

TRADITIONAL HEALERS' VIEWS ON THE TERMINATION OF PREGNANCIES IN MAMELODI, SOUTH AFRICA

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ABSTRACT

The aim of the study was to describe the views of traditional healers regarding the termination of pregnancies. A contextual and descriptive qualitative study was conducted and seven traditional healers from Mamelodi, an urban area near Pretoria in South Africa, were interviewed regarding their views on the termination of pregnancies.

According to South African legislation only doctors and trained midwives can provide legalised termination of pregnancy services. However, all traditional healers who participated in this study terminated pregnancies on request and, in some cases did so repeatedly for the same women, although they advised their patients not to use abortions as a family planning method. They recommended that women should use traditional contraceptive herbs to prevent pregnancies. The interviewed traditional healers believed in their remedies and only advised their patients to consult healthcare professionals at hospitals in cases of severe bleeding.

Some South African women continue to consult traditional healers to terminate their pregnancies despite the availability of legalised free termination of pregnancy services at government hospitals and clinics. Traditional healers provide termination of pregnancy services during one visit, maintain confidentiality about the procedure and provide "traditional cleansing services" as well, unlike the government healthcare services that require repeated visits before the procedure can be completed and then these women still need to visit traditional healers for the "traditional cleansing services".

These findings could be used as a baseline for further studies regarding cooperation between traditional healers and Western healthcare providers in South Africa.

KEYWORDS: African traditional healers, family planning practices, illegal abortions in South Africa, prevention of childbirth, termination of pregnancy (TOP), traditional healing

INTRODUCTION

Traditional healers are an established part of African culture (Mulaudzi, 2009: 31). About 80% of the African population use their services and some make use of both traditional healers and Western healthcare providers (Mchunu & Bhengu, 2004:41-42). One of the services that traditional healers render is the termination of pregnancies (Ahmed et al., 2005:199) and the aim of this study was to describe the views of traditional healers regarding the termination of pregnancies (TOPs).

BACKGROUND TO AND RATIONALE FOR THE RESEARCH

Using TOPs as a birth control measure is not a new concept in South Africa, as it has been practised by African people for thousands of years in dealing with unplanned pregnancies (Liamputtong, 2003:237). Through the Choice of Termination of Pregnancy (CTOP) Act (no 92 of 1996), legalised terminations of pregnancies became available and accessible to all women in South Africa. The Act affords women the opportunity to request that a pregnancy be terminated during the first 12 weeks' gestation, provided that the termination is performed in a designated healthcare facility by a midwife or doctor. The Act also specifies that a pregnancy of 13–20 weeks' gestation can be terminated by a doctor when the pregnancy poses a risk to the woman; when the foetus might suffer from a physical or mental abnormality; when the pregnancy resulted from rape or incest; or when the pregnancy would affect the social or economic circumstances of the woman. Pregnancies can legally be terminated after 20 weeks' gestation when the woman's life is endangered by the pregnancy or foetal malformation is suspected.

In accordance with the CTOP Amended Act (no 38 of 2004) only the consent of the pregnant woman is required for the termination of her pregnancy and in the case of a minor (female under the age of 18 years) parental consent is not required. It is thus easy for women to have their pregnancies legally terminated at their own request at public healthcare facilities in South Africa.

Although legal termination of pregnancies is free at public hospitals, African women still consult traditional healers for the termination of pregnancies. The main reason for this situation is that traditional healers are available at any time and the termination of the pregnancy is done without any delay by a person whom they trust (Engelbrecht et al., 2000:5). Terminations at hospitals are done on an appointment basis and sometimes

women are put on waiting lists, with the result that they have to wait to get the procedure done. Other women might prefer not to utilise public hospital services because they consider these hospitals to be rendering poor quality care (Jewkes et al., 2005:1238). Not all nurses are supportive of the termination of pregnancies. The long debate in South Africa about the rights of nurses to refuse to take part in procedures to terminate pregnancies is testimony thereto (Harrison et al., 2000:429). Women might thus be confronted by nurses who oppose the termination of pregnancies and might disapprove of these women's decisions (Jewkes et al., 2005:1238).

