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Indigenous knowledge and the adoption of vaginal practices among rural women: Insight from Tsholotsho, Zimbabwe

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The study of vaginal practices in Africa has predominantly been through the Western hegemonic biomedical lens to ascertain their impact on women's health. This article is extracted from an ethnographic study on vaginal practices in the rural village of Tshitatshawa in the Tsholotsho district in Zimbabwe. A qualitative approach in data collection was adopted with the use of qualitative research methods, which include in-depth interviews, partial observations and key participant interviews. A total of 23 female and 20 male participants were selected to participate in the study using snowball sampling. Thematic and content analysis were used as qualitative data analysis methods, together with ATLAS.ti as a scientific data analysis method. The study explored vaginal practices as indigenous knowledge (IK) with its foremost goal to improve the lives of women. Vaginal practices are IK that is embedded in culture. It examines the influence of IK on women's adoption and use of vaginal practices for their health and wellness. This article tackles the preponderant view that positions vaginal practices as primitive. This article argues that vaginal practices are part of IK that is used to mitigate different challenges that women face in traditional societies and ought to be understood and preserved as such. The motives for the use of vaginal practices are driven by the need to meet cultural and social expectations of womanhood embedded in local IK. The study concludes that the use of vaginal practices provides more benefits than harm. In addition, the study shows that there is much more to the use of vaginal practices than for commonly perceived sexual reasons; vaginal practices are important IK used for women's health and wellness.

Contribution: The study contributes to the decoloniality discourse, and it highlights the role of coloniality in the production and control of knowledge. It argues for the need to decolonise knowledge systems and centres of knowledge, which tend to disregard the importance of IK.

Keywords: indigenous knowledge; rural women; sexual health; vaginal practices; womanhood.

Introduction

Women in different parts of the world use diverse vaginal practices to attend to their various needs and these practices vary from one community to another and the meanings derived from their use are heterogenous (Hilber et al. 2007:505–508; Nsereko, Moreland & Corwin 2021; Scorgie et al. 2010:64–73, 2011:381–398; Venganai 2018:43–60, 2019:69–94). Additionally, perceptions and meanings derived from their use cannot be generalised. Because of the heterogeneity of women and communities, contextually studying vaginal practices is prudent. Vaginal practices are a collection of behaviours that women engage in to change the state of their vagina both internally and externally (Lees et al. 2014: 165–173; Runganga, Pitts & McMaster 1992). They are an assortment of measures that women engage in to modify the state, form, or appearance of their vagina, both internally and externally. They are adopted and used by women to enhance their femininity, sexuality, womanhood, and social desirability (Bhebhe 2023; Venganai 2018:43–60). These behaviours and practices include douching, inserting herbs and substances into the vagina, intravaginal and external cleaning with plain water or water mixed with herbs, vaginal sit baths, and pulling (elongation) of the labia minora, among other practices (Runganga et al. 1992). It can be said that vaginal practices are a product of socio-cultural beliefs and gender norms, which are embedded in indigenous knowledge (IK) and tradition (Bhebhe., 2023; Hilber et al. 2007:505–508). Extant studies indicate that the prevalent reasons for women to engage in vaginal practices are conformity to socio-cultural norms, sexual pleasure, avoidance of infections, and hygiene (Alcaide et al. 2015:1–9; Hamoonga, Olowski & Musonda 2019; Nsereko et al. 2021).

Colonisation brought new ideas on modernity and civility, which sought to replace the traditional ways of living and processes in different contexts, while eliminating the spiritual, cultural, and

traditional ways of dealing with gynaecological, sexual and reproductive health (SRH), and wellness issues that have been in existence in Indigenous communities for a long time (Mohlabane 2022:158–172). I argue that there is a tendency to label the use of traditional practices and medicine as primitive and, in some cases, witchcraft because of colonialism as the use of such medicines and practices is often viewed as barbaric and, in some cases, labelled as 'unacceptable' indigenous practices. Mohlabane (2022:158–172) highlights the notion that labelling traditional practices as witchcraft demeans these practices and traditional medicines and their custodians, for example, traditional healers are often viewed as evil because of the popularisation of Christianity.

I am of the view that the study of IK practices, such as vaginal practices, is important as it allows scholars to gain insight into issues of women's sexuality, the socially constructed meanings of womanhood, and the influence of IK on women's continued use of these practices. The study of vaginal practices has often been conducted under the Western hegemonic gaze, which positions these practices as barbaric, primitive, oppressive, and uncivilised. These practices have been demonised and relegated to the periphery as they are argued to play a role in causing some illnesses in women. However, they have stood the test of time in traditional communities as they are an important part of the treasure trove of IK, which plays an integral role in women's day-to-day life because of their perceived efficacy in healing different illnesses that women are faced with (Mohlabane 2022). Indigenous knowledge is usually viewed as archival and past practices of Africans, which is an awkward Westernised hegemonic perception (Muchenje & Goronga 2015; Van Wyk 2014:292–299). Indigenous knowledge is a continuous process of learning and sharing of practices that are unique to each cultural group to find solutions and address local, context-specific problems (Hlatshwayo 2017).

