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# Anthropological study of body management and health care: Afghan women's life experience using herbal medicine during childbirth (A Qualitative study in Jalalabad city)

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**Abstrak**

Kehamilan dan persalinan telah menjadi bagian integral dari keberadaan manusia selama ribuan tahun, tetapi sayangnya, pengalaman itu tidak mudah bagi semua wanita. Banyak obat-obatan tersedia, tetapi potensi bahayanya tidak dapat diabaikan, seperti yang digambarkan dalam thalidomide tahun 1958. Oleh karena itu, banyak obat-obatan mega tidak dianjurkan untuk digunakan selama kehamilan karena mereka telah diketahui atau dicurigai masalah atau tidak cukup untuk mengatakan bahwa mereka aman. Dalam hal ini, ramuan Cina mendapatkan popularitas baik di negara berkembang maupun negara maju karena asalnya yang alami dan relatif aman dengan sedikit efek samping. Artikel ini memberikan gambaran tentang beberapa tanaman yang digunakan di sekitar kota Jalalabad selama kehamilan, persalinan, dan perawatan pascapersalinan. Kami memeriksa sekitar 20 spesies tanaman milik keluarga yang berbeda, yang paling umum adalah Asparagus racemosus (Liliaceae), Apium graveolens (Umbelliferae), RheumOfficinalee Polygonaceaee), Veratrum nigrum (Melanthiaceae). bertemu. Dari studi yang tersedia, dapat disimpulkan bahwa obat-obatan herbal dapat digunakan selama kehamilan, persalinan, dan perawatan pascapersalinan setelah verifikasi tanaman yang tepat.
**Kata Kunci**: Manajemen tubuh, pengobatan herbal, kota Jalalabad, wanita

**Abstract**

*Pregnancy and childbirth have been an integral part of human existence for thousands of years, but unfortunately, the experience has not been easy for all women. Many medicines are available, but the potential for harm is not negligible, as illustrated in thalidomide in 1958. Therefore, many mega medicines are not recommended for use during pregnancy because they have known or suspicious problems or are not sufficient to say that they are safe. In this respect, Chinese herbs are gaining popularity in both developing and developed countries due to their natural origin and relatively safeness with few side effects. This article gives an overview of some of these plants used around Jalalabad city during pregnancy, childbirth, and postnatal care. We examined about 20 species of plants belonging to different families, the most common of which are Asparagus racemosus (Liliaceae), Apium graveolens (Umbelliferae), RheumOfficinalee Polygonaceaee), Veratrum nigrum (Melanthiaceae). Met. From the available studies, it can be concluded that herbal medicines can be used during pregnancy, childbirth, and postnatal care after proper verification of the plant.*
***Keywords**: Body management, Herbal medication, Jalalabad city, women*

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**INTRODUCTION**

According to the results of a study that looked into the motivations and experiences of women who used complementary and alternative medicine (CAM) during pregnancy and labor. A narrative method was chosen because it is feasible to have a better understanding of how complementary and alternative medicine (CAM) influenced women's pregnancy and delivery experiences through storytelling. Participants' use of complementary and alternative medicine was driven by a wish to have a normal birth, one that was free of unnecessary medical intervention and emotionally satisfying. Participants in this study were motivated to utilize complementary and alternative medicine (CAM) during pregnancy by a desire to have a normal birth, avoid unnecessary medical intervention, and have an emotionally rewarding experience. The uncertainty and unpredictability of pregnancy and birth, on the other hand, caused worry and a realization that their desires were not being met(Mitchell, 2013).

Based on research, Traditional medicine is used by about 90% of the rural Ugandan population for day-to-day health care requirements. The majority of people who rely on herbal medication are women and children. The research was carried out in western Uganda's Bushenyi and Kasese districts between April 2000 and March 2003. This research was conducted in and around the Queen Elizabeth Biosphere Reserve (QEBR) as well as other sub-counties in western Uganda, including Katerra, Kichwamba, and Kitagata in Bushenyi district and Munkunyu, Kayonza, and Kitsinga in Kas-ESE districts. Fishing communities (human settlements) were sampled within the Queen Elizabeth Biosphere Reserve. Scientific investigations, as well as collaborative approaches, can provide direction in establishing health policy in reproductive health care. Traditional medical practitioners such as traditional birth attendants, as well as collaborative techniques involving traditional medical practitioners, are long overdue. One of the variables that may contribute to Uganda's high maternal death rate is a lack of deeper information about plant species used to trigger uterine contractions and speed up deliveries (Kamatenesi-Mugisha & Oryem-Origa, 2007).

