

LOCAL WISDOM IN INDIGENOUS BIRTH CONTROL TECHNIQUES AMONG THE YORUBAS IN IBARAPA AREA, OYO STATE, NIGERIA

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Abstract

The capacity to build a sustainable Nigerian future rests on her ability to respond to her population growth rates, size and distribution patterns. As Nigeria prepares for the probable 2018 biometrics census, citizens should be sensitized about the need to decide about the number of children to be raised. Accordingly, this study assessed the local wisdom and relevance of Indigenous Birth Control Techniques (IBCT) of the Yoruba in Ibarapa Region, Oyo state, Nigeria. Specifically, the study examined the types, materials used, couples' perception and acceptance of IBCT. Participants for this research include both the residents (users) and providers of IBCT. As such, 240 residents and 25 providers of IBCT were purposively sampled. A cross-sectional survey research design was adopted in this study. Oral interview, participant observation and questionnaire were the instruments used to collect both qualitative and quantitative data. The study found out that Herbal Tea (Agbo) and Herbs (Agumu), Sperm-killing Agents such as Osan wewe (Lemon) and Eso Ogbo were used. Specially Prepared Stew (Aseje), Sacrifice (Etutu) and Rituals (Ebo). Metal Finger Rings (Oruka) Waist-Bands and Amulets were the common types of IBCT in Ibarapa Region. Preparations of IBCT were shrouded in secrecy, consequently, items used in its preparations were not revealed. IBCT could be prepared within 24 hours. Inheritance, gift and purchase were the common modes of its acquisition. Residents in Ibarapa Region accepted these IBCT because of its relatively low monetary cost, high potency and its' no serious side effects. The study recommended that efficacy of IBCT should be scientifically proved. Healthy IBCT (such as Herbal Tea and Herbs) could be transferred to other places in Nigeria and elsewhere. It was also concluded that the best forms controlling fertility are abstinence, celibacy, cultural emphasis on virginity and taboo on incest. When these are not attainable, couples may be encouraged to embrace the cheaper, more accessible and safer IBCT. This information is provided for educational purposes only and not intended to be a substitute for professional medical advice or diagnosis.

Introduction

Nigeria is already the African continent most populous country and its fertility rates are on the rise. The highest increase in new births in the world between now and 2050 is expected to occur in Nigeria. By 2050, Nigeria's population is projected by the United Nations to be 389

million, rivalling that of the United States which is projected at 403 million. By the end of the century, the U.N. projects that Nigeria's population would be between 900 million and 1 billion, nearing that of China which would by then be the second most populous country in the world after India (Ralston, 2012). With these increasing

population figures and varied population densities, there is need for conscious efforts at controlling population growth.

Human population control refers to the deliberate alteration of the population growth rate, usually by reducing the birth rate. This population control is achievable through many techniques. Usually these techniques work in unionism rather than singly or at times one is pre-dominant over the others. The techniques include: preventing unwanted births, regulating intervals between pregnancies and/or determining the number of children in the family. This practice could be voluntary, as a response to poverty, or out of religious ideology, but in some times and places it has been government-mandated. This is generally conducted to improve quality of life for society or to prevent a Malthusian catastrophe (Simon, 2009). Population (birth) control may use one or more of the following practices although there are other methods as well: c (such as pill, condom, injectable contraceptive, Norplant, spermicides and barrier methods), abstinence, abortion, sterilization, legislation and family planning. Homosexuality and lesbianism could be considered forms of population control.

According to Oyefara (2012) and Russo (2014), several family planning methods predate the emergence of modern birth control. Some of these techniques are surprisingly effective. They require diligence and careful planning. Traditional methods of contraception as means of controlling fertility include the following: abstinence, withdrawal method, rhythm method, cervical mucus method, douche method and vaginal sponge. The import of

indigenous birth control is to reduce the population growth by preventing unwanted births. This is in tandem with Delano (2015) who defined traditional methods of birth control as the practice, beliefs or customs handed down from one generation to another aimed at preventing pregnancy. The author saw traditional birth control methods has been cheaper, more accessible and more acceptable than the orthodox birth control methods. According to the writer, client of traditional birth control enjoys almost automatic good rapport with service provider in a very warm, and informal atmosphere. Also the consultation is not time consuming and impersonal. However, the scholar opined that the efficacy of traditional methods lack scientific evidence and often with imprecise dosage. The unhygienic environment of most practitioners is a minus to the method as it may increase the spread of infection. The author added that the deliberate aura of mysticism woven around the practice to instill fear in the people and force compliance does not make for a good image of the method.

