

# ICWA LETTERS

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*Randi Movich is a John Miller Musser Fellow of the Institute spending two years in Guinea, West Africa, studying the ways in which indigenous women use forest resources for reproductive health.*

## Apprentice Midwife

MACENTA, Guinea

September 27, 1997

By Randi Movich

### BEGINNINGS

I arrive at Marie's compound somewhat out of breath. The inner echoes of my heart beat furiously, fluttering with little rhythmic control. A sickly, sweet feeling accompanies the excitement of possibilities and a nervousness of fatal outcomes. Walking up the steps into Marie's house, I am struck by her contrasting calm. I greet her, "*De, ee uumga?*" (Mother, how are you?). "*Boe, ee uumgai*" (Friend, things are all right), she responds and adds "*Da ni ga pago?*" (Did you sleep well?) "*Gala, sai lazu,*" I say, thanking god with the classic Toma response. She instructs me to follow her to the bedroom. Perhaps I should not be surprised by the woman lying on the floor looking up at me with bewilderment and weariness. I fumble with a Toma greeting and Marie informs me that the woman speaks Malinké. What should I say next? I could try something like, "Hello, my name is Randi Movich and I'm doing research on plants that women use in reproductive health." or "Hello, nice to meet you, thank you so much for letting me sit in on the birth of your child." Two problems; first, both statements seem ridiculous given the circumstance. Second, I do not yet know enough Malinké to convey either of these thoughts. Our eyes will have to do the talking.

Sitting on the bed, I glance around the room expecting to find some sign that this is a special place to give birth. I notice nothing to indicate this. Scanning the room more thoroughly, I see two beds, two mosquito nets, two tables, a wash basin, a lantern, an old twenty-five gallon paint can, two suitcases and a clothesline and clothes rack draped with towels and *pagnes* (a piece of cloth wrapped around the body and worn as a traditional skirt). The pregnant woman is lying on a bare, blue-plastic tarp, her left hand holding the bottom of the head board, her right pressed against the chipped paint of the wall. Her knees are bent, and she is naked from the waist down. I do not know if she feels uncomfortable with my presence. I know I do.

This is the first birth I have ever attended. Marie Zumanagui has attended thousands. She has been a practicing healer and midwife for over twenty years. Marie spent her childhood in Guinea and after marrying moved to Abidjan in the Ivory Coast. There, Marie began to learn about healing and medicinal plants. "There was an old woman in our compound, who was very successful at healing women's ailments. I admired her work and started to show interest. She was my first teacher. I used to take the bus over 40 kilometers in search of her medicines." After moving away from Abidjan, Marie found another teacher and her knowledge of medicinal plants increased. When she was confident with what she had learned, she decided she was ready to come home with her six children. By this time her husband had taken another wife. Marie needed to support herself and her children. Her knowledge of medicines would become her livelihood.

Whenever I ask people in town about traditional birth attendants and plants used in women's health, Marie's name invariably comes up. She has been kind

enough to take me under her wing. She is patient with my questions, but I sense she thinks that the getting of knowledge has its own unhurried pace. On an informal, village level, I am considered to be her apprentice. At my request, her son knocked on my door early this morning to inform me about the upcoming birth. I want to see which medicinal plants are used before, during, and after the birth. My hesitancy in being here is that I am afraid something will go wrong. The statistics creep into my mind. Guinea has one of the highest maternal mortality rates in the entire world. The World Health Organization and UNICEF have estimated that for every 63 children born, a mother dies due to complications related to pregnancy or childbirth.

The setting is not one of tranquillity. Comings and goings are constant. Marie's great-granddaughters and nieces are playing in the adjacent room, pots and pans are banged together as rice is dished out and neighbors, family, friends and patients have come to greet Marie and pick up medicines. She frequently and joyfully calls out to them from the bedroom. In order to satisfy the endless demands of her patients, Marie is constantly feeling around under her bed for the three different porcelain bowls that hold various medicinals. From these she pulls out plastic bags with *cataplasme* (a remedy composed of three species of fresh leaves pounded with a special white clay, called Kaolin) and old jars filled with powdered bark, roots and leaves. These medicines are used for the treatment of infertility, painful menses, excessive menstrual bleeding, venereal disease, stomach ailments in pregnancy and *faiblesse sexuelle* (sexual weakness, ranging from impotence to desire for an aphrodisiac). The door to her bedroom and birth room is left open. The door to the adjoining room where she stores her more bulky medicines is constantly being opened and closed.