Vaginal practices have also been studied under the biomedical lens primarily with the intention of probing their negative health implications (Bassey & Adebayo 2021:12–17). It should be observed that the dominant discourse on vaginal practices pertaining to women's health posits that vaginal practices contribute to some of the illnesses they get (Alcaide et al. 2015; Bassey & Adebayo 2021; Chisembele et al. 2018; Hilber et al. 2007). While research points out a strong association between vaginal practices use and some conditions, such as candidiasis, as pointed out by Hilber et al. (2010:8), it can be argued that vaginal practices, on the other hand, have been used to mitigate some gynaecological challenges that women in traditional societies face (Mawoza, Nhachi & Magwali 2019). Extant studies reveal that vaginal practices are deeply rooted in IK and are a product of socio-cultural beliefs and gender norms (Nsereko et al. 2021:91–99). I argue for the need to study and understand vaginal practices through a social anthropological lens, which seeks to understand the socio-cultural dynamics that shape vaginal practices as a component of IK. It is my view that there is a need to assess and gain insight into vaginal practices independently and outside of the biomedical Western gaze because vaginal practices are part of a people's culture and way of life.

In addition, women draw different meanings from them regardless of their health consequences, hence the need for social anthropological insight into them. There is a need to explore the important role that IK plays in the perpetuation of norms and practices, such as vaginal practices, that influence the day-to-day lives of women in Tshitatshawa village. The importance of vaginal practices as IK that has been preserved by women in the village and how women rely on this knowledge, especially for their gynaecological and sexual reproductive wellness and health, needs to be probed. Indigenous knowledge systems incorporate an all-encompassing worldview that is important for the preservation and promotion of human life (Mohlabane 2022:158–172).

It is therefore prudent to understand vaginal practices from the perspective of the women and men from communities that practise them to gain a deeper understanding of the cultural influences at play in the adoption and use of vaginal practices, as they are an important product of IK in these communities. Questions such as 'What role do vaginal practices play in the health and wellness of women in Africa?' and 'What influence does IK have on the adoption and use of vaginal practices by women?' should be answered.

In this article, I focus on vaginal practices as a component or product of IK that is beneficial to rural women for its use in women's health and wellness. This practice is beneficial to rural women because of its easy accessibility, affordability and familiarity. Moreover, it is an option that rural women can access easily as most women in rural areas are unemployed, and the products that are used by women in vaginal practices are free as they get them from nature. I draw from the findings of a study I conducted on men and women from the rural village of Tshitatshawa in Tsholotsho in rural Zimbabwe. The main characteristics for participation in the study were age (above 18 years old), knowledge of vaginal practices, and living in Tshitatshawa village. The aim of the study was to examine the gendered dynamics that shape the use of vaginal practices. It sought to explore the views and perceptions of men and women on vaginal practices and the perceived benefits derived from their use.

Vaginal practices in Zimbabwe

The popularity of Christianity in Zimbabwe led to the labelling of some traditional practices, such as vaginal practices, as evil and, in some cases, as witchcraft (Venganai 2019). Furthermore, the increase in cases of cervical cancer and other gynaecological illnesses among women in Zimbabwe has led to criticism of the traditional practices that women engage in for their health and wellness (Mukona, Ngesi & Zvinavashe 2015). Particularly, vaginal practices have been labelled as a potential cause of cancer in women (Van de Wijgert et al. 2000). As such, most studies on vaginal practices in Zimbabwe have been conducted through the biomedical philosophical lens (Civic & Wilson 1996; Duby et al. 2017:247–257; Esber et al. 2015:183–188; Van de Wijgert et al. 2000:62–67, 2001; Turner et al. 2010) with the aim of

ascertaining the role that vaginal practices play in causing illness among women, and most of these studies were conducted in urban areas. There is one context-specific social anthropological study in Zimbabwe that focused on vaginal practices from an IK base perspective in a rural setting, particularly in the Matabeleland region Bhebhe (2023). Moreover, much of the existing literature in Zimbabwe on vaginal practices is on Shona-speaking women from the Mashonaland region (Muchenje & Goronga 2015; Runganga et al. 1992; Sango, Mudzviti & Mawoza 2015; Van de Wijgert et al. 2000, 2001; Venganai 2018, 2019). Limited anthropological scholarship focuses on vaginal practices among women in the Matabeleland region whose cultural influences, beliefs, and practices differ from those in Mashonaland.

Zimbabwean scholars such as Mawoza et al. (2019) have conducted studies on vaginal practices that are used for healing, particularly in women's postpartum journey to heal vaginal tearing and to stop vaginal bleeding; however, these studies were conducted from a biomedical perspective. Therefore, this leaves a gap in the exploration of vaginal practices using the social anthropological angle in Zimbabwe with the intention of exploring IK use through vaginal practices in the postpartum healing of women. This allows for the exploration of the importance of IK in women's lives and how they use it to attend to their gynaecological needs.