The goal of a study is to look into the characteristics of women who take herbal medicines and the probable effects of using them early in pregnancy on the pregnancy outcome. During the period 1 July 1995 to the end of 2004, data on the use of herbal medications during pregnancy were acquired from the Swedish Medical Birth Register. Women who said they used herbal medications were compared to all other women who gave birth within the same time period. Prematurity, birth weight, Apgar score, number of children in delivery, and congenital abnormalities were the outcome factors. 787 (0.9%) of the 860 215 women in the register said they used herbal medications throughout their pregnancy. Floradix was the most commonly used herbal medicine. The use of such medicines was linked to high mother age and normal weight. and a schooling of 14-15 years The risk variables for valerian differed from those for other herbal medications, such as maternal smoking and birth country. Concurrent drug use was prevalent, with multivitamins, folic acid, and cardiovascular medicines being the most commonly utilized. There were no signs of a negative impact on the pregnancy outcome (Holst et al., 2009).

Examine the factors linked to traditional medicine use during childbirth and in the treatment of infantile diarrhoea. In July–August 2011, 8089 women aged 15–49 years in 7685 households reported on the health of 11 305 children aged 0–36 months in a cross-sectional cluster survey, household interviews in a stratified last stage random sample of 90 census enumeration areas, and unstructured interviews with traditional doctors. Traditional medicine was utilized during childbirth and for the management of childhood diarrhoea as the primary and secondary outcomes; variables included access to Western medicine and education, economic situations,

participation with the contemporary state, and family ties. The Mantel-Haenszel technique and Mantel extension were used in cluster-adjusted analysis. Traditional medicine use is linked to a variety of issues, including cultural shift and health state, with formal education playing a key role. Any evaluation of traditional medicine's efficacy should account for the confounding effects of these elements, which are widely acknowledged to have an impact on health in their own right (Sarmiento et al., 2016).

Pregnancy-related physiologic changes can result in a number of diseases that are usually self-treatable. There are no FDA-approved medications for morning sickness or insomnia in pregnancy, and evidence from Western countries suggests that patients frequently turn to herbal remedies. There hasn't been any research on the health behaviors of pregnant women in the United Kingdom when it comes to herbal treatments. The purpose of this research is to describe the use and application of herbal treatments during pregnancy, as well as to investigate the sources of information on herbs utilized. . A survey was conducted among expectant moms who were more than 20 weeks pregnant and visited a prenatal clinic. There were 578 questionnaires returned out of a total of 578. (55.7 percent ). 334 (57.8%) of the 578 respondents said they used herbal remedies during pregnancy, with an average of 1.2 remedies per woman (median: 1, range: 0–10). Ginger, cranberry, and raspberry leaf were the most widely utilized medicines. The most likely user had previously been pregnant and held a university diploma. The most common source of knowledge about herbal treatments during pregnancy was "family and friends," and more than 75% of users reportedly did not tell their doctor or midwife about their use. Herbal medicines were used by a substantial majority of the women in the research, many of them did so without alerting their doctor or midwife. Pregnant women should be asked if they utilize herbal treatments during their pregnancy by their doctors or midwives. Because herbal treatments are so widely used, health care providers should be willing to talk about them and be ready to provide balanced information (Holst et al., 2009).

The increased use of herbal medicine and associated products in pregnancy has been seen all over the world, but the safety of these medications is especially crucial for pregnant women and children. Despite the lack of evidence to support the use of herbal goods during pregnancy, undefined amounts of herbal products in pregnant women are a major source of concern. The impact of herbal use (Kaligu-tim), a known local oxytocin, on maternal birth outcomes in a rural district in Ghana was investigated in this study. The researchers utilized a descriptive cross-sectional study design. It included 339 women who visited postnatal care and child welfare clinics around the area. A systematic questionnaire was used to collect data. A systematic sampling procedure was used to choose the respondents. For analysis, the data were coded and entered into SPSS version 22.0. According to the findings, 64.9 percent and 45.4 percent of respondents had used local oxytocin in their previous and current pregnancies, respectively; 5.5 percent in the first trimester, 26.8% in the second trimester, and 67.7% in the third trimester. The researchers discovered a link between herbal medicine use and health-care-related problems, maternal age, gestational term at delivery, respondents' parity, and mothers' ethnicity. The usage of Kaligu-tim in the past and now lowered birth weight by 26 and 34.3 grams, respectively, albeit these differences were not statistically significant. However, Kaligu-previous tim's history Perinatal asphyxia, postpartum haemorrhage, obstructed labor, and foetal distress were all linked to perinatal asphyxia, postpartum haemorrhage, and foetal distress in subsequent deliveries. It can be inferred that using this Kaligu-tim poses a significant long-term health risk to women and their children (Ayelyini, 2019).