There seems to be a strong relationship between population growth and development of human capital, provision of adequate infrastructure, housing, security, health and education facilities, potable water and food, job creation and the management of key natural resources. As Nigeria is preparing for the 2018 biometrics census, couples in the rural and suburban especially woman being the vessel for child bearing should be sensitized about the need to decide about the no of children to be raised. Interestingly, majority of the residents in the rural areas do not know

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and/or do not use modern birth control nor are they concerned with family planning as such. Urban dwellers tend to practice what they see and hear especially on media like face-book, television and magazines. However, the Ibarapa (sub-urban) residents, may have indigenous mechanisms for birth spacing. Therefore, it is proper to seek ways to understand the local wisdom and techniques related to indigenous birth control and possibly integrate this with the modern concepts family planning.

The literature is replete with scholarly works on indigenous birth control techniques. Delano (2015) classified these traditional methods of contraception broadly into: the appliance, the non-appliance and the barrier methods. In Peru, Kent (2010) studied the Peruvians women reliance on traditional family planning methods and found out that Peruvian women were having fewer children and waiting longer between pregnancies, many by using traditional family planning methods. In Central Africa, Ethiopia to be precise, Dejene (2006) examined the traditional family methods in Ethiopia: the case of the Surma people. The scholar found out that the Surma that live in the Ethio-Sudanese border regions subsist on agro-pastoralism, hunting and gathering on precarious environment with insecure rainfall (averaging 480mm). Premarital sex is a common practice among the Surma. The girls will have a greater opportunity for marriage if they date many male partners, as this signifies popularity. Surma girls wear beads on their waist, make knots on ropes they carry, incise their lip and ear to communicate specific messages, all as part of an accepted norm. Mothers also teach

their daughters when to have sex, how to avoid unwanted pregnancy and how to manage their sexuality. In East Africa, Jaravaza (2013) investigated how indigenous knowledge systems (IKS) were used in contraception. It was discovered that people in Mutasa District of Manicaland Province, Zimbabwe used herbs, protracted breastfeeding, rhythm and withdrawal as contraceptive alternatives to modern contraceptives.

In Nigeria, Chika and Ugwuegbulam (2014) investigated the influence of culture on birth-control practices and acceptability to selected respondents for their family wellbeing. The findings showed that there was no significant difference in the family planning practices and acceptability among couples in Gwagwalada Area Council of the Federal Capital Territory, Nigeria on the basis of their culture. Olubiyi, Olatunde, Biturs, Olubiyi and Jibril (2014) comparatively studied the acceptance of modern family planning among Hausa, Yoruba and Igbo in Agege Community, Lagos, Nigeria. They found out that before the introduction of modern methods, Africans had methods of fertility regulation. Nigerian culture includes many myths, rituals and the use of herbs in attempts to regulate women's fertility. In his own style, Babalola (2009) examined herbal contraceptives trade and usage in Lagos State, Nigeria. The scholar found out that the use of herbal birth control measures by Lagosians was popular because of its little or no side effect. It is cost effective, easily accessible and effective. Social and economic statuses of the people were no barrier to patronage.

Objective of the Study

The main aim of this study is to assess the local wisdom and relevance of indigenous birth control techniques (IBCT) of Yoruba in Ibarapa Region, Oyo state, South-western Nigeria. Specifically, the objectives include examination of the types of available and materials used in preparing IBCT as well as assessment of couples' perception (in terms of potency, monetary cost and side effects) of IBCT.

Research Questions

This study seeks to provide answers to the following research questions.

- i) What are the types of IBCT available to couples in the study area?
- ii) What are the items used in preparing IBCT?
- iii) What is the potency extent of these IBCT?
- iv) How costly are the materials used as IBCT?
- v) What are the side effects of IBCT?
- vi) Is it possible to transfer IBCT of the Ibarapa people to places with quite different socio-cultural formations?

