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The Role of Shona Traditional Institutions in the Zimbabwean Health Sector

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Dedication

I dedicate this thesis to my wife Martha who remained supportive throughout the research period.

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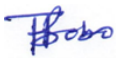
Declaration

I declare that a dissertation on, the role of Shona traditional institutions in the Zimbabwean health sector is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references. I have not used work previously produced by another student or any other person to hand in as my own. I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own work.

Signed. 

Togara Bobo Date 06 July 2020

Summary

Health is a fundamental commodity that everyone craves for. Over the years, health in Zimbabwe has been a priority of the Shona traditional institutions. The coming of the missionary redefined health in the western language and Eurocentric institutions replaced the indigenous health institutions. The colonizers drafted a constitution that criminalized the role of Shona traditional institutions. On a positive note, the constitution upheld health as a priority. It is the assumption of this research that these challenges have pre-cursed the crisis in the health sector. This research takes into cognisance that some western church-related, civic, and non-governmental organisations attempted some interventions within the health delivery system. The emergence of African initiated churches (AIC) that have an African religious flavour was also explored to establish the extent of their contribution to the health sector. Phenomena such as spiritual healing, exorcism as well as prophetic healing and deliverance were also explored to try and discover their effectiveness within the 21st century health sector of Zimbabwe. Although this research acknowledges the effort by other institutions, it is an attempt to advocate for mainstreaming of the STIs in dealing with health issues in Zimbabwe. The central argument is that the STIs may bridge gaps left out by western health care systems. They thus have the potential to either compliment modern western healthcare provision or even provide the solution to a significant chunk of health challenges of the Shona people of Zimbabwe. Some of these STIs include chieftainship, traditional healing, and veneration of ancestors, spiritual remedies, rituals, and taboos. Modern health practitioners, Shona traditional healers and traditional leaders were interviewed in order to retrieve data from the resource people on the ground. To this end, the study adopted , the comparative and phenomenological methodologies and both secondary and primary methods for the collection of data through relevant books, journals, periodicals, magazines, the internet, current affairs programmers as well as both purposive and random interviews of relevant resource people. The data collected allowed the researcher to analyse the relevance and central role of the STIs in the health sector of Zimbabwe in the 21st century. The research found that, in as much as the STIs have been long suppressed by modern science since the dawn of colonialism, they have stubbornly remained relevant, reliable, and accessible to the majority of the Zimbabwean populace. This prompted the researcher to proffer recommendations to policy makers and traditional healers to develop health policies that are inclusive, pragmatic, and progressive in nature.

Abbreviations

AAC	-	African Apostolic Church
AIC	-	African Initiated Churches
AIDS	-	Acquired Immunodeficiency Syndrome
ATR	-	African Traditional Religion
CIO	-	Central Intelligence Organisation
DRC	-	Democratic Republic of Congo
EFZ	-	Evangelical Fellowship of Zimbabwe
EHT	-	Environmental Health Technician
ESAP	-	Economic Structural Adjustment Programme
HIV	-	Human Immunodeficiency Virus
MCAZ	-	Medical Control Authority of Zimbabwe
MDC	-	Movement for Democratic Change
NGO	-	Non-Governmental Organisation
PHD	-	Prophet Healing and Deliverance
STIs	-	Shona Traditional Institution
STR	-	Shona Traditional Religion
TM	-	Traditional Medicine
UCCZ	-	United Congregational Church of Zimbabwe
UMC	-	United Methodist Church
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations Children`s Emergency Fund
WHO	-	World Health Organisation
WVZ	-	World Vision Zimbabwe

ZANU PF	-	Zimbabwe African National Union Patriotic Fund
ZCBC	-	Zimbabwe Catholic Bishop`s Conference
ZCC	-	Zimbabwe Council of Churches
ZINATHA	-	Zimbabwe National Traditional Healers Association
ZTV	-	Zimbabwe Television
ZUM	-	Zimbabwe Unity Movement

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CHAPTER 1

INTRODUCTION

1.1 Introduction

The research explores the deep rootedness of the Shona Traditional Institutions (STIs) and reflects how in contemporary Zimbabwe, these STIs have remained very powerful institutions that exist to validate and authenticate the centrality of the traditional religion in the health sector. .Shona Traditional Institutions (STIs) are firmly rooted in the traditional practices of the Shona people since pre-colonial Zimbabwe (Chavhunduka, 1994; Mahomoodally, 2013). Prior to Zimbabwe`s colonisation by Britain in 1890, the indigenous way of life was characterised by African Traditional Religion (ATR) and culture (Bourdillon, 1993; Gelfand et al: 1985; Das, 2020). It was not until the final phases of colonisation, that the African worldview was subdued and supplemented by Western civilisation (Mposhi et al 2013). African lifestyle was at best affected and at worst annihilated by the introduction of western lifestyle, culture and religion enshrined in the colonial imperialism. It is against this background that this chapter explores and reflects on criticality of STIs, with a view to find out the major role in the health sector in Zimbabwe. (Thus, this chapter is outlined in the order of background, statement of the problem.

1.2 Background

Western explorers, missionaries and traders' written accounts often presented a prejudiced view of Africa, which resulted in the dire misrepresentation of African realities (Idowu, 1974). In the process African culture and identity, including names, were changed to suit the western worldview for example, names of places like the majestic Musi wa Tunya was renamed Victoria Falls whilst some

Shona people had their names changed to Christian names as they converted into the Christian religion during baptism. Such actions show the extent at which indigenous religion, culture and lifestyle were subdued by colonisation. However, this did not completely annihilate and supplant the efficacy of the Shona Traditional Institutions (STIs). It is against this background that this research argues that the STIs, despite decades of sustained colonial onslaught and denigration, did not lose their critical pivotal vitality in both the colonial and post-colonial health sector of Zimbabwe. Whilst they have been viewed negatively, this research is a modest attempt to burst the colonial myth and put the STIs into their proper context.

1.3 Statement of the Problem

This research has been motivated by several factors. The first factor has been the scholarly gap observed during my studies as a master's student at the University of Zimbabwe. My dissertation on the topic; *The role of Shona traditional religion towards national healing and reconciliation in Zimbabwe in the 21st century* (Bobo,2013).This study found out that there could be no genuine and effective healing and reconciliation without sincere praxis (Bobo,2013). The study also noted that although, "national healing and reconciliation cannot be fully implemented unless the government officials come down to the Zimbabwean populace to apologize, compensate and facilitate reconciliation from grassroots using some traditional institutions Bobo (2013:70). These traditional institutions[1] should be seen practicing publicly without any prejudice and stigmatisation. The findings from the previous study created the need to engage on the study of the role of the Shona traditional institutions in the Zimbabwean health sector.

[1] Shona traditional institutions refer to Chieftainship, traditional healers, herbalists, mediums, traditional medicine, rituals and taboos. (Kurebwa 2018).

Second, research on Shona traditional institutions has received much scholarly attention over the years. Scholars such as Bourdillon (1987:149); Maroyi (2013:1) have concluded that Shona traditional institutions have a very significant role to play in the Zimbabwean health sector if given proper recognition and genuine mandate to practice in the Zimbabwean health sector. However, not much scholarly attention has been given to the role of Shona traditional institutions in the Zimbabwean health sector. The available literature on health is divided into medical impact of health among the Shona by scholars such as Woelk (1994); Gonda (2012); Parirenyatwa (2016); Kidia (2018). The other category includes scholars who were writing from African Traditional religion traditional medical practitioners in Zimbabwe like Gordon Chavhunduka (1985), Chakawa (2015) who were writing on the traditional medical practitioners in Zimbabwe. Shoko (2007) who wrote about the health and wellbeing among Karanga Indigenous Religion in Zimbabwe. When HIV and AIDS became prevalent, there were also a number of scholars such as Chitando (2007; 2009); Clark; (2004);Gregson et al (2006); Mukherjee (2007) who wrote in response to the HIV and AIDS pandemic. In addition, Machinga (2011), Maguranyanga (2011), Mahohoma (2017) contributed from the religious perspective and brought about the aspect of spiritual and faith healing in the Zimbabwean health sector. All these scholars did not address role of the Shona traditional institutions in the Zimbabwean health sector which is this research aim to fill.

The ideal situation should be that the Zimbabwean populace which is dominated by the Shona[2] people who constitute the majority should have access to health provisions that are affordable,

[2] Shona is a brand of five ethnic groups namely the Karanga, Zezuru, Manyika, Korekore and Ndau collectively constituting 72% of the total population while the Ndebele constitute about 12%. Dodo (2015:12) estimates the Shona-speaking people to be 80% percent of the total population of Zimbabwe. These two figures also differ with Chimhanda who inflates the figure further to 82% (2014:305). In spite of these statistical inconsistencies, what remains evident is; the Shona-speaking people are the majority in Zimbabwe with their language being spoken by over 10 million people most of whom having it as their mother tongue (Encyclopaedia of World Cultures: 1996). The Shona-speaking people constitute seven out of ten political provinces of Zimbabwe. According to Doke (2005:12), the Zezuru inhabit in the

accessible, and effective to them. Different stakeholders including Shona traditional institutions, churches, Non-Governmental Organisations and civic organisations should be given an open and pragmatic mandate to practice in the health delivery systems in a bid to compliment the government's health care delivery. Shona traditional institutions should be very visible in the health institutions of Zimbabwe. The Ministry of Health and Childcare in Zimbabwe should consider the fact that any intervention to service the welfare of people should respect the context and indigenous lifestyle of the beneficiaries . Shona traditional institutions such as traditional healers and traditional medicine by nature of their job[3] would be expected to be found visible at all state-owned health institutions. In addition, in a multireligious country, one would expect to have traditional healers serving as Hospital Chaplains together with other chaplains of different religious institutions Theories to the above effect might have been presented but implementing and practicing them remains the major gap which this research endeavors to close.

As argued earlier, earlier, Shona traditional institutions had been central in Zimbabwe before the coming of the missionaries as such, it makes more sense for them to be consulted in as far as health issues are concerned. Eurocentrically, people are encouraged to use Western health facilities like local clinics and hospitals, The study acknowledges the formation of the Zimbabwe Traditional Healers Association by the government of Zimbabwe after independence but dismisses its effectiveness for failing to be practical and objective. However the reality is that, in Zimbabwe, there is a crisis that is being encountered by the populace pertaining to their health due to misappropriation of state funds, scarcity of medication and medical brain drain to other countries (Zimbabwe Kairos

central plateau of Zimbabwe, the Karanga, to the south; the Korekore, to the north and dropping into the Zambezi Valley, the Manyika, to the east; in Mozambique and in the extreme northeast are the Ndau.

[3] Some of the duties of the traditional healers include healing, exorcism of evil spirits, divination, sourcing and dispensary of traditional medicine, counseling and foretelling the future. Chavhunduka (1994)

Document 1998), Chigwata (2016), Kidia (2018). This crisis has exposed the Zimbabwean population into a status of destitution and desperation.

This section explores the reality on the ground to establish the challenges that bedevil the health sector of Zimbabwe. These challenges shall be explored in the context of reproductive health, nutritional and curative health in a bid to have a holistic approach to the health of the Zimbabwean populace. These three categories explicitly establish the real challenges bedeviling the health sector of Zimbabwe. Most of these challenges are derived from the socio-political and economic status of Zimbabwe during the period under review. As such, it is therefore essential for this study to highlight the socio-political and economic status of Zimbabwe as it affects health delivery services. Thereafter, the study shall deliberate on specific and categorised challenges. This chapter discusses the socio-economic and political crises in Zimbabwe since these crises have impacted negatively on the country's health sector. It is this impact that necessitated consultations and engagement with mainstream religious institutions, civic society, non-governmental organisations and Shona religious institutions. Zimbabwe constitution is clear about the rights to health. It would be ideal to highlight some of these rights.

1.3.1 The Constitutional Right to Health Care

Zimbabwe is regarded as a unitary, democratic, and sovereign republic. It is relevant to explore the value system adopted or preferred by the 2013 Zimbabwean constitution and check the implications of that value system to the relationship between the modern state system and the Shona traditional political governance system.(Moyo 2019). The livelihood and rights of the populace are rooted in the constitution. The Constitution of Zimbabwe Amendment no. 20 (2013:37) states: "every citizen

and permanent resident of Zimbabwe has the right to have access to basic health care services". In support of this, Moyo (2019:200) states that, "the constitution of Zimbabwe is largely a human rights-centered document". However, prior to the promulgation of this constitutional dictate, from the researcher's point of views, the Government of Zimbabwe failed dismally to adhere to the dictates of the right to health care as captured in the previous constitution. Moyo (2019: 2001) further argues that, "the constitution does not ignore the worth or relevance of the customary law system and its institutional structures". In essence, the constitution affirms both the traditional value system, with all its customary rules and institutions as well as the human rights value system as guiding the modern state system. Denigration of Shona traditional institutions and their exclusion from practically servicing the Zimbabwean health sector is failing to adhere to the dictates of the constitution. This research argues that the government and health care providers in the modern scientific health systems in Zimbabwe should bear the responsibility for this failure. Essentially, government's failure to provide health care to citizens and subsequent suppression of the role of Shona traditional institutions in the Zimbabwean health sector is tantamount to violation of people`s constitutional rights.

Prior to the colonisation of Zimbabwe the STIs were able to offer the required health services but ironically, the post-colonial era in spite of a people-driven constitution that guarantees health care for citizens as well as availability of modern scientific systems is failing to do so. It is, therefore, the argument of this researcher that the STIs are still critical to Zimbabwe's healthcare delivery. Church related, political and social organizations responded to the Zimbabwean by writing some relevant literature to challenge the Zimbabwean government to respect the rights of its citizens. Such literature included the Zimbabwean Kairos Document which is a series of theological statements and commentary on the socio-political and economic instability and how it affected the health and

welfare of the common Zimbabweans. Kairos consciousness implies the liberationist methodological framework of ecclesiology when the church becomes the interlocutor and articulator identified and associated with non-persons. (Paradza 2019) The Zimbabwean Kairos Document (1998:37) states that, "we Zimbabweans have been patient for the past 18 years to the point of passivity while our political leaders continued to trample on our rights to decent living conditions". Among the rights that are not respected in Zimbabwe is the right to health care. People are continuously suffering, and some are dying for lack of proper health care. The infringement of such rights has a political overtone. Most health care institutions were either left understaffed or serviced by untrained personnel. This was due to a mass exodus of trained health practitioners for green pastures in other countries. Those who remained behind resorted to privatizing their services where they charge exorbitant figures for services rendered. (Munyuki and Jasi 2009) All this means that people's right to health care is being violated. (Hrforum 2009). This violation impacts heavily on the rural populace and the poor because they could not afford the privatised health services that were also rare to find in the rural areas. Women suffer most especially regarding reproductive health as it becomes difficult for them to access antenatal, delivery, and post-natal services. The implication, as stated by the Zimbabwean Kairos Document is that,

> By now, most civil services reforms such as motivation and training to increase efficiency and effectiveness of health personnel are yet to be met. Problems of low staff morale, low productivity, maladministration of staff, and impoverishment of health workers continues. This has resulted in the exodus of specialist health personnel from the public to private sector at a time when this sector offers limited service to the rural population, the majority of Zimbabweans (1998: 32).

What the above submission means is that the Government of Zimbabwe may be blamed for poor governance and maladministration leading to the deterioration of the health sector. This implies that the government has violated people's constitutional right to health care. Apparently while the poor (lower class) and middle classes are suffering due to lack of proper health care, the rich can afford to

go to the privatized health systems and some even seek health care services in foreign lands. (Mugwagwa et al 2017) In this vein,(Crush and Tevera 2010) also argues that,

> The spectra of privatisation and decentralisation of health institutions hangs over public health care, negatively affecting the performance and morale of public health providers. Increased privatisation will compromise equal access for all Zimbabweans to quality health care, creating a two-tier system, in which only the well-off may be able to receive the best treatment.

This is an indictment on the government's failure to uphold the supremacy of the constitution pertaining to health care provision. Constitution of Zimbabwe (2013:38) Sub section 2 of section 76 states that, "Every person living with a chronic illness has the right to have access to basic health care services for the illness". However, this is not what obtains on the ground. Regardless of the condition, one is expected to pay for health services, which do not come cheap. To make matters worse, in a country where hard currency is scarce, the health service providers often demand payment in foreign currency (Kidia 2018). It cannot be denied that the chronically ill patients would die of stress rather than the chronic disease.

The Zimbabwe government is mandated by the constitution to formulate policies and budgets that are considerate of the rights of citizens. Section 4 of 76, of the Zimbabwean Constitution states that, there "must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realisation of the rights set out in this section". The state has a mandatory obligation of ensuring the health sector is adequately funded to enable it to deliver health care. However, there is always a serious lack of resources within the health sector. These include financial resources, infrastructure, personnel, and drugs. Consequently, the citizen's right to proper health care is compromised. (Kidia 2018). Further to that, the Zimbabwean government has repeatedly failed to improve the working conditions of the health personnel thereby violating the rights of the common citizen. The constitution of Zimbabwe (2013:37), section 1 of 76 says, "Every

citizen and permanent resident of Zimbabwe has the right to have access to basic health care service, including reproductive health care services." The government has failed in this respect. (Moyo 2019). When the government threatens those, who would want to refer to their constitutional rights, this becomes an unconstitutional appeal to authority in a bid to suppress the rights of citizens. (Reuters 2019). For instance, "during nationwide protests in mid-January 2019, following the President's sudden announcement of a fuel price increase, security forces responded with lethal force , killing at least 17 people, raping at least 17 women, shooting and injuring 81 people, and arresting over 1000 suspected protesters during door-to-door raids". Reuters (2019:1). This has often demotivated the health personnel leading most of them to seek greener pastures in other countries. The Zimbabwean Kairos Document (1998:6) states that,

> In Zimbabwe, people express real and constant fear of those in authority and the apparatus which surrounds them to keep them in power. As a result, we have become afraid to question and criticise government officials, as is our constitutional right. People are afraid to criticise those who hold power: the executive, the government officials, police, the Central Intelligence Organisation (C.I.O), and especially the ruling party. We have seen harassment, disappearances, arrests, brutality and even death inflicted on those courageous enough to ask rational questions against mistakes made by the powerful political elite.

This implies that no one is expected to question the status quo. The government of the day has elevated itself to be above the constitution. As a result, corruption has become rife and the rule of law compromised. The fact that doctors, nurses, and other civil servants are persecuted for their rights means that the constitution is not adhered to. This also means that their standard of service is compromised because they lack motivation, support, and protection from the government. All this impact negatively on the common people and those admitted to hospitals and the chronically ill patients. Many of them end up losing their lives unnecessarily. It must be noted that the issue of accountability is an essential component of good governance. Government does not exist for itself but for its people (Muvingi 2008). It belongs to the people and must always maintain a high degree of accountability to the electorate. According to the Zimbabwean Kairos Document (1998:7),

> The present political system in Zimbabwe does little to ensure that Government is answerable to the public. There is lack of consultation and transparency on the part of government which leads to corruption and grants undue influence and power to those in positions of leadership. There are insufficient checks and balances between executive, parliament, and judiciary so that no one can be overruled by the other and each has its own unique role which is clearly defined and into which the other cannot encroach.

It follows that there is a high probability of abuse of offices and resources. At the same time corruption becomes rife as there will be a high conversion of resources into personal benefits at the expense of the intended beneficiaries. This affects all the service delivery systems including the health sector.

According to the Call for National Sabbath for Trust and Confidence Building by the Zimbabwe Council of Churches (ZCC), ZCBC, EFZ (2019:7).

