in the family homestead. The elder woman proved to be too much of a domineering character for Sayeda's taste. The two women fell out and Sayeda's husband was told to either divorce her or leave. The small family opted for the second and left. The husband left his inheritance and took Sayeda and his son away. They wound up in the village of 'Arab El Atawla. Her husband began to work on other people's land, other people's houses - building not serving - and anything else he could do to bring in an income. Meanwhile she stayed at home to take care of her son. Sayeda has a beautiful voice which she would use singing around the house. Her neighbor was a woman who was a professional *zar* performer - *zar* being a cathartic singing and dancing ritual. This woman had two aides: her niece and nephew. The niece was getting married and her husband-to-be had prevented her from participating in the *zar* orchestrated by her aunt. According to Sayeda, the aunt and nephew, by way of magic, managed to lure her away from her husband and son. "How else except by magic can a woman be taken away from her man and child?!" Sayeda postulated. They did so for two reasons. The first relates to the aunt who was keen on finding a replacement for her 'retiring' niece who also has a sweet voice. The second reason for the seduction of Sayeda was that Abdou, the nephew, had fallen in love with her. She ran away from her home and went to stay with his aunt. Her husband divorced her and she married Abdou.

"He taught me all that I know," she said in reference to her second husband. The body of knowledge that he conveyed to her includes healing techniques such as singing and chanting, charms, amulets and traditional medicines. They both made their living this way. She was an excellent pupil and within a couple of years gained quite a reputation. They had a daughter in their second year of marriage. Then Sayeda had five miscarriages. "When you are dealing with the *jinn* (جن) and are warding them off other people you are bound to make enemies (of the *jinn*)," she complacently commented.

When her daughter was eight years old her husband's family became involved in a vendetta. There was a lot of killing. Abdou did not wish to be involved. A cousin of his demanded that he go out with the rest of them to kill a member of the rival family. It was his duty, dictated by blood, that he do so. Abdou did not show up for 'the kill' and so he was made to bear the brunt of his family's wrath. He and his wife and daughter were kicked out of 'Arab El Atawala. They made the trip west to the mother village. They used the money that they had to build a *zirbiyah*, (*bous* shack), out near the bridge at the northern entrance to the village.

This was 24 years ago. Sayeda was pregnant with Ramadan on her arrival in the village. In 1977 Abu Ramadan (Abdou) managed to land a contract in Saudi

Arabia. He went there for a year and worked on an asphalt mixer. Meanwhile Sayeda carried on working, taking his youngest uncle, Ahmed, as an aide. Abdou developed a chest condition which was further complicated by his hashish smoking and other drug abuse habits. He died in the early 1980's, probably 1982. The problem with finding an exact date is that Sayeda dates by events, as do many peasant women, not by years or months.

With the money that Abdou had made in Saudi Arabia, they had bought land in the village and had started to build a house. Sayeda moved into this house along with her son eight years ago. She thus came to be physically integrated into the Muslim social fabric of the village. She no longer lived outside the village but in the periphery. By this time, her daughter had got married and was with child.

When this research was being conducted, Sayeda's son was away working in Iraq, along with her son-in-law. He had dropped out of third preparatory and got engaged to a young, educated and well-to-do girl. Sayeda's daughter had a six-year-old boy and a five-year-old girl. Perhaps Sayeda seemed just like any other elder village woman. Her chain-smoking was the only differentiating factor to an unknowing observer.

### Social Status

The question of Sayeda's gypsy origins is key in terms of one's understanding of social structure and the importance of status in the context of the village. Gypsies are referred to as *halba* or *halabiya* in Upper Egyptian communities. In taking the case of Sayeda as an example, one can answer questions concerning the determinants of one's labeling as *halabiya* (female gypsy).

The term *halabiya* refers to origin, but has also become synonymous with certain functions. The performance of *zar*, deworming, traditional healing and fortune-telling are not exclusive to the *halabiya*, but they are functions or means of making an income that many *halabiya* undertake. More accurately, however, the *halabiya* are people whose origins are unknown or, as in the the case of Sayeda, are muddled. They often go around villages scraping a living but do have a base in one village. More often than not they live on the fringes of the village in which they settle. Some villages have large *halabiya* communities. There is such a village near the mother village. The dress of the female members of the gypsy communities used to be quite easily distinguishable from that of peasant and Arab women, but now that is changing. A more dramatic impact on the state of these communities is being made by the introduction of work opportunities in oil-rich Arab countries. More and more men folk of *halabiya* origins are going to work abroad and coming

back with enough money to buy 'into' villages. In this way they also manage to marry their children into peasant or local established society and out of the community of gypsies which is commonly perceived with much disdain.

The above-mentioned blue-print for social mobility is the one which Sayeda and Abdou followed. In conversations with Sayeda's neighbors and friends and on wondering how come she married her daughter and son to non-*halabiya* progeny, the writer was told that the answer lay in the money Abu Ramadan had gotten from Saudi Arabia. He had managed to change the status of his family. Shoukriya, their daughter, got married to a native of the village. "True," said one of Sayeda's neighbors, "he is a fisherman and so is his father." The son, Ramadan, was marrying into an even more prestigious family. He had paid LE 3000 as a dowry "just like any other *gada'* (جدع) (young man) in the village," his mother proudly stated. He had gone to Iraq to save up for the enlarging of the family homestead, into which his bride is expected to move, and for the wedding expenses. Before leaving he worked as a builder in and around the village. He had dropped out of school while still in fifth primary. He never participates in his mother's work. Shoukriya does not take an active part either.

The neighbors call Sayeda *al halabiya* because of what she does for a living and because of the ambiguity of her origin. As her peer, nextdoor neighbor and close friend explained: "All of these things that she can do are nothing more than *halabiya* business. Also, whatever she tells you about her origin is not true. They moved from one village to another because her family were *halabiya*. And Abu Ramadan has a mother who is *halabiya*. They did not flee 'Arab El Atawla because of a vendetta. It was a money problem and they kicked them out. She still works with his (maternal) uncle."

Sayeda denies all such allegations. She says that knowledge of healing spells, charms and remedies were passed on to her by her husband. The ability to successfully heal and the beautiful voice that she uses in her *zar* performances are both gifts from God. She repeats on occasions that she is a free Arab, '*arabiya horra'* (عربية حرة), but will not specify from which clan or tribe.

### The Life and Times of Sayeda

Now that the son of one and the husband of the other are both in Iraq, Sayeda and Shoukriya spend most of their time together. Sayeda only goes home to sleep. Her house is bare and, with the absence of Ramadan, also quite lonely. She has her three goats to keep her company. She has a pension of LE 8 a month from the Ministry of Social Affairs. She lives on this meager sum and whatever Ramadan

sends her, as well as the income from her work. She charges LE 10 for a *zar* performance, LE 5 of which she gives to her partner. This charge is exclusive of the meal and cigarettes; these are given by those requesting the *zar*. She is often paid for her help with wheat, meat, a *galabiya*, cigarettes or whatever she asks for so long as her demands are moderate.

