

ICWA LETTERS

Since 1925 the Institute of Current World Affairs (the Crane-Rogers Foundation) has provided long-term fellowships to enable outstanding young professionals to live outside the United States and write about international areas and issues. An exempt operating foundation endowed by the late Charles R. Crane, the Institute is also supported by contributions from like-minded individuals and foundations.

TRUSTEES

Bryn Barnard
Carole Beaulieu
Evelyn Cohn
Peter Geithner
Thomas Hughes
Stephen Maly
Peter Bird Martin
Judith Mayer
Dorothy S. Patterson
Paul A. Rahe
Carol Rose
John Spencer
Edmund H. Sutton
Dirk J. Vandewalle
Sally Wiggins

HONORARY TRUSTEES

A. Doak Barnett
David Elliot
David Hapgood
Pat M. Holt
Edwin S. Munger
Richard H. Nolte
Albert Ravenholt
Phillips Talbot

The Institute of Current World Affairs
THE CRANE-ROGERS FOUNDATION
4 West Wheelock Street
Hanover, New Hampshire 03755

RM-8 1998
SUBSAHARAN AFRICA

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.

So Who Practices Family Planning Here?

MACENTA, Guinea

March 10, 1998

By Randi Movich

The path is barely wide enough for one foot to be placed in front of the other. It winds steeply through fields of rice, manioc and eggplant. I need to focus on my feet. I have learned my lesson: If I don't, at best I will make a fool of myself; at worst I will end up with a twisted ankle. We arrive at the Maipo River; here a bamboo bridge aids our crossing. There are pillars placed deeply in the mud, with large pieces of bamboo laid in a web of heavy lianas. The main anchors are two enormous trees on each side of the bank. Walking across the bridge requires little skill except balance, yet there are a few instances when the bamboo creaks and cracks loudly enough that I expect to take a small dip. I try to imagine myself walking over the bridge as other women do here; a baby on my back and a heavy load of vegetables or rice on my head. Now *that* requires skills, those that are learned as a young girl, from the beginning.

Maurice Kamano (a Kissian interpreter) and I have come to the village of Bandikoulo in search of beginnings. I want to know how traditional family planning is practiced — the way it has been for hundreds of years. We have been told of a woman healer here who is expert in these matters. The 45-minute, uphill walk to this mountaintop village is easy compared to many of the other journeys I have taken to villages in Guinea. Our arrival is met with smiles and greetings. Almost everyone is in the village today. They are expecting us.

We are shown to the village chief's home, indistinguishable from all the other mud-brick huts that surround it. Traditionally, visitors always address the chief of the village before they make entry into the community. It is a way to show respect and conform to accepted cultural and social protocol. The chief is often one of the eldest members of the community and holds a position filled with honor passed down from one generation to the next.

Although a little distracted, the chief warmly welcomes us. We have found him in the process of confiscating an identity card from a stranger of a different ethnic group who was caught collecting old shoe parts on the trails within the boundaries of the village territory. The old parts are valuable because they can be used to repair shoes. The most popular model is a classic flip-flop, or what many of us call beach-shoes. Although the perpetrator has not committed a truly serious crime, he will most likely have to leave a part of the booty before his identity card is returned. He almost seems amused, if not bewildered, by the importance of his suspect collection.

The chief and members of the village council show us to a small windowless room where we are invited to sit on the solitary bed. News of our arrival has spread quickly; faces of young children begin to appear in the doorway. They stand on tiptoes to catch a glimpse of the stranger. The older men slowly file into



Men healers of Bandikoulo

the tiny room with hearty handshakes and a snap of the middle fingers for a typical greeting. The older women are next, their handshakes carried out with their left hand resting near the elbow of the right, a sign of respect. Now, greetings are little bit more open and some of the children are brave enough to come in. They are being taunted by one of the older girls to either greet me definitively or go about their business. For some of them, this is the first time they have touched white skin. Their hands reach out with fear and fascination. It is considered rude not to greet a stranger, and I am definitely one of the strangest. It is rare for a European to travel to places where there is no road. I am a novelty, a show, outwardly a very welcomed guest. Depending on who you talk to, I am either the first or fourth white-skinned person to visit in Bandikoulo's history.

I think people are a bit surprised that I have come back when I said I would. The first time we came to Bandikoulo it was for a few hours only. Everyone was disappointed that we did not spend the night, so we promised that we would on our return. Although we have previously explained the purpose of our visit, people seem a bit unsure about what they should do with us or why we have come. Most whites that live in the Forest Region are working with development organizations or refugee-assistance projects. During colonialism a white face signaled danger — death and forced labor. Today, a white face means money for projects. It is always difficult to explain that I have simply come in search of information and I'm sure sometimes a bit disappointing for people who have other expectations.

