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# **Sexual Beliefs and Practices by Women in Urban Zimbabwe: Implications for health education**

## **Abstract**

*This paper examines the nature of existing traditional herbal and folk methods of family planning, as well as other sexual practices of women in southern Zimbabwe. Nedeble women and a number of traditional healers (N'Angas) and herbalists were interviewed, using a semi-structured interview technique to elicit information about the use and understanding of contraceptive methods. The analyses show that many women in Zimbabwe use a variety of traditional herbal and folkloric methods, not only as a method of family planning, but also as a way to enhance sexual experience. These practices appear to be grounded in the traditional belief systems that exist in their society. The consequences of such practices in relation to designing better health education programs in Zimbabwe is discussed.*

## **Résumé**

*Cet article analyse la nature des méthodes herbales et folkloriques traditionnelles du planning familial ainsi que d'autres pratiques sexuelles des femmes dans le sud du Zimbabwe. On a interviewé des femmes Nedeble et un certain nombre de guérisseurs traditionnels (N'Angas) ainsi que des herbalistes au moyen de la technique de l'entrevue semi-structurée pour recueillir des données sur l'usage et la compréhension des méthodes de contraception. Les analyses révèlent que de nombreuses femmes du Zimbabwe utilisent toute une diversité de méthodes herbales et folkloriques*

*traditionnelles, non seulement comme moyen de contraception, mais pour donner du piquant à leurs expériences sexuelles. Ces pratiques semblent ancrées dans les systèmes de croyances traditionnelles de cette société. L'auteur analyse les conséquences de ces pratiques par rapport à la conception de meilleurs programmes d'éducation médicale au Zimbabwe.*

Family planning is advocated in developing nations as a means of decreasing population growth rates. There is widespread under-utilization of these methods in sub-Saharan Africa (Caldwell & Caldwell, 1988; Frank, 1987). However, little is known about women's beliefs and sexual practices that may counterindicate usage of modern contraceptive practices and possibly predispose them to an increased risk of HIV infection. This paper addresses the nature of some of the existing traditional herbal and folk methods of family planning, as well as other sexual beliefs and practices by Ndebele women in Southern Zimbabwe.

### **Health Education and Family Planning**

It is well known that cultural beliefs exert a strong influence on the adoption of modern health practices. Local, regional, and national cultural variations must be taken into consideration when designing and implementing health education programs. Explanations and perceptions of the community and local traditional health practitioners are necessary to conceptualize the definition of health within the context of cultural beliefs and practices (Weiss, 1988).

Birth rates remain high in sub-Saharan Africa despite efforts to reduce them. Zimbabwe has one of the highest population growths in the world (3% per year). At the current rate, the population will double in 22 years (Boohene, 1987). The Zimbabwe National Family Planning Council provides educational information and services throughout the country. However, studies of African family planning programmes indicate that there is a gap between knowledge and practice (Rutenberg, Ayad, Ochoa, & Wilkinson, 1991).

In the 1988 Zimbabwe Demographic and Health Survey, 4,201 women between the ages of 15 and 49 were interviewed. Of the respondents, 96% indicated knowledge of a modern contraceptive method. About 92% of these women were aware of a source where it could be obtained. Modern family planning methods included the pill, intrauterine devices, injections, diaphragm and jelly, foaming tablets, condoms, and female and male sterilization. The pill is the most accessible and widely used method of modern

contraception in the country. Eighty-six percent of Zimbabwean women, who use modern contraceptive methods, rely on the pill (Rutenberg *et al.*, 1991). In the survey, 27.2% of the women reported using a modern method of family planning. Among the currently married women (63% of those interviewed), 36.1% reported use of modern contraception. This is one of the highest reported rates of usage in sub-Saharan Africa (Arnold & Blanc, 1990).

Traditional methods of family planning were defined as periodic abstinence, withdrawal, and "other methods" (Zimbabwe Demographic Health Survey, 1988). The category of "other methods" includes all other herbal and folk methods. Interestingly, only 5% of women interviewed admitted using a traditional method of family planning at that time. However, 35.6% claimed that they had used a traditional method of family planning at some time. Although withdrawal was reported to be the most common method utilized, both periodic abstinence and withdrawal were cited in the survey as being ineffective and inconvenient. The vast majority of women believed that their most fertile time was immediately after the menstrual period as opposed to the middle of the cycle. Lack of knowledge regarding the fertility cycle and the correct safe period may be a reason for periodic abstinence being considered ineffective. In a study of the contraceptive method of choice in developing countries, it was found that a significant percentage of women, who reported using periodic abstinence, had no knowledge or an incorrect understanding about the timing of ovulation (Shah, 1991).