> The political leadership seems to be concentrating on how to protect their positions and at the same time planning for the next elections. It means that resources are likely to be channeled towards strategies on how to deal with perceived political opponents while citizens continue to suffer. Thus, pursuit of self-interests hampers health service delivery, as mandated in the constitution of Zimbabwe. And unfortunately for Zimbabwe this is a continuous battle between the ruling party and the main opposition.

The current political analysis and logjam, characterised by the failure of the ruling party and the main opposition party to find a workable collaborative model, is an issue of great concern. The fact that the two main political parties remain stuck in the post-election mode and will soon embark on a new election mode means that Zimbabwe is unlikely to realise any meaningful engagement between these parties, towards a shared constitutional alignment agenda. Without a shared approach to national processes, the efforts by one are undermined by the other, while any positive contribution towards the national good by each is read only within a party in political perspective. We foresee that, whichever political party wins an election, the paralysis will remain, if the opposing parties do not learn how to collaborate. It is the people who will continue to suffer if as a nation we fail to establish

some unity in diversity". This document from church leaders seems to be a reasonable analysis of what is transpiring in Zimbabwe, especially from year 2000 to 2019.

A closer analysis on the election periods in Zimbabwe reveals that almost every national election is disputed, and the post-election periods are often characterised by violence as happened on 1st August 2018. (Motlanthe Report of the Commission of Enquiry 2018). The implication is that the government has no time to focus on improving health delivery facilities. It is not surprising that when their family members fall ill, they take them to countries such as India, China, and Singapore for treatment whilst a rural person suffers.(Muvingi 2008). It is against this background that this study advocates for formal recognition of the Shona traditional institutions in the health sector in Zimbabwe. If these institutions are mainstreamed, independent of government manipulation and abuse, they would enhance the health delivery system in contemporary Zimbabwe. (Chigwata 2016). There are a number of factors that challenged the health sector in Zimbabwe. These include sociopolitical and economic factors, reproductive health and malnutritional health. It is sad to note that regardless of the sufferings and challenges that characterized the Zimbabwean health sector the role of Shona traditional institutions continued to be undermined. According to Das (2020:1),

> Due to colonial imperialism, indigenous health systems in Africa were denied the opportunity to systemise and develop, often banning traditional medicine in colonised regions such as South Africa in the 1950s. In modern day Africa, post-independence, traditional methods of healing are still used after hundreds of years without much reported cases of adverse effects.

The Zimbabwean health sector should be at an advanced level in terms of recognizing and integrating the Shona traditional institutions in the health delivery system. The health sector should have been boasting of having hospitals that combine both Shona traditional health services and the modern health delivery systems . Some theories and recommendations were coined by different scholars, but action is lacking. Consequently, the Shona traditional institutions are subdued while there is a deliberate promotion of modern or western health care systems. This created a gap which

affected the indigenous people of Zimbabwe. Almost four decades after decolonisation, STIs in Zimbabwe are still scorned as they are viewed largely through Eurocentric lenses, the relics of colonialism. European colonisers and missionaries regarded STIs as primitive superstition which was evil. For instance, the Shona traditional reproductive health system, the use of traditional herbs, Shona traditional nutrition and other forms of traditional expertise pertaining to one's health were regarded as obsolete and irrelevant in modern society. However, with the demise of colonialism there has been an effort to revive and accommodate the traditional health knowledge systems especially in nutritional and curative health. For this study, it means that the real problem would be to try and identify the causes of such a paradigm shift towards the traditional institutions. Among other causes, it is paramount to note that indigenous Zimbabweans have a long history of traditional plant usage for medicinal purposes. It is in view of this that Mahomoodally (2013:9) asserts that,

> Interest in traditional medicine can be explained by the fact that it is a fundamental part of the culture of the people who use it and also due to the economic challenges: on one side, the pharmaceutical drugs are not accessible to the poor and on the other side, the richness and diversity of the fauna and flora of Africa are an inexhaustible source of therapies for panoply of ailments.

It can be argued that STIs have remained as the most accessible, affordable, and reliable sources of primary health care to the majority of the Zimbabwean population. The fact that the country's population is largely rural also means traditional knowledge systems and practice have managed to stubbornly withstand the colonial onslaught. However, this rich indigenous knowledge has not been adequately documented. There is need to unearth, through research, the importance of the phenomenon especially in relation to the provision of health care in the 21st century.

1.3.2 The socio-political crisis in Zimbabwe

The early stages of the 21st century have seen Zimbabwe experiencing socio-political instability, that were never experienced in the pre-colonial era and the era preceding the 21st century.(Kidia 2018, Mlambo and Raftopolous 2010). The Zimbabwe African National Union Patriotic Front (ZANU PF), the country's ruling party led by first Robert Mugabe and then Emmerson Mnangagwa respectively, was not comfortable with the existence of opposition political parties (Mungwari and Vhutuza 2017, Chan 2019) This situation threatened the emergence of opposition parties whose leadership and followers have been tortured and persecuted (Gonda 2007). The often-dictatorial tendencies and intolerance by the ruling party resulted in widespread political violence and instability. Naturally, this affected the Zimbabwean health sector. Howard (2010:32) captures this violence as follows; "during his reign, Mugabe also undermined this health system through human rights abuses and economic mismanagement, among other actions. In order to maintain his grip on power, Mugabe incited horrific violence against members of the opposition, inflicting psychological and physical trauma on Zimbabweans." The socioeconomic and-political crisis in Zimbabwe can be categorised in various stages of history. Kaulem (2011:ix) records three stages of reprisals by the Mugabe-Mnangagwa government. He mentions that "the war of liberation, the Gukurahundi[4] atrocities in Matabeleland, in the early 1980s and a spate of the pre- and post-election violence that characterised the post-independence Zimbabwe". It can be argued that this socio-political instability affected the health sector negatively.

[4] Gukurahundi was a series of massacres of mainly Ndebele civilians carried out by the Zimbabwe National Army from early 1983 to late 1984. It derives from a Shona language term which loosely translates to "the early rain which washes away the chaff before the spring rains" (Nehanda Radio 2017).

The political instability caused the alienation of Zimbabwe by international community for failing to adhere to the rule of law and uphold human rights. This led to the imposition of sanctions on Zimbabwe by Western countries (Green 2018:17) observes; "in the 2000s the economy was collapsing under the weight of debt and corruption which led to infrastructural decay and a lack of basic health supplies. Government spending on health dropped from 7% in 2000 to 4% in 2007". Some infrastructural support facilities essential to the health care delivery system were either deteriorating or disappearing. Critical components such as electricity, water, and medication were no longer available. The Ministry of Health and Child Care could no longer afford to remunerate and therefore, motivate health workers to provide quality health care to Zimbabweans (Chimbari et al, 2008). The impact was astronomical and is illustrated by the fact that the country's number one citizen, former president Robert Mugabe, often sought health care services in a foreign country Kazeem (2017). In order to find excuses for the economic crisis and unprecedented decay in service delivery, the government laid blame on sanctions. According to Drezner (2011:13:96-108), "In order to punish the Mugabe regime, the International Monetary Fund (IMF) stopped lending to Zimbabwe in 1999 and a litany of sanctions by the US, UK and EU followed, making it difficult for Aid organisations to deliver food and health aid and discouraging foreign direct investment".

This sociopolitical situation above had a negative impact on the Zimbabwean health sector which had benefited much from foreign aid. Thus, it can be argued that the challenges that bedevil the Zimbabwean health sector had political overtones. Ultimately the poor and vulnerable population of Zimbabwe remained at the receiving end (Bird and Prowse 2006). Political leaders were exposed to socio-political and economic challenges while the leaders were better positioned in terms of their health and welfare. The most affected groups were the poor, the sick and the rural population and children (House 2003).

As political violence raged, respect for human rights became a thing of the past. Political instability accompanied by violence naturally meant collapse of the country's health care system and Zimbabwe struggled to reclaim its place in the global community of nations. According to Farmer (2003:402), "refocusing the public health debate on human rights has been a successful strategy of organisations such as Partners in Health, in places such as Haiti, Malawi and Liberia." It therefore means that a strategy that became successful in other African societies must be applicable in Zimbabwe because these countries share a lot in common. Their cultural beliefs, lifestyle and the general worldview resemble those of Zimbabwe.

It is therefore plausible to argue that the challenges bedeviling Zimbabwe's health sector derive from its socio-political crisis. On this point, the Zimbabwe Catholic Bishop's Conference, Evangelical Fellowship of Zimbabwe and Zimbabwe Council of Churches (2006:3) posited that "the political intolerance unfortunately has become a culture in Zimbabwe. The trading of insults, violence with impunity, lawlessness and hate speech have unfortunately been characteristic of inter and intra political parties". This has worsened the general populace's livelihood. The general observation is that socio-political instability may bring misfortunes to individuals, families, and the nation at large (Shoko, 2007). Phenomena such as droughts and diseases are believed to be a result of bad political governance and God's anger. For instance, according to Alexander et al (2000:1), ", the post-independence violence in Matabeleland was cast as the action of an illegitimate ruler. Mugabe was said to have angered God and hence brought drought. Drought was an act of government because the government is not governing in an acceptable way." The same can be said of Mnangagwa, Mugabe's successor, for the crisis in Zimbabwe after the August 1, 2018 killings, where innocent civilians were shot dead, following demonstrations after the July 30, 2018 elections (Motlanthe Report of the Commission of Inquiry 2018).

The socio-political context in Zimbabwe in the 21st century has contributed negatively to the challenges affecting the health sector. It follows that there is need to address the socio-political ills of the nation in order to create a conducive and effective health delivery system in Zimbabwe. The implication is that the statement of the problem in this study cannot be dealt with without mentioning the socio-political instability in Zimbabwe.

1.3.3 The Economic Crisis

The economic environment in Zimbabwe in 21st century had been highly unstable over a period of time and this impacted negatively on the health of ordinary Zimbabweans. The Daily News (30 April 2002:9) states that, "The high level of corruption, manipulation of the economy for political purposes and a flagrant mismanagement of the economy by the government had resulted in rampant inflation" (Hanke & Kwok 2009). The economy of a nation is seemingly dependent on the political environment. If this view is anything to go by, it therefore means that the economic crisis in Zimbabwe emanated from the political instability and mismanagement of national resources for political gains. Political analysts, such as the Center for Peace Initiatives in Africa (2005:25), ascribe Zimbabwe's economic crisis to poor governance, stating that "most people trace the economic crisis back to the enactment of the War Victims' Compensation Fund, which is largely believed to have not been budgeted for, and the involvement of the Zimbabwe Defense Forces in the Democratic Republic of Congo Conflict." This means that national resources were channeled towards safeguarding the plight of a few individuals for political gains at the expense of the majority. Since then, Zimbabwe's health delivery system has continued to deteriorate. Such poor governance and inconsiderate decisions ended up relegating most of the Zimbabwean populace to destitution. This is the right time when the role of Shona traditional institutions in the Zimbabwean health sector should

have been given a practical platform to publicly service the health sector in a bid to bridge the gap created by the crisis.

The poor Zimbabweans who constitute majority of the population have succumbed to diseases such as HIV and AIDS, cancer, cholera, malaria, and other chronic ailments that could have been dealt with if the economic environment was favorable.

> "The Ministry of Health could no longer afford to pay its health workers. In 2008, government physicians earned less than US$1 per month. Abysmal working conditions drove 20% of these health professionals abroad each year. In the face of global health threats - notably HIV/AIDS, which struck Zimbabwe harder than nearly any other country, the health sector was left defenseless," Todd et al, 2010: 375))

Due to the poor economic conditions that affected the Zimbabwean health sector during the period under review, citizens ended up depending on private health facilities, when they can afford, and the traditional medicines. However, since most citizens could not afford the private health care delivery systems because of their steep service fees while others could not consult traditional healers for fear of stigmatisation, it is logical to argue that the economic crisis worsened the health of the Zimbabwean citizen who is striving to have a simple meal for one day (Muvingi 2008) The major problem is asking that person to buy medication which is being charged in foreign currency would be asking for the almost impossible thing. Chan (2010:9) argues that "In Zimbabwe, generic antiretroviral can now be manufactured and made available, but, as with all medicine from clinics and hospitals in today's Zimbabwe, the patient must pay for them and the price is beyond most sufferers in the stricken economy".. It is in this vein that the Centre for Peace Initiatives in Africa (2005:26) argues, "The economic governance system has resulted in a few privileged people benefiting while the majority of the Zimbabweans has largely been reduced to destitution". It therefore means that, there is need to be innovative in order to survive in Zimbabwe.

The period under study has seen many industries downsizing their operations and others closing down as well as relocating to other nations. As further analyzed by the Centre for Peace Initiatives in Africa (2005:26), "unemployment raised to about 95% the same with economic contracts and businesses. This has been exacerbated by the farm invasions which have resulted in large numbers of farm workers losing their jobs." Retrenchments and brain drain have not spared the health sector and hospitals and clinics have become either under-staffed or manned by inexperienced or untrained personnel. The health practitioners who remained in the country resorted to privatisation of their services. Private hospitals and clinics owned by different groups of health practitioners became increasingly prevalent in contemporary Zimbabwe. However, the services at these private hospitals and clinics are beyond the reach of common citizens hence the need to come up with alternative ways of saving life **(**Mugwagwa, Chinyadza & Banda 2017**).**

The socio-political and economic crisis bedeviling Zimbabwe has spawned challenges that have led to a study of this nature and the need to look for solutions elsewhere. The role of Shona traditional institutions in the Zimbabwean health sector is not practically considered and yet they can give pragmatic remedies in the face of the crisis and instability in Zimbabwe. For instance, the Shona religious institutions may provide a workable solution to the country's health care delivery challenges. Meanwhile, an analysis of the challenges faced in reproductive health, nutritional health and curative health is necessary to assess the effectiveness of the Shona traditional healing systems in a field already dominated by the modern scientific health delivery systems.

1.3.4 Reproductive Health Challenges

This section focuses on challenges affecting reproductive health in Zimbabwe. Reproductive health is inclusive of family planning methods and their side effects, the problem of infertility or impotence, sexual transmitted diseases, antenatal and child development stages. There are several methods of family planning that are being used in Zimbabwe. These include tablets, implants, loops, and condoms to mention a few. Although these contraceptive methods are effective in the reproductive health of Zimbabweans, some of them are causing more harm than good. It has been established that the prevalence of ailments such as fibroids, cancer, cysts, and obesity in women may be attributed to such methods. For example, Anderson (2018:1) says,

> The birth control pills with estrogen can lead to a higher risk for blood clots, heart attack, and stroke in women who smoke, especially if older than 35 years of age. Combination estrogen and progestin birth control (including the pills, ring, or patch) or any other kind of birth control that contains the hormone estrogen, should not be used by women who are over 35 years of age and smoke.

The most dangerous thing is that most women, especially those in the rural areas, are not aware of the side effects of these contraceptives to their health. Therefore, to advocate for the use of traditional methods and indigenous medicine naturally meant for reproductive health is important, especially for people living in rural areas (Adu-Gyamfi, & Anderson 2019). The prevalence of such ailments has become rife in the 21st century, so much that one wonders whether people should continue using them or look for better and safer alternatives (Adu-Gyamfi, & Anderson 2019). It is against this background that this study recommends the involvement of Shona reproductive health institutions and health delivery systems. These institutions provide safe, cheap, and locally available means to safe reproductive health. According to Chavhunduka (1994:77),

> Social methods of birth control include the taboo against sex during lactation, prolonged breast feeding, and abstinence during special rituals. Other types of social methods recommended by traditional healers involve variations of intercourse such as withdrawal or coitus interruptus. Mechanical methods recommended by traditional healers include the pre-

coital insertion of medicines, post coital douching using a variety of substances, the use of charms, beads, amulets, and rings.

It follows that the Shona traditional reproductive health system is rich with alternative methods of birth control beside the modern scientific ones. The research observed that some of these methods are still prevalent in Zimbabwe, especially among members of apostolic sects and the rural populace who do not subscribe to modern scientific medicines. This means that STIs are still visible in the contemporary health sector of Zimbabwe.

Challenges of infertility, low sperm count, barrenness and general impotence have wreaked havoc in many marriages as western health systems can only deal with them to a limited extent. This has gone to an extent of destroying some marriages. The medical practitioners, with their western or modern scientific expertise seem to have their ways of dealing with it, but with some limitations. These limitations are summarised by Barker (1959:104), a modern doctor who worked in Zululand when he states that when they "failed in hopeless cancers or in chronic ailments, the spirit world would again be invoked but often only in despair, which prompted fond relatives to leave no avenue unexplored which led to a last minute restoration of their sufferer`s health." It follows that, among other limitations such as lack of knowledge about the cause of some indigenous health challenges, the concept of spiritual endowment upon the healer is the major gap in terms of health care administration between the Shona traditional healers and the modern scientific health practitioners. This research argues that the Zimbabwean health sector is either deliberately ignoring or reluctant to fully embrace the Shona traditional healing system, yet it has proven to be a critical phenomenon in health care delivery in contemporary Zimbabwe.

Adolescent reproductive health is another dimension that this study explores. Modern science and technological advancement seemed to have brought some mixed feelings in dealing with teenagers. Prior to the colonial era, it was in the Shona culture taboo for teenagers to discuss sexual issues, let alone indulging in sex. However, this study has discovered that the opposite is now true in the 21st century where parents and guardians are forced by the status quo to adjust in order to become relevant. Adolescent reproductive health is another dimension of health care which is very critical in the Zimbabwean health sector. Parents are left with no option but to fully participate in this subject because of health dynamics that characterise the health sector of Zimbabwe. According to Remez (2014:3),

> In Zimbabwe, the scope of the AIDS epidemic has overshadowed adolescent reproductive health policies. Through at least the first two decades of the epidemic, most national level policies promoted abstinence as the sole strategy to avoid HIV infection. More recently, several youth policies that encompass both pregnancy and HIV prevention have yielded a more comprehensive strategy by complementing abstinence with partner reduction, delay of first intercourse and condom use.

Yet these issues could not be openly discussed between parents and children. This study argues that such taboos were a powerful tool for the prevention of diseases such as sexually transmitted infections as the taboos served to curb sexual activity or promiscuity before marriage. Given the opportunity, they can be an effective addition to the Zimbabwean health delivery system.

Furthermore, virginity testing was compulsory among the Shona. The researcher observed that this was a very powerful way of promoting abstinence among young women and prevention of early marriages. Issues like HIV, child marriages and unwanted pregnancy would be automatically dealt with if the Zimbabwean health care delivery system were to go back to the observance of the STIs in reproductive health. The Shona health institutions also had such practices as *"kuuchika," "kusimbisa*

musana" (induced fertility) and administration of certain herbs in its reproductive health systems. Furthermore, there was also spiritual divination which addressed reproductive health challenges.

Sexually transmitted infections fall under reproductive health, with the major one being HIV and AIDS. According to Chan (2010:62), the response to this pandemic was predominantly led by "the international agencies, the unofficial agencies, NGOs, who have made the pandemic into an 'AIDS industry', of which they are in control – and who pretty much dictate how a country should go about responding to this health crisis". This response ignored fundamental traditional cultural Shona religious values essential to reproductive health. It is Chan (2010:64)'s argument that "the national response, to this kind of crisis should be defined by the nationals themselves. Cultures are different. Practices are different. In the absence of a treatment it is more of a cultural approach than an epidemiological one." It therefore means that in its response to the HIV/AIDS pandemic, Zimbabwe should have identified traditional religious and cultural institutions that contribute to both the treatment and management of the disease.