After we have greeted what seems like the entire vil-

lage, we take a small walk through Bandikoulo. There are about 200 residents, all tightly crammed on the hilltop. The corrugated metal and straw roofs sometimes touch and there is often barely enough space for a person to pass between the houses. These tightly clustered dwellings are packed together around a bare dirt courtyard where most of the food preparation, cooking, child care and mat making take place. It is here in the open air that people do their living. Houses are generally for sleeping, making love and storing crops and other household goods.

Most people are involved in some sort of activity or another — or, I should say, most women. They are pounding rice, heating water, drying rice, vegetables, coffee, or manioc, making fishing nets, preparing cotton strands for weaving cloth, breast-feeding babies, braiding hair, chopping wood and making food. Although men take part in many of these activities, more often than not they sit in groups chatting while sipping liters of fresh palm wine. The concept of boredom is non-existent. Entertainment is generated, not planned.

One thing always strikes me about village life in the Forest Region, and this is the melding of old and new. Grandmothers take care of grandchildren, and young boys sit around the periphery of conversations with older men. People of all ages truly live together. I do not wish to imply that they always get along. I've seen my fair share of children being beaten, brothers and sisters pinning each other to the ground, women threatening to kill other women, and men kicking out their wives. Village life is robust and vibrant. Peace and tranquillity come when most people have gone off to the fields or when



Women healers of Bandikoulo

doors are closed for the night's sleep.

Like many small rural villages in Guinea, Bandikoulo has a primary school but no running water or capped wells with pumps, no latrines and no other services that Americans consider to be "basic," such as electricity and telephones. Although each adult pays 2,000 GF (U.S.\$2.00) a year in taxes, there is very little evidence, apart from the presence of a school teacher, that any governmental services are provided to Bandikoulo. But then again, with an annual village tax base of less than U.S.\$400 a year, what should the expectations be? Many people of Bandikoulo are hoping for a road.

After we have looked around a bit and greeted more people, the older men of the village invite us to sit down in one of the cleanly swept earthen courtyards. There are speeches welcoming us and thanking us for coming to the village and for accepting the invitation to spend the night and eat their food. I think to myself, they have this all reversed. I am the one looking for information. I am the one taking up bed space. Nonetheless, they have decided that our visit should be marked by the killing of a small pig. This is quite an honor. A chicken is a more customary sacrifice, but in any case blood must be spilled. They ask Maurice if he would like the honor of killing the pig; he graciously declines. So a group of men move off from the courtyard to kill the young pig, judiciously deciding which family will get specific parts and amounts.

As the day drifts on, we are trying to find a way toward the topic at hand: Traditional methods used in family planning, the reason for our visit. Protocol and the celebration-like atmosphere are making this task near-

impossible. Sometimes I wonder if all the ceremony is just a polite way for people to say, "We know what you're up to. We don't want to be rude, but we are certainly not going to share with you the information that you've requested."

Fortunately my insecurities prove to be unwarranted. By the time evening rolls around and we have been well fed on pork soup and rice, I have my first chance to talk with Touko Lelano alone. In fact, she is the main reason we have come to the village. But it has been difficult, if not impossible, to isolate our questions and discussion with her. In order for us to be welcome, we must say we have come for the *whole* village. It is simply not societally correct just to come to see Touko. The previous month I had talked to Touko's daughter in Macenta because she was using a traditional form of herbal birth control. She said her mother was very gifted in matters concerning herbal medicine for women and that it would be very important for us to go and visit her. She said that her mother had helped many women with family planning.

As always in Guinea, life is full of surprises. As I begin to talk to Touko about the way she practices family planning methods, she looks at me with surprise and confusion. She tells me she does not practice family planning methods. This is odd, I think, after her daughter explicitly told us she did. I shouldn't be surprised by the miscommunication; this happens all too frequently. I often find myself in the position of being told what people think they want me to hear, or perhaps hearing what I want to hear, as the case may be.