Methodology

A cross-sectional survey research design was adopted in this study. Oral interview, participant observation and questionnaire were the instruments used to collect primary data. This study was investigative in its approach. The reason for this choice was to collect useful qualitative

and quantitative data concerning this study. To this end, the research was carried out in three phases. i) Examination of the available types of IBCT. ii) Examination of materials used in preparing IBCT. iii) Assessment of couples' perception and acceptance of IBCT. A total of 240 residents were sampled from Lanlate, Ayete and Igangan towns. The sampled residents were either married or divorced. Another twenty five providers of IBCT were purposively selected in this study. Most of these IBCT providers are native doctors, native midwives, herbalists, traditional medical practitioners and other stakeholders. In an attempt to gather data from IBCT providers, the researchers participated actively in the worship held on Saturday 13th March, 2016 at the "Ile Ifa" (worship center) at Igboora, while trained research assistants also worshipped at the Ile Ifa in Lanlate. At the end of the worship, questionnaire were administered and interviews were granted on participants at the two centres located at Lanlate and Igboora.

Perceptions of Providers of IBCT in Ibarapa Area

A total of 17 and 8 participants were sampled at the Ile Ifa (worship centres) located at Lanlate and Igboora respectively. On gender basis 17 were males while only 8 were females. Other 23 respondents were married while another 2 were divorcees. Table 1 presents the age, educational qualifications and occupations of these providers of IBCT.

Table1
Demographic Characteristics of Providers of IBCT

		Age		Occupation	
		Frequency			
1.	15-25	2			Frequency
2.	26-35	17		1. Babalawo	12
3.	36-50	4		2. Onisegun	4
4.	51-60	1		3. Adahunse	1
5.	61 and above	1		4. Traditional Midwife	1
Total		25		5. Traditional Nurse	2
Educational Qualifications					
		Frequency			
1.	Non-Formal	4		6. Iya Elegun	1
2.	Secondary	2		7. Iya Oniorisa	1
3.	Tertiary	19		8. Iya Olosun	1
Total		25		9. Iya Sango	2
				Total	25

From Table 1, 17 out of the 25 respondents had their ages ranged between 26 and 35. Another 19 out of 25 had educational qualifications beyond secondary school level. The occupation of this group of respondents showed that 12 out of 25 were *babalawo*, 4 were *onisegun*, and 2 respondents each were traditional nurses and *iya sango* respectively. Amongst the respondents were *adanse*, traditional

midwife, *iya elegun*, *iya olorisa* and *iya olosun*. These occupations also reflected their areas of professionalism in the provision and services relating to traditional medicine in general and IBCT to be specific.

Common Types of IBCT

Some of the appliance methods of IBCT commonly used in the study were as presented in Table 2.

Table 2

The Appliance Methods

		<i>Frequency</i>
1.	Herbal Tea (Agumu)	8
2.	Herbs	2
3.	Prepared Stew (Aseje)	1
4.	Sacrifice (Etutu)	1
5.	Rituals (Ebo)	1
Total		13

Table 2 shows that Herbal Tea (*Agbo*) is the commonest type of IBCT that the providers often prepared in Ibarapa

Region. Other types include Herbs, especially Prepared Stew (*Aseje*), Sacrifice (*Etutu*) and Rituals (*Ebo*).

Table 3

The Physical Barrier

		<i>Frequency</i>
1.	Sperm-killing Agents: (Honey, Vinegar and Lemon)	1
Total		1

Table 3 shows that in the Physical Barrier category of the IBCT, only the act of Sperm-killing Agent was often prepared in

the study Area. Some of these agents were as shown Plates 1.

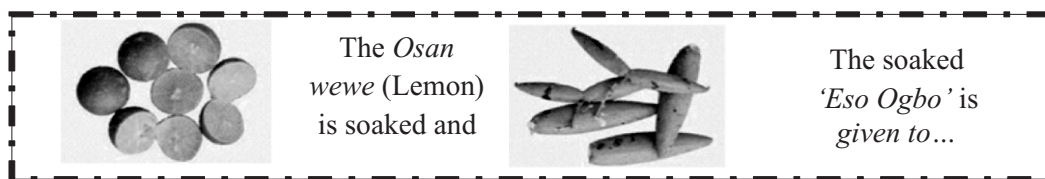


Plate 1: The Physical Barrier IBCT

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Table 4

The Invincible Barrier

		<i>Frequency</i>
1.	Metal Finger Rings (Oruka)	16
2.	Waist-Bands (Onide, Ileke-Idi, Igbadi and Bante)	09
Total		25

Total more than 25 owing to multiple responses

Table 4 revealed that Metal Finger Rings (*Oruka*) was the commonest type of the Invincible Barrier often prepared in the Study Area. This was attested to by 16 out of the 25 sampled IBCT providers. Another 09

did prepare Waist-Bands, while only one did provide Amulets. Some of these Invincible Barrier IBCT in the study area were as presented in Plate 2.

