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towards Women's Reproductive Healthcare:
Evidences from Wolaytta Zone, Ethiopia**
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How to cite

Murugan, P., Yared, P. (2018). Beliefs and Practices of Traditional Medicine towards Women's Reproductive Healthcare: Evidences from Wolaytta Zone, Ethiopia. [Italian Sociological Review, 8 (2), 157-185]

Retrieved from <http://dx.doi.org/10.13136/isr.v8i2.153>

[DOI: 10.13136/isr.v8i2.153]

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3. Article accepted for publication

Date: November 2017

**Additional information about
Italian Sociological Review
can be found at:**

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Beliefs and Practices of Traditional Medicine towards Women's Reproductive Healthcare: Evidences from Wolaytta Zone, Ethiopia

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Abstract

Traditional medicine, a widely used health system, whose use and importance is fast increasing in many parts of the world. In the developing world cultural acceptance and local pharmacopocias are the determinant factors making people to have strong beliefs towards traditional medicine and to use it extensively for their various healthcare needs. This study focuses on the beliefs and practices of traditional medicine towards women's reproductive healthcare issues. Although reproductive health problems include many, the main focus of this study is towards women's reproductive health issues, specifically, on abortion services, birth control/spacing and STDs that mostly require an intervention of a practitioner. The study was conducted in six *kebeles* of Damot Woydie *woreda* of Wolaytta zone of Ethiopia. Employing a cross-sectional qualitative research approach data were gathered using in-depth interviews, key-informant interviews and focus group discussions from both married and unmarried women of reproductive age, traditional medical practitioners who are dealing with diagnosing and treating women's aforesaid reproductive health problems and also health extension workers of the study areas. The study findings reveal that

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rural women in the study areas have strong beliefs towards traditional medicine as well as the traditional medicine practitioners. People practice traditional medicine because it has stood the test of time, and has 'won over' the trust of the rural people. The knowledge of traditional medicines of the practitioners is said to be passed from generation to generation orally, usually from parents to a favorite child i.e., mother to a girl child. The practitioners prepare traditional medicines squeezing or powdering various herbs, leaves and seeds of plants and trees for treating various reproductive health problems of women. Rural women in the study areas do not undermine modern medicine; they believe that modern medicine could deal successfully with various reproductive health problems (except Wulawushshiyaa [Hepatitis B]). Women in the study areas have all the faiths in the practice of traditional medicine and also the services rendered by the traditional medicine practitioners in dealing with their reproductive health problems; this shows the pivotal role played by traditional medicine and also the practitioners in dealing with women's reproductive health problems.

Keywords: abortion; reproductive health; traditional medicine.

1. Introduction

Traditional medicine, a socio-cultural heritage of a particular society, is in existence for many centuries (Tanaka, Kendal, Laland, 2009; Elujoba, Odeleye, Ogunyemi, 2005). It includes 'diverse health practices, approaches, knowledge, and beliefs incorporating plant, animal, and/or mineral-based medicines; spiritual therapies; manual techniques; and exercises, applied singly or in combination to maintain well-being, as well as to treat, diagnose, or prevent illness' (WHO, 2001: 1-2). Traditional medicine is a widely used healthcare system (Semenya et al., 2013) whose significance and spending on it is increasing very fast in many parts of the world. Its use is widespread especially in the developing nations (Raja, 2015; Tarafder, 2013; Lambert et al., 2011; Mhame, Kofi, Ossy, 2010; Borja, 2010; Ogbe, 2009; Mugisha, Origa, 2005). In Africa, more than 80% of the population uses various traditional medical practices for their healthcare needs (Tsobou, Pierre, Patrick, 2016; Murugan, Paulos, 2014; Wubet, Mirutse, Tilahun, 2011; WHO, 2002). In Ethiopia too, 80% of the population practices traditional medicines to help meet its healthcare needs (Murugan, Paulos, 2014; Wubet, Mirutse, Tilahun, 2011; Fekadu, 2007; WHO, 2001).

In Ethiopia, the use of traditional medicine is increasing since modern medical services are not adequately accessible, especially those living in rural areas, to meet the healthcare needs (Murugan, Paulos, 2014; Wubet, 2011; Belachew, 2008; Fekadu, 2007; Assefa, 1992). Traditional medicine in Ethiopia has been practiced since earlier times, although it is difficult to tell the exact

time. According to WHO (2001) and Anderson (2007), in Ethiopia, the traditional medical practices are recorded in the legends and folk tales as well as in early medico-religious scripts and traditional pharmacopoeias, which date back to 15th century AD.

Spiritual healing, traditional midwifery, massage, hydrotherapy, surgery, dentistry, bone-setting, etc are the common practices of traditional medication in Ethiopia. And medicines from plants, animals, and mineral substances are generally utilized for curing diseases. The Ethiopian traditional medicine is utilized to cure many diseases such as diabetes, asthma, fever, fungal-infections, mental illness that are known in the country and it is believed that for every disease there is a traditional remedy in this country (Murugan, Paulos, 2014; Belachew, 2008; WHO, 2001; Hodes, 1997; Alemayehu, 1984; Pankhurst, 1965). Indeed, traditional medicine is widely applied for health problems of people of different ages and of both sexes.

As stated earlier, even though in Ethiopia more than eighty percent of the population depends on traditional medicine for various healthcare needs, the reality is that many of medical beliefs and practices 'remain to be studied' (Kloos, Kaba, 2006: 289). Among them reproductive health is an important as well as challenging one as it has been understood as the second most prevalent healthcare problem not only in Ethiopia but in other African countries too (Mugisha, Origa, 2005). According to Population Institute (2009), in the year 2008, only 6% of all deliveries were attended by trained birth attendants and skilled health personnel in Ethiopia; and the remaining 94% were attended by traditional birth attendants or relatives. Traditional birth attendants still have crucial role in providing delivery service in the country, despite the fact that there is relatively better supply of modern healthcare services.

Though traditional medicines are used by both men and women for their various healthcare needs, women are always found as the major beneficiaries of them for their reproductive healthcare issues (Tarafder, 2014; Lambert et al., 2011; Goswami, Bijayalaxmi, Dash, 2011; Weinger, Akuri, 2007; Beal, 1998). Women in rural Ethiopia are the major beneficiaries of traditional medications for different health problems. Women consult traditional medicine practitioners for a number of health problems among which reproductive health issues are the most important one. Delivery, prenatal and postnatal care for mothers, child care for new born babies, abortion service, family planning service, and treatment of STDs (sexually transmitted diseases) are among the services that women get from traditional medicine practitioners for reproductive health issues (Murugan, Paulos, 2014; Jemal et al., 2010; Assefa, 1992). Even though, both men and women in Ethiopia are utilizing traditional medicines for their reproductive health problems, Ethiopian

women are disproportionately seen as the one who are utilizing them, since some of the reproductive health issues (delivery care, prenatal and postnatal care, and abortion services; for instance) are exclusive to women. Although traditional medical practices towards women's reproductive health includes a variety of care and practices (Lambert et al., 2011; Bogue, 2004; Reerink, Campbell, 2004; MOH of the FDRE family health department, 2004), the main focus of this study is on women's beliefs and utilization of traditional medical services for certain important reproductive health issues that mostly require an intervention of a practitioner, viz. abortion, birth spacing/control and treatment of STDs.