On the other hand, Fisher et al (2017: 4) argue that there are some "new conflicts that have emerged in families between those who want to follow traditional practices and those who follow religious leaders who condemn such practices as being the work of the devil." In this context, it should be understood that for the Shona people health issues are strongly linked to religious beliefs and failure to recognise this cultural belief leads to misunderstanding and or conflict. Fisher et al (2017: 6) further say:

> Mai Chimanda was very upset by divisions created in her family when her parents joined a church which condemned all traditional beliefs and practices. This meant that she and her sisters, as daughters, were never allowed to go back *"kumusha*", (as their family's home village), to visit their grandparents and could not attend the funerals of relatives. She felt that, distress, and illness in her generation of the family was connected to this and to their ancestors feeling disrespected.

The Shona people believe in a family life that is inclusive of the ancestors of the family who are often referred to as the living dead (Shoko 2007). This shows that, for the Shona people, there is a general belief that there is a spiritual and deeper connection between the ancestors and the living. Breaking this connection would expose the family to disease and misfortune. Thus, when western science and Christian beliefs deny this connection, they create a gap that may be difficult to address in the health system of the Shona people.

Another issue which falls under reproductive health challenges is what the Shona call *"hungomwa*" (infertility). This is a condition that Africans have never appreciated probably because it signifies failure to perpetuate life or the family name and Africans believe it is not a natural condition. Something brings about this condition and there are ways to respond to it and restore fertility. According to Gelfand et al (1985:36) "this condition is usually attributed to a *"mudzimu*" (spirit elder), "*shave*" (an alien spirit), or a witch. It means that there are some health challenges that affect the reproductive health of the Shona people that can be addressed by appealing to spiritual powers venerated in the Shona religious institutions. In another case, "a man was rendered sterile by an angered spirit *(mudzimu)* because he did not pay the *mombe yehumai* (cow of the bride) (Shoko 2007). Another woman was barren because she was bewitched by the husband she divorced." These are default sources of certain diseases that affect the Shona people and may not be effectively addressed by the western science, hence the need for including the Shona religious institutions in the treatment and management of diseases and health conditions. Shona traditional healing systems have a unique way of curing some diseases believed to have been caused by spiritual spells and rituals. It means that such traditional healing systems are relevant because they help address the health

challenges of Zimbabweans in a holistic manner. More importantly considering the fact that the Shona people naturally believe in spiritual powers, witchcraft and evil spells that cause diseases.

1.3.5 Nutritional health challenges

The Shona traditional institutions had ways of promoting nutritional health. Various traditional foodstuffs and herbs were used during the pre-colonial period. The introduction of modern science in Zimbabwe saw the emergence of some conventional medicine, food, and other modern methods to enhance the nutritional health. These modern scientific methods of nutrition have continued in the post-colonial Zimbabwean health sector. However, a recent upsurge in ailments like cancer, diabetes, hypertension to name a few has seen growing calls to return to the traditional methods of nutrition. According to the Zimbabwe National Nutrition Strategy (2014:1),

> The negative effects of under nutrition are compounded by those of overweight and obesity which are rising in Zimbabwe. Contributing to an increase in incidence of chronic and non-communicable diseases (NCDs). In Zimbabwe, 10.6% of the population is obese and the problem is worse among women in urban areas where 41% are overweight or obese, compared with 26% of rural women.

Because of persistent droughts, Zimbabwe has come to rely on food aid from international donors. This means that indigenous Zimbabweans have had to depend on imported food some of which is not organic but genetically modified. People had no choice, but were obliged to eat that which was available, regardless of the side effects. This however appears to have affected the urban population more than their rural counterparts who often supplemented donated food with locally available natural unrefined food stuffs. This explains the percentage disparity given above. It is against this background that this study advocates for a return to the Shona traditional food stuffs so as to enhance people's nutritional health. This shows the importance of the STIs in the health sector of Zimbabwe.

The nutritional health challenges bedeviling the Zimbabwean health sector have impacted heavily on children. The Zimbabwe National Nutrition Strategy (2014:1), also alluded to the fact that,

> The human and economic consequences of the current micronutrient deficiencies in the Zimbabwean population were grave. About 7 700 children and mothers are dying every year due to micronutrient deficiency (iron, vitamin A, zinc, and folic acid).Cognitive growth losses in children will debilitate about 900 000 of the current population of under-fives resulting in future productivity deficits equivalent to USD 16 million in annual GDP.

This shows that there is dire need to fight malnutrition in order to preserve life in the present and in the future. At the same time, there is also needed to fight obesity, which this researcher would want to ascribe to the side effects of some imported foods and conventional medicines. It is on this basis that this research advocates for a return to traditional foods, medicines and other components that are required for nutritional health.

STIs use traditional knowledge and resources to produce their own nutritional strategies, food, and medicine. Nutrition is an essential dimension in the health delivery system. In any given context of the health system, medication and good nutritional supplies complement each other. According to Vhirimu (Nutritionist: Interviewed 16 January 2019), “The major challenge affecting the nutritional department of the health sector in Zimbabwe is basically, lack of required nutritious food sources.” This is partly a result of adverse weather and the economic crisis discussed above. This therefore means that there is need to come up with policies that regularise food and nutrition security in the country. For example, the use of genetically modified foods and imports from other countries without proper monitoring and examination may be hazardous to the indigenous people’s health.

It is significant to note that there is a difference in food production and preservation methods between the modern scientific methods and Shona traditional agricultural systems. The Shona people use organic and traditional methods to produce and preserve food while their western counterparts use scientific methods. According to Vhirimu (Nutritionist: Interviewed 16 January 2019 : see addendum 2 pg. 216), "Some chemicals used for agricultural purposes affect the nutritional value of food. There is also lack of value addition at local level, so much that products such as fresh milk are sent to South Africa and other countries for processing, then later on imported back to Zimbabwe for consumption." All these challenges allude to lack of resources to beneficiate food and nutrition programmes in the country. In which case therefore, it makes sense to consider some Shona religious and traditional ways of nutritional health. For example, to alleviate the persistent food shortages, the *"Zunde raMambo"* (Chief's field commonly worked on by all members of his community co-operatively) concept may be employed. It ensures availability of food at affordable prices. Shona traditional ways of food preservation and value addition also are better in terms of organic nutritional value than the scientific methods which often add artificial preservatives that may be hazardous to health.

1.3.6 Curative Health Challenges

Curative health care refers to health care practices that treat patients with the intent of curing them, not just reducing their pain or stress. (Torrey 2020).This entails the direct response to various diseases and chronic ailments affecting people's health. Several interventions have been made by the modern scientific health delivery systems, church related healthcare institutions and NGOs in trying to fight some diseases that have become prevalent and affecting the health of a common person in Zimbabwe. These diseases include malaria, cholera, diabetes, cancer, HIV and AIDS. It seems many

of these diseases are becoming more and more problematic to eradicate. From independence in 1980, Zimbabwe appeared to have made strides within the health sector. It is in this vein that the Ecumenical Support Services (1998:3), state that,

> The country joined the ranks of other countries to achieve the International goal of "Health for All" by the year 2000 and beyond. New clinics and hospitals were constructed. Those that were inherited from the colonial government were renovated and updated. Training schools for nurses and doctors were opened or updated and expanded.

This, together with the "Free Health for All" policy was progressive and effective.(Loewenson and Davies 1991) However, all these efforts were later undone by government's poor policy choices and mal administration that followed. For instance, according to the Zimbabwean Kairos Document (1998:3), "The decision by the government to liberalize the economy was accompanied by massive and negative changes that were to affect the masses in a terrible way. Since the introduction of Economic Structural Adjustment Programme (ESAP,), government expenditure on health care has been drastically reduced". This impacted negatively on the curative health sector, especially on drug procurement, staff remuneration as well as infrastructural development and maintenance. It therefore means that, with further budgetary cuts every year, and services becoming less and less accessible, the working environment for nurses and doctors was frustrating. (Gaidzanwa 1999) This became a tremendous challenge for the common Zimbabwean who could not afford services provided by private health practitioners. It means that Zimbabweans have been exposed to disease due to lack of drugs, trained practitioners, and foreign currency. This justifies the need to mainstream Shona traditional institutions which the majority of Zimbabweans have had to rely on over the years.

Zimbabwe under President Mnangagwa uses the Zimbabwe dollar as legal tender. In contrast, some pharmacies and other private health providers demand payment in United States dollars. This has been necessitated by the fact that following the end of the Government of National Unity between

ZANU PF and two MDC formations between 2009 and 2013, Zimbabwe had adopted a multi-currency regime as legal tender and abandoned its own currency (Source). With the end of the GNU, government ditched the multi-currency regime and introduced a pseudo currency called the bond note which the Reserve Bank of Zimbabwe (RBZ) vehemently argued was equivalent to the United States Dollar, a position they later refuted and seen as a scheme to mop all foreign currency reserves by the government (RBZ). Thereafter the government resorted to a currency they called an RTG currency (Real Time Gross) which again was short-lived before announcing that the Zimbabwe dollar was back. (Refer to my module of history).

With the currency largely rejected or pegged at obnoxious prices where one is forced to opt for the United States dollar, majority of citizens who are informally employed hardly afford private medical facilities. Citizens therefore naturally turn to traditional medication which is readily available and affordable. In which case, therefore, one can be justified if one tries to sample the Shona traditional healing institutions in the health sector of Zimbabwe. This further strengthens the case for the need to consider STIs and mainstream them in the entire health and medical care of Zimbabwe. The Shona traditional health practitioners do not undergo special scientific training as the process of becoming a professional in that regard is either spiritually initiated and or an apprenticeship of the person having as an assistant or helper of a well-known traditional healer for far too long. The preferability of STIs is also premised on the evident reality that traditional medicinal herbs are locally available and affordable. Also, the Shona religious phenomenon of appealing to the spiritual realm also provides some possible treatment and curative remedy to the sick which is albeit inexpensive.

1.4 Main Research Question

What is the role of Shona traditional institutions in the Zimbabwean health sector?

1.5 Research Questions

1.5.1 How are traditional institutions identified in Zimbabwe?

1.5.2 How are the Shona traditional institutions relevant in the Zimbabwe health practices?

1.5.3 To what extent -do Shona traditional institutions in Zimbabwe allow for spiritual beliefs in the health sector?

1.5.4 How can the Shona traditional institutions improve the health sector in Zimbabwe?

1.6 Objectives of the Study

1.6.1 To establish the traditional institutions in Zimbabwe.

1.6.2 To analyse the relevance of the Shona traditional institutions in Zimbabwean health practices.

1.6.3 To investigate how the Shona traditional institutions in Zimbabwe give room for spiritual beliefs in the health sector.

1.6.4 To determine how Shona traditional institutions can improve the Zimbabwean health sector.

1.7 Purpose of the Study

The major purpose of this study is to address the gap that was created by other researches and academic discourses regarding Shona traditional institutions' role in the Zimbabwean health sector. In as much as researches, findings and recommendations were conducted and made by other researchers it is paramount to investigate and assess the situation in the Zimbabwean health sector in order to determine whether, and if so, how the Shona traditional health institutions are accorded due recognition for their contribution to the health sector. The study envisages a practical recognition and

pragmatic ways of integrating the STIs in the Zimbabwean health sector. The research therefore purports to justify in affording more opportunities and greater involvement for the STIs to practice in the Zimbabwean health delivery systems, similarly to their modern health counterparts.

1.8 Significance of the Study

The research on the role of Shona traditional institutions in the Zimbabwean health sector is of paramount significance both in the field of academia and in the health sectors in general and among the Shona people in particular. Firstly, the study seeks to integrate religion and health in a bid to cater for the welfare of Zimbabwean populace. It is an advocacy towards the promotion of the Shona traditional institutions regarding their efficacy and durability in providing health delivery services in the Zimbabwean health sector. Secondly, the study proffers pragmatic recommendations useful to the Ministry of Health and Childcare's much needed interventions to the indigenous populace. Both health policy formulators and implementers can benefit more from this significant and practical study.

This research is an attempt to reposition, validate and authenticate the importance of the STIs so that the people would be free to consult and use them without fear of stigmatisation. A study of this nature becomes necessary and justifiable because it provides an effective and more accessible solution to the Zimbabwean health crisis within the 21st century STls were very central and instrumental to the socio-political, economic, religious and cultural structures of governance in pre-colonial Zimbabwe. As such they were regarded as a critical resource by the traditional policy implementers especially regarding the welfare of the local people in Zimbabwe. The colonisation of

Zimbabwe in 1890 brought with it some negative connotations and distortions regarding the efficacy of the Shona traditional institutions. According to Mposhi et al (2013:239),

> This negative stereotype of the traditional health system dates back to the colonial times when European missionaries introduced the western health care systems. People were no longer confident in their own traditional health care system because of the stigma that had been attached to its use. During the colonial era colonial administrators and missionaries often discouraged the practice of traditional health care and frequently persecuted traditional practitioners.

The Zimbabwean population was expected to embrace the modern scientific approach to their livelihood, including their health. This was contrary to their dependence on the traditional institutions. The colonial machinery went into overdrive in its bid to impose western civilisation on the indigenous population and indeed modern scientific knowledge had an upper hand until the early post-independence years when the health sector in Zimbabwe lacked a pragmatic policy that fully promotes STIs in the health sector. It is against this this background that this research argues that the STIs, despite their denigration throughout the colonial era, have a pivotal role to play in the health delivery system of post-colonial Zimbabwe. Promulgation of pro-STI laws and policies pertaining to the health and general welfare of the Zimbabwean populace would become more relevant and appealing to the local people. It is in this vein that Mposhi et al (2013;239) argue that "the major challenge in this case would be the formulation and enactment of a national drug policy that unequivocally recognises the role of TM in the health care system while lobbying for extensive scientific research in TM to ascertain safety and efficacy". This therefore means that this research is justified because it recommends harmonisation of modern scientific health practices and the Shona traditional practices.

Most Zimbabweans are naturally attached to the traditional institutions. (Mposhi et al 2013) This research investigates how some Shona traditional reproductive health practices *(kusimbisa musana, kuuchika, kutsigisa, kuvhuranzira, kutsengera nhova etc.),* nutritional foods, spirituality, rituals, and

taboos can contribute towards a better life for the Zimbabwean populace. Traditionally, the Shona people relied much on their traditional health institutions and medicine. It was after colonisation that the indigenous people tended neglected their religious beliefs as these beliefs were condemned by westerners as fetish, animistic and outdated. In which case therefore, the Shona were in this context regarded as a people without religion by the missionaries. It follows that some genuine and fundamental elements that could have contributed much to the health of the Shona people were cast away.

1.9 Limitation and Delimitation

1.9.1 Limitation

This study is largely a desk research relying on information gathered by other researchers. The published data may not always be reliable and authentic. Secondary data is bound to be distorted, vague and prejudiced presentation of data. The research needed some primary means of collecting data such as interviews, however, due to rural urban migration many resource people such as traditional leaders and Shona traditional healers are staying in urban areas. This means that these key figures and custodians of traditional institutions may end up having some diluted perceptions about reality. Furthermore, the researcher is a pastor in the United Methodist, Church. It was not easy to penetrate the traditional institutions which are enshrined in another religion which is contrary to Christianity. The nature of this research was characterized by stigma from congregants and believers of STIs alike, who could not make sense of a whole pastor, devoting a study to “taboo” or non-Christian ways of life. It is a paradox that the least thing expected of Men of the Cloth is to indulge in any activity that stands to be in contradiction of daily Christian teachings including even visiting Shona traditional healers’ shrines for data collection.

1.9.2 Delimitation

To deal with these limitations, the researcher scrutinised published data and academically engage it before using it. Secondary data was modified and adjusted where necessary before analysing the data. Published data was tested through field investigation verification, validity, reliability, and rigor. As a Pastor the researcher adhered to some tenets of the phenomenological method like epoche[5] and eidetic intuition in order to come up with a genuine study of the role of Shona traditional institutions in the Zimbabwean health sector. It is significant and fruitful to visit the resource person's place of operation for primary data collection hence some ethical clearance letters and relevant instruments such as structured interview questions are to be used. The objectives, research questions, and the conceptual framework was also significant for the delimitation process.

1.10 Justification of the Study

This research is a modest attempt to reposition, validate and authenticate the importance of the STIs in Zimbabwe so that people will be free to consult and use them without stigmatisation. A study of this nature becomes necessary and justifiable because it provides an effective and more accessible solution to the Zimbabwean health crisis within the 21st century. STls were very central and instrumental to the socio-political, economic, religious and cultural structures of governance in pre-colonial Zimbabwe. As such, they were regarded as a critical resource by the traditional policy implementers especially regarding the welfare of the local people in Zimbabwe. The colonisation of Zimbabwe in 1890 brought with it some negative connotations and distortions regarding the efficacy of the Shona traditional institutions. According to Mposhi et al (2013:239),

[5] Cox (2000:154) states that *epoche*, " is a process whereby the researcher/ phenomenologist sees the phenomena from the perspective of the believer thereby deriving their theories from an empathetic interpretation of the phenomena of religious experience.

> This negative stereotype of the traditional health system dates back to the colonial times when European missionaries introduced the western health care systems. People were no longer confident in their own traditional health care system because of the stigma that had been attached to its use. During the colonial era colonial administrators and missionaries often discouraged the practice of traditional health care and frequently persecuted traditional practitioners.

The Zimbabwean population was expected to embrace the modern scientific approach to their livelihood, including their health. This was contrary to their dependence on the traditional institutions. The colonial social-political and economic infrastructure disrupted all STIs innovations and the postcolonial government failed to rejuvenate the prominence and criticality of STIs in the health sector even by way of policy formulation. This research argues that the STIs, despite their denigration throughout the colonial era, have a pivotal role to play in the health delivery system of post-colonial Zimbabwe. Promulgation of pro-STI laws and policies pertaining to the health and general welfare of Zimbabweans would become more relevant and appealing. It is in this vein that Mposhi et al (2013;239) argue that "the major challenge in this case would be the formulation and enactment of a national drug policy that unequivocally recognises the role of traditional medicine in the health care system while lobbying for extensive scientific research in TM to ascertain safety and efficacy". This therefore means that this research is justified because it recommends harmonisation of modern scientific health practices and the Shona traditional practices.

This research investigates how some Shona traditional reproductive health practices *(kusimbisa musana, kuuchika, kutsigisa, kuvhuranzira, kutsengera nhova etc.),* nutritional foods, spirituality, rituals and taboos can contribute towards a better life for the Zimbabwean populace. Traditionally, the Shona people relied much on their traditional health institutions and medicine. It was after colonisation that the indigenous people tended neglected their religious beliefs as these beliefs were condemned by westerners as fetish, animistic and outdated. In which case therefore, the Shona people were, in this context regarded as a people without religion by their western counterparts. It

follows that some genuine and fundamental elements that could have contributed much to the health of the Shona people were cast away.

