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**SCHOOL OF PUBLIC HEALTH
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*QUALITATIVE STUDY OF UTILIZATION OF
TRADITIONAL DRUGS AMONG PREGNANT
WOMEN IN HUYE DISTRICT OF RWANDA: THE
CASE OF SAVE AND RANGO HEALTH CENTERS*

A Dissertation presented in partial fulfillment of
the requirements of the School of Public Health
for the degree of Master's Degree in Public
Health

By **Angélique UMULISA RWAGITARE**

Supervisor: Laetitia NYIRAZINYOYE, MSc, PhD

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ABSTRACT

Traditional medicine is often considered as ‘natural’ and ‘safe’. These convictions may mainly attract pregnant women who are often concerned with the well-being of their unborn children. So far, few studies regarding the use of herbal drugs during pregnancy and the factors related to their use have been conducted. The main objective was to analyze the use of traditional medicines used by pregnant women, in order to contribute to the improvement and safety of these women in Rwanda. Consequently, in Rwanda there is limited data about traditional medicine use.

The study was carried out in Huye District, Southern Province, where two health centers were selected randomly; Save Health Center located in rural area and Rango Health Center located in the urban part of the district. Two methods of data collection were used: Focus Group Discussions (FGD) and the Individual Interviews with professionals of health. The study population in the focus group was 53 women including pregnant women, breastfeeding women, while the individual interviews were 9 people including: traditional midwives, herbalist, doctors and nurses from two health centers.

The study showed that socio-cultural influence, family influence, unfavorable environment like economic factors, long distances to health centers and hospitals, ignorance and experience of people’s descendants to have used traditional medicine were found to make people take traditional medicine. In addition to that, the results indicated that there are some diseases that modern medicine cannot cure. Hence, resorting to traditional medicine becomes responsive. These results have shown that traditional medicine can have some negative consequences like intoxication of the liver and kidney due to the high concentration or high amounts of medication. According to participants, the use of traditional medicines itself is not

bad for people used to take them over centuries to treat many diseases. However, the actual challenge is that people tend to take these medicines on their own without consulting professional herbalists or even going to registered herbalists. People strongly believe in the use of traditional medicines as noted by respondents, due to various factors as explained in this study.

In short, traditional medicine remains highly used with a low level of government regulation and the sensitization of the population to stop using them is still a great challenge as well. A number of recommendations were given both to the general public and the Rwandan Ministry of Health.

RESUME

La médecine traditionnelle est souvent prise comme ` naturelle 'et bonne. Ces convictions peuvent particulièrement attirer les femmes enceintes qui sont souvent préoccupées par le bien-être de leurs enfants. Cependant, peu d'études ont évalué l'utilisation de la médecine traditionnelle pendant la grossesse et les facteurs liés à cette utilisation au Rwanda.

L'objectif principal de cette étude était d'étudier et d'analyser la présence et l'utilisation des médecines traditionnelles employées par les femmes enceintes afin de contribuer à l'amélioration et à la sûreté de ces femmes au Rwanda. Par conséquent, au Rwanda les données au sujet d'utilisation la médecine traditionnelle sont très limitées.

L'étude a été effectuée à deux centres de santé de zone de Huye (dans les centres de sante de SAVE et de RANGO). Deux méthodes de collecte de données ont été employées : Discussions de groupe dirige (FGD) et entrevues structurées. Au total les groupes de discussions étaient composés par 53 femmes dont : Les femmes enceintes incluses de population d'étude et femmes avec les enfants en bas âge de moins de six mois. Tan disque que 9 différentes entrevues ont eu lieu avec des médecins, des infirmières, les femmes sages et des herbalistes ou tradi-praticiens.

Les participants ont expliqués que plusieurs facteurs sont à la base : influence socioculturel, l'influence de famille, condition de vie défavorable d'où entraine les facteurs économiques, longues distances vers le centres de santé et les hôpitaux, l'ignorance. Ils ont signale que les expériences des parents ou des personnes âges sont parmi les causes de l'utilisation de la médecine traditionnelle. En plus, elles ont indiqué qu'il y a quelques maladies que la médecine moderne ne peut pas traiter, par conséquent, ils font recours a la médecine

traditionnelle qui leur vienne en aide. Les participants ont signalé que la médecine traditionnelle a eu des effets négatifs comme l'intoxication du foie ou du rein dus à la concentration des médicaments traditionnels surtout quand elles en prennent en grande quantité. Les participants ont affirmé que l'utilisation de la médecine traditionnelle elle-même n'est pas mauvaise parce que les gens avaient l'habitude de la prendre pour certaines maladies et plusieurs années. Le défi est que les femmes enceintes prennent ces médecines sans consulter des tradi-praticiens soit disant professionnels ou même sans aller aux tradi-praticiens qui sont enregistrés.

En conclusion l'utilisation de la médecine traditionnelle demeure à un taux élevé et à un niveau bas de réglementation de cette médecine traditionnelle. Un certain nombre de recommandations ont été données au grand public et au ministère de la santé rwandais.

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May the Almighty bless you!

Angelique UMULISA RWAGITARE

Dedication

To God, my Creator, the source of wisdom and love,

To my beloved daughter **Nelly BANA RWAGITARE** for your encouragements and patience

during my absence,

To my parents, brothers and sisters, for the job you have done in my education and giving

love and support to me,

To all friends who supported me materially and morally, you have been the source of joy and

strength all through my studies,

This work is dedicated.

Angelique UMULISA RWAGITARE

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
FGD:	Focus Group Discussion
HC:	Health Center
HIV:	Human Immune Virus
NGOs:	Non Government Organization
NUR:	National University of Rwanda
OMS :	Organisation Mondiale de la Sante
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
USA:	United States of America
WHO:	World Health Organization

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Chapter I: GENERAL INTRODUCTION

1.1. Framework of the study

History tells that women have used herbal drugs during pregnancy to treat pregnancy related illnesses for their own health and well-being (and the development of baby). Although, medicine has replaced most natural supplements with a synthetic substitute, there are still many women considering natural herbs and vitamins as essential nutrition to pregnant women as well as an aid in the relief of some common discomforts. (Mitchell, Allen A, 2010).

Many herbalists believe that herbs are often better, cheaper, and healthier than their medical counterparts. However, many medical professionals do not recommend herbal remedies for pregnant women, since their safety has not been proven through extensive research. (Mitchell, Allen A, 2010).

Traditional medicine has been used over centuries in certain communities and during the last decade, the great increase of herbal drugs use and alternative medicine have been observed in many countries, especially in Africa. (Fakeye TO, Adisa R and Musa IE, 2009) In Rwanda, the adoption of its practices by the population (pregnant women) raises a certain number of problems and yet the reasons are less or badly known, owing to the nature of these drugs containing unknown medicinal plants.

It is well known that these traditional drugs can cause a miscarriage, and others can affect the growth and the development of the child [(Abajad F, 2010), (Mitchell, Allen A, 2010), and (JASPERC, Allen A, 2010)]. It is to use the remedies which are not derived from medicinal plants in a period of pregnancy and breast-feeding. It is within this framework that this study attempts to investigate the use of herbal drugs by pregnant women and describe all factors that will determine the nature and the regulation of these drugs in order to give a support to health institutions, by giving them out recommendations to improve maternal and infantile health. (JASPERC, Allen A, 2010)

The general hypothesis is that: Herbal drugs are considered as natural alternatives to some industrial drugs, but they can also be dangerous when taken during pregnancy.

This attempt study will describe all factors and reasons which can be based on while consuming these traditional drugs, the different administration of the use of these drugs and their regulation finally gives a support to the health institutions.

1.2. Organization of the study

The study was divided into six chapters; the first chapter is General Introduction which includes the background, objectives of the study, statement of the problem and research questions. The second chapter is literature review with reference to different sources of data especially textbooks, reports, public health journals and other related documents. It is all about what other people wrote about the topic. Chapter three is the research methodology used in data collection. It includes: the research approach, population, sampling, data collection tools, data analysis and ethics during data collection. Chapter four is the results which are cited by participants. Chapter five is the interpretation and data analysis while chapter six is the conclusion and recommendations.

1.3. Statement of the problem

Women are actually recommended not to take drugs any how during pregnancy and breast-feeding period because any drug should be taken after having advice from a qualified doctor and having reviewed all the direct and side effects that it could have on the mother and the child in the womb[(Mitchell, Allen A 2010, (JASPERC, Allen A, 2010)]

This warning also applies to the remedy containing medicinal plants, because on one hand the physiology of the pregnant woman changes and on the other hand some drugs can be harmful to the embryo or fetus. Many people believe that the plants are healthier and more "natural" than the modern drugs. However, the medicinal herbs can contain toxic substances responsible of many health troubles or even deadly, in a worst case scenario.(SFTG PARIS-, 1995)

Some plants can cause a miscarriage, whereas others can affect the growth and the child's development. (Mitchell, Allen A, 2010)

Many drugs can also pass into the blood of the fetus at the level of the placenta: place of the mother-child exchanges. Moreover, this barrier is permeable with oxygen and the nutriments, but also by some small drug's molecules. (SFTG PARIS-SUD, 1995)

In Rwanda, according to some medical personnel (non-documented sources) majority of women who get to health centers for delivery assistance would have taken traditional drugs during their pregnancy either by mouth or by local traditions to the level of belly or the combination of both. According to this experience the information obtained from traditional midwives during the study, this self-medical assistance is made either during the pregnancy intended for prevention of troubles that could happen on their health or at the beginning of the labor to prepare for delivery.

Although there are some herbal this can be recommended by expert in traditional medicine, which is commonly called miraculous plants, like Aloe Vera and others.

According to literature this method should be avoided for pregnant woman, a child or old person (Jean Pierre AUBERT, 2010)

Pregnant women should let their doctors know all medicinal plants and food supplements they can take, even when the doctor could allow them. The mixture of drugs and supplements can results in affect on your health as well. (Jean Pierre AUBERT, 2010)

It is noticed that in Rwanda, there is no recognized study or research carried out on the use of medicines made from medicinal plants, especially for pregnant women.