Abortion and treatment of STDs are also among important issues under reproductive health. Abortion, according to Assefa (1992), is mostly carried out by traditional midwives in Ethiopia. STDs are also treated by (traditional) specialists of the problems. Practicing traditional medicine for these issues, even when modern health service is available, indicates the need for deep investigation of the issue and the surrounding beliefs of the people.

Pinpointing the knowledge, beliefs and practices of the traditional medicine in Ethiopia, on which the overwhelming majority of the country's population depends (but which is yet to be investigated), requires conducting studies in different parts of the country that have their own culture. In this backdrop, this study was conducted in rural areas of Wolaytta zone of southern Ethiopia because, as WHO (2001) and Fekadu (2007) depicted, those who use traditional medicine in Ethiopia encompass the greater part of rural population and those people in urban areas who have little or no access to modern healthcare. It is known that about eighty five percent of Ethiopians live in rural areas. And that most of those people who depend on traditional medicine live in rural areas. Keeping that in mind, this study attempted to investigate the existing beliefs and practices of traditional medicine towards reproductive healthcare in rural areas of Ethiopia.

Most of the available studies on Ethiopian traditional medicine (Fekadu, 2007; Teshome, 2005; Abraraw, 1998; Mirgissa, 1993; Assefa, 1992; Pankhurst, 1990; Mekonnen, 1988; Alemayehu, 1984) approach the issue broadly. They try to touch on the whole types of problems treated by traditional medicine meanwhile missing insight of the issues. The topic 'traditional medicine' is extensively large and vague to be studied entirely by a single research and hence this study specifically focused on providing a deep insight into a specific part of traditional medicine. In connection with this, the study had the following objectives:

- To examine beliefs and practices of traditional reproductive healthcare services in the areas of *abortion, treatment of STDs, and birth spacing service.*

- To study the role and expertise of traditional medicine practitioners in dealing with the women's reproductive healthcare issues.
- To scrutinize the source of knowledge of the practitioners from the practitioners' point of view.

2. Theoretical framework

The research themes were examined from both configurationist and functional approaches. According to configurationist approach (Benedict, 1932) the place of medicine in the life of a given group/society, the way how medicine emerges with cultural elements, and the spirit that guides the practice of the medicine are important components in the study of medicine. The magnitude of medical practices differs from one society to the other. For instance, in African societies traditional medicine plays a crucial role while in most developed societies the place of traditional medicine is not as such important; and this understanding is one of the elements given due importance in the study of medicine by configurationist approach. Medical practices, according to configurationist approach, are accompanied by peoples' beliefs about medicine this in turn guides the practice of the medicine. These are the issues that give special attention to the importance of medical practices of a particular group or community and give special importance in the study of medicine.

Functional approach (Ackerknecht, 1998), on the other hand, assumes the consideration of society as a whole with interrelated parts. As such, to the study of medicine, the functionalist approach considers society as encompassing interrelated and interdependent parts. The approach epitomizes the interdependent nature of the society by indicating the relationship between disease, its causes and the characteristics of healers. The approach emphasizes that these three aspects i.e., disease, its cause and the characteristics of healers are interdependent. For example, if a health problem (disease) is thought to be the result of anger of supernatural force (cause), the patient is most likely to seek the intervention of a healer who is thought to receive the knowledge from supernatural force (characteristics of healers). Consequently, this study has employed both configurationist and functional approaches with modifications. Two of the three important aspects of configurationist approach (the place of medicine in the life of a given group of people and the spirit which guides the practice of the medicine); and the functional approach's assumption of disease, its causes and the characteristics of healers as interdependent are integrated in the study of traditional medical practices in Wolaytta zone.

3. Study Area

This study was conducted in Damot Woydie *woreda*¹, Wolaytta, which is one of those parts of Ethiopia, has got its own unique culture. Wolaytta zone is located in Southern Nations Nationalities and People's Republic of Ethiopia; at 323 km distance from Addis Ababa the capital city of the country. It is located between 6°51" and 7°35" North Longitude; and 37°46" and 38°1" East Latitude. According to 2008 Census Report of CSA, 1,527,908 (and 775,240 female and 752,668 male) population lives in the zone Wolaytta. Out of the total number of population lives in the zone 1,348,861 and 179,047 live in rural and urban areas respectively. The zone covers a total area of 4,471.4 square kms. The average population density of the zone is more than 385 people/square kilometer, which makes it one of the most densely populated areas in Ethiopia. Agriculture and livestock rearing are the major economic activities in the zone. Damot Woydie *woreda* is one of the *woredas* found with rich in traditional medical practices and also with enormous number of practitioners of traditional medicine, such as 'Yebuchamo enat,' (who was among the famous healers in Ethiopia (Assefa, 1992: 128)). According to Wolaytta *zone* health bureau, total number of women in this zone who have utilized some type of reproductive health services is 174, 735. Although the magnitude of reproductive health problems is wide in the *zone*, its actual size is not supported by studies.

Damot Woydie *woreda* is one of 13 *woredas* in Wolaytta zone. A total of 96,299 population lives in the *woreda*. Out of this total number 5,301 live in urban areas and 90,998 live in rural areas. Damot Woydie *woreda* consists of 22 *kebeles*². There are health extension offices in each *kebele*. And there are four health centers in the *woreda*. The health coverage of the *woreda* is one health center for 25,000 people. According to Wolaytta *zone* health bureau, the total number of women who have utilized some type of reproductive health service in the *woreda* is 43, 317³.

4. Research Methods

The study employed a cross-sectional qualitative research design which aims at describing the beliefs and practices of traditional medicine among women with an emphasis on abortion services, birth spacing and treatment of

¹ Administrative division which is equivalent to district.

² Lower level administrative units (division) or farmers or peasant associations in rural Ethiopia.

³ There could be counting duplication because of documentation problem. A woman who receives the services/different services at different times could be counted more than once.

