Traditional Contraceptives and Indigenous Knowledge Systems in Mutasa District of Manicaland Province, Zimbabwe

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Abstract

The thrust of this study was to determine how indigenous knowledge systems (IKS) are used in contraception. The use of indigenous knowledge systems in contraceptive adoption and continual use is a barrier to the adoption of modern contraceptives. A descriptive survey was applied to collect data using open ended questionnaires and interviews. These instruments were essential to gain an indepth understanding of people’s beliefs and attitudes towards the value of indigenous knowledge systems in contraception.

It was noted that people in Mutasa District still use herbs, protracted breastfeeding, rhythm and withdrawal as contraceptive alternatives to modern contraceptives. There were clear indications that couples that are afraid of the so called “side-effects” of modern contraceptives opted for traditional contraceptives. Extended family ethos in rural areas, especially the influence of “mother-in-law” also influenced women to accept traditional contraceptives. The study concludes that the marketing of modern contraceptives in primitive rural areas should be premised on their comparability to indigenous knowledge. Social marketers should also allay fears of hidden side effects of modern contraceptives in their messages.

The information on indigenous knowledge systems in contraceptive social marketing is very useful to Non-Governmental Organisations that seek to promote family planning, Health Practitioners, Governments health ministries and social marketers of contraceptives.

Keywords: Indigenous knowledge systems, traditional contraceptives, modern contraceptives, adoption.

BACKGROUND

Whilst there has been increasing attention on indigenous knowledge systems by scholars and institutions, there has been a noted silence from contraceptive social marketers.
These contraceptive social marketers will be trying to convince people to adopt modern contraceptives as a panacea to family planning and disease prevention. However, indigenous knowledge systems provide a latent resistance by rural communities to adopt modern contraceptives for family planning purposes since they act as substitutes to modern contraceptives for family planning purposes.

**Indigenous knowledge systems**

Indigenous knowledge according to Warren (1999) is local knowledge that is unique to a given culture or society. Indigenous knowledge may contradict knowledge generated by research institutes of universities and private firms. It is the basis of local-level decision making in health care, agriculture, education, natural resources management and various other activities in rural communities.

Indigenous knowledge is an information base for a society which facilitates communication and decision making. This makes it an indispensable marketing issue since it greatly influences adoption decisions. Mapara (2009:14) gives a geographical definition of IKS “as a body of knowledge of the indigenous people of a particular geographical area that has survived on for a very long period of time.”

The essence of indigenous knowledge is centered the country’s ability to build and mobilize knowledge capital which is equally essential for sustainable development (World Bank, 1997). Indigenous knowledge systems are faced with a serious challenge of becoming extinct. This may be caused by the fast changing environment which might imply that such knowledge is now archaic. The coming of new technologies and a cultural shift in the society may marginalize the use of indigenous knowledge systems in contraception. According to the World Bank (1997) indigenous knowledge is part of the lives of the rural poor and it has been used in primary health care and contraception.

**Modern versus traditional contraceptives**

The world over, health has improved over the past four decades, but everywhere the health status of the rural poor has been left behind as compared to their affluent counterparts. (Creanga, A, Gillespie, D, Karklins, S, Tsui, A.O., 2011) Parallel disparities in fertility and in contraceptive use are found between poor and wealthy countries.

Even in the same country, the disparities between the affluent and the poor in terms of contraceptive use cannot be refuted. Creanga et al., 2011 contends that in developed countries modern contraceptives methods are used only by 43% of women of reproductive age overall and a gulf exists between the highest and the lowest wealth quintiles (52% for the rich class and 35% for the poor class.)

Contraceptive use has become more common in developing countries and the increase is largely centered on modern contraceptives (Gille, 1985) Modern Contraceptives include voluntary sterilization, oral contraceptive, intrauterine devices (IUD), Condoms, injectables and vaginal methods. Robey (1992) contends that the use of modern methods has grown more than
the use of traditional methods, such as periodic abstinence (rhythm), withdrawal and folk methods. This has been necessitated by the obvious relative effectiveness of modern contraceptives as compared to traditional methods. However, Palmore and Bulateo (1989) contend that in some countries users have shifted toward greater use of traditional methods.

According to a study by Donaldson and Tsui (1990), the use of traditional methods is found among about 10 percent of married couples in developing countries. In some countries Bertrad (1993) noted that there is a positive association between traditional methods use and women’s level of education.