Sayedra eats with her daughter but shares the costs. She buys vegetables for her daughter and grandchildren and on the rare occasions when she has money she participates in any *mawlid* (مولد) (saint's day). As a woman who is 'wise to God' as she describes herself, she has to make offerings to the various saints. Loaves of bread, cigarettes, and sweetmeats are some of the items that she usually takes with her. At the time of research in the summer, Sayedra was hard up for money. She was quite seriously depressed because she had not been able to scrounge together the LE 15 that she needed to go to the *mawlid* in El Ghanayem. At these festivities she meets a lot of people whom she knows and so has to keep a certain image. Moreover, the ride there and back costs a full LE 5. She did not go as she suffered a bad chest condition. Accordingly she swore to stop smoking. "She has little choice," her daughter explained, "she can't afford to smoke!" This was on the day when price increases on tobacco were enforced. The point being made is that Sayedra, despite her income-generating potentials, can find it difficult to make a living.

Ramadan sent Sayedra LE 100 with a relative returning from Iraq. The man gave the money to Ramadan's paternal uncles in 'Arab El Atawla. They in turn sent word to Sayedra that her son had sent LE 40 but that they were having financial difficulties and so would not give the money to Sheikh Ghaffar of 'Arab El Atawala to give to her. But she snooped around and found out about the remainder of the money sent, then went and demanded her LE 60 too. This business took a week of coming and going and many long hours of quarrels, lamentations and pleas for justice. But despite her contested origins, slight figure and 60 or so years, Sayedra won.

Shoukriya can hardly make ends meet. She lives on what her husband sends her and on what she can make. She used to have a cow and so she would sell cheese and ghee at the Thursday market. But she sold the cow because her husband's family needed money and Hassan told her on tape "sell the cow and give my mother what she needs, you daughter of a shoe." Shoukriya explained that this is just her husband's way of talking. Sayedra made a fuss about this recording, saying that he was implying that she was the shoe. Her true reason for being angry, she later explained, was that the whole affair of the sale of the cow was just another example of how Hassan's family milk him for money which rightfully belongs to his wife and

children. "All because they don't like me," she swore. Since the sale of the cow, Shoukriya has been borrowing heavily. It was a relief for her to receive a letter in which Hassan promised to send LE 100 with a fellow worker coming to the village around the time of the feast.

It is important to understand the financial situation of the daughter because, practically speaking, Sayeda is a member of the daughter's household. She eats there, gets her bread from Shoukriya's oven, meets and entertains her guests there, gives Shoukriya money to buy tea and sugar as she (Sayeda) is an avid consumer of the beverage, and despite the strong and quarrelsome nature of Shoukriya, Sayeda makes many decisions concerning the former's children, Mohamed and Badiya.

Children, fertility and health are aspects of life that on being threatened or on becoming problematic fall into the domain of Sayeda's know-how. As far as her own grandchildren are concerned, Sayeda has often cured them. For diarrhea she prescribes streptomycine (half an ampoule) diluted in water. Sunstroke is remedied with a massage given with a halved onion. For severe diarrhea and *el amoud* she massages the trunk with dough soaked in oil, then wraps the trunk tightly, dough and all, with a cloth.

Besides her curative knowledge, Sayeda contributes to setting the 'limits' or 'norms' of everyday life. She knows what is lucky and what isn't, what brings on an evil eye, how sickness can be prevented and many other things. So, when Shoukriya complains of not having a latrine and having to defecate on the ground, Sayeda scolds her because, once covered with dust and dried up, excreta do no harm while latrines bring flies. And when Shoukriya tries to make her children behave, Sayeda puts her foot down and rejects this false discipline, saying that children must be able to fend for themselves. She is also the whole area's source of information, or at least of corroboration for things that they already know, in matters related to breastfeeding, supervision of milk supply, diet, nervous behavior of mothers and children, sibling spirits and fertility. These are the topics on which she is asked for advice.

One can find her squatting in Shoukriya's house, never silent but always commenting on behavior and showing the way to change it. She uses her own home only to sleep in. Her house has two rooms including a shelf on which are kept all of Sayeda's worldly belongings. They are her tambourine, clothes, pictures and cigarettes if she has any. Sayeda has no gold of her own; she has sold it all on different occasions for various reasons.



### Healing

In the span of the research time, Sayeda was observed performing the following remedies:

#### El O'ed

This is a long piece of cloth in the middle of which Sayeda stitches a coin, usually 5 pt or 10 pt, along with black cumin and some *sheba zifra* (شبيبة زفرة). The cloth is then tied around the trunk of a baby or toddler or around the arm of the mother. The *o'ed* protects against bad spirits attacking at night, causing children to cry or, in the case of the mother, causing her to have bad dreams.

Sayeda made an *o'ed* for Hamed. He is the seven month old only son of a neighbor of Shoukriya. Hamed's mother is the most vocal one of the neighbors in her condemnation of Sayeda as a *halabiya*. Her son had diarrhea which would not stop despite her seeking a cure in both modern and traditional healing systems. As the boy was crying a lot, she was advised to have an *o'ed* made and so in exchange for LE 2 Sayeda made one for her

#### Taga

(This was recounted to the writer, not observed). A young boy of seven years was secretly brought to Sayeda. He had been suffering from diarrhea for a while and his anus itched. This case was diagnosed by her as the boy being *tagig* (about to explode). She boiled some water and poured it over and into his anus. "Fat-like lumps came out like fat with thousands of worms," she recounted. She happened to be smoking at the time and so took the ashes and used them to give a paste-like consistency to the boiled oil and crushed garlic with which she smeared the boy's anus. She told them to return the next day so that she could give them some powder with which the boy's anus should be smeared. This powder, she said, should be the toasted and powdered head of a puppy. But it could also be soot from the oil lamp or the burnt sole of an old shoe. The boy is said to have thus been cured. Sayeda was given material for a *galabiya* and LE 3.

#### Hegab

Sayeda regularly distributes these while at Shoukriya's home. Each is, of course, custom-made. One was for a woman from a nearby village, who had faith in Sayeda's *hegab* or amulet. The woman needed for her protective amulet clippings from all her fingers and a 'virgin' (unused) string as long as the woman's height. To these Sayeda had added black cumin and three virgin needles as well as a red

bead-like substance called the eye of the devil. She was supposed to include a donkey's ear but had given that item a miss. She had put all of these items in a piece of cloth, and sewn it tightly around them. The young man who came to pick the amulet up gave Sayeda LE 1 and she insisted on taking his pack of cigarettes. She had previously taken a LE 2 down-payment.

On another occasion, Sayeda gave a *hegab* to a man whose wife had just given birth. This was a *hegab labn*, for which she took a pack of cigarettes. The man, who is a wealthy inhabitant of 'Arab El Atawla, paid LE 5. She refused to say what was in the amulet. She did say that this is the most popular or common *hegab*. Since many women have angry or evil sister spirits, amulets to protect children, the mother's milk and the mother's health are in great demand.

### Zar

Sayeda dresses up for the *zar*. She wears a black flowing *galabiya* made specially for the occasion. She takes her tambourine and goes in the Peugeot that is usually rented by the persons hosting the *zar*. Ahmed, her partner, is first in the car and together they go to wherever the *zar* is being held. On one of these occasions the *zar* was being held for a wealthy woman who is a member of an influential family which dominates a small *'ezba* close to the mother village. She was advised to have a *zar* and it is one that Sayeda performs annually. Dinner is served first, with meat, bread, sliced tomatoes, tea and water-melon, then after the distribution of cigarettes the singing and dancing begins. The woman for whom the *zar* was being held was dressed for the occasion and it was she who led the dancing. On another occasion- recounted not observed - Sayeda went to a *zar* held for a man who had been sick. The condition imposed by the authority who had prescribed the *zar* was that the sick man wear jewelry and *kohl* as though he were a woman. Sayeda charged for each one of these evenings.