STDs. Study samples (married and unmarried women, traditional medicine practitioners, *kebele* health extension workers⁴, and knowledgeable senior citizens) were purposively selected from six out of 22 *kebeles* in Damot Woydie *woreda*. The selected *kebeles* are namely: Mayo Ofore, Tora Sadebo, Tora Wolisho, Kindo Koyo, Ambe Badessa, and villages around Badessa). The study *kebeles* were selected based on the information gained from Badessa health center that the traditional medicine practitioners of the areas have registered with the nearby *kebele* health center and they were identified with the help of the health extension workers of the areas. In most other areas of the *woreda* the practitioners have not registered with the health centers.

As part of the sample selection, thirty four (34) married and thirty (30) unmarried women of reproductive age (18-45), and 16 individual traditional medicine practitioners who help women with reproductive health issues are selected as the study subjects with the help of health extension workers of the study area. The study subjects i.e., both married and unmarried women were found to be primary school attended; on the other hand all the practitioners were found to be illiterates. Married women of reproductive age were selected with a prerequisite that they have at least one child, and who have utilized the service(s) provided by the practitioners of traditional medicine for, at least, one of the following issues: abortion, birth spacing, and treatment of STDs. The unmarried women are studied because they use some of the reproductive health services (abortion and treatment of STDs, for instance) provided by traditional medicine practitioners. Besides, they could go to the practitioners in need of other reproductive health services (such as prenatal care) if they conceive before getting married or illegitimately. The unmarried women who have not utilized traditional medicine for their reproductive health problems are also included in the study to scrutinize their beliefs about traditional medicine with regard to reproductive health issues. The unmarried women are selected from those youth who came to *kebele* offices to attend panel discussions and awareness creation sessions that are organized by the health extension workers of the respective *kebeles*; and from households at hand.

Primary data are generated by employing in-depth interviews, FGDs (focus group discussions) and key-informant interviews. A total of 16 in-depth interviews with traditional medicine practitioners and 22 with married women and 16 with unmarried women in reproductive age were conducted in order to

⁴ Health extension workers are those workers that are employed by the government to teach rural people about health related issues and to help them bring behavioral change. They are expected to visit each household to teach and monitor them in relation to the 16 packages. (Reproductive health package is one of the 16 packages). The health extension workers cooperate with traditional medicine practitioners for provision of child delivery and related services – if needed. There are two health extension workers in each *kebele*.

dig out the information in depth. The number of interviewees is not predetermined; rather the researchers continued the interview until the collected information has reached saturation. The interviews are conducted at the respondents' home, around their home (mostly under trees), and in the *kebele* offices by two male researchers with the help of an appointed woman interviewer. The reason why a woman interviewer was appointed is that since the study subjects were rural women, they might not openly discuss some of the reproductive health issues directly to the male researchers. Interview guides were prepared in English and translated in to the local language-Wolayttigna. One of the researchers and the appointed woman interviewer were fluent in local language; and all of the interviews were conducted in Wolayttigna.

Interviews with traditional medicine practitioners helped to scrutinize their indigenous knowledge and expertise of treating women for the reproductive health related problems and the source of their knowledge. It has also helped to investigate how the medicine is practiced for the reproductive health issues, how the services are delivered to the clients, and to explore the sources of knowledge of the practitioners from their own point of view.

In-depth interviews were conducted with unmarried women in reproductive age of two categories i.e., those who have utilized some type of service(s) provided by the traditional medicine practitioners and those who have never utilized any of the services; the former ones helped to examine their experiences of utilizing traditional medicine for the reproductive health issues, specifically those which married women do not desperately need, such as abortion; whereas interviews with both the former and the later ones helped to examine their beliefs about traditional medicine and its practitioners.

Interviews with married women helped to examine how they practice the medicine; to scrutinize their beliefs about traditional medicine and its practitioners; and to study their experiences of utilizing traditional medicine for the aforementioned reproductive healthcare issues, specifically for those which they experienced as pregnant women, after delivery, and during delivery – as the delivery related issues are mostly experienced by the married women and because the issues are legitimate to the married women; and to examine the place of traditional medicine in dealing with the reproductive health issues.

In order to augment data collected through in-depth interviews, FGDs were conducted to gain more insights about the beliefs concerning the usage of traditional medicine for the reproductive health issues by emphasizing on abortion and STDs. The FGDs also helped to check and verify the information gained by in-depth interviews. The participants of the FGDs are selected from both married and unmarried women in reproductive age. A total of four FGDs have been conducted in Ambe Badessa and Mayo Ofore *kebeles*.

Two FGDs (each one *kebele*) were conducted with unmarried women in reproductive age and two FGDs (each one *kebele*) with married women in reproductive age who have at least one child. Two of the FGDs consisted of seven (unmarried) participants and two consisted of six (married) participants. The health extension workers of each *kebele* helped the researchers to select and meet the FGD participants. Through health extension workers, appointments were made with the participants of the FGDs in advance, and discussions were conducted in the *kebele* office rooms.

Further a total of eight (8) KIs (key-informant interviews) have been conducted in the study areas; five key-informant interviews with health extension workers (one from each study *kebele*, except villages around Badessa), one key-informant interview with a (modern) midwife at Badessa health center, and two key-informant interviews with two senior citizens who are knowledgeable about the practice of traditional medicine in the area. The interviews have provided valuable supplement to the data collected by employing the above methods. In addition to this, secondary data have been collected from books, online and printed journals, and reports of different organizations, thesis papers, and different web pages. The data that are collected in Wolayttigna⁵, by using tape-recorder and field notes are translated into English and are categorized. Then the data are analyzed by careful interpretation of meanings and, finally, the results of the study are verified.

5. Results and Discussions

5.1 Women's Beliefs towards Traditional Medicine and the Practitioners Who Treat Reproductive Health Related Issues

Literature on traditional medicine in Ethiopia show that one of the factors that make most Ethiopians practice traditional medicine is the belief that modern medicine is inadequate and incompetent in dealing with most psychosocial problems (Abraraw, 1998; Mirgissa, 1993; Assefa, 1992). In other words, there is a belief that traditional medicine is adequate and competent in dealing with most psychosocial problems which the modern one is not. However, this study has found out that there is no such kind of belief regarding the practice of traditional medicine for reproductive health problems (except for *Wulanushshiyaa* [Hepatitis B] that the modern medicine could not treat. As Assefa (1992) stated further, some illnesses, mental illness for instance, are perceived to be caused by supernatural forces, and, as a result,

⁵ Is one of the regional languages spoken by people in Wolaytta Zone and in the study *woreda* (Damot Woydie).

it is thought they should be treated by traditional specialists of the problems. But, as far as the treatment of the reproductive health problems covered in this study is concerned, none of the reproductive health problems is associated to the belief (that the problem is caused by supernatural forces, and should be treated by traditional specialists of the problem as a result).

