

Healers, nurses, obstetrics-gynaecologists dealing with women in the quest to become pregnant in Southern Mozambique

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Abstract

People's expectations concerning progeny in southern Mozambique are not solely confined to individual's life as defined by the temporal dimension of the biological vital cycle. It interlinks with after – death and the relations between the individual and spirits of the ancestors. All members of the community aim at a number of symbolic systems and interweave relations with social expression that create in their interplay a universe where everyone may build his/her identity. To be childlessness is an unfortunate event that can disturb patterns of regularity and continuity with implications for the health and well being of individuals and the community. The traditional healers (*tinyanga*) in the community have the social task of addressing these felt needs by rendering continuous what is discontinuous, re-establishing the disturbed continuity, and recreating the conditions for recognition. Their assignment in caring for the individual and the community is accomplished through practices emerging from syncretism of customary knowledge and practice and premises from biomedical field. It is a dynamic area of interaction very close to common people and encompassing their understanding and positioning in daily social life with the *tinyanga* well placed to guide and influence. Therefore, the diagnostic and therapeutic practices of the *tinyanga* emerge as privileged instances in this investigation. Present paper describes *kutsamiwa* arising within the frame of failure in generating babies moving through levels of interaction and dialogue between hospital perspective and *tinyanga* and women's experiences.

Key words: *tinyanga*, diagnostic procedure, treatment, *kutsamiwa*, infertility.

Introduction

I would have liked to have children, sometimes my husband does not respect me, and he does not show/present his salary because I have no children. You may raise children of another woman (...), do everything [more than] a real mother [biological] could do but he will never say: you have done me good! No, you may do all you can, your husband may have fifty children but with you, because he sleeps with you [have sexual relations] he has to have a child that comes out of your belly and you also need to feel happy because you have your child. Having no child in this world is just not possible! (Female healer, Maxaquene 2008).

Contrary to the policies in reproductive health that are based on the perspective of birth control, of population growth stabilisation and the reduction of maternal and neo-natal mortality, individuals without or with few children undergo severe biological, social psychological, and discriminatory practices (in society) that lead to depressive feelings, worries and sadness (Gerrits, 1997, Barden-O'Fallon, 2005). Childlessness brings to discussion gender and power relations in the couple and with relatives and the therapists. When a woman does not get pregnant she is the first to be pointed out for the lack of children and subject to seek for health care on her own. Non conception and children death are rarely perceived

as a health problem with hospital biomedical solution. Healers are the first choice for consultation and diagnosis. Only when traditional medicine attempts are ineffective then questioning on the lack of children turn to the biomedical sphere.

Since 2001 aspects inherent to infertility in Southern Mozambique (Maputo province) had been explored and identified the existence of *kutsamiwa* (Mariano, 2002) a physical disorder associated to lack of children, frequent occurrence of abortions, including the death of the husbands. This phenomenon though still very little studied was reported in a WHO study (2005-2007) on vaginal practices in Tete Province of Mozambique where is known as *masale* or *masungo*, and *vúmbá* among the Shona (Chapman 2006).

The present research on reproductive failure and sexual health problems in the context of different medical systems in Gaza and Maputo, that is currently developing¹, reveals in the traditional context three main etiologies of the inability to bear children: a) non compliance with *lovolo* and or its incorrect performance; b) *xilume* (pre-menstrual pains) and *xithethu* (non entrance and retention of sperm), and c) *kutsamiwa*. Within these etiologies we give particular attention to *kutsamiwa* for the following reasons: 1) it implies using an invasive procedure to remove a tissue, epithelia or warts in the genital and anal region; 2) a considerable number of women has been submitted or voluntarily submits to this type of intervention with scant evidence on its therapeutic efficacy relative to infertility; 3) literature on the phenomenon in Mozambique is scarce; and in association with the latter because it is a physical intervention that requires both traditional and biomedical approaches for its analysis and understanding.