PROBLEM STATEMENT

During employment as a nurse in one of the clinics in Mamelodi, near Pretoria in South Africa, one researcher realised that female patients attending the clinic consulted traditional healers for TOP services. Mamelodi residents are predominantly black Africans from different ethnic backgrounds. Both Western medical and traditional services are readily available to these residents. Women who need urgent TOP services seem to prefer to use traditional healers' services. It is usually done during the first consultation with the traditional healer, whereas nurses refer patients for termination of pregnancies to the nearest district hospital. The TOP is thus postponed to a later date and it might require a number of visits to different healthcare facilities and consulting different healthcare providers.

Although contraceptive clinics are available and legalised, and TOP services are available free of charge at government hospitals and clinics, some women seem to use TOPs by traditional healers as contraceptive measures. It was thus important to determine how traditional healers viewed this practice and whether they considered TOP to be a birth control measure.

AIM OF THE STUDY

The aim of the study was to describe the views of traditional healers in Mamelodi about using TOPs as a birth control measure.

CLARIFICATION OF KEY CONCEPTS

African traditional healers are "medicine men and women" (Van Wyk, 2009:17), who are either diviners or herbalists based on whether the emphasis in their practice is on treatment with herbs or through divine assistance (Van der Kooi & Theobald, 2006:11). Their knowledge and skills are passed down from generation to generation and as they are respected and trusted by communities, people resort to them before or after they have consulted Western healthcare professionals (Mulaudzi, 2009:31). It is thus expected that

African women who want to have their pregnancies terminated could consult traditional healers to assist them, although they are prohibited by South African legislation from doing so. The concealment of an illegal TOP offers these women the assurance that all information regarding the abortion is kept confidential. In this study African traditional healers include diviners and herbalists.

Traditional healing includes the use of traditional medicines and the performance of traditional religious activities to heal the patient. The medicines are from plant and animal origin. Traditional religious activities are performed when disturbed relationships between the patient and others are perceived to cause a disease or ailment (Van Wyk, 2009: 20). In this study traditional healing refers to the use of medicines from plant and animal origin to terminate a pregnancy.

Family planning practices refer to the use of contraception (a method of preventing a woman from becoming pregnant) to control the number of children a woman will have and when she will have them (Cambridge Advanced Learner's Dictionary, 2008:510). In this study the practices also include the use of termination of pregnancy to control the number of children a woman has.

Termination of pregnancies (TOP) means the “intentional ending of a pregnancy usually by a medical intervention” (Cambridge Advanced Learner's Dictionary, 2008:1500).

Legal termination of a pregnancy refers to the ending of a pregnancy by a registered midwife and/or doctor who is trained and certified, according to the stipulations of the Choice of Termination of Pregnancy (CTOP) Act (no 92 of 1996), to do so.

Illegal termination of a pregnancy in South Africa refers to the intentional ending of a pregnancy by persons using procedures not certified by the Choice of Termination of Pregnancy (CTOP) Act (no 92 of 1996), including TOPs performed by traditional healers. In this study the term illegal terminations of pregnancy was used interchangeably with abortions as traditional healers were more familiar with the latter term.

Prevention of childbirth refers to all measures that prevent the “act of giving birth to a baby” (Cambridge Advanced Learner's Dictionary, 2008:235). In this study the prevention of childbirth is achieved through the termination of the pregnancy by a traditional healer.

RESEARCH METHODOLOGY

A contextual and descriptive qualitative study was conducted. “Contextual” refers to the time and place where the descriptive information regarding the phenomenon was

obtained and “descriptive” refers to the approach used to acquire complete and accurate information about the phenomenon (Polit & Beck, 2012:505), namely the view of traditional healers on TOP as a birth control measure. The study population comprised all traditional healers who conducted TOPs in Mamelodi at the time of the study.

One researcher, who worked at a primary healthcare (PHC) clinic in Mamelodi and also resided in the community, contacted a male traditional healer who was interested in participating in the study. He was requested to contact other traditional healers interested in participating in the study and who met the inclusion criteria, namely being a male or female traditional healer, African, residing in Mamelodi and able to communicate in North Sotho (a language that is generally spoken in Mamelodi and that one researcher spoke fluently).

Through snowball sampling, semi-structured interviews were conducted in the homes of seven traditional healers and audio-taped. The use of a tape-recorder during data gathering has the advantage of allowing more complete record keeping (De Vos et al., 2002:304). However, audio recordings could have disadvantages such as making the participants anxious about being recorded. This was possible in this study, as traditional healers transgressed the law when they performed TOPs. However, all traditional healers allowed the interviews to be recorded as long as no identifying information was shared during the interviews.

