

Chik-V & Jamaican Indigeneity: Reflections of the Accompong Maroons

Tamika Peart

China Agricultural University 17 Qinghuadonglu Haidian, Beijing 100063 China

ABSTRACT: The pursuit of this study was to establish how members of the Accompong maroon settlement in Jamaica survived the Chikungunya virus(Chik-v) with fewer reported cases as opposed to the rest of the country. The results of this research create heightened awareness on the Maroon culture in contemporary Jamaica, as well as how the virus was controlled from a disaster management cycle perspective. The disaster risk reduction strategies employed by the Maroons show that critical to their disaster epidemiology is indigenous knowledge forms, as it helps to address the prevention and spreading of vector-borne diseases, as well as situational awareness to generate information and construct mitigation strategies. This study showed that while indigenous knowledge forms do exist in this space, it is not purely indigenous, as residents had to depend on scientific resources to inform how they plan the various cycles involved in disaster management. However, the study shows that despite this mix of indigeneity and scientific knowledge, is that in some ways, there is cultural retention within the Maroon community. The findings suggest that while persons may depend on ancestral knowledge to treat problems on a day to day basis, they may be inclined to utilize science in times of crisis. The study recommends more studies that look at the role of religion in either the endorsement of, or, the exacerbation of the disaster management cycle in indigenous spaces.

KEYWORDS: *Indigenous Knowledge , Maroon Culture, Chik V, Scientific Knowledge & Disaster Management*

I. INTRODUCTION

Disasters by nature cause disruptions on how day to day duties are carried out by governments and citizens. In the last decade, some destructive mosquito-borne diseases that pose significant public health concerns have impacted several countries in different regions of the world. Despite the severity of these disasters, the effects on the different countries have been varied depending on their disaster risk reduction capacity for these emerging challenges in the health sector and at a community level. From the angle of public health, vector –borne diseases can turn out to be disasters because they place a strain and a negative impact on health services and the professionals that deal with the said. This was the case of the Chikungunya virus (chik v) that wrecked mayhem on the Jamaican society in 2014-2015. The Jamaican Lifestyle Survey in 2018 estimated that 80 percent of the country was infected with this disease. Therefore, Chik V became a national problem, so much so, the then Prime Minister of Jamaica announced a National Response Mechanism to the Chik V Outbreak(Jamaica Information Service,2014).

II. METHODOLOGY

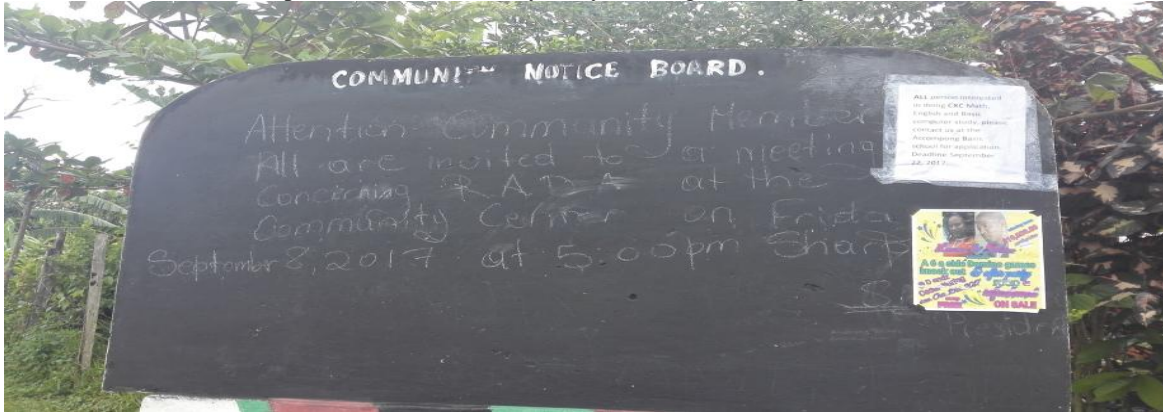
Fifty household surveys were done in the community of Accompong, St.Elizabeth during the months of June to September,2018. Household surveys, checklists, secondary data and observations were selected as the methods used for data collection. The information received was then analyzed with the disaster management cycle to see how local knowledge was utilized in a structured way.The study is not meant to be used to be generalized. Instead, it provides insight on how the chikungunya virus relatively impacted the community on a smaller scale than the wider country.