It is difficult to 'summarize' a woman, especially someone like Sayeda. Her bellicose nature, wiry figure, disputed origin and her powers of healing go towards making her a rather complicated character. Lately she has clothed these many facets with a very outspoken religiosity. It is all the will of God. He works in many wondrous ways and she is but his slave, she repeatedly states. She recites the Quran beautifully and prays, although not regularly. She fasts all the days that are required by Islam. This is all a new development in Sayeda, says her daughter. But it has not changed any of her habits and ways. When educated members of the community tell her that *zar* and other like practices go against the tenets of religion she angrily tells them to mind their own business and shouts: "What do they know about Islam? They are just *effendis* (افندي) who think that they know everything. I

may be illiterate but I know the way of God better than they do "

Sayeda is a 'traditional authority' on child health related issues. She is not exclusively so, but even her enemies end up asking for her advice when and if matters get out of hand

When concluding the research the writer asked Sayeda if she had any request should the former visit the village again. Sayeda replied by singing an old Arab jingle in praise of tea and sugar. A neighbor present said to one side, "If she is so religious why does she sing and smoke. There is no use, she is *halabiya!*"



## *Case Study 5*

### **Fahima**

**F**ahima is one of the Muslim inhabitants of the mother village. She is the mother of six boys between the ages of 15 and two years. Her husband has a small landholding which he shares with absentee and more affluent brothers. The family is perceived as a poor one. They can hardly make ends meet. However it is a family that has dignity. Fahima is from a respected family in the village. Her brothers are educated and quite well-to-do. However, she and her sister were married to simple men who had not very much land. Her sister's husband has gone off to work in Iraq and is now making a lot of money, Fahima said. Her husband however is noted in the village for his laziness and so they are as poor as they are. However, if they had more money they would be respected middle-level peasants.

Their house is situated in one of the tiny lanes of the Muslim quarter of the village. The house was built before her husband was born, probably some time in the 1940's or 30's. It is built with wood and mud brick.

Saleh, her husband, is the eldest of his brothers. Fahima married into his house while his parents were still alive. Upon the father's death the four brothers inherited the house and land. One brother left for Cairo and Saleh bought his share of the house. The other two sold to strangers, so a brick partition was built and Fahima got half of the house to herself. Her mother-in-law died soon afterwards. This was about a decade ago. At that time they had a cow but they had to sell it to pay the brother his money.

Saleh also inherited six *qirats*. He currently share-crops another ten *qirats* with the brother in Cairo. His land is within the boundaries of government-imposed crops. He has been cultivating cotton for the past year and hardly breaking even, particularly since the notoriously catastrophic cotton crop of 1988. Saleh is not a very hard worker. However, to make ends meet he works as an agricultural laborer. At times he has gone to Cairo to work as a day laborer. When he stays away for too long he misses his turns on the irrigation schedule. Often Fahima has had to hire a distant cousin for LE 4 per day to irrigate their tiny plot of land. When he leaves her with no cash, Fahima has one of her older children stay away from school and do the job instead of the distant cousin.

Saleh never keeps a job for very long. During the research period he went to Cairo to work on a cement mixer, but came back ten days later. Supposedly the mixer broke down. He went out to spray insecticides on tomato crops but got tired after four days. Rumor has it that he was laid off. The rest of the time he either visited his friends or slept at home. On enquiring why he did not try to get a work contract in Iraq like his neighbors and brother-in-law, the writer was answered by his wife in a mocking tone: "Him work in the countries? (meaning Iraq) He is too busy sleeping at home and getting in my way." He really does sleep quite a lot.

His passion is for the *zīkr* (religious chanting) He goes around performing when he feels like it. In the village there is a group of men who go together to any *mawlid* (saint's day) in the vicinity. There they are fed, perform the *zīkr* and enjoy each other's company. They are all members of a Sufi brotherhood, but it is not the march of the brotherhood per se that takes them to various *mawlid*. They go to enjoy themselves. The big disappointment that caused Saleh to stay at home and sulk was that he had no money to go to the *mawlid* of Sid El Farghal in El Ghanayem. This was a sentiment shared by Sayeda (Case study 5) who is a very close friend of Saleh's. Fahima had refused to give him the money, saying the well known proverb: "What the house needs is denied the mosque!"

"If it were not for my children, we would all starve," said Fahima with a sigh. The money that Saleh had wanted to take for the ride down to Sidi El Farghal was that brought home by their eldest son Hosni, who is 15 years old. He goes to third preparatory and is a very bright student. During the summer vacation he had gone to his uncle's home in Cairo and found a job in a small private sector workshop making information boards for luxury hotels. He worked on the plastic printing machine using caustic materials and under very difficult working conditions. He worked from 8:00 am to 8:00 pm and was not fed or given an official lunch break or rest. He was given a three-day holiday because the workshop had finished one batch and had yet to start work on a new set of boards. He saved his wages and came home to

Fahima with LE 50.

Hosni is the light of Fahima's life. She used to send him and his younger brother Ibrahim (13 years old and attending Azhar preparatory school) to the mosque to attend the Quran teaching sessions given between the afternoon and sunset prayers. Hosni learned half of the Quran by heart. This qualified him to enter a national competition of Quranic recitation. He was one of the winners, and during Ramadan he was taken to attend a celebration held in Tanta at which the President of the Republic was present. He was awarded LE 300 which he has yet to collect.

Ibrahim, in the absence of Hosni, was the principal bread-winner of the household. His daily LE 1.25 is earned from picking cotton worms. Despite the fact that he is an aggressive young man who torments his mother by swearing at her and causing her to cry, and even once tearing her clothes, Fahima is very proud of him as he is studying to become a sheikh. She had a goat which she sold to buy him a bicycle. The Azharite preparatory school that he goes to is in Abnoub, so she got him the bicycle to save daily transport expenses. Her third son nicknamed 'Abir - which is a girl's name - is called Nassar. He cannot go out to pick cotton worms, nor does he go to school - although he is ten years old - because he has an overactive hypothalamic gland. He helps out around the house and often goes with his father to perform the *zikr*. Fahima discovered his gland disorder by coincidence. He was born 'very bad' to use her own words. She thought nothing of it, nor did any of her relatives or neighbors. She then accompanied her sister to the doctor a couple of years later. She had 'Abir, who was still a toddler, with her. The doctor told her that the boy had a congenital disorder. He gave her pills and referred her to a specialist, but she neither gave him the pills regularly nor did she go to the specialist.

Her other three boys are Hussein, Ali and Ragab (7, 5 and 2 years old respectively). None of them goes to school. Fahima registered all her children a year or even more after they were born, to protect them from the evil eye. On one occasion she added another reason: when they are a year or so old they can withstand the immunization shots made compulsory by registration.

The family house is almost bare. It is supplied with both electricity and water. When they divided the house they undertook some renovations. They built another room, thus adding half a floor to the original structure. This room should be used for sleeping in but it is where Fahima keeps her chicks and chickens safe overnight. The cats in the alley are vicious and are known to carry chickens away, leaving telltale trails of blood. Fahima blocks the staircase with an aluminum bowl so that the cats don't find their way up. The room has a solid cement roof although the ground floor has wooden beams as a roof. One can see a distinct difference in

materials and mode of building between the older part of the house and the additions and alterations made.