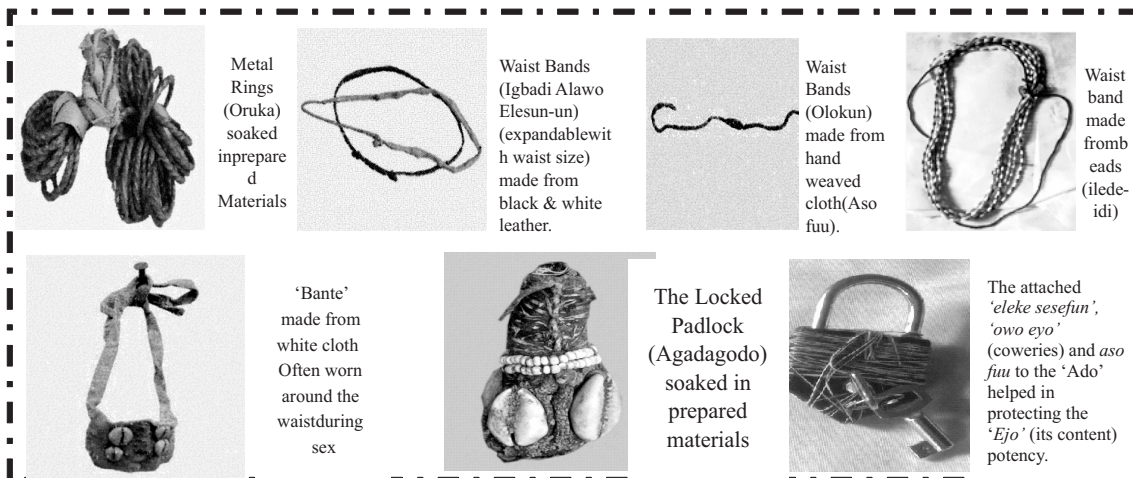


Plate 2: The Invincible Barrier IBCT

Items Used in Preparing Materials Used as IBCT

Items used in the preparation of IBCT depend largely on its type. As part of mysteries surrounding the practice and administration of the general traditional medicine, the ingredients and items used in their preparations were always kept close to the chests of these providers. They were shrouded in secrecy. However, from those plates earlier presented some of items used in the preparation of IBCT. In terms of regularity of evoking spirits while preparing

materials used as IBCT, 19 out of the 25 participants responded that they never evoked spirit on the materials through incantations or by other means. Meaning that incantations such as '*ofo*', '*ayajo*' and '*ogede*' were not involved in the preparation of these materials. However, only 3 participants responded that the preparation involved "*gbolohun*"

Learning About Preparing Materials as IBCT

Only 15 IBCT providers out of 25 responded that they acquired the skills

through inheritance. In this wise, their grandparents or parents passed the skills to them. Another 12 out of 25 said that they learnt the skills, the skills were passed through tutelage from master to learner. The learner will be under the guidance of the master for certain periods of time, ranging between three and seven years. Only 8 respondents said that they prepared the materials used as IBCT through inspirations. Inspirations could be in form of receiving directive from dream, or certain spirits or gods/goddesses dictating to them how to prepare the IBCT. Some combined either inheritance with tutelage and/or inspiration.

Duration and Monetary Cost of Preparing Materials Used as IBCT5

Seventeen out of 25 participants indicated that it took them between 4 and 7 days to prepare these materials. Another 5 participants responded that between 1 and 3 days. Only 1 participant each responded that it took between 2 and 4 weeks and between 1

and 2 months. This suggested that preparing materials used as IBCT can be done within 24 hours. From the interview granted providers of materials used as IBCT, the monetary costs or amount charged as fees as consultation and/or cost of diagnosis depend largely on relationship that exists between the clients and the service providers. However, these IBCT providers are conscious of the fact that if they charged too high, this may scare away their clients, who may go for the orthodox medicine. Again, if too low amount was charged, the clients may also belittle the materials prepared for them. At any rate, the Figure 1 gives price range charged by the experts in preparing materials used as IBCT in Ibarapa Region. From the Figure 1, a total of 17 out of 25 participants charged between N1,000 and N4,999.