This time the door opens and Marie's friend Suzanne enters. She greets us, then presents Marie with two leaf bundles. One of the bundles contains chopped-up leaves used to treat impotence. Marie had specifically requested the plant from Suzanne because she did not have time to get out to the forest this week. The other bundle is three platter-sized leaves. Marie calls me to join her in blessing them. Marie is a devout Christian and any plant medicine she administers is always accompanied by thanks to her savior. She tells me she does not bow to idols, and that other healers invoking ancestral spirits are clearly missing out on true redemption. In line with her beliefs, she no longer adheres to her ethnicity's tradition of worshipping animal and plant totems. The ancient prohibition of destroying certain plants and animals may have played a role in Toma conservation strategies. Even though Marie has left the practice of animism, she has a great respect for the healing power that God has given her through plants. Although her prayers are not my own, I lower my head out of respect for her beliefs. She takes the three large leaves and places them directly under the laboring woman's tailbone. Marie says these leaves help open up the passageway for the baby. The noise, clutter,

and general happenings of everyday life continue as normally as a young woman about to give birth.

I am having a difficult time with the role of objective observer. My American cultural images of a home birth seep into my pores. (This is not through any direct experience, only through books, videos and hearsay.) I plead with myself to leave judgment behind, but the critical images have already blown through me. The pregnant woman is alone, with no friends or family members supporting her through this process. As her contractions grow stronger she is encouraged by Marie to put more effort into pushing. If she doesn't push, she is told that her baby will surely be born dead, like the last one. (It is a rare exception to meet a Guinean woman who has not lost a child to miscarriage, during birth, or in the first few years of life. When a woman tells me how many children she has, typically she will respond first with the number of pregnancies, and then with the number of children living.)

Checking the status of the baby's position and dilation of the cervix, Marie briefly dips her hand in the same soap-less water that has already been used for this purpose four or five times. The once-clean rags pushed up against the perineum fall to the floor when Marie gets up to check on a visitor or search for medicine. The three large leaves are now soaked with natal fluids. As birth draws near, Marie calls on me to place my hands on the top of this woman's abdomen and push with all my weight. I make a feeble attempt, thinking of the possible damage this could cause. She sees I am an unwilling participant and calls upon another assistant. Does Marie think I am an unworthy apprentice? I have come to learn about forests and plants, why am I in this birth room? Because, I say to myself, Marie has already used three different plants from the forest. This is after all the subject of my inquiry.

As labor continues the pregnant woman frequently moves from her prone position to get up and walk around in the adjacent room. Marie instructs her to shake her legs out and encourages her to drink from a small calabash that contains green liquid from a macerated plant. Later this is mixed with the young leaves of another plant. These are both used to facilitate an easy birth. I ask about their specific roles, but Marie only tells me generalities. She has collected this plant from her medicinal garden a few steps from the house. She says another prayer. At these times I wonder what her Muslim and Animist clients think as she praises the name of Jesus Christ and thanks his father for giving her the medicines to heal.

Marie is somewhat concerned with the length of the woman's labor. She takes a small notebook and scribbles *Ordinance Medical* (prescription). She writes down one ampoule of oxytocin, one ampoule of vitamin C and one syringe. I am surprised that Marie is intending to use commercially produced pharmaceuticals, given that her

courtyard and house are full of medicinal plants. She sends her granddaughter off with 2,000 Guinean francs (approximately \$1.80) to the local pharmacy. With the little girl's return Marie cracks open the ampoules, mixing the oxytocin and the vitamin C. The pregnant woman's face crinkles as the mixture is injected into her upper right butt. Marie says the vitamin C will give the baby force, and the oxytocin will speed up the birth. In western modern medicine, oxytocin is used as a uterine contractor to help control bleeding after the birth. She says she has learned to use them in the Ivory Coast. Her understanding of the drugs are that they help ease a difficult delivery. She is not aware that they may be dangerous to the mother and child. I wonder how prevalent the use of modern pharmaceuticals is amongst traditional healers. There is no such thing as a prescription drug, *per se*, in Guinea. Western pharmaceuticals are plentiful and generally far more accessible than plant medicines.