Fekadu (2007) Kebede et al. (2006) Abraraw (1998) Mirgissa (1993) Mekonnen (1988) have stated that cultural acceptability of traditional healers and local pharmacopoeias are among the major factors that make most Ethiopians practice traditional medicine. People practice traditional medicine because it has stood the test of time, and has 'won over' the trust of the rural people. This manifests itself by the belief people have about the practice and the practitioners of traditional medicine. The belief holds firm in the practice of traditional medicine for reproductive health issues. In other words, 'Old is best!' principle works in the study areas regarding the practice of traditional medicine for reproductive health problems and its practitioners as the following quote from one of the key-informants, a man of 65, clearly illustrates that *'our mothers, our grandmothers, and our great grandmothers had delivered safely with the help of "maaretissiya asaa" [traditional birth attendant]. Our wives have also delivered with their help. And our daughters have also been delivering with their help now'*.

When women (both in-depth interviewees and FGD participants) of the rural areas were asked to forward their opinion about/their views of modern medicine, none of them responded negatively; neither did the practitioners. The women take the view that modern medicine could deal successfully with various health problems, including reproductive health problems (except *wulawushshiyaa*). But, at the same time, they don't underestimate traditional medicine and its practitioners because of their firm belief in the success of the medicine and its practitioners. When the women (both married and unmarried) were asked 'where should a woman immediately go when she faces problem(s)/issue(s) related to reproductive health?' they indicated that, for reproductive health related problems such as pregnancy, child delivery, abortion, birth spacing or STDs there is no need to go to health centers while the traditional practitioners who have a way with the problems are at hand. It is worth quoting here what a health extension worker, one of the key-informants, had to say:

... we are responsible for helping women during pregnancy, child delivery or after that... We are ready to go to their homes to provide care and services whenever they call us. But the reality is that they call the traditional birth attendants [TBAs]; and report us after the intervention [if there are complications] by the TBAs. They know that we are responsible for giving

care/services for free. They, however, prefer to get the service from TBAs.
... The TBAs have reduced our workload.

Women in the study areas have depicted that people come even from urban areas to get treatment/help from the practitioners. The typical cases worth mentioning here are *wulanushshiyaa* and '*a fetus that stayed in the mother's womb for long time*'. In view of this, they signify that only traditional medicine could be a last resort for some reproductive health problems. Women of the study areas also put that traditional medicine is so decisive in dealing with reproductive health problems and they have every trust in the expertise of the practitioners. The women hold the opinion that '*the practitioners have a magic touch*', '*have "good hands"*', and '*go out of their way to help*' them while dealing with the problems. And, as one of the FGD participants, 42 years old, informed '*so far so good... the practitioners of traditional medicine have succeeded in dealing with reproductive health problems and they will go far*'. Thus it is apprehensible that women in the study areas have a very strong positive belief towards traditional medicines and its practitioners.

5.2 The Practice of Traditional Medicine for Reproductive Health Issues

Traditional medicine practitioners increasingly involve in the provision of reproductive health services to women (Lambert et al., 2011; Okonofua, 2002). Women consult the practitioners for different types of problems related to their reproductive health issues. Practitioners play significant role in the provision of prenatal care, child delivery service, diagnosis (that are not part of this study) and treatment of STDs, and performing abortion; and, although their roles are not much significant, are involved in postnatal care and provision of birth spacing service. The reproductive healthcare services for abortion, birth spacing and STDs that women in reproductive age receive from the traditional medicine practitioners, the ways in which they are practiced, the roles that traditional medicine practitioners play in provision of the services and their expertise on the issues are discussed in the following sub-sections.

5.3 Abortion

Traditional medicine practitioners play a vital role in the study areas as far as termination of pregnancy is concerned. Both married and unmarried women visit traditional medicine practitioners for terminating pregnancy, as the following quote from key-informant interview with a health extension worker shows:

women come here and request us to terminate pregnancy. Most of these women are married. Mostly they tell us that they have missed period and need contraception pills to terminate the pregnancy. This time, we teach them the use of contraceptive pills and make them aware of the danger of terminating pregnancy. We don't do abortion. So, we advise them that they should give birth to the baby. The women, however, go to traditional medicine practitioners to undergo abortion. ... The unmarried youth do not dare to come to health centers for abortion because of fear of being labeled. They directly go to the practitioners.

The practitioners of traditional medicine, who provide abortion service and their clients, have also affirmed this. Married women need abortion service when they conceive in unplanned way. They go to either TBAs or herbalists (those who prepare traditional medicine from plants/animals) when this occurs, as they could not get the service in the local health centers. Actually only two women admitted that they had undergone abortion (with the help of TBAs). But those women who talk about other women in their family or women whom they know who had undergone abortion with the help of traditional medicine practitioners are not few. When the married women are asked where they would go (to health centers or to traditional medicine practitioners) if a situation that forces them to terminate pregnancy arises, most of them indicated that they would go to traditional medicine practitioners. And some women informed that killing a baby is sin, and they would not go to any one of the two to carry out abortion, as a result.

The unmarried women in reproductive age also indicated that they prefer traditional medicine practitioners to terminate pregnancy, in case it occurs. When the women were asked (during FGD) what they would do if they conceive before marriage, they reflected that it is far better to terminate pregnancy than *'becoming a topic of discussion in the village'*. Regarding the preferable place of carrying out abortion, the women put that no one could escape from *'becoming a topic of discussion'* unless the abortion is carried out in a secure place – in the home of the traditional medicine practitioners. The following quotes from FGD and in-depth interview with unmarried women vividly illustrate this. One of the FGD participants, an unmarried woman of 23 years, reflected that *'you could go to a health center for abortion. But if someone sees you there, that's all! The news will spread to the whole village in a short while. You could, however, abort in secret in the home of "abasha asaa" [local practitioner]*. In the same vein, one of the in-depth interviewees, a 25 year old unmarried woman, stated that *'there are women in our village who carry out abortion for little Birr⁶. It is safe to abort*

⁶ The unit of Ethiopian currency. One Birr is equal to 0.04369 USD as on February 2017.

there because no one could see you there. The practitioners finish it within short time. ...Going to health centers may require much money, since a woman is expected to go to Baddesa [the capital of Damot Woydie woreda] for abortion'.

The ongoing discussions show the decisiveness of the place of traditional medicine practitioners in performing abortion. There are, however, practitioners who do not want to be called abortionist by admitting their role in it. They rather try to escape by signifying that what they know about abortion is what they *'heard from others'*. There are, for example, practitioners who refuted that they don't perform abortion while their clients (of other services) and neighbors are pretty sure that they do perform it. There are also others, who said that they don't carry out abortion because of their belief/religion. One of the traditional medicine practitioners in the study areas, when she was interrogated by the researchers whether she performs abortion, endeavored to say *'In the name of God! I don't perform abortion; I'm a believer of God!'* is a shining example.