Modern methods of family planning, such as jelly, foaming tablets, and condoms, were considered "inconvenient" (Zimbabwe Demographic and Health Survey, 1988). This perspective is particularly noteworthy considering the condom is the one method that not only prevents births but, also, the spread of sexually transmitted diseases.

It is our contention that cultural beliefs and practices may be one of the primary factors in underutilization of modern family planning and the adoption of other modern health practices. In this paper, we present two studies investigating the role of these beliefs in the adoption and continued usage of modern contraception by women in Zimbabwe. In the first study, we investigated women's understanding and beliefs concerning modern methods of family planning. In the second study, we interviewed and observed local traditional health practitioners in order to gain a better understanding of the causal belief system underlying traditional concepts of family planning and sexual practices.

## Study 1

### Factors Related to Family Planning Practices

#### *Method*

This study was carried out in a large urban center located in Southern Zimbabwe. The subjects were 23 Ndebele women, with various levels of education. The women were interviewed, either in private homes or at their work places, in English, using a semi-structured questionnaire to elicit information regarding family planning. The respondents specifically were asked questions relating to contraceptive methods they currently used or had used, if any; actual procedures followed for the method(s); and their general knowledge about modern and traditional family planning. Information was also obtained about their level of formal education, number of children, and family structure. All interviews were audiotaped and subsequently transcribed for analysis.

#### *Results*

The results of the first study indicated that all of the women were using or had used methods of family planning. Table 1 presents a descriptive account of the education level, age, number of living children, and selected method of family planning. The majority of subjects had some primary or secondary schooling. Women with higher levels of education tended to have fewer children and were on average somewhat younger than the women without any schooling. There was a small trend for the more educated women to use modern methods of family planning. However, the women who had some primary and secondary schooling were an extremely heterogeneous population, ranging in age from 22 to 47. In fact, age and number of children were better predictors of family planning method.

The most common method of modern family planning was the use of the pill. The traditional methods used by the women were periodic abstinence and herbal folk methods. The majority of women using traditional methods employed herbal folk methods. This is a counter-intuitive finding (Percival & Patel, 1989). Older women reported using breast-feeding and/or sexual abstinence as traditional methods of family planning when they were younger. The traditional methods, most commonly used, were herbal folk methods obtained from traditional healers (*N'Angas*), traditional birth attendants, and herbalists. All of these practitioners are part of the traditional health system in Zimbabwe.

The women who reported using traditional methods were asked to describe them in detail. One of the most common methods cited was of a use of a string belt worn around the hips with herbal packets sewn on to it.

Table 1

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*Subject Characteristics and the Methods of Family Planning as a Function of Education Level*

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	LEVEL OF EDUCATION			
	NONE	PRIMARY	SECONDARY	POST SECONDARY
Number of Subjects	6	8	8	1
Average Age	44.2 ± 2.6	32.9 ± 8.9	36.1 ± 10.0	28 0
Average Number of Children	4.7 ± 1.2	3.0 ± 1.1	2.8 ± 2.2	1 0
Method of Family Planning				
Modern	1	3	4	1
Traditional Total	5	5	4	0
Herbal folk	2	2	4	0
Breast feeding and sexual abstinence	3	3	0	0

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The herbal preparations are located at four points: on the pubis symphysis, on both sides of the pelvis, and the middle of the back.

Another method of contraception commonly used was a glass bottle filled with a mixture of woman's menstrual blood, urine, and sometimes herbs. The bottle was then sealed and buried in a place known only to the woman. Burying the bottle in a secret place prevented it from being found and opened by anyone else except the woman. Opening the bottle will allow

the woman to conceive again. Both of these methods were believed to control fertility.

