**EDITORIAL**

**Traditional Medicine and Reproductive Health in Africa**

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Available evidence indicates that traditional medicine practitioners are increasingly involved in providing reproductive health care to men and women in many parts of Africa. A large proportion of pregnant women in the continent are attended at birth by traditional birth attendants, and in some countries up to fifty per cent of pregnant women rely on the services of traditional birth attendants for antenatal care and delivery. In many sub‑Saharan African countries, traditional medicine practitioners offer treatment for sexually transmitted diseases and some have claimed successful cures for HIV/AIDS1‑3. Indeed, traditional medicines are often the first method of choice for treatment of infertility in many parts of Africa4 and there are touted but unproven traditional methods of fertility regulation.

No doubt, the use of traditional medicines for reproductive health care is due in large part to subsisting cultural beliefs about the causes of reproductive ill health and perceptions regarding the effectiveness of various methods of treatment for addressing them1,2 The social stigma often associated with various reproductive health problems in Africa and poor access to orthodox services are additional factors that contribute to the persisting importance of traditional medicines in reproductive health care in the continent.

Despite the use of traditional medicines in reproductive health, there are to date very few reports that evaluate the effectiveness of traditional medicines in reproductive health care in Africa. The paper by Abrahams et al5 in this issue of the journal and that by Imogie et al6 provide evidence of the persisting use of traditional medicines and traditional birth attendants for reproductive health care in two countries in Africa. As demonstrated in both papers, there are subsisting community beliefs about the efficacy of these forms of treatment in addressing reproductive health in Africa.  However, we believe that more empirical experimentation of these methods is needed to provide appropriate scientific evidence for the continuing use of the methods for reproductive health care in the continent.

When considering effectiveness and safety, traditional medicines, as used for reproductive health care in Africa, can be grouped into three broad categories.  The first group consists of those that are potentially useful and efficacious in addressing specific reproductive health problems. There can be no doubt that when appropriately trained and well motivated, traditional birth attendants can play important roles in providing maternity care to underserved communities in Africa, especially to women who would otherwise have no access to any form of assistance at birth.  In this regard, having a traditional birth attendant would be regarded as better than not having any form of attendant at all.

The second category comprises traditional medicines that are harmful or potentially harmful, and that can worsen the state of reproductive health for men and women.  The continued practice of female genital cutting clearly falls into this category, as it does not have any known benefit and has been shown to be harmful to women. Additionally, the use of traditional methods of abortion, which produce serious side effects and even death, and the use of herbs for the management of prolonged labour, which sometimes lead to uterine rupture, are traditional treatments that are harmful to women's reproductive health. A major challenge to contemporary efforts at promoting reproductive health in Africa is to identify ways to improve and refine the use of the beneficial methods while discouraging the use of harmful traditional methods. Clearly, this is an important area for intervention research in Africa in the coming years.

Harm can also arise from traditional medicines when there is delay in the use of effective orthodox medicines because of reliance on an ineffective traditional treatment. To date, although traditional practitioners claim cures for sexually transmitted diseases and HIV/AIDS, there is no evidence that the available treatments are effective.  Thus, while a large number of patients utilise traditional methods for STDs and HIV/AIDS treatment, there has been a nagging suspicion that these merely lead to delay in seeking more efficacious orthodox treatments leading to a worsening of the clinical condition.  Indeed, we believe that a large majority of traditional treatments offered for reproductive health care in Africa fall in this third category of treatments that are neither effective nor harmful, but which nevertheless result in delay in the use of effective orthodox treatments.  An important research question in many parts of Africa is to identify factors that predict the use of traditional treatments versus orthodox treatments for various reproductive health problems. Especially for those conditions where traditional treatments have doubtful effectiveness, it would then be relevant to determine how best to discourage traditional methods of treatment while promoting more effective orthodox treatments.

There has been intense public health debate in many parts of Africa to determine the most appropriate official policy towards traditional medicines for reproductive health care.  Some countries have policies that discourage traditional medicines, while others have supportive policies.  The majority of countries do not have official policies and have simply left traditional medicines to individuals to decide.  However, there is now a growing consensus that traditional medicine practitioners would be difficult to wish away in Africa, and that the best policy is to seek ways to integrate them into the formal system of health care delivery.7,8 Such integration would involve the re‑training of traditional medicine practitioners on basic principles of reproductive health care, the identification and mapping out of specific roles, and arrangements made for supervision and referral to the orthodox health care system.  The priority to be accorded to implementing such a comprehensive programme will differ between countries, and would depend on the burden of reproductive ill health in the country, the relative importance of traditional practitioners in the health care delivery system, and an assessment of the cost‑effectiveness of the programme in preventing reproductive morbidity and mortality.

It is clearly evident that traditional medicines are important in reproductive health service delivery in Africa. Despite this, there has been little substantive research to document the effectiveness and cost‑effectiveness of traditional medicine for reproductive health care and to identify ways to integrate it with the orthodox system of care. Apart from curative care, traditional medicines would have even more important roles to play in preventative reproductive health care. Traditional practitioners are often rooted in the cultural and traditional consciousness of populations, and they work more closely with the grassroots as compared to orthodox practitioners.  Therefore, traditional practitioners would be more able to advocate for changing behaviours that impact negatively on reproductive health in Africa. With appropriate re‑orientation, traditional medicine practitioners can advocate for the eradication of harmful traditional practices such as female genital cutting; they can offer counselling on family planning and the use of condoms to prevent STDs/HIV; and they can link difficult cases of reproductive ill health to the orthodox system of care.  Surely, seeking integrative and cooperative roles for traditional medicine practitioners is a major challenge for reproductive health in Africa in the coming years.

**References**

1. Okonofua FE, Ogonor JI, Omorodion FI, Coplan FM, Kaufman JA and Heggenhougen K.  Assessment of services for the prevention and treatment of sexually transmitted diseases among adolescents in Nigeria.  Sex Trans Dis 1999; 26(1): 184–190.
2. Okonofua FE, Osuji CS, Tejere ER, Ogunsakin DE and Ogonor JI.  Knowledge, beliefs and practices of traditional healers towards prevention and treatment of sexually transmitted diseases in Benin City, Nigeria.  *Sex Trans Dis* 2002 (In press).
3. Green E, Zokwe B and Dupree J.  The experience of an AIDS prevention programme focused on South African traditional healers.  *SocSci Med* 1995; 40: 503.
4. Okonofua FE, et al. The social meaning of infertility in southwest Nigeria. *Hlth Trans Rev* 1997; 7: 205–220.
5. Abrahams Naeemah, Jewkes Rachel and MvoZodumo. Indigenous healing practices and self‑medication amongst pregnant women in Cape Town, South Africa. *Afr J Reprod Health* 2002; 6(2):79–86.
6. Imogie AO, Agwubike EO and Aluko K. Assessing the role of traditional birth attendants (TBAs) in health care delivery in Edo State, Nigeria. *Afr J Reprod Health* 2002; 6(2):94–100.
7. Chiwuzie J, Ukoli F, Okojie O, Isah E and Eriator E.  Traditional practitioners are here to stay.  *World Health Forum* 1987; 8: 240–244.
8. World Health Organization.  Traditional healers in health services development.  Report of a consultation: Accra, 4–8 August, 1980.  WHO Regional office for Africa, Brazzaville, 1981, AFR/TRDM/2.