Methods and research locations

This present research project has been approved by the Scientific and Academic Council of the Faculty of Arts and Social Sciences of the University Eduardo Mondlane (UEM) in September 2008, and by the Faculty of Social Sciences Committee of the Catholic University of Leuven (KUL) in Belgium in March 2009, and by the National Commission of Bioethics for Health of the Ministry of Health in Mozambique in the beginning of January 2010.

In an active and continuing way the research involves twelve traditional healers (*tinyanga*, and the herbalists known as *tinyangarhume*); three obstetric-gynaecologists, one general practitioner, two registered nurses – one general and the other specialized in Maternal and Child Health (MCH), and three final year students in anthropology. All of them participate in the process of identification of individuals report-

ing fertility problems, and in the analysis and discussion of the phenomenon. The conversations took place in the *tinyanga* working places that is the *ndhumbha* = houses of spirits, or traditional healers cabinets that are privileged places for men and women to meet and exchange ideas and concerns on reproductive sphere.

Some patients, after consultations with *tinyanga* and conversations with me, have been referred to the biomedical health services (Xai-Xai Health Centre and the Provincial Hospital of Gaza, Magude Health Centre and Central Hospital of Maputo, the best equipped in the country), for clinical observations and interventions by the gynaecologists. This process only started in January 2010 due authorization of the Minister of health to undertake the study. In spite of the approval by the biomedical health system and its explicit acknowledgement of the importance of the study the involvement of the biomedical specialists is still limited and often they are not available for the required follow up anticipated in the study. In some consultations at the hospitals the patients were followed by the healer and me. The clinical observation using multidisciplinary lens allows for better understanding of what problem women and healers refer to and the location of the problem in the body of the woman.

The data here presented constitute the first notes of the conversations started by the end of February 2008 with the *tinyanga* both sexes though mostly women. Individual informal interviews were conducted with twenty-two women that bore a child but never got pregnant again and others that had never got pregnant. Group discussions were held with biomedical professionals—gynaecologists, nurses and traditional birth attendants in the Provinces of Maputo (Maputo city and Magude District) and Gaza. For the interviews with women who do not conceive and bear children we have adopted the method of narrative as in the experience of telling and interpreting the narrative is a mediator between the interior world of thinking and feelings and the outer world of actions and observable states (Garro and Mattingly, 2000). While the hospital doctor do not need narratives for its diagnosis as treatment is prescribing from data observable in a material body the traditional healers centres on its subject in the interaction with its family milieu and its social

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relations acting as a mediator in the narratives. Fifteen cases were selected from the total narratives that illustrate the different experiences of infertility; causes of non conception and procedures in diagnosis and therapy to be followed during the research (until 2012).

The dialogue and structure of the conversations with the different informants was based in the application of topic guidelines and semi-structured interviews in Portuguese and Changana, the predominant language spoken among the participants in the areas of study and in the informal conversations.

The observation at the consultations (*lhalhuwa tinhlolo* = diagnostic procedure) conducted by the *nyanga* enabled the identification and understanding of the criteria for the attribution of aetiologies of reproductive failure in man and in woman.

Study findings

Even when traditional healers admit the responsibility of man over the fertility of the couple men are rarely directly involved in the therapeutic process. It is the women that often submit to traditional treatments. The husbands are involved in the therapeutic process mainly when cause the is attributed to non compliance with *lovolo*, or when the clinician prescribes some physiologic tests (blood, sperm). The apparent autonomy of woman in the management of her own body to render it proper for reproduction is put into question when she must negotiate and invite the husband to participate with her in the infertility consultations and find due solutions. It is in this context that his virility and her reproductive capacity are publicly open and put to discussion.