After the information document had been explained, each traditional healer voluntarily signed a consent form. It was communicated to them that they could withdraw from the study whenever they wanted to do so. The participants were assured of their anonymity as no names were recorded and no names would be mentioned in any report. Confidentiality was protected because the interviewer kept the audio recordings and the verbatim transcriptions under lock and key. The study was approved by the Faculty of Health Sciences Research Ethics Committee at the University of Pretoria.

The following questions were asked during the interviews:

- Do you render abortion as a woman’s health reproductive service?
- How many people do you see for abortions per month?
- How do you determine when to perform an abortion?
- Which age groups consult you for abortions?
- Which method do you use to perform abortions?
- How often do you refer your clients to doctors and nurses after you have performed an abortion?
- Have you done more than one abortion on the same patient?

Data were collected in North Sotho from January to April 2008. The process of data collection was discontinued when repetitive data were collected to the extent that no new information emerged (Polit & Beck, 2012:521).

The verbatim transcriptions of the interviews in North Sotho were translated into English by one researcher. The correctness of the transcriptions was confirmed by a colleague who was conversant in English and North Sotho. She listened to the tapes and compared the content of the tapes with the transcriptions. The data were analysed using Tesch's descriptive method of analysis (Tesch in Creswell, 2003:92) to identify themes reflecting the contents of the transcripts. The transcripts were read carefully, and notes were made regarding recurrent ideas. One transcript was analysed and sub-categories were identified. The other transcripts were analysed, sub-categories were added where necessary and a list of sub-categories was compiled. Sub-categories were grouped and descriptive phrases were used to name the emerging categories, comprising groups of sub-categories (Tesch, 1990:154-156). Three categories emerged:

- the need for and the practice of TOPs by traditional healers
- confidence in traditional medicine
- repeated TOPs performed on the same women.

MEASURES TAKEN TO ENSURE RIGOUR

Rigour in the study was ensured through prolonged engagement in the field during the initial interviews with the participants and during their follow-up interviews to clarify emerging and emerged sub-categories. One researcher lived in the community, is North Sotho speaking, and from an ethnic and cultural group that is familiar with the practices of traditional healers. A thick and contextualised description of the data, with quotations from the participants, contributed to the rigour of the findings.

RESEARCH FINDINGS

The participants included both female and male traditional healers, all speaking North Sotho fluently although they were from Ndebele, Zulu, Tsonga and North Sotho ethnic groups. Both herbalists and diviners were included. Participants had acquired their healing powers through inheritance, training, dream revelations or by spiritual divining. One of them had more than 30 years' experience and two had fewer than five years' experience as traditional healers.

The need for and the practice of termination of pregnancies by traditional healers

All the participants admitted that they had terminated pregnancies at the request of patients and that they preferred to do it during the first weeks of gestation, although they did not specify what they meant by “first weeks of gestation”. Some referred to 12 weeks’ gestation, while others said that they did not know the exact time, but they knew when not to terminate a pregnancy. One participant stated explicitly that he did not perform terminations later than three months’ gestation by maintaining:

“If the pregnancy is more than three months it is not safe to perform TOP.”

The participants had no specific measure to determine the gestation period, and they relied on the patients to tell them when they had their last menstruation in order to calculate the weeks of gestation. Owing to poor recall of information by their patients they often guessed their patients’ gestation periods. Women, desperate to terminate unplanned pregnancies, might provide the wrong information, pretending to be only a few weeks’ pregnant, knowing that it is the requirement for a pregnancy to be terminated. Only one participant referred patients for ultrasound diagnosis to a clinic when the patients’ gestation information appeared to be doubtful.

The participating traditional healers performed TOPs on girls and women ranging from 12 to 40 years of age and older. Young pregnant girls usually wanted to get “out of the trouble” associated with the pregnancy as soon as possible and the concealment of the illegal procedure encouraged them to consult a traditional healer rather than the clinic staff at government hospitals and clinics where legalised TOP services are available free of charge. At government institutions, neighbours or friends might see the young girl at the CTOP clinic and report the incident to her family. Older women might fear that their neighbours would laugh at them for being pregnant when their daughters were already considered old enough to be pregnant. An illegal procedure could help them to terminate the pregnancy without other people’s and even without their husbands’ or family members’ knowledge.