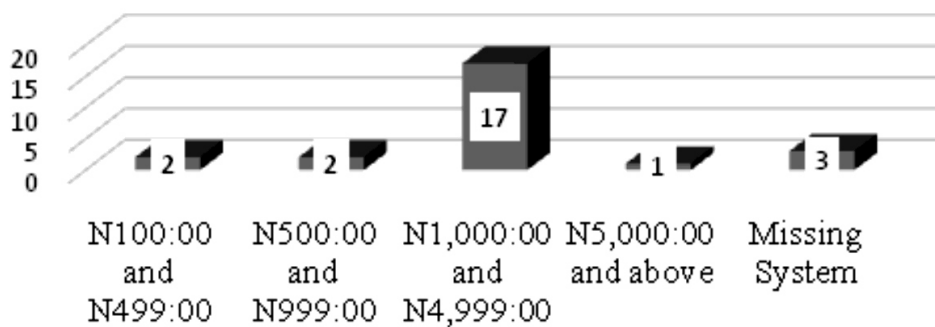


Figure 1: Monetary cost of Materials used as IBCT

Potency and Lifespan of Materials Used as IBCT

As regards the potency of materials used as IBCT, 22 out of the 25 participants responded that the materials they prepared are highly potent. Only 1 indicated that the materials were somewhat potent. This shows that materials used as IBCT are

highly potent. Talking in terms of lifespan of materials used as IBCT, most of the experts said the materials will last a life. However, some said it lasted seven years. From Figure 2, 18 out of the 25 participants were of the opinion that materials will not lose their potency at all. It is a lifelong affair.

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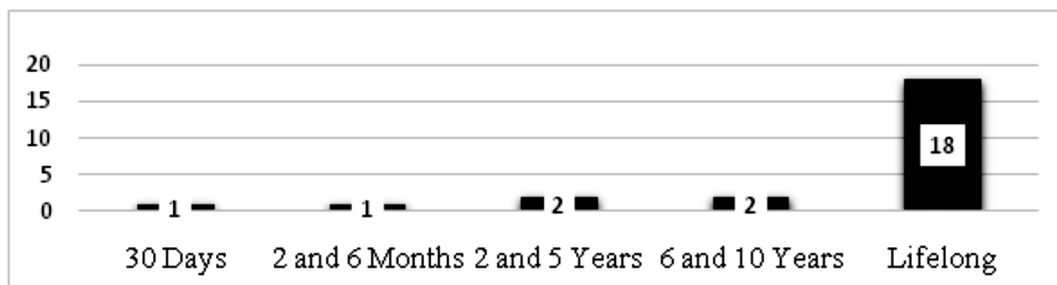


Figure 2: Lifespan of Materials Used as IBCT

Side Effects of IBCT

According to these providers of IBCT, there were no serious side effects when the prepared materials were used as IBCT.

However, some clients may witness mood changes, menstrual changes, irregular bleeding and inter menstrual spotting. This is as shown in Table 5.

Table 5

Side effects of IBCT

	<i>Frequency</i>
1. Menstrual Changes	1
2. Irregular Bleeding	1
3. Inter-Menstrual Spotting	1
4. Mood Change	18
5. None	2
6. Missing System	2
Total	25

Residents' perception of IBCT in Ibarapa Region

On gender basis, 68 (28.33%) were male and 172 (71.67%) were female. While 208 (86.7%), 6 (2.5%), 20 (8.3%) and 6 (2.5%) of the residents were married, divorcees, widows and widowers respectively. In terms of occupation of the

respondents 150 (62.5%) were traders, 62 (25.8%) were farmers, 6 (2.5%) were artisans, another 4 (1.7%) were civil servants while only 2 (0.8%) each were hunters. Table 6 presented the age range, religion and educational qualifications of the respondents.