The latrine is a hole in the mud floor in a cubicle whose walls reach two-thirds of the way up to the low roof made of *bouss*. The area does not exceed 0.8 m<sup>2</sup>. There is a tap inside with a plastic hose attached to it. The hose lies in a groove on the ground that joins the hole or pit with the tap. This makes it a potentially clean latrine, the more so because the hole is dug deep and so is clear, not clogged up with excreta. Fahima explained that the latrine opens down to a deep well or pit that is lined with limestone. It could never fill up, she asserted. Moreover they have a rudimentary drainage system. Their sink has a drain that channels the water down into a groove - uncovered - that leads down to the same pit

Unfortunately, due to the presence of young children, there is often stool on the floor that did not fall into the hole. Fahima is very apologetic about her children messing up the latrine. She pushes the stool into the hole with the hose and water or with a piece of paper. She cleans it when it is too dirty to use. The latrine has a make-shift wooden door that has a bent nail as a lock. She calls installing the latrine the only useful thing that Saleh ever did in his life.

The ground floor is a relatively large area. Part of it is roofed and this is where the benches used for sitting and sleeping are. There is also a clothesline used for keeping the family stock of clothes. The window is high up; stacked next to it are the books belonging to Hosni and Ibrahim. The niche in the wall is used for the oil lamp, odds and ends and unfinished food. A leftover piece of bread or *fayesh*, an onion, a plate with some cheese or *miloha* (sardines) are all kept in the niche within her reach. The radio is kept hung on a thick nail in the wall. Next to it is another precious item, the fine silk sieve used for flour and for dried *molokhiya*.

The area roofed by *bouss* and dried reeds is where Fahima's oven is; on top of it she keeps her stock of bread, covered with a sack. Next to the oven is the *kanoun* and her few kitchen utensils which she keeps propped against the wall. Cups and dishes are kept in cupboards made of reeds. They have a three-legged table on which they eat. They use a brick to keep it stable.

Fahima has a washing machine which she bought with part of the money left over from selling the cow. It is out of order and is being used to store pots of cooked food and/or anything else that she wants to keep tucked away from the children and the chickens. The household does not possess a television or a fan or any of the other durables now common in rural homes.

Fahima is perceived by neighbors and members of the household to be the most responsible person in the house. She is not a stereotypical domineering



woman. On the contrary, she is a soft-spoken, almost childlike, short woman with a fragile frame. She is very skinny and ashamed of it. She does not qualify as a beauty nor does she meet the classical requirements of 'desirable women'. In fact there is nothing imposing about Fahima except her iron will to keep the dignity of her home and her children. She does not work outside her home and never has. She does help her husband on the land on the few occasions when her boys cannot

Now times are so hard that she asked the writer to help her find a job, so long as it was far away in the city where they could all move "so that they (meaning the neighbors) don't say that Fahima has been driven by hunger to work." If there is anything that Fahima regrets it is her inability to earn an income: "If only I had gotten an education I would have been an employee with a monthly income. I think the employees who leave their jobs are mad. It is all just men's talk, leave your job and settle down. It is all rubbish. The most important thing is the monthly income," Fahima stated in a heated voice.

It is not that her husband does not have a say. On the contrary he does, very much so, but only when he wants to. Most of the time he does not care. He lies around the house, then when he feels like it or is unable to take Fahima's pestering he goes out or away to work for a while.

Saleh does not allow her to go to the market, as this is improper. So Fahima pesters Saleh and screams in his ears to make him go to the market to get vegetables or whatever the house needs. On one occasion she forced him out of the house to buy onions. He came back ten minutes later saying that he had not found any. She gave him a severe scolding although he is still the authority. She complains that when her boys disobey her or swear at her he does not discipline them enough. He has the right to give serious beatings, unlike the casual ones distributed by everyone else. He has a say in matters related to health. Being a person strongly connected with folk religion, he gets the necessary amulets for both Fahima and her sister. Some neighbors ask for his favors too, Fahima explained. Some things are men's business even if your man is good for nothing. The one domain where Fahima takes full control is money. If he kept the money he would spend it all on cigarettes and his travels. He asks her for the money that he wants for his *mazag* (whims) and she gives it to him. But sometimes, like early this summer when she had to borrow 25 pt from her next-door neighbor to buy gasoline for the burner, she refuses his requests, as there is simply no money to be had.

Fahima feels supported by her family. When her father died neither she nor her sister claimed their inheritance. If they had done so they would have been considered to be severing ties with their brothers. Instead they both chose to ensure themselves the right to welcome hospitality in their brothers' homes. Moreover they

became virtual wards of their brothers, who are thus obligated to give them money on occasions - for them and their children - and buy them clothes and fabric at the beginning of each winter and summer season. She has one brother who is heavily into drugs, yet he gives her LE 5 every feast. The other two are more generous and take care of Fahima whenever she is desperate. Consequently they also share in major household decisions.

An example of the brothers' influence is their insistence that Ibrahim go to the Azhari preparatory school. Another relates to Fahima's sister Ghona. She lives in a Coptic neighborhood. She swears by the Virgin, keeps the Coptic fast, does not fast all the days of Ramadan and leaves her children to mix freely with Coptic children. Her brothers became very angry especially since her husband was the same way. They decided to contribute towards buying her a house in the Muslim section of the village. She was reluctant to leave her neighbors. Her brothers let her stay on condition that she respect Muslim rites. They in fact forced these religious obligations on her. They do not do the same to Fahima because her religiosity is not in question. They do have a say in affairs pertaining to her children. Hosni has already had a bride chosen for him. Of course he has the right to refuse or accept. His maternal uncles chose his cousin for him. Her mother, however, Fahima's sister, does not want to keep the girl waiting for Hosni, who is still young. Now both she, who is against the marriage and Fahima, who is all for it, are negotiating with the uncles

Fahima has an evil sister spirit. In other words she is *matbou'a* (literally means 'followed'). "You can only know that you have a *qarina sa'ba* (صعبة), in Arabic meaning 'a difficult sister spirit', when you have children." She gave birth to a girl who died of diarrhea before her 40th day. This was a sign to her that it was the doing of the sister spirit. She then had another baby girl who was born fat like 'Abir; She had an amulet made during her third month of pregnancy and had a milk amulet, *hegab labn*, fetched for her when she gave birth. The girl lived till she was a year old then suddenly died. Then she gave birth to a third girl who died when she was five months old. She had also made a milk amulet for her. Before she died, Fahima dreamt that she was being taken away from her and remembered that she had not baked *dabdoub* - little tablet-like loaves of bread - for her seventh day celebration. She had simply forgotten to. Now she knew that the dream was an omen. The girl got *nazla* (نزلة) (enteritis) and died. All three had been given to the neighbors to breastfeed. She had been told - actually it was Saleh who had asked and been told - that giving the baby to other women to breastfeed was what her sister spirit did not like and that was why she had taken the babies. She was advised to give sugar water only and not to give the baby to other women to suckle until she gets her own milk on the third day after delivery.

When Hosni was born - she had made a milk amulet for him and sewn it to his pillow once he was born - she gave him some drops of ass milk on the second day and smeared him with ass milk as well. This milk is tainted and repulsive to the *qarina*. Moreover, she made seven loaves of *dabdoub* for him on his seventh day celebration. These protective measures were taken every time she gave birth and she has not lost a child since.