1.11 Conclusion

This chapter unveiled the challenges in Zimbabwe's health sector. The challenges seemed to emanate from the socio-political and economic background and have affected the nutritious, reproductive, and curative dimension of the country's health sector. The Shona people, especially those in the rural areas, seem to have suffered more than the elite who can always fly to foreign countries for treatment. Considering the ideal situation and the reality in the Zimbabwean health sector the consequences are that there is a gap which needs to be attended to in order to improve the health of the Zimbabweans. The general livelihood of common Zimbabweans was affected by the socio-political and economic crisis, so much that people are failing to access health care facilities which are beyond their reach due to exorbitant fees attached to them. This was aggravated by failure to recognize the Shona traditional institutions such as traditional healing, traditional medicine, and spiritual healing. The role of Shona traditional institutions in the health sector should therefore be seen in bridging the gap left by other stakeholders in the health delivery systems of Zimbabwe. The contradiction of the ideal situation and the reality has some unfavorable consequences that can be addressed if the Shona traditional institutions are accorded a pragmatic platform to practice publicly in the Zimbabwean health sector. It is also significant to note that research is aware that churches, civic and non-governmental organisations were allowed to participate in the health sector to complement government efforts. However, despite these organisations best efforts challenges still remain in the health sector. These include poor health infrastructure, scarcity of conventional medication and exorbitant charges for drugs. It is therefore the assumption of this study that the STIs

have not had enough space, time and publicity even though it was able to sustain the pre-colonial health system of Zimbabwe before the introduction of conventional medical institutions at the dawn of colonial conquest. The fact that medication is not locally available and whenever it is imported, it is sold in foreign currency leaves citizens vulnerable to disease. Thus, this study calls for the use of STIs to bridge the gap created by these challenges. The next chapter discusses the contributions of churches, civic and non-governmental organisations in trying to address the crisis within Zimbabwe's health sector.

CHAPTER 2

CONCEPTUAL FRAMEWORK, METHODOLOGY, AND LITERATURE REVIEW

2.1 Introduction

The previous chapter introduced the study covering research questions, objectives, purpose, and significance, justification, statement of the problem limitations and delimitations. This chapter unveils the methodology, conceptual framework, and literature review. The chapter also discusses phenomenological and comparative analysis methods, their strengths, weaknesses, and justification for their use in this project. The research instruments used in the project will also be explored.

This research never sought to quantify any variables within the health sector of Zimbabwe. It rather sought to determine attitudes of the colonial and post-colonial era of Zimbabwe's health care systems as they relate to indigenous and traditional involvement of STI and its contribution to the sustenance of health care, especially among the common citizenry. Of critical importance is the economic crisis prevalent in Zimbabwe that has a significant impact on the provision of affordable and sustainable health care. The research gap that therefore exists is the fundamental question of whether the STIs can provide equivalent holistic and affordable health care similar to the more favored 'modern' health care that is currently prevalent in Zimbabwe. The cumulative statement of this thesis is that STIs can indeed fulfill this provision. The reality is that the prevailing situation in the Zimbabwean health sector needs a practical and progressive remedy. The Shona traditional institution has the capacity to stand the trials of time and remain consistent in the provision of relevant and effective services within the Zimbabwean health sector. According to Mposhi et al (2013:238) "indigenous knowledge systems present cheaper and more affordable solutions to most of the human health care

problems currently being faced in Zimbabwe and Africa at large." Mposhi et al (2013) brought about a very significant assertion that needs to be pursued in dealing with the health challenges in Zimbabwe. The same position was supported by (Choguya 2015; Chigwata 2016; Mandizvidza 2017) who upheld the role of Shona traditional institutions in addressing special health challenges among Zimbabwean communities. The research focused on chieftainship, traditional healing, traditional medicine, spiritual healing, mediums, rituals and taboos, witchcraft, and sorcery as some of the relevant Shona traditional institutions to this study. Indigenous knowledge about these Shona traditional institutions is archived in books, journals, magazines, newspapers, periodicals the internet and the indigenous resource people, some of whom are the custodians of these Traditional institutions within their communities. The thesis adopted both primary and secondary methods of data collection .

2.2 Religion and Health, Conceptual Framework

The conceptual framework posited for this study embraced an interdisciplinary approach on religion[6] and health[7]. A conceptual framework is a structure, which the researcher believes can best explain the natural progression of the phenomenon to be studied (Camp 2001). Adom et al (2018) believe theoretical and conceptual can be used interchangeably. Framework explains the path of a research and grounds it firmly in theoretical constructs. "The overall aim of theoretical and conceptual frameworks is to make research findings more meaningful, acceptable to the theoretical constructs in

[6] The word religion had been oversubscribed (Mujinga 2018a:244). For Mujinga, religion is a system of beliefs and practices oriented toward the sacred or supernatural, through which the life experience of groups of people are given meaning and direction (2018:245). In the socio-cultural context, religion aids the construction and creation of meanings and systems through shared codes, norms, values, beliefs, and symbols that tell its members what to do with their lives and why. Religion orients people to the world they inhabit thereby providing a sense of direction and purpose (2018a:245).

[7] Lartey, Nwachuku and wa Kasongo maintain that Africans live their spirituality through the totality of their culture and organize their health system in the context of their worldview (1994:18). This understanding of African religion as a means to define health becomes the premises for this study

the research field and ensures generalizability," (Adom et al, 2018). Theoretical and conceptual frameworks also enhance the empiricism and rigor of research. This study concurs with Oosthuizen *et al* (1988) who mention that, since in Africa, any illness is ascribed to a disturbance of a balance between man and the spiritual forces, the aim of health is seeking to restore the equilibrium. This interpretation laid religion and health as a conceptual framework that suits the demands of this study. This point was supported by Grant & Osanloo, (2014) who postulate that conceptual framework is a blueprint or guide for a research based on an existing theory in a field of inquiry that is related to the hypothesis of a study. The authors' further claim that, it is a blueprint that is often 'borrowed' by the researcher to build his/her own house or research inquiry and it serves as the foundation upon which a research is constructed (Grant & Osanloo 2014).

The theoretical framework of this research is derived from the Shona concept of working in the field, commonly known as *chabadza* (holding the hoe ready to work). The implication is that when one visits a friend who is busy working in the field, one does not only greet and criticise the friend for some poor methods of farming. Instead, the friend brings in new ideas, progressive methods and goes further to practically demonstrate how the new theories and methods are implemented to have the best yield, from the same field. The field and the owner do not change but the visiting friends bring in new ideas and help the owner to practice and implement them. The owner of the field is neither condemned nor subdued for the limited knowledge of new farming methods. The *chabadza* concept can integrate two different entities with different worldviews and they collaborate for a common goal. This concept contributed much to the theoretical framework of this research religion in heath.

The role of the Shona traditional institutions in the Zimbabwe's health sector seeks to harmonise the Shona traditional religious institutions and the health delivery institutions of Zimbabwe. This was

prompted by the research and operational gap that was created by the scholarly discourses regarding the health sector of Zimbabwe from the pre-colonial to the post-colonial era. The thrust of this research is to disclose the religion and health gap and proffer recommendations that contribute to the total emancipation of the Shona traditional institutions and facilitate their practical integration into the Zimbabwean health sector. Like the *chabadza* concept which is a common phenomenon among the Shona people, the modern scientific health should approach the Shona traditional institutions in a way that seeks to promote, improve and compliment what they have done from the pre-colonial to the post-colonial Zimbabwean health sector.

2.3 Methodology

Methodology refers to ways of obtaining, systematizing, and analyzing data (Polit and Beck 2004). It is a coherent group of methods that harmonise one another and that have the capability to fit to deliver data and findings that will reflect the research question and suits the researcher's purpose. (Creswell 2003). It is the complete structure of the research study, the size and sample methods, the practices and techniques utilized to collect data and the process to analyse it. (Bowling 2002). The research acquired relevant information pertaining to the study through both primary and secondary methods of data collection. The two major methodologies employed in this study are the comparative and the phenomenological analysis. The primary sources of religion and health study were interviews using semi-structured while secondary data was sourced from both libraries and online academic search engines such Google Scholar, Research Space, Peer Reviewed Journals, and other Databases on CD-ROM. Articles and other relevant books, journals, and these were hand-searched for this religion and health and the role of Shona traditional institutions in Zimbabwean health sector. These methods were chosen because they provided a platform to source, recognise, appreciate, and analyse

the work and knowledge of other researchers and relevant resource people. Moreover, they show that some researches were done in the same area of study and disclose the gap on which this study is premised on.

2.3.1 Comparative Analysis

Comparative analysis is "a method for comparing different cultures, ideologies or social institutions" (Crystal et al, 1990: 288). Comparative analysis takes into consideration differences and similarities of different phenomena as they manifest themselves. According to Bukhari (2011:1), "comparative studies are the studies to demonstrate ability to examine, compare and contrast subjects or ideas." Michael et al (2004:2) further define the aim of comparative research as to identify similarities and differences between social entities." This methodology is used to compare essential phenomena in the study. In this research, comparative analysis was used to compare Shona religion, culture and ideological practices with their western counterparts. This method was incorporated into this research to enable a comparison of the Shona traditional health practices and other health institutions, such as church-related, non-governmental, and governmental health institutions. By comparing and contrasting these health institutions, the research sought to establish the importance and effectiveness of the STIs in the health sector. Shoko (2007: 208) states that "the pre-twentieth century scholars were mainly scholars of sociology, medicine and missiology who focused on the three healthcare systems – traditional medicine Chavhunduka (1978), modern medical praxis (Gelfand 1971) and the faith healing material in AICs (Daneel 1974). All these studies assessed the material in relation to the Shona sociocultural and religious systems, and have resulted in the reappraisal of traditional medicine, by calling for the integration of traditional and Western medicine. Shoko's assertion justifies the need to compare the "traditional" and Western healthcare systems with the aims of analysing the gap that was created by the missionalisation of healthcare systems and condemning

Shona traditional institutions in a country that is economically depleted. This methodology analysed the presented data from both primary and secondary sources.

2.3.2 Phenomenological Analysis

Creswell (2013:77) defines phenomenology methodology as "an approach to qualitative research that focuses on the commonality of a lived experience within a particular group. The fundamental goal of the approach is to arrive at a description of the nature of the particular phenomenon. In the context of the study, this method focuses on the phenomenology of religion. It defines, analyses, and interprets the phenomenon as it manifests itself. The method demands that people must refrain from being judgmental (Cox 2000). Phenomenology "endeavours to ask questions like, what are the meanings, structure, and essence of the lived experiences of this phenomenon by an individual or individuals". Patton and Cochrane (2002:11). The points raised by Patton and Cochran (2002) justify the rational of using phenomenological methodology because the researcher had an opportunity to reach lived experiences of the STIs represented by the institutional leaders like Shona traditional herbalists, traditional chiefs and headmen. Donalek (2004: 516) maintains that the "phenomenological method aims to describe the meaning that experiences held for each subject and is used to study areas where there is little knowledge". In using the method, the researcher, as a Christian and a pastor in the United Methodist Church had little knowledge about STIs given that Shona religious practices suffered stillbirth under Christianity which vigorously propelled itself as a bigger brother and a standard of other religions.

The methodology allows the phenomenon to manifest itself in a way that helps one to study it from within. The method does not allow the use of derogatory terms like, "primitive" and "savage" to describe the phenomena (Mandevhana 1997: 8), especially in relation to ATR. It respects the stance

and viewpoint of the believer or the insider (Cox, 2000). In phenomenological study, "the researcher must first identify what he/she expects to discover and deliberately put aside his/her ideas" (Donalek 2004: 517). The process of suspending preconceived knowledge about the subject as the researcher get into the field is called "bracketing" (Lester 1999: 1). Bracketing is suspending judgements on everything which the believer uses to express faith and everything which he/she thinks manifests that faith, events or signs which the adherent affirm as making the object of faith (Cox 2000:3 1).

The researcher had a closer analysis of these institutions, since the study was done from the researcher's outside area given his profession. The study used the phenomenological method to observe and to draw findings from both Shona traditional health institutions in particular from the leaders who are the vanguard of the STIs namely the herbalist, diviners, mediums, rituals, taboos, traditional healers and traditional leaders like chiefs and headmen. The methodology was useful in enabling the researcher in spite of his professional background as a Christian Pastor to access the Shona traditional institutions without being judgmental. This was possible because research ethics requires that a research must be neutral. It allowed the Shona traditional institutions to share without the fear of being stigmatised because the research was able to identify with the phenomena for the purposes of research. Shona traditional healers' shrines and Chiefs' compounds were accessed. Although the methodology appears lucrative, it has its own limitations. In explaining how phenomenological methods function, Cox cautions that the phenomenologist invariably neglect to explain how to practice "bracketing" (Cox, 2000: 31). He adds that "prescribing the suspension of bias is one thing, to achieve it is another. Until the actual meaning of ridding oneself of all biases gets explained, the *epoche* must remain only a forlorn idea, it will never be practical but only remain idealistic," (Cox, 2000: 31). Another shortcoming of the phenomenological method was cited by Mapuranga as she avers that "the respondents might withhold information that they may feel

obscure, sensitive and confidential" (2010:18). This was taken into consideration in this study, for this could end up affecting the effective and objective study of the phenomenon. For instance, "usually based on inaccurate information and cultural prejudice, early missionaries and travellers accounts made African religions appear to be a morass of bizarre beliefs and practices" (Ray 1976: 3). The research dealt with this weakness by separate religious affiliation and scholarship.

2.4 Data Collection

In this study, a total of 20 people were interviewed using in-depth interviews method. Boyce (2006:3) defines in-depth interview as, "a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation". Although this method can be time intensive and prone to bias, it provide much more detailed information than what is available through other data collection methods, such as surveys (Boyce 2006). Interviewees were identified using both purposive and random sampling. Purposing sampling was used on the basis that the study interviewed known STIs leaders. Foley (2018:2) defines "purposive sampling, also known as judgmental, selective, or subjective sampling as a form of non-probability sampling in which researchers rely on their own judgement when choosing members of the population to participate in their study." This technique was used to interview traditional healers, Diviners, Nurses, Nutritionists and Field Officers in the Non-Governmental Organisations.

Since the leaders are many, random sampling was also used to select a proportion of the total. According to Lavrakas (2008:1), "random sampling refers to a variety of selection techniques in which sample members are selected by chance, but with a known probability of selection". This

technique was used to select and interview village heads, traditional healers, and mid wives in Chief Marange area and Zimunya which are part of Mutare District in Manicaland province of Zimbabwe. A total of 2 village heads, 5 traditional healers, 1 diviner, 3 church leaders, 1 mid wife, 3 nurses, 1 medical doctor, 2 Chiefs, 1 herbalist and 1 nutritionist benefited this study. According to Mouton (2009:138), "random samples are unbiased because every member has an opportunity of being selected". This research acknowledges that there may be some people and institutions that have knowledge about the subject. Moreover, it is essential to note that there are some people on the ground that are participating or working in the Shona traditional health institutions. Thus, relevant resource people and organisations within the Shona traditional institutions, religious organisations and the Ministry of Health and Childcare in Zimbabwe were contacted for the collection of data through interviews.

The researcher acknowledges and appreciates that data collection via the interview method has advantages and disadvantages but can also contribute to effective method of primary data collection. In the context of the area of research of this thesis, some structured questions were used to interview the resource people. However, most of them, especially those with the Shona traditional knowledge were not conversant with English language, hence Shona language was used and had to be transcribed. The effective interviewing of informants, as espoused thus far, as a primary source, is supported by Remenyi (2011:1) as a "formal technique whereby a researcher solicits verbal evidence or data from a knowledgeable informant". Therefore, in this research the selection of knowledgeable and experienced interviewees were approached to solicit vital information that contributed to the main research focus of this thesis.

During the process of data collection, ethical issues were taken into consideration. For instance, the inclusion and exclusion criteria were made clear before any informant was engaged into the study. The informants participated voluntarily, and a high level of confidentiality was maintained to an extent that pseudonyms were even used wherever names of the informants were required. The rational of giving pseudonyms was clearly put across by Liamputtong (2011: 28) who mentions that, "researchers are ethically required to make attempts to ensure anonymity and confidentiality of the participants". This anonymity is not just a promise, but even online anonymity must remain as such Liamputtong (2011: 28) states that, "in social qualitative research, a researcher may make use of pseudonyms as a means of preserving the identities of participants in virtual focus group research reports or publications" This helped the study to collect data from the relevant, voluntary resource people who felt secure when giving the required data.

2.4.1 Ethnographic Analysis

This is a very essential component in a study of this nature. As defined by Reeves et al (2013), ethnography is "a type of qualitative research that gathers observations, interviews and documentary data to produce detailed and comprehensive accounts of different social phenomena". This analysis was done in a bid to establish the status, location, religious affiliation, gender and designation of the respondants to this research. This helped to authenticate the relevance of the people interviewed and their contribution to the study. Ethnographic research requires that the researchers venture into the field to interact with their respondants. "The techniques for field observation mostly rely on verbal description". (Reeves et al 2013). The researcher observed the group to be involved in the study and asked them to answer some specific and relevant questions, sometimes describing certain traditions or activities in their own words and language. This was done through the use of some structured questionnaires that were used to collect relevant data from different resource people in Mutare

District, part of Chimanimani and Chipinge Districts in the Manicaland Province of Zimbabwe. Both Shona traditional leaders, health practitioners and the Modern Scientific health practitioners were sampled in the process of data collection for this research.

Questionnaire Guide

Interviewer:	Togara Bobo
Participant Pseudonym:	In order to adhere to the ethical standard and requirements of research , it is very essential to uphold the highest level of confidentiality, hence the questionnaire required the respondants to use pseudonyms in order to protect their real identity. The questionnaire also avoided the specification of the respondant's physical address. This was intentionally done in order to maintain a higher level of confidentiality.
Site:	The respondants were taken from Mutare District (Zimunya and Marange), Chimanimani and Chipinge Districts. These sites are both urban and rural in nature.
Religious affiliation:	In as much as 70% of the people interviewed were affiliated to Christianity and 30% belonged to ATR, it was also noted that some of those who subscribed to Christianity also associated themselves with some ATR religious practices.
Date**:**	The dates for this research were stretched from 2016 to 2019.
Sex of participants:	Male (11) Female (9) This forms part of the respondents' anthropometric data. It is important to remember that responses may be

influenced by whether one is male or female. Besides, men and women have totally different health seeking behaviours, so the ethnography observed that there are more male traditional healers than female. This was a different scenario in the Modern Scientific health system where female nurses are dominating their male counterparts.

Average age of respondents 52.4 years

Ethnographic analysis of the respondents revealed that most of the resource people within the Shona Traditional Institutions are not highly educated people in terms of formal education. However, they are very rich in their indigenous knowledge which is generally kept as oral tradition. Their profiles seemed to be compromised based on that, as compared to that of their Modern Scientific counterparts which is characterised by well trained and educated practitioners. For instance, the research observed that most Shona traditional healers were elderly people who could not write and understand English language. Doctors and nurses who are serving within the Zimbabwean health sector are formally employed within the sector and get a monthly remuneration from the government when the opposite is true with the Shona traditional healers. Most of them are not formally employed and they depend on some handouts from their clients who would come to appreciate services rendered. The research noted that Chiefs, who are also regarded as the custodians of Shona traditional institutions are receiving some incentives from the Zimbabwean Treasury as key people in the society. This imbalance and selective attention from the government especially in an environment like that of Zimbabwe which is characterised by hunger, poverty, socio-political, and economic upheavals become problematic. The poor respondents from the rural parts of the sampled districts understood the need for researches of this nature because they advocate for praxis, integration, and inclusivity within the Zimbabwean health sector. The respondents have a high preference for traditional

medicine because they cannot afford modern medicine. This ethnographic analysis rated the answers given by the respondents in percentage proportions.