The subjects expressed a belief in the possibility of possession by spirit mediums. A spirit medium is a person who has the ability to communicate with ancestral and/or tribal spirits. When possessed by a spirit medium the individual goes into a trance or hypnotic state, for a period of time, and is believed to be capable of communicating with the spirit world. Women who have these spirits are believed not to be able to take the pill. In addition, some of the women, who had used the pill, discontinued as symptoms occurred which led them to believe they were spirit mediums even if they had previously been unaware of spirit possession. Attributing side effects of the pill to having a spirit medium was believed to be a phenomenon that occurs only with African women as part of their traditional religious belief in the spirit world. Many women believed ancestral spirits did not approve of an individual, who was a spirit medium, using Western-ingested family planning methods such as the pill.

In summary, age, followed by the number of children, and then education were the strongest predictors of method of family planning. This would be as expected, since older women tended to be less educated, had more children, and were more likely to have used traditional methods of family planning. Each of the women who used herbal folk methods claimed that they relied on herbalists, traditional birth attendants, and traditional healers for guidance in matters pertaining to family planning methods.

## **Study 2**

### **Explanations About Traditional Family Planning and Sexual Practice**

In study one, the Ndebele women, who said they used folk and herbal methods, could neither explain or clearly articulate the reasons for their beliefs or their adopted traditional family planning practices, nor how the procedures functioned in limiting fertility. Instead, they relied on the advice and knowledge of traditional healers, birth attendants, and herbalists. This is analogous to the practice in the developed world of depending on the expertise of physicians and pharmacists. In the second study, we investigated cultural beliefs and barriers to the use of modern family planning in Ndebele women. We were particularly interested in the herbal folk methods of family planning and their relationship to women discontinuing their usage of the pill. We spoke to and observed traditional health practitioners in their practice in order to obtain some insight into the belief system underlying the procedures and rationale of traditional methods of family planning.

In Zimbabwe, the Shona and Ndebele are the two main ethnic groups. Southern Zimbabwe is predominantly inhabited by the Ndebele, who comprise approximately a fifth of the total population. All ethnic groups in the country are of Bantu origin. Among the Bantu people the religious system is generally the same. There may be, however, regional and tribal differences in the application of beliefs, customs, interpretations of dreams and omens, witchcraft, and taboos (Bozongwana, 1983). In Zimbabwe, concepts and religious beliefs that influence health and illness are similar among the Ndebele and the Shona, as well as other tribal groups of Bantu origin (Mutambirwat, 1985). Traditional beliefs and customs are taught to members of the society from birth. This informal education assists the individual in understanding what happens in daily life within the context of their own cultural reality. Spirits are part of the Zimbabwe traditional religion. Ancestral spirits are believed to take an interest in the individual's everyday life. They assist in solving problems and protecting family members from misfortune. They can also, if offended, bring upon offenders drought, excessive rains, poverty, and disease. Thus, spirits must be considered at all times by individuals and families in every aspect of life (Chavunduka, 1984).

Traditional healers are considered to be the medical, spiritual, and social advisors within the community. Causation of disease, death, and misfortune, as well as other perceived abnormal occurrences, may be attributed to a spiritual origin. For example, Zoysa *et al.* (1984) found that the perceived cause of diarrhea was the only significant predictor in the choice of a healer. Traditional healers would be consulted if the diarrhea was perceived to be primarily caused by social and spiritual factors. The formal health sector would be utilized if the illness was ascribed to physical causes or a combination of physical, social, and spiritual factors. However, a number of respondents used both traditional healers and the formal health sector.

Illness is believed to be due to germs, displeasure of ancestral spirits, or to some bacteria or a virus. The traditional healer, believing that the cause of the illness is frequently due to spiritual factors, interprets that the bacteria may have been mysteriously introduced into an individual's body by another person possessed by an evil spirit (Gelfand, 1985). Traditional healers (*N'Angas*) are possessed by a healing spirit medium and act as an intermediary between the spirit world and the individual.

A traditional healer may be consulted if the symptoms are interpreted according to traditional knowledge and regarded as "unusual" or "peculiar to Africans" and if the expected results are not achieved by western medicines (Chavunduka, 1984, p. 12). Consequently, side-effects and failure of modern family planning methods are problems that may lead women to

consult a traditional health practitioner rather than a member of the formal health care sector. Many subjects and members of the traditional health system referred to traditional family planning as "African family planning". It was believed, by some, that side effects, such as excessive vaginal discharge, incurred as a result of pill use in modern family planning. It was also believed that spirit medium possession occurs only in the African population.