Research methods and design

The study was conducted in Tshitatshawa village, in the Tsholotsho district in south-west Zimbabwe. The population of this village mainly consists of Ndebele and Kalanga descendants. Vaginal practices are commonly used in the village, and their influence mainly stems from the Kalanga culture and traditions. Vaginal practices are characterised by privacy and, as such, their study requires a study design that enables deep probing, as well as establishing relationships of trust.

This descriptive study adopted an ethnographic design that used qualitative methods and methodologies. The study sought to explore the gendered dynamics that shape the use of vaginal practices. Non-probability or purposive sampling techniques were used to select participants. The participants were purposively selected based on their knowledge and use of vaginal practices as there was a need for information-rich sources. These were people who were knowledgeable about the practice, such as elderly women, herbalists, women who use vaginal practices, and men who know about these practices. Snowball sampling was also employed as a non-probability method to increase the sample size and because of the sensitive nature of the study topic. Snowball sampling is an approach in which existing subjects provide referrals to recruit other participants for a study, where the researcher starts with a small number of contacts who fit the required criteria, and those, in turn, recommend other participants with the required characteristics (Noy 2008:327–344; Naderifar, Goli & Ghaljaie 2017). In this study, a few identified participants assisted the researcher in identifying other potential study participants.

Data were collected through observation, in-depth interviews, and key participant interviews with 23 women and 20 men. The study sought to explore the lived experiences, views, and perceptions of women and men regarding vaginal practices. The analysis and interpretation of the research findings were conducted using qualitative data analysis methods. Triangulation of data analysis methods was employed, and ATLAS.ti was used as the scientific data analysis tool, together with content and thematic analyses for validity purposes.

Ethical considerations

Ethical approval for the study was obtained from the College of Human Sciences Research Ethics Review Committee on 14 December 2021. The NHREC registration number is Rec-240816-052. The CREC reference number is 1329481.

Written informed consent in the local language Ndebele was obtained from all the study participants. All collected data were kept under strict security and password-protected to ensure the protection of research participants' information.

Theoretical focus

The study adopted the social constructionist epistemology as the research paradigm, which alludes that humans are not homogeneous and that each person has their own peculiar view of the world and interpretation of reality, which are influenced by their perception of the world (Andrews 2012). The study was guided by African feminism and social constructivism as the chosen theoretical frameworks. African feminism advocates the validation of African women's experiences, and in order to be able to tackle issues that affect African women, attention should be paid to the importance of context and diversity because women and African cultures are heterogeneous (Amadiume 2015, 2002). The issues of women and gender on the continent need to be addressed with the inclusion of men as they are part of communities that have norms that influence people's behaviours (Amadiume 2015, 2002; Chidammodzi 1994; Oyekan 2014). Men's views and perceptions are important in the study of vaginal practices, as they also play a cardinal role in women's use thereof. Social constructivist theory posits that perceptions and meaning are created collectively through cooperation with other human beings; it puts into context actors' actions, beliefs, and interests, and that the world they live in was created by them and influences them (Agius 2016:13–47; Amineh & Asl 2015; Burr 2003, 2015). In the light of this, it can therefore be said that vaginal practices are a product of collective coordination of gendered socio-cultural beliefs and norms, and they are a product of IK that influences the day-to-day living of a people.

Vaginal practices are learned through social interactions; however, it can be said that they have no universal meaning for women. The contextual study of vaginal practices is crucial as it illuminates the different motivations and meanings that women derive from their use at a particular time.

Meanings derived from their use are context-specific and, as such, generalising women's experiences and perceptions may be problematic. There is a need to fully understand the processes around the reciprocal generation and passing on of this knowledge, as well as the motivations for using vaginal practices, vis-à-vis issues of individual women's agency.

Research findings

Local problems require local solutions

My observations from the field revealed that for most of the problems that the people of Tshitatshawa faced, a local solution was explored first before seeking external conventional and/or modern solutions, be they agricultural, social, health-related, or other problems. The people in Tshitatshawa still maintain some traditional practices and ways of living. These include the production, preservation, and processing of food; the prevention and treatment of illness; animal husbandry; politics; and forestry, soil, and water conservation. Afrocentricity scholars such as Hlatshwayo (2017) and Ndlovu-Gatsheni (2015) advocate embracing African practices and ways of living, which value IK as a road map that guides people in their daily living. Afrocentricity advocates encouraging the use of local solutions and resources by African people for their daily survival (Elabor-Idemudia 2000:113). It advocates recognising and embracing African ways, traditions, and indigenous ways without fear or judgement (Hlatshwayo 2017:10).