QUESTION	ANSWERS	Proportion of respondents
1. Outline the traditional Shona institutions that contribute to the Zimbabwean health sector	Spiritual healing Ancestors Rituals Traditional medicine/healer	25% 40% 10% 70%
2. How do the following institutions affect the role of Shona traditional institutions in the Zimbabwean health sector	Government: healthcare provision, finances, medicine NGOs: foreign aid Religion: spiritual intervention, charity Civic organisations: home-based care Shona traditional institutions: herbs	35% 55% 40% 60% 65%
3. Do you think the traditional Shona institutions are given enough platform to service the Zimbabwean health sector?	Yes No	25% 75%
4. How are the traditional Shona institutions relevant to service and improve the status of the Zimbabwean health sector?	Affordability Effective Locally available Accessible	35% 15% 60% 50%
5. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of traditional Shona institutions in the health	Integrate the traditional institutions into the health sector Centralize traditional	50% 15%

sector?	institutions	
	Regulate traditional institutions	60%
	Educate people on the value of traditional institutions	30%
	There should be more research on the value of traditional institutions	20%
	Combine modern and traditional institutions	45%
6. How can the Shona traditional institutions be integrated in the Zimbabwean health sector?	By incorporating them in the health policies	65%
	Allow them to practice publicly	60%
	Registration	25%
	Public education/awareness	50%
	Should be given space in public hospitals	70%
	Traditional medicines should be examined/tested before use	20%
7. Any other comments related to the research?	Yes	45%
	No	50%
	Zimbabwean health sector has failed the people	20%
	There is need for further research in these issues	45%

2.5 Literature Review

This section of the research is cognisant of the researches and presentations done by other scholars in the same area. It is paramount to appreciate, and at the same time analyse, for purposes of positive criticism, the work done by others prior to this research. Literature review denotes a summary of previous research on a particular topic. It surveys the scholarly articles, books, journals and other sources relevant to a particular area of research. The review should enumerate, describe, summarise, objectively evaluate and clarify the previous research. It also gives a theoretical base for the research and acknowledges the work of the previous researchers (Machi and McEvoy 2008) Thus, literature review provided a critical analysis of the contributions of some scholars or schools of thought on this particular topic. The literature that was reviewed was taken from different categories, ranging from those that focused on local, regional and international researches. The review also considered that there is some literature that focused on health issues while others focused on traditional issues and religion. The role of Shona traditional institutions in the Zimbabwean health sector can be derived from the work of other literature written by earlier researchers. The STIs are more prevalent in rural areas of Zimbabwe than in urban areas. According to Parirenyatwa (2016: 2),

> The Republic of Zimbabwe is a country in Southern Africa, compromising ten administrative provinces. Each province is further divided into districts, with a total of 63 districts. In 2012, the Zimbabwean population was approximately 12, 9 million with 52% women and 48% men and a life expectancy at birth of 50 for women and 45 for men. From the Zimbabwe National Statistics Agency (ZIMSTAT) 2012 census, 41% of the population is below the age of 15 and 4% of the population is above the age 65. Approximately 55% of the population is capable of contributing to the economic activity of the country. The crude birth rate is estimated at 35/1 000 and the crude death rate at 1
>
> 0/1 000 with a projected population growth of 3%. In terms of population distribution by geography, 70% of the population resides in the rural areas and 30% resides in the urban areas.

The fact that the larger percentage of the Zimbabwean populace resides in rural areas was also supported by Bourdillon (1976: 89) who also went on to point to the fact that the majority of the Zimbabwean population is the Shona people although they are characterised by different dialects.

Arguing from the statistics given by Parirenyatwa (2016) above if there are 70% of the total population of Zimbabwe residing in rural areas where the Shona traditional institutions are believed to be preserved, it therefore means that failure to recognise such institutions is tantamount to depriving the larger part of the Zimbabwean population of their deserved natural right. If the Zimbabwean health sector is privileged to have such statistical data that should guide them in formulating informed health policies, then the policies should be considerate to the lifestyle and context of the majority. If the majority of Zimbabweans are based in the rural areas where the STIs are more prevalent, it therefore means that, logically the Zimbabwean health delivery systems should be more inclined to the STIs than the modern scientific institutions.

There are some indications that the challenges that characterised the Zimbabwean health sector could be traced back to the colonial era, which reached its worst stage in the 21st century. According to Kidia (2018:1), "in the 2000s, the economy was collapsing under the weight of debt and corruption which led to the infrastructural decay and a lack of health supplies." This literature suggests that the crisis in Zimbabwe's health sector could be better ascribed to the Zimbabwean government. If this research bases its argument on this assertion, it therefore means that the situation to the Zimbabwean health sector`s challenges remains an issue of governance. It means that the government of Zimbabwe must therefore be challenged to formulate policies that are inclusive of the STIs in order to make these traditional health care systems relevant in the Zimbabwean health sector. The problem that this study notes is that some scholars like Kidia (2018), Osika, Altiman, Ekbladh (2010) would want to blame the Zimbabwean government structures for lack of clear policies on health issues. However, they also contradict each other on when exactly the crises started. For instance, Woelk (1994), arguing from a political standpoint places the Zimbabwean health crises in the post-colonial era. Mandizadza (2016) places it in the colonial era whilst Kidia (2018) places it in the 21st century

and also argues from an economic point of view. In as much as the research would want to agree with all the three scholars on the lack of pragmatic health policies in the Zimbabwean health sector the gap they left is that they did not advocate for the incorporation or integration of the Shona traditional institutions in the Zimbabwean health sector.

Mandizadza (2016: 65) states that "existing, predominantly quantitative studies on cancer allude to the role of Traditional Health Practitioners (THPs) in passing, often citing such practices as anathema to positive health seeking behaviours. The peripherisation of traditional indigenous healing practices at policy level is a product of the historical forces of the colonial legacy." This implies that the colonialism agenda led to a prejudiced and distorted study of the Shona traditional health delivery system and its centrality to the Zimbabwean health sector. It sounds true that colonialism left some negative connotations on the Shona traditional health sector which is difficult to erase at this stage. This research seeks to demystify the STIs and positively contextualise them within the Zimbabwean health delivery system. It is thus critical to redefine, reposition and uphold the effectiveness of the Shona traditional institutions in the Zimbabwean health sector. The role of the Shona traditional institutions should not be studied under the guise of gaining political mileage. It has to be left as a scholarly and governance issue in order to yield better results. The major thrust should be the integration of Shona traditional institutions in the Zimbabwean health sector.

According to Woelk (1994: 39) "historically, Zimbabwe boasted a thriving teaching hospital network, a strong primary healthcare system installed in the 1980s by the Mugabe regime and a motivated highly trained workforce." The same assertion was supported by the Zimbabwe Kairos Document (1998). However, the problem with this assertion is the level to which the Zimbabwean

health sector has fallen in the early stages of the 21st century when it was dubbed thriving in the 20th century. It is this study's observation that the Mugabe regime oversaw this spectacular collapse of the country's health sector. The health delivery system was compromised during this era. These unexpected and unethical issues eventually affected the health sector. For instance, as observed by Woelk (1994), "the former President further politicised health by denying the existence of a severe cholera epidemic in 2008 despite the death of 4 000 people." This only goes to show the damage political leaders can do to health delivery systems when they suppress certain viewpoint that would otherwise have benefited common people. This could be the same way STIs were suppressed and denied space in the colonial health delivery sector.

According to Lemonnier et al (2017: 3), "although the purpose of relief is similar in western and traditional medicine approaches the philosophies and methodologies differ." The scholars acknowledge that there is a gap between the philosophies and methodologies; hence this is affecting the genuine integration of Shona traditional institutions in the Zimbabwean health sector. This study observed that this is also true of the Zimbabwean health care system. People turn to the modern scientific health care systems openly and those that are traditionally orientated, secretly simply because of fear of stigmatisation. The researcher therefore argues that, since the intended result is one, it therefore means that there is need to advocate for the harmonisation of the two health delivery systems. The problem with this literature is that it does not directly address the issues that are affecting the Zimbabwean health sector. It brings up the assertions that are international when in fact this research is focusing on the Shona traditional institutions. Lemonnier, Zhou, and Prasher (2017)'s position is in contradiction with Ray (1976), Chavhunduka (1994) and Bourdillon (1976) who allude to the negative effects of the western writers and settlers on the African traditional institutions and the Shona traditional institutions purse.

Western influenced literature did not create a progressive room to contextualise the Shona traditional institutions in the Zimbabwean health sector. This research therefore argues for practical inclusion of the Shona traditional institutions in the health sector in a bid to alleviate the challenges that are bedeviling it. Chieftainship being the supreme custodian of the rest of the Shona traditional institutions becomes critical in this research. The Chief in a Zimbabwean context is regarded as the overseer of the affairs and general welfare of those under his/her jurisdiction. Chigwata (2016), Kidia (2018), and Nyoni (2019), concur on the fact that traditional leadership has always been central to the governance of rural communities in Zimbabwe, and that currently their authority is no longer as independent as it was during the pre-colonial era. This research sought to find out what transpired to that authority, efficacy, and effectiveness of the institution, together with the rest of the Shona traditional institutions. Such literature shall be interrogated further in order to reposition and validate the Shona traditional institutions in the Zimbabwean health sector. This research shall therefore use such literature to put the Shona traditional institutions back to their original context. Choguya (2015: 1) posts that,

> For many women living in the global south, antenatal care and institutional deliveries attended by skilled health workers remain a distant reality. Therein, women`s 'choices' and or 'preferences' for home births, are heavily influenced by both micro and macro factors including cultural norms, religious beliefs, cost, and accessibility of the services.

Although Choguya (2015) focuses on the global south as a region the argument put across by the literature can also be applicable in the Zimbabwean context in terms of reproductive health delivery system. Munjanja (2009) and Parirenyatwa (2016) also concur with the view that the Zimbabwean reproductive health delivery system needs special attention. It means that there is need to consider ways and means that are accessible, affordable, and effective in rendering the much-needed interventions in that regard, hence the criticality of the Shona traditional institutions. The researcher observed that since the pre-colonial history of Zimbabwe traditional birth attendants (*nyamukuta or midwives*) have always played an important role during child births. And that they continue to play

that role for some women in the 21st century. This is because they speak local languages, command trust from community members, provide psychosocial support to their clients and are always accessible and affordable. This makes them very critical in the reproductive health of the Shona people. In as much as the contemporary modern health sector would want to discourage expectant mothers from seeking their services, it has been observed that many women, especially rural women respect them. It is against this background that this study recommends the need to recognise and formalize this STI for it to benefits the reproductive health delivery system of Zimbabwe in the 21st century.

The UNFPA, UNICEF, World Health Organisation (2016: 154), Standard National Adolescent Sexual and Reproductive Health Training Manual for Service Providers in the reproductive health sector acknowledges the importance of tradition in the provision of reproductive health services. It alludes to the fact that to some people moral values must be upheld because they are part of the traditions inherited from ancestors. To such people, upholding a traditional practice is important because it pleases the ancestors. This reflects that traditional values are essential in health care. The challenge that the literature presents is that most of these global manuals and policies are formulated by European health sector s which makes them difficult to implement within African and particularly Zimbabwean health sector. This research is therefore an advocacy to try and formulate policies and manuals that are in tandem with the Shona traditional institutions for use in the Zimbabwean health sector. It is going to bring in some pragmatic interventions to health issues through the role of Shona traditional institutions in the Zimbabwean health sector.

This study shall be enhanced by relevant literature that was objectively and progressively written the African and Zimbabwean context. Shoko (2010), Machinga (2011) Matsika (2015) agree with Bourdillon (1976), Gelfand et al (1985), and Chavhunduka (1994) that Shona phenomena are to be studied in their original context in order to draw out meaning out of them without distortion, prejudice and misrepresentation of facts. According to Gelfand et al (1985: 3), "The problem is that the unreliability of most early accounts by European travellers and missionaries renders them of little use to a serious student." This shows that Gelfand observed that, although there are some researches done on the STIs, they were done using modern scientific knowledge; hence they ended up giving vague, prejudiced, and distorted information about the phenomenon. This affected the use of the STIs in health issues in Zimbabwe. Their efficacy was affected by the way they were presented. This study brings a paradigm shift to approaches towards health issues within Africa in general, and Zimbabwe in particular. Gelfand further alluded that the STR had its own ways of dealing with any health issue and these vary from spiritual endowment, divination, exorcism, and appeasements of spirits, taboos, traditional medicines, traditional diagnosis, and methods of treatment. All these healing systems are prevalent in the health care delivery institutions of the Shona people. It is in this vein that Chavhunduka (1994:49) argues that, "It is difficult to separate religion from medicine in the faith of the Shona, for they are closely linked to each other. The *n'anga* is not only a minister of religion but also a diagnostician and healer." This implies that the STIs, such as chieftainship, traditional healers, herbalists, traditional medicine, Diviners, Mediums rituals and taboos have much to contribute to the health sector, if formally given the platform. Traditional medicines are readily available unlike in some clinics and hospitals. Chavhunduka (1994: 49) further asserts that,

> The n'angas are able to contact the spiritual world and so learn which of the ancestral spirits in a family is responsible for the illness or death or if it should be taken to remove this influence. Once the n'anga learns the reasons for the illness, he proceeds to find out what are the requirements or offerings which have to be made in order to propitiate the offended spirit or, in the case of a witch, what action should be taken to eradicate the evil already perpetrated.

When western ideologies are applied to health issues in Africa, they seem to leave a gap that can be filled up by ATI. For instance, they may fail to establish the source of some diseases, and this is compounded by the shortage of scientific medication.

Zimbabwean scholars who studied the phenomena from within have a better position on how some political interventions are affecting different sectors of governance. This is different from the researches done by foreigners. Chavhunduka (1994: 1) analyses how the African traditional health institutions were affected by politics before, during and after the colonial era. He presents the harmonious relationship that existed between the STI and politics before the colonial era and how this relationship was affected by colonial governments and early Christian missionaries. It implies that before Zimbabwe became a British colony, traditional healers enjoyed tremendous prestige in the society. According to Chavhunduka (1994: 1) "Not only were they regarded as the only medical specialists, but they were also expected to deal with a wide range of social problems as well." Thus, traditional healers could indeed assume other important roles in the society. "Traditional healers also played an important part in the field of public health. Within each chiefdom, traditional healers, in co-operation with chiefs and headmen, controlled a wide range of basic health conditions. They advised, for example, on the choice of village sites and cemeteries," Chavhunduka (1994: 1). This is the same work that is now being done by Environmental Health Technicians (EHTs) attached to various hospitals across the country.

This study agrees with the assertion that traditional healers are very critical in the African society. However, the fact that the post-colonial Zimbabwean government did not regard them as such seemed to create a gap, thereby creating a need for scrutiny. However, there is no denying that STIs had ways of dealing with social issues such as infidelity and unfaithfulness in marriage.

Chavhunduka (1994:2) asserts that "Men who believed that their wives were unfaithful to them approached traditional healers for assistance." Thus, if given the platform today these STIs could significantly contribute to curbing the spread of sexually transmitted diseases including HIV. Furthermore, although medicinal plants were abundant in several countries of the African continent, as Chavhunduka (1994: 3), "traditional healers also discovered other forms of medicine: they used parts of animals, birds, insects, snakes and fish in their medicines". Traditional medicine was so prevalent and effective during the pre-colonial era in Zimbabwe. This study insists that traditional medicine might be relevant, reliable, and affordable in the contemporary health sector of Zimbabwe. On the contrary, according to Bourdillion (1993: 60), "Colonial governments and early Christian missionaries despised, and therefore attempted for many years to discourage, the use of African traditional medicine." The reasons to suppress such medicine varied from lack of proper knowledge and understanding of its effectiveness in curing diseases, misconceptions, and prejudgments.

That traditional institutions have been pivotal in the health care delivery system of Zimbabwe for a long time is indisputable. It is in this context that Bourdillon (1993: 97) argues that, "For centuries in this country, healing was in the hands of traditional practitioners, including herbalists, diviners using different kinds of dice or bones, and mediums who become possessed by healing spirits". In this instance however, this study observes that healing is being spiritualised and often associated with magic. The introduction of Western medicine seemed to have brought a dilemma in the health fraternity of the Shona people. For instance, Bourdillon (1993:97) says "in some rural areas, people still go routinely to traditional healers and trek to a clinic or hospital only as a last resort. In the towns, many people now go first to a clinic or hospital and revert to traditional medicine only when the doctors and nurses are no longer seen to be useful". It means that the Zimbabwean population is well acquainted and dependent on their traditional institutions, so much that they cannot afford to be

separated from them. This research therefore challenges the policy makers within the health sector of Zimbabwe to be cognisant of that and act accordingly.

Furthermore, it is critical to note that, some of the diseases affecting Zimbabweans are primarily psychological because of the stressful life they are having, especially in rural areas, farms, and mines. As substantiated by Bourdillon (1993: 61),

> The traditional system of healing in many African societies is superior to Western science in dealing with psychological stress and its causes. The traditional healers spend time probing these, and prescribe rituals designed to sort them out. When healing involves appeasing the ancestors, the whole family must come together and sort out its problems in order to satisfy the ancestral spirits.

It is the researcher's conviction that this is where the biggest gap lies. Modern scientific healers and their conventional medicine are limited when it comes to dealing with ritualistic and spiritual matters that normally characterise the life of an African. It follows that the Zimbabwean health sector cannot be relevant in providing a holistic approach to the health delivery system without the STIs. It also follows that, in the traditional context, health issues are holistically dealt with as compared to the western institutions where ancestors are demonised. This study found out that the Shona people are not perturbed by minor illness such as coughs, colds, influenza, and other slight fevers. The crucial argument of Bourdillion (1976: 49) is that until the ultimate cause of the trouble is discovered and appeased or overcome, there remains the frightening possibility of further trouble, and it is hopeless to expect complete relief from the present affliction. He asserts that "western medicinal treatment can only alleviate symptoms of abnormal illness, or at best, it can cure the present illness, but it remains useless against the original cause of an illness that can always strike again". This means that there is need for the Shona people to consult a traditional healer or diviner who can communicate with the spirit world to ensure total healing. The researcher discovered that, in the African context, there is

always some extraordinary force behind each disease and until that important spiritual aspect is addressed in the health delivery system for Zimbabweans, it will always be difficult to satisfactorily administer complete healing.

Chigwata (2016: 69) discusses whether traditional leaders in Zimbabwe are still relevant in the 21st century. He observes that, "Zimbabwe adopted a new constitution in 2013 which, among other things recognises the role of the institution of traditional leadership which operates alongside modern state structures. However, while it strengthens the role and status of this institution the new constitution strictly regulates the conduct of traditional leaders. He observed that the Shona traditional leadership has been manipulated by political leaders to the point of compromising their integrity. Chigwata (2016: 69) argues that "The perceived alignment with the ruling Zimbabwe African National Unity Patriotic Front (ZANU PF) party has brought renewed criticism of the traditional leaders' relevance in a modern-day society anchored on democratic values." It follows that there is need to emancipate the Zimbabwean chiefs from partisan politics so that the Shona traditional institutions can function independently. According to Schoffeleers (1979: 238), "the Shona people believed in family spirit guardians, which is the memory of, and respect for, deceased members of society expressed in a highly developed ancestor spirit cult. In addition, Shona people believed in spirit mediums, the practice where the spirit takes possession of and speaks through a human host." In this context, the spirit cult was responsible for the protection of its adherents, prevention of diseases or any form of harm and the provision of prescribed remedial action, in the event that any health challenge occurs. The scholar observed that the STR has its own religious practitioners called *n'angas* (traditional healers) who have the ability to heal, prophesy, exorcise and intercede for the adherents under the power of the spirit. The implication is that, even in the absence of the modern scientific health facilities, the Shona people could have their own rich religion and health sector. This should be

considered by the Zimbabwean health sector in the 21st century. Green World Group (2004: 2) Start Kit (Green World Manual) emphasizes on creating a green health for all. Thus, the major thrust of Green World Group is the provision of health to all using natural and traditional herbs as opposed to conventional medicine. This is one of the prominent organisations advocating for the use of traditional medicine in the contemporary health delivery systems of Zimbabwe. The only gap created by this organisation is that of charging exorbitant sums of money just like modern scientific pharmacies do. Probably, this is because the organisation is run by modern scientists and not traditional healers.