The practitioners who admitted that they carry out abortion put that it is the unmarried youth who mostly visit them to undergo abortion. They said that most of the time women come to them for abortion after the eighth week of missed period. The time gap could extend up to the sixteenth (rarely up to twentieth) week of pregnancy. Practitioners of both those who perform abortion and those who *'heard from others'* depicted that they understand the age of the fetus by asking the mother when she saw her last period and by noticing the movement of the fetus, which mostly begins in the fourteenth week of pregnancy. The practitioners, further, informed that risks increase to the mother with the increase of the age of the fetus. So, according to them, the mother should come as soon as she recognizes that she has conceived.

Two ways of carrying out abortion are practiced in the study areas by traditional medicine practitioners. The first one is cutting the body of the fetus in to pieces manually (no anesthesia is used to reduce or avoid pain as the case in the modern health system). This is done by inserting a metal (unsterilized) with sharp edge into the mother's womb. The fetus will be cut into pieces and then the fragments are taken out by a twisted metal. The practitioners signified that the mother could bleed profusely while or after performing abortion.

The second way of performing abortion is giving the woman *'abasha xaliyaa'* [local herbal medicine] prepared from roots, seeds and leaves. The medicine is prepared by squeezing/crushing the roots, seeds, and leaves. The practitioners disclosed that the leaves/seeds they/'others' use to prepare the medicine include: 'Ankkaa licuwaa' [the most tip of the leaves of 'Croton macrostachyus' (sc. Name⁷); 'Besana' (amh. Name⁸)]; 'garaa licuwaa' [the most

⁷ Scientific Name.

tip of the leaves of Bitter leaf plant or ‘*Vernonia amygdalina*’ (sc. name); ‘Grawa’ (amh. name)] or ‘garaa ayfiyaa’ [the seeds of Bitter leaf plant]; the leaves/seeds of ‘Hanqooqua’ [the seeds of ‘*Embelia schimperi*’ (sc. name); ‘Enkoko’ (amh. name)]; and ‘koosuwaa ayfiyaa’ [the seeds of ‘*Hagenia abyssinica*’ (sc. name); ‘koso’ (amh. name)]. Some of the roots which are used to prepare the medicine that the practitioners disclosed are: ‘Wosolluwaa’ [‘*Impatiens rothii*’ (sc. name); ‘Ensosela’ (amh. name)] and the roots of ‘*Uuttaa*’ [‘*Ensete ventricosum*’ (sc. name); ‘Enset’ (amh. name)]. (These are the herbs that are revealed by escaping the secrecy of the practitioners, while other questions about the herbs are evaded under the pretext of conveying that *You don’t know them! They’re not found here*).

The practitioners pointed out that the fetus might not expel soon after taking the medicine. It mostly expels after hours or sometimes after few days. The duration differs depending on the age of the fetus (this also determines the money paid for the service, which ranges from one hundred to five hundred Birr) and the amount of the medicine taken. Furthermore, the practitioners signified that the medicine could take the mother’s life instead of the fetus if it is overdosed on.

Traditional medicine practitioners expel fetus when the mother loses it, in addition to expelling by killing it. The process of expelling this fetus is similar with expelling the later one. The practitioners, however, pointed out that ‘*abasha xaliyyaa*’ is infinitely preferable to expel the dead fetus. The practitioners informed that expelling a dead fetus is much difficult than terminating normal pregnancy. Some practitioners claim that traditional medicine is much effective while dealing with the situation. The following quotation from one of the in-depth interviewees who is a practitioner of traditional medicine provides a very good illustration of this:

sometimes I encounter women who complain of a fetus that stayed in their ‘stomach’ for a year and half or more than that. Once, for example, a woman with a fetus that stayed for three years in her ‘stomach’ came here from a town. This sort of fetus is too risky to the mother. The mother could not conceive another baby unless it is expelled. Doctors could hardly expel this kind of fetus. It is so challenging even to the ‘*abasha asaa*’. The woman [with a fetus that stayed for three years in her womb] told me that she went to a doctor to expel the baby. But the doctor did not [could not] expel it. Finally she came to me. I gave her medicine. She drank it and the fetus came out. You know, this is the help of God more than mine.

⁸ Amharic name (Amharic is the national/ official language spoken by Ethiopians in Ethiopia in addition to different regional languages).

From the preceding discussions it is obvious that traditional medicine practitioners in the study areas deal with termination of pregnancy even in most complex and or intricate situations; the practitioners believe that they are gifted with such skills, in diagnosing and prescribing required medications, by God above. Being found success in handling of terminating pregnancy makes the surrounding communities to have a firm belief both in the practitioners and in traditional medicine than the modern one.

5.4 Birth Control/Spacing

Birth control is one of women's reproductive healthcare services that the practitioners provide in the study areas; but the role of traditional medicine practitioners is very little (nearly worthless) in the provision of birth control service. The practitioners pointed out that women very rarely consult them about birth control. In addition, they indicated that the women do not see them purposely to consult them about birth control, but they do consult them about it while visiting them for other services – either during prenatal care or after delivery. The practitioners stated that the (traditional) birth control methods they have known are continuous breastfeeding after delivery and '*day counting*' (periodic abstinence from sex during women's fertile period). The practitioners signified that they can understand the women's fertile period by asking them the duration of their period and the gap between its cycle.

The clients of traditional medicine affirmed that the traditional medicine practitioners do not give any birth spacing pill/medicine. Most women indicated (both during the FGD and in-depth interviews) that if they need the service, they could get it for free from health extension workers of the respective *kebeles*. The health extension workers also stated that they teach the women about birth spacing services they provide, in spite of the fact that a few women take the advantage. The reason why birth control services (either given by the traditional medicine practitioners or by the modern health extension workers) are not important to the study women is because of the prevailing belief that children are the gift given by God above and humans have no right to restrain it. This kind of belief pulls back the people in general or women in particular in the study areas not to follow birth spacing; however, the practitioners have their own method of dealing with birth spacing.

5.5 Sexually Transmitted Diseases (STDs)

The diagnosis and treatment of STDs is among the services that the traditional medicine practitioners provide in relation to reproductive health. The traditional medicine practitioners diagnose those STDs that are known (and exist) in the rural areas; and very few experienced practitioners treat some

of the diseases. STDs are treated only by few experienced practitioners because, as Bekelech (2007) stated, STDs are among the diseases that should be treated either by modern medicine or by 'high level' traditional medicine practitioners. The STDs that the traditional medicine practitioners diagnose and treat, together with the symptoms and the treatments in the study areas, are discussed as follows. The diseases discussed here are those that are known and exist in the study areas now. There were diseases like '*kitigniyaa*' (syphilis, '*kitign*' in Amharic) people were suffering from in the study areas that the study participants assured that do not exist now.