TOPs were performed on request and for traditional cultural reasons. Women who were pregnant while they were breastfeeding, requested TOPs because they believed that their unborn babies would be born with serious disorders:

“It is believed that if the infant is still breastfed and the mom falls pregnant again; it is too dangerous, therefore the mother can be helped for abortion since the child has chances of having a dangerous disease called ditang-tang (severe malnutrition).”

Before a pregnancy could be terminated the interviewed traditional healers first consulted their ancestors for directions on how to perform the procedure:

“I ask firstly from the ancestors before giving medicine for abortion ... they will guide which specific medicine to use.”

Ancestors were consulted in various ways, although the “throwing of bones” seemed to be the method of choice for terminating pregnancies. The positioning of the bones thrown onto the ground was interpreted as a message from the ancestors. Ancestral guidance played a pivotal part in the way in which traditional healers rendered their services. They approached the ancestors for guidance and permission before they agreed to terminate a pregnancy.

The medicine that traditional healers used remained a secret as participants would not disclose these ingredients. They revealed, however, that the medication was strong and caused bleeding:

“Strong traditional medicine for blood that breaks.”

After the pregnancies had been terminated some participants advised their patients to consult doctors for surgical “cleansing of the womb”, probably referring to dilatation and curettage procedures if the woman required such treatment:

“The patient can be sent to the hospital after taking the traditional medicine to cleanse the womb.”

In other cases women were advised to visit the clinic because of excessive blood loss:

“If pale, the patient can be referred to hospital for further management ... maybe for blood transfusion.”

Confidence in traditional medicine

All participants had confidence in their medicines and they believed that they had the knowledge and skill to terminate pregnancies safely. They were convinced that their medicine:

“is strong and also cleanses the blood”.

The ‘cleansing’ of the patient is an important part of the procedure as the community considers a woman who had undergone a TOP to be ‘polluted’ and she has to take part in rituals in order to become clean again. When a traditional healer terminates the pregnancy extra rituals are not required because the traditional healer performs the ‘cleansing ritual’ simultaneously with the TOP, ensuring that the woman will no longer be considered to be ‘polluted’.

The community also trusts the medicines of the traditional healers and the patients rely on them to provide safe TOPs:

“There are females who consult the traditional healers to terminate their pregnancies. This indicates that the traditional healers are trusted for the service they render.”

Women in African communities rely on traditional healers' knowledge and experience for the treatment of illnesses and ailments, as well as for TOPs. Not only are their trust and confidence deeply rooted in their culture, beliefs and faith, but the accessibility, affordability and availability of traditional healers play an important role in the women's decision to go to traditional healers for TOPs. The participating traditional healers regarded their own knowledge as being trustworthy and their services successful, and they boasted about the number of patients who had consulted them:

“I see many patients ... I cannot specify the number.”

Performing repeated terminations of pregnancy on the same patient

TOPs were repeatedly performed on the same patients. Some of the participants tried to limit TOPs to two per patient:

“We try to educate people that we do not like to perform abortions more than two times.”

However, some women were desperate to obtain TOPs. One participant referred patients to the hospital in the cases where they requested TOPs three or more times:

“Patients who disagree with the traditional healer, and patients who do abortion for no apparent reason, are sent to the hospital.”

The participants had no problems providing TOP services twice to the same patient: *“Abortion can be performed twice to a client; not more than that.”*

The traditional healers did not explain why it would be dangerous to do more than two TOPs per patient, but indicated that they preferred that their patients, instead of having several TOPs, should use traditional contraceptives:

“There are traditional methods used to prevent pregnancy.”

