

Summary of the dissertation

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Questionnaire for the household study (Lingala)

Questionnaire for the complementary household study (French)

Questionnaire for the complementary household study (Lingala)

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Question catalogue for plant biographies (households)

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Question catalogue for plant biographies (vendors)

Summary of the dissertation

This dissertation explores how the urban context of Kinshasa (Democratic Republic of Congo) influences the use of medicinal plants and the strategies of medicinal plant users. Medicinal plants are a highly contested resource and in the center of various medical, political and economic debates and conflicts. They are, on one side, a cheap medical resource for the mostly poor population, and, for herbalists, they constitute the main ingredient in their therapies through which they earn money. However, their use seems contested: biomedical products such as aspirin are popular and readily available, state actors condemn the traditional use of medicinal plants as being insecure, and gathering of plants becomes more difficult in the increasingly urbanized immediate surroundings. This thesis analyzes whether these aspects lead to a decrease of medicinal plant use, and how medicinal plant users deal with it. It is based on quantitative and qualitative data gathered among herbalists and lay population during a total of 15 months of fieldwork in Kinshasa from 2007 to 2009. Results show that medicinal plants play an important role in the treatment of specific illnesses, as interview partners show clear preferences for the use of medicinal plants when dealing with certain illnesses such as *pota ya libumu* or ameba. In addition, the widespread consumption of biomedical drugs such as aspirin does not replace the use of medicinal plants. Moreover, contrary to our expectations, lay persons with a higher

educational level and thus lesser economic restrictions to access biomedical services show a greater interest in the use of medicinal plants compared to those with a lower level of education. The analysis of the practices, self-reflections, and styles displayed by herbalists reveal that, despite their perceived disadvantageous position in comparison to biomedical actors such as physicians, they find various ways to gain recognition for their work. For instance, they do so via the affiliation to healer associations or by pointing out their competence. They signify their competence by referring to aspects associated with biomedicine as well as traditional medicine and by doing so create their own styles as urban herbalists. Most herbalists increasingly rely on medicinal plant traders in order to have access and continue using medicinal plants. Thereby, they transfer the responsibility for the correct harvest, storage, and the sometimes associated prohibitions and imperatives to the traders. Laymen also adapt their ways of accessing medicinal plants to the urban context: they start using plants coming from other places and use mainly plants growing on their urban plots. Furthermore, they buy wild species which do not grow nearby from vendors. Contrary to general perception, the supply of the urban population with plants used for medical purpose is more sustainable than what most studies reflect, as most of the studies predominantly focus on market-dynamics and vendors specialized in wild medicinal plants. In the present study, laymen show a vast knowledge for the medicinal use of cultivated plants like ginger, garlic or lemongrass, which they buy from vegetable, fruit or spice sellers. The results suggest that sustainable supply with plants used medicinally is much bigger than what observers usually conclude, as cyclical cultivation of these plants provides a more sustainable supply. In summary, this thesis provides a contribution to medical anthropology, urban anthropology, and biodiversity research by analyzing the complex relationships and dynamics between city inhabitants and their environment through the example of medicinal plant use in Kinshasa. It refutes popular ideas of medicinal plant use decreasing in urban contexts, and underlines the necessity to focus on medicinal plant research and the various actors connected to it – including the often-overlooked laymen.

Keywords: medical anthropology; urban anthropology; biodiversity research; urban herbalism; ; urban herbalist; biomedical products; medicinal plant supply; cultivated medicinal plants; Central Africa; Democratic Republic of Congo; Kinshasa