In conversations with four couples worried about their fertility the men's attitude was always to blame their wives as the main responsible persons for the couple's generative incapacity. Whenever we confronted them with the hypothesis of a need to visit the hospital for a check of their physical being they were willing to follow the doctor's recommendations. In practice men absence and their non involvement in the therapy is justified by their commitment to production outside the home (South Africa). In fact their involvement in the quest for solutions was based solely in entrusting and permitting their spouses the use of health services either traditional or biomedical. When asked women how they would conceive if their husbands are away they answered it was important to be ready and wait for the spouses even if for a brief period of time (one or two months) of intense sexual relations. The follow up of some cases during the research (some women have initiated treatment and hospital care) may give some indication over their generative ability.

The hospital is by excellence the place for treatment of physiological disorder but rarely used by individuals with reproductive problems either by lack of knowledge over type of services on offer or to lack in economic resources and the belief in traditional aetiologies. The following reports of a childless woman reveals in one hand the knowledge of reproductive technologies though not universally accessible, and at the same time demonstrate the capacity to live with infertility and attempt to adapt to the condition of being infertile.

“When my menstrual period started my late grandmother took that, I think she has hidden in the place that she (...) and she end up dying. (...) So it's better to kill that hope because nobody is going to say (...). There are people that are able to undergo treatment in the hospital (...) but for that you need money. Can you imagine what is to spend fifty millions, go to a hospital with your husband, because you have to go with your husband in South Africa? And you can come back pregnant. But pay attention, it is not 100% guaranteed. ... I start seeing it as preferable (...) as my brother; I have only one brother (...). He has done for me three children” (Female healer, Maxaquene, 2008). The physical death of the grandmother represents the end of her reproductive capacity because it is believed that at the beginning of menarche some magical acts can be performed to reduce menstrual flow and to control sexuality and reproduction.

Social norms that influences fertility: Gender, power relations, marriage and reproductive roles

Physiological maturity - reproductive is represented by the woman transition from her family space to the sexual and reproductive space. The change in space is metaphorically indicated by her cloth (*dzovo*) she takes along, the cloth her mother wrapped tightly around to accommodate her as child on the back. To carry the child on the back means to raise, to educate. As her mother proved her reproductive capacity the cloth symbolizes fertility and these qualities are auspicious for its reproduction when the daughter is 'acquired' by her husband at the time of *lovolo*. *Male ya xisingu* (money of the first cloth that carry the child) is one of the most important steps to accomplish during *lovolo*, and is essential to secure fertility and harmony between the couple. It means that the woman upon leaving the father's home already grown up is unwrapped to be wrapped by the husband and his relatives therefore raising the need for compensation. The link thus established is not solely between the couple and towards family relatives but also with the spirits of their ancestors. During the deliverance of money in the act of *lovolo*, a parcel must be presented to the spirits of ancestors protecting the

individual. The spirits are informed that the daughter has already left the home through the elderly women (maternal aunts). “*The money of xisingu, is for the grand- parents to receive with the ‘mhamba’ that is required by the spirits of the home, (...) they must know that she is in a new family*” (Female healer, Maxaquene, 2009).

As the majority of women are economically dependent on men the access to conventional and traditional health care is also determined by the decision power of the husband. The source of income of men and family economy derived mainly from the migratory work in South Africa. The presence of man is a necessary condition to propitiate fecundity but because he is absent long periods and has expectations regarding the woman fertility he puts his sexual and reproductive health at risk. This way he reproduces in his wife the feeling of responsibility relative to the generative process as “*man’s function is productive and that of a woman is reproductive*”. The material and biological dependence of woman regarding man exacerbates with his absence. In this case the mother in law engages in the role of the head of the household in managing the domestic chores inclusive those of the daughter in law reproductive sphere. The mother in law advises and sometimes seconds the daughter in law to the *nyangas*’ consultations to identify and find solutions to the problem. The brief return of the husband to his home⁶ constitutes an important occasion for the couple’s sexual encounter, and for the resolution of family problems. Among patrilinear groups in Southern Mozambique (Maputo and Gaza study areas), social roles and the gender relations are remarked through matrimonial compensation, the *lovolo*, in which woman is attributed the reproductive function. The accomplishment of *lovolo*, as a complex and value-laden institution influences the reproductive process.