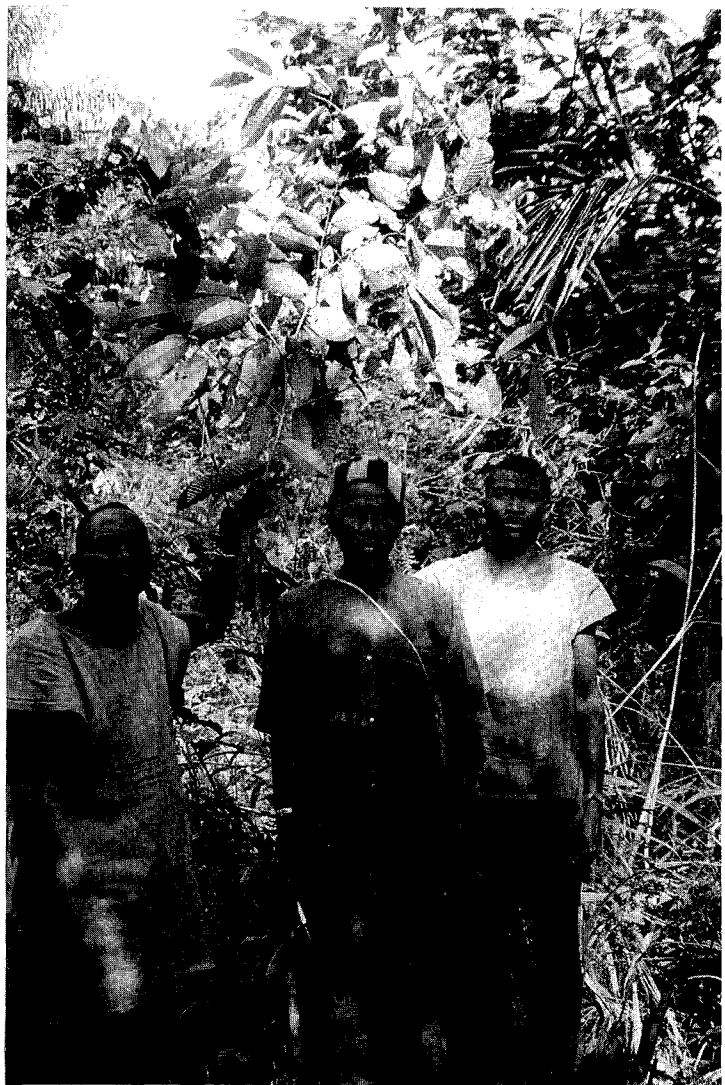
So, instead of talking about family planning we dis-

cuss other aspects of her work as a village healer and midwife. Like many of her counterparts she came to traditional medicine partly through illness and partly through heritage. The community around her encouraged her to accept the gift of healing that her mother had left for her upon her death. She was ill, yet she did not want to accept this responsibility. "I wanted to be free, apart from tradition. A healer is not free because people are always coming to you with illness. People call you to their villages. People are always knocking on the door."

Touko's illness continued and she consulted with many healers. Members of her community continually told her to look deeper into her past. They encouraged her to find healers like the one her mother had been, instead of the "charlatans" she had been consulting. Tired of her continued illness, she took their advice and sought out those who "washed her with leaves." With the cleansing herb waters, her illness flowed away. Finally, when she accepted her role as healer, she began to visit her grandmother to learn the secrets of healing with herbs. In exchange for her grandmother's knowledge she would often take cloth and woven mats as gifts. Touko started to work as a healer ten years after the apprenticeship with her grandmother began.

Touko is present at nearly all births in the surrounding villages. Her payment is 3,000 Guinean Francs (U.S.\$2.75) and a bar of soap. She keeps a number of plants at her home for births, and often she goes into the bush to search for others related to fertility problems, miscarriages and impotence. She is currently teaching a young girl about healing because she is becoming old. "I don't move so quickly now, and I often I need someone who can quickly go to the bush. After all, God is the only one who know at what moment I will die."

I must admit, I am somewhat disappointed to learn that Touko does not practice family planning. But going with the flow is key, and my disappointment turns toward thoughts of a warm bucket-bath under the stars. The whole bathing/bathroom scene is somewhat difficult in forest villages. There are usually no latrines and only sometimes a fence behind which to bathe. Here under the stars I am accompanied by a woman to the back of the house where I am staying. Behind me are coffee plantations, and the place where people take care of their daily business, as well as the spot where all trash is thrown. Now the chickens, goats and pigs are searching through the litter in search of tasty morsels. Currently I am wearing a *pagne* (traditional cloth wrapped around the body as a skirt or dress), and as the woman looks on I am trying to figure out how I will bathe partially



Galema Tono, Thomas Lelano and Bano Kamano (healers) with the plant thyolan, used as part of a birth control preparation (canarie enversé)

clothed. The first splash of water, which wets the cloth more than my body, tells me this is no time for modesty. I squat and rip the *pagne* off knowing that the night is my fence, the towering silhouetted trees are my protectors, and my companion will warn away unexpected visitors. Even though I feel her eyes upon me, the bath is warm and welcome and my shyness washes away with the day's accumulated sweat. I am exhausted. It is difficult to constantly be the center of attention. It is also difficult to say to people I am tired, knowing that they have started their day hours before mine and have worked so much harder.