Location

Accompong is located in the cockpit country, specifically in the parish of St.Elizabeth. Accompong is a culturally rich community and enjoys a rich natural capital. With a little over 2000 residents, the people of Accompong are a part of the maroons living in Jamaica, who have maintained their West African Ashanti lineage to present day Jamaica. Brought to Jamaica during the period of slavery, the Maroons later negotiated the terms of their freedom. One of the benefits of this negotiated freedom was the rich natural capital space that they live in, the cockpit country.

III. FINDINGS & DISCUSSION

4% of the surveys were null and void, due to being incompletely answered. Therefore, 42% were answered by those who identified themselves as female heads of their households, while 54% were from male heads of households. All respondent reported that they accurately remembered their experiences during the Chik V period. They also detailed that at the time of the Chik V, on average, each household had four persons living in each household. Similarly, farming was the most practised form of income generation by the head of household during this period. Other jobs were identified, such as: housewife, police, entrepreneur, janitor, security guard, nurse, coaching, contractor and deputy colonel. The findings suggested that a critical component of their disaster management practices at preparation stage is to call a meeting through posting a notice on the notice board in the central point of the Community or by blowing the abeng in times of crisis.



Picture showing the community notice board informs members of an upcoming meeting with the leading rural development body in the country. (Taken by Tamika Peart)



Picture showing the Abeng(which is made from the horn of a cow) is epicenter of maroon culture that once blown,conveys multiple messages that are understood in their space. (Picture taken by Tamika Peart)

By and large, the findings for this study suggested that Chik V brought a sense of paranoia that rocked the rural community, and so, persons even paused their sources of livelihood so as to not contract the virus. In regards to farming, this brought other implications on the rural community, such as food security , because the disease was at the time in 2014 when farmers were about to reap their crops. There were other mentioned impacts such as reduced social lives as persons opted not to go out of the community and outdoors unnecessarily, because they were fearful of contracting the virus. For those who dared the outdoors, virus prevention techniques created more work for them, as they had to secure a mixture of chippings of wood, lemon grass and other materials to burn to prevent the mosquitoes from biting them. The period even repatterned their social reality, as the residents who ventured outdoors, had to exist in smoke, as they constantly had to roll tissue to create a local and cheaper version of a mosquito destroyer.

In terms of preventing the children from contracting the virus, the respondents cited a host of mitigation strategies being utilized ,such as: removing stagnant water ,covering the items that stored water, buying bottled, giving them over the counter medication such as Diphenhydramine (DPH) and panadol, wearing

long and light colour clothing, staying inside, ensuring that they are fully immunized, using orange peels to chase away mosquitoes, rubbing children with 'chicken weed', educating them about chik v, bringing them to the doctor so that they can get tested when the virus started, using repellants, piercing disposed canned bottoms, pouring chemicals in water which was given to them by the Rural Agricultural Development Authority (RADA) and boiling the water to drink (for those who could not afford to buy bottled water).

The strategies utilized to protect children from chik v were similar to those for adults, excepting that for the adults, they made concoctions that they believed gave their body 'strength' and boiled lemon grass and chicken weed to drink and watched the local news daily to learn more of the virus.



Picture showing tissue being used as a cheaper option to mosquito destroyers in Accompong, St. Elizabeth (Picture taken by Tamika Peart)

When asked about the efforts of the leadership of Accompong, some of the respondents stated that they were expected to fight this alone. However, others posited that the leadership depended on their communal living and ensured that the community was fumigated at periodical intervals. The leadership also brought in the Ministry of Health for presentations on how to prevent the virus. Here, they received pamphlets and received the message the Ministry of Health has been promoting on their social media accounts, their website, advertisements and main stream media:

“Prevent Mosquito Breeding

- *Mosquitoes live and breed in standing water in and around the home.*
- *Do your part by preventing mosquito breeding:*
- *Cover all drums, tanks, barrels and buckets that are used to store water*
- *Get rid of all old tyres, tins, bottles, plastic containers, coconut shells and anything in which rain water settles*
- *Cover trash containers to keep out rain water*
- *Punch holes in the bottom of tins before placing them in the garbage*
- *Keep flower pot saucers dry and avoid over-watering potted plants*
- *Empty and scrub flower vases twice weekly*
- *Empty and wash pets' water container twice weekly*
- *Keep house plants in damp soil instead of water.”*

(Taken from the Ministry of Health's website during the Chik V period in Jamaica)

The Ministry of Health (MoH) presented on strategies to lessen chances of contracting Chik V, as well as to create awareness about the said and explore issues of vulnerability in the community. There was also an identified first line of response in this, the communal lifestyle practised, which would also assist in mitigation, rehabilitation and reconstruction efforts, as well as early warning signs and ways for the said to be disseminated throughout the community.

The findings suggested that the communal living was very important for the survival of the groups who are seen as being at risk, such as the elderly, the disabled, female headed households and pregnant women, as community members regularly visited these people to remove any mosquito breeding sites.

Only 8% of the surveyed households contracted the virus. Some posited that this was prevented because of their oral history that has been preserved over the years, particularly the utilization of 'bissy' (*Cola Acuminata*) as a

form of poison treatment. The households also mentioned that they drank plenty water . For those persons who were not impacted by chik v, they mentioned God as the reason why they overcome this vector borne disease, as well as their strong tradition of relying on nature and drinking local herbs, wearing long clothes, taking vitamins, obeying the directives being given by the leadership, strong immune system as well as being fully immunized.



Picture showing ‘bissy’ (Cola Acuminata) that was used during the period.

While chik v was a real concern, in that its symptoms were similar to dengue, that is , high fever, muscle and joint pain, as well as rashes and can last up ten months and years, it was general knowledge in the community that the disease was neither fatal nor a major threat to the community. This was nonetheless very shocking. When asked about their views as to why the community escaped the devastation, some persons posited that their community is generally mosquito infested, therefore, preventing a mosquito bite was an everyday reality for them while living with mosquitoes . The frequency of mosquitoes in the community seems to be as a result of the water conservation practices, particularly as some residents do not have tanks and the major body of water is not in the central part of the community. Others added that there is not a source of water in the community such as other neighbouring communities, while some respondents mentioned the isolated nature of the community being that it sits in the mountains, Jamaicans generally do not visit Accompong unless they have to. Others made mention of the mitigating strategy for flooding that prevented water from settling in the community, as well as the drains being kept clean and the grasses cut regularly. Other persons kept their windows closed and had herbal tea as a lifestyle to enhance immunity, while others bathed with local herbs. Others believed that this type of mosquito never came to their part of Jamaica. One respondent stated:

“mi did very shock fi know she dat virus never come up here much because up here suh a mosquito place. We know what time fi come out and go back in because a mosquito, so we really did tink it woulda come, because dem not even spray up here much. But, God spare we dissa time,man”

Translation: *“I was very shocked to know that we(as a community) were not really impacted because we generally have problems with mosquitoes here. We know what time to leave and return home ,so as to escape mosquitoes. Therefore, I expected this virus to be a problem here,particularly because there is nor much fumigation here. However, we were spared by God this time.”*

However, because they relied on main stream media for information, there also seemed to be the socially induced fear of chik v.

When asked where they would have gone had they contracted Chik V, a significant amount of the respondents reported that they would have gone to see a private Doctor because they are reliable, give good treatment and instant medication and they they pay more attention. Some opined that they do not believe that home remedy

would have worked. However, others stated that they would not have utilized home remedy as they would not have worked more efficiently. While some of the respondents stated that they would have relied on ancestral knowledge, according to one respondent:

“I would go to the public health centre because they would get more information, medication, get proper check up, good treatment. We have to know when to pause the herbs ting, Miss.”