The knowledge of social norms is valued and explored in the wake of troubles. The norms prescribe individuals ought to practice different rituals in accordance to the physiological evolution. The *lovolo* for example, is a complex matrimonial practice that has implications in family, sexual and reproductive relations. Decision on marriage does not only depend on individual will, physical development, socially accepted/recognized age, but also the spirits will. There are “son-law spirits” with powers to choose women as spouses. One understands this way that sexuality and reproduction integrate the relations between individuals and spirits in a continuous process of conflicts, negotiations and agreements between ones and the others and between them. The value and the end reason of marriage centres in the regenerative process and include different stages. The non

compliance of social norms may alter the body functioning and sexual relations and reproduction functions.

When spirits determine fertility

The consultations of *tinyanga* indicate the probabilities of traditional and hospital cure. When reproductive failure does not result from the intervention-choice of a spirit, the *tinyanga* consider they capable of curing the main physical causes (*xithethuxilume* and *kutsamiwa*).

“*I have an example from an urban lady almost forty years of age that could not conceive. After several attempts and differentiated therapies in hospitals she opted for traditional cure with me, she finally solved her problem and has had a child. Her problem could not be cured in a hospital because it was related to spirits*” (Female healer, Xipamanine 2008). There is no contradiction between intervention-choice of a spirit and an illness related to the spirits. In this case we refer to the woman chosen by the spirit to become a *nyanga*, the spirit being the one that determines the sexuality and reproductive capacity of the woman. Their fertility results from a process of negotiation between the woman who accepts becoming *nyanga* and the spirit that confer her the power to have children biological ones or not biological ones (Mariano, 2002). The spirits are associated with ambivalent forces which may be both life-threatening and life-given (Devisch, 1993).

The diagnostic procedure in traditional medicine

Devisch (1993) remarks that in the context of traditional medicine, more than diagnosis and hermeneutics it is an anamnesis and causal or moral inquiry of disorders. Diagnosis is an attempt to describe on the origin of disease or illness, locate and to render objective its causes. It is also an effort to invoke an effective reaction (Good, 1999). Considering the dynamic and holistic view of traditional medicine we adopt diagnosis and diagnostic procedure. The different modalities and forms of traditional diagnosis include: intuitions, dreams, possession trance, sniffing and divination centring on the individual’s experience in the interaction with the protective spirits and the family and social milieu.

In reading the *tinhlolo* (divinatory bones) during infertility consultations one observes that each element is polysemantic and with multiple functions

²The majority of men visit their relatives at least twice or more a year.

that can vary according to its position, shape, chromaticism etc. It differentiates man from woman by its shape, for example in the turtle shells the ones that have a shape larger and open represents woman while the more slender and longer is the male equivalent.

The interpretation of the *tinhlolo* is one of the diagnostic procedures most spread in the southern Mozambique; this procedure is also called *bula* that is to speak, to reveal. It is the spirit that guides the interpretation of the pieces during the consultation but the capacity to read the pieces in its different combinations depends on the degree of knowledge and the school of initiation of each *nyanga*. In the infertility consultations over the shell of a female turtle (Fig. 1) one overlay another plant element called *ntima* meaning black in Tsonga, darkness or shadow. A *nyanga* reveals it is *kutsamiwa*. Having a shadow in the case of *kutsamiwa* is equivalent of harbouring a bad spirit that prevents conception. A black colour indicates illness and death.