DISCUSSION

Pregnancies were terminated as a measure to prevent childbirth long before TOPs had been regulated by law (Liamputtong, 2003:237) and it is still done, although legal

methods are available. Women continue to resort to abortions to control the number of children they have. This happens despite the availability of free contraceptives and free legalised TOP services in government institutions during the first 12 weeks' gestation (Act no 92 of 1996; Rakhudu et al., 2006:57). Although the number of legal TOPs has increased in South Africa, illegal TOPs continue to take place (Jewkes et al., 2005:1236) and traditional healers are not referred to in the Choice of Termination of Pregnancy (CTOP) (Act 92 of 1996), implying that traditional healers perform TOPs illegally. Various reasons exist for this practice to continue. Traditional healers are trusted by the community and it is considered 'normal practice' to consult them for all healthcare needs (Jewkes et al., 2005:1238) and the concealment of an illegal procedure offers the assurance to the women that members of their families and communities would not know about it. Concealment could be of critical importance to young girls who do not want their parents to know that they are sexually active and pregnant (Kiapi-iwa & Hart, 2013:342). Traditional healers are generally considered to be trustworthy people who do not invade people's privacy by asking probing and potentially embarrassing questions and are therefore consulted in challenging situations, such as when a TOP is required (Webb, 2000:190).

Traditional healers perform TOPs in different parts of the world. In a study in Bangladesh, Ahmed et al. (2005:199–202) found that 57% of TOPs were carried out by traditional healers. In South East Nigeria, 85% of traditional healers stated that local people requested TOP services from them (Izugbara & Ukwaiyi, 2003:183).

Different methods are used to perform TOPs. Herbal mixtures can be taken orally, objects which could contain herbal mixtures could be inserted into the uterus and sometimes a combination of these methods could be used (Ahmed et al., 2005:202). Herbs that affect the gastro-intestinal and urinary tracts, causing spasms in these areas, are also used to stimulate the uterus to shed its lining and abort the foetus (Sparrow, 2004:89). A literature review on traditional herbal remedies used by South African women for gynaecological complaints, revealed that 18 herbs are generally used to effect abortions (Steenkamp, 2003:99-105).

When traditional healers perform TOPs they also attend to the 'cleansing ritual' that they believe should be done after an abortion, whether it was spontaneous or induced; whether it was performed in a hospital or by a healer. It involves the use of herbs to clean the uterus (Rakhudu et al., 2006:58) and is a spiritual cleansing that only traditional healers can perform (Webb, 2000:190). Women who use legal TOP services in public hospitals or clinics need to visit traditional healers afterwards for the cleansing rituals.

Traditional healers trust their medications (Molassiotis et al., 2006:38). They believe that they have been given their special healing powers from their ancestors who can always be trusted (Struthers et al., 2004:143). Communication with the ancestors is

critically important in the practice of a traditional healer (Cocks & Møller, 2002:387). The throwing of bones is one way to communicate with the ancestors in order to receive guidance regarding the treatment of each patient (Steyn & Muller, 2000:5).

Traditional healers provided TOP services more than once to the same women. The remedies that they use could induce bleeding and in some cases severe bleeding. One researcher tasted the mixture that one traditional healer used to induce abortions and had to be admitted to a hospital later the same day as a result of severe uterine bleeding. Some of the interviewed traditional healers advised their patients to use traditional herbal contraceptives instead of relying on repeated abortions to control the size of their families. A variety of herbs can be used as contraceptives. Steenkamp (2003:99-106) listed eight herbs with proven contraceptive efficiency that traditional healers commonly use.

CONCLUSION

Pregnancies are terminated by traditional healers as a birth control measure notwithstanding the availability of Western contraceptives at clinics, traditional contraceptive measures at traditional healers and free legal TOP services at public hospitals and clinics. This is a problematic and sensitive issue for traditional healers, as TOPs performed by them are, according to South African legislation, illegal. Some traditional healers performed repeated TOPs on the same women although they preferred not to induce an abortion more than twice on the same patient. They advised their patients to use traditional contraceptives rather than to rely on abortions to prevent childbirth. Patients were referred to clinics when severe bleeding occurred.

RECOMMENDATIONS

Further research regarding cooperation between traditional healers and healthcare providers in South Africa is recommended. A requirement for this would be the enactment of the Traditional Health Practitioners Act (no 22 of 2007) that recognises the contribution of traditional healers within a broader healthcare system in South Africa. It should be investigated whether traditional healers could be trained to provide safe TOP services before 12 weeks' gestation. A revision of the CTOP Amended Act (no 38 of 2004) would be required to legalise this recommendation.

LIMITATIONS

Semi-structured interviews were only conducted with seven traditional healers, making it difficult to generalise the findings of this study. Interviews were only conducted with the traditional healers and not with the women who used TOP services provided by

traditional healers. No observations could be made about the procedures followed when traditional healers provided TOP services to women.

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