### ***Method***

Interviews were conducted at the clinic with the members of the nursing staff, traditional birth attendants, and traditional healers. Most of the interviews were conducted in English, and some in a native language, which was translated simultaneously by one of the members of the staff. The investigators worked closely with two women in the community, a herbalist and a highly respected traditional healer. Both of these women were very knowledgeable about women's traditional beliefs. These women assisted in arranging meetings with other women traditional healers in the area. One of the women accompanied the investigator on visits to the traditional healers' homes and acted as a translator when needed.

In this study, data from interviews with three women traditional healers and one herbalist is analyzed and presented. These women were in their early forties. They lived in the suburbs and conducted their practice from their homes. Two of these women had some primary school education, and one had some secondary schooling. The fourth had post-secondary training in the health care field. Three of these members of the traditional health care system practiced full-time, one practiced part-time. The average number of years of practice in traditional medicine was eighteen years. One's choice of a traditional healer was by reputation, usually recommended by friends or relatives, who were satisfied with the treatment results. Traditional healers are considered to be more powerful than herbalists and would be chosen for reasons such as accessibility, ability to pay, or perceived seriousness of the problem. The following is an explanation by the herbalist as to the choice of traditional practitioners:

*The reason why the N'Anga is more powerful than an herbalist is that the N'Anga have got spirits. Sometimes these ancestral spirits make them dream of herbs. Yet we (herbalists) are only told to use herbs. Any N'Anga can give you three herbs instead of giving you four.*

The traditional healers were interviewed and observed in their practice in their homes. Patients would come with a variety of problems, some

of which were bad luck, job loss, family planning needs, infertility, and relationship problems, such as the partner being unfaithful or unrequited love.

### *Results*

Several common themes emerged in the discussion and observation of the traditional health practitioners. Each traditional healer has a preferred procedure regarding the herbal folk method or methods. One healer expressed a belief that the choice of herbs used was dictated by the healing spirit of the individual. Though herbs were always used by traditional healers, the type and number varied. In addition, the application procedures varied between healers. Each practitioner demonstrated a basic knowledge of the female reproductive system. This was evident in some of the symbolic procedures, and was also apparent in the explanations and rationales expressed by the traditional practitioners.

M. is a woman traditional healer in her early forties, who has practiced traditional healing part-time since 1980. In the interview she explains some of the herbal folk methods of family planning that she knows and uses, as well as her beliefs about how they work and why certain women would utilize a certain type of contraception. At age thirty-four, a strange occurrence after the death of her father led her to consult a traditional healer. The healer told her she was possessed by a healing spirit medium and gave her apprenticeship training. She claimed great surprise at being a healer with a spirit medium as she was "too Westernized to know that I had something else beyond what I knew myself". In the following excerpt, M. discusses the concept of muti and its role in family planning. Muti is a Shona term for traditional medicine or charm which is used throughout Zimbabwe.

*M : Some are mutis put there (points to vaginal area), and in our tradition they could have a fat layer into the vagina where the hymen should be. It sort of forbids the sperm to get across.*

*Q : What kind of fat?*

*M : I've never seen or done it practically, but I know it's from the fat from the omentum. From the animal. And it sort of closes.*

*Q : Sure, it would be like a cervical cap.*

*M : Yes.*

*Q : And what's another one? Which ones do you use, and do they work?*

*M : Yes, there is another herb. It is a short plant, almost like that, you cut it into four equal pieces. While it is still wet, you bind it around the woman.*

**Q :** *Her waist?*

**M :** *Her waist. And it dries on her. As it dries, the womb will not have any conception.*

**Q :** *It dries on her, but how long? Does she wear it always?*

**M :** *She wears it always. And it must be approved by the husband, because the husband's going to see. Usually I give it to married women who are very over-fertile, but they don't want any more babies.*

**Q :** *May I ask what's over-fertile in your perception?*

**M :** *Each time you sleep with your husband you get pregnant. The sperm goes through. You get pregnant. This is over-fertile. The children still arrive.*

**Q :** *So these ladies were already on contraceptives?*

**M :** *Yes, most of them would come for herbs. The people who have herbs are people who have too many side effects of contraceptives.*

In the excerpt, it is apparent that some knowledge of biology is intertwined with traditional beliefs and practices. She expresses some knowledge of the human reproductive system. However, the interesting aspect is how the reproduction system is being perceived to function. She also raises points concerning overfertility and the side-effects of modern contraceptive techniques. These are common themes that emerged repeatedly.

