



Perceptions and uses of plants for reproductive health among traditional midwives in Ecuador: Moving towards intercultural pharmacological practices

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ABSTRACT

Despite the fact that plants have played an important role in midwifery in many cultures, there are very few in-depth studies on the plants traditionally used by midwives. The aim of this study is to analyse the perceptions and the uses of medicinal plants for reproductive health among indigenous midwives in the city of Otavalo, Ecuador. The article also aims to analyse the perceptions of traditional midwives regarding allopathic drugs for reproductive health and their possible overlapping uses of medicinal plants and allopathic drugs. The data are drawn from an ethnographic study carried out in Ecuador. In total, 20 traditional midwives have been interviewed. Individual and in-depth interviews also took place with a sample of 35 women as well as with five nurses and two doctors working at San Luis Hospital in Otavalo.

The study shows that cultural health management and the incorporation of the beliefs and practices relating to women's reproductive health can represent a starting point towards the search for more successful strategies in reproductive health.

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Introduction

Midwifery is the practice of assisting women through childbirth using natural procedures. It was practiced primarily among traditional peoples with limited access to biomedicine. However, today it is also practiced in Western societies as an alternative to biomedicine. In both cultural settings, midwifery involves providing health care, during pregnancy, childbirth, and postnatal care, to both the mother and newborn (Foster et al., 2004; Waldstein and Adams, 2006; Torres and DeVries, 2009).

Therapeutic pluralism is common throughout the world and can be understood as the coexistence, within the same society or group, of a number of health-care alternatives with diverse origins and treatment foci, representing different systems of medical practice and visions (Capuccio et al., 2001; Brown, 2008; Wiley, 2008; Etkin and Elisabetsky, 2005; Pesek et al., 2009).

Two systems of health care coexist in Ecuador. The traditional system combines elements of the indigenous system, the modifications brought by the Incas, and elements of medieval European medical theory and practice. The official medical system comprising both public and private institutions is inaccessible for large sectors of the population, due to shortages of manpower and materials and high costs of services. The official system tends to address itself

primarily to the relatively high income earning urban population. Ecuador's high infant mortality rate of 64/1,000 attests to the limitations of its health-care system. The traditional system provides care for much of the rural indigenous population and areas, where western medical care is not available, but it is also represented in the city (Pieroni et al., 2005; Sandhu and Heinrich, 2005).

There are several studies that have been made about traditional uses of plants in reproductive health by traditional midwives (*parteras*) in Ecuador (Bussmann and Sharon, 2006; Cavender and Albán, 2009) but very few studies in ethnopharmacology have analysed cultural traditional uses of medicinal plants for reproductive purposes among traditional midwives (Davis-Floyd and Robbie, 2001; DeVries, 2004; Helman, 2007; Langwick, 2008), as well as their perceptions and the possible syncretized uses of both allopathic treatments and medicinal plants.

The research questions that will be explored in this study are the following:

- What is the relevance of the uses of medicinal plants for reproductive health among the indigenous midwives in the city of Otavalo, Ecuador?
- Are there any differences in the perceptions of medicinal plants among the traditional midwives of different age groups and geographic background?
- What are the perceptions of traditional midwives regarding allopathic drugs for reproductive health? Are there any

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- possible overlapping in the use of medicinal plants and allopathic drugs in the traditional midwifery practices?
- How do allopathic drug treatments for reproductive health and medicinal plants coexist together among traditional midwives?

In this article, we shall refer to the indigenous traditional practitioners who attend births as traditional midwives, or TMs, to distinguish them from the professional midwives, who have had formal education in western biomedical science and licensure, either as certified nurse-midwives or certified professional midwives, categorised by the WHO as skilled birth attendants. According to Foster et al. (2004), the term 'traditional midwife' attempts to find a balance between acknowledging a midwife's extensive skills and still distinguishing her from individuals with higher training. This term recognises in a respectful way the work of these practitioners as midwifery work. The term 'traditional midwife' also acknowledges the self-identity of these practitioners, while differentiating their training from a midwife who has undergone higher levels of education (Foster et al., 2004).

Traditional midwifery and ethnopharmacological uses of plants for reproductive health

Medicinal plants play an important role in pre- and post-natal care in many rural and urban areas of the world (Whitaker, 2003; Gollin, 2004; Hamilton, 2004; McNeely, 2005; Green et al., 2006).

Plants used to influence and treat obstetric and gynaecological conditions and disorders, such as fertility problems, birth control, complications during pregnancy and birth have been documented for various ethnic groups (Nigenda et al., 2005). The traditional knowledge about the use of these plants is often held by midwives and elderly women, who pass it among their family members (Cosminsky, 2001; Davis-Floyd, 2003; Nettleton et al., 2007; Cuerrier and Arnason, 2008).