In the Chinese community, using Chinese herbal treatments during pregnancy and postpartum is prevalent. The goal of this study was to learn more about how women in Taiwan use Chinese herbal medicines during pregnancy and after giving birth. It's a prospective longitudinal study that's still going on. In 2005, the Taiwan national birth registration was used to recruit 24,200 pairs of

postpartum women and new-borns using multistage stratified systematic sampling. Between June 2005 and July 2006, subjects were interviewed at home six months after their deliveries. A structured questionnaire was successfully distributed to 87.8% of the population sampled. During pregnancy and the postpartum period, 33.6 percent and 87.7% of the examined individuals, respectively, utilized at least one Chinese herbal treatment. During pregnancy, An-Tai-Yin, Pearl powder, and Huanglian were the most often utilized herbs, while postpartum women preferred Shen-Hua-Tang and Suz-Wu-Tang. Pregnant women aged 20–34 who were threatened with abortion, had a chronic illness, or were primipara appeared to utilize more Chinese herbal medications than the rest of the sample. Women who were postpartum and had a high level of education, were primipara, had a normal spontaneous birth, and were breastfeeding used more Chinese herbal medicines, whereas women who had a pregnancy-related illness used less. In Taiwan, women regularly utilize Chinese herbal treatments during pregnancy and the postpartum period, with those with a higher education and primipara using more of these herbs. Due to the lack of safety data on these herbs, we would suggest caution while using them during pregnancy or during the postpartum breastfeeding phase. Furthermore, it is critical for nurses and midwives to inquire about such behaviors and provide proper knowledge to women throughout prenatal and postpartum care in order to avoid potential negative effects (Chuang et al., 2009).

Herbal medications are frequently marketed as 'natural' and 'harmless.' These assertions may appeal to pregnant mothers, who are generally anxious about the health of their unborn child. Only a few research have looked into the usage of herbal drugs during pregnancy and the factors that influence it. The impact of socio-demographic characteristics, knowledge, and attitude on the usage of herbal medications in pregnancy is investigated in this study. Between February and June 2001, 400 postpartum women were questioned using a standardized questionnaire at Ullevl University Hospital in Oslo, Norway, within three days of giving delivery. In total, 36% of the women said they used herbs during their pregnancy. Both women who had used herbal drugs during pregnancy and those who had not had a favorable opinion of herbal drugs during pregnancy. The most well-known herb among both groups of women was echinacea. Prior use of herbs, a high level of knowledge about herbal pharmaceuticals, and being between the ages of 26 and 35 were all linked to the use of herbal drugs during pregnancy. Women with a higher education level had a non-significant increased incidence of herbal medicine use during pregnancy. Prior use of herbs, a high level of knowledge about herbal pharmaceuticals, and being between the ages of 26 and 35 were all linked to the use of herbal drugs during pregnancy. Women with a higher education level had a non-significant increased incidence of herbal medicine use during pregnancy. Because of the extensive use of herbal medications in pregnancy and the positive attitude toward them, there is a greater demand for documentation on their efficacy and safety. Women between the ages of 26 and 35 who have used herbal medications before and have a good understanding of herbs are more likely to take them during pregnancy (Nordeng & Havnen, 2005).

The goals of a study include cross-sectional to see if using herbal medications during pregnancy is linked to women's opinions regarding herbal medicines as well as sociodemographic factors including age, education, and income. A total of 210 women were investigated (110 "users" and 100 "non-users"). The likelihood of using herbal medicines was 50.0 percent lower among women with unfavorable attitudes regarding herbal medicine use compared to those with good attitudes (OR = 0.51, 95 percent CI = 0.29 - 0.92). Women with a favorable view toward the safety of herbal medicines were less likely to take them during pregnancy. There were no statistically significant links between usage and sociodemographic factors including age, income, race, or education(Rahman et al., 2009).