Fahima is a great believer in protecting and curing children in a traditional manner. She is very definite in her dislike for doctors. "Once you know the reason for the sickness, you know the cure and so there is no reason to go to the doctor," she said once in defense of her position. When she does not know the cause of the problem she may then resort to the modern curative system available to her. There is a variety of diseases caused by the evil eye. Others result from the sun. Infertility and cessation of milk come from *mushahara* and sometimes from emotional problems. It is well known that an angry *qarina* will take the life of a child. It is also self-evident that the *qarina* has the opportunity to be most active when the mother and father quarrel. Fahima is well-versed in the diagnosis of the consequences of such things and knows where to look for the cure.

She was weaning her youngest, Ragab, during this research. She has breastfed all her children. She had a *mushohra* made for him out of seven sheaths of dry palm leaf hung on a long red string. She told the baby that the 'horrible man' (mythical figure) had taken her breast away. Because she is *matbou'a*, she fears that something might happen to the baby now that he is being weaned: "*el qarina* can do anything" she said. She weaned him three days before the end of the lunar month and was very careful not to let him out of the house during this period, since she and the baby can be negatively effected by a number of things, and can themselves do harm. For instance, if she even hears the voice of any living thing that is *gatef* (is weaning or has lost a child), even if it is a donkey, she can be blinded. The writer asked her if this had to her knowledge ever actually happened. Her reply was that it must have, otherwise it would not be such a common belief.

What is proven by observation is that due to the irritability of the boy and his incessant crying, also his continual pestering of her to show him her breast or just let him touch it, Fahima became very poorly when she was having him weaned. Neighbors used this situation to attest to the increased activity of the spirits in connection to the mother at weaning time. That may be so, but it was also plain to see that Fahima was exhausted. One night she was so tired that instead of going up the ten steps to the latrine she urinated right where she was sleeping. She just couldn't budge.

It is interesting to illustrate the psyche of a woman who is *matbou'a*. One

finds a very elaborate set of dos and don'ts. In addition, the causality of disease and death is not mystified. The concept of an active and evil *qarina*, once embedded and supposedly experienced by a woman, makes her think very clearly and tread very carefully. Unlike the more common view which postulates that the realm of the spiritual is confused and mystical, Fahima points to an alternative understanding. The sister spirit or *qarina* is part of every day reality. There is nothing mystical about it or about protecting oneself against it. Whether all the amulets and procedures work or not is another story. As Fahima puts it: "Nothing works every time!"

Fahima is poor but does not let that bother her. She has all the basic requirements of being middle-class. She has a house, some land and she has boys. She is just short on cash. She has no stored food except for bread. She sends out for cheese, fruit, vegetables and gasoline. The only time they had meat during the research time was on the first day of the Bairam feast. On market days they buy vegetables or fruit. This was a great embarrassment to Fahima. They always used to have meat on market days. The chickens that she has, she bought out of money she saved from gifts made by her brothers. The cat has eaten many and the rest she hopes to sell. "We all work except him" she said, pointing at Saleh. When Hosni was leaving for Cairo she borrowed money from her mother to buy him ghee, cheese, and dry *molokhia*, and she made bread for him to take to his uncle. "We cannot send him empty-handed. They would eat our faces" (meaning that she would be scandalized), she said as she baked away at her oven.

Fahima is generous and trusted by her neighbors. They often joke at her false braids made out of wool. She has been wearing them since she got married. Her own hair is scanty and short. In her braids she ties an amulet, her house keys and a small purse. She does look very sweet with all of these items dangling down. Her neighbors poke fun at her for this, but at the same time respect her wisdom and go to her for advice. She is also cited as an example of a good woman who knows how to handle the *qarina*. Living proof of which are her not so disciplined - actually they are little devils - but much loved growing boys.

## Case Study 6

### Farhanah

**F**arhanah's house is small compared to other houses in the *'ezba*. One is immediately intrigued by the size of the huge courtyard. Farhanah is not quite sure why they have such a big front yard. "Hassan built the house that way" is all she has to say in reply to questions on the issue. Along with her family of four children, she lives on the eastern outskirts of the *'ezba* overlooking the Coptic cemetery. They moved out here nine years ago. Before then they had lived in the fields in a tiny mud house to which the writer was taken. Their new house is built with stones (*debsh*) (ديش) and mud bricks. The ceiling is made with wooden beams plastered with mud and *tbn* (تبين) (straw).

Farhanah's home is a humble one. They have yet to introduce electricity into the house but they intend to very soon. Consequently they have no electrical appliances except a radio and cassette tape recorder which Hassan's brother got for them from Port Said. The land which the house is built on is one third of a larger plot bought by Hassan and his two brothers. His part is in use, his younger brother is building a new house to get married in and the eldest has another home in the village and has left his empty. The only piece of furniture that they have is a single wooden *dikka* that is sometimes used for sitting on. They sleep on the floor. The courtyard has a wheat storage construction shaped like a long column made out of mud and *tbn*. There is also a little shelter also made out of mud, where two water containers or *rob'a*(s) are kept. There is plenty of rubbish lying around. In one

corner some bricks are piled. They belong to the groom-to-be, Hassan's brother.

Inside, the house is comprised of three areas. There is a central living area that is only two-thirds roofed. The rest of the room and the animal shed next to it have dry reeds for a roof. The room does look a bit funny since the roof simply stops short of the other end of the room. In this central area is the *kanoun*, gasoline burner, pots and pans; plates are kept in a niche and plastic mats in one corner where they all sleep during the long summer. The other room has both a door and a ceiling. This room houses all their belongings including the *dikka*. Farhanah keeps her store of cheese and bread there, well covered. In the winter the whole family sleeps there. They also keep their clothes and treasured belongings, like pots used on special occasions, Farhanah's trousseau and the children's toys, there. The tape recorder, which can be battery-operated, is taken from room to room. The house is built on approximately half a *quat* of land. In comparison with where they used to live, the house is a mark of upward mobility. There is no latrine.

The house overlooks the ten *qirats* that Hassan owns of the plot on which the cemetery as well as the ancient church are built. Hassan cultivates corn and *bamia* (okra).

This is as much land as Hassan owns. He and his brothers split up their inheritance and this was what he got. His younger brother sold his inheritance to his older brother and went to Port Said to work as a plasterer. Hassan scrapes a living from his land, but one that is far from sufficient. He is obliged therefore to work as a laborer when his land does not need him. He works on road construction projects, breaking rocks (*debsh*) from the hills. When he is in need of money and is not doing anything else in the *'ezba*, he goes out to any of these sites and works for as many days as he needs to. He gets LE 4 per day. When in the village he functions as a butcher. He does not sell meat. When a family or a number of families decide to purchase meat they buy a lamb, goat or calf and divide the price in accordance with the amount of meat each wants relative to the carcass. Hassan is called upon to slaughter the animal and divide it. He is given some or all of the entrails, or alternatively 50 pt or LE 1 depending on the size of the animal being slaughtered.

Consequently, this family's income is not constant nor does it follow a clear pattern. The only other member of the family who works is Shadia, Farhanah's 12 year old daughter. She goes out to pick cotton worms for LE 1.25 per day. The sad reality however is that this season (89) Shadia worked for only one week. The overseer found worm-infested patches on the cotton she was supposed to have cleaned. She was given the boot and a beating from her own father for her carelessness. Farhanah does only housework. Hassan is a stern man and she hardly ever leaves the *'ezba*. She does help irrigate their land but practically that means that

she only goes out to her own front yard to do so.