What is questionable is to investigate the use of traditional drugs, to find out why they are used by pregnant women. To take a closer look and make a list of all those drugs and their

manner of use, in order to contribute to the improvement and safety of maternal and child health in Rwanda

This study will help us to know exactly what kind of traditional drugs used, the main reasons of the use and to identify different practices of administration. We will find how to process the avoidance of these traditional drugs which are seemingly dangerous while carrying out successfully the meeting of sensitization during the antenatal care.

1.3.1. Research questions

The study was guided by three principle research questions:

1. What kind of traditional drugs used by pregnant women?
2. Why do pregnant women use traditional medicines?
3. What are the types of administration of using such medicines?

1.3.2. Significance of the study

The study has three significant contributions: Firstly, it will be a yardstick to other researchers who might be interested in similar field of study. Secondly, policy-makers will benefit research findings in the field of public health to promote effective use of traditional medicines as well as regulating the profession or business in the country.

1.4. Objectives of study

1.4.1. General Objective

The general objective was to investigate and list the use of traditional drugs, in order to contribute to the improvement and safety of maternal and child health in Rwanda

1.4.2. Specific Objectives

1. To investigate the use of traditional drugs and list the most used during pregnancy
2. To find out why pregnant women still use traditional medicines on high scale, while modern medicine is almost accessible to the population.

3. To identify all sources used in administration of traditional drugs.
4. To suggest recommendations that would reduce using these medicines or would promote behavior change towards people's healthy lives.

Chapter II: LITERATURE REVIEW

The concept "traditional medicine" refers to practices, methods, knowledge and beliefs as regards health which implies the use of medical remedies by means of plants, parts of animals and minerals, spiritual therapies, manual techniques and exercises - separately or combined to look after, diagnose and prevent the diseases or preserve health. (Abajad F , 2010)

The use of herbal drugs has increased in the western world. Back in 2006, the British Medical Journal published the article 'Complementary medicine is booming worldwide' highlighting the wide spreading of herbal drugs. The use of herbal drugs during pregnancy has been studied to various extents in different countries. Results from studies conducted in Europe, USA or Australia indicated that between 65 and 80% of all pregnant women use herbal drugs. The wide range in prevalence may be explained by the use of different study methodologies, in addition to cultural and regional differences. (Fakeye TO, Adisa R and Musa IE, 2009)

Most studies show that women, in general, use alternative medicine to a greater extent than men. Herbal drugs are often promoted as 'natural' and 'safe' alternatives to conventional drugs. (Okonofua FE, Osuji CS, Tejere ER, Ogunsakin DE et Ogonor JI ,2002)

These convictions may especially attract pregnant women who are often concerned with the well-being of their unborn children. Herbal drugs are not currently subject to the same regulations as conventional drugs. There is little or no testing of purity, safety, or teratogenicity. (Fakeye TO, Adisa R and Musa IE,2009)

In Africa, the obviousness at our disposal shows that the experts of traditional medicine are more implicated in the insurance of the medical departments intended for men as with women in several areas of Africa. (Abrahams Naeemah, Jewkes Rachel et Mvo Zodumo, 2002; 6).

A good number of the women in several areas of Africa during childbirth is assisted traditional medicine people and in certain countries up to 50% of pregnant women depend on the services of the traditional midwives for the antenatal care and for the childbirth.

In sub-Saharan African countries, the “experts” of traditional medicine give treatments for the sexually transmitted diseases and certain among them expect to successes as for the remedies for the HIV/AIDS. Indeed, the traditional remedies are often selected the first in the treatment of sterility in several areas in Africa and there are traditional methods of the regulation of the fertility. (Okonofua FE, Osuji CS , Tejere ER, Ogunsakin DE et Ogonor JI ,2002). There is no doubt that the use of the traditional remedies for reproductive health services is due, mainly owing to cultural beliefs to foresee the causes of bad reproductive health and perceptions regarding the effectiveness of various methods of treatment that makes it possible to be occupied some. (Okonofua FE, Osuji CS , Tejere ER, Ogunsakin DE et Ogonor JI ,2002).

The social stigma is often associated with different problems of reproductive health in Africa and the difficult access to medical departments of the additional factors which contribute to the importance and perseverant of the traditional remedies, of which when it is about reproductive health in Africa. In spite of the use of the traditional remedies in reproductive health, until now there only exists very little of reports/ratios which evaluate the effectiveness of the traditional remedies concerning reproductive health in Africa. [(Fakeye TO, Adisa R and Musa IE ,2009), (Okonofua FE, Osuji CS , Tejere ER, Ogunsakin DE et Ogonor JI, 2002)].

When one considers the effectiveness and safety, one can gather traditional remedies, such as it is employed in the reproductive health services in Africa, in three main categories [(Okonofua FE, Osuji CS , Tejere ER, Ogunsakin DE et Ogonor JI ,2002), (Abrahams Naeemah, Jewkes Rachel et Mvo Zodumo, 2002; 6)]

In this respect, we want to talk about this category that includes/understands the remedies traditional which are dangerous or potential vermin that can make reproductive health more serious.

Moreover, the use of the traditional methods of abortion which produces serious adverse reactions or side effects and that even causes death, the use of the plants for the assumption of responsibility of the prolonged work, which leads sometimes to the rupture of the uterine one, constitute remedies which are bad for the reproductive health of the woman. (Imogie AO, Agwubike EO et Aluko K ,2002)

Few studies on the pattern of use of herbal medicines during pregnancy showed that more than 10% of pregnant women reported the use of herbal medicinal products in Finland, Australia, and United States. (Imogie AO, Agwubike EO et Aluko K ,2002)

To our knowledge, only one study has been carried out in Nigeria to evaluate the use of herbal medicines among pregnant women.

Despite the fact that knowledge of potential side effects of many herbal medicines in pregnancy is limited and that some herbal products may be teratogenic in human and animal models (JASPER.C 1995)

The data on the extent of women's use of herbal medicines during pregnancy is scanty especially in sub-Sahara Africa, where the legislation for distribution and purchase of herbal medicines is not as stringent as it is for conventional medicines (Fakeye TO, Adisa R and Musa IE 2009)

In Nigeria, in a study carried out on 405 interviewees who had used grasses before or all through the pregnancy, 73 (18.0%) had tested some forms of adverse effects after the administration drugs based on grass. The side effects tested included vomiting in 27 cases (36.99%), giddiness 17 cases (23.3%), and faintness 10 cases (13.7%), headache 10 cases (13.7%), redness's 6 cases (8.2%) and diarrhea 3 cases (4.1%). (Okonofua FE, Osuji CS , Tejere ER, Ogunsakin DE et Ogonor JI ,2002)

In certain countries, there are policies that discourage traditional remedies whereas some other countries have policies which support them. In most countries, there is no national policy set up for this specific purpose and consequently it is left for experts in traditional medicine to manage it and take any relevant decisions. (Tsui B, Dennehy CE, Tsourounis C, 2001)

In Africa, Asia and Latin America, different countries call upon traditional medicine to contribute responsively to the needs of primary health care. (Abajad F, 2010)

In Africa, up to 80 % of the population runs against traditional medicine at this level. In industrialized countries, the complementary "or" parallel "medicine" is the equivalent of traditional medicine. (Mitchell, Allen A, 2010)

Traditional medicine remains very widespread in all areas of developing countries and its use does not cease growing in the industrialized countries. In China, traditional preparations containing plants represent between 30 and 50 % of the overall consumption of drugs. [1]

In San Francisco, London and in South Africa 75 % of the people living with the HIV or AIDS turn to traditional drugs, complementary or parallel medicine. 70 % of the Canadians had turned at least once to complementary medicine. (Abajad F, 2010)

In Europe, North America and in other industrialized areas, more than 50 % of the population had run again at least once to complementary or parallel medicine. (Mitchell, Allen A , 2010). For example, in Germany, 90 % of people take a natural remedy for a moment or another of their life. Between 1995 and 2000, the number of doctors having followed a special training of natural medicine almost doubled up to 10 800.

In the United States of America, 158 million adults call upon products of complementary medicine and according to the Commission for Alternative and Complementary Medicines, an amount of US \$17 billion was devoted to traditional remedies in 2000. (Tsui B, Dennehy CE, Tsourounis C, 2001)

In the United Kingdom, the annual expenditure devoted to parallel medicine represents US \$230 million. The world market of the medicinal plants expands faster, and represents currently more US \$60 billion per year. (Briggs GG, Freeman RK, Yaffe SJ, 2002).

It is only for various utilizations acupuncture, for certain medicinal plants and certain manual therapies that the randomized clinical trials delivered convincing scientific facts. It is necessary to carry out further researches to ensure harmlessness and job security of several other practices and medicinal plants. The absence of regulation or the misuse of the practices and traditional drugs can have a dangerous impact especially on pregnant women. (Tsui B, Dennehy CE, Tsourounis C, 2001)

In Ghana, Mali, Nigeria and Zambia, the treatment of first intention for 60 % of children reached of strong fever due to paludism calls upon the managed medicinal plants in residence. As estimated by WHO, in many countries of Africa, the majority of childbirth is practiced by traditional midwives.(JASPER.C , 1995)

2. 1. Theoretical design of the qualitative study

Qualitative research is a methodological approach interested in investigating the perceptions, meanings and purposes of people regarding certain issues. (Natasha Mack , Cynthia Woodsong, Kathleen M. Macqueen , Greg Guest , Emily Namey, 2005)