The other category of literature reviewed in this research is that which are influenced by Christianity. However, some of them were objective enough to try and have a progressive study of the African phenomena. Mbiti (1969) comprehensively analyses the African institutions, philosophy, and general worldview. His major argument is that, Mbiti (1969: 204) "In African villages, disease and misfortune are religious experiences, and it requires a religious approach to deal with them". In this case, the African traditional healers, herbalists, and diviners are the religious practitioners who have the responsibility of establishing the causes of a disease or misfortune and thereafter provide the prescription to deal with it. Thus, as Mbiti (1969: 204) argues, "even if it is explained to a patient that he has malaria because a mosquito carrying malaria parasites has stung him, he will still want to know why that mosquito stung him and not another person." This implies that an African believes that someone would have sent the mosquito to sting a particular individual through superstitious means. Whatever abuses may be apparent in the activities of traditional healers, it would be extremely unjust to condemn their profession. Traditional healers are the friends, pastors, psychiatrists and doctors of traditional African villages and communities. This shows the importance of the African traditional institutions to the health of an African in general and the Shona people in

particular. Mbiti's (1969: 204) analysis shows that Shona traditional healers are deeply concerned with the source of every health challenge. Divination is therefore used to find out that source in as much as X-rays and scanning machines are used in modern scientific diagnosis. However, the researcher still insisted that there is a difference between divination and a technological machine. Probably a complementary policy is needed to provide a comprehensive health delivery system.

The information that was presented by the writers and researchers on STIs was regarded as unreliable by some progressive researchers. Ray (1976: 3) reveals the general unreliability of most of the early accounts by European travellers and missionaries. According to Ray (1976: 3), "Usually based on inaccurate information and cultural prejudice, early travellers accounts made African religions appear to be a morass of bizarre beliefs and practices." Africa, in this context, is viewed as a savage, other world, which is the reverse of European civilisation. This research argued that the STIs suffered negatively, prejudgments and distortion of reality induced on them by their European colonisers. This was carried over and even exacerbated by the zeal to embrace modern science by policy makers, and hence ended up denigrating the importance of these indigenous institutions in the health sector of contemporary Zimbabwe. Ray (1976: 3) explains that,

> First, that whereas different schools of social anthropology may quarrel bitterly over method, they may all share the same view that the population of the world is divisible into two, one, their own, civilised, and the rest, primitive. The second conclusion is that Western scholars have never been genuinely interested in African religions per se. Their works have all been part and parcel of some controversy or debate in the world.

Taking this into consideration, the researcher would want to conclude that the role of the Shona traditional institutions in the health sector could have been compromised due to western perceptions towards the African ethos in particular and African worldview in general. According to Ray (1976:3).

> The general reluctance of anthropologists to attempt broad comparative studies of African religions has meant that this task has fallen to theologically and philosophically trained scholars. Understandably, they have neglected the cultural and social context of African religious ideas and behaviors. Inevitably such efforts have resulted in both superficial and distorted representations.

This means that if the relevant methods of study are applied to a study of this nature, it will be accorded the importance and relevance it deserves. Furthermore, the researcher observed that more studies on these phenomena are being done, probably what needs to be done in the context of the Zimbabwean health sector is to have pragmatic health policies that are supposed to be implemented with the total involvement of relevant resource people within the context of the STIs.

Christianity was introduced to Zimbabwe together with the colonial masters and it was difficult to separate the two. It was a foreign religion coming to subdue the indigenous religious institutions. Cox (1993: 2) discusses the preferential treatment accorded to Christianity over other religions, especially ATRs. The issue of the relationships between religion and community wellbeing has become a subject for serious debate particularly within the so-called “developing nations” of Africa. Generally, religion, usually Christianity, has been viewed by many of the newly independent governments of Africa as a source of moral teaching and thus as useful for instilling values conducive to national development. It is probably the reason why Christianity is seemingly given priority over the traditional religions in some African societies, including Zimbabwe. Cox (1993) discloses the gap that was created by Christianity in the Shona traditional communities. The role of Shona traditional institutions in the health sector was for so many years subdued in the Zimbabwean communities; hence this research shall be the voice of these traditional institutions and shall create a platform for them to practice in the Zimbabwean health sector through some recommendations to the policy formulators and implementers.

Hinnells (1984) explores the nature, teachings, and practices of different religions, including those religions in primal societies such as African religions. He states that the term, "African Religions" refers to the indigenous, ethnic religions of Sub-Saharan Africa. The concept of tribe or ethnic group is a fluid one in Africa, for ethnic identities shade into one another and there have been continental migrations and amalgamations throughout African History. Hinnells (1984: 425) argues that African religions share much in common with each other, to the extent that it becomes easier for one African religion to borrow a phenomenon from the other. For instance, "Religious concepts and practices have been shared over wide areas in the History of Africa and certain religious institutions, such as ancestor veneration, have a near-universal currency" Hinnells (1984: 425). This study argues that, in the spirit of religious tolerance and freedom of worship enjoyed in Zimbabwe, the Shona religion must be regarded just the same way as Christianity. The researcher therefore envisions one day a traditional healer officiating at a national event like independence commemoration day and others that are usually dominated by Christian pastors. Furthermore, the office of a Shona traditional healer must be clearly visible at every state hospital or clinic. Resources that are helpful and relevant in the health sector also need to be shared so that the resource base from both entities remains wide and readily available. Although there are well-documented instances of totemic spirits invoked as guardians of clans and lineages, the patrons of society are usually the spirits of the dead, regarded as ancestors. The spiritual world of the ancestors is patterned after life on earth. According to Hinnells (1984:429), ancestors "are perhaps seldom conceived of as intercessors, like the Christian saints. More often they are plenipotentiaries of the Supreme Being, meditating his providence and receiving worship in his name." It therefore means that in as much as Christianity would not fully encompass the Shona religion, but on the contrary, it has much to borrow from it. This research therefore comes as an appeal to western missionary related health facilities to stop demonising the STIs. Instead, they should develop a more tolerant approach in healthcare and service provision. They should

accommodate the indigenous knowledge systems. Goto (2006: 7) asserts that "the Shona were religious people through and through." It means that the Shona people were religious even before the colonisation of Africa by the Westerners. The implication is that Christianity was imposed on a people who already had an indigenous religion. STR is part of their lifestyle and does not call for the conversion of the adherents. Shona people, in this context, are believed to be naturally religious.

The literature presented by African scholars pertaining to the indigenous phenomena of other African countries of the same region were reviewed in order to learn from other similar context that it is possible to promote traditional institutions to make some interventions in different sectors, including the health sector. Another critical component of this study is to consider how other African countries have bridged the gap between biomedical and traditional health practitioners, thus, learning from the success of other African government and their traditional institutions. Moshabela et al (2016: 83) observe that "traditional health practitioners in South Africa are increasingly acknowledged as essential providers of health care and the National Department of Health is taking firm steps towards the formal regulation of traditional health practitioners." This shows how, other African nations are taking progressive steps to formalize and promote traditional institutions in the health sector. It is important, in this study, to note that Zimbabwe and South Africa are neighboring countries that share much in common. In this view, the Zimbabwean government should also take drastic measures to enact health policies that consider the plight of traditional health practitioners. If the modern scientific doctors are on public service payroll, so too must it be with Shona traditional health practitioners.

The African Initiated churches (AIC), with their diverse apostolic sects, brought another unique dimension in the Zimbabwean health sector. Cox (1993) has indicated how Christianity has managed to side-line the Shona traditional institutions and enjoyed support from the colonial government. The more the Missionary churches suppressed the Shona traditional institutions the more it created a gap that was unattended in Zimbabwean communities. When Christianity wanted to respond to health issues in Zimbabwe through, for instance, the establishment of Mission Hospitals, Faith healing and the power of the Bible as healing agents, the gap could not be closed because the Zimbabwean communities needed practical remedies to their health challenges. This gave birth to the AICs in a bid to try and contextualise Christianity in the indigenous communities. These AICs aligned Christianity to some Shona healing institutions such as spiritual healing, rituals and taboos, and the use of traditional elements in healing. However, this did not help to completely bridge the gap hence the need to explore the role of Shona traditional institutions in the Zimbabwean health sector became relevant and necessary. According to Maguranyanga (2011: vi),

> The religious teaching, doctrine, and regulations of the ultra-conservative Apostolic groups (e.g. Johanne Marange, some subgroups within Johanne Masowe, and Madhidha), which emphasize faith healing and strict adherence to church beliefs and practices undermine modern healthcare seeking. Often, violation of church doctrine or regulation on non-use of modern healthcare services attracts sanctions, which include confession, shaming (asked not to wear church regalia or "*kubviswa gamenzi*", or "re-baptism *kujorodwa*").These social controls often take a militaristic-type discipline in order to ensure strict adherence to the Apostolic group`s norms, values and beliefs.

These Apostolic denominations deny anything to do with modern scientific healthcare systems because they are originally African and share a lot in common with STIs.

The phenomenon of spiritual endowment and divination are critical within the Shona traditional healthcare systems. Modern scientific health systems do not encompass these, hence creating a gap in the health of the Shona people. As observed by Bogaert (2007:36), "the traditional healer relies on

his or her spiritual advice as well as tools (e.g. throwing bones) to diagnose the disease and its cause in a holistic manner (i.e. involving the patient, the close community and the larger community, which involves the ancestors); like the herbalist, he or she administers medicines." It is against this background that this study argues that the modern scientific health delivery systems created some gaps in their interventions within the Zimbabwean health sector. They leave out critical institutions that are significant in the health care systems of Zimbabweans. The colonisation of Zimbabwe by Europeans brought some vague representation of the African worldview. There were some diseases that were believed to be treated only through modern science and not by the Shona traditional means.

2.6 Conclusion

In conclusion, the literature reviewed above suggests that research by Western scholars, travellers and colonial masters on the STR and its institutions has not exhaustively covered STIs especially with regards to the provision of health services in Zimbabwe. Notably, the literature that talks about the STIs in relation to health seems to have a Christian bias and some of it seems to be emotional. The literature review was necessary to establish what was previously done and to find out how this study can fill any of gaps left. The major gap identified is that the STIs were not given enough formal platforms in the health delivery system of Zimbabwe. The Zimbabwean modern health sector lacks inclusivity and tolerance in the manner it regards the STIs. Whenever the STIs are consulted by the policy makers, it is more to do with trying to gain political mileage than formal recognition and legitimation. Otherwise they are largely demonised as primitive and fetish. For instance, institutions such as ancestral veneration, taboos, and divination are not officially recognised by the ministry of health. The point of departure of this research is, therefore, the recognition that there is need to bridge the gap created by the Western and Christian related health service providers. This shall be

done by exploring the role and contribution of the STIs in the health sector of Zimbabwe in the 21st century. The literature reviewed above is valuable and relevant to this study in the sense that it provides relevant information to the study. It unveils the weaknesses of those who attempted to research the significance of the STIs in the life of the Zimbabwean populace from an outsider's viewpoint and this is what prompted the need to study this phenomenon from within. This research therefore is a platform to compare and evaluate the validity and efficacy of Shona traditional healing practices vis-a -vis modern scientific health practices.

CHAPTER 3

THE CONTRIBUTION OF CHURCHES, NON-GOVERNMENTAL AND CIVIC ORGANISATIONS TO ZIMBABWE'S HEALTH CARE SECTOR

3.1 Introduction

This chapter will unpack the contribution of Churches, NGOs and Civic Organisations to Zimbabwe's health sector. . It argues that the Shona traditional institutions were very active and prevalent in the pre-colonial Zimbabwean health sector. The emergence of Missionary Christianity in the colonial era brought a shift that denigrated the efficacy of the Shona traditional institutions and preferred Christian institutions. Often Christianity was given preferential treatment as the Shona traditional institutions were subdued (Zvobgo 1996; Cox 1993). The study could not be complete without assessing the contribution of the churches, NGOs, and civic organisations towards addressing the Zimbabwean health sector. Their failure to address critical issues regarding the health and welfare of the indigenous Zimbabwean population left a gap in the Zimbabwean health sector. Even though scholars like Chitando (2004) states that African Indigenous Churches (AIC) offer a holistic approach to health, the fact that they close doors to Shona traditional institutions such as traditional medicine made them irrelevant to the Shona people. The role of Shona traditional institutions can be clearly identified through the gaps left by other stakeholders in the Zimbabwean health sector. This chapter therefore traces the contribution of the Missionary churches, AICs, and their divergences up to the rise Prophetic Healing and Deliverance led by Walter Magaya. These together with NGOs and civic organisations tried to sideline the role of Shona traditional institutions in the Zimbabwean health sector. However, the gap remains unfilled; hence the research of this nature is contributing to the scholarly discourse in a practical manner that bridges the gap. This chapter shall therefore analyse the extent of the contributions made by churches, civic and non-

governmental organisations to the health sector of Zimbabwe and discloses how their weaknesses widened the gap that was created by a combination of colonial masters and Missionary churches in Zimbabwe. AICs and all their variations borrowed a lot from the African Traditional Religion (ATR), hence this chapter wraps up by exploring the criticality of ATR and its significance to the study since the Shona traditional institutions also constitute the religious institutions of ATR.

3.2 The Church's Intervention in the Health Sector

The church is an organisation deeply rooted in the ethics and mission of Jesus Christ on earth. One of the God-given mandates of the church, in a bid to fulfil its mission, is the healing ministry, which is derived from the ministry of Jesus Himself (Mujinga 2018a). In this context, Kennedy (1996: 12) argues that "God in His infinite wisdom devised a marvelous solution. Jesus Christ is God's answer to our predicament". Jesus becomes the healer and at the same time the medicine to cure the sick. He is the *"axis-mundi"* of the Christian faith and encounters the psyche, soul, and spirit of the adherent (Mujinga 2018a). This scenario means healing needs holistically. This happens when the church regards Jesus as the sole redeemer, the omnipotent Saviour and the supreme healer. He is upheld in this context as the one who can solve any problem. Jesus is also regarded as God on earth and the head of the church. It follows that the essential mandate of the church today is to present this Jesus to people regardless of their status and situations. The church therefore becomes an institution that exists to deal with the people's vices and challenges. Over and above the gospel of salvation, the church has a mandate to practically deal with the realities of life as they affect people.

This justifies the church's intervention in the Zimbabwean health sector. According to Mhike and Makombe (2013: 2), "although the government was clearly the single largest investor in social

services, the history of Zimbabwe`s public health system will be incomplete without acknowledging the role of mission hospitals." Missionary churches have made great interventions in the health delivery systems of both colonial and post-colonial Zimbabwe (Mujinga 2018a). Several church denominations came to Zimbabwe in the 19th century and established church-related institutions of learning and health delivery commonly known as Mission Centers. This led to the establishment of some big mission hospitals around the country (Zvobgo 1996). For instance, Mutambara, Old Mutare, Nyadire hospitals were established by the United Methodist Church (UMC), while the United Congregational Church of Zimbabwe (UCCZ) came up with Mount Selinda and Chikore Hospitals. The Roman Catholic Church also has several hospitals and other health delivery institutions spread across the country (Zvobgo 1996; Mujinga 2018a). Many of the missionary churches followed suit in the establishment of such health institutions.

The establishment of church-related hospitals, clinics and other health institutions came in as a way of complementing the government's effort in dealing with health issues. Bourdillon (1993: 86) argues that, "In the rural areas, mission hospitals and clinics provide about sixty percent of all treatments." This shows how effective the church-related health institutions became in complementing the government of Zimbabwe in the provision of health care delivery systems. This has helped attract many people to Christianity as they seek these health-related services (Zvobgo 1996; Mujinga 2018a). It means that these mission centers also served as evangelisation centers and a means to impose Christianity upon the citizens (Banana 1991). The problem is that the Zimbabwean health authorities gave preference to the missionaries to practically provide some health services to the indigenous people while "neglecting the effectiveness of the Shona traditional health care services".(Vhirimu: Interviewed 16 January 2019: see addendum 2 pg.217). This study argues

that if the Shona traditional healing systems had been formally recognised during that time they could have contributed much to the Zimbabwean health delivery system.

As a case study of this research, Mutambara Mission Centre of the United Methodist Church in Chimanimani district, "has a hospital, school of nursing, herbal garden, primary school, high school, and a farm". (Biki :Hospital Administrator: Interviewed 26 January 2019 see addendum 2 pg. 206). This implies that the s church has a multifaceted approach to health care. According to Biki (2019), "Mutambara hospital has developed to become a district hospital for Chimanimani district. It also trains nurses, there is a rehabilitation center, and a herbal garden to treat those who have some chronic diseases". This is done with the assistance of western science, ideologies as well as medication. The establishment of the hospital was completed by United Methodist Missionaries from America in 1907 (Biki 2019). They were responsible for the administration and provision of resources; hence, the ideologies and medications were not locally acquired from indigenous resources. The implication is that the missionaries brought their religious and medical ideologies to offer health services to the Zimbabweans (Banana 1991; Zvobgo 1991; Mujinga 2018a). One may argue that the interventions done by missionary in the health sector could not be separated from Western science. "The United Methodist Church has developed to be a worldwide denomination, with its head office based in New York"(Biki 2019). This would therefore mean that its health institutions would receive support globally. Mhike and Makombe (2013: 3) argued that, "while it is true that the almost total collapse of government-provided health delivery in Zimbabwe in the post-2000 period paved the way to a "new" scenario, where mission hospitals filled the gap to avoid a possible human catastrophe." It means that, mission health institutions have always been critical. There was a commendable relationship between the church and state in a bid to offer some required healthcare to the citizens. For instance, the state could train and provide human resources to the

mission hospitals. They were remunerated through the relationship between the Public Service Commission (PSC) and the Zimbabwe Association of Church Hospitals (ZACH). This partnership shared a common ground regarding the position of the Shona traditional institutions in the health sector.

There is a divergence that later developed within the church circles. There are some contemporary trends in independent churches in Zimbabwe popularly known as indigenous churches or African Indigenous Church AIC[8] such as the Zion Christian Church (ZCC) led by Samuel Mutendi and the Joanne Marange Apostolic sect led by Joanne Marange. According to Hallencreutz and Moyo (1998: 361), these sects, "developed Christian rituals which answered the same ritual needs as were met by Shona traditional religion". The introduction of Spiritism and the use of some traditional elements such as water, eggs, cotton wool, stones, tree leaves and oil emerged at this stage. These would be prayed for, before being used to treat people. However, the patients were expected to show their own consent before the elements are administered to them in this context. As noted by Hallencreutz and Moyo (1998: 364), "Bishop Mutendi could ask people if they wished to be healed, and that healing laid the basis for their salvation." The introduction of elements in healing systems was in tandem with the Shona traditional healing systems which were prevalent before the introduction of Missionary Christianity. It means that a new dimension which was more appealing to the indigenous communities became effective in the Zimbabwean health sector. Focus was diverted from hospitals and modern scientific medication to faith, spiritual power, and indigenous elements.

[8] According to Chitando (2005), "there has been a considerable debate over the most appropriate term although African Initiated Churches enjoyed a lot of currency up to the 1990s; other competing terms have since gained ground. These include African Initiated, indigenous, and Instituted Churches. The terms generally mean that the churches were found in Africa by Africans and for Africans" (See also Daneel 1970; Vengeyi 2011). In this research, I will use the term African Initiated Churches with the view that other terms demean AICs as inferior and mainline churches as superior. The use of the term Initiated in this thesis has been concluded to be neutral. Other terms that could have been used to refer to AICs are African Initiated/ Instituted Churches. However, for the sake of consistence, one term will be used.