Despite uncertainty about their pharmacological characteristics, herbal drugs are frequently used during pregnancy or birth in most Sub-Sahara African countries for a variety of reasons. The use of unlicensed herbal remedies has the potential to harm both the mother and the newborn,

thwarting the attainment of Sustainable Development guarantee healthy lifestyles and promote well-being for all at all ages." Reduced morbidity and death among mothers and babies is one of the goals. This study looked into the use of herbal medicines during pregnancy and delivery, as well as predictors of use, as a way to better understand some of the problems in achieving Sustainable Development This quantitative cross-sectional study gathered data from mothers who had given birth(Tengia-Kessy & Msalale, 2021).

Herbal medicine is flourishing in tandem with the resurrection of many traditional and alternative healing methods. Until recently, the industrialised world's domination of biomedicine regarded the usage of herbs as little more than a quirky, historical legacy of our primordial past, collected and filed by folklorists and museum curators. Ordinary people, many of whom are mothers and midwives, hold this knowledge of plants as medicines in so-called underdeveloped nations, where it has not yet been harnessed and reserved for use by qualified 'professionals.' This page highlights the current state of herbal medicine, as well as self-treatment options that are safe to use throughout pregnancy, childbirth, and early parenthood(Stapleton, 1995).

The purpose of a study was to look into Zambian culture childbirth traditions and beliefs as told by women who accompany laboring women to maternity facilities. These social support women were also polled on their feelings toward providing company to working women.the data collection was Thirty-six women who accompanied laboring women to maternity units in Zambia's urban and rural areas were questioned. A topic guide was employed, which included both closed and open-ended questions. The quantitative data was analyzed using EPI INFO, an epidemiological statistics software package, while the qualitative data was analyzed using content analysis. Result of this study shows Eighteen of the women identified as mbusas, or traditional birth aides, while the remainder claimed to accompany laboring women to maternity units. Traditional birth helpers educated child-bearing women on proper cultural delivery techniques and assisted with home deliveries. They also instructed women on how to use traditional medicine, such as widening the birth canal and inducing labor. If something went wrong during labor, they blamed it on traditional beliefs and witchcraft, and asked the woman in labor to confess her alleged "bad" behavior(Maimbolwa et al., 2003).

Women self-administer herbal remedies both before and after pregnancy, frequently without realizing the risks involved. Herbal supplements are expected to be widely used during pregnancy and lactation, and their value determines which supplements women use. Providers of pregnancy and lactation care should be aware of the most prevalent herbal supplements used by women, as well as the research supporting their benefits or risks. Midwives and obstetricians have a responsibility to support women's wishes without condemning them, but this must be balanced with accurate information to guarantee that the use of herbal treatments during pregnancy and breastfeeding is not only suitable but also safe if done correctly. The herbs listed in this review have been used safely by professional herbalists and are recommended by them(Shinde et al., 2012).

Herbal medicine use during pregnancy involves a number of issues, including the herbal substance itself, conventional drug-herbal medication interactions, and herbal remedy contamination or adulteration. Furthermore, numerous native herbal treatments used by pregnant women in Sub-Saharan Africa have never been botanically recognized. This article provides an overview of herbal medicine practice, including legislation, obstacles, and general safety. Then we go through the incidence of herbal medication use during pregnancy in different nations in Sub-Saharan Africa, as well as the indications, side effects, and effectiveness of the most commonly used herbal medicines during pregnancy in that region(El Hajj et al., 2020).

All synthetic and herbal therapy alternatives are sensitive during pregnancy. The goals of Evaluation of herbal medicine use in the obstetric and gynecology department study was to classify herbal medicines used during pregnancy and assess their rates of use, side effects, and hazards, all while keeping safety in mind. The survey questions were focused at pregnant women who were receiving care at the Obstetrics and Gynecology Department. The results of this study revealed that herbal medication use is frequent during pregnancy, and that potentially dangerous herbal medicines are utilized at a high rate during this time. Unreliable sites provide patients with information regarding herbal remedies used during pregnancy. Providers of health care should be aware of the potential advantages and risks of herbal medicines when taken during pregnancy(Ayhan & Akalın Uruşak, 2021).

Findings of Efficacy of Chinese herbal medicine Zengru Gao to promote breastfeeding: A multicenter randomized controlled trial show that a Chinese herbal remedy, improved breastfeeding success one week after delivery. The value of this outcome must be weighed against the financial costs of a longer follow-up period for the health system(Wang et al., 2018).