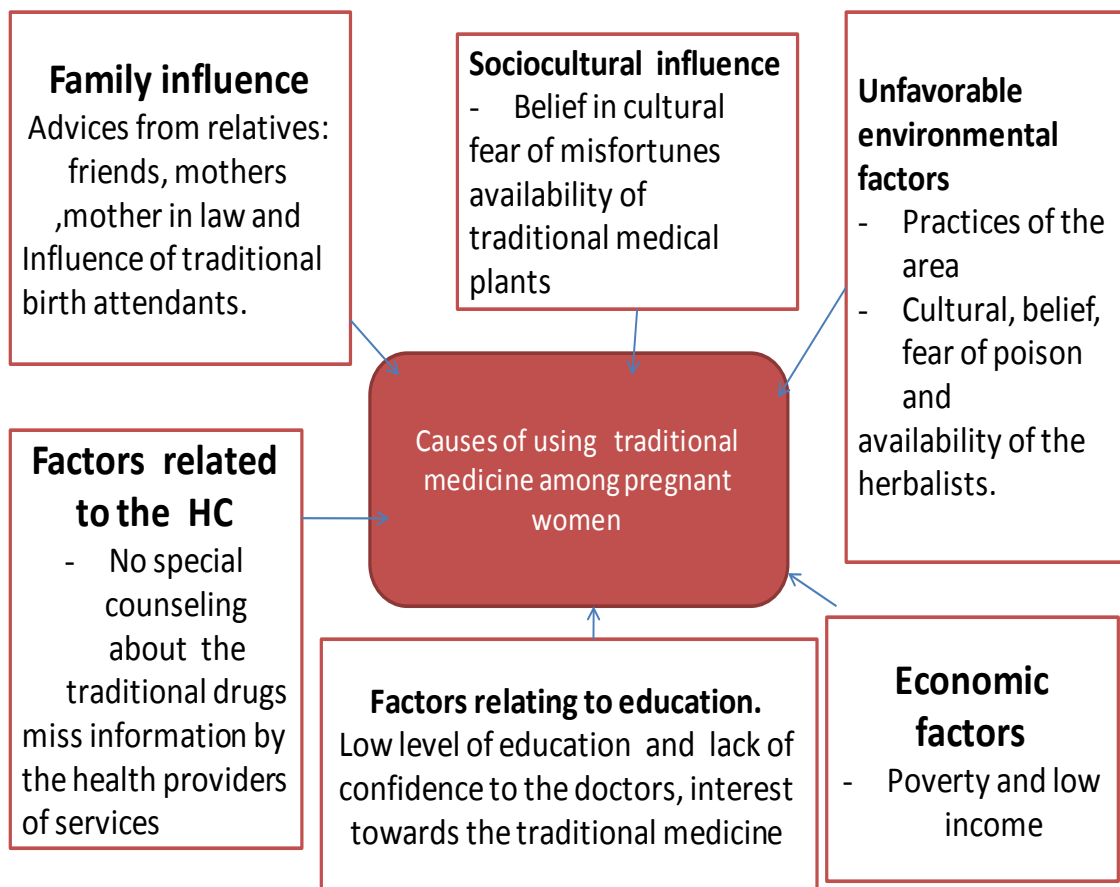
In qualitative studies, theory provides a framework for guiding the study and helps guiding the perspective on the problem, focussing on particular aspects and interpretations of meaning of social interactions.

In this qualitative study the theoretical concepts of medicine drugs are used as general analytical framework. The main idea of utilisation of traditional drugs during pregnancy is that reality is “traditional drugs” based on the experiences of our society. These experiences are observed and shared with others but the reasons of utilisation are unknown or badly known.

As regards the purpose of our study, this means we analysed the reasons of utilisation of traditional drugs during pregnancy, listing and the practises of it. The study focused on utilisation of traditional drugs while the numbers of health facilities who have the delivery service are increased.

The qualitative study based on the methodological principles of ethnography. Ethnography is based on a detailed and descriptive report of speeches, comments and interpretations of traditional drugs and detailed field notes of the researcher placing their interpretation on the central concept of culture.

2.2. Conceptual Framework



Chapter III: RESEARCH METHODOLOGY

3.1. Introduction

This section discusses the methodology used in conducting the study. The research approach was qualitative in nature relying on a deeper understanding of the relevant social, cultural and economic context of the case studies. This section includes population, area of study, tools of data collection, interviews, data collection instruments, data analysis and ethical considerations.

3.2. Area of study

The area of study was Huye and Gisagara Districts in the Southern Province, where two health centers were randomly selected. Save Health Center located in the rural area and Rango Health Center located in the urban part of the district.

3.3. Selection of participants

Participants were pregnant women, breastfeeding, traditional midwives, herbalist, nurses and Doctors from health centers.

3.4. Data collection procedures

In-depth interview guides and focus group guides were in relation with specific objectives of the study. Each specific objective has been used to develop more meaningful questions for both Interview and Focus group guides. In order to collect data, we developed three types of guide related to various groups of investigations composed by a predetermined set of open-ended questions:

The interview was done in Kinyarwanda and the questions were also translated into Kinyarwanda language before the beginning of the process.

In our study, we had two interviewers in each group: the first person conducted the interview and the second interviewer was needed to take notes.

The data was collected through a guide of interview developed to answer questions based on specific objectives laid down by based on our study. Each question was asked kindly and the woman who had an answer was listened and then noted on the guide of interview or note book.

After the interview, the participants were thanked for their goodwill and the greatest contribution which they had just brought to our study and they returned in their activities.

3.5. Characteristics of participants focus group and interviews

3.5.1. Focus group discussion

The focus groups discussion was carried out with pregnant women and breastfeeding. Homogeneous samples were used in Focus group: 2 Groups of pregnant women (one with under 35years of age, and another with over 35 years of age) and 2 groups of breastfeeding from each health center were interviewed.

The following table indicates categories of the respondents in FGD

In total we had 53 women participated in 6 FGD as indicated in the table below.

No	FGD Category	Health center	Number of participants	Mean of Age	Location
1	Pregnant women under 35 years	Rango	12	23	Urban
		Save	9	25	Rural
2	Pregnant women over 35 years	Rango	8	38	Urban
		Save	7	36	Rural
3	Breastfeeding with babies less than 6 months	Rango	9	27	Urban
		Save	11	26	Rural
Total		2	56	Overall mean : 29	

3.5.2. In-depth interview guides

There was an Interview from nurses, Interview from a Doctor, Interview from herbalists and Interview from traditional midwives.

The following table indicates categories of the respondents in interviews
In total we had 9 interviewees as indicated in the table below.

No	Interviewee	Health center	Number of participants	Age	Level of education	Sexe
1	Herbalist	Rango : market	1	61	Primary : P5	M
		Save	2	a) 76 b) 58	None Primary : P4	F M
2	Nurse	Rango	2	a) 39 b) 31	A2 A2	F F
		Save	1	42	A2	F
3	Doctor	Rango	0			
		Save	1	36	A0	M
4	Traditional midwife	Tumba	1	56	Primary : P4	F
		Save	1	53	None	F
Total			9	Overall mean: 49		

3.6. Transcribing

When data collection was completed on field, interviews were transcribed from notebook to electronic document and each interview was fully transcribed. In order to ensure that transcription was processed correctly, the head researcher has verified at the end in the notebook and compared both. The process continued until the researcher was sure that the transcriptions are completed.

3.7. Data analysis

Analysis was done after processing data into a coherent system on the basis of given responses. It was done immediately after interviews and focus group discussions. ATLAS- Ti software was used to facilitate data analysis. The data – analysis was related to basic steps. Generally, the steps include: sketching of ideas, taking notes, summarize field notes, getting feedback on ideas, display of data, identify codes, reduce information, count frequency of codes, relating categories, relating to analytic framework in literature and redesigning the study in its setting. Lastly, a report on qualitative findings was made after analyzing data and its interpretation.

3.9. Ethical considerations

We ensured that the data was confidential and was exclusively used for research purposes. Participation was voluntary in nature; nobody was forced or persuaded to participate in the study. Similarly, no names were needed in providing information, this gave them confidence to participate as the researcher was only interested in the information to be provided.

3.10. Study limitations

The study mainly faced two major constraints: writing down the recorded information was tiresome and time consuming than expected. However, the researcher was patient as she wanted to produce a good quality report. Also, since the interviews were given on working days, it was difficult to trace doctors and nurses as they were busy attending to the patients at the health center. Nevertheless, the researcher sometimes had to work with them during lunch hours or even requesting to meet them after working hours, negotiations that were not easy at all. Finally it is very hard to do that kind of research without finance means.

Chapter IV: RESULTS

This section provides an analysis of data compiled from the conducted interviews. The participants included pregnant and breastfeeding women who are beneficiaries of Save and Rango Health Centers as well as herbalists, traditional midwives, nurses and physicians from the area of study. The analytical approach of the results is based on the general objective which was to investigate the use of traditional drugs in contributing to the improvement of health of the pregnant women and child health care in Rwanda. It also answers the four specific objectives which were: listing traditional drugs which are used by pregnant women; to analyze the different reasons for using those drugs; to know how these medicines are administered, prepared and kept; and to give some recommendations.

4.1. Common diseases that attack pregnant woman

In this study participants indicated that pregnant women suffer from a variety of diseases ranging from different types of worms, malaria, backache, allergies, ifumbi and cough.

“The sicknesses faced by pregnant women in this area are; malaria, stomach worms, HIV, cough and other sicknesses like allergies and ifumbi”: pregnant Women from Rango health center said

It is quite normal to have those diseases when a woman is pregnant because her huminty system becomes very weak. But among those diseases we found a new one which is not known at the Health centers and we were interested to know more about it.

Participants highlighted a disease locally known as *“Ifumbi”* in the local language that most pregnant women suffer during pregnancy. Any pregnant woman who suffers from it can show different symptoms from the other. Below is a statement as far as the symptoms are

concerned to some patients:

"Ifumbi" brings stomachache and also brings difficulties in defecating, you even feel you want to urinate but when you go there only a drop comes out. Pregnant women over Save health center said

"Ifumbi: it is a disease that causes breasts to develop wounds on the nipples and sores; it attacks all pregnant women in the community". That's how a breastfeeding woman from Save Health Center explained it .

The herbalists and traditional midwives had somehow different views on the impacts or symptoms of the aforementioned disease. According to them, it had internal effects like intestinal pain, feeling dizzy, internal bleeding and itching vaginal diseases that could not be specifically identified by respondents. According to them such diseases are so itchy and painful in female's sexual organs. As the cause is unknown to them they believe that it is genetically transmitted from one person to another in a family.