5.6 *Wulawushshiyaa (Hepatitis B)*

In Ethiopia as in other sub-Saharan African countries, the prevalence of liver disease is high. They account for 12% of the hospital admissions and 31% of the mortality in medical wards of Ethiopian Hospitals (Tsega, 2000; Duncan et al. 1995; Tsega, et al.1988). Nonetheless, in Ethiopia only a few community-based studies on sero-epidemiology of HB and HC prevalence have been previously done and indicated that HB and HC are endemic in the country with regional variation. However, in Wolaita zone, institution based studies are not conducted about the prevalence of HB and HC. A study by Tigistu (2015) in selected *kebeles* of Wolaita zone indicates that the HB prevalence rate among the adult population was 10.1 %.

Wulawushshiyaa (*'Yegubet begnet'* (amh. name)), according to the practitioners and their clients, is one of the STDs which could be treated only by traditional medicine practitioners. Studies on STDs for instance, The Well project (2009) and Bovo (1999) also affirm this. These studies confirm that there is no treatment to the infection/disease. Traditional medicine practitioners and their clients, however, put that there are treatment options to the disease; and that it is curable. (The health extension workers and others who work in modern health centers appreciate the traditional medicine practitioners' role in treating the disease). It is widely believed in the study areas that the disease is caused when a person steps on the urine of dog, when a bird called '*Wurkawurkekumaa*' (bat) flies straight above a person's head or when the bird urinates on a person's head, when a person urinates by facing onto rainbow, when a person stays much time in the sun. Besides, it is believed that the disease produces small eggs inside the patient's blood⁹ that spread to (blood in) her/his whole body.

The traditional medicine practitioners stated that the following symptoms could be observed on a person who has the disease: urine mixed with blood;

⁹ Although the eggs could not be seen, it is believed that the color change of the skin of the patient indicates that the eggs are there in the person's blood (and are spreading).

the whole skin, nails and eyes going yellowish. It is said that change in the color of the body parts is the most important sign to distinguish the disease. A person with these symptoms, as the practitioners signified, should be treated as soon as possible. Otherwise, the patient could die following the spread of the eggs to (the blood in) the whole body. In addition, the practitioners indicated that the disease *'doesn't like'* making [gets worsened if a person makes] much movement or running [or runs]. If a person who has the disease makes much movement or runs, the eggs spread swiftly through the body and the person could die resultantly.

Although most practitioners diagnose the disease, only two practitioners (who prepare herbal medicine) affirmed that they treat the disease. According to the practitioners, the treatment is carried out in two ways. The first way of carrying out the treatment is giving the patients an herbal medicine, which is made by grinding/milling a *'bat'* (the bird which is thought to cause the disease) with certain herbs. The medicine, as the practitioners put, takes the disease away with simultaneous diarrhea and vomiting. The other way of carrying out the treatment is giving the patients medicine by powdering it (the bat) on dried banana and by preparing it like a cigarette to be smoked by the patient. In addition to that, a local drink called *'parssumaa'* (*'tella'* in Amharic) and raw onion are advised to be taken on the side. The practitioners, further, advise the patients to avoid taking milk and sweet things.

5.7 Yaataa/Cabduaa¹⁰ (Gonorrhea)

Yaataa (*"Chebt"* (amh. name)) is another type of STD whose name seems phobic to the rural people. Both the clients and the practitioners shared a common hatred to the disease. This is manifested by the ways in which it is expressed. The awfulness of the disease is expressed in phrases like *'Yaatay nagaranbaa!'* [the disease is 'sinful'], *'hegee bitaa!'* [it is evil], *'godi ix:ooogaa'* [it is god-awful]. *Yaataa*, unlike *Wulanvshshiyaa*, is believed to be transmitted by sexual intercourse with a person who has the disease/infection.

The symptoms that are observed on a woman who goes down with *Yaataa*, according to the practitioners, include: white vaginal discharge/urine, itching and burning on the vagina, sores on the vagina or on the vulva, mouth going whitish, loss of weight, and blood flow. While some practitioners signified that they only diagnose the disease, some others said that they

¹⁰ Although some practitioners claim that *'Yaataa'* and *'Cabduaa'* are two different STDs, the symptoms they point out are somewhat similar. Other practitioners, on the other hand, state that these are just two names of a disease. Here they are considered as names of a disease because of similarity of the symptoms the former ones put differently and because of the claim of the latter ones. Most clients know it by the name *'Yaataa'*.

provide advises to avoid worsening of the problem. These practitioners put that the patients should not take milk, cheese and raw meat to avoid worsening of the problem. The practitioners indicated that there are practitioners who provide medicine to the patients of *Yaataa*, whereas two herbalists affirmed that they offer the patients extracted essence of mix of various herbs as drink of medicine.

5.8 HIV/AIDS

One of the services given by traditional medicine practitioners is giving expert advices on the spread of HIV/AIDS and diagnosis. Unlike other parts of Africa, where HIV/AIDS patients are treated using herbal medicines (Mhame, Kofi, Ossy, 2010), in the study areas in Ethiopia, traditional medicine practitioners are found possessed with expertise knowledge on giving advices on HIV/AIDS and diagnosing it. As they believe that they are given such abilities by God above. One of the practitioners states the way how HIV/AIDS could be contracted or transmitted in the following terms: *'a person could not get AIDS from thin air, but from other person's blood. A person could get it if he has sex with a menstruating woman. If they are not careful and don't use things like condom, they could get it. AIDS goes to a man if a woman who has the disease has intercourse with him without condom'*.

Having sex with a person who has HIV/AIDS, sharing blade and blood contact with a person who has HIV/AIDS are the causes of HIV infection that the practitioners in the study areas pointed out. There are no traditional medicine practitioners in the study areas who claim that AIDS could be treated, although there are practitioners who claim that they can diagnose it. The practitioners identified different (some conflicting with each other) signs as symptoms of the infection/disease on women. According to the practitioners the women who have the disease: have *'no blood'*, continuous bleeding, their whole body goes whitish and pale, have unpleasant body smell, their arms, legs, and the whole body goes skinny (it is difficult, according to the practitioners, to find out the disease on fat women/men), their lips go dry, have problems on their lungs because it catches their lungs (this one is examined by palpating the lung).

Traditional medicine practitioners have varied views of the impact of HIV/AIDS on conception, delivery, and on the baby. There are practitioners who say that HIV positive women could not conceive, as the disease *'burns'* the uterus because of continuous blood flow. Others say that although the mother could conceive, she could not deliver it. As a traditional medicine practitioner puts

in case a woman who has AIDS conceives, she could not deliver the baby normally because her womb is diseased just like other parts of her body, and she has a diseased fetus, as a result. The mother could go to doctors but they could not help the woman to deliver a healthy baby. It could not stay in the mother's stomach.