As a result of Use of traditional Chinese herbal medicine during pregnancy: A prospective survey, shows that The question about the types of TCMs consumed was answered by 278 women. There were over 40 different varieties of TCM found. Ginseng (88.3%), Chinese Angelica (69.2%), and Jin Yin Hua (69.2%) were the three most commonly used TCMs during pregnancy (62, 22.3 percent)(Ong et al., 2005).

In a study under the title of Use of Herbal Medicine among Pregnant Women Referring to Valiasr Hospital in Kazeroon, Fars, South of Iran which was interviewd 530 womens so the result of this study find that Despite the fact that most herbal medicines' negative effects and teratogenic potentials are unknown, indiscriminate use of herbal therapies in various forms is widespread. Providers of prenatal care should be aware of the most commonly utilized herbal supplements by women, as well as the research supporting their advantages or risks(Maleki, 2011).

Herbal medicine use among pregnant women attending antenatal clinics in Lusaka Province, Zambia: A cross-sectional, multicentre study was conducted in afircan countries this study was done by survey method as result in this study shows that total, 57.8% of participants said they used HM throughout their current pregnancy, with an average of 2.0 1.5 remedies per woman. HM use was found to be strongly linked with HM use in previous pregnancies (p 0.001) and readiness to use HM in the future (p 0.001) in a logistic regression analysis. Lemon for nausea/vomiting and the common cold, soybean for energy, ginger for the common cold and nausea/vomiting, and Aloe vera for skin care were the most often utilized herbs. The main reasons for HM use were its perceived safety (37.6%) and its complementing activity with conventional drugs (35.3%). Conclusion: HM use is frequent among pregnant women attending prenatal clinics in Zambia's Lusaka Province, and a variety of herbs are used(El Hajj et al., 2020).

**METHOD AND MATERIALS**

A randomized servey design was used. This study was condected to get information a bout Aafghan women life experience using herbal drugs during childbirth, all participants of the study was pregnant women from the east of Afghanistan, we get interview from 10% population of pregnant women who used herbal drugs during childbirth which were 500 women, All 200 women were interviewed within 10 days during childbirth . only pregnant women from Jalalabad city were included. At the fisrt time of interviev we explain the ethics of the study which was approved by regional ethic and healthcare commetties, we inform all interviewed women about the study and they recived oral information about the study women were informed that all the collected information was stored by our researchers and ethics committes, all participants of the study were

explained the herbal medicines that they used during there child birth time, we named all the herbal drugs with effictes and side efficets in the interoduction part of the study. Information were collected from face to face interview from those women who were in the period of pregnant the use of all non prescription medicine indluding herbal during childbirth was noted and each interview lasted aproxmatly 30 min.

**RESULT**

There were 200 women permitted for the study. The final simple size was 200 and the final response was 100% in all 62/200 (31%) of the parteipants were 25 years old 39/200 (19,5%) of the partecipants were 26-30 years old 81/200 (40,5%) of the partecipants were 31- 35 years old and 18/200 (9%) of the partecipanrts were between 35-40 years old, many of the partecipants were non educated from this amount 64/200 (32%) of the partecipants used hearbal for abdominal and back pain, 53/200 (26.5%) of the partecipants used hearbal drugs for rest of nerves, 21/200 (10,5%) of the partecipants used hearbal drugs for allergy domins and 62/200 (31%) of the p-artecipants used hearbal drugs for vomiting control. Finally the fist fig show a large body of interviewed women as age and the second table show parcentage of hearbal drugs which were used by women for different domins.