"The disease called "ifumbi" is genetically and cause intestinal pain, feeling dizzy, internal bleeding, itching and vaginal diseases it can cause also stomach worms because they are in the blood. Pregnant women come to us for many diseases but the one which modern medicine cannot treat is what call "ifumbi" only is treated traditionally. Herbalist interview from save health center

Consequently, participants also indicated that the disease is a common phenomenon in the community surrounding the study area as well as other neighboring communities but cannot be treated by modern medicines.

"Ifumbi is a disease which attack every pregnant women and which is not treated by modern medicine". Pregnant women over 35 years from Rango health center said"

As we wanted to get more information about Ifumbi, we went deeply to know more about that phenomena. A pregnant woman said in her words that this disease looks like a frog and when it is not treated can cause many problems.

“This Ifumbi looks like a frog and this Ifumbi can cause several problems like breasts wounds on the nipple and some sores”. Pregnant women over 35 years from Save health center have said

Contrary, nurses and doctors do not share the same view about the disease by claiming that the disease has not been reported to the health center.

4.2. The most traditional drugs used in the community

There is a variety of traditional medicines used by the community respondents both from SAVE and RANGO Health Centers as they said. The respondents under 35 and over 35 cited the following traditional herbs used as medicine for curing various diseases mentioned in the above section: dried and preserved clay, *umukamba*, *umufumbageshi*, *umuravumba*, *Nyirabahogoma*, *Imiretezaho*, *ntaki*, *barakatsi*, *umuhe* and *umwenya*, *umuzigarugore*. *Umushishiro umuretezaho*, *umuyoboro umuhanurankuba* .

According to them they argued that traditionally, dried clay is one of the medicine commonly used even since time immemorial to cure “*Ifumbi*” and intestinal worms especially by pregnant women. They explained that the dried and preserved clay is usually found in the local markets all over the country sold by legally registered traditional doctors. However, the health centers prohibited this usage of such traditional medicines since they are not scientifically proven by physicians.

The end users of these traditional medicines do agree that there is a variety of medicines but they do not know or cannot identify the exact types by themselves. It is a business of the herbalists and they don't want people to know the types because they fear that once it is known by the community they would start finding the medicines for themselves, consequently, they will end up losing the market.

These different types cited by the herbalists from the two health centers included: *umuzibaziba, umuhondohondo, umubimbafuro, umushishiro, ntirumwonga, umukararambwe, umuhuhu. umuhanurankuba, umutobotobo, umunkamba, umunyegenyege w'ishyamba, imbatabata, inyabarasanya, umukuzanyana, umuziranyenzi, umuretezaho, umuyoboro umuhanurankuba, umuhe. icumacuma, uruhehe, umunyinya*".

Many of the respondents revealed that some of these herbals can be found at the market being sold either legally or illegally. They went on saying that are those traditional medicines are taken on daily basis by the different people both in rural or urban areas even though in urban areas they are rarely used. Specifying the traditional medicine taken by pregnant women, they cited the following: *umuhanurankuba and umutobotobo*. They said that it is only taken when women are nearly to give birth and serves as pain reducer for the contraction and expansion for the cervical muscles.

The following table shows the types of traditional drugs cited by participants

Common and most tradition drugs cited and used by pregnant women	Cited by
<i>umuzibaziba, umuhondohondo, umubimbafuro, umushishiro, ntirumwonga, umutarishonga, umuhanurankuba, umunkamba, imbatabata, inyabarasanya, umukuzanyana, umuziranyenzi, umuravumba umuretezaho, umuyoboro umuhanurankuba, barakatsi.</i>	All Herbalists from Save and Rango
<i>Urwondo, umukamba, umufumbageshi, umuravumba, Nyirabahogoma, Imiretezaho, ntaki, barakatsi, umuhe and umwenya, umuzigarugore. Umutarishonga, umuretezaho, umuyoboro umuhanurankuba .</i>	All Pregnant women
<i>barakatsi, umutarishonga, umukamba, umuravumba, urwondo musabanyana umuretezaho nyirabagogoma, umuhe. icumacuma,</i>	All Breast feeding women
<i>umuhondohondo, umubimbafuro, icumacuma, uruhehe, umunyinya (they rub it onto their bodies), umushishiro, ntirumwonga umukararambwe, umuhuhu.»(They sit in it), And the herbs that are used to intensify labor pains are; « umuhanurankuba, umutobotobo.</i>	Way of using some traditional medicines specified by Herbalists.

4.3. Reasons for taking herbal drugs.

4.3.1. Reasons provided by pregnant women and breastfeeding mothers.

Respondents from the two health centers both pregnant women and breastfeeding mothers argued that they do take herbal treatment as to cure “*ifumbi*” which usually attacks pregnant women, alongside causing other side effects as explained in the above section.

“I heard that at the hospital they don’t cure “ifumbi” so when you get any herbs to stop the pain we use it. Breastfeeding women from Save health center declared.

They asserted that they are totally convinced that when they are pregnant there are traditional medicines that they are supposed to take and if it is not the case, they may suffer from terrible consequences together with their children.

“Older women told us that sometimes when the period of giving birth is near while suffering from diseases that are not cured by modern medicine, and you do not take traditional drugs, you may find that its only pieces of fresh that comes out of the vagina instead of the baby and sometimes babies can be born with disabilities as a result of not using traditional herbs” breast feeding woman from SAVE health center noted that.

As they explained the influence of cultural forces in using the traditional medicine in the above sections: On the hand, it is has become a tradition largely influenced by cultural tendencies or values to take those medicines during pregnancy. To cement the argument, for example, a pregnant woman declared that:

“Pregnant women are advised by other older women to use herbals, especially grandparents that strongly believe in traditional medicines or indigenous medicine. For example, if someone is suffering from stomach, traditional herbs are better than modern medicines and it has been proven to be right or else old women who have produced several times to tell you traditional medicines that can be taken to cure a certain disease”. Pregnant women from Save Health center said.

Also the reasons cited are due to poor economic standards and financial means that prevailing in the rural areas.

“The problem is that some pregnant women do not come at health centre for pregnancy check-up because of lack of means of transport so in case of some pains they prefer to take traditional drugs which are around and only come there at the time of giving birth”.

Pregnant women from Rango health center said

4.3.2. Responses by herbalists and traditional midwives

Herbalist and traditional midwives argued that people in general and pregnant women prefer to take traditional medicine because there are some diseases that cannot be cured by modern medicines. Such as, pregnant women normally suffer from “*Ifumbi*” and according to the respondents; the disease is not cured by modern medicines, which is, one of the reason for taking such medicines, an argument put forward by pregnant women and traditional midwives from both centers told us.

“First it’s because that disease called “ifumbi” can affect the pregnant women or unborn baby. That is the main reason but there are other reasons. Herbalist from Save health center said.

Traditional midwives claimed that it is also cultural influenced whereby old women suggested young women to resort for such medicines because it was useful to them. Secondly, this category of respondents pointed out that, traditional medicine is easy to get sometimes for free or on cheap prices compared to the modern one.

Third, health centers or hospitals are sometimes located far away from their areas of residences, limited means of transport and lack of financial means of the percentage they are supposed to pay according to their health insurance.

“Other reasons are related to cultural whereby people believe in traditional medicines than the modern one. It is also easier to find these drugs without many consultations or walking long distance. Finally, it is also because often many of their diseases are not cured by the modern drugs”. A traditional midwife explained.

According to the nurses, they noted that some do take these medicines due to cultural influence and others due to ignorance. Cultural influence plays a big role in influencing the use of traditional medicines, mainly by old parents and due to cultural beliefs that is taught to the current young generations.

“I think that also the problem is about ignorance because they believe in what old women said all pregnant women might use the herbs.” Nurse interview from SAVE health center.

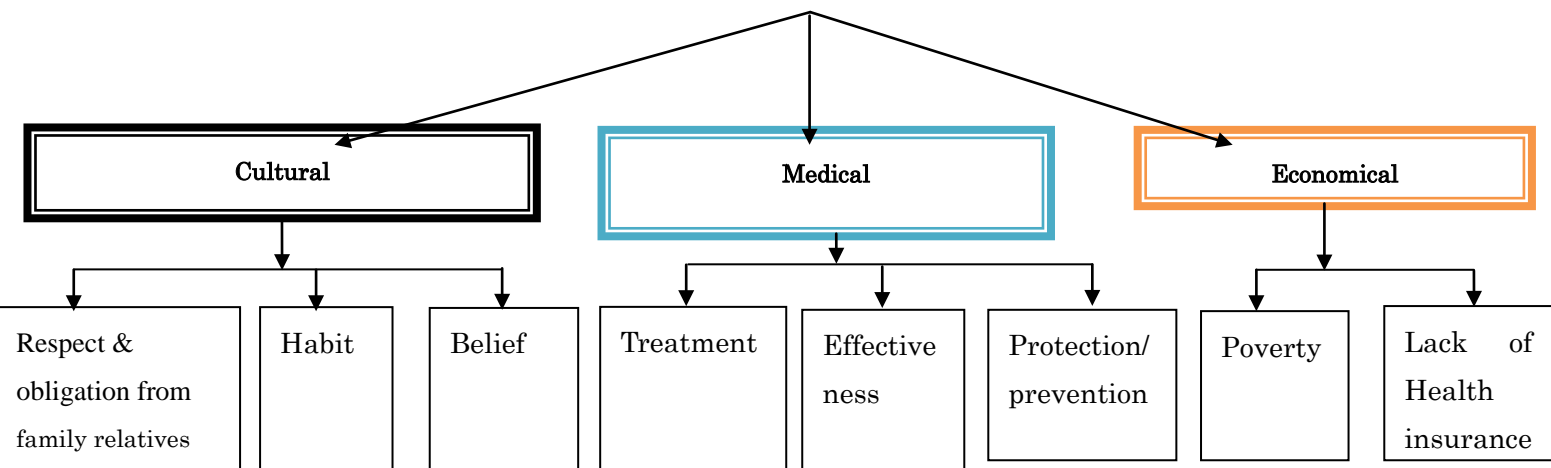
The interviewed from doctor who are not permanent at the health centers do agree that traditional medicine is still taken by some citizens. They explained that reasons are both preventive and curative. Secondly, it is also an influence of culture and ignorance. The doctor had the same point of view with the herbalist in relation to cultural influence.