Table 6

Age, Religion and Educational Qualifications of the Respondents

S/N	Age			Religion				Educational Qualifications			
		Frequency		S/N		Frequency		S/N		Frequency	
		No	%			No	%			No	%
1.	13-17	2	0.8	S/N		Frequency		1.	None	42	17.5
2.	18-25	26	10.8			No	%	2.	Non-Formal	18	7.5
3.	26-35	56	23.3	1.	Christianity	82	34.2	3.	Primary	68	28.3
4.	36-45	92	38.3	2.	Islam	126	52.5	4.	Secondary	88	36.7
5.	46-60	48	20.0	3.	Traditional	20	8.3	5.	Tertiary	20	8.3
6.	61 and above	14	5.8	4.	Missing System	12	5.0	6.	Missing System	4	1.7
7.	Missing System	2	0.8		Total	240	100		Total	240	100
	Total	240	100								

Table 7

Types of IBCT Used by the Residents in Ibarapa Region

<i>The Appliance Methods</i>		Frequency		<i>The Non-Appliance Methods</i>			
		No	%				
1.	Herbal Tea	234	85.4				
2.	Herbs	18	6.57				
3.	Magical Soap (Ose)	6	2.19				
4.	Chewing Stick	4	1.46	1.	Abstinence	124	81.58
5.	Sacrifice (Etutu)	2	0.73	2.	Avoiding Sex during Menstruation	28	18.42
6.	Ritual (Ebo)	6	2.19				
7.	Myth	4	1.46		Total	152	100
.Total		274	100				

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From Table 7, the commonest appliance methods of IBCT was the Herbal Tea. This was as confirmed by 234 (85.4%) of the respondents. This was followed by the Herbs 18 (6.57%), Magical Soap 6 (2.19%), Ritual 6 (2.19%), Chewing stick 4 (1.46%), Myth and Sacrifice 4 (1.46%) each. Abstinence and avoidance of sex especially during menstruation were the common non-appliance methods often recognised by the sampled residents in the Study Area. This

was further confirmed by 124 (81.58%) and 28 (18.42%) respondents respectively.

Figure 3 presented the Vagina Plug made from grass and seaweed dried figs and sperm-killing agents such as honey, vinegar and Lemon. This was followed by application of Sperm-killing agents such as honey, vinegar and Lemon. This was responded to by 48, 2 and 8 respondents respectively.

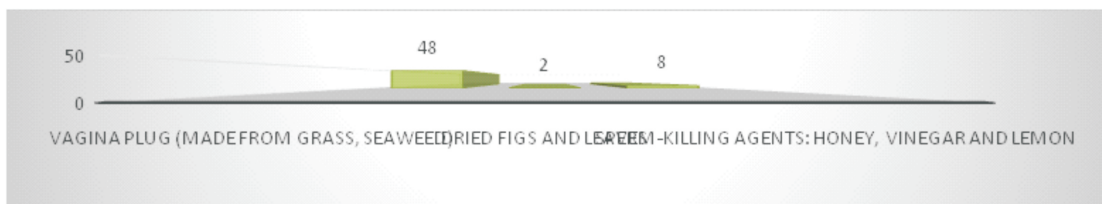


Figure 3: The Physical Barrier as IBCT

Figure 4 shows that magical Metal Finger Rings and the Waist-bands were the popular invincible barriers of IBCT amongst the

Residents. This was attested to by 234 (97.5%) and 6 (2.5%) respondents.

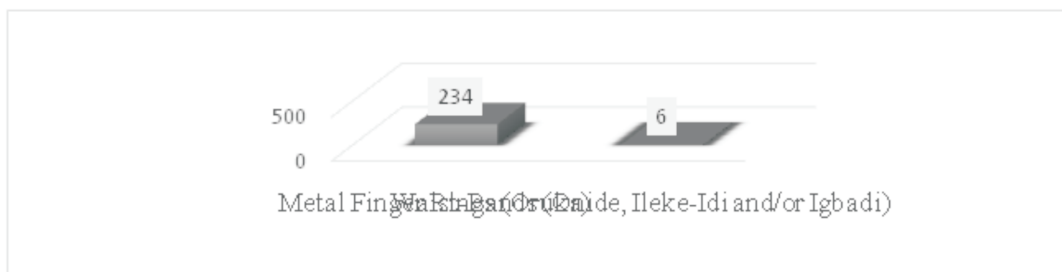


Figure 4: The Invincible Barrier IBCT

Mode of Acquisition and Potency of Materials Used as IBCT

From Table 8, inheritance is the commonest mode of acquisition of IBCT. This was confirmed by 68 (28.33%) respondents, followed by Gift or As Reward for one benevolence or kindness. This was also confirmed by 66 (27.5%) of the respondents. While 60 (25%) and 44

(18.33%) of the respondents either purchased or prepared their IBCT by self. As regards the potency of these IBCT, 166 (69.17%) said the materials were highly potent. 42 (17.5%) were of the opinion that IBCT were somewhat potent. However, 20 (8.33%) were in doubt of the potency of these materials.