Fig1. Participants of the research and their age

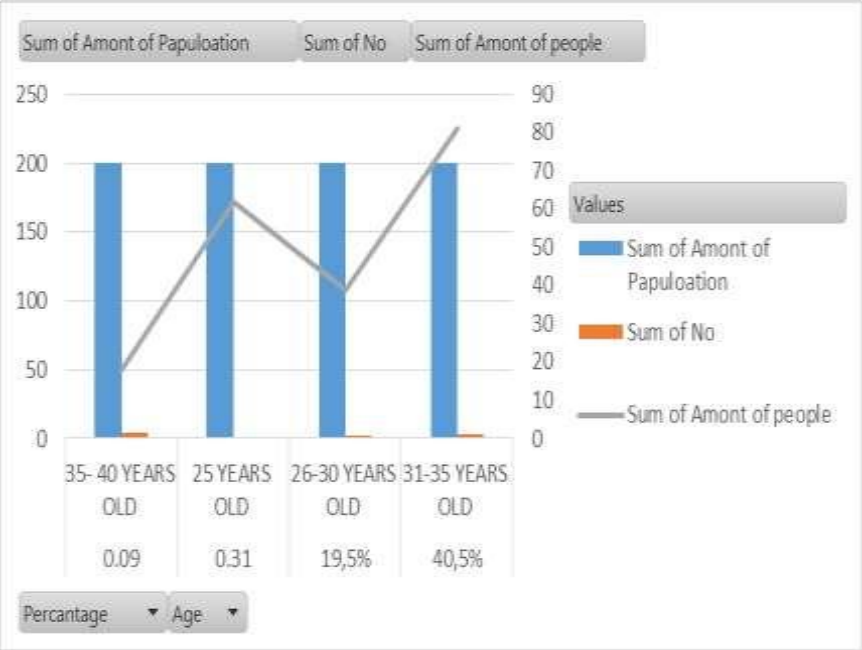


Table 1- Most Hearbs drugs used during child birth

| S. No. | Hrebal Name | Native Name | Family Name | Used Part | Medicinal uses & Kind of management |
|---|---|---|---|---|---|
| 1 | *shatamull* | satavar | shatawari | Root extract | Female tonic, in debilitated fetus removal, preeclampsia related with pregnancy, galactogogue, to treat |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | diabetes |
| 2 | *Celery* | *graveolens* | Celeriac | thick stalk | Fresh juice for hypertension |
| 3 | *R. palmatum* | *Rhubarb* | Polygonaceae | Root | associated with pregnancy Hypertension associated |
| 4 | *False hellebores* | *Black false* | Melanthiaceae | Root | with pregnancy to treat preeclampsia |
| 5 | *Picralima nitida* | *hellebore* | Apocynaceae | Seeds | during pregnancy in diabetic pregnancy |
| 6 | *Nau Claire peach folia* | *Akuamma plant* | Rubiaceae | Root and stem | in diabetic pregnancy |
| 7 | *Oxytenanthera abyssinica* | *pin cushion tree* | Gramineae | Leaves | in diabetic pregnancy |
| 8 | *Tsurureishi* | *Bamboo* | Cucurbitaceae | Fruit and leaf | Anti-diabetic |
| 9 | *Azadi Rata Indica* | *Bitter melon* | Meliaceae | leaves | To treat anemia and anti- |
| 10 | *Embricao Ficinaris* | *Neem* | Euphorbiaceae | Fruit | diabetic Increases red blood cell |
| 11 | *Abrus voreilig* | *Amla* | Mimosaceae | Roots | counts and thereforeimproves anemia Grind roots, add water and |
| 12 | *Zingiber officinale* | *Chirmi* | Zingiberaceae | Rhizomes | drink infusion for Cough,Anti-diabetic To treat *hyperemesis gravidarum* (serious casesof "morning sickness"), especially during the first |
| 13 | *Jateorrhiza bukobensis* | *Ginger* | Menispermacea e | Tuber | trimester of pregnancy Soak in water and drink |
| 14 | *Breonadia Micro Cefala* | *Yellow fever* | Rubiaceae | Bark | infusion for Malaria Soak in water and drink |
| 15 | *Fig capensis* | *Chonya* | Moraceae | Bark | infusion for Pneumonia Pound and add powder in porridge for Pneumonia and |
| 16 | *Cissus zombensis* | *Nkuyu* | Vitaceae | Roots | *Trichomonas vaginalis* Soak in water and drink concoction for *Trichomonas* *vaginalis* |

| | | | | | |
|---|---|---|---|---|---|
| 17 | *Ormocarpus kirkii* | *Mwanamphepo* | Papilionaceae | Leaves and stem | Boil and drink infusion for *Trichomonas vaginalis* |
| 18 | *Vaccinium macro carpon* | *Nsungachuma* | Ericaceae | Fruit | Cranberry extract for Urinary tract infection |
| 19 | *Zea Mays* | *Cranberry* | Poaceae | Fruit | Fruit to treat Urinary tract infection |
| 20 | *Aspalathus linearis* | *Corn/maize* | Fabaceae | Leaves and stem | Herbal tea is used during pregnancy to relieve heatburn and nausea |

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