“The many reasons would be protection (preventive) and curative .Others reasons: is ignorance of the women, Culture (historically pregnant women took traditional drugs and thought that they are protected against what they call KUMANIKA INDA”

“It is an influence of their mothers-in-law and if you refuse to take that medicine, you atomically get problems with them, so to avoid such misunderstandings, you have to take the medicine”. A doctor from Save health center, noted.

According to the respondents, the study revealed that pregnant women use traditional medicine due to cultural values, economic means and treatment: meaning that having no trust in the modern medicine. The main reasons found in this study can be summarized by this figure below.

The main reasons for using traditional medicine



4.4. Necessity for using traditional drugs for pregnant women

Many of respondents do agreed that it is not necessary to use traditional medicine unless someone is actually suffering from “*Ifumbi*” which is not cured by other medicines.

“ It’s not necessary because when you are sick, you go to the health centre and they give you medicines and you can feel better unless when you have a disease called “ifumbi”.

Pregnant women from Rango health center Said.

They confirmed that other sickness pregnant women suffer from other diseases can be cured by modern medicine despite economic limitations that some families may encounter in the due course. *“For me I think, sometimes, there is necessity to take them when you do not have money because it helps you. I have used umunkamba when i were in pregnancy and I was feeling okay without any problem”* Breastfeeding women from Rango health center said.

What is interesting is that some people still resist the modern way of doing things that science has introduced. Of course, participants indicated that some people can still go for their traditional medicines even if they have enough financial means. This shows that transformations brought about the state and modern science are not all compatible with the indigenous ways of living. The state or science has imposed some ways of living that people Have not chosen . To support this argument:

“Sometimes you may go to the hospital and you tell a doctor that you have « ifumbi » and he does not understand you, so when I arrive at home I take the herbs and feel better. For example you develop some abdominal pain and when you get medicine nothing changes and we resort to herbs”. Breastfeeding woman from Save health center argued.

Herbalists also said that, some diseases can affect the fetus in the womb and may have diverse effects during birth or in the child’s life. The logic remains, how do really people know traditional doctors or experienced herbalist as many people having resorted to that business in search of financial means.

“Normally I think that, all pregnant women must take traditional herbs to protect her unborn baby. The advice I can give them is that they are not allowed going anyway because there is some herbalist who doesn’t know the real medicine to give to the patient. So they should come to us and we can administer them the real traditional drugs according to the disease and we know the dosage that they have to take. Usually, they are indicated to take one spoonful and another after a week. In most cases, every pregnant woman should not go until giving birth without taking the herbs”. : Herbalist from Rango Health center said.

4.5. Consequences one may have due to not using traditional drugs by pregnant women.

The researcher was interested in knowing whether there are consequences or side effects encountered by pregnant women due to the refusal of not using traditional medicine. In the two health centers through focus group discussions conducted with them, majority of participants testified that they can had some negative impacts or side effects due to not using traditional medicine.

“They said that traditional drugs cures « ifumbi » so if you don’t take herbs you not see your baby” Pregnant women from Save health center said

On other hand, few respondents asserted that to have had negative side impacts due to the usage of traditional medicine. Cited side effects included:

“pain during miction, vaginal discharges, and change of skin color both of the mother and new born child and other allergies-like reactions such as scratching or feeling different after taking these drugs.”

Contrary to other respondents, interviewed doctor and nurses at the two health centers had different views as far as the consequences of traditional medicine are concerned.

“Major problems faced by pregnant women while taking traditional drugs may be intoxications of the liver and the kidney by traditional drugs without knowing their dosage and composition, some of the traditional drugs may be abortive. We think that according to our experience, the traditions drugs may change also the aspect of the amniotic liquid. About consequences for the baby, the traditional drugs may affect the baby by intoxications and by changing the color of amniotic liquid, he may have an infection. Physician interview save health center

They mentioned intoxication of the liver and kidney, risk of abortion, complications during child delivery and change in amniotic liquid as well as diverse impacts to the baby.

“They are some of them who have “accouchement dystocique” due to fetus suffering and this can lead to death because most of them get medicines that stimulate labor pains.

Nurse interviewed from Rango health center

“I have experienced this: one pregnant woman who lost her unborn baby in the womb and she told us that she had been using those traditional drugs before coming here in case to stimulate labor and avoiding much time in labor.” Nurse interview from Save health center in her own words:

4.6 Pregnant women barriers for attending modern treatment

Participants said that these herbal medicines are usually taken in the period of pregnancy. Consequently, when this happens they do not even report the complications to the doctors in fear of being blamed.

On the other hand women are accused to use traditional medicine instead of using modern health facilities because they fear being discovered as well as being blamed to have used traditional drugs.

“For me I know some pregnant women who fear to come to the health centre because they use traditional drugs for fear of being blamed at the time of giving birth she stay at home.”

Pregnant women from Rango health center said

4.7. Information of using traditional medicine

They indicated that there is no structural channel through which the users acquire advice to opt for traditional medicine on the state level. The only ways of advice or getting information of how these medicines can help, is achieved through herbalists who reside within or outside the local community. Secondly, the information or advice comes through older women or friends who underwent the same experience by taking these kinds of medicines.

“Pregnant women are directed by the old women they collect them from jungles, in the bush but for “urwondo” is sold in the market and most women like it because it’s not bitter. But most of the time it’s given out by old women and their friends and are mostly sold by old women at the market.” Pregnant women from save health center said.

They argued that what is fascinating is that the majority of these women who take these medicines are not given to them by legally registered herbalists; instead they collect the

herbs by themselves in the forests and end up by taking over dosage and sometimes wrong types of herbs. Respondents argued that people in villages opt for hospital treatment at the last resort where this traditional treatment has failed. Another argument is that these types of medicines are easy to get and cost less comparatively to modern medicine.

“Traditional drug is available in jungle, easy to find and not expensive”. Breastfeeding mother from Rango health center said

Participants said that the use of traditional medicine is commonly a tradition in rural areas and if someone falls sick, the first priority is to rush for traditional treatment instead of running to the hospital.

“Most especially concerning traditional drugs, this are used in villages because it’s where they are found and those in need of them go to villages but those who live in villages it’s their priority before going to the hospital and there are old women who know those traditional drugs which makes it easy to get them” Pregnant women from Rango health center said

However, though legally registered traditional doctors sell these types of medicine but their cost is also less comparatively to modern medicines at hospitals or in pharmacies, thereby opting for traditional medicines at herbalist premises or in forests.

Last but not the least, some traditional medicine is found in the markets. Those found in markets are sold by registered and certified traditional herbalists and the good news is that they cannot easily give the medicine to a patient without having seen a consultation note from the doctor which proves the disease.

4.8. Prohibited traditional drugs from pregnant women

The local population has knowledge of traditional medicine that cannot be taken by pregnant women. Their understanding towards the use of traditional medicine seems to be

guided by cultural forces and some ignorance of dosage and composition components but surprisingly, they know what to take or not. This is driven by traditional knowledge that is continued to be undermined by modern science. With reference to the prohibited medicines to be taken by pregnant women according to their traditional knowledge in public health, included: *Umuhoko*, *Umusabanyana*, *umuravumba*, *igikakarubamba* and *umuretezaho* which when are taken in high quantity or when are very concentrated they can cause some serious consequences.

“There is one called “umusabanyana” which cures stomach worms but at time of pregnancy if you drink a lot you may have a miscarriage .There is umuravumba” which cure caught but when you drink a lot you can have a miscarriage also. “umuhoko” is prohibited for pregnant women”. Pregnant women from save health center said

Therefore, this knowledge of what not take cannot be taken for granted one can question how do they measure the composition and dosage?

To complement the above information from pregnant women and breast feeding women, *“There are some herbs we don’t allow pregnant women to use because those herbs are very concentrated, for example, herbs for curing intestinal worms like “umusabanyama, and ikomambogo” because of their stringiness”*. Herbalists from Rango noted.

However, herbalists from Save also added there are some herbs that cannot be given to pregnant women.

*“Mostly the herbs for the stomach worms are small roots and most of the time the sellers do not sell it to pregnant women. Umuretezaho, umuno, cures « ifumbi » but when you take an over dose you can die or you get a miscarriage.” **umusabanyana** » you cannot take a lot because it kills when you take a lot and you even faints like someone with epilepsy : Herbalist from Save said.*

It should be noticed that there some women who do not go to health centers or hospitals by the time of giving birth unfortunately the placenta refuses to come out on time. In such cases, they also use herbs to solve the problem. The herbs applied to solve the issue, include: “*ituza, isagara, akayoboro, igisura, icyumwe, umuhanurankuba, umusange*”. Herbalist from Save said.

They indicated that communities in rural areas have their own traditional knowledge that is helpful but needs strong attention so as to be practiced in more monitored structure to enhance people’s health and welfare.

4.9. Future usage of traditional drugs

Fewer respondents do agree that using traditional medicines have had negative side effects on pregnant women. Asked whether they could stop using the medicine, people who had encountered these problems, seemed to show no sign of regret or the will of quitting the tradition. Some of the reasons given by the respondents were based on cultural influence and traditional knowledge in the public health sector. For example, a pregnant woman at Rango health center stated that:

“For me, my mother in law told me that they never attended the health centers and they only used herbs, and gave birth without any problem”

This means that some family members are influenced by family experience in using traditional medicines, despite negative impacts they may cause! Once again another pregnant woman narrated that:

“I think the act of using traditional drugs will never cease in villages, myself I went to our home village and my mother asked me if I had ever used traditional drugs for avoiding poison and a disease like “ifumbi” When I answered no, she blamed me because of the pimples I had on my face and she said that my baby will be having them as well.”

The argument that some pregnant women as well as other people do use traditional medicine due to economic limitations or poverty may disappear because those poor people are being supported to acquire medical insurance. The policy of assisting poor population to get free medical insurance may reduce the use of traditional medicine in the near future, according to the respondents from Rango health center.