Inasmuch as there has been an evolution of some ways of living, the study's findings revealed that there have been very slight changes in the village when it comes to knowledge systems around food processing, as well as issues around health and wellness, as highlighted by the following narrative:

> 'My child, there is knowledge that we have here in our village that we have lived with and used that we also found and was passed on to us by our forefathers. As you can see, we still eat our millet, which we grow and pound ourselves. It is very healthy for the body, and it is delicious. We also have our own traditional ways of dealing with illnesses of adults and children. When we are looking at issues that affect women, we also have our methods that we use to cure the different health issues that they face in their lives, especially issues pertaining to them keeping their homes, and issues to do with fertility and childbirth. These things were not invented now; they have come from way back. We were also taught about them by our forefathers, and we are also teaching them to the younger generation, depending on families.' (Gogo Mpofu, female, married, 54 years old)

Gogo Mpofu's narrative illuminates the influence of IK on the day-to-day living of the people of Tshitatshawa village. It highlights the importance of IK practices, such as vaginal practices, especially for tackling issues regarding SRH as they are used to prevent and cure some illnesses that women face. It also shows the significance of the family as an important stakeholder in the preservation of these IK practices, which much of the village still values. The influence of IK is not limited to health and wellness, but cuts across most facets of people's lives; this influence thus cannot be ignored.

Indigenous knowledge is a key part of people's identity; it is part of a cultural milieu, and this knowledge must be documented (Muchenje & Goronga 2015:540–541). The study's findings in Tshitatshawa village revealed the non-documentation of IK, which sees the younger generations forgetting or not learning some of this IK. More so, modernisation and migration have seen the dilution of IK with modern technologies and knowledge to the extent that IK is slowly losing its authenticity. There is a need to document IK to ensure its preservation for posterity (Hlatshwayo 2017:10–11). I am of the view that people's identity and culture play a crucial role in their perception of reality and their world sense. Indigenous knowledge influences the daily affairs of communities and is used in most cases as a point of reference and guidance.

There is a need for the decolonisation of knowledge systems and spaces that for long have been biased towards only acknowledging conventional Western medicine and practices as more acceptable and civilised methods of eradicating diseases at the expense of traditional medicine. Colonisation brought new ideas on modernity and civility, which sought to replace the traditional ways of living and processes in different contexts, while eliminating the spiritual, cultural, and traditional ways of dealing with gynaecological, SRH, and wellness issues that have been in existence in Indigenous communities for a long time (Mohlabane 2022:158–172). There has been a tendency to label the use of IK practices and medicine as primitive and, in some cases, witchcraft because of colonialism as their use has been viewed as barbaric and, in some cases, 'unacceptable'. The labelling of traditional practices as witchcraft demeans these practices and medicines and their custodians.

Issues of health and wellness

Indications from the study are that the use of vaginal practices in this village is normalised, that they are part of women's cultural and hygienic practices, and are deeply rooted in IK. There is a correlation between vaginal practices and IK, which is referred to by locals in Ndebele as *ulwazi lwethu lwesintu* [our indigenous knowledge]. The important role of IK through traditional medicine in alleviating some health challenges in this village cannot be downplayed. Vaginal practices have been used in Tshitatshawa village as a means of preventing and curing certain illnesses among women. Vaginal practices have been used in the health and social ecosystem of the women of Tshitatshawa since time immemorial for postpartum recovery, healing SRH ailments, attending to vaginal atrophy, cleansing spiritual ailments, and other health-related ailments. This treasure trove of knowledge has been preserved and passed down from generation to generation in families through oral tradition.

To highlight the importance of vaginal practices as a component of IK, one participant stated:

> 'We have always had our own traditional ways of living and dealing with illnesses as a people. The clinic and paracetamol came with the white man. We have our own traditional paracetamol and the likes that we use in dealing with health-related problems. Women face different health needs that pertain to their womanhood and, as such, we have our own ways of dealing with those problems. Some of the interventions involve the use of vaginal practices, which have proven to work for many years.' (Gogo Mbiba , female, married 59 years old)

Gogo Mbiba's narrative reveals the trust in and reliance on local knowledge by the people in the village, which is part of a holistic approach that is taken for the prevention and cure of diseases in the village. There is a need for a duality of systems in medicine, which recognises both modern conventional medicine and Indigenous medicine and knowledge.

The study's findings point to the acknowledgement of the importance of conventional modern medicine; however, traditional medicine is viewed as equally important. The women use a combination of conventional modern medicine and traditional medicine for their health needs. They revealed a high propensity for adopting traditional practices because of their familiarity, trust, and low or no costs. Furthermore, the women revealed that their trust in traditional medicine also stemmed from watching other family members using it with no problems, which fosters trust in the use of vaginal practices.