The family owns a cow and a newborn calf. They used to have a water buffalo but sold it two years ago. Out of the LE 1,600 that they got for it, LE 800 went towards getting Hassan an ID. He had no birth certificate and had not tried to issue identification papers, so as to escape being drafted. A couple of years ago he had started thinking of going to work in Iraq. This necessitated issuance of official papers. Including the fine, the bribe and the actual cost of the identification, Hassan paid over LE 800. The bribe was paid so that he would be registered as over 35 years old and so be too old for conscription. This did not work, and now Hassan is being summoned to the army and is illegally evading the summons. The identification issued was useful because he managed to register his year-old baby Azza. All of his other children have birth certificates.

The milk from the cow - there was none during most of the research time since the animal was about to give birth - is consumed by the household. The excess is churned by Shadia and Farhanah. The ghee is either kept for household consumption or taken by Hassan, who sells it to the ghee collectors of Arab Mateer. The same applies to cheese. It is Hassan who also does all the shopping for food and other household supplies. For things available in the village, Shadia is usually sent out.

The water supply for the home is carried in by Shadia from the pump that is about 20 meters away from their house. This pump and the huge well on which it is fitted used to be the only water supply for the whole village. It feeds a small stream that irrigates the orchards lining the eastern border of the *'ezba*. It also supplies Hassan's land. Shadia fetches the water in large aluminum containers. If the container is dusty or soiled she rinses it out in water from the stream before filling it. The container is kept uncovered in a corner of the central living area next to the *kanoun*. This is the water used for washing, cooking, bathing etc. Drinking water for animals is placed in the shed. The family's water is put in the two *rob'as* kept in the courtyard. Both are covered with aluminum plates. A small aluminum jug is placed on top of the plates or lids. The jug is dipped into the *rob'a* and used to drink from. The family never drinks water from glasses. This jug is the only container used for drinking. When more than one person wants to drink, it is passed round. Even the infant, Azza, is given droplets of water to drink via this jug. The ground under the *rob'a* is wet and marshy. The water dripping from the *rob'a* when it is being emptied or filled and seeping through the sides has caused a muddy greenish puddle to form underneath the water container. Flies and mosquitoes collect there

The *rob'as* are washed but not regularly. "To make sure that the water is clean you must empty the *rob'a* before you fill it up again," said Shadia. It is the

responsibility of the child to do as her mother taught her and never add water to the *rob'a* but empty it first. The actual cleaning of the containers is performed by scraping the insides with a palm loofa and rinsing the sediments out. No soap is used as it might flavor the water. This is a chore undertaken by both mother and daughter "every couple of months or so," to quote Farhanah.

Hassan is in his early 30's. He is barely literate. He was never taught how to read or write nor did he ever go to school, but he picked it up as the years went by. He has a slight speech impediment which is a developmental deformity he has had since his childhood. He is a heavy smoker like the rest of the male population of the *'ezba*. He dislikes washing and bathing. The latter is a self-professed stance and not the conjecture of the writer. His wife also said that he rarely takes a bath. He suffers from acute attacks of pain close to his kidneys. When he gets these attacks he lies on the floor just outside the front door in the courtyard writhing with pain. He has the intention of going to the doctor, but despite the writer's observation of four such attacks in a two-week period, Hassan still did not go down to Arab Mateer or Abnoub to see one. Farhanah usually boils some cumin seed for him and gives it to him. Once a neighbor said under his breath that Hassan should take a piece of *afiun* (افيون) (opium) and that would make him feel better. He diagnosed his condition as resulting from urine retention. A friend of his brought him some pills. They were not in their package and so one can only surmise that they were pain killers as they seemed to make the pain go away.

Hassan is very much the man of the house. He makes most if not all decisions. He also controls household expenditure. He leaves Farhanah some money when he goes off to work, but barely enough. That does not worry him since Farhanah is in fact not alone. Both husband and wife are from the Thoqala clan. Their brothers and sisters are a stones throw away. His wife and children would not go hungry or despair even if he left no money at all. He is however a 'good son of the Thoqala' as one of the elders of the clan described him, as he consults with his brothers and uncles in all matters concerning him and his family. Even when the brothers split up their inheritance, an act the elders did not like, Hassan had taken everyone's opinion and been apologetic when dividing the land could no longer be averted. He is kind to his children and a good husband to his wife. The fact that he beats her from time to time is irrelevant since this practice is adopted by many men of the *'ezba* and is not an indication of undue cruelty.

Shadia is 12 years old but suffers from stuntedness. She has the body of a six or seven year-old. Her mother calls her 'the cause of my embarrassment' because she was her first child, and a girl. Shadia does as much of the housework and child caring as her mother. She does not cook very well but she is quite good at caring for



animals and for her siblings. Her mother is always complaining of the girl's day-dreaming, laziness and looks. She genuinely wishes to marry her off. The mother feels that if Shadia did not have such a stunted body she would be a deserving bride in a couple of years. She herself married when she was twelve years old. Her sister, however, says that Farhanah was fourteen when she married Hassan.

Shadia is illiterate. She never went to school and does not have a birth certificate. In this she is similar to many of her peers in the *'ezba*. When she finishes her chores and is not required to look after her sister, she goes out to play with the other girls. She has a rag doll that her aunt made her and which is her favorite toy. For one week of the research time she was not doing much of anything, as she had been circumcised. One morning the barber came down from Arab Mateer and went round circumcising all the girls considered ripe for the rite. Those who are under ten years of age are perceived to be too young. He provides the *mushohra* or the seven palm leaves tied together and hung on a long string around the neck of the girl to be circumcised. Farhanah bought the *mushohra* for 20 pt from him. First, Shadia was made to sit on the *kanoun* - because it is elevated from ground level - and part her legs. Her mother and aunt - who was staying with them at the time because her husband had beaten her and kicked her out of the house - held her legs apart and the barber went about his business. The writer and the father walked out to the fields till the whole operation was over and done with, both for their inability to hear the girl scream in pain. Her shrieks were however heard out in the fields. She fainted when the barber began cutting. When he was done he told the mother how to dress the cut and gave her the name of a wash that they could use in case of infection, then he placed the *mushohra* around her neck and left. He took LE 2 from Farhanah. Hassan had left the money with her. He takes as much as the household can give. The girl lay in the central living area with parted legs for two days. Her true discomfort was when she urinated. Her mother was happy that the affair passed smoothly. Women were coming from all over to congratulate Farhanah and give her gifts of 25 pt and 50 pt meant for Shadia. The mother never did buy the wash as the wound seemed to be doing well.

The purpose of the *mushohra* is both to guard Shadia and to prevent her from doing harm. A circumcised girl, if not protected, can lose her fertility if visited by a weaning mother, a new bride or a mother who has lost her suckling baby. Alternatively she can cause suspension of milk and/or loss of fertility to breastfeeding mothers and new brides.

Arafat is eight years old. He also does not go to school and does not have a birth certificate. He plays around the house most of the time. His mother said that Hassan wants to register the boy and send him to school. She, on the other hand,

thinks that it would be better if he was sent to work. She wants him in a year or two to go to Port Said with his uncle and work there.