“Most of women take traditional drugs because of poverty but for me I think now days there is some improvement in going to health centers. Sometime back they used traditional drugs because of high costs of treatment but now you can buy health insurance at only 1000 RWF and you only pay 200RWF when you need treatment.” Pregnant women from Rango said.

4.10. Ways of taking or using traditional medicine

There are many ways of taking or using the medicine as revealed by the respondents: both pregnant women and herbalists from the area of study. The significant difference depends on the diverse or types of the medicine, the kind of sickness as well as the herbalist's prescriptions. There are four major ways largely described by the respondents. They include: oral, rubbing/smearing on the affected parts of the skin and breathing in, the medicine and bathing it in hot or warm water. They added that the dosage again depends on the degree of sicknesses or how severe a certain drugs are.

Secondly, respondents noted that majority of the medicines are first boiled before are taken.

“It depends on how concentrated the traditional drugs are but it depends also on how the herbalist prescribes it, the herbalist can even tell you to take a whole cup and you can even be told to take a small can in a week depending on the disease you are suffering from. Normally those are the ways they use when giving instruction on the usage of the herbs for those who are bewitched at the time of giving birth.” Pregnant women from Rango said

In general, people who collect these medicines from the forests themselves and use them without guidelines from the professionals, are the one that in who most of the time suffer from the side effects. Normally, it is the herbalist who should provide instructions and recommendations on how to use such medicines, but unfortunately it is not always the case.

“Most of the drugs are boiled for drinking and other for smelling. But there are some herbs you bathe or put them in a basin and sit in it depending on what you are suffering from and it’s the herbalist that gives instructions”. Pregnant women from save health center said

4.11. Time for start using traditional drugs for pregnant woman

Indeed, the women indicated there is a period, when a pregnant woman should take this medicine. The majority of the interviewed women noted that they take the medicines during the first three months of conceiving a baby. According to them, this period is when one is not feeling well due to the changes in body system and with a lot of abdominal pain, headache and vomiting symptoms. Of course, if there are no means of consulting a doctor, the alternative is traditional medicine, interviewees narrated.

“Immediately after conceiving, she develops stomachache and that’s when a pregnant woman starts using traditional drugs” Pregnant Women from Rango health center said.

Some were of the view that it is not good to use the herbal medicine during the first months because it can affect the fetus, therefore, they recommend to start using the herbs after three months when the fetus is clearly formed into baby. The respondents again revealed that some use these herbals to enable urethral contractions and expansion so that at the time of giving birth, they may feel little pain.

“They normally use traditional drugs between the fourth and the fifth month of their pregnancy but there are some who take traditional drugs towards giving birth believing that it brings labor-pains in time and others even use traditional drugs immediately after giving birth for a quick recovery” Breastfeeding Women from Save health center said

Notably, all these medicines are taken deliberately knowing that doctors do prohibit them from using them. This indicates behavioral change is still a major challenge in the Rwandan society, especially in rural area.

“When you start having some stomachache and scratching your breasts and you tell an old woman, she tells you to look for « umwenya, umuravumba or musabanyana » to feel better.

Pregnant women from save health center less than 35 years

The participants indicated that pregnant women during their early period of pregnancy do not go for medical checkups or treatment in case of sicknesses. They end up using herbal medicines, until the period of giving birth and that is when they go to the health centers or referral hospitals. *“The problem is that some pregnant women do not come at health centre for pregnancy check-up they take traditional drugs and only go there at the time of giving birth”.* Pregnant women from Rango health center said

4.12. Preparation and conservation of traditional drugs

They mentioned that there are no defined means of preparing these medicines despite the fact that much of it, is normally boiled. Interestingly, the utensils used in boiling these medicines should be clean and materials used throughout the process are used with sanitary consciousness to prevent diseases.

“There are some herbs they give you to boil water when it is ready you immerse it and they tell the amount of water to use and then continue boiling and after you let it cool and you boil again any other time to stop it going bad.” Pregnant women from save health center said.

The problem is that not all people use clean utensils in boiling the medicine or in the preservation of the medicines. Without sanitation measures they may end up being affected by diseases.

4.13. Recommendations in using traditional drugs by pregnant women

The majority of the respondents, from focus group, highlighted that their recommendations are centered on using little herbal medicines or consulting herbalists for guidance.

“The advice I can give is to take very little in case of any problem because the bad thing is to take a lot of herbs. And I think anyone with stomachache and Ifumbi can take very little herbs because it cures for the case of being dirty they can be first cleaned before using it. Breastfeeding women from Rango health center said:

As the research opinions from herbalists confirmed they believe that there are some diseases that cannot be cured by the modern medicine reason why it is very important to use traditional medicine for pregnant women.

“I think that, all pregnant women must take traditional herbs to protect her unborn baby of Ifumbi because even now the doctors shouldn’t get a way of treating that. So they should come to us and we administer the traditional herbs because we know the dosage they should have. Usually, they are directed to take a spoonful and another after week.” Herbalist from Save said

Chapter V: DISCUSSION

In this study our main general objective was to investigate the use of traditional drugs among pregnant women in order to contribute in improvement and safety of maternal and child health in Rwanda. Nevertheless, the policy in Rwanda is that any pregnant woman should give birth at the hospital or at the nearest health center. Also after any woman has conceived a baby, she must get access to medical advice or treatment from any health facility and they should make HIV test before giving birth. HIV test is done to both men and their spouses.

In developed countries, complementary "or" parallel "medicine" is the equivalent of traditional medicine. (Mitchell, Allen A ,2010) as we found in other studies, the use of herbal medicinal products, usually marketed as dietary (food, nutritional) supplements(BJOG, 2002) In some countries researchers have found that medical practitioners generally have little knowledge of herbal remedies, their safety, or potential interactions [(Harlow, Essex, UK, 2004, Barennes H, Simmala C, Odermatt P, 2011)] and this may provide one reason for only one third recommending this course of action. The results do, require consideration with respect to the study's limitations.

We found that in the developed countries, complementary "or" parallel "medicine" is the equivalent of traditional medicine. (Mitchell, Allen A , 2010)

5.1. The use of traditional drugs and the most lists used during pregnancy

In this study we found that there is a long list of traditional drugs which is used by pregnant women which is find by herbalist, old women and also other are obtained from the market. Although this has been shown by others studies that there are some herbal this can be recommended by expert in traditional medicine, which is commonly called miraculous plants, like Aloe Vera and others. Here are some types of drugs in Kinyarwanda language:

umuzibaziba, umuhondohondo, umubimbafuro, umushishiro, ntirumwonga, umukararambwe, umuhuhu. umuhanurankuba, umutobotobo, umunkamba, umunyegenyege w'ishyamba, imbatabata, inyabarasanya, umukuzanyana, umuziranyenzi, umuretezaho, umuyoboro umuhanurankuba, umutobotobo, umuhe. icumacuma, uruhehe, umunyinya .

All those names are known in the community and we realized that there are others which are not known. The disease called *Ifumbi* is the most common disease among pregnant women because they believe that it is not cured by modern medicine. We think that the *Ifumbi* has signs and symptoms which can affect pregnant women like pain when urinating, metrorrhagia or spotting during pregnancy, itching in the genital organs, the ligament pain when the uterus is increasing in size etc. those signs and symptoms may be due to the urinary tract infection diseases, risk of abortion, cyst of the ovaries and many of the uterus.

It was said that *Ifumbi* can causes wounds on the nipple, can attacks ears or nose but in our understanding, these may be due the breast infection especially after birth when the mothers breastfeed their children.

The most important source of information about tradition herbs was found from the “family (old women) herbalist and friends,” which is similar to other findings (Harlow, Essex, UK , 2004). And for Laura Cuzzolin, Bethel Temple found that the most of the time, herbal medicines were recommended by grandmothers and mothers follow by relatives like in-laws, auntie, uncle, father, cousins or sisters (Suva, fiji islandsa, 2003).

Though it has not been scientifically proven by some doctors in Rwanda but the reality is that such traditional medicine may cause some diverse impacts on the child that sometime result into death of the unborn child. This is usually due to much dosage and composition of various herbal medicines that is incompatible with the body system.

The end users of these traditional medicines do agree that there is a variety of medicine but they do not know or cannot identify the exact types by themselves.

It is a business of the herbalist and do not want people to know the types because they fear that once it is known by the community they would start finding the medicine for themselves, consequently, they will end up losing the market.

5.2 Reasons of taking herbal drugs

In this study, we have found some main reasons of taking traditional drugs which are related to three factors such as seen culture, health factors and economical factors.

The above concept framework shows the relationship that exists between the cited variables and factors which cause the usage of traditional drugs among pregnant women: such as the income of households, educational level, religion, area, age of the woman, culture, pressure of the community to make children, duration of marriage, capacity of decision-making within the health, fear of trouble or danger, poisoning, presence of the herbalist, council inadequate, experiment of the parents, absence of confidence with the doctors, interest with the natural products, lack of advice on the toxic effect of the products among pregnant women, financial accessibility and geographic accessibility. These variables are found in those three factors.

5 .2.1 Culture reasons

The reasons which were related to the culture in this study were: cultural belief, fear of misfortunes availability of these plants, poisoning frequent, presence of the herbalist, family influence, respect, habit and ignorance.

But according to the discussion in focus group, we had with participants, it was necessary to distinguish women from the rural area and those of the urban environment. The women of the rural area are used to respect their mother and mother in law because this is what Rwandan culture obliges them to take traditional drugs and even to hide the pregnancy when it is still small but also because of poison which may exist in villages and those of the urban environment are not many who use those drugs.

The arguments presented were ignorance of the people about diseases suffered by the citizens in the rural areas. The above quotation give to us does not mean that it is perfectly true but it indicates how ignorance can play a crucial role in making people to use medicines these sometimes are incompatible to their health. It is clear that when you do not take those medicines, you cannot have pieces of the body coming out of the vagina as said. This is completely wrong perceptions based on ignorance. With this understanding, it shows that health education as well as behavior change is still a major challenge, mostly to the illiteracy population living in urban areas.

