

INDIGENOUS KNOWLEDGE AS SOLUTION TO THE UNMET NEED FOR CONTRACEPTIVES

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ABSTRACT

At the 1994 International Conference on Population and Development (ICPD) held in Egypt and at the subsequent conference to review progress held in 1999, one of the goals set was a universal access by 2015 to the widest possible range of safe and effective family planning methods by men and women of reproductive age. The other more challenging goal set at ICPD was elimination of the unmet need for family planning by 2015. Millions of unintended pregnancies still occur all over the world every year while millions more other couples are willing to use family planning but lack access to safe, effective and acceptable methods. This challenge is a result of increased number of family planning users due to success of family planning campaigns, increased number of people of reproductive age and a marked decline in available funding for reproductive health services experienced by most developing countries. This paper argues that indigenous contraceptives can be used to meet this unmet need.

INTRODUCTION

Men and women of child bearing age need contraceptives to prevent unwanted pregnancies and control when and how many children they want to have. Worldwide the number of people who use modern contraceptives has increased greatly to such that most countries, especially those in the developing world, struggle to meet the contraceptive needs of their citizens. This increased number of users is mainly a result of several successful campaigns launched over a number of years by the family planning movement to promote the use of modern contraceptives.

Box 1: Medical Benefits of Using Contraceptives

Help space births, resulting in lower rates of infant and child mortality decreased risk of anaemia for mothers

More time to breast-feed, improving infant health and survival

Prevent high-risk pregnancies among very young adolescents, women in their late 30s and 40s, women who have had many births, and women with pre-existing medical conditions

Prevent unsafe abortion resulting from unwanted pregnancies, thereby reducing maternal deaths, ill health and infertility

Prevent maternal and infant deaths and ill health resulting from unwanted births

Facilitate screening for STIs and other health concerns

(Source: Source: Singh, Darroch, Vlassoff and Naddeau, 2003)

Box 2: Non-medical Benefits of Using Contraceptives

Individual	Family and Household	Community and Society
Greater satisfaction with life	Increased ability of women to care for families	Higher productivity and better incomes
Less worry over unplanned pregnancy	Stronger, more stable marital relationships	Less societal burden to care for neglected children
Greater self-esteem and efficacy, especially for women	Promotion of joint household decision making	Decreased inequality between men and women
More decision-making power, especially for women	Less discrimination against female children	Rapid economic growth during the "demographic window"
More time with children	More attention and parental care for each child	Higher savings and investment
Improved social status for women	Increased household income	
Greater educational and employment opportunities, especially for girls and women	Higher health, nutrition and education expenditures per child	
Increased opportunity to join social and civic organisations	Fewer orphaned children	
Greater financial security, especially for women		
Higher productivity and income		

(Source: Singh, Darroch, Vlassoff and Naddeau, 2003)

The use of contraceptives has many medical and socioeconomic benefits to individuals, families and society as a whole (Guillebaud, 2007; Guillebaud and Hayes, 2008). The medical and non-medical benefits are summarised below in Boxes 1 and 2 (Singh, Darroch, Vlassoff and Naddeau, 2003: 24-26).

Most developing countries have limited financial resources which make it difficult to satisfy the increasing need for contraceptives by their citizens leaving many with an unmet need. For instance, a woman with an unmet need for contraceptives is the one of the following: a legally married woman, a woman in a consensual union, a sexually active girl, a woman who does not yet want to be pregnant, a woman who wants to stop childbearing (Aninyei, Onyesom, Ukuhor et al, 2008; Sedgh, Hussain, Bankole & Singh, 2007).

All countries of the world, whether developed or still developing, have an obligation to provide their citizens with safe, effective accessible and acceptable methods of prevention unwanted pregnancies. During the International Conference on Population and Development (ICPD) held in Cairo in 1994 a Program of Action (PoA) to achieve a universal access to contraceptives to every one in all countries by 2015 was adopted. A review of this PoA, known as ICPD+5, was conducted five years later in 1999 and it was discovered that over 50% of the countries will not achieve to goals of ICPD (Abrejo, Shaik and Saleem, 2008). One reason for the lack of access is the increasing numbers of people in the child bearing age, success of family planning campaigns and a decline in available funding for modern contraceptives as much of the health budget is allocated to life threatening conditions like HIV and AIDS, TB and malaria (All Party Parliamentary Group on Population, Development and Reproductive Health, 2007). Another reason is that many developing countries where the majority of the increasing users are found have limited financial resources.