Just before the baby's head becomes visible, Marie takes out a *cataplasme* and mixes it with a small amount of water in a calabash. This she gives the woman to sip and spreads the remainder on her lower back, chest, abdomen and legs. This should prevent hemorrhaging after the birth. The final moment arrives and the baby gushes out. The tension leaves my body as I see a breathing, crying baby. Marie moves quickly, suctioning liquid from the baby's nose and mouth. More of the *cataplasme* is given, because Marie is somewhat concerned with the mother's continued bleeding. The baby lies between the mothers legs, with a small pool of blood creeping toward him. Marie massages the new mothers abdomen to help stop the bleeding. This proves successful, and she begins to clean up the blood and dirty rags. The umbilical cord is tied and cut. The new mother is left to rest while Marie thoroughly scrubs every inch of the newborn with soap and water. The baby is rubbed with "butter" from the Shea nut tree, a species common to *Haute Guinée*. By final count, seven different plants species have been used in this birth process. I have only seen one in it's original leaf form.

## FOREST PHARMACY

As a traditional healer, Marie wears the hats of botanist, gardener, manual laborer, pharmacist, midwife and doctor. The rest of her time is spent being a mother, grandmother and organizer of traditional healers. By the time a *malade* comes to her house, she has already spent many days collecting, drying and preparing medicines. This endless cycle begins in the forest near Marie's natal village of Neridou.

Early morning Marie and I are *en route* to collect plants. About 10 kilometers out of town on the road heading to N'Zerekoré, she tells me to slow down. We see her son waiting next to an inconspicuous

dirt road, where he signals me to turn. The road quickly dwindles to path, which then becomes unnavigable by motorized transport. Every two weeks or so Marie returns to the place where much of her childhood was spent. She comes to replenish her supplies. "I have *marmites* (cooking pots) stacked in my house and nothing to fill them with, I have no more hemorrhage *cataplasme* and I'm looking for a special plant used to treat *faiblesse sexuelle*," she says, looking intently at the young forest in front of her. Like the other healers I have accompanied on collecting trips, Marie finds most of her plants next to roadsides or paths. Ofttimes these are areas that have been significantly cut-over and are now being left to regrow. Picking through the medley of shrubs, vines and small trees, Marie points out one plant after another, and names them. I can hardly keep up, and just as my eyes focus on one plant, she has moved on to another. "This is *Ziébéhralolugui*," she says. "It is used in the last three months of pregnancy. It helps women have an easy birth. I want to collect some for my granddaughter." The Toma name for this plant means literally, the five fingers. It is an apt description of what a western



Marie and great-granddaughter drying leaves, bark, roots, and cataplasme



Marie and George with the days collection.

botanist would call digitally compound leaves.

Most of the day is spent meandering along the path that leads to her brother's rice farm and coffee plantation. Marie collects large quantities of plants that she customarily uses for common ailments. The two large woven bags that Marie's son has brought are filling up quickly. She will also collect a few plants as special remedies for particular patients. We take a left off the path and head into the coffee plantation, searching for leaves that will help men increase sexual vigor. We reach the edges of the plantation and start picking the young shoots, growing low in the sandy soil. A familiar melody weaves through the scattered trees, lapping against my ears. As Marie hums, I softly join in with the English words. *Amazing grace, how sweet the sound, that saved a wretch like me, I once was lost, but now I'm found, was blind but now I see.....* Marie and I share no words about the fact that we know the same song. A cultural bond for me, perhaps religious for her. The sun beats down, the sweat trickles down my back, the pile of leaves in my hand grows larger... *When we've been there, 10,000 years, Bright shining as the sun....* I continue to pick the new maroon shoots until my hand

can hold no more. Today I readily accept my role as helper as opposed to observer/researcher. The plant press will have to wait. There are too many women waiting for their *marmites* to be filled with plant medicines in hopes of fertile times.