Other studies had shown some of the more complex reasons for preference of herbal medicines during pregnancy which were associated with cultural and personal beliefs, philosophical views on life and health (Nordeng H, 2005)

5.2.2 Health center reasons

We have realized that Doctors or nurses were not enough informed about the use of tradition herbs during pregnancy and even they have little information. It seems like health care workers are not expected to be open to discuss about this issue or have inadequate knowledge about tradition herbs or simply due to fact that they are not interested in traditional medicine.

However, it would seem appropriate for all health care professionals to be educated and aware of traditional medicines used during pregnancy. There is also a problem related to the lack of confidence from pregnant women saying that Doctors and nurses are not able to treat that disease called *Ifumbi* which almost attacks pregnant women. They prefer do not use modern medicine and they choose to use traditional drugs which are considered as the natural products and those ones are very effective with that disease. As we found in main studies that traditional medicine remains very widespread in different countries of the world under development and its use does not cease growing in those countries. (Mitchell, Allen A, 2010)

5.2.3 Economic reasons

In this case we realized that some pregnant women prefer to stay at home rather than joining Health Care Centers, since they can't afford the antenatal care or when it's time for giving birth, they take some drugs. This practice is commonly found in rural areas because many women are poor and sometimes they don't have money for transport also as they have the herbalist around which can generate drugs for little money without paying transport, so it becomes simple and practical.

We realized that there is also a geographical accessibility factor, which we can consider as a sensitive thing that causes the use of traditional drugs for pregnant women.

Although in the study done by (Azriani Ab Rahman, 2009) the total household income was associated with the use of herbal medicines during pregnancy among Women in Tumpat District (Azriani Ab Rahman, 2009). In our study we realized that women preferred to stay at home because they do not have money as shown above.

5.3 Route of administration used for traditional drugs.

The common practices of administration to use traditional drugs were three. Many of pregnant women take oral traditional drugs to cure Ifumbi.

But we have also observed that drugs can be used in forms of pomade or cream applied on the skin. The third type of administration for traditional medicine, women who have vaginal pains or some infections they can bath or sitting in it but also most of the time these traditional medicines are indicated to be put inside into the vagin

Our view on this is that the state or science has forced people to believe that their discourse is right and the traditional discourse is wrong totally wrong. Secondly, not all diseases cannot be treated by modern medicine and modern way of thinking has jeopardized traditional science that can also contribute to medical solutions.

Actually, participants indicated that for almost all people who have been taking traditional medicine, they have never encountered any long term issue on their health or life in general. They said that this is applied to the pregnant women who take traditional medicine due to some diseases that cannot be cured by the modern medicine.

Hence, the argument that traditional science can contribute to human health and human security remains valid, despite less importance, attributed to it, in the modern discourse of public health. According to the participants they strongly believed that it is important to use traditional medicine because not all diseases can be cured by modern medicines.

Despite the fact that traditional therapists are being sensitized to operate in cooperatives and register their business after getting approval from authorities in charge of it.

On the other hand, people are being sensitized to stop using these medicines and the anticipation is that there is an increasing behavior communication change that makes people to deter themselves from the practice.

There is no significant indication that traditional medicine will be stopped to be used; instead, some behavior change is needed especially to people who take the medicine on their own without consultation of traditional therapists.

There is need for what we can call “democratic medical solutions”. This is when modern doctors and traditional doctors can sit together and try to find complementary solutions about using traditional drugs to diseases that attack our people, a trend that Rwandan government has started but with little emphasis.

In brief there is nothing wrong with the idea of using traditional medicine; the only problem is where people get these drugs and their dosage. There are people who are professionals in that field they should be the only one to providing these kind of services, but the problem is that each and everyone find and take the medicine by themselves without provider consultation from the certified.

Chapter VI: CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

In this study the research underlines that the use of traditional medicines is a common practice by pregnant women surrounding Rango and Save Health Centers. The usage of these traditional medicines may be basically tied to cultural influence, treatment reasons and poor economic standards of the people; hence, they resort to traditional medicines.

As well as we found also that doctors and nurses never showed much interest in discussing the matter and showed that they had limited knowledge on the subject. Pregnancy care providers should be aware of the common traditional drugs used by pregnant women, and evidence regarding potential benefits or harm.

The widespread use of traditional drugs during pregnancy indicates an increasing need for investigation about their safety in pregnancy. To meet the needs of pregnant women, it is necessary for health care personnel to have knowledge about traditional drugs during pregnancy, even if the rates of use are unknown, there remains a need for investigation of the safety of these products.

Close follow up is needed by both people and institutions to ensure safe health management of the citizens. This is where “democratic medical solutions” need to be strengthened between the modern doctors and traditional herbalists in support by the state. However, those opinions cannot be generalized to the whole community in the two sectors.

6.2 Recommendations

The following recommendations were deemed to be useful to the following:

a. Government through Ministry of Health

Due to lack of scientific data and knowledge about effectiveness or shortcomings of traditional medicine, it is significant:

- To support herbalists to practice their profession in more organized way so as to protect people's health
- To formulate a national policy and regulatory system for the use of traditional drugs and in accordance to WHO standards.
- To establish mechanisms of regulation to control the dangers of traditional drugs taken by pregnant women without proper instructions by the legally registered traditional doctors.
- To foster trainings of the herbalists as well as sensitizing the general public and consumers about traditional therapies in order to protect people's health and their lives in general.

b. Health providers

- They should open up programs to sensitize the community, especially pregnant women about the dangers of using traditional medicines without consultations from people with authority
- Strong collaboration between modern doctors and traditional herbalist for find complementary solutions

c. Researchers

Make a research regarding the prevalence and the main effects of traditional drugs in pregnant women.

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Appendix

Ibibazo by'ibanze

Mwakoze kwitabira ubutumire bwacu . Twagira ngo tuganire ; niba munyemereye?

1. Ese muri aka gace ni izihe ndwara abagore bakunda kurwara ?
2. Ese abadamu (abagore) b'inaha (bo muri aka gace) bumva bate ibijyanye no kuboneza urubyaro?
3. Ese abadamu (abagore) baza mu kuboneza urubyaro ni izihe service (ibyho bakorerwa) bishimira, cyangwa binubira?
4. Ni ki cyakorwa kugira ngo servisi ishinze kuboneza urubyaro ikore neza?
 - Ubwo rero tumaze kurebera hamwe ibijyanye no kuboneza urubyaro nagiraga ngo twungurane ibitekerezo kubijyanye n'ubushakashatsi burimo gukorwa ku birebana no gukoresha imiti ya Kinyarwanda ku babyeyi batwite.

a. ibibazo bijyanye n'ubushakashatsi

- ikoresha ry'imiti ya Kinyarwanda ku babyeyi batwite: amazina yayo n'impavu ikoresha.
1. None se ni izihe miti ya kinyarwanda ikunda gukoreshwa muri rusange ku babyeyi batwite bo muri aka gace?(Hari iyo mwaba muzi se, Cyangwa mwabonye, cyangwa se mwumvise)?
 2. None se mubona ari iki gituma ababyeyi batwite bakoresha imiti ya Kinyarwanda inaha ? Ni ukubera ibibazo se, ni izihe mpamvu zaba zibitera?
 3. Mwaba se hari amazina amwe namwe muzi y'iyi miti ya Kinyarwanda ikunda gukoreshwa n'abadamu (n'abagore) b' inaha muri aka karere (mu ntara y'amajyepfo cyangwa se akarere ka Huye) k'amajyepfo?
 4. Ese mwe mubona ari ngombwa ko umubyeyi utwite afata imiti ya Kinyarwanda? Kubera izihe mpamvu?
 5. None ni izihe ngaruka ziboneka ku mubyeyi udakoresheje imiti ya Kinyarwanda atwite?

6. Hari imiti ya Kinyarwanda se umubyeyi utwite atemerewe gufata ? niba ari yego mwambwira impamvu?
7. Ni nk'ibihe bibazo by'uburwayi yahura nabyo mugihe atafashe imiti?
8. Mutekereza ko ababyeyi batwite bazakomeza gukoresha imiti ya Kinyarwanda mu gihe kiri imbere?

b. Ibibazo bijyanye n'uburyo iyo miti ya Kinyarwanda ikoreshwa ku badamu batwite.

1. Ese ababyeyi batwite baba bakura hehe imiti ya Kinyarwanda?
2. Uko mwumva se, ngo ni ikihe igihe cyiza ababyeyi batwite bagomba gukoresha imiti ya kinyarwanda ?
3. Ese mwatubwira uko iyo miti ya Kinyarwanda yaba ikoreshwa (uburyo ikoreshwa) ? Ese yaba inyobwa, isigwa cyangwa se n'ubundi buryo mwaba muzi iyo miti ikoreshwa...?
4. Ese mwaba muzi uburyo itegurwa, n'uburyo ibikwa?ese itegurirwa hehe?
5. Iyo miti se nta ngaruka ishobora gutera umudamu (umugore) utwite cyangwa igatera ingaruka ku mwana atwite ?
6. Ese hari ubuhamya mwaba mufite bw'umubyeyi waba warakoresheje imiti ya Kinyarwanda akamererwa nabi? Byaba byaragenze gute?
7. Ni ubuhe bujyanama se mwatanga ku babyeyi batwite bakoresha imiti ya Kinyarwanda.
8. Ese mwe hari imiti mwaba mwarakoresheje mbere yuko mu twita?

Mwakoze kwitabira ibiganiro byacu byari bigamije kurebera hamwe ikoreshwa ry'imiti ya Kinyarwanda ku babyeyi batwite, amazina y' imiti n'uburyo ikoreshwa ndetse n'impamvu yayo. Turizera neza ko ibisubizo mwatanze bizadufasha mu bushakashatsi bwacu bugamije gutanga umusanzu mu kugabanya impfu z' ababyeyi batwite ndetse n'abana bakivuka.