IK, through the use of vaginal practices, plays a critical role in treating illness, and in the correction of what is viewed as anomalies in people's health. Vaginal practices go beyond their notion of the common perception of their use for vaginal tightening or the reduction of vagina size. They are used to mitigate vaginal tenderness and tearing that may be incurred during childbirth and to expel residual blood clots from the uterus. Vaginal practices are also used for healing the lower back issues that some women face because of the physical nature of the work they do, such as tilling the fields, processing food and grains like millet, which they pound through the process of *ukugiga* [the manual processing of grains], and fetching water. To treat these back problems, women ingest traditional remedies such as *intolwane* (*Elephantorrhiza elephantina* [elephant's root]. They employ traditional ways to heal and strengthen their backs by using vaginal practices such as herbal sit baths using cold water mixed with the bark of *umganu* (*Sclerocarya birrea caffra* [marula tree]). These vaginal practices are part of the IK on healing, which plays a crucial role in women's welfare and health in the village. This was highlighted by a participant who stated:

> 'Here in the rural areas, we work a lot as it is part of our means of getting food. We farm in the fields, till the land, and work on our field gardens' fence. There is a lot that we do. As you know, we fetch our water from the borehole, and we make our own mealie meal through pounding grains and, as such, due to the manner in which we work, both men and women end up having back problems. In order to strengthen our backs and to heal them, we ingest some herbal remedies like intolwane, as well as doing sit baths using umganu for women. This truly helps a lot, and it is knowledge that we inherited from our forefathers, which they also used. Umganu helps a lot in healing of the lower back; that is why it is important for women to regularly have those vaginal sit baths.' (Ayida, female, married 70 years old)

Ayida's narrative illuminates that IK on healing in the village has been passed down from one generation to another and that women trust their use for their health. Women believe in the efficacy of the IK on vaginal practices as they have observed their use from those who are close to them without experiencing any challenges, as indicated by the following narrative:

> 'I grew up seeing my grandmother, my mother, and other relatives using umganu to heal their lower backs. I grew up seeing these things done and seeing the good results that they bring, and I also adopted the use of these things. Hardly do you see women going to the clinic for the healing of their lower back because we already have our own traditional medicine that we use, and they work.' (MaMpofu, Female, married, 54 years old)

The above narrative shows that the perceived tangible results that women yield from the use of vaginal practices for healing play an important role in their continued use.

Fertility and spiritual issues

The study revealed the perceived critical role that IK plays through the use of vaginal practices to deal with issues of infertility and foetal death. Indigenous knowledge is used in the village to address infertility problems and the premature deaths of children during childbirth or pregnancy. In this village, miscarriages and stillbirths are viewed as the result of a bad omen and when a woman loses a child under these circumstances, an investigation into the reasons for the death of the child is conducted. This is dependent on the family's belief system(s). Losing a child prematurely during pregnancy for some families would require a spiritual cleansing for the woman in order to avoid future re-occurrence, as shown in the following narrative:

> 'It sometimes happens that a woman loses their child through a miscarriage when they are pregnant. When this happens, a woman needs cleansing to remove the bad luck that she might have so that it does not happen again. They will need to be cleansed with traditional herbal remedies, which some use to wash their body in general and some are specifically used in their private parts as a way of cleansing. This is some of the knowledge that we also were given by those who lived before us.' (Ngada, male, married, 67 years old)

The findings indicate that some cleansing rituals are performed to rid the woman of the bad spirits that caused the loss of a child during pregnancy. Part of the rituals includes vaginal practices for spiritual cleansing, which include vaginal sit baths in water that is mixed with

traditional cleansing herbs [*imithi*] to get rid of the *isinyama* [bad omen]. In cases where it is believed that the loss of a child soon after birth was caused by *amasala* [abnormal growths that some women develop inside the vagina, on the perineal area and on the vulva], vaginal practices are employed to avert the problem. The findings reveal that *amasala* are believed to be dangerous, particularly those that grow inside the vagina, as they are believed to lead to stillbirths or the death of a child a few days after delivery. Contact with these abnormal growths or warts during the delivery process is believed to cause the death of the newborn. The findings indicate that these abnormal growths or warts must be treated in order to avoid future incidents of stillbirths or newborn deaths. Because of their perceived spiritual cleansing inclinations, easy access, and familiarity with the treatment of *amasala*, vaginal practices are the common option for treatment, as shown in the following narrative:

> 'It may also happen that a woman has some stillbirths each time she delivers. In some cases, these stillbirths are caused by what is called amasala. In such a case, we have our own traditional ways that we know and that we are used to in dealing with such situations, where we must remove or cut the protruding skin as it causes stillbirths. After cutting that skin, there are traditional medicines and herbs that are used on the wound to heal, as well as other herbs that the woman has to use in her sit bath to ensure that the excess skin does not grow back. These are some of our own traditional methods of treating and healing, and not everyone can conduct these, but there are elderly women in the village who are skilled enough to do these procedures.' (Ngada, male, married 67 years old)

It should be noted that the treatment of *amasala* is highly intricate and, as such, not anyone can conduct this treatment; it is done by specialist elderly women who are highly experienced and knowledgeable. The treatment of *amasala* involves their removal through cutting, vaginal sit baths, and the application of *imithi* [traditional herbs or medicine]. It is believed that women who are treated for these warts will not have future challenges in conceiving and giving birth.