## MEDICINE MAKING

By yesterday's end, we had collected 20 different plants, with over 30 pounds of bark, leaves and roots. Today will be spent chopping, pounding and drying in order to preserve the efficacy of the plants. Each member of Marie's family has a role to play in this process. A patchwork of yellow, orange, olive-green and maroon plant parts are soaking up the intermittent sun. The drying of plants faces many obstacles in Macenta's long rainy season. Marie and her granddaughters listen for the coming of the rain, made obvious by approaching echoes on the neighborhood's corrugated-metal rooftops. When the impending shower draws near they quickly scoop up the plant materials, plastic tarps, woven bags and porcelain platters and rush inside. As soon as the rain passes, the reverse follows. This is also when the pounding resumes. The young girls take turns with long, smooth pestle pole in hand, half dropping, half forcing it into the large wooden mortar. After the thin pole hits the plants, it almost bounces back up into the pounder's hands. Up, down, drop, bounce, thump, thump, thump. Occasionally one of Marie's sons will help with the pounding, but the rhythm remains.

Some leaves are left whole to dry in the sun. Usually roots and bark are pounded, dried in the sun, pounded again, sifted through a screen, and then left in the sun again. After the powder is fully dried it is stored in small plastic bags or clear glass jars. The *cataplasme* is made by pounding together fresh leaves or dried plant parts with white clay, termite-mound earth or other nest material of various insects. It is through the help and hard work of her various family members that Marie is able to keep up with the demands for her medicine. Each time I arrive at Marie's, her small helpers always have smile-filled faces. The four little girls take their turn in shaking my hand and asking, "*Ee, sabai vé?*" (What did you bring for me?) I take the traditional out, responding with, "*Bé garha ba*" (I will bring something the next time). The ritual continues and I ask what they have kept for me here. They, too, refer to the next time. Gift-giving is an important part of relationship building in Guinea. So is having an excuse.

## CLIENTS

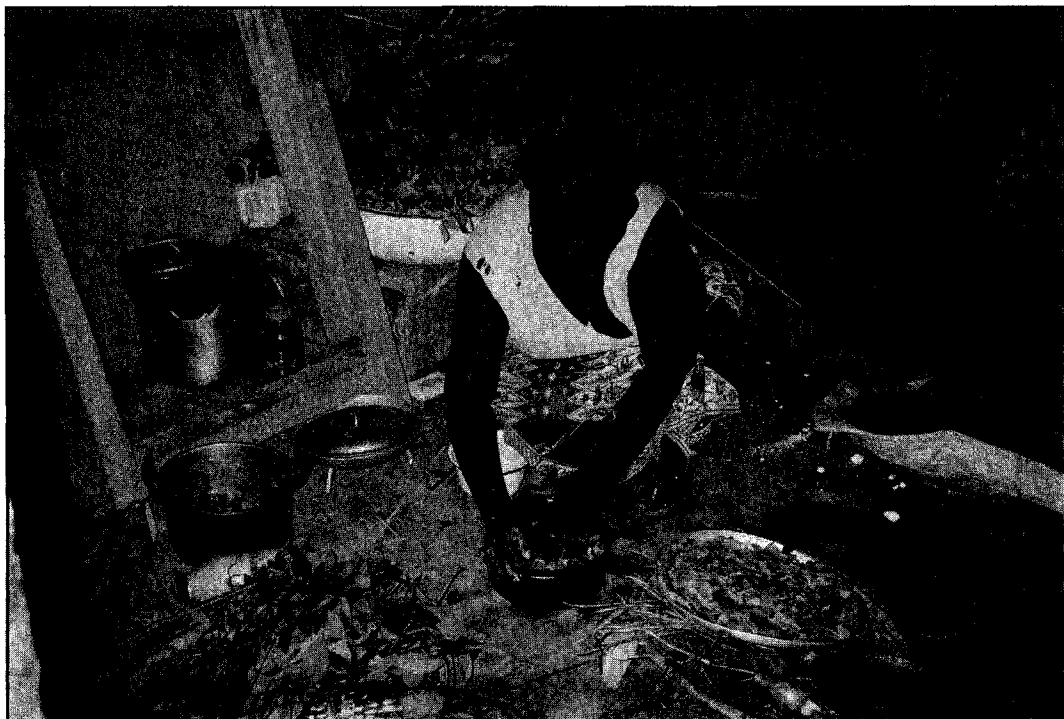
Regardless of what time of day I arrive at Marie's, there is usually someone there waiting to see her. Everyone who comes is invited by Marie to her room where she listens to the specifics of their complaints. If Marie has the