The use of herbs, sewn in cloth and worn like a girdle over the reproductive organs, was a common method of traditional family planning. It was reported by a number of traditional practitioners. The exact location of the girdle was important. Should the girdle containing packets of herbs "ride-up" above the woman's waist during sexual intercourse, she could become pregnant as the power of the herbs would be lost, because the herbs would no longer be covering the reproductive organs. Covering the pubis symphysis is analogous to protecting the uterus from the man's sperm. Removal of the belt supposedly allows the woman to become pregnant. This is not unlike the use of a copper belt with herbal agents by Zambian women to ensure the partner's love, reputed by Keller (1978).

Burying a corked bottle with a variety of mixtures was a traditional family planning method mentioned by herbalists, traditional birth attendants, traditional healers, and women who had employed it as a method of limiting their families. One of the variations was to add menstrual blood to the mixture of urine and herbs. Another traditional healer was asked how this method of family planning worked. In her response, she made an analogy between the corking of the bottle with corking the uterus, thereby preventing contraception.

Interestingly, another traditional healer advised her clients to hide the corked bottle somewhere in their home as opposed to burying it in a place outside. As in other countries urban development is occurring in Zimbabwe, and some women who buried their bottles on what was undeveloped land go back after a number of months only to discover that the land has a new dwelling. Being unable to find and uncork the bottles is believed to render these women infertile for the remainder of their lives. A traditional healer mentioned burying a bottle filled with urine/blood/herbs, and corking the bottle as a method of bringing about "menopause" for women who wished no more children.

Jumping over a bush in a manner prescribed by the *N'Anga*, then coming back to the same bush and jumping over it in the opposite way, is believed to allow the woman to once again conceive. For example, if the women did not want to have children for two years, she would jump over the bush twice, and for three years she would jump three times.

Another procedure commonly prescribed for a woman who wished to use traditional family planning methods is described in the following instructions: Early one morning the woman must urinate (it must be the first urination of the day) on the herbs. Using his left hand, a young boy who has not reached puberty, and is not aware he is participating in a family planning ritual, is asked to pick up the herbal/urine mixture. With his left hand he must fill an empty hollow reed (approximately 6 inches long) with the mixture. After the procedure, he is then told to wash his hands. The reed is then sealed on both sides with wax. It is then hidden in the home by the woman who wishes to practice family planning.

The traditional healer explained that this method of family planning "worked" and she asserted that the urine and herbs in the sealed reed block the woman's eggs so they will not be fertilized. Should the reed become lost or blocked (so that the herbal mixture cannot be poured out) the woman is believed to be unable to ever conceive. If more children are wanted after a period of time, the woman unseals the reed on both sides and pours out the herbal mixture.

An underlying theme that is ever present in the procedures and rationales is the concept of reversibility. Some examples include the practices of "opening the bottle", "opening the reed", and "jumping over a bush in the opposite direction". These actions allow women to reverse the effects of a prior procedure and permit them to once again conceive children. This reassures individuals that their fertility will return and that there are no long-term negative health effects of the traditional family planning method.

It appears that the traditional healers have evolved elaborate sets of procedures based on belief systems that combine traditional beliefs, as well as some basic knowledge about the anatomy and physiology of the human reproductive system. Though exact procedures would vary among the various traditional healers, the underlying rationale was similar. For example, the bottle that was buried did not always contain herbs, also the exact proportion of menstrual blood and urine appeared insignificant. The corking of the bottle, symbolizing the corking of the uterus, was the most significant element in all variations of this procedure.