Vaginal practices are also used to treat spiritual problems that some women may have acquired through their past sexual history. One such problem is *isagweba*, which is a condition where a woman experiences an 'abnormal', constant urge to have sexual intercourse, and she might not be satisfied with sleeping with only one man. In some cases, it becomes physically debilitating for her. In order to treat this condition, a woman must go through a physical and spiritual cleansing process, and vaginal practices are employed as one of the processes of treating this condition. In some cases, the treatment of this condition involves *ukucaba*, which refers to small cuts made on the vaginal opening and on the thighs, with traditional medicine applied to the cuts. The cleansing process also includes vaginal herbal sit baths for a specific period until the cleansing and healing process is completed, according to the prescription of the traditional healer treating her. The diagnosis and treatment of conditions such as *isagweba* are part of the IK that women turn to when in need. These findings show the intersection of vaginal practices and spirituality, where IK in the form of vaginal practices is prescribed and used to avert the spiritual problems that some women face.

Pregnancy and the postpartum process

Both women and men shared the view that IK plays a crucial role in rural women's health and wellness during pregnancy and postpartum care. The study revealed that IK plays an important role in ensuring that pregnant women have a full-term pregnancy and a smooth, safe delivery. Through IK, there are some vaginal practices that women engage in when they are pregnant that are believed to assist in facilitating a more bearable and smooth delivery for the woman. Some vaginal practices, coupled with the ingestion of traditional herbal concoctions, are believed to facilitate the alleviation of labour pains, and they help in opening the birth canal when the time for child delivery comes. The use of *inkunzane* [devil's claw] involves pounding it and mixing it with water to produce a soap-like foam. This foam is used to insert the hand inside the vagina, then forming a fist inside, simulating the head of a baby, and then gently and slowly removing the fist from the vagina. This practice prepares the woman for the childbirth process and is believed to foster the elasticity of the vagina to avoid vaginal tearing during delivery. This process is repeated daily by pregnant women during the third trimester. Women are not forced to engage in these practices; they engage in such practices of their own volition. In Tshitatshawa village, this knowledge is imparted by older women in families. Hlatshwayo (2017) also observed that IK is used among the Ndau people, where elderly women assume the role of teaching young pregnant women about IK rituals that should be performed during pregnancy.

The study also revealed that vaginal practices play an important role during the postpartum period. The period after giving birth is referred to as *ubudlezane* [the period after a woman has delivered], and it is during this period that women use vaginal practices for their healing. They use different herbs to cater for vaginal tearing, expelling residues from their uterus, healing vaginal tenderness, soothing and healing the back, and vaginal tightening. A process called *ukubuyisa izinyama* [restoration of the body] begins the day after delivery. This is the process of tightening loose body parts, especially the vagina, to its pre-pregnancy form. The cleansing of the sexual reproductive system is carried out to eliminate all 'impurities' that might still be in the uterus, which are believed to be dangerous not only to the woman but also to the man when they resume sexual activities as the remaining 'impurities' inside the woman may affect the man's sexual potency. As such, post-delivery, in the early hours of the morning, women engage in vaginal steaming, where they sit on a bucket with hot water, with their legs open, to steam the vagina. This is followed by a hot towel pressed on the abdomen and back to soothe body pains, tenderness, and to remove any blood clots and impurities

that could still be in the body. This process was explained as follows:

> 'In our village, when a woman gives birth, there are certain things that they must do to heal their bodies and also to restore the body to its previous form. After giving birth, my mother would wake up in the morning and help me bathe. She would also take a towel and put it in very hot water and press the towel on my back and abdomen, pressing on my uterus. This is done to soothe the body from childbirth pains and to remove all blood clots that could be remaining in the uterus. She would also pour some hot water on my vagina to open it up so that all the dirt comes out to avoid having an unpleasant odour. After that, I would sit on top of an open bucket with hot water and herbs to steam my vagina for a few minutes. This process is done during the first few days after childbirth when the woman is still bleeding. It is said that it is done to get rid of all the dirt that comes along with childbirth so that you don't smell in the future and have what is called isidina [*a bad aura that causes one to be undesirable*].' (Ntombi, female, divorced, 35 years old)

Ntombi's narrative highlights the role that vaginal practices as IK play in the postpartum cleansing and healing processes that women undergo after childbirth.