*Marie making cataplasme with the mother and child of the first birth I observed.*

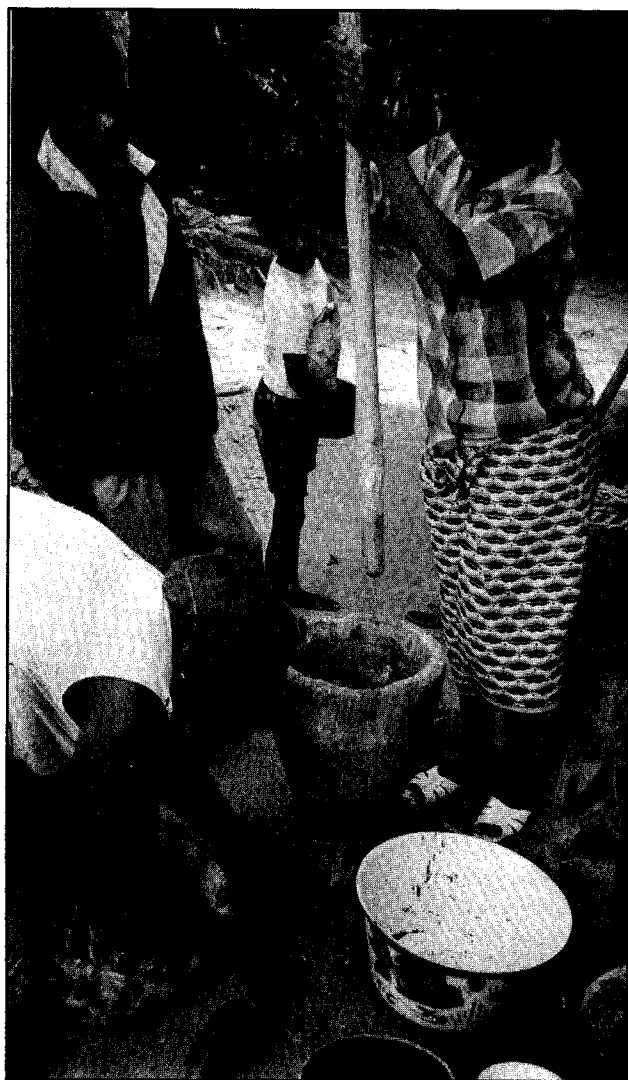
appropriate medicines on hand, she will reach under her bed and make up a package of powders and several *cataplasme*. For her commonly prescribed fertility medicine called *Doulagui* (which means, envelope of the child where sickness is found) she fills *marmites* with three different plants: *Wonigozengui* (meaning fingernails of a small bird, referring to the sharp little claw-like thorns that line the branches); *Boaloiboaloi* and another whose name she does not know. These plants are then covered

with a long, smooth leaf that is fixed in place with opposing sticks held tight against the sides of the pot. The purpose of these top leaves is to keep the woman from seeing the plants that are used in the medicine. A second purpose is to keep juices and vapors in the pot. A woman is instructed to boil water in the pot, pouring off and drinking the infused liquid, each morning and evening. She follows this process for a week. At this point she returns the pot to Marie, with the contents still intact. She usually