Table 8

Mode of Acquisition and Potency of materials used as IBCT

<i>Mode of Acquisition of Materials used as IBCT</i>				<i>Potency of Materials used as IBCT</i>			
		<i>Frequency</i>				<i>Frequency</i>	
		<i>No</i>	<i>%</i>			<i>No</i>	<i>%</i>
1.	Inheritance	68	28.33				
2.	Prepared by Self	44	18.33	1.	Highly Potent	166	69.17
3.	Purchase	60	25	2.	Somewhat Potent	42	17.5
4.	Gift	66	27.5	3.	Not Sure	20	8.33
5.	Missing Value	2	0.84	4.	Missing Value	12	5
Total		240	100		Total	240	100

Table 9

Side Effects of materials used as IBCT

		<i>Frequency</i>				<i>Frequency</i>	
		<i>No</i>	<i>%</i>			<i>No</i>	<i>%</i>
1.	Menstrual Changes	18	7.5	10.	Upset Stomach	38	15.83
2.	Irregular Bleeding	8	3.33	11.	Dizziness	14	5.83
3.	Inter-Menstrual Spotting	6	2.5	12.	Breast Soreness	8	3.33
4.	Weight Gain	16	6.67	13.	Scarring	6	2.5
5.	Ache	4	1.67	14.	Skin Scarring	10	4.17
6.	Ovarian Cysts	4	1.67	15.	Infection	8	3.33
7.	Mood Change	12	5	16.	Heavy Menses	2	0.83
8.	Hair Loss	12	5	17.	No side effect	70	29.17
9.	Headaches	4	1.67	18.	Missing Value	0	0
Total						240	100

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The common side effects of IBCT in the study area include Upset Stomach. This was as confirmed by 38 (15.83%) of respondents, Menstrual Changes 18 (7.5%), Weight Gain 16 (6.67%) and Dizziness 14 (5.83%). Other common side effects were Mood Change 12 (5%), Hair Loss 12 (5%) and Skin Scarring 10 (4.17%). Table 9 presents these side effects in details. However, 70 (29.17%) of the respondents were of the opinion that the IBCT had no side effect. Apart from side effects, in traditional medicine, there are forbidden things (*eewo*). These are things that must not be done, hence the potency or the efficacy of the medicine will be reduced. In the case of IBCT, the forbidden things depend on the particular materials used in preparing it. The provider of IBCT will announce these forbidden things to the potential user. For instance, when the ingredients used in preparing the IBCT involved corn, the individual that used it must not share the corn with anyone else while eating.

In the IBCT that was prepared with snake, any individual that used it must not eat that particular snake any longer. However, it appears that in the case of invincible barrier of IBCT, the Metal Finger Rings (*Oruka*), Waist-Bands and Amulets must not come in contact with water used in the processing of Cassava (*Omi Ege*), water used in the processing of Locust Beans (*Omi Iru*) and water used in processing traditional lotion (*Adi agbon or Yaanko*). Again these materials must not be removed either from the finger, waist or from the arm during sexual intercourse, hence the woman may conceive.

Residents' Acceptance of IBCT in Ibarapa Area

The residents accepted IBCT and recommended possible transfer to places

with quite different socio-cultural formations in Nigeria and elsewhere, 144 representing 60% of respondents were of the opinion that it could be transferred, while 68 (28.33%) were of the opinion that may it not be transferred.

Discussion of Findings

In the category of the Appliance types of IBCT, Herbal Tea (*Agbo*) and Herbs (*Agumu*), were the very popular type of IBCT in Ibarapa Area. In the Physical Barrier category of the IBCT, only the act of Sperm-killing Agents such as *Osan wewe* (Lemon) and *Eso Ogbo* were used. Specially Prepared Stew (*Aseje*), Sacrifice (*Etutu*), Rituals (*Ebo*) and Metal Finger Rings (*Oruka*) were the popular types of the Invincible Barrier followed by different types of Waist-Bands and Amulets. This is in agreement with Weed (2002), who opined that herbs are highly effective at dampening fertility in order to naturally and safely prevent pregnancy. According to the scholar, herbal birth control would be helpful to use between pregnancies in order to space children and to allow mothers to adequately replenish their nutritional stores and ensure that later children are just as healthy, smart and capable as the first. Spacing children a minimum of 3 years apart (birthday to birthday) as rigorously practiced in ancestral cultures also serves to preserve mothers' health, so that they do not experience any nutritional deficiency and long term health issues from having children too close together.