The findings also indicate that women use vaginal practices to heal vaginal tears and lesions that might have occurred during childbirth. They engage in vaginal sit baths with very cold water in which the bark of *umvagazi* [bloodwood] was soaked overnight. After the sit baths, the red slimy liquid produced by *umvagazi* [bloodwood] when it is cut is applied inside and outside the vagina. *Umvagazi* [bloodwood] is believed to have important healing properties, which are soothing and healing to a woman's vagina after childbirth, which is described as follows:

> 'When you have just given birth, it is important to have vaginal sit baths to heal yourself, as well as to tighten your vagina. While doing these sit baths, it is important to also at the same time be tightening and loosening [*kegel exercises*] repeatedly to tighten up your vagina so that it goes back to its normal state. If you do not use bloodwood sit baths, you are highly likely to have an empty, tin-like vagina that is too open and bloodwood tree bark helps in closing your vagina, which will have been opened during childbirth. Bloodwood tree bark helps a lot in the healing of women postpartum. It sometimes happens that some women have small tears on their vaginas when they give birth and some don't. *Umvagazi* really helps to heal the vagina and the body, and it aids in bringing the vagina back to its normal state. We are very lucky in our village in that we easily have access to the bloodwood tree. You just get the bark and use the liquid that comes out of the bark inside and outside the vagina in what we call building a house.' (MaMpofu, female, married, 54 years old)

The findings reveal that IK, through the use of vaginal practices for healing, plays a key role in the prevention and mitigation of vaginal infections that some women may get because of vaginal tearing during childbirth. The findings also show the importance of vaginal practices in vaginal tightening for women. Women engage in traditional vaginal practices in Tshitatshawa village regardless of the fact that they gave birth in conventional clinics or in their homes. Some women who had episiotomies during childbirth at clinics and hospitals engage in vaginal sit baths using traditional herbs to help heal the episiotomy, as shown by the following narrative:

> 'I gave birth at the district referral hospital in Tsholotsho, and because I had a narrow delivery pathway, I ended up getting stitches [*episiotomy*]. At the hospital post-delivery, we were taught that we needed to have vaginal sit baths with salt for 30 minutes three times per day and after each sit bath, we needed to apply Betadine. When I got home, I would still have the vaginal sit bath as prescribed and thereafter I would also have umvagazi sit baths to speed up healing. At other times, I would mix *umvagazi* with salt for my sit bath, even though this combination was not prescribed at the hospital. Instead of applying Betadine, I used herbs as they are very good for speeding up healing and also aiding in vaginal tightening. Most women here go with this method because using Betadine prolongs healing time plus bloodwood is readily available here; we do not need to buy it.' (Nomsa, female, married, 30 yers old)

Another participant added:

> 'Women here in our village have things that they do when they give birth. They do this to help themselves recover after child delivery. What I know is that they have to use bloodwood down there so that they get healed and reconstitute the muscles of the vagina. Some women get tears down there during child delivery, so sitting on traditional medicines like bloodwood helps them heal. Most of the things, it's just that I do not have the intricate details since these things are done by women, but I know that these herbs are used to heal women after child delivery. This healing of women is important; it makes women recover quicker and also makes their bodies strong.' (Dakamela, 58 years old, male)

The above narratives show the value that is placed on vaginal practices for women's postpartum healing. The women and men indicated that these practices play a crucial role in women's well-being and that their use was recognised as crucial for women's health. The use of traditional methods of healing postpartum, including the use of vaginal practices to facilitate the healing, is normalised in the village.

Discussion and conclusion

Echoing Mignolo's (2007) findings, I argue that coloniality of knowledge and knowledge systems has seen the dominance of European knowledges at the expense of other knowledge systems. It has seen the relegation of other knowledges, particularly IK, to the periphery. The otherisation of these IK systems has seen their importance and value being minimised, while they play a critical role in the day-to-day life of indigenous communities. The study revealed the importance of vaginal practices as IK. Vaginal practices are a product of IK, and their use by women lies in their proven and perceived benefits for the prevention and healing of spiritual, physical, and

gynaecological illnesses. It can be argued that the perpetual disregard for indigenous practices, such as vaginal practices, is lamentable, as these practices continue being used to alleviate the health and wellness of women in indigenous communities as described by Mawoza (2019) and Mohlabane (2022). Drawing from the findings of the study, vaginal practices are used during pregnancy because of their perceived benefits in the child-birthing process, and they are also adopted by women for post-delivery healing. This finding aligns with Mawoza's et al. (2019) findings that women reported use of vaginal practices for healing post-partum and to control bleeding. Indigenous scholars such as Mohlabane (2022) emphasise the need for the recognition of traditional knowledge and practices in alleviating sickness.

I argue that African spirituality plays a crucial role in the discourse of IK as it informs the adoption of certain indigenous practices. The advent of Christianity saw the African ways of dealing with problems and issues of spirituality being deemed as backward, heathen and demonic (Hlatshwayo 2017; Mohlabane 2020). Of note is the intersection of spirituality and vaginal practices, which are important components of IK. It was shown that vaginal practices are used to attend to spiritual and gynaecological problems that some women in the village experience. This is an important finding as it sheds light on why these practices continue to be trusted and used by women in the village. Vaginal practices are also used for spiritual cleansing and to drive away bad omens. This IK is passed down from generation to generation through oral tradition in families and through interactions among women. The use of vaginal practices sustains traditional knowledge on treating illnesses pertaining to women. This finding corroborates social constructionist theorising, which postulates that knowledge is sustained by social processes and interactions (Andrews 2012; Galbin 2014). Interaction creates and sustains IK on vaginal practices, and it is viewed as an important aspect of women's health and wellness.