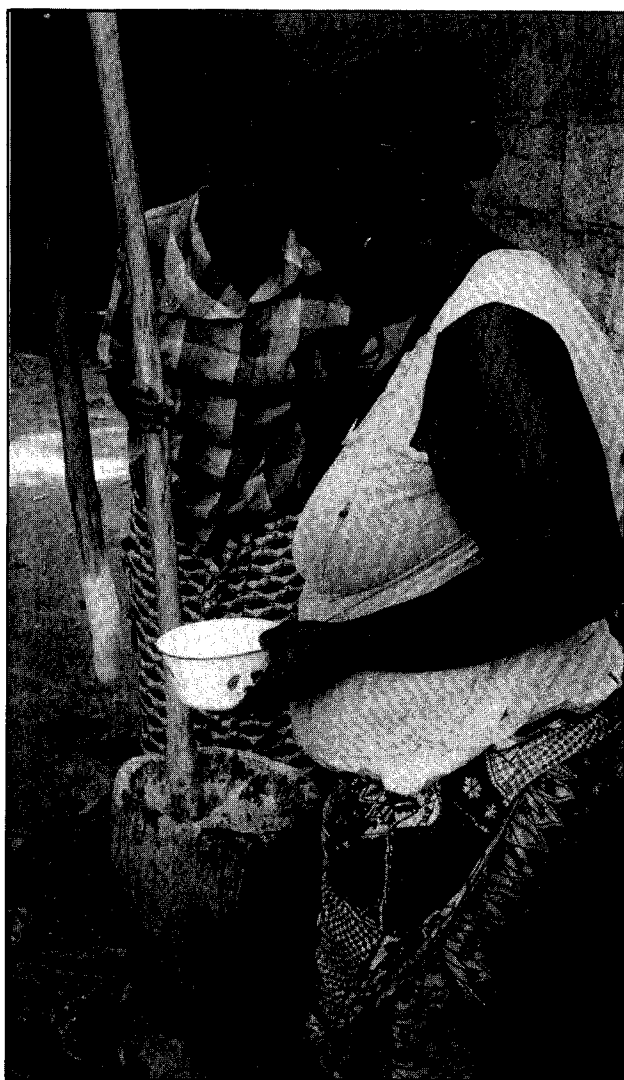


*Marie preparing a marmite of fertility medicine, Doulagui, in her house*





*Preparing anti-hemorrhage cataplasme for  
use after giving birth*



*After adding Kaolin, a fine white clay, to  
the fresh plants*

continues this treatment for several weeks at a time. Although, I have no means of scientifically testing the efficacy of this product, Marie's house is full of large, round bellies. I have never seen so many pregnant women in one place.