Ahmed is six years old. He is the only one of Farhanah's children who has a normal build and a healthy happy face. But, he is deaf and consequently dumb. Along with his brother and sister he got measles three years ago. They all got better except Ahmed who lost use of his ears. With the passage of time he has forgotten the few words that he knew how to pronounce when he was three years old. The boy has a very expressive freckled face and understands as well as he can, by using an improvised sign language created by him and his family and friends. After recovering from the bout of measles, his mother slowly began to realize that he could no longer hear. He cried continuously and had a fever and headaches. His father took him to the doctor of Arab Mateer - Farhanah went with them - who told them that there was nothing to be done for the child. However, one should mention that Ahmed could benefit from speech therapy, were it available.

The youngest of the four is Azza. She is six months old. She breastfeeds but is also given bits of bread and cheese. On some occasions she is given biscuits, eggs and tomatoes. The baby has an amulet hung around her neck. The amulet has *sheba zifra*, black cumin, eye of the ghost (*ain el afi eet*) (عين العفريت) and part of the ear of a donkey and other things that Farhanah was not sure of. This amulet was made by Haj Omar, who lives on the western outskirts of the village. Farhanah has him make amulets when she is 3, 5 and 7 months pregnant. On giving birth, Hassan goes and collects another amulet to protect the baby and the mother's milk, or *hegab labn*. He pays Haj Omar the rest of his money when he picks up this second amulet. "He gave him a pack of cigarettes for this one," Farhanah said, pointing to the amulet hung by way of a long rag around Azza's neck. Farhanah 'has' to do this because she is *matbou'a*, that is afflicted by an evil sister spirit. Accordingly she has to take a number of precautions to safeguard her children to ensure that they survive.

She has lost two babies. After giving birth to Shadia she had a child who died before the 40th day. This is a certain sign of an evil *qarina* (sister spirit). Moreover she had received omens before the death of the children she lost. The first was a boy. After she had him she dreamt that the cow fell and broke its leg. A week later the baby suddenly died. She had been breastfeeding him. He began to vomit and got diarrhea. She explained that the *qarina* had poisoned her milk and killed the baby. She became pregnant again and made an amulet as she was advised to by her relatives, mainly by her mother, but she had a miscarriage. Then she had her two boys and guarded them with ass milk, amulets and her own milk rather than that of the neighbors. Then when Ahmed was nearly two she became pregnant once more. Despite her having made an amulet, when she came to give birth the child was born

dead. Ahmed had kicked her in the stomach while asleep next to her. She had not thought that this would kill the baby. Her mother and sister told her that it was her sister spirit once more. The *qarina* was angrier now that Farhanah had had boys who she had kept safe from her.

Farhanah is illiterate. She dislikes 'modern' things. She has heard of *dayas* - midwives - using blades to cut the umbilical cord. She thinks that this must be very dirty. "There is nothing better than the *sharata*" (شراطة) (dry reed blade), she said. She believes that it is changes like these in everybody's life which make trouble. She feels secure in the familiarity of the life she knows. She does not even use a bottle to give Azza the cumin water that she gives her quite often, as she feels that the baby gets a lot of stomach aches. She prefers using a cup.

Farhanah, who is in her early 30's, is eager to have more children because she does not know any differently. She is aware of family planning and so forth but she does not see how it relates to her. Farhanah does not really have to do a lot of housework. She bakes once a week.

Her children's favorite lunch or breakfast is sugar and bread. She cooks infrequently. Shadia washes the pots and dishes out by the stream if it has water, or in the courtyard with a palm leaf and soap. The girl takes care of the cow and calf. The family owns a goat and its nearly grown kid. The latter was being kept to be slaughtered at the Bairam feast. In the summer the milk sours and is used to make *kishk* (cracked wheat and sour milk cereal balls). The goat and kid eat up anything that might be considered rubbish. Farhanah in fact spends much of her time talking with women coming to collect water from the nearby pump, breastfeeding Azza and making tea for Hassan who drinks the beverage most of the time.

"Our life is normal like everyone else's," Farhanah once said in response to the flow of comments and questions she was subjected to during the research period. When there is something to be done, she does it. Otherwise Farhanah sits at home keeping an eye on things, entertaining women who drop in, and basically living.



## - Annex C -

### *Glossary for Assiut*

<i>'abeed</i>	(عبيد)	slaves; by extension, descendents of slaves
<i>afiun</i>	(أفيون)	opium
<i>'amoud</i>	(عمود)	the tract connecting the baby's mouth and his anus, described as a column
<i>arabia horra</i>	(عربية حرة)	free arab
<i>'assida</i>	(عصيدة)	milk cooked with ground wheat and eaten with honey and ghee
<i>bah</i>	(بح)	feces
<i>bamia</i>	(بامية)	okra
<i>basbousa</i>	(بسبوسة)	traditional sweet cake of semolina
<i>bazbouz</i>	(بظبوظ)	normal stools
<i>beer</i>	(بير)	deep well
<i>beit</i>	(بيت)	house, lineage
<i>bikriya</i>	(بكرية)	first-time mother
<i>bouss</i>	(بوص)	cane
<i>dabdoub</i>	(دببوب)	a type of home-made bread
<i>daya</i>	(داية)	traditional birth attendant
<i>debsh</i>	(دبش)	broken stone
<i>dikka</i>	(دكة)	a wooden couch
<i>effendi</i>	(افندي)	a member of the cityfolk; the educated
<i>ein el afreet</i>	(عين العفريت)	the eye of the ghost
<i>'ezba</i>	(عزبة)	hamlet
<i>Family of the Future</i>	(أسرة المستقبل)	a national family planning organization
<i>fayesh</i>	(فايش)	a dry, biscuit-like bread
<i>feddan</i>	(فدان)	1.038 acres
<i>foul</i>	(فول)	beans
<i>gada'</i>	(جدع)	a youth

<i>gafaf</i>	(جفاف)	dehydration
<i>galabiya</i>	(جالابية)	a flowing garment worn by men, women and children in the countryside
<i>garad</i>	(قراض)	a seed used in the treatment of diarrhea
<i>gatef</i>	(قاطف)	plucked (as from one's child at weaning time)
<i>gemeed</i>	(جميد)	fermented milk used in preparation of <i>kishk</i>
<i>haga kadaba</i>	(حاجة كذابة)	something false, as in insufficient milk supply
<i>hagma</i>	(الهجمة)	a diarrhea caused by an attack of spirits on the child
<i>halabiya</i>	(حلبية)	gypsy woman
<i>halawa</i>	(حلاوة)	sesame candy
<i>haram</i>	(حرام)	sinful
<i>hegab</i>	(حجاب)	charm
<i>hegab el labn</i>	(حجاب اللبن)	milk charm
<i>helba</i>	(حلبة)	fenugreek; a sweetened tisane of fenugreek
<i>horar</i>	(هرار)	type of watery stool
<i>intifadeh</i>	(انتفاضة)	uprising
<i>ishal</i>	(اسهال)	diarrhea
<i>jerkin</i>	(جركن)	a plastic water container, rectangular in shape with a screw on top (jerrycan)
<i>jinnu / jinniyah</i>	(جن)	an imp (m/f)
<i>kabsa</i>	(كبسة)	1. a poultice used to heal inflammation of the anus due to worms 2. synonym for <i>mushahara</i>
<i>kanaka</i>	(ككة)	a Turkish coffeepot
<i>kanoun</i>	(كانون)	a rural cooking arrangement consisting of bricks or stones to support a cooking pot, with a fire in-between
<i>kash</i>	(كسح)	the operation of removing sludge from household cesspits
<i>khaldun</i>	(خلدون)	corporate, mixed
<i>khar'a</i>	(خرع)	a form of diarrhea caused by a forward fall
<i>khata</i>	(ختة)	the manure of large animals (cow and buffalo)
<i>khawagat</i>	(خواجهات)	foreigners ; wealthy persons from outside one's social group
<i>al kheir</i>	(الخير)	the benefits
<i>kherfet zeit</i>	(خرقة زيت)	a preparation of boiled oil and garlic, used for treating cuts and also in the treatment of intestinal worms