However, in the context of the introduction and modernisation of primary health-care systems, and with training programs for traditional birth attendants in Western medicine, this traditional knowledge of traditional midwives has often been neglected (DeVries, 2004; Walsh and Downe, 2004; Baer, 2005; Hobson, 2006; Calvet-Mir et al., 2008) although it is still widely used in South America by indigenous populations.

Ethnomedicine examines cultural notions and behaviour surrounding illness and medical treatment (Bailey et al., 2002; Janni and Bastien, 2004; Kisangau et al., 2007). Kirmayer (2004) states that folk medical systems operate in tandem with scientific biomedicine, and demonstrates how various folk medical practices, in addition to forming an integral part of community-based cultural identity and expression of culturally differentiated groups, converge and influence each other.

Ethnopharmacology is described as a field in close proximity to ethnobotany. It is the study of indigenous medicines that are almost always plant-derived. Despite the interdisciplinary nature of ethnopharmacology, much of its research has been exclusively based on the combination of the chemical, biological, and pharmacological sciences. Less attention has been given to the potential contributions of the social sciences, including anthropology and the study of traditional knowledge systems (see, for example, the work of Giovannini and Heinrich (2009), Thomas, Vandebroek, and colleagues (Pieroni et al., 2004; Vandebroek et al., 2004; Pardo De Santayana et al., 2005; Albuquerque and de Oliveira, 2007; Thomas et al., 2009)). When anthropological expertise and tools have been used, the main purpose has been to obtain catalogues of medicinal plant uses, which were often abstracted from their cultural contexts and subject to little analysis or interpretation (Etkin, 1988; Ellen, 1996).

Furthermore, more often than not, and especially when working among indigenous peoples, the sole purpose of obtaining those lists and catalogues has been to facilitate the intentional and focused discovery of active compounds. In sum, with certain remarkable exceptions and without undervaluing researchers who have catalogued the often threatened knowledge of medicinal plant uses, to date many ethnopharmacologists have limited themselves to document indigenous pharmacopoeias in the search for pharmacologically unique principles that might result in the development of commercial drugs or nutraceuticals (Pieroni and Price, 2006).

Etkin and Elisabetsky (2005) argued that the discipline should 'strive for a more holistic, theory-driven, and culture- and context sensitive study of the pharmacologic potential of (largely botanical) species used by indigenous peoples for medicine, food, and other purposes.' But ethnopharmacology cannot achieve these new goals without simultaneously adopting theoretical and methodological contributions from the social sciences. This article aims to contribute to that effort by analysing the values of medicinal plants used for reproductive purposes by indigenous midwives in Ecuador.

As analysed by Wiley (2008), human health should not only be understood from a biophysical point of view but also from a psychological, spiritual, and socio-cultural point of view. Similarly, each community has its own local diseases and health beliefs, and indigenous healers are able to understand the effective socio-cultural variables playing a major role in health conditions.

In the last few decades, there have been a few studies seeking to understand the use of medicinal herbs in Ecuador in their local context (Finnerman and Sackett, 2003; Shepard, 2004). Most of these works adopt a descriptive and pharmacological approach. In relation to the latest research, although these studies constitute an advance in the knowledge of the indigenous traditional medicine, they fail however to consider the socio-cultural context and symbolic aspects as they are focused on the therapeutical value of the plants. These studies infact generally give detailed descriptions of the uses, properties and the active phytochemical ingredients present in medicinal plants (Geurts, 2001; Sibley and Sipe, 2002; Bailey et al., 2005).

Methods

The data presented here is drawn from an ethnographic study carried out between April and June 2011 in the city of Otavalo, Ecuador. Otavalo is situated in the Imbabura province, at around 200 km from Quito and has a high population of indigenous people.

In total, 20 traditional midwives (*parteras*) were interviewed. In order to have a variety of points of view and experiences, midwives of different cultural, vocational backgrounds have been interviewed. The traditional midwives were all female and their age ranged between 43 and 75 years old. The midwives interviewed had an average age of 62 years, the level of education was generally primary education. Most interviewees were experienced midwives with 35–40 years of traditional midwifery practice.

Individual and in-depth interviews also took place with a sample of 35 women. These women, all living in Otavalo or its surrounding areas, had an age ranging between 25 and 46 years old. They both had an indigenous and a *mestizo* (non-indigenous) background and were all attended by the *parteras* at the hospital or at home. In order to have a wider range of experiences, both pregnant and postnatal women were interviewed. Central questions such as the definition of ethnicity and 'indigenous identity' have been addressed following the criteria of self-definition. In selecting these interviewees the question was asked whether

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