Finally, my eyes begin to betray me. I can hold out no longer. I beg for permission to sleep, promising an early-morning start. But the village cannot let me sleep without some entertainment. It just wouldn't be polite. A small group of men come together, large drums in hand. The rhythm commences. My impatience for sleep begins to wander. A crowd gathers. The night is cool, dark blue, breezeless. The beat becomes stronger, deeper. My

exhaustion slips away with the shuffle of feet around me. The singers' voices begin, drifting up slowly, joining in perfection with the clear air; a complement of softness and harmony to the hard, constant beat of the drum. Sound drifts through my body, energy returns. The drums bring this. I am now dancing with the chief. A huge toothless grin graces his face. I try to keep my body moving with the rhythm of the song. I look around at children, mothers, fathers, brothers and sisters all dancing to a similar rhythm, but each person giving it personal style and sentiment. Smiles everywhere. This is January 3, and it is the third night in a row that the village has been up dancing to celebrate the New Year. I detect some hoarseness in the voices of the singers, but they insist on doing one more song. They do not want me to be disappointed. This is a love song, someone tells me. A young man's loved one has gone far away to find another. As the sweet melody invades my being, I look up once more at the Pleiades in the midnight sky, half expecting to see the runaway love there, along with her six sisters.

My senses are full as I look forward to a restful night's sleep in the hut that has been made available for my visit. As soon as my head hits the pillow, I know that this will be a long night.

I am forced to share it with a family of resident mice. These are some of the largest mice I have ever heard, and there is no doubt that I am intruding in their domain. Their frequent travels across the bed are a sure sign of this. The remainder of the night is spent with flashlight in hand, shining it at beady little eyes as they scurry along gathering food and taking care of family members. Mice are pretty much an accepted part of village households because many of the rafters are used for the storage of rice. It is not uncommon to wake up with a bed-full of little rice husks dusting the bed cover.

I am thankful to see the tiny rays of sun peeking through the cracks around the window. The morning rhythms of the village have already begun. Rice is being pounded in huge, heavy, wooden mortars with six-foot-long pestles. Food is being re-heated from last night's dinner. Women are caring for babies. The young children sit around open fires warming their bones from a long, cool night. Men have already been out to collect their palm wine, and they are now breakfasting on the sweet alcoholic beverage. Preparations are being made to go out and spend the day in the fields. All of this, and it is only 7 am.

As I slowly open the door, I try to make it out back before I am engaged in conversation. No such luck. "How did you spend the night?" I am asked.

I reply shyly and only with partial truth. "Very, well thank you." Even though it was sleepless, I am in good health, after all, and still alive. Next, a metal bucket of hot water is placed in front of me. This time alone, I lug it be-

hind the house. I try to hide behind some banana trees to relieve myself, but my body tightens up at the sound of each animal walking by. Finally, I close my eyes, and I am alone. The splatter on my feet and the emptying of my bladder tells me that self-deception in these cases works best. Although I should be used to the lack of privacy in the communal setting, I am not. This is one area where I think Guineans are completely different from Americans. We live within the confines of our nuclear families. If we are lucky we know the names of neighbors. If we are truly fortunate, we actually have a relationship with them. All living in a Guinean village is done in the open; every action witnessed. How am I to shift my guarded private actions to the open in order to understand community here on a deeper level? Will my time in Guinea really be adequate to make this transition? For now I am simply satisfied with a few minutes of private peeing.

FAMILY PLANNING

Freshly washed, I find my way to the healer's house. There I am surprised to find a group of male healers sitting around talking with Maurice. He is trying to convince them that information they share on family planning with me will not be used against them. I tell them that I have come to learn from them, not condemn them. It is the first time someone from the "outside" is interested in learning from *their* expertise. This is an unusual switch, in a country where villagers and *paysannes* (rural farmers) are often regarded as ignorant and backwards by the "educated" civil service *cadre*. Slowly the impromptu conversation begins to unfold. Perhaps we will learn something about family planning after all...

Men are the formal "gate-keepers" in Kissian society. I always find myself having to pass inspection by men in order to talk to women. It is as if the husband, brother or uncle must give permission for a woman-to-woman discussion to take place. This aspect has been very difficult, given that my main interest is in women's knowledge. But I also know that if I do not go through the men or start with them first, my search will not be realized. I have never heard a man say that he thinks his wife or wives should have equal status in society with him. Power is not shared; it is in the man's hands. Most Guinean men tell me that the entire burden of supporting the family falls on their shoulders. In addition, they never neglect to add how much harder they work than women. My observations prove to be in direct contrast to many men's self-image.