AIM

Long before the introduction of modern contraceptives, indigenous people were practising contraception (Aninyei, Onyesom, Ukuhor et al, 2008). They relied on their indigenous knowledge (IK), which Kaniki and Mphahlele (2002: 3) define as "a cumulative body of knowledge generated and evolved over time, representing generations of creative thought and actions within individual societies in an ecosystem of continuous residence", in an effort to cope with an ever-changing socio-economic environment. This

paper argues that IK contraceptives can be harnessed to meet the needs of many of those who presently cannot access modern contraceptives. The paper is based on a survey conducted in June 6-14, 2008. People that were interviewed were all females and were professional nurses, educators and volunteer community health workers. Professional nurses interviewed were those who have been practising in primary health care (PHC) services for more than five years. These PHC nurses provide contraceptives as part of their work and have an understanding of local and cultural practices that influence health. Teachers who work and live in rural areas were also selected as informants because they interact with community members frequently and understand their culture and way of life.

TYPES AND METHODS OF APPLICATION OF INDIGENOUS CONTRACEPTIVES

Indigenous contraceptives are derived from plants, animals and minerals sources. They are applied internally in the form of medicines swallowed alone or with other substances like food. Others are taken internally through incisions made on various parts of the body into which the medicine is rubbed. Some contraceptives are applied externally where the user carry then on the body in various forms like rings and belts impregnated with medicinal substances. Other users wear some pendants with some religious verses to protect themselves against unwanted pregnancy (Mönnig, 1967).

Medicinal Substances

In preparing these contraceptives, animal and herbal materials are used alone or in combination with one another (Keele, Forste and Flake, 2005). Some are applied during sexual intercourse while others are used constantly to prevent unwanted pregnancy.

These contraceptives are reversible in that the person can stop using then when pregnancy is wanted. Table 1 shows a summary of types of contraceptives made from plant and animal sources (Jinadu, Olusi & Ajuwon, 1997).

Table 1: Type of Indigenous Contraceptives made from plant and animal sources

Type	Preparation Methods	Application	Reversible?
Ring	Rings are left inside frogs, chameleons, paw-paws, etc	Worn before sex Worn constantly	Reversible
Soup	Herbs cooked into soup	Drink entire soup	Reversible Irreversible
Powder	Herbs are roasted and ground into powder	Incision made near vagina and powder rubbed in. Powder mixed with cold porridge	Reversible Irreversible
Waistband	Herbs wrapped with animal skin and made into a waistband	Worn before sex Worn constantly	Reversible

(Source: Jinadul, Olusi & Ajuwon, 1997)

Physical Manipulation or Massage

Some indigenous contraceptives involve physical manipulation or massage of the body especially the lower abdomen with or without the application of medicinal substances or oils. One of the informants indicated that in some cases the practitioner inserts his or her hand into the uterus, through the vagina, to turn it in such a way that conception will not be possible. She indicated that her aunt is competent in applying this technique. This method is reversible as the practitioner will turn the uterus back to its original position when pregnancy is wanted.

Body Rhythm or Natural Methods

Some indigenous contraceptives rely on the body rhythm to achieve their intended purpose and are referred to as natural methods. Here the menstrual cycle is studied and understood so that the person knows her fertile period in order to abstain from sexual intercourse during the time when she is more likely to fall pregnant. Prolonged breast-feeding of between three and four years is also another method used by indigenous people to prevent unwanted pregnancy (Mönnig, 1967).

Abstinence

Indigenous people have been practising abstinence from sexual intercourse as a way to prevent unwanted pregnancy for a long time. Abstinence can be primary, postpartum, periodic or until a child is wanted. Primary abstinence is encouraged in unmarried and young people who have not yet started sexual intercourse to protect them from falling pregnant before they are

married. With respect to married couple who are sexually active and who might be having children, postpartum abstinence is practised when the couple abstain from sexual intercourse for a certain period of time after the birth of a child. Periodic abstinence may also be practised by a couple in the sense that they will engage in sexual intercourse only when they want a child. Abstinence can be used in combination with other methods such as prolonged breast-feeding or body rhythm (Stayt, 1968).

Non-penetrative Sex and Withdrawal

Withdrawal and non-penetrative sex have been a method of contraception for indigenous people for many years (Mönnig, 1967; Keele, Forste and Flake, 2005; Stayt, 1968). The Zulus of South Africa, for example, encourage non-penetrative sex or thigh sex for unmarried couples and call it 'ukusoma' (literal translation: jumping off).

Abortion

Abortion which is voluntary termination of pregnancy has been used by indigenous people to terminate pregnancies that were not wanted, especially in an unmarried person or when pregnancy occurred outside marriage in a married person. It was done to protect the person and her family from shame and ridicule (Mönnig, 1967). For abortion to achieve the objective of protecting the person and the family from shame, it should be done very early before people outside the family are aware of the unwanted pregnancy. To commit an abortion, indigenous people make use of certain specified medicines and these are prescribed and administered by a person well trained in using them. Abortion is not a culturally acceptable method of contraceptive and is rarely used as such.