Research in child spacing has focused on biomedical contraception. The logical development expected that traditional contraception is a “kindergarten” stage in a transition whose ultimate destination is modern technology, biomedically efficient contraception. The expectation has been that modern contraceptives will override traditional contraceptives as society develops economically and socially. In some quarters, traditional contraception has been classified as “no contraception” (Alan Guttmacher Institute, 1994).

Jennifer Johnson Hanks (2002) clearly portrays the opposite to the assumed logical trend or common wisdom. A woman is quoted saying;

“I wanted to avoid getting pregnant, I say “I wanted to” because I didn’t use a reliable method. That’s why I found myself pregnant. Because I am horried by certain methods. I don’t accept all methods that they offer to us. So I wanted to avoid pregnancy using my little methods, what they call “keeping count.” And there you have it, the baby came.”

Despite the couple being educated and working in the government, they still prefer traditional methods. The underlying social factors may be related to the influence of indigenous knowledge systems in their local area. This is substantiated by Hanks (2002) who observed that in many social groups, one or a small number of methods predominate.

Kohler (19976) argues that there are regional variations in contraceptive method mix due to the influence of social networks. According to Roof’s local-cosmopolitan theory (Roof 1972,) attachment is seen to vary on a local- cosmopolitan Continuum which reflects the extent to which individuals are oriented towards their immediate social environments as opposed to the broader society. Locals are more attached to their immediate social locale and are quite sensitive to primary groups in which they interact such as family, neighborhood cliques and community organisations. In contrast, cosmopolitans have their commitments centered outside the residential community and tend to identify more with abstract, generalized groups that may be spatially remote. (Roof, 1972). Therefore, Cosmopolitans possess broader social perspectives and world views than locals whose social experiences and world views are rooted in their immediate communities, tend to be narrowly defined and traditional.
IMPORTANCE OF STUDY

The study is of essence to contraceptive social marketing scholars and readers as it triggers interest in indigenous knowledge systems and contraception – an area that has been neglected due to the overdominance of modern contraceptive research. Readers of this study will be acquainted with traditional contraceptive methods and indigenous knowledge systems in this area. Contraceptive social marketers, health practitioners and the government health ministries and departments need adequate knowledge of the underlying contraceptive indigenous knowledge to be able to craft effective strategies to induce adoption of modern contraceptives. Blending modern marketing communication messages with indigenous knowledge will produce powerful messages that will be acceptable by rural folks.

THE STUDY AREA

Mutasa district is one of the seven districts in Manicaland Province of Zimbabwe. Mutasa district is around 30 kilometers from the city of Mutare. It stretches up to Honde Valley, which is about 100km northeast of Mutare. The district is agro-based with several plantations and estates. Honde Valley shares its border with Mozambique. The district has Hauna and Bonda Mission as its main referral hospitals. There are several poly-clinics that provide primary health care to people.

METHOD OF STUDY

The study was carried out in Mutasa District in Manicaland Province, Zimbabwe. A descriptive survey was used. The study included five traditional leaders who were believed to be the custodians of indigenous knowledge systems in Mutasa.

Purposive sampling of thirty couples that indicated that they were using traditional contraceptives rather than modern contraceptives were included in the study. The study included those participants to assess people’s understanding, attitudes, views and beliefs on traditional contraceptives and indigenous knowledge on the issue. Duration of one month was spent collecting information on questionnaires and conducting interviews.
TRADITIONAL CONTRACEPTIVES USED IN MUTASA DISTRICT

Table 1

<table>
<thead>
<tr>
<th>Type of traditional contraceptive</th>
<th>Description</th>
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<tr>
<td><strong>Use of herbs</strong></td>
<td>The use of herbs is strongly based on a belief in “muti: to cure various ailments. Women collect bark of the muchecheni tree. The bark is boiled and the liquid is drunk every evening by women.**</td>
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<tr>
<td><strong>Muchecheni (Ziziphus Mucronuts)</strong></td>
<td>It is also believed that the roots of the tree should be ground and soaked in water. It is taken every day by women for child spacing.</td>
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<tr>
<td><strong>Mukina tree</strong></td>
<td>A woman can drink a seed of mbanje once a year to avoid pregnancy.</td>
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<tr>
<td><strong>Mbanje (marijuana)</strong></td>
<td>According to elders, women would study moon phases and note ideal days to have sexual intercourse without the women getting pregnant.</td>
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<tr>
<td><strong>Rhythm (kudandata)</strong></td>
<td>Whilst some couples indicated the use of withdrawal to avoid male sperms entering the women, some elders indicated that it was a taboo to splash sperms outside (Kurasa mbeu).</td>
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<tr>
<td><strong>Continual breastfeeding</strong></td>
<td>Some couples believed that continual breastfeeding would avoid women falling pregnant until the child is weaned.</td>
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<tr>
<td><strong>Holy water and oil</strong></td>
<td>Some apostolic sects in the areas covered provide “holy water and oil” to women. They are instructed to drink the “holy concoction” with faith every evening to assist in child spacing.</td>
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<tr>
<td><strong>Madota emaguri (ashes of cobs)</strong></td>
<td>Ashes of maize cobs are collected and mixed with hot water in a sieve. The liquid is then drunk everyday by women to aid in child spacing.</td>
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<tr>
<td><strong>Kudziisa chiuno (exposing testicles to heat)</strong></td>
<td>This is male centered method where men were instructed to expose their testicles to above average heat from fire. This is believed to weaken the sperm so that it will not fertilize the woman egg.</td>
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The study showed that people in Mutasa had fears of perceived side effects of modern contraceptives one elder explained:

“... Women who are adamant to use modern contraceptives for child spacing may end – up failing to conceive when they eventually want children.”

Such sentiments will act as barriers to the adoption of modern contraceptives. This is also in line with findings by Williamson, Parkes, Wight, Petticrew and Hart (2009) that the use of modern contraceptives is restricted by concern over side effects especially fear of infertility.

A traditional chief castigated modern contraceptives as things that are used by prostitutes and are not acceptable in his extended family since taking them may defile the family and anger
spirit mediums (midzimu yemusha). There was also a belief that women who use modern contraceptives would give birth to babies that are frail than those who use especially traditional medicine for child spacing. An elderly woman said,

“Those who use modern methods give birth to frail babies and they always come bothering us as their babies are vulnerable to nhova (dehydration).”

The issues will boil back to the women, if a baby becomes ill and extended family members cite the use of modern contraceptives as the cause.

However, there were also couples that were completely ignorant of both modern and traditional contraceptives. Some men thought even “concentrated tea leaves” could be used to prevent pregnancy. These suggestions were revealing confusion between traditional contraceptives and abortion practices. These findings are also in line with observations by Otoide, Oronsaye and Okonofua (2001).

One couple in Honde Valley cited instances from the neighbourhood where the woman was always giving birth to disabled children as a result of the use of modern contraceptives. They alleged that the affected family had a mother who used a modern contraceptive secretly whilst she was not yet married to avoid unwanted pregnancy. The contraceptive was believed to be an injectable contraceptive. It took the couple over two years to get a child. Prior to the birth of a disabled child, they had been forewarned by a traditional healer, who asked to woman to “repent.”

There was also an association of giving birth to an Albino and excessive use of Modern contraceptives. A headman had this to say, “these dangerous medicines to thwart God’s (Mwari) will to populate the world usually triggers anger from area spirit mediums (mhondoro) and people are punished through poor rains and giving birth to Masope (albinos).”

CONCLUSIONS AND RECOMMENDATIONS

There is a marked evidence of the use of traditional contraceptives in rural areas. It was noted that traditional contraceptives used in Mutasa district range from herbs, rhythm, withdrawal, holy water and oil, continual breastfeeding, mbanje and exposing testicles to above average heat. Although few people have been using such methods, the number is growing as a result of growth of apostolic movement whose ideology is against the use of pills and other modern contraceptives. There is also a growing consciousness in health issues which makes people desire the use of natural herbs and vegetables rather than modern technology.

To increase the adoption of modern contraceptives, there is need for a concencerted effort involving the whole community. This should include provision of adequate information on the use of modern contraceptives and community involvement in research regarding the effectiveness of traditional contraceptive methods.
Social marketing programmes should be mounted to counter negative perceptions of modern contraceptives and the much feared “side effects.” The study also noted the decline in knowledge relating to traditional contraceptives and the procedures that are followed in preparing herbs. The study recommends that social marketers and Non-Governmental Organisations should conduct an in-depth study of indigenous knowledge systems existing in the areas they intend to operate. This will arm them with suitable blending strategies to ensure acceptance of their contraceptive products.

The study has been restricted to a small geographical area. The research did not have the capacity to compare results of traditional and modern contraceptive adoption. These findings may not be generalized to all regions. A detailed study of factors influencing adoption of contraceptives need to be done.

References

Williamson Lisa, M, Alison Parkes, Dammel Wight, Mark Pettinces and Graham, J. Hart (2009). ‘Modern contraceptive use among young women in developing countries :a systematic review of qualitative research, Biomed Central Ltd.