<i>kishk</i>	(كشك)	wheat kneaded with sour milk and dried for storage, subsequently soaked in water and used for cooking
<i>kouz</i>	(كوز)	large aluminum mug
<i>lassa</i>	(لاسة)	urine-soaked mud from animal pen
<i>loofa</i>	(لوفة)	a scouring pad
<i>mafrou</i>	(مفروت)	broken into pieces
<i>magour</i>	(ماجور)	pottery vessel for fermenting milk
<i>manzour</i>	(منزور)	seen, and by extension, envied
<i>mashaykh</i>	(مشايخ)	village sheikhs
<i>matbou'a</i>	(مطبوعة)	the state of being afflicted by the spirit sibling
<i>matlouka</i>	(مطلوقة)	carefree
<i>mawlid</i>	(مولد)	festival in honor of a saint
<i>mazag</i>	(مزاج)	mood, whim
<i>mesh</i>	(مش)	aged cheese
<i>mufarqa</i>	(مفرقة)	separated (as from one's child at the time of weaning)
<i>miloha</i>	(ملوحة)	salted sardines
<i>mi'oumed</i>	(معوعد)	afflicted with the 'amoud
<i>molokhia</i>	(ملوخية)	a leafy green plant used for making a soup
<i>mosmar</i>	(مسمار)	colostrum
<i>mushahara</i>	(مشاهرة)	a spell which stops the milk supply and causes sterility
<i>mushohra</i>	(مشهرة)	a charm made of five or seven strips of dried palm braided together into a sheaf and pinned to the clothing of the new mother to prevent <i>mushahara</i>
<i>nabaq</i>	(نبيق)	crabapple
<i>namlia</i>	(نملية)	a food storage cupboard
<i>NCDDP</i>	(المشروع القومي لمكافحة الاسهال)	National Control of Diarrheal Diseases Project
<i>nezla</i>	(برلة)	enteritis
<i>ni'ma</i>	(نعمة)	a gift of God
<i>o'ed</i>	(عقد)	a coin wrapped in a cloth along with some cumin seeds and various other materials and tied around a child's neck as a charm
<i>omda</i>	(عمدة)	mayor
<i>ORS</i>	(محلول معالجة الجفاف)	oral rehydration salts
<i>qarina</i>	(قرينة)	spirit sibling (also <i>tabi'a</i> )

<i>qat'a el dem</i>	(قطع الدم)	past menopause
<i>qurat</i>	(قيراط)	1/24 of a feddan
<i>Rabso</i>	(رابسو)	a laundry detergent
<i>ray bil rahalraf</i>	(ري بالراحة)	a type of irrigation schedule
<i>Riri</i>	(ريري)	commercial powdered infant formula based on rice
<i>rishta</i>	(ريشتا)	a dish composed of noodles soaked in milk and ghee
<i>rizk</i>	(رزق)	nourishment
<i>rob'a</i>	(ربعة)	a clay container for storing drinking water
<i>safeera</i>	(سفيرة)	a bump on the palate which is diagnostic of <i>el za'afa</i>
<i>sahaba</i>	(صحابية)	the entourage of the Prophet Mohamed
<i>sakta</i>	(ساقط)	dysentery
<i>sarsoub</i>	(سرسوب)	colostrum
<i>sarsoubiya</i>	(سرسوبية)	the colostrum of buffalo or cow, cooked for human consumption
<i>el seif shalaby</i>	(الصيف شلبي)	a proverb meaning that summer is carefree
<i>sheba zifra</i>	(شبية زفرة)	alum
<i>sheeh</i>	(شيع)	camomile
<i>sitat 'aiga</i>	(ستات عايقة)	spoilt, body-conscious women
<i>Solh Arab</i>	(صلح عرب)	traditional form of dispute settlement
<i>tabi'a</i>	(طبيعة)	spirit sibling (also <i>qarina</i> )
<i>tabikh</i>	(طبخ)	dishes based on a tomato sauce seasoned with garlic and spices and containing one or more vegetables
<i>tableya</i>	(طلية)	a very low round table used for meals and for food preparation
<i>taga</i>	(تجة)	a treatment for worms
<i>tagig</i>	(تجيج)	infested with worms
<i>takhzeek</i>	(تخزيق)	the treatment of illness caused by the evil eye via preparation of a paper effigy of the suspected person, stabbing it with needles, and burning it in salt and flour
<i>ta'miya</i>	(طعمية)	bean fritters
<i>tamrees</i>	(تمريس)	a form of massage used in the treatment of <i>el 'amoud</i>
<i>tariqa</i>	(طريقة)	religious fraternity
<i>tib hadith</i>	(طب حديث)	modern medicine
<i>tibtal</i>	(طبتال)	become weak



<i>tibn</i>	(تبن)	straw
<i>tihin</i>	(طحين)	feel tenderness and love for the child; by extension, the coming of milk to the breast because of love
<i>tisht</i>	(طشت)	a shallow container used for various domestic purposes, including laundry and bathing
<i>waraniya</i>	(الورانية)	a diarrhea caused by the evil eye (also termed <i>za'afa</i> , <i>foukaniya</i> , and <i>wihsha</i> )
<i>weishoh makshouf</i>	(وشه مكشوف)	an expression meaning that the child's face is visible and he will therefore grow up to be forthcoming
<i>yehor</i>	(يهور)	producing ongoing watery diarrhea
<i>za'afa</i>	(الزعة)	a diarrhea caused by the evil eye (also termed <i>waraniya</i> , <i>foukaniya</i> , and <i>wihsha</i> )
<i>zafara</i>	(زفارة)	grease
<i>za'l</i>	(زعل)	anger, upset
<i>zar</i>	(زار)	a cathartic singing and dancing ritual
<i>zeer</i>	(زير)	a large pottery vessel for storage of drinking water
<i>zeriba</i>	(زربية)	animal pen
<i>zifir</i>	(زفير)	bad-smelling
<i>zifra</i>	(زفرة)	of unpleasant taste and smell
<i>zikr</i>	(نكر)	a religious celebration performed to thank God for a special favor
<i>zil'a</i>	(زاعة)	a pottery vessel used for storing cheese and ghee or for drinking water
<i>zumam</i>	(ضمام)	agricultural land area
<i>zurbiya</i>	(زربية)	house built of cane

**Editor**  
Catharine Tucker

**Art Work**  
Nagui Kodsí

Printed By SHOROUK PRESS

Vertical text on the right edge of the page, possibly bleed-through or a scanning artifact. The text is faint and difficult to read, but appears to contain some illegible characters and possibly a page number.