It is important, however, to note that there is a danger of confusing faith with beliefs. Faith is determined by one's beliefs. As affirmed by Chiki (Spiritual Healer: Interviewed 17 May 2018 see addendum 2 pg.236) "The Shona people believe in Afrocentric traditional healing systems and worldview". As such, their faith is built and connected to these beliefs. It means that beliefs should be consistent and effective in order to attract undiluted faith from the adherents. According to Cox (1993: 14),

> Beliefs may be adequate at one point in an individual's religious experience but not at a later time, they must always retain a dynamic character. To adhere to beliefs which have been developed under circumstances now irrelevant to a person's life or in the light of earlier but now outdated human knowledge, is to make beliefs themselves into obstacles for faith.

The Shona traditional beliefs have been consistent for a long time, so much that the adherents have developed deeper faith in them. They are durable, practical, and effective to address the health challenges of the believer. The other religious denominations coming up in Zimbabwe would want to connect to these beliefs in a bid to become relevant. This has led to the emergence new Pentecostal Churches which focuses on one person who is regarded as the spiritual father, prophet, healer, and the source of all the healing powers (Togarasei 2005).

The twenty-first century church in Zimbabwe has been Characterized by these newer Pentecostal churches like United Family International Church (UFIC) led by Emmanuel Makandiwa and Heartfelt led by Tavonga Vutabwashe are offshoots from the Apostolic Faith Mission (AFM), other movements like Prophetic Healing and Deliverance Ministry (PHD) led by Walter Magaya and Spirit Embassy founded by Urbert Angel arose out of the Zimbabwean socioeconomic crisis (Mujinga 2018a, 148). Some of the tenets of these churches include deliverance, prophecy, faith healing, prosperity gospels and rituals. As affirmed by Ray (1976: 78), "In Africa, as elsewhere, ritual behavior is a way of communicating with other divine, for the purpose of changing the human situation. Rituals are performed to cure illnesses, increase fertility, defeat enemies, change peoples'

social status, remove impurity, and reveal the future." This shows another Christian dimension of healing where one is healed through the deliverance from the bondage of an evil spirit. This is another dimension of the church's contribution to the health sector in Zimbabwe.

The church's intervention in Zimbabwe's health sector also assisted in such ways as infrastructural development, staff development, medication, and the general well-being of the people. "On the other hand, the church brought exotic approaches, doctrines, beliefs, and operations". (Chiki 2017). A closer analysis on the nature and characteristics of the church in Zimbabwe would reveal the emergence of different church denominations. The mainline (missionary) churches experienced the exodus of some members who claimed to have been called by God to start new Christian denominations that have doctrinal variances with them. Thus, "the church became divided based on doctrinal standards".(Chiki 2017). Where the mainline churches emphasized the belief in God through Jesus Christ, these newer Pentecostal churches focused on the supremacy and power of the founder (Mujinga 2018a). It follows that doctrinal issues such as Christology and Ecclesiology, came under the spotlight.

The centrality of Jesus Christ as God incarnate, and as the head of the church was replaced by that of the founder of this new dimension. According to Nyembe (Diviner: interviewed 29 March 2018 see addendum 2 pg. 213), "these ministries relegated the church to a property of an individual not to the body of Christ. It means that the followers become those of the prophet and not of Jesus". In this context, healing is centered on the ability and power of the founder. The emerging denominations also advocate for a gospel based on African culture, ethos, and worldview. This is contrary to the doctrine of the mainline churches. Mainline churches have a strong tendency to uphold western culture worldviews. "These churches adhere to the modern scientific health principles, a position

which seemed to be contrary to the AIC". (Nyembe 2018). Spiritual endowment, faith healing, healing rituals and the use of healing elements are prevalent within the AIC's healing systems. The founder is the one who receives the spirit from God and will be endowed with the healing powers. According to Maguranyanga (2011: vii),

> The Apostolic members believe that the healing powers and spiritual gifts are endowed from God/Mweya and used in promoting maternal and child health, facilitating child delivery, and restoring health to the sick. Hence the strong belief in faith healing, healing rituals, prayer, and power of Vapostori as well as the emphasis on the Apostolic healthcare system which is religiously constituted and justified as glorifying the work of God or the Holy Spirit.

The ultra-conservative apostolic groups regard the modern health care system as worldly (heathen) and glorifying humanity above God. Consequently, these beliefs among ultra-conservative apostolic groups act as a barrier to the uptake of modern healthcare services and medicines. In as much as the AICs do not condone the modern scientific health care system, they share some phenomena critical to healthcare delivery with the Shona traditional institution. For instance, concepts like the spiritual endowment upon the healer and the performance of rituals in a bid to provide healing. Since both institutions emanated from indigenous circles of Zimbabwe, it means that Apostolic churches could borrow from the Shona traditional institutions of healing.

The other factor which the church contradicted within its own circles is that of beliefs. The new movement seems to have introduced new beliefs pertaining to one's religiosity. For instance, the belief in the existence of witchcraft and evil spells has become prevalent, where one experiences misfortunes, disease and even death. As such, one is expected to consult a prophet for total healing, deliverance and exorcism of the evil spirit or spell (Vengeyi 2011).

The operations and practices that are involved in the new ecclesiastic phenomena have also brought a dispute between the mainline Churches and the AICs. AIC also use therapeutic substances such as

blessed water and anointing oil, tree leaves, roots and stones were introduced (Ukah 2007). The same practices can also be traced back to the ATR. The implication is that it becomes problematic to talk of a church as an institution derived from Jesus Christ's mandatory mission when there are such divergences and lack of synopsis in its intervention. Since the church is derived from Jesus who is the head and founder of the Christian religion, it should operate as one entity. However, when the church is divided, differences and contradictions emerge. Thus, it becomes problematic to decide which dimension of the church to consult regarding health care delivery systems. It means that, there is need to analyse the church's effectiveness in comparison with other institutions and organisations intervention in the Zimbabwean health sector. It becomes problematic if, for instance, the church is regarded as the only institution that should intervene in the health sector, as one would not know which branch of the church or movement to turn to. An analysis of the developments of church history in Zimbabwe would bring some assumptions that, probably new Christian movements, with new beliefs and practices are yet to be introduced again. It therefore becomes unreliable to fully rely on the church to be the organisation that can be depended on for health delivery systems in Zimbabwe.

3.3 African Initiated Churches in Zimbabwe and their Contribution in the Health Sector

The origins of the AIC in Zimbabwe can be traced back to the 19th Century (1890s) when the western colonisers comprising missionaries, travellers and traders became oppressors of the indigenous people. According to Daneel (1987: 17),

> The injection of the imposition of a foreign body in the form of western Christianity and the striving towards recognition of their common pursuit in this, existence of the quest for belonging, gave birth to AICs. They became popular through their contextualisation of the

gospel and through the identification of and with the needs of their members in a more pragmatic and practical source.

It therefore means that AICs emerged because of the zeal to include some African traditional phenomena in religious circles. Africans wanted a pragmatic approach to life as they theologised reality. This research observed that life became difficult for the black person in his own country. The disrespect that Africans endured under colonialism coincided with other social challenges, misfortunes and natural disasters among the Africans who were trying to fight against European supremacy and suppression of African traditional culture. They were striving for the emancipation of African traditional culture from European dominance (Gondongwe 2011). The Shona people had become subjects to western missionaries, hence the need for that freedom of their African beliefs. This coincided with the incidence of social challenges, incurable diseases, and natural disasters such as droughts. "The Shona people were desperately in need of solutions to their problems and failed to find them from the missionaries".(Jigu: Chief: Interviewed 9 November 2016 see addendum 2 pg.226) It was out of this dilemma that the AICs were born in Zimbabwe as the indigenous people were theologising their life experiences within their African context (Mapuranga 2013).

According to Ranger (1988: 7), "It was after these social upheavals and outbreak of diseases of beasts and of humans that prophets arose as a counter measure to the cleansing and restoration of the primordial order of neither traditional religion nor Christianity had been of help." When the African converts of the missionary churches found proper solutions to their problems, they could not directly go back to the Shona traditional healing systems because they were afraid of the missionaries who had categorically denounced those systems as ungodly (Ranger 1988). They had to find a way of christianising the Shona traditional healing systems which they regarded as effective in addressing their health challenges. For instance, phenomena such as divination and exorcism which were prevalent within the Shona traditional healing systems were adopted in the context of prophecy and

deliverance. This appealed to the indigenous people who knew the power and effectiveness of their traditional healing institutions in dealing with health issues. It means that people had no option other than to appeal to a newborn phenomenon of prophecy and deliverance for survival. Ranger (1988: 7) argues that, "it is in the context of these disturbances, disorders, social dislocation and the outbreak of maladies of beasts and of humans, endemics droughts and outbreaks of locusts that European spiritualities could not contain that we should situate the rise of Johane Marange[9] and his contemporary Johanne Masowe[10]." It is from these two African prophetic figures that the emergency of the Apostolic sects in Zimbabwe can be derived. Currently there are some different divergences of these sects, Zionists, Pentecostal movements and Ministries of healing and deliverance.

AICs are referred to as either independent, indigenous, instituted, or international churches (Chitando 2005). Basically, they are known as churches that have originated within Africa and founded by Africans to serve the Africans. Most of these AICs were initiated by charismatic African leaders who were zealous to theologise their life experiences in the context of their African worldview. Ruzivo (2014: 19) affirms that,

[9] Johane Marange was born Muchabaya Momberume and his father was named Fuleni. In 1917 at the age of five, Muchabaya received the Holy Spirit which revealed to him he was to be called John the Baptist. This happened while he was herding cattle and people went to report to Chief Marange how the young boy was speaking in tongues. The chief thought he had been possessed by a spirit and was contemplating returning the child to his parents because he was speaking about God. At that time only the missionaries were allowed to speak about God and lead churches. Yet this child was contemplating registering a church. This scared the Chief and he planned to disown the child before the missionaries. The Johane Marange Apostolic Church is largely known for pioneering the famous white garment and bald hairstyle. When the church became popular in the 1970s, congregants increased to 5 000. Johane died in 1963 and his church became a clan church (Daneel 1987; The Sunday Mail, 2015).

[10] Johane Masowe (1914–1973, born Shoniwa Masedza was an African preacher and religious leader. The name Johane Masowe" means John of the Wilderness, and alludes to John the Baptist. In 1932, Masowe suffered a long illness, and was unable to speak or walk. Afterwards, he believed he had been "sent from Heaven to carry out religious work among the natives". He spent the 1930s as an itinerant preacher throughout southern Africa, and settled in Port Elizabeth in 1947. Masowe's followers eventually created several different churches. These include the Masowe weChishanu Church (weChishanu referring to observing the Sabbath on Friday), and the Gospel of God Church, which observes Sabbath on Saturdays. The term Vapostori is used to describe those who follow the teachings of Masowe as well as some closely linked traditions (Mukonyora 2007; Reese, 2008).

> The leader embodies the office of the prophet, the priest, the baptizer, the healer, king, and judge. As the movement grows bigger and bigger the charismatic leader will develop hierarchical structures and will appoint others to help him /her and in most cases close relatives are catapulted into the echelons of power in the church by the leader himself/herself.

These churches eventually become family churches. Examples of these churches in Zimbabwe include Johanne Marange. Johanne Masowe's Gospel of God Church, Mai Chaza's Gutara Jehovah[11], Samuel Mutendi's Zion Christian Church, Jekenishan, Zviratidzo ZvevaPostori, Chiedza and Mwazha Apostolic Sects. At a later stage, probably due to power and other leadership challenges, some AICs in Zimbabwe form some splinter groups from the original ones. As Daneel (1987: 10) puts it,

> Power in these Messianic or Spirit type churches resides in the founder and he becomes the African Messiah. The church is hinged on the founder as he/she commands unquestioned authority amongst the thousands of followers who have believed his/her mission. Problems of secession and succession normally begin after the death of the founder.

The implication is that when the leader is doing well, it will be to the benefit of the whole church but whenever he/she goes wrong the whole church is led astray. For instance, this makes it easier for the government of Zimbabwe to manipulate these AICs for individual parties' political gain. The relationship between ZANU PF party, under the leadership of Robert Gabriel Mugabe, and most AICs created the impression these churches could easily be manipulated by political leaders. This impression is confirmed by Manyonganise (2014: 166) who says,

> Investigations that have been done after the formation of the Government of National Unity have shown that some AIC leaders are coercing their members to support ZANU-PF. Investigations by Zimbabwe Briefing on three apostolic sects on late 2010 and early 2011 reveal that they were using President Robert Gabriel Mugabe to represent the Angel Gabriel.

This therefore suggests that the AICs could not separate themselves from partisan politics, especially ZANU PF which they claim to be in a relationship with (Mujinga 2018b). This relationship predates the independent era.

[11] The first woman to dispute missionary medicine in the 1950s was Theresa Nyamushanga commonly known as Mai Chaza. She was a member of the Wesleyan Methodist Church (Ranger 1995:61).

ZANU PF as a political party has been in government since independence (April 1980). This suggests that governance in Zimbabwe is inseparable from the ZANU PF party for the past 40 years. All the socio-politics and economic challenges are ascribed to the poor governance by the ZANU PF administration, as discussed in Chapter Two of this research. Due to the relationship between ZANU PF and the AICs, the latter are being used as a tool to sanitize all the challenges facing the country (Mujinga 2018b). The AICs on their part use this chance to solicit for some favors from political leaders. For instance, according to Chitando (2002: 11), "From February 2000, the Johanne Masowe weChishanu indigenous church began to receive extensive and favourable press coverage because its leader had declared Mugabe to be God's chosen instrument to bring the land back to its rightful owners."

As AICs began to gain popularity and publicity, through state agencies over and against the churches of missionaries, they were accused of aligning themselves with west. The church's prophetic voice should be heard when the church provides some checks and balances within issues of governance at the same time challenging the status quo. This was being done in Zimbabwe through church organisations such as the Zimbabwe Council of Churches and the Catholic Bishops Conference. However, this created a sour relationship between ZANU PF party and these organisations (Bhebhe 1999). They were accused of sponsoring the western agenda of regime change in Zimbabwe. It follows that the political leaders had no option but to recognise the AICs as the Church in Zimbabwe Chitando (2004).

According to Chitando (2004: 122), "with the western countries and some mainline churches castigating the government for the chaotic land reform programme; Mugabe found comfort in the support of his own indigenous churches." This is an indication that since then politicians began to

use indigenous religions to support and legitimize maladministration and corruption and to maintain their power.

Other prominent figures in the AIC's includes Paul Mwazha who was initially a prominent member of the Wesleyan Methodist Church. In his book (The Divine Commission of Paul Mwazha of Africa Part 1; Banana (1996); Hallencreutz (1998); Mujinga 2018a). This suggests that AIC originated from the Missionary Churches as a rebellious movement claiming to adhere to the dictates of the Holy Spirit. This was substantiated by the way Mwazha started as a Catholic, Methodist before eventually becoming a leader of the African Apostolic Church Pentecostal movement. Mwazha was the founder of the AAC, and this justifies the alignment of the church to the STIs.

Mwazha's church became one of the fastest growing AICs in Zimbabwe. The AAC is found in both urban and rural areas around Zimbabwe. The AAC developed from the onset as an explicitly established Pentecostal movement. Some scholars of AICs would want to regard all AICs in Zimbabwe as Pentecostal movements. Cox (1995: 246), as an example, advocates that,

> African independent churches constitute the African expression of the worldwide Pentecostal movement. He explains as follows "these churches qualify as Pentecostal for two reasons, their style and their origins. First, they are, as scholars of religion would say, phenomenological Pentecostal. Their worship exhibits all the features of Pentecostal spirituality-secondly; they were influenced by the high impact spread of the American Pentecostal movement, both within the major denominations and outside them.

Cox agrees with the Pentecostal emergence of Mwazha's AAC to become an AIC to reckon with, in Zimbabwe. It participated among others in providing possible solutions and remedies to the social vices that characterized Zimbabwean societies. For example, AAC became an active participant in dealing with the health issues in Zimbabwe. Healing is a major push factor in the rise of AICs in Zimbabwe. Daneel (1974:186) notes that, "healing is one of the most influential factors in attracting believers to AICs. AAC puts a lot of emphasis on healing in their weekly adverts in a daily

newspaper. It also gives testimonies of people which have been healed by its charismatic leader Paul Mwazha. Healing, therefore, plays a major role in the expansion of the church." This emphasis on healing has provided a practical theology to the followers and even attracted more converts to the AICs. "The current situation in the country, during, 21st Century is characterised by poverty, diseases, drought, unemployment, deaths, and other social ills".(Jigu 2016). People in Zimbabwe are experiencing physical, psychological, emotional, spiritual, and sociological trauma and they find refuge in religion.

The religion which would be relevant to Zimbabweans in the 21st century must be one that provides affordable, accessible, reliable, and trusted remedies to the ills that afflict society. Cox (1995: 254) notes that "healing in AICs becomes much more of a central activity, with much of the liturgy and preaching revolving around it. Healing goes beyond bodily recuperation to providing remedies for unemployment, family disputes and marital discords." It means that a holistic approach to human life will be provided in a way that satisfies the believer. The major problem prevalent among Africans is belief in witchcraft. Everything that is unfavorable to the general livelihood of an African is ascribed to witchcraft. Therefore, any religion or health service provision that does not address the issue of witchcraft in illnesses and bad spells becomes irrelevant to the Shona people. Chitando et al (2004: 58) added that,

> The aspect of healing becomes a major attraction as it addresses the core issues found in African society in the African way. Issues of witchcraft, dominant in African society are effectively addressed. Life in African society is precarious due to the presence of witches and other malicious spirits. The prophets in the AAC exorcise the evil spells and guarantee protection to the believers. The victims are subsequently offered holy water to administer when confronted by evil. Even though patients display clinical symptoms the prophets identify the cause of the disease within the African worldview.

This implies that the AICs believe that there is a supernatural cause to any disease and misfortune. This same belief is so prevalent within the STR. The cause of a disease or ailment is supposed to be

traced back to the work of a witch, a superstitious evil spirit, or an angry ancestral spirit. This makes it clear that AICs and the Shona traditional healing systems use the same hymn. It is important to note that some AICs don`t even allow their members to seek western medical treatment. Africans, as naturally religious people believe in the protection of a person and an all-encompassing approach to human health. According to Chitando (2004: 59),

> Healing in AAC is holistic in the sense that it provides remedy to the clinical symptoms and the spiritual problems that have led to the manifestation of the disease. Upon being healed, the patient in the AAC understands the world as chaotic and disruptive and that by appealing to a more powerful and benevolent spirit such as the Holy Spirit he/she can fight all evil.

This holistic approach to health issues is borrowed from the Shona traditional healing systems. AICs thrive on borrowing from the African traditional institutions for them to be relevant to the African societies they minister to. According to Dzoro (Diviner: Interviewed 2 May 2017 see addendum 2 pg. 220), “the role of the STIs is also visible within the AIC’s healing institutions because of their effectiveness”. It means that the Zimbabwean health sector can benefit from adopting the Shona traditional health care institutions to complement modern national health delivery systems, the same way as the indigenous churches are benefiting. The emergence of AICs in Zimbabwe has been regarded by progressive scholarship as a consolidation of African worldview and an advocacy towards African traditional religions. A new and powerful expression of human spirituality and morality has emerged in Africa. Cox (1995: 258) argues that, “The indigenous churches draw on the past to prepare for the future. They are not burgeoning just because they help people to reclaim ancient spiritual resources that seemed to be lost. They are growing because they help people apply those resources in a new and bewildering context.” In this context, people are ushered into a future full of hope and confidence. The worldly and secular things that are assumed to have a negative impact on religion are not accepted within this religious movement.