Mystical or Magical Indigenous Contraceptives

There is another type of indigenous contraceptives which is mystical and involves among others belief in the magical power of performing certain rituals (Aninyei, Onyesom, Ukuhor et al, 2008). The rituals include leaving the placenta at an ant-heap after the woman has given birth so that the ants will feed on it. It is believed that this will prevent the woman from falling pregnant again. Others wear a charm during sexual intercourse and believe it will make the semen to drop out of the vagina. Some practitioners of indigenous contraceptives prescribe a magnetic stone which is placed on the abdomen after sexual intercourse to prevent fertilisation. These forms of contraceptives can be used alone or in combination with any of the above mentioned types of indigenous contraceptives.

PROVIDERS OF INDIGENOUS CONTRACEPTIVES

Indigenous contraceptives are usually prepared and prescribed by traditional health practitioners (Jinadu, Olusi & Ajuwon, 1997; Monning, 1967). A traditional health practitioner is a person who is recognised by the community in which he or she lives as competent to provide health care by using plant, animal and mineral substances and certain other methods based on religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability (World Health Organization, 1978). Some traditional health practitioners have in-depth knowledge of traditional contraceptives and are also referred to as family planning practitioners (Jinadu, Olusi & Ajuwon, 1997). Traditional health practitioners have knowledge and understanding of human anatomy and physiology and the medicines they prepare based on this knowledge and understanding of how the human body function (Mönnig, 1967).

MODE OF ACTION OF INDIGENOUS CONTRACEPTIVES

Indigenous contraceptives prevent pregnancy by either, preventing sexual intercourse, fertilisation or foetal growth and development.

Preventing Sexual Intercourse

Some women use indigenous contraceptive devices to repel men who are interested in engaging in sexual intercourse with them thus avoiding pregnancy. Others cause temporary impotence in a man just before he can start the sexual intercourse and as such protecting the woman from being pregnant. Another way to prevent sexual intercourse from taking place is to practise abstinence.

Preventing Fertilisation

Unwanted pregnancy after an act of consensual sexual intercourse can be prevented by preventing fertilisation from taking place. Indigenous contraceptives such as massage and physical manipulation of the uterus, the use of magnetic stones and the use of certain medicinal substances prevent fertilisation after sexual intercourse has occurred. Withdrawal also allows sexual intercourse to take place but prevent the union of the ovum and the sperm by having the man withdrawing his penis just before ejaculation and then ejaculating the sperms outside the vagina.

Preventing Foetal Growth and Development

Prevention of foetal growth and development is by means of terminating the life of the unborn child. This is achieved by means of abortion which is done under the supervision of a competent person.

THE PURPOSE OF USING INDIGENOUS CONTRACEPTIVES

Indigenous contraceptives are used by people to achieve their various reproductive health needs. There are those who want to stop child bearing altogether while some want to space pregnancies or to delay falling pregnant (Sedgh, Husain, Bankole and Sigh, 2007).

Spacers

Spacers are contraceptive users who are sexually active, have one or more children already, still want to have one or more children in the future but want to delay the next pregnancy for a specified period. Spacers will choose a reversible method of contraceptive and will stop using it when they want to have a child. It is important that spacers consult with their contraceptive providers in advance so that together they can plan for the timing of the next pregnancy.

Limiters

Limiters are contraceptive users who are sexually active, have one or more children already and do not want to have any more children. Limiters choose an irreversible method which will permanently remove any possibility of ever falling pregnant.

Delay Falling Pregnant

Some people use indigenous contraceptives to delay or postpone their first pregnancy. These are people who are sexually active, have no children yet but want to have them in future. They choose a method of contraceptives which is very effective but reversible. They will have to consult their contraceptive provider when they want to fall pregnant a year or so ahead so that together they can plan for the timing of the pregnancy.

ACCEPTABILITY, SAFETY AND EFFECTIVENESS OF INDIGENOUS CONTRACEPTIVES

Indigenous contraceptives are acceptable to many users because many people have been known to switch from modern contraceptives to

indigenous contraceptives. These users report that herbal contraceptives have no side effects as compared to modern contraceptives. In addition, there is total privacy during consultation with the traditional health practitioner because the consulting room is not labelled "family planning" as in a modern clinic. Another reason why people switch to indigenous contraceptives is that the traditional medical practitioner also provides treatment for other problems that the user might be having (Jinadu, Olusi & Ajuwon, 1997: 63). A fourth reason is that the traditional health practitioners are trusted by users because of their knowledge and understanding of human anatomy and physiology (Mönnig, 1967).

CONCLUSION

Indigenous contraceptives are accessible, acceptable, safe and effective to indigenous people. They are acceptable and accessible to users as they are prescribed and prepared by traditional health practitioners who are trusted and respected in the community. Traditional health practitioners treat many other conditions while also providing contraceptives in the privacy of their homes and this makes many clients happy as their privacy is guaranteed. Indigenous contraceptives have fewer side effects compared to modern contraceptives as experienced by users who have switched between the two types. Traditional health practitioners have an understanding of human anatomy and physiology which implies that the contraceptives they prepare and prescribe are based on their understanding of the functioning of the human body. Both indigenous or traditional contraceptives and modern contraceptives can exist together and policy makers and users should encourage this coexistence.

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