So once again I find myself sitting with a group of male healers, in order that I may speak with the women later. The conversation begins with conditions. "We will only give plant medicines to terminate a pregnancy if the husband is in agreement and he comes with the woman."

My interview with the men healers starts slowly, but soon it seems that we are more or less comfortable with each other. Here is a brief excerpt of the

some of the things we talked about...

My Question: Is there a difference between the plant products that you use as emmenagogues* versus abortifacients?

Healer's Answer: *Yes, there is a difference. If I know the husband is not in agreement with the termination, I will actually give the pregnant women medicines to strengthen the pregnancy.*

Q: How important is family planning in Bandikoulo?

A: *There are not very many women that want to end their pregnancies.*

Q: What are some of the reasons why a women might want to practice family planning?

A: *If the health of the woman is poor, or she has difficulty working with many young children.*

Q: Is there such a thing as an optimum number of children?

A: *If the husband wants to limit the amount of children, then he can give [his wife] permission to rest, especially if he sees her health isn't well.*

Q: Do each of you have your own remedies?

A: *We have many methods for family planning, but they are not often advertised because we are afraid that people will condemn us. Sometimes the plants are the same, sometimes they are different, but the incantations said over the plants are always different.*

Q: Are family planning methods used only by women?

A: *Yes (accompanied with much laughter).*

Q: Is there a certain limit in the amount of time the pregnancy continues before the products can no longer be given?

A: *Plants are only given as abortifacients in the first three months of pregnancy.*

Q: Are these plants easy to find in the bush?

A: *We must go very far, especially in the dry season. Plants are found in many different places. Old fields, and in the Big Forest.*

Q: So, it seems that you have plants for abortion and emmenagogues. Are there contraceptive methods?

A: *Yes. There is the tafo (cord of cotton and plants woven*

together and worn around a woman's waist) and the canarie enversé (upside-down traditional clay cooking pot).

Q: Do these methods use plants as well?

A: *Yes. But we do not practice the tafo method, only the canarie enversé.*

Q: Can you explain how the canarie enversé works?

A: *A specially prepared clay pot with plants is turned upside down and placed under a women's bed by a male healer. This method can keep her from having children for three years. But there are rules that she must be follow. The husband and wife must be faithful to each other, one can not bring red palm oil into the room and she must not disturb the canarie. There has never been a case of unwanted pregnancy with this method.*

Q: Will you show me some of the plants that are used in family planning?

A: *We can show you only the ones used in the canarie enversé.*

To conclude our discussion, I ask what is one thing they would like to see happen with healing in Bandikoulo. "We want to construct a birthing room because when a women gives birth it disturbs the whole village. All the men are required to move to the other side of the village." With this conclusion, I call the women's healer group, which has been patiently waiting for their time with me. I am very curious to know if the perception of seemingly complete control of fertility by men is also shared by women. Do they have their own remedies?

In the background, "Tie a Yellow Ribbon 'Round the Old Oak Tree" is playing on the radio. This seems appropriate, given the fact that we are talking about trees. Images of Tony Orlando pass through my mind as I stare at posters provided by "New Apostle" (a Christian sect from Germany that has made recent entry into the Forest Region) that are covering the house walls. The five women are all sitting shoeless, and wear the traditional white scarf around their heads showing their status as healers and wise women.

The discussion begins with general healing and the availability of plants. The women healers in Bandikoulo work together as the men do, yet the illnesses that they treat are generally limited to those experienced by women and children. In essence they tell me the stories that I hear from many other women healers. They learn their skills through apprenticeships with experienced healers, and are often "chosen" over other siblings to become healers. They are rarely compensated monetarily for their work and typically refuse no one aid.

The conversation takes an interesting turn when I ask

* a substance that begins or increases menstrual flow



Bandikoulo friends accompanying us on the bamboo bridge on our way home

about the most common illnesses women suffer from here. The response is abdominal pain in association with menses. At this point the women start to joke and poke fun at the young women of the village who are starting to go to the health center in a nearby town for prenatal checkups. The women healers claim that the health center tells the young expectant mothers that they should reduce their workloads during pregnancy. These elder women think this is ridiculous. They tell me that they have plants allowing women to work at their normal capacity throughout their pregnancies.