In addition, the value and trust that are placed on IK in the village cannot be ignored. This stems from familiarity and the familial use of these practices. Families' continued use of vaginal practices shows that they play an important role in women's health and wellness in Tshitatshawa. African gender scholars like Bhebhe (2023) and Venganai (2018) point out the important role that the family and other social institutions play in transmitting IK on vaginal practices. The lack of documentation of this IK in Tshitatshawa village is lamentable as they are frequently used by women in the village to attend to their important health and wellness needs. Ndlovu-Gatsheni (2015) notes the need for the decolonisation of knowledge, which advocates the recognition of both IK and endogenous knowledge, where the former is labelled as 'barbaric' and has been replaced with irrelevant knowledge that seeks to disempower rather than empower communities. This assertion by Ndlovu-Gatsheni (2015) is powerful because the decolonisation of knowledge would put IK practices on par with conventional medicine practices.

Despite the advent of modern conventional medicine to eradicate the illnesses that some women face, traditional practices such as vaginal practices and traditional medicine are found in this village because people trust their use and, in some cases, women combine modern and traditional medicine and practices. Ndlovu-Gatsheni (2015) calls for the pluralising of knowledge production systems, which will see the equal recognition of all knowledge. The positioning of the European knowledge as the gold standard is problematic. It results in other knowledge being compared and evaluated against it, overlooking the crucial role other knowledge plays in the day-to-day life of indigenous communities (Mignolo 2007). As such, I argue that there is a need for the decolonisation of knowledge systems and spaces that are biased towards acknowledging conventional Western medicine and practices as the more acceptable methods of eradicating diseases at the expense of traditional medicine. African feminist scholars such as Oyěwùmí (1997) have criticised the persistent white supremacist ideologies that continue to silence indigenous African knowledge.

The introduction of modern imperialist medicine can be viewed as having been a direct link to the racist and sexiest colonial agenda as postulated by Kim (2001). The labelling of IK as demonic led to the institutionalisation of Western knowledge as legitimate. It relegated the indigenous methods of alleviating illness to the periphery. In Tshitatshawa village, vaginal practices are used for cleansing when a woman experiences misfortune in the form of a miscarriage or stillbirth. They are also used when a woman is in need of cleansing when she has *isagweba* [the urge to constantly have sex], *amasala* [an abnormal growth inside the vagina, the perineal area, or the vulva], or *isidina* [a bad aura that makes one sexually unattractive]; among others. It is therefore important to adopt a human factor approach to issues of IK practices such as vaginal practices. This enables a comprehensive understanding of the meanings that women derive from their use and acknowledges their importance in women's day-to-day life in communities where IK and IK practices are still maintained and treasured. It should be observed that IK plays a crucial role, and its existence does not call for the disregard of Western knowledge. There is a need for what Mohlabane (2022) refers to as a pluriversal world where all knowledge, including IK, is recognised as legitimate. Mohlabane (2022) notes that the current denigration of IK has resulted in indigenous communities being left without affordable healthcare, which has contributed to poor health outcomes.

It can therefore be concluded that vaginal practices are an important part of IK on which traditional societies rely to mitigate health and wellness challenges. They are a product of culture that influences societal norms and a way of life. As such, their importance should not be trivialised.

Conclusion

This study demystifies myths around the use of vaginal practices and the perceptions around their use by women. The study also unearths the intersection of vaginal practices and spirituality. The study highlights the important role that vaginal practices play in the womanhood, sexuality, health and wellness of women. It brings to the fore the integral role that vaginal practices play as an IK in the day-to-day life of women. The study also contributes to the decoloniality discourse. It showcases the existing level of coloniality in the production and control of knowledge. It highlights the need for the decolonisation of knowledge systems as well as the centres of knowledge, which tend to relegate IK to the periphery.

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Competing interests

The author declares that no financial or personal relationships inappropriately influenced the writing of this article.

CRediT authorship contribution

Linderrose Dube: Conceptualisation; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Validation; Visualisation; Writing-original draft; Writing-review and editing. The author confirms that this work is entirely their own, has reviewed the article, approved the final version for submission and publication, and takes full responsibility for the integrity of its findings.

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Data availability

All data that were used in this article are part of the data that were collected by the author for their PhD studies. The data that supports the findings of this study are available on request from the corresponsing author, Linderrose Dube. The data are not publicly available due to sensitivity, privacy and confidentiality restrictions.

Disclaimer

The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of any affiliated agency of the author.

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