Despite the socially constructed fear of chik v and the actual challenges it caused for the country of Jamaica, most of the respondents stated that this virus has not changed their lifestyle in anyway, as they still store their water outdoors, as tanks are not common place. From the findings of the study, the Accompong community has a process in place to deal with epidemics within a disaster management context. Here, the writer refers to the established four stages in disaster management:

Disaster Management Cycle as seen in Accompong, St. Elizabeth, Jamaica

Stages of the Disaster Cycle	Actions Taken:
Mitigation	These concern the actions taken to reduce vulnerability to the virus, such as: removing stagnant water, covering the items that store drinking water, buying bottled water, wearing long and light colour clothing, staying inside, ensuring full immunization, drinking herbs such as bissy and chicken weed, using orange peels and lemon grass to chase away mosquitoes, rubbing children with ‘chicken weed’, going to the doctor so that they can get tested when the virus started, using scientific repellants, piercing disposed canned bottoms, pouring chemicals in water and boiling the water to drink (for those who could not afford to buy bottled water).
Preparedness	The preparedness stage seen here explored how the virus may enter the community, as well as how education, partnership and training can change this. For example, the leadership calling a meeting with the community, getting the Ministry of Health to do sensitizations as well as best practices in vector born disease prevention, getting the necessary authority to fumigate the area and helping the less fortunate, the disabled, elderly, pregnant women and other at risk groups to become less vulnerable by removing mosquito breeding sites.
Response	This section looks at treating the immediate needs presented by Chik V, such as ensuring that persons are not infected or more persons are not infected. This is a continuous process. Here, persons go to their doctor or the local health centre. Or, they continue to take the over the counter drugs such as Diphenhydramine (DPH) and panadol, as well as local herbs.
Recovery	Here, the community aimed to return to normalcy through ensuring that the drains are always cleared, the community is fumigated and water conservation is done in a way to not harbour the aedes aegypti mosquito.

Table 1.1 showing how the strategies undertaken by the Community of Accompong fell into the disaster management cycle.

While persons stated that they utilized herbs to prevent, they were also guided by the MoH team as well as the local news. Therefore, in this sense, indigenous knowledge form works in tandem with or is strengthened by scientific knowledge. Additionally, persons stated that if it is that they were to contract this virus in the future, they would go to the medical doctor or community centre. In both cases, they stated that this was so, because the method is tried and tested. There was not much difference in terms of gender, however, the findings suggest that women are the carriers of heritage, in terms of how they reproduce this knowledge during disasters. For example, as it relates to children, the women were the ones who ensured that they never contracted the virus through the various means utilized.

IV. CONCLUSION

This study is not meant to generalize, but it gives a peek into how indigenous communities in Jamaica continue to surmount all odds at a time when the longevity and retention of their culture is under public microscope. The findings also show that the indigenous knowledge in the space is shaped by scientific knowledge. For example, the adults watched the news to hear the latest on Chik V. The children also took DPH

and panadol to cure them of the Chik V. While they were very proud of indigenous knowledge forms, they were also more cautious to go to the medical doctor in the event that they should contract the virus. The findings also suggested that chik v brought an additional mental and financial cost to their lives during the time it posed a threat to residents. Subsequently, Chik V as a virus, highlighted the indomitable spirit of the Maroons in Jamaica, as well as how poverty provides a means for people to make use of the little tht is at their disposal. At a time when a virus impacted an estimated 80 percent of the Jamaican population, but fewer cases being reported in this space that is usually mosquito infested and not fumigated as is desired, the exception of this community demands extensive studying. Moreover, the findings suggest that while persons may depend on ancestral knowledge to treat problems, they may be inclined to utilize science in times of crisis. This, however, demands more studies.

BIBLIOGRAPHY

- [1]. Jamaica Gleaner (2018) 80% of Jamaicans were infected with chik-V <http://jamaica-gleaner.com/article/lead-stories/20180907/80-jamaicans-were-infected-chik-v>
- [2]. Jamaica Information Service (2014) PM's Statement Regarding National Response to CHIKV Outbreak <https://jis.gov.jm/speeches/pms-statement-regarding-national-response-chikv-outbreak/>
- [3]. Ministry of Health(ND) Chikungunya Awareness & Prevention <https://www.moh.gov.jm/edu-resources/chikungunya-awareness-prevention/>