The observation of the consultations of oracles⁷ through the bones, (*hlaluluva tinhlolo*) among *tinyanga* as enabled me to analyze the meanings of the pieces in use that indicate the health status and illness. The ill individual has weak blood and is represented by a reddish stone. This element also indicates the consistency of the sperm (weak and watery), metaphor of an infertile man or woman. Strong blood and or weak also define sex and somatic characteristics of children. In case of doubt of biological paternity some pregnant women undergoes the scrutiny of traditional healers. The good or bad quality of blood is observable through a mix or exchange of blood fluids between the couple during sexual intercourse; the mix is compatible when pleasurable and with generation as aim. As also revealed in the study undertaken in the Province of Tete in Central Mozambique, well being is defined as a function of the preparation for sexuality and in the perspective of having a pleasurable and well succeeded sexual relation that culminates in the conception and birth of a child. However, it does not mean that every sexual intercourse shall necessary engender a child but preparation for success implies the existence of conditions for its occurrence (Bagnol and Mariano, 2009).

Diagnosing sexual fluids: Male infertility

The sexual attraction and sexual desire among a couple indicate blood affinity. The absence of sexual desire is the first sign of anomaly in the blood. "The desire and pleasure that the partners incite in the other reflect and reinforce the excitation and the reciprocal giving in sexual union" (Devisch, 1993).

The incapacity to generate indicates the bad quality of blood. In secret and in agreement between the woman and the *nyanga*, the physiological observation of male fertility is conducted through the analysis of the sperm consistence. After the sexual intercourse the woman alone and in secret analyze the quality of the seminal fluid; if it sticks on the woman's body it is a sign of fertility. Another method with the man consent with the presence of relatives of the man and the woman is the test of generative capacity using the seeds of millet or maize put in two different recipients containing the man and woman urine. If the seeds germinate it is a sign of fertility, otherwise the man shall submit to a treatment.

Lack of children is considered an illness of women: aetiology and therapeutic devise

The *tinyanga* refer that mainly women look for the inability to have children treatment though they recognize the existence of male reproductive failure. Men rarely present themselves to the *nyanga* on their own to consult for their eventual inability to reproduce. They only look for treatment upon the wife demand, doctors or by the *nyanga*, as women take initiative on this matter.

When an organic dysfunction is present due to vaginal discharges or itching in the genitals, the feeling of physical discomfort is referring; by order from the traditional to the biomedical sphere. The collective and holistic vision of the body gives way to the individual-organic body. Such a process evolves and is re-directed to the state of physical disorder when classified and legitimized by the institution that heals. The hospital is chosen to the analyses to know the "truth" about something that is not visible in the traditional domain. However, clinical results may not always imply ensured biomedical therapeutic efficacy. Sometimes the therapeutic process must start from the reconciliation and re-establishment of social relations with spirits of the ancestors and of practice of certain acts as complementary.

Xilume refers to pre-menstrual pelvic pain and *xithethu* or *nthelelu* to disturbances that prevent the retention of sperm. The non entrance of sperm means that it has not gone in. Both are considered female physical disorders the first having to do with the menstrual cycle and it is sustained that the one that

⁷Divination is the process of using ritual means to reveal things hidden to ordinary perception, such as information about sources of illness.



Fig. 1. — Divinatory pieces that indicate disturbances related to reproductive problems.

has *xilume* rarely has the capacity to retain sperm and consequently may not get fecundity and conception. The woman does simultaneous treatments; intake of medicinal decoctions for *xilume* and the vaginal insertion of plant preparations in small balls to treat *xithethu*. The little balls also termed marbles serve the purpose of absorbing the vaginal secretions and clean the passage of the sperm removing the whitish and foul odour “dirtiness”. This treatment has triple action: a) to remove the “dirtiness” and eliminate disease; b) to close and narrow the vaginal opening (Bagnol and Mariano, 2005; Bagnol and Mariano, 2008, Martin *et al.*, 2009); and finally

retain and prevent the leaking of sperm to enable conception. Therapeutic efficacy is observed when the woman gets pregnant.