On the other hand, there are practitioners who say that HIV positive women could conceive and deliver just like other healthy women. But the baby could not grow because he gets the disease from his mother/parents. Since the baby is the result of his parents' blood, he can't be escaped from the virus, according to the practitioners. None of the practitioners believe that a child from HIV positive mother/parents could grow.

5.9 Specialization /Expertise area(s) of Traditional Medicine Practitioners who Address¹¹ Reproductive Health Related Issues

Traditional medicine practitioners, as it has been discussed so far, are engaged in the provision of carrying out abortion, advising on birth control/spacing (though their role is insignificant) and treating STDs. This study has found out that the expertise/specialization area(s) of the practitioners who address reproductive health related problems are: TBAs, herbalists, and *wogesha* (those traditional practitioners who help people with wrench, sprain, and cracked/broken bone). These are the three groups of traditional medicine practitioners found in the study areas that are dealing with various kinds of reproductive healthcare problems of women; depending upon the nature of the problem, diagnoses and treatments are done either by herbalist/*wogesha*, or together by TBA/herbalist/*wogesha*. In certain circumstances either TBAs alone, or TBAs along with *wogesha* or TBAs along with herbalist involved in carrying out abortion and diagnoses and treatment of STDs.

Usually the large part of provision of reproductive healthcare services in the study areas is given by traditional birth attendants to women of reproductive age. TBAs are capable of carrying out abortion and diagnosing STDs, but they can't treat STDs; rather, those who are trained as *wogesha* and herbalist are the one while carrying out abortion, they are capable of diagnosing and treating STDs as they know how to prepare the '*abasha xaliyaa*', that the TBAs do not know. For instance herbalists attempt to treat '*yaataa*' by prescribing the client a herbal decoction, while other experts offer advices only to avoid worsening condition of the disease or problem. It was also

¹¹ Traditional medicine practitioners who either diagnose/treat/offer advice for women's reproductive healthcare issues.

stated by both the clients and the practitioners that for treating *wulawushshiyaa* also the practitioner should have enough knowledge of '*abasha xaliyaa*'. The practitioners in the study areas revealed that on average one hundred and sixty (160) women visit a practitioner in a year for various reproductive health related problems. From the above discussion one can understand the amount of importance given to traditional medicine practitioners in relation to diagnosis and or treatment of certain reproductive health problems of women of reproductive age in the study areas. According to the clients, the practitioners are naturally possessed with such skills that modern science sometimes can't bestow in dealing with certain reproductive health issues.

The practitioner's role and expertise in dealing with reproductive health problems; the types of reproductive health services the practitioners provide; the clients' views of the services; and the following famous saying in Wolaytigna best illustrates this: '*Yelanaara giyaa bin yelissiyaara son attamsu giida*'. The literal meaning of this saying is that while the one to borne goes to market, the birth attendant stays home. The saying shows the intrinsic relationship between delivery and TBAs. It also indicates the place of traditional medicine and its practitioners in dealing with reproductive health problems. This saying is used to convey that a person is in an inappropriate place/in a place where s/he is not expected to be.

5.10 The Source of Knowledge of the Traditional Medicine Practitioners from the Practitioners' Point of View

An understanding of the alleged or real source of knowledge of the traditional medicine practitioners is among the important issue in the understanding of beliefs and practices of traditional medicine. According to WHO (1990) (cited in Kebede et al., 2006) in Ethiopia, it is widely believed that the knowledge and skill of the practitioners of traditional medicine is given by God. This belief could be one of the reasons for cultural acceptability of the practitioners in Ethiopia (which is one of the factors that make most Ethiopians practice traditional medicine). According to WHO (1990), Olatokun (2010) mostly the knowledge of traditional medicines is passed from generation to generation orally, usually from father to a favorite child. This study has also found out that the knowledge is passed from generation to generation orally. Traditional medicine practitioners of the study areas, apropos, were further interrogated in order to know the source of their expertise/knowledge in practicing traditional medicine for women's reproductive healthcare. In this regard, one of the traditional medicine practitioners, an in-depth interviewee, reveals that

my mother was a well-known 'hillanchcha'. She reaches even remote villages; and people come to her from remote villages. I didn't like her work because she was always busy with it. 'Yaatiyaaro ta na'atettan uufas' [I used to accuse her of her work when I was young]. I used to say 'Oh, here we go again. Your people are coming!' But after I got married, I went to my mother's home to deliver my first baby. [It is customary in the area to deliver the first baby in the home of the woman's family]. My mother helped me during delivery. After that she said 'my child, you used to underestimate my work. But I help people experiencing difficulties just like yours.' Then she said 'when I die, you could help yourself and others experiencing difficulties. Do like this during labor, cut the umbilical cord like so'. I have also learnt 'wogeeshshatettaa' [treating those with sprain, wrench, and/or cracked/broken bone] after that.

As the above quote shows, parents transmit the knowledge to their children.

The parents pass their indigenous knowledge of traditional medicine to children of their sex (the same sex with them). Those practitioners known as TBAs and the majority of others, who are engaged in the provision of reproductive healthcare services for women, are found to be women. And most of the women practitioners of this study have signified that their mothers/grandmothers had the knowledge of traditional medicine, and that they have learned the skill from them (except a practitioner who claims that she has received it from God). Further, the practitioners asserted that this is their only source of knowledge that they have acquired to deal with women's reproductive health problems. This finding goes with the previous studies cited above that indicate in most parts of the world the source of knowledge is passed from generation to generation. It ought to be noted that since the knowledge is passed generation after generation, the current practitioners might have lost some of the techniques or methods which are given by their predecessors (foremothers). This in turn may result with some negative impacts in the treatment activities by the practitioners; so by providing appropriate trainings and material supports, perhaps, the effectiveness of traditional medicine practice as well as the health of the clients could be improved.

Unlike those practitioners who affirmed that they have learned from their parents, there is a traditional medicine practitioner who claims that her knowledge of traditional medicine is a result of prayer. The practitioner states *'I had prayed to God to give me this knowledge when I was a child. Then I have received this knowledge from him. I'm a believer of God [I'm a Christian]. ...I had begun the work when I was older'*. Although only a single practitioner claimed that she had received the knowledge from God, it is common to hear most practitioners

associating their success with the help of God. A practitioner who said ‘...*This is the help of God more than mine*’ while explaining how she carried off expelling a ‘*fetus that stayed for three years in its mother’s stomach*’ is a case in point.