The preparations of IBCT were shrouded in secrecy, as such the items used in the preparations of IBCT were kept close to the chests of the providers. In most cases the preparations did not necessarily involve evocation of evoking spirits.

Incantations ('*ofò*', '*ayajo*' and '*ogede*') were not involved in the preparation IBCT. In few case the preparation involved "*gbolohun*". This study is of the opinion that, ordinarily, the usage of herbs may not have any serious religious implications. When incantations were made to conjure up forces, spirits or supernatural powers were invoked and couples were made to wear charms, there may be resistance especially from the orthodox Christian faith.

Preparing IBCT was not a difficult task, it can be done within 24 hours. Inheritance, gift and purchase were the common mode of acquisition of IBCT. The average cost ranged between N1,000:00 and N4,000:00. Both the residents and the traditional medicine providers opined that materials used as IBCT were highly potent. The residents and the traditional medicine providers found no serious side effects of IBCT. *In short, this study found out that the residents in Ibarapa area accepted these IBCT because of its relatively low monetary cost, high potency and its no serious side effects. As such both the residents and the traditional medicine providers recommended possible transfer of these IBCT to places with quite different socio-cultural formations in Nigeria and elsewhere.*

This finding was in agreement with Delano (2015), who saw traditional birth control methods as cheaper, more accessible and more acceptable than the orthodox birth control methods. According to the writer, clients of traditional birth control enjoys almost automatic good rapport with service provider in a very warm, and informal atmosphere. It also agreed with Wright (2012) who said that Hormone-based contraception like the pill, patch or vaginal ring carry hefty health risks, such as cancer, heart attack and stroke. An alternative to

these dangers is the ancient use of herbs to avoid pregnancy. When an individual takes active responsibility for their sexual health, herbal birth control is an excellent option. Instead of dangerous synthetic hormones, a reasonable alternative is found with herbs.

Contribution of the Study to Policy and Practice

This study serves as a vital addition to the growing literature in this specific aspect of indigenous birth control techniques and reproductive health research in general. This would likely serve as a feedback to the existing methods of birth control and identify grey areas. Findings of this study are useful for policy makers at all levels of government particularly those saddled with the responsibility of population control. The findings will equally be useful in planning and implementing need focused interventions. Researchers and consultants would find the outcome of the study a good reference point for further studies. Finally, the international development community and national governments have come to realize that sustainable development is impossible to bring about without explicitly addressing poverty. And poor people tend to have larger than average families.

Conclusion

Amongst other things, the capacity to build a sustainable Nigerian future rests on her ability to respond to her population growth rates, size, and distribution patterns. In tackling the issues surrounding the increasing population growth, policy makers should endeavour to strike a balance between population growth and distribution of available resources, if the benefits accruable from the development strategies are to be sustained. This study concluded that the best form of methods of

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contraception as means of controlling fertility are abstinence, celibacy, cultural emphasis on virginity and taboo on incest. When these are not attainable, couples may be encouraged to embrace the cheaper, more accessible and safer indigenous birth control techniques.

Recommendations

The efficacy of IBCT should be scientifically proved. Practitioners should introduce precise measurements into their administration. Female genital mutilation, douching with hot water salt, vinegar, lemon or potassium or insertion of weeds and contaminated rags into the vagina to reduce sexual urge which may be considered

dangerous should be discouraged. The study has been restricted to a small geographical area, (Ibarapa Region). However, the study recommended that the healthy *IBCT* (such as Herb tea and Herbs) *because of their relatively low monetary cost, high potency and it's no serious side effects could be transferred* to places with quite different socio-cultural formations *in Nigeria and elsewhere. However,* this research does not have the capacity to compare results of indigenous birth control techniques in other regions in Nigeria. These findings may not be generalized to all regions in Nigeria. A more detailed study on IBCT in other areas in Nigeria need to be done.

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