Kutsamiwa contrary to *xilume* and *xithethu* is a disorder affecting both man and woman that does not prevent fecundity, conception and pregnancy but causes abortions and the death of children. This anomaly is described as being extremely dangerous that “germinates” in the male and female genital organs. *Kutsamiwa* is also called *vumba*⁴, and due to its negative effects is the equivalent of witchcraft. The itch in the genital organs, abortion, death of children and husband, woman repudiation by husbands or sexual partners are signs of *kutsamiwa* state. The elimination of this evil is a necessary condition for the survival of the individual. The treatment of *kutsamiwa* is not performed only by traditional doctors; any person may learn how to cure this evil.

Removing the poison and evil from the body

Traditional medicine practitioners call the attention for the need to linguistic and terminology clarification relative to the treatment of *kutsamiwa*. In spite of the use of a razor /blade it is not about cutting, it is about excision or removal of a poison. It is more appropriate to talk about “take out” or extract the cause of the inability to bear a children, because cutting implies pain and as consequence women would express pain by crying that can lead to withhold from treatment. Women that have undergone

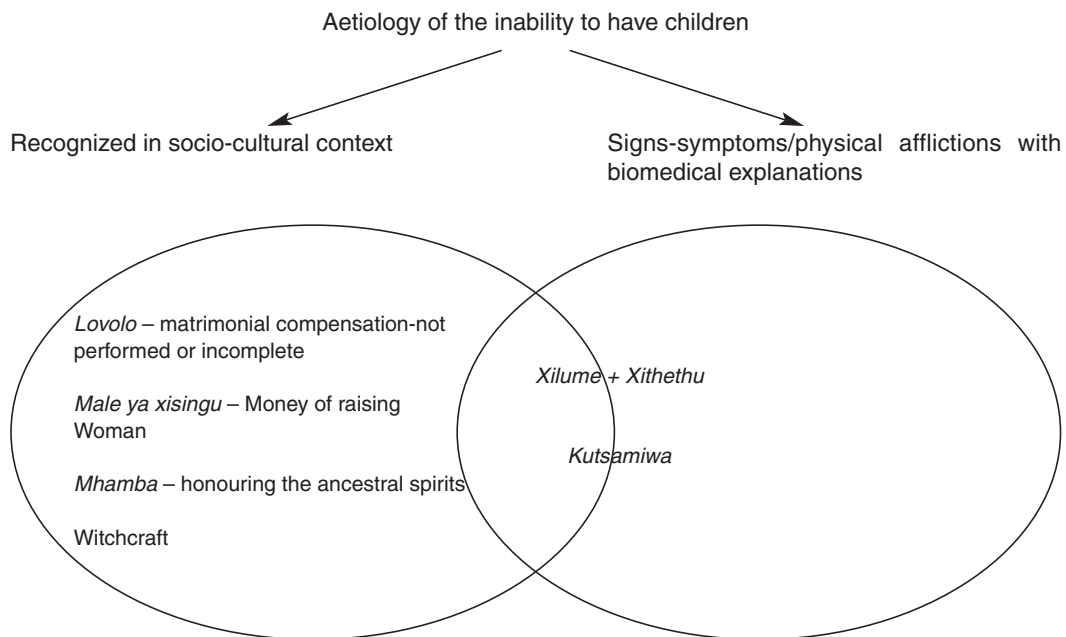


Fig. 2. — The main etiologies of the inability to have children

⁴Attributes of person whose children died in a early age.



Fig. 3. — Vaginal balls to treat the rejection of sperm



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Fig. 4. — Removing the alien substances - *kutsamiwa* that prevent fertility.

this experience sustain that taking it out leave no traces while cuttings leave behind scars.

Traditional vaccines or incisions largely practiced in Mozambique, in spite of being scarcely documented, are being referred to in the literature because of its invasive procedures and the use of instruments not subject to previous sterilization (West, 2009). The interest on the analysis of traditional incisions emerges in the context of HIV and AIDS, and as strategy of prevention and control of blood contamination among the traditional medicine practitioners. As to incisions (small parallel cuts in different parts of the body) made with a razor, a medicinal mixture is spread on the skin with the fingers for it to penetrate the body.