5.11 Health Workers’ View of Traditional Medicine/Practitioners

As in other parts of African countries (Semenya et al., 2013; Lambert et al., 2011) in general and developing countries in particular (Borja, 2010; Beal, 1998), in Ethiopia too traditional medicine practitioners play a crucial role in providing various healthcare services to the people; no way the study areas are exceptional in this case. In the study areas, the traditional medicine practitioners play an important role in their local community’s tradition and primary healthcare system; and a large proportion of people especially women depend on the practitioners to solve their various health related problems. One of the reasons behind women consulting traditional practitioners is their close proximity, and the acceptability of traditional medicines from a cultural and spiritual perspective.

Traditional medicine practitioners, in the study areas, are sometimes helped by the *kebele* health extension workers in dealing with women’s reproductive health problems such as child delivery and abortion. Health extension workers have a working relationship with the traditional medicine practitioners. Thus, they are likely to develop a certain attitude towards the contribution of traditional medicine practitioners in providing healthcare services in rural areas. In Ethiopia, health extension workers are professionals trained by formal institutions; and are appointed by the government at all *woredas and kebeles*. The primary aim of appointing health extension workers is to provide healthcare services in rural and remote areas. They mostly provide services like pre and post partum medical treatments (providing vaccines for the pregnant mothers and for the new born), family planning (distribution of contraceptives), health education to the community regarding sanitation, nutrition, etc.

It is worth throwing light on the view of (modern/professional) health workers about traditional medicine in this place. Professional health workers affirm that traditional medicine has crucial place in the rural areas. The health extension workers, who work in *kebele* level, have indicated that traditional medicine plays significant role in the rural areas. Besides, they have put that the traditional medicine practitioners’ role is supplementing theirs. According to the health extension workers, the residents of each *kebele* are categorized into groups known as ‘*haggaazaa*’ for meeting the goals of health extension packages. Each ‘*haggaazaa*’ consists of 56 households, one ‘*bego meliktegna*’ (volunteer: resident of the *kebele* who has taken few weeks training on first aid

and on some basic supports), and traditional medicine practitioners. The health extension workers maintained that the traditional medicine practitioners play important role in the rural areas, especially in delivery care that mostly takes place in the clients' home. The health extension workers while appreciating the practitioners' role in treatment of '*wulawushshiyaa*' (hepatitis B), they maintain that traditional medicine could be utilized best by giving the practitioners appropriate trainings.

A midwife and some other health workers in Badessa health center also acknowledge the crucial role of traditional medicine in the rural areas. But the midwife has disclosed that sometimes rural women come to the health center when placenta cuts inside the mother's womb while the traditional medicine practitioners carry out abortion. She has also indicated that the herbal medicine that the practitioners give to expel the fetus sometimes takes the mother's life. The midwife has, however, affirmed that the practitioners play important role in delivery care, prenatal care, and treatment of '*wulawushshiyaa*'.

Wolaytta *zone* health bureau officials have stated that Health and Health Related Service Quality Control Core Process Bureau, which is under the zonal health bureau, controls and follows up traditional medicine (practitioners). The *zone* officials and the Health and Health Related Service Quality Control Core Process Bureau workers indicated that the traditional medicine practitioners are being given training and equipments in cooperation with some NGOs that work in health areas. They have stated that traditional medicine could be utilized efficiently by giving the practitioners appropriate training and by providing them equipments like that of the health extension workers. Incorporation of traditional medicine into the modern one, according to them, is given attention nowadays.

6. Conclusions

The main objective of this study is to examine the beliefs and practices of traditional medicine of rural women of reproductive age towards their reproductive healthcare. The study specifically focused on women's reproductive health services such as abortion, birth control/spacing and treatment of STDs which are practiced by women in the study areas and the role and expertise of traditional medicine practitioners in providing those services to the women.

This study has found out that abortion service and treatment of STDs are among the major services that the rural women get from traditional medicine practitioners in relation to reproductive healthcare. Although postnatal care is provided by the practitioners, it is not as significant as the mentioned services.

Traditional medicine provides nearly worthless service in the rural areas regarding birth spacing/control.

The role of traditional medicine (practitioners) is vital as far as termination of pregnancy is concerned. Both married and unmarried women visit traditional medicine practitioners for terminating pregnancy. Unmarried women in reproductive age signified that becoming pregnant before getting married makes a woman 'a topic of discussion in the village'. This could be avoided, according to the women, only by getting rid of the fetus in a secure place – in the home of the traditional medicine practitioners. The married women, on the other hand, go to traditional medicine practitioners because they could not get the service legally. Traditional medicine practitioners carry out abortion in two ways: by cutting the body of the fetus in to pieces manually by inserting a metal with sharp edge into the mother's womb; and by giving the women a drink of 'abasha xaliyaa' (local herbal medicine) prepared from roots, seeds and leaves.

Traditional medicine provides nearly worthless service in the rural areas regarding birth spacing/control. Women so rarely visit traditional medicine practitioners to get the service. The practitioners stated that the (traditional) birth control methods they have known are continuous breast feeding after delivery and 'day counting' (periodic abstinence from sex during women's fertile period). They, however, affirmed that they offer the service so rarely.

Diagnosis and treatment of STDs is among the services of traditional medicine practitioners. The STDs that the practitioners claimed to diagnose are *Wulanushshiyaa* (Hepatitis B), *Yaataa* (Gonorrhea), and HIV AIDS. Among the STDs *Wulanushshiyaa* is widely believed to be caused when a person steps on the urine of dog, when a bird called *Wurkamurkumaa* flies straight above a person's head or when the bird urinates on a person's head, when a person urinates by facing onto rainbow, and even when a person stays much time in the sun. Besides, it is believed that the disease produces small eggs inside the patient's blood that spread to (blood in) her/his whole body. This study has found out that the disease is treated by traditional medicine (practitioners). *Yaataa* is also diagnosed and treated by traditional medicine practitioners. There are practitioners who claim to diagnose HIV/AIDS by checking the physical signs and by palpating a patient's lung. But none of the practitioners claims to treat the disease.

The specialization/expertise area(s) of practitioners who deal with reproductive health issues are: TBAs, herbalists, TBA/*wogesha*, herbalist/*wogesha*, and TBA/herbalist/*wogesha*, provide women with abortion service and diagnosis/treatment of STDs. The practitioners of traditional medicine put that the source of knowledge of the practitioners is learned from

their parents. The parents pass their indigenous knowledge of traditional medicine to children of their sex.

Rural women in the study areas do not have negative opinion about modern medicine. They hold the view that modern medicine could deal successfully with various health problems, including reproductive health problems (except *Wulanushshiyaa*); however, women in the study areas have a strong belief in the success of traditional medicine and its practitioners. The women also pointed out that they have every faith in the services that traditional medicine practitioners provide; this indeed, shows the significant place that traditional medicine and the practitioners have in dealing with women's reproductive health problems in the study areas.

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