Turabashimiye

II. Ibibazo bigenewe abavuzi ba Kinyarwanda n'ababyaza ba gihanga.

1. Ese ni izihe indwara ababyeyi batwite bakunda guhura nazo muri aka gace.
(Mwaba mukeka ko biterwa niki se) ?
2. Ese hari amazina y'imiti ya kinyarwanda mwaba muzi ababyeyi batwite bakunda gukoresha ?
3. N'inkibihe (Ni nk'ibihe) bibazo bishobora kuba k'umubyeyi utwite abitewe nuko atakoresheje imiti ya kinyarwanda imwe n'imwe?
4. Ese mwumva mwebwe ari izihe mpamvu ababyeyi batwite bagomba gukoresha imiti ya kinyarwanda ?
5. Haba hari ingaruka se k'umubyeyi yahura nazo kubwo kuba yakoresheje imiti ya kinyarwanda ?
6. Dukurikije ubumenyi n'ubuhanga mufite, hari imiti umubyeyi utwite atemerewe gukoresha ? kubera izihe mpamvu ? mwaduha nk'urugero.
7. Mwagira iyihe nama se ababyeyi batwite mu bijyanye no gukoresha imiti ya kinyarwanda.

Murakoze kwemera kuganira natwe , turizera neza ko ibisubizo mwatanze bizadufasha mu bushakashatsi bwacu bugamije gutanga umusanzu mu kugabanya impfu z'ubadamu (z'abagore cyangwa se ababyeyi) batwite ndetse n'abana bakivuka.

Turabashimiye

III. Ibibazo bigenewe n'umuganga n'umuforomo

1. Ese ni nk'ibihe bibazo mubona ababyeyi bahura nabyo mugihe batwite ?
2. N'izihe (Ni izihe) ndwara ababyeyi batwite bakunda kurwara. Mwaba mukeka ko biterwa n'iki se ?
3. Mukurikije se ibyo mubona mu kazi kanyu , hari ababyeyi mubona bakunda kuza kubyara baranyoye imiti ya kinyarwanda ? Niba ari yego, baba bangana bate
4. Ese muratekereza ko baba babiterwa n'iki ?
5. Mukurikije uburambe se mufite, hari ababyeyi mwaba mwarabonye bagize ibibazo bitewe no gukoresha imiti ya Kinyarwanda?
6. Ese ni nk'izihe nama mwagira ubuyobozi ariko cyane cyane kuri service ishinzwe gukurikirana ababyeyi batwite

Murakoze kwemera kuganira natwe ,turizera neza ko ibisubizo mwatanze bizadufasha mu bushakashatsi bwacu bugamije gutanga umusanzu mu kugabanya impfu z'ubadamu z'abagore cyangwa se ababyeyi batwite ndetse n'abana bakivuka

Turabashimiye

Table of traditional drugs and types of diseases that can cured

This following table indicates different types of traditional medicines and the diseases they cure, according to the participants respondents.

Traditional drug	Scientific names	Disease cured
1. <i>urwondo</i>	<i>Solid clay mixed with many plants</i>	<i>Ifumbi</i>
2. <i>Nyirabahogoma</i>	Not found	<i>Abdomen pain and infections</i>
3. <i>Umufumbegeshi</i>	<i>Balthasarea schliebenii</i>	<i>Hepatitis</i>
4. <i>Umuravumba</i>	<i>Coleus aramuticus</i>	<i>Ifumbi, cough and malaria</i>
5. <i>Umushishiro</i>	Not found	<i>abdomen pain</i>
6. <i>Umubogora</i>	<i>Cissus quadrangularis</i>	<i>Ifumbi</i>
7. <i>Umuhuhu</i>	<i>Ritchiea arbersic</i>	<i>Hepatitis</i>
8. <i>Icyicamahirwe</i>	Not found	<i>Stomach worms, ifumbi</i>
9. <i>Umunkamba</i>	<i>Dichrostachys cineria</i>	<i>Bewitched, constipation,ifumbi</i>
10. <i>Inkuri</i>	Not found	<i>Abdomen pain after giving birth</i>
11. <i>Umusabanyana</i>	<i>Chassalia subochreata</i>	<i>Stomach worms</i>
12. <i>Umuhe</i>	<i>Clerodendron fusaim</i>	<i>Abdomen pain</i>
13. <i>Umwenya</i>	<i>Ocimum trichondom</i>	<i>Kidneys , Cough</i>
14. <i>Umuhoko</i>	<i>Strychnos usambarensis</i>	<i>Malaria for mature people</i>
15. <i>Umuzibaziba</i>	<i>Mitragyna rubrostipulosa</i>	<i>Ifumbi</i>
16. <i>Igifumbafumba</i>	<i>Ekebergia capensis</i>	<i>Ifumbi and miscarriage</i>
17. <i>Ishikashike</i>	<i>Guisdia</i>	<i>Hepatitis</i>
18. <i>Umutarishonga</i>	<i>Clutia abyssinica</i>	<i>Ifumbi</i>
19. <i>umuretezaho</i>	<i>Anisopappus lastii</i>	<i>Ifumbi</i>
20. <i>Igikakarubamba</i>	<i>Aloe vera</i>	<i>Skin diseases</i>
21. <i>Akanyamapfundo</i>	<i>Leucas matrinicensis</i>	<i>Bleeding after giving birth</i>

22. Barakatsi	<i>Acacia mearnsii</i>	
23. Umuyoboro	<i>Lysimachia ruhmeriana</i>	Breast pain
24. Ikomambogo	<i>Vernonia lasiopus</i>	Poison and malaria
25. Umubimbafuro	<i>Gouania longispicata</i>	Ifumbi and abdomen pain
26. Uruhehe	<i>Bothriocline ruwenzoriensis</i>	Ifumbi
27. Umunyinya	<i>Acacia abyssinica</i>	Abdomain pain
28. Ntirumwonga	Not found	Breast infections
29. umuhanurankuba	<i>Solanum plousianthemum</i>	Remove placenta
30. Umutobotobo	<i>Salanum capsicoides</i>	Stimulate labor pain
31. Imbatabata	<i>Plantago palmate</i>	Caught
32. Umukuzanyana	<i>Clerodedrom fuscum</i>	Ifumbi
33. Umuziranyenzi	<i>Clerodendrum rotundifolium</i>	constipation
34. inyabarasanya	<i>Bidens pilosa</i>	Avoiding Ifumbi for a baby born
35. Icyumve	Not found	Ifumbi
36. umusange	<i>Entada abysinica</i>	Stimulate the labor pain
37. isagara	<i>Pentas zanzibania</i>	Reduce the pain after giving birth
38. Umukararambwe	<i>Gallium simense</i>	Stimulate the labor pain
39. umuhondohondo	<i>Dracaena steudneri</i>	Stimulate the labor pain
40. ituza	<i>Dioscora asteriscus,</i>	Ifumbi
41. umuno	<i>Oricia renieri</i>	Stimulate the labor pain
42. icumucumu	<i>Bothriocline ugandendensis</i>	Ifumbi

Source: [24, 25, 26]

CODE BOOK FCD

	Code	Definition
1.	Common diseases	The common diseases which attack pregnant women
2.	Family planning perception	Different perceptions that women have in this community towards family planning
3.	Family planning benefit	The family planning services which are they pleased with and which are they not
4.	Family planning improvement	What can be done to improve family planning services
5.	Family planning experience	The experience after getting family planning service
6.	Religion influence	Religion influence with family planning
7.	Family influence	Family and friend influence against contraceptive methods
8.		
9.	Common traditional drugs	the common traditional drugs that are used with women in this community you live in.
10.	Drugs names	Names of the common traditional drugs that are used in the community
11.	Drugs reasons	Perception about reasons for taking traditional drugs
12.	Drugs Utilization	Experience with utilization of traditional drug
13.	Drugs by pregnant Pregnant	Common health problem which facing pregnant women
14.	Drugs consequences	Consequence related to traditional drugs
15.	Drugs Experience	Experience with utilization of traditional drug
16.	Drugs information	Where pregnant women get the traditional drugs information.
17.	Drugs After delivery	Perception about traditional drugs during delivery
18.	Necessity of Drugs	The necessity of taking traditional drugs
19.	Avoiding drugs	Perception about any consequence if no traditional drugs are taken.
20.	Prohibited drugs	Any traditional drugs that pregnant women are prohibited from taking
21.	Drugs in future	Perception with using traditional drugs in future
22.	Elder women experiences	Experience with elder women about traditional drugs
23.	Getting information	Information about traditional drugs
24.	Drugs Period	The right time to start drugs
25.	Administration	Forms of administration of using traditional drugs
26.	Drugs Conservation	The way traditional drugs are conserved and prepared
27.	Side effect	The side effects on the pregnant woman or the unborn baby when they took traditional herbs
28.	Pregnant Cases	Pregnant woman who suffered from taking traditional herbs
29.	Traditional drugs advises	Any advise can given about pregnant women who take traditional herbs

CODE BOOK INTERVIEWS

	Code	Definition
1.	Common health problem	The most common health problems facing the pregnant women
2.	Pregnant women diseases	The most common diseases which attack the pregnant women
3.	Causes of diseases	The causes of common diseases which attack pregnant women
4.	Traditional drugs names	The name of traditional drugs which took by pregnant women
5.	Drugs before	Pregnant women who took traditional drugs before giving birth
6.	Drugs reasons	Perception about reasons for taking traditional drugs
7.	Elder women experiences	Experience with elder women about traditional drugs
8.	Drugs consequences	Consequence related to traditional drugs
9.	Getting information	Information about traditional drugs
10.	Necessity of Drugs	The necessity of taking traditional drugs
11.	Drugs Period	The right time to start drugs
12.	Prohibited drugs	Any traditional drugs that pregnant women are prohibited from taking
13.	Administration	Forms of administration of using traditional drugs
14.	Drugs Conservation	The way traditional drugs are conserved and prepared
15.	Side effect	The side effects on the pregnant woman or the unborn baby when they took traditional herbs
16.	Pregnant Cases	Pregnant woman who suffered from taking traditional herbs
17.	Traditional drugs recommendations	Any recommendation can given about pregnant women who take traditional herbs