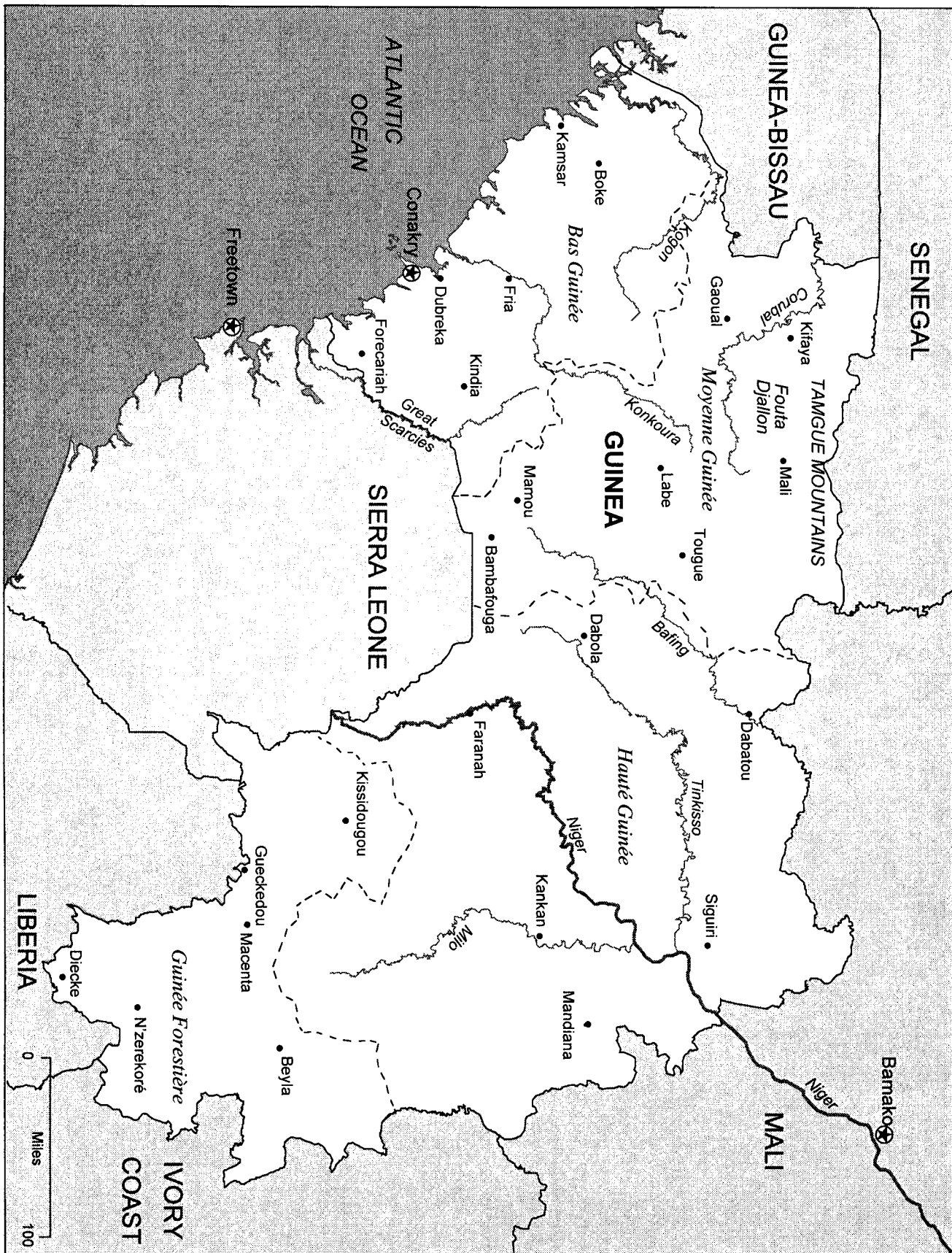
## CYCLES NEVER END

Childbirth, death, old and new. These constant realities seem that much more real and interlaced in Guinea. Marie's granddaughter, who she delivered sixteen years ago, is currently in labor. She is lying on the blue plastic tarp, placed in the same spot on the floor where hundreds of other women have given birth. I am far less anxious than the first time I arrived for a birth. This is my third one with Marie. The difference at this birth is that I have actually met the woman previously. I feel less awkward. I have a general idea of what to expect. Or this is what I self-deceptively think. The labor proceeds much like the other two I have witnessed. Her granddaughter sits on three large leaves, she sips green liquid from a calabash. She gets up to walk around and then lies back down, trying to push her baby out. As the hours pass Marie becomes concerned that labor is taking too long and that the position of the baby will not facilitate an easy birth. Once again she writes out an *Ordinance Medical* for oxytocin. Already there are five women "assisting" Marie with the birth. This basically means that they are holding down the arms and legs of Marie's granddaughter and pushing with all their might on her upper abdomen. Marie has called for a local doctor who has a "private practice." (I really don't know what level of education he has reached. Typically anyone with any medical training is referred to as a doctor.) I see the concern on her face. She has delivered enough babies to know when things will be difficult. I am

comforted by the doctor's approach to the laboring granddaughter; for a while at least, he is willing to be patient.

Perhaps it was the funeral procession that passed by Marie's window that changed the mood. All of a sudden, the birth scene has turned ugly to me. Marie is badgering her granddaughter to push. She is screaming from the pain. The more she screams, the more neighbors begin to arrive. At one point I count fourteen people in the tiny room. I think I have entered a nightmare. There are three or four women accusing the granddaughter of incompetence as a woman. They plead with her to push. Eight people are now holding her down, because she wants to get up and end this pain. The more she struggles and screams, the more tightly they grab on to her. Again I am asked to assist by helping to hold her down. I can not be a part of this. I look into the eyes of her sister-in-law, they are rimmed with tears and panic. Although no words pass between us, I sense that she feels the neighbor women holding her down, as well as Marie with stick in hand, have gone too far. Their fear has turned to hostility directed at the granddaughter. Is this their version of hard love?

In a furious moment of screaming, lecturing and gripping hands, Marie's great-grand son is born. There is much blood, more oxytocin, more cataplasme given. Traditional meets industrial. The old combined with the new, a mixed blessing? Marie thanks God that everything has worked out. I am now holding a new baby boy named Albert Kaliva, after Marie's husband and his great-grandfather. The four little girls are finally allowed to enter. They look at their new family member with gleaming pride. It is not everyday they receive a gift like this. □





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