

The role of traditional medicine with rites and rituals in protection of pregnancy

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Abstract

The traditional practices are often found to be used by people living in rural areas with poor access to western medical healthcare facilities. Traditional medical procedures and rites cover the entire period of pregnancy, from conception to the safe birth of the baby. Evidence shows that all the deliveries attended by midwives concern were successful. 75% of the midwives faced problems of non-expulsion of placenta and 50% of the difficult labour. In addition 25% of midwives had to face abortions. In the cases of non-expulsion of placenta application of rites and charms was successful in getting desired result. Out of 8 midwives only two had two successors to receive and practice this traditional knowledge. Available information suggests the need for documentation of various traditional practices and associated rites and rituals for future references.

KEY WORDS: Traditional medicine, Pregnancy

Introduction

In some rural areas in Sri Lanka Protection of pregnancies and delivery of health babies are ensured by the use of traditional medicine, supplemented by rites and rituals.

Traditional medicine in respect of the subject under study, is one which could be termed as native knowledge and practices handed down form generation to generation through word of mouth.¹ The core knowledge of it is restricted to certain families acting as guardians of traditional medicine.² While common rites and rituals and practice are generally known by villages. Midwife (Vinnabu Amma) stands out as most important person in this system. She is the store house of knowledge and is the practitioner of this knowledge. Traditional medical proceruses and rites cover entire period of pregnancy. Most traditional practices are associated with low cost materials obtained from their immediate environment.³ The tradition encounters different challengers and undergoes constant changes. It has a tendency to weaken and destroy, what it rites to pass on to the next generation. This happens due to non application, non transfer to descendents, lack of documentation and absence of state patronage. All these causes have a historical backgrounds. Sri Lanka was subjected to western colonialism from 18th century. Colonialism led to the weakening of everything native.¹ Traditional medicine being one such area which was affected badly in the face of Colonial influences. From the day that state hospital were build people were discouraged to seek traditional treatment.² State hospitals practiced discipline of

medicine. Traditional system of medicine had the habit of transferring knowledge to the closest relations. This was risky. Because some times it so happen that the transfer did not take place due to the sudden death of the practitioners or absence of a descendent. The fact that this was an oral tradition explains that there was no systematic documentation in the form of writing down.³ Under the colonial system state patronage was not extended to the practice of traditional medicine. Colonial masters wanted to introduce their own discipline in to the country. Objectives of this study are firstly to evaluate how far traditional medicine can contribute towards successful maintenance of pregnancies and ensuring safety deliveries. Secondly to identify specific and relevant treatment procedures, rites and rituals in antenatal care as found in traditional discipline.

Methodology

Selection of the sample area

The sample area for this study is Udakaraduana. Which is a typical rural area in the district of Kegalle, this area consists of 468 households. For the selection of the area advise was sought from the divisional secretary and Gramasewaka of the area. Udakaradupana is a region extending over 20 sq k.m. Methodology of this study is two fold. Administration of a questionnaire to and conducting of a interview with the midwives in the selected area. The questionnaire consist of 08 items. They can be broadly ground into 4 areas. Namely;

1. Personal particulars.
2. Complications (Specific & General)

- 3. Treatment Procedures
- 4. Reason for success

The midwives were expected to select the relevant responses. Interview was conducted to supplement the content of the questionnaire. Their concern about the preservation of the traditional medicine is highlighted in the interview. In addition to their recommendation for the same.

The questionnaire was administered to 08 midwives, total population. And the interview too was the meant for them. Number of midwives, appears to be less. But this is a satisfactory number. Because other adjoining areas do not have big numbers. Responses of the population were analyzed, percentages were arrive that and tabulated for consideration.

Results and Discussion

All Traditional Midwives in Udakaradupana area over 70 years. They are well experience on average they have served around 44 years. Also they have already attended to considerable number of cases. Minimum No is 105 Maximum no is 480 (Table 1). The Traditional Midwives haven't had a significant formal education. Nobody had gone beyond primary education one has not received any formal education. Training for their vocation was through their predecessors 50 % of the population have had their training from their mothers (Table 2). If they had a good formal education their field experience could have made them more professional.

Table 1: Distribution of traditional midwives experience

Variable	Minimum	Maximum	Mean
Age (Years)	70	95	78.88
Experience (Years)	30	70	43.63
No. of Cases	105	480	427

Table 2: Distribution of traditional midwives education and training

	Number	Percentage
Level of Education		
Non	1	12.5
Upto Grade 5	7	87.5
Over Grade 5	0	0
Training		
From Mother	4	50
From a Relation	2	25
From Other	2	25
	8	100

Table No. 3 shows percentage distribution of the complications they faced. It shows both table and chart, there are five complications. It amounts 75 % of the total number of complications. Incidence abnormalities and post partum hemorrhage were at the minimum recording only 12.5 % on both cases.

Since the complication they face most is none expulsion placenta. They were very much concern about the treatment procedure for the same

Table 3: Distribution of complications

Complication	Amount	%
Abortion	2	25
Abnormalities	1	12.5
Difficult Labour	4	50
Non expulsion placenta	6	75
Post Partum Hemorrhage	1	12.5
Total No. of Respondents	8	100

Figure 1: Distribution of complications



Table 4: Distribution of treatment procedures

Treatment Procedures	Amount	%
Medicament	2	25
Rites and Rituals	4	50
Charms	2	25
Total No. of Respondents	8	100

Figure 2: Distribution of treatment procedures



Table - 4 show that they relied on rites and rituals for the treatment of non-expulsion of placenta. According to interview the typical rituals were charms covering of the naval area with the vessel for shifting rice. The typical broom (Ilapatha) used in rural house holds was placed on epigastric region. All these rites were accompanied by reciting of charms. These rites were successful according to interview they gave. The maximum period taken for the non-expulsion of placenta only 30 minute. (Figure 2)

The elder women of households where there were expectant mothers used to intimate the information to the midwives that they are wanted for consultation. On receiving this information the midwife was duty bound to visit the house hold concert. The interview has shown that she examine and instructed on suitable diet, behavioral pattern, and recommended suitable exercises. They paid more attention to third trimester, visits were more frequent. Suitable diet necessary for growth of the foetus; Health of mothers and capacity for locations.

Conclusions and Recommendations

It is necessary to conduct a census of traditional midwives who are scattered in the rural areas in Sri Lanka, the parishioners should be provided with necessary facilities to practice their traditional medical system after testing the effectiveness of their techniques and updating this theoretical knowledge.

Among the branches of traditional medicine, midwifery is very important improvement of traditional midwifery has to be considered in terms of simultaneous encouragement of other branches of treatment such as orthopedic, rabies, eye ailments insanity and pediatrics.

For the Proper preservation and upliftment of traditional medicine one vital factor is research. Modern technology should be used where necessary for the practice of midwifery. No time should be wasted in documenting oral tradition of traditional medicine. Responsible Ministry like the Ministry of Indigenous Medicine should under take this responsibility. Immediate action should be taken to register the traditional midwives who are in active practice.

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