Fieldwork has revealed that vaccine-incisions compared to poison removal-*kutsamiwa*, are less invasive procedures and done in less sensitive body parts. The treatment of *kutsamiwa* consists in the excision of tissues or warts in the interior of vaginal labia and in the perinea area (between the anus and the vagina), by means of razors (Mariano, 2001, 2004; Bagnol & Mariano, 2005; Martin *et al.*, 2009). Depending on practitioners and regions before or after the treatment of *kutsamiwa*, besides the removal of the anomaly incisions are made in various parts of the body to prepare or conclude the treatment.

What traditional healers conceive as anomalies the salience of membranes they consider detrimental to the woman well being and her sexual and reproductive health is viewed as normal and functional by obstetric-gynaecologists. In the genital area what is indicated as *kutsamiwa*, corresponds in biomedical language to *fúrcula* that is, prolongation of the external vulva great lips (labia major) and *carunculosa multiform* that is, remnants of the hymen rupture (internal), while in the anal regional corresponds to haemorrhoidal. In various occasions obstetric-gynaecologists referred to their clinical experience

of patients or pregnant women that had cut haemorrhoidal.

In a training session on “Strategies for a sustainable articulation between traditional medicine and biomedicine relative to sexual and reproductive health, STIs and HIV and AIDS”, the use of anatomical illustration of the genitals enabled the indication and classification of the body parts. Traditional healers argue that it is not haemorrhoidal (known as *mudidi*), which is different from *kutsamiwa* (Fig. 4). In the hospital at the gynaecology consultation both traditional and biomedical doctors after the observation of woman’s body they present discordant interpretations and knowledge. Contradiction between professionals over the signs in genitals stemming from images lead biomedical to suspect that *xilume*, *xithethu* and *kutsamiwa* may be consequences of sexually transmitted infections (*condilomas* and genital ulcers).

Discussion and conclusion

The cases so far observed and analyzed are limited for generalizations and large theoretical elaborations. Therefore there is need to extend the discussion between biomedical and traditional healers avoiding rush in pretentious attributions of truths between the different knowledge systems. The possibility to explore and deepen is based on an attitude of knowing deeply the phenomenon in the first place; identifying what is being effectively talked about and only thereafter moving to the analysis of the attributed meanings.

The primary and most feared aetiology of the inability to bear children is the presence of an

“anomalous body” in the body called *kutsamiwa* or *vúmba* (Mariano 2002, Chapman 2006). Genitals are considered the parts of the body where this most dangerous kind of (alien substance) may be settled. Devisch (1993) points that corporeal orifices act as a juncture between various orders, represent destruction and regeneration. Therefore, manipulation of skin and bodily postures may become means of healing.

During the research very often women said “*I am just tired of being cut*”. Or the *nyanga* had commenting over the body of a woman full of vaccine scars in her search for life (*wutomi*). *Wutomi* is life and also it is health, well being and to a certain extent it emanates from *nthumbuluku*, as a sort of vital force (Ferré, 2008). To what extent removal is effective and is it necessary? The will to bear children transcend the operation pain as woman is prepared to sustain pain for if she cries the treatment won't have its effect and will never conceive. “*You have to keep your heart tight as if you were delivering a child*” (Female healer, Magude, 2010).”

In the main national newspapers there are often advertisements of traditional healers selling their competences in treating life, health and illness. Their abilities are described in either biomedical or traditional language when talking of infertility, being sterile, sexual impotency, “being tight” etc. It means that life, health and physical afflictions are not rigidly bounded and there is room for the sensitive and emotional aspect of experience in the perspective of the individual though at the level of physiological functioning the objective also counts. While the biomedical paradigm bases on objectivity – disease in the individual the traditional medicine practitioners have a holistic perspective of ill being, the body is physical and spiritual and the individual is a social and collective human being. This is why this research is mainly about individual experience that is subjectivity and the senses.

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