Fundamentalism can also trace its origins from AICs, especially the AAC. This movement upholds strict adherence to beliefs and literal interpretation of the Bible. “Miracle performance is another significant phenomenon that is upheld by fundamentalists”. (Dzoro 2017) It means that healing miracles are central within this dimension of Christianity. Cox (1995: 249) argues that, “African Independent Churches were also influenced by the fundamentalist movement which originated among American Protestants. The stance taken by the AAC against secular activities explains its link with the fundamentalist movement.” This reflects that there is also another dimension of AICs with the fundamentalist approach to religion which emanated from the spirit of Pentecostalism. More importantly, the movement also shares some critical factors with the Shona traditional healing institutions. This is the secret of their massive acceptance by African followers.

3.3.1 The Rise of Zionism

The other dimension of AICs is that of Zionism. Although this seems to share a common ground with apostolic sects, there are new phenomena being introduced in the Zionist churches. For example, the introduction of elements of charms and magic seem to have been introduced in the AICs circles through Zionist prophets and healers. It was as if they have adopted some characteristics of the Shona traditional healers and diviners. Chimininge (2012) argues that,

> The founder of ZCC in Zimbabwe (Samuel Mutendi) and current Bishop Nehemiah Mutendi are using very powerful charms and magic to attract people to be members of their church. Samuel Mutendi was given powerful magic in South Africa which was associated with a black rod (tsvimbo) by Engenas Legkanyawe when he was a labour migrant working in the Transvaal region. In Zimbabwe he performed a lot of miracles using that rod. When he died this rod was given to his son Nehemiah which he is using up to now. This is why his church is growing so fast.

It is important to note that the concept of a rod *(tsvimbo)* being a symbol of power and leadership is also prevalent within the Shona traditional religion. In the event of death, the son of the leader is

given that rod as inheritance. It therefore means that this phenomenon is being borrowed into the religious circles of AICs.

When Mutendi took over from his father, he made some strides to follow up on the Zimbabweans in the diaspora in Europe and the United States of America. The Insider 2004) quotes Mutendi saying,

> Once we have converted them, they know what to do. The gospel travels through the culture of an individual. This is the reason why missionaries did not make such an impact in Zimbabwe. They did not want to go through our culture. They wanted to impose their culture on the people here through the gospel. That is why independent black churches sprang up.

Mutendi is confirming the fact that there is a correlation between religion and culture. Culture, therefore, becomes one of the factors or sources from which a religion can develop. Religion becomes relevant if it adapts to the culture and context of the adherent. Thus, because the AICs are deeply rooted in African culture, they attract many indigenous followers (Daneel 1987; Mukonyora 2007. This also implies that AICs and ATRs share the same African culture, ethos, and worldview including religious phenomena, such as appealing to spiritual powers, the use of elements in healing and the belief in the endowment of healing powers upon an individual. “Mutendi also targeted other Africans in the diaspora because for him African culture is naturally imparted in a person’s life at birth”.(Dzoro 2017). It means that Africans maintain their culture regardless of geographical location. He has also introduced a new phenomenon of healing and deliverance when dealing with social challenges. Mutendi, 2004), he argues that,

> I know there are already some people in the United States who are conducting healing sessions. But our sessions are different. We want to show the west that the battle Samuel fought in this country (Zimbabwe) against things like feats, evil spirits, mental illness, barrenness and other inexplicable ailments can be fought in Europe and America, not on the pill, not from the medical front but from the spiritual front simply by praying and using holy water and papers (The Insider 2004).

Mutendi concludes that healing was very central in the ZCC and wanted to claim its supremacy over other institutions in terms of healing The Insider. He however, failed to consider the impact that was

already made by the Shona traditional healing systems before the introduction of ZCC. He should have acknowledged the importance of the Shona traditional health systems and that he had borrowed many of its aspects to enrich his healing ministry. The nature of healing in the ZCC resembles that of the Shona traditional religion. It is different from that of mainline churches and modern scientific healing. It is therefore logical to argue that, in as much as the ZCC would want to denigrate the Shona traditional health systems in order to promote his way of healing, some traits and practices of the Shona traditional healing institutions remain visible in the ZCC. This is a reflection on the importance of the STIs in the Zimbabwean health sector. Furthermore, Chimininge (2012: 45) points out that, "The church specialises in, exorcising evil spirits and treating incurable diseases such as epilepsy and mental illness under the ZCC, any ailments diagnosed by Church prophets can be cured either by using holy water, salt, coffee, tea, or an injection, not the hospital injection, but the church's own, that looks like an ordinary needle." On one hand, ZCC, as an AIC, has its own way of dealing with health issues. They do not require the services of a scientific medical practitioner, but everything is done by a prophet under the influence of the spirit. On the other, one may want to argue that some of the elements used by the ZCC are taken from a scientific field. However, it is the powers behind the use of an element that seem to matter.

People follow churches such as the ZCC because they present a gospel with an African flavor. This shows how appealing religion can become to an African, if it is presented in the African context, culture, and tradition (Chimininge 2012). As alluded to earlier, Africans cannot easily disconnect themselves from their tradition and culture. Therefore, the Shona traditional Institutions will always remain relevant and effective in address the health and social problems of Zimbabweans.

3.3.2 The Rise of Pentecostal Movement

The phenomenon of Pentecostalism is another vibrant outcrop of AICs as it places a lot of emphasis on the Holy Spirit. Pentecostalism is divided into the old and the new movements (Anderson, 2002, Maxwell 2006), in which case the newer Pentecostal Churches or mega-churches in Zimbabwe will be the major focus of this research. The reason for assessing the influencing factors of AIC and Pentecostals was rightly stressed by Healey and Sybertz (1996: 304) who acknowledge that healing was important in the early Christian church, yet ironically, the healing aspect of the ministry has been enculturated in only some Christian churches in Africa today, such as AICs and different Pentecostal churches. Cox holds that AICs are like Pentecostals because their background, origins and their style of worship portray similar tendencies. This point was supported by Chitando, Gunda and Kügler (2014: 57) who argued that Pentecostals and AICs are splinter groups from the Protestant churches, based on some theological issues that include healing ministry. According to Chitando, Gunda and Kügler, "Apostolic Faith Mission and Zimbabwe Assemblies of God Africa (Forward in Faith) (ZAOGA) (FIF) are some of the largest Pentecostal denominations in Zimbabwe and can be traced to the early decades of the twentieth century" (2014:15). This research will focus on the prophetic, healing and deliverance ministries.

3.3.3 The Newer Pentecostal Churches in Zimbabwe

Pentecostalism from 1900 to 1960 tilled the soil on which modern Protestantism thrives (Kalu, 2008). They were closer to the gains of African culture in their response to the gospel and so they felt the resonance between the charismatic indigenous worldview and the biblical worldview. Togarasei (2005: 355) adds that, "the past twenty or thirty years in the history of Zimbabwe, Christianity have witnessed the emergence of the new breed of Pentecostalism that tends to attract

the middle and the upper class urban residents". Modern Pentecostalism is different from the older form of Pentecostalism that started in the 1920s. New Pentecostal churches in Zimbabwe were formed since 2008 when the Zimbabwean socio-economic and political life had been depleted (Togarasei, 2005). Having been formed by reasonably well-educated urban youth, the church remains elitist and modernist movement although it is not true that not everyone in the church is rich or educated. The churches attract those who are seeking both success and prosperity in life (Mujinga 2018). According to Mahohoma (2017: 1), "the issue of wealth accumulation by some leaders of neo-prophetic movement is a burning issue in the world, and Zimbabwe in particular. The emphasis on financial prosperity and health restoration as a fruit of commitment to prayer and faith has taken precedence within the Gospel".

This research appreciates that a lot of research on the rise and theology of newer Pentecostal / charismatic churches had been conducted by scholars such as (Chitando (2013); Togarasei (2013); Biri 2013; Shoko 2015; Masvotore 2016; Mujinga 2018) and not much attention will be taken to deal with the already overdone work. Our focus here is to briefly find out the role of these churches in the medical sector. These churches include United Family International founded by Emmanuel Makandiwa, Spirit Embassy led by Eubert Angel, His Presence Ministries founded by Petunia Chiriseri, Heartfelt International Ministries by Tavonga Vutabwashe, Prophetic Healing and Deliverance Ministry founded by Walter Magaya and Goodness and Mercy Ministries by Tapiwa Freddy.

Ukah (2007: 1-20) took time to deliberate on the tenets of these newer Pentecostal churches. First, he mentions faith healing, this characteristic include aspects of prophecy, exorcism, speaking in tongues, spontaneous prayers, exuberant (high spirited) liturgical expression and the emphasis on

dreams and visions (Ukah 2007). Second, prosperity Christianity or health and wealth gospel or name-it and claim-it gospel. By prosperity in Christianity it means Jesus is only known in the context of health and wealth. These charismatic churches proliferate within the latest three decades and their chief characteristic includes an attraction of Africa's upwardly mobile youth, a penchant of mega-sized urban centred congregations, internationalism, English as the medium of expression, a relaxed fashioned conscious dress code for members, innovative appropriation of modern media technologies, a well-educated leader, not necessarily in theology and a very modern outlook. Prosperity gospel is divided into two forms namely the militant/radical and the diffused. The militant form advocates that God's will for every Christian is wealth, health, happiness, and success while the diffused form of prosperity is motivational. It creates the impression of a world with limitless possibilities and victories without suffering. Africa is the fertile ground Pentecostalism because in an African society, being well is prosperity (Ukah 2007).

Third, they have an economic character. Pentecostal churches produce huge array of videos, magazines, CDs, DVDs, books, key holders and other religious memorabilia or ritual paraphernalia (equipment) like handkerchiefs and olive oil. They also use therapeutic substances including the blessed water for their healing ministries (Mujinga 2018a). Mahohoma (2017:4) explains that, "prior to it there was United Family International Church, founded by Emmanuel Makandiwa and Spirit Embassy which was started by Urbert Angel. Lately there is Walter Magaya who decided to package the name Prophetic Healing and Deliverance Ministries PHD Ministries in reference to his ministry.

For Magaya, anointing oil is a point of contact in spiritual warfare and is a symbol of the Holy Spirit. Faith (Interviewed 14 February 2019 see addendum 2 pg.222), confirmed that, "the oil protects the followers from the deadly dangers and traps". It does the cleansing and purification Anointing oil

also breaks the bondage, burden and oppression caused by the devil because the enemy's yoke connects and binds people with sin, poverty, diseases, and limitations (Mujinga 2018a). Magaya also claim that anointing oil also breaks the yoke that is used to steal the promise of God made to his children. The oil applied to all the affected parts of the body e.g. the forehead, head, eyes etc. One can also apply it to the affected parts of life like documents or business. Fourth, the churches focus on religious advertising-these churches uses posters, branded vest, caps, opens television channels and also make use of both electronic and print media (Biri 2013). Fifth charismatic churches are fond of big religious camps- they buy very expensive large pieces of land. On these lands, the founders construct range of facilities such as auditorium, schools, guesthouse, dormitories, and presidential villas for VIP guest such as politicians. E.g. Magaya owns guest houses for the congregants, residential stands and he supports the Zimbabwe Football (Mujinga 2018a). Sixth, women receive a great deal of visibility and integrated in the decision-making process. They exercise some certain degree of power authority and ends up being the prophetess. One of their major tasks is to protect the family estate and control other financial dealings. These women are very powerful in the ministry (Vengeyi 2013) seventh, they also love firm like structured organizations- the churches are founded and owned by one person. The owner claims to have a special divine authorization with the specific mandate with global power and is a special bridge between God and the people. This person is referred to as 'the bank of grace'. The founder also controls both charisma and cash and his word is law to his followers (Ukah 2007). The emergence of such ministries and the nature of their gospel suggest that the founders of the movements want to do business using the name of God. They are making money out of these ministries and personally benefit. In this context, it means they become successful out of the ordinary followers' sufferings. This phenomenon of God business is generally thriving in the world and Zimbabwe in particular. According to Bishau (2013:65) ,

> This is known by various terms, each implying a different set of meanings and characteristics of the Gospel. Some of the Pastors like TD Jakes, Chris Oyakhilome and Bishop Oyedepo are

among the top 10 richest Pastors who own the most expensive mansions and private jets. The same is true with some Pastors like Paseka Mboro, and Shepherd Bushiri in South Africa and Walter Magaya in Zimbabwe.

All of these ministries trace their origins to Temitope Balogun Joshua of Nigeria who is the spiritual father of Magaya (Mujinga 2018a:155). The implication is that they seem to have borrowed the power to prosper and to start the ministries from a more powerful figure who is believed to have imparted the same ability to his followers. The lifestyle of the prophet as compared to that of the other citizens remains a cause of concern. Although this characteristic is not explicitly pronounced, it is implicitly implied. For instance, as Jenkins (2006: 75-78) puts it, "the lifestyle of prosperity gospel preachers is corrupt and lavish. In a country like Zimbabwe where poverty has become the order of the day, Prophet Magaya is considered a celebrity. His lifestyle has caught the attention of many people who look at his background and upbringing (Mujinga 2018a: 155)." This suggests that Prophet Magaya decided to establish the PHD Ministries to enrich himself.

Zimbabweans from around the country follow the Prophetic Ministries in anticipation of total deliverance from their diseases and misfortunes. The prophet, who is believed to contain extraordinary powers, has the ability to heal, prophesy, impart powers of prosperity and exorcise evil spirits (Biri and Togarasei 2013) Healing elements, like the anointing oil and stickers, are often sold to the patients at exorbitant prices (Ukah 2007). In order to see the Prophet personally and in private, a booking fee is required which makes it difficult for an impoverished Zimbabwean to consult the Prophet for healing. According to one of his followers, Faith (pseudonym), "Prophet Magaya is now exploiting people`s hard-earned monies in the name of prophetic healing and deliverance. Most people believed to have received their healing are coming back with the same ailments" (Faith 2019). Faith's story raises questions about whether people receive genuine healing in the first place, or they are simply being conned for the benefit of the prophet.

In a country where individuals are making millions of dollars for their personal benefit, it is sad to note that the poor continue to become poorer because these rich prophets continue to attract more and more followers from the poor with the promise of a better and healthier life. The prophetic ministry also has had impact on government officials and their leaders who move from one AIC to the other in search of power and deliverance from evil spells. What is sad is that common citizens, who were not even able to feed their own children, seek spiritual assistance from these Prophets where they must pay money for the services rendered. They are exploited for their naivety in believing that their poverty could be a result of evil spells that maybe exorcised by the prophet. “They do not hesitate to pay in anticipation of total deliverance”. (Faith 2019). As a result, this aggravates their poverty. Child nutritional health is tremendously affected due to this and other factors. According to (Chuma 2019), “Child nutrition came under spotlight amid revelations that 1 in 3 children under the age of 5 are malnourished.” This report indicates a high level of malnutrition in Zimbabwe as a result of drought, unemployment, corruption, diseases, and low salaries. Yet even the little money that people make ends up being offered to these prophets as individuals seek healing and deliverance from their poverty and misfortune. People could no longer afford to cater for the welfare of their families. The Ministry of Health and Child Care reflected a situation of desperation and this has exposed the general populace to the attractive hand stretched by the Prophets of these upcoming religious Ministries. They could entice people to follow them through some drought relief and supplementary feeding programmes. It therefore means that the generality of the poor and suffering Zimbabweans remain at the receiving end of both the Prophets and the political leaders who take turns to exploit them.

It is against this background that this research advocates for recognition and inclusion of STIs in the health and welfare of Zimbabweans. A comparison of the AICs and the ATRs, especially the STI,

would prove that the two phenomena share much in common. For example, the use of elements in healing, belief in supernatural powers, belief in the reality of witchcraft, spiritual powers, and the endowment of the gifts of healing upon an individual. Most of these are also common features of the prophetic healing and deliverance ministries, which suggest that the two phenomena derive from the STIs.

The greatest challenge that the Zimbabwean health sector has is that of not openly appealing to the Shona traditional institutions. “People tend to consult such institutions, like the Shona traditional healers, privately and secretly”.(Nyembe 2018 see xxii). Most Shona traditional healers have resorted to privatizing their practices for fear of being associated with paganism, fetishism, and witchcraft. These are negative connotations often channeled towards the Shona traditional institutions by the missionary Christians, AICs, AACs, Western scientific health practitioners and some government agents. The wisdom, expertise, power, and resourcefulness of these Shona traditional institutions remain overshadowed by the scientific approaches to health, which are unaffordable and sometimes unavailable to the general populace of Zimbabwe.

The AICs emerged out of a context of crisis and rebellion by the Africans against their Western counterparts and their religious organisations. It means that AICs were born out of a deep cry for the total emancipation of an African from the Western worldview and lifestyle. As such, the African politicians became attached to AICs throughout all the historical stages, until independence. From then on, the AICs are more visible at political gatherings in Zimbabwe. For example, they always attend independence celebrations, Defense Forces Day, Heroes Day commemorations and most ZANU PF party rallies (Ruzivo 2013). In the process, they ended up diverting from their true purpose of existence in order to align themselves with politics. They are now used for political

mileage by the political leaders in Zimbabwe. This led to the emergence of Pentecostalism and fundamentalism as people tried to fight secularisation. PHD Ministries thrive on financial prosperity and lavish lifestyle (Masvotore 2016). In the context of this study, it is critical to note that these prophets charge more money than the Shona traditional healers. This was done to the peril of the Zimbabwean poor populace that continued pouring money into the pockets of prophets in exchange of healing and deliverance. This is done in opposition of the Shona traditional healing, which is regarded by the adherents as affordable, available, reliable, and holistic. The Shona traditional healing institutions are also more effective and dependable to the indigenous people. It is in view of these observations that this research advocates for a return to Shona traditional institutions to ensure a complete, healthy, and respectable life for the Zimbabwean populace.

3.4 The Intervention of Non-Governmental Organisations in the Health Sector

This section discusses the contribution made by non-governmental organisations to the health sector of Zimbabwe. In defining a non-governmental organisation, the following definition was extracted from an NGO Global Network website (www.ngo.org.ngoinfo) which states that,

> A non-governmental organisation (N.G.O) is any non-profit, voluntary citizens' group which is organised on a local, national, or international level. Some are organized around specific issues, such as human rights, environment, or health. They provide analysis and expertise, serve as early warning mechanisms, and help monitor and implement international agreements.

In Zimbabwe, NGOs have played a pivotal role in complementing government efforts in service delivery in different sectors. This section, as alluded to earlier on, is an analysis of the NGOs' contribution to the health sector. The analysis shall consider the following NGOs' involvement in Zimbabwe, (1) World Vision, (2) Plan International and (3) Green World. It is essential to note that when NGOs come to offer services within the health sector, they always have a motivating factor

that determines their modus operandi such as reproductive health, nutritional programmes, curative health, psychosocial support, and training of health personnel, awareness and rehabilitation. The modus operandi is influenced by specific challenges, diseases or other vices encountered by the populace. Fisher et al (2017: 9) state that,

> Some wounds are caused by damaged relationships, or by abuse and neglect within families or the community. Some are seen as signs that the ancestors or other spirits are displeased or some wrongdoing from a previous generation has