They say that if husbands encourage their wives to visit the health center, they are to blame for inviting this "lazy" attitude amongst their wives. After all, they can choose to send them to the older women healers, resulting in little loss of work. It is at these times that my culture-specific knowledge rears its ugly head. I ask what

some might consider a leading question. "What are the major causes of death for women here?" Again the blame falls on women trying to take pre-set destinies into their own hands. The healers tell me that a woman doesn't die due to complications during pregnancy unless she takes something that she shouldn't take, such as an abortifacient or emmenagogue.

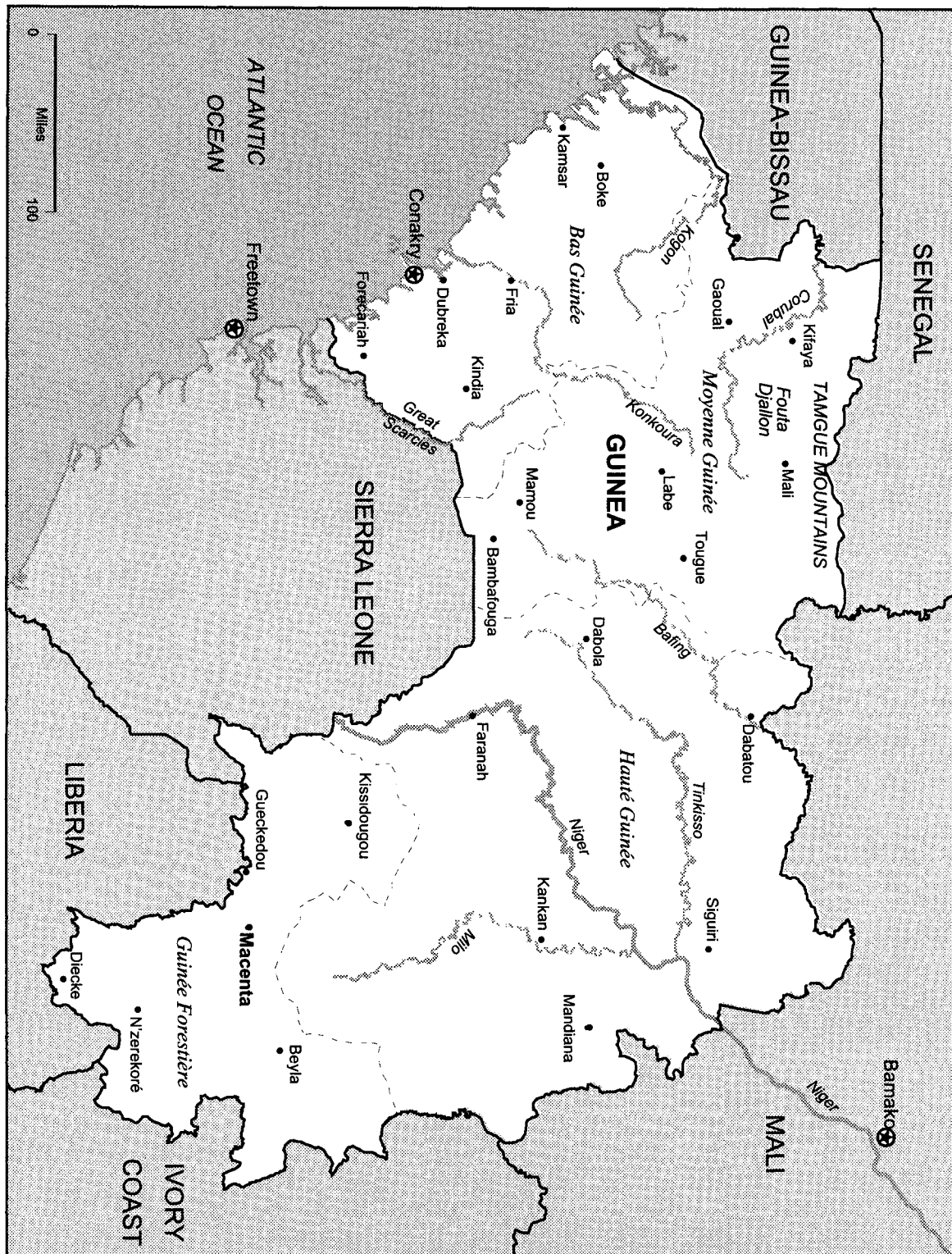
I ask the women if there are any products that are *not* dangerous to use in family planning. In response they tell me that a woman's job as healer is only to help other women have children, not to prevent this. I ask them why family planning is left to men in this village. They do not know why; things have simply developed this way. They know that in other places women healers have the means to practice family planning, but in Bandikoulo they do not, nor do they desire this knowledge.

THE WAY HOME

Walking down the same path from Bandikoulo to the main road, we are accompanied by young men who have graciously taken upon themselves the burden of carrying our small bags. Sending visitors on their way takes on whole new dimensions here in the Forest Region. The sun fades and my thoughts turn to the discussions of the day with the men and women healers of Bandikoulo. Is it fair for me to feel disappointed in what I have learned? Haven't I come here simply to soak up and absorb whatever it may be that I find with no preconceived notions, no expectations? Why is it that I wanted so badly to hear that women have taken control of their fertility and that they have a desire to plan the number of children they have? Why did I not want to learn that

at least on the surface, men have greater control over fertility and family planning methods? Why don't healers want to discuss the issue of disappearing forest and how it affects their ability to find healing plants? Of course I am amazed at the range of traditional birth-control methods using plants. But I am equally puzzled by the discrepancy between the seemingly unimportant role family planning plays in the spectrum of village life, compared to the major focus it has with many western aid programs in Guinea.

No matter how "objective" I wish to be, it seems that I always drag along my cultural baggage. At the same time, I know that it is much more interesting to learn about the unexpected and the unperceived. The healers of Bandikoulo have once again reminded me to search deeply, to open my mind and to leave behind my expectations. It is beneath these images that the true treasures of traditional healing lie. □



Index to ICWA Letters by Randi Movich

Entries refer to ICWA Letter (RM-1,2, etc.) and page, with Letter number given before each page entry

A

abortifacients 3.6, 8.6
 abortion 8.6
 agouti soup 5.2
 American Refugee Committee (ARC) 1.5
 amoebic dysentery 7.3
 animal-part seller 7.6
 animism 4.2
 antelope 7.6
 anti-poisoning 3.2
 architecture 6.2
 area 1.2

B

Bakema 3.1, 3.2
 Bamako 5.4, 6.1, 7.6
 Bandiagara 7.5
 Bandikoulo 8.1, 8.2
Bas Guinée (Lower Guinea) 1.2
 beggars 1.4
 Bemba 5.14
 Boaloiboaloi 4.5
 botanical garden 2.5, 7.6
 Burkina Faso 2.3

C

cataplasme 3.6, 4.2, 4.3, 4.4
 checkpoint 5.1
 chemical constituents 6.6
 childbirth 4.2, 4.7
 "Christian Aid" 6.6
 Christianity 4.2
 colonialism 1.5, 8.2
 Conakry 1.2, 1.3, 2.1, 2.4
 constipation 7.3
 contraceptives 3.6
 corruption 1.3
 cotton 5.5
 coughs 7.3
 culture 8.1, 8.2, 8.3, 8.4, 8.5, 8.7

D

de Gaulle, Charles 2.2
Département Préfectoral de la Santé (County Health) 1.4
 Department of Traditional Medicine (DTM) 2.1, 2.2, 7.1, 7.5
 Diafatabé 5.5
 Diallo, Oumar 6.5
 Diallo, Oumou 6.4
 Dieké 2.3
 Diré 5.11, 5.12
 Djakite, Sira 6.3

Djeue (used for self-protection against evil) 6.4

doctors 1.3
 Dogon county 7.5
Doulagui 4.5

E

education 5.7
 education, professional 6.5
 emmenagogues 3.6, 8.6
 environment 1.5, 5.5, 5.13
 exchange rates 1.5

F

family planning 6.3, 8.1, 8.7
 fertility 3.6
féticheur (doctor of the occult) 7.6
 Forest Region 1.5
 forests and forestry 3.5
forêt sacrée 2.1, 2.5, 3.4
 Foulani 5.13
Fouta Djallon highlands 1.2
 France 2.2

G

gangué konodini (painful periods) 6.2
 Gao 5.13, 5.14
 Gbanacé, Dr. Pogba 1.4, 2.1, 2.2, 2.3
 gene banks 7.6
 genital mutilation 5.8
 Ghana 1.5
 Gilavogui, Balina 3.2
 Gilavogui, Sila 3.1
 GNP (gross national product) 5.5
 Gueckedou 1.4, 1.5, 2.5
guérisseurs (healers) 1.3, 2.3, 2.4
 Guerzé 2.1
 Guinea 6.2
 guinea-pigs 7.3
Guinée Forestière (Forest Guinea) 1.2
Gulubara (used for malaria and painful periods) 6.4

H

Harmattan 5.5
Haute Guinée (High Guinea) 1.2, 2.5
 hepatitis 7.3
héritage 3.3
 history 5.13
 holistic 7.4

housing 8.2

I

illness as a disruption of balance 7.7
Imidaasai 3.6
 impotence 3.2
 income, per-capita 1.4
 infant illnesses 6.4
 infusions 3.5
 intellectual-property compensation 7.5
 Islam 5.8
 Iukono 5.2
 Ivory Coast 2.3, 6.2

K

Kamano, Maurice 8.1
 Kankan 2.4, 5.1, 5.2, 5.4
Kankou Moussa 5.6, 5.8, 5.13
 Karouma, Lansana 3.3
 Keita, Arouna 7.1, 7.5
KENEYA-YIRIWATON (Development of an Association for Health) 6.5
 Kissidougou 5.1, 5.2
 Koivogui, Weyma Peyma 2.4
 Konaré, Alpha Oumar 7.4
 Koulikoro 5.4
 Koumaré, Mamadou 7.3
 Kouyaté, Lansine 2.3

L

Liberia 1.5
 life styles 1.4, 4.2, 5.2, 5.8, 5.11
linemenpo (Bambara for symptoms associated with a range of sexually transmitted diseases) 6.2, 6.4
 literacy rate
 Mali 7.4
 lizard head 7.6

M

Macenta 1.4, 1.5, 2.1, 3.5, 5.1
maître 2.4
 malaria 2.3, 7.3
 Mali 2.3, 5.1, 6.1, 6.2
 Malian National Research Institute for Public Health 7.1
 Malinké 4.1
 Mamou 2.4
 maternal mortality 4.2
mavynzowei 3.3

Medicament Traditionnel Amélioré (MTA) 7.3

medicinal-plant garden 7.5
medicine and health 3.2
medicine, collaboration of traditional and modern 6.6
medicine, group 6.6
Medina market 2.3
midwifery 3.3, 4.1
Ministry of Health 1.3, 2.1
Mopti 5.8
Moyenne Guinée (Middle Guinea) 1.2
myths and legends 3.1, 3.6

N

Neridou 4.3
Niafouké 5.11
N'ko (Malinké healer) 2.3
Nonchi Queue (used to prevent miscarriage) 6.4
nurses 1.3
N'Zerekoré 1.4, 2.5, 4.3

O

oily foods 6.4
open-air market place 1.3
Ouédéno, Faya 3.2
Ouédéno, Saran 3.2
oxytocin 4.2, 4.3, 4.7

P

Panziazou 3.1
parrot heads 7.6
pirogue 5.12, 5.14
pollution 1.4
polytherapy 7.6
population 1.4, 1.5, 6.2
Mali 5.5
porcupine 7.6
prevention 6.4
protocol 1.4

Q

quinine 2.2
quinquina 2.3

R

recycling 5.9
refugees 1.5
religion 4.2
rice 5.1
rites of passage 2.1
rivers
Maipo 8.1
Niger 1.2, 5.4

S

Sahara 5.5
Sall, Dr. Bintou 2.4
Segou 5.4, 5.5
SEQUINA 2.3
Seredou 2.2
Seredou laboratory 2.2
Shaman Pharmaceuticals 2.5, 7.5
Sidibé, Adama 6.2
Sierra Leone 1.5
Siguiri 5.4
sitz baths 3.5
skin rashes 7.3
social conditions and trends 3.2
sorcier 3.2
sous-préfecture 2.4
Soviet Union 2.2
sugar 6.4

T

Tamarin 5.13
tatooage 2.1
teas 3.5
Telelevai 3.6
Toma 3.1, 4.1, 4.2
Tombouctou 5.12
Touareg 5.13

Touré, Sékou 1.4, 1.5, 2.2
tradition 8.1, 8.2
traditional medicine 1.4
pharmacological activity 7.2, 7.3
plants 1.3
testing 7.2
toxicity 7.2
transportation 1.4, 5.1
Traoré, Mari 6.4
Traoré, Sina Drissa 6.2
travel 5.11

U

U.S. National Institutes of Health 7.5
ulcers 7.3
UN High Commission for Refugees 1.5

V

vaccination 5.2
villages and village life 8.1
8.2, 8.3, 8.4, 8.5
vipers 7.6
vitamin C 4.2, 4.3

W

wild cat 7.6
wild rabbit 7.6
women 2.1, 5.8, 6.2, 8.7
Wonigozengui 4.5
World Health Organization 7.3

Z

Ziama 2.2
Ziama Forest 2.2
Ziébéhralolugui 4.3
Zoulakoro 3.3
Zowowalai 3.6
Zumanagui, Marie 3.2, 4.1
Zumanagui, Saran and Koli 3.3