Traditional healers, discussing the modern methods of contraception, focused on a specific side-effect of the pill where the woman's partner claims excessive vaginal discharge. The exact nature of "excessive vaginal discharge" is unclear, since it could be a vaginal infection (pathological discharge) or natural, physiological lubrication. The pill is known to change the *pH* of some women's vagina. It is possible that the use of herbs and the pill causes vaginitis. The following explanation was provided by B., a traditional healer:

*Oh yes, you see some do take the tablets, but no matter what they complain that they get too much water there (pointed to vaginal area). They don't like that. They heard that if someone else takes the husband they think the husband was taken away because of too much water.*

It is believed that men do not like what is perceived as "wet sex", and the result (of "too much water") might be they could lose their partner to another woman. Excessive vaginal discharge is also believed to indicate that the woman has had too much sex and can arouse suspicion that the woman is having sex with other men. It is considered desirable that women have dry vaginas. This is perceived as "normal" by some women. Various herbs are inserted into the vagina, and removed before intercourse in order to achieve this desired vaginal environment. These herbs are believed to tighten their vagina by absorbing vaginal fluid. This practice is called "dry sex". Little is known regarding usage of vaginal products to tighten or dry the vagina.

Other herbs that are available and utilized by women intervaginally can have specific properties, such as making the woman more desirable to a specific man, preventing one's partner from going with other women, and increasing a man's sexual desire, as well as his sexual performance with the woman. Although little is known about this practice, a study documented the use of herbal agents by prostitutes to enhance male sexual arousal during intercourse (Wilson *et al.*, 1991). This practice is called "sex-magic" by the informants. The herbs are obtained mainly from traditional healers and are

considered very powerful. One of the traditional healers, who I observed, would normally only give it to married women. This practice was very separate from the usage of herbs to dry vaginal secretions. This traditional healer would refer to these sexual practices as "women's secrets".

### Conclusion

In the two studies, we found that herbal folk methods were used by many of the participants as a method of family planning. These herbal folk methods involved elaborate procedures to be followed in order to prevent an unwanted pregnancy. The women in the study relied on the traditional health practitioners for expertise and guidance in these matters. In particular, the traditional healers were able to explain in detail the intricacies and rationales for their prescribed approaches to family planning. Each procedure is reversible and allows the women to conceive children at a later point in time, if they should wish to do so. The preventative procedure can be reversed by enacting a simple and intuitive opposing action, such as "uncorking a bottle". The traditional healers' explanations indicated a coherent belief system based in part on partially correct models of female reproductive biology.

The belief systems could also be used to explain some of the side-effects experienced by women due to modern contraceptive methods, such as the pill. For example, it is believed that women who are spirit mediums cannot take the pill, as the ancestral spirits disapprove of Western-ingested medications.

Knowledge obtained from members of the traditional health care system should be incorporated when designing health education programs. This type of approach may enhance understanding of health education programs and interventions such as modern contraception and condom usage. In addition, sex education programs should be designed to provide knowledge of not only basic biology, but also deal with issues such as male/female sexuality, and attempt to impart an in-depth understanding of aspects such as the ovulation cycle.

Further research into women's traditional beliefs and sexual practices is needed. It is important that we investigate the effects of combinations of the pill and intravaginal herbs. This practice may lead to vaginitis in some women. Some herbs which were found to be used "intervaginally" may in fact have antispermatic actions. Pharmacological aspects of these herbs and herb mixtures needs to be examined, although this issue was not addressed in this study. However, these herbs were reported to be dehydrating agents that make the vagina dry. It is suggested that these products could increase the risk of HIV transmission as they may cause microlacerations,

ulcers, or secondary infections of the cervix, vagina, penis, or perineum (Irwin *et al.*, 1991; Brown *et al.*, 1991).

It is generally accepted in Western society that a lubricated vagina is a desired condition during sexual intercourse. This notion is questioned. This is not an accepted norm in Zimbabwe, where a woman lacking in lubrication in the vagina considers herself as fortunate. There are implicit social and medical consequences of these practices. The use of certain contraceptive techniques does not agree with the objectives for sexual practices described by the women in this study. This means that methods of contraception that do not require vaginal lubrication are preferred.

The limited use of vaginally-applied modern methods of contraception may be explained by the contradictory perceptions of cultural sexual expectations. It is important to note that given this perception, the promotion of the use of a condom, and its lubrication potential, may be counter-indicated. At the same time, if a condom is used together with the herbs, the practice may make the condom ineffective either as a contraceptive or as a potential device against sexually transmitted diseases.

Traditional belief systems are well grounded within the mothers everyday environment. This makes the introduction of anything new (modern) very difficult unless the new system is somehow related to the traditional system. It is suggested that a better understanding of traditional beliefs and practices is necessary to design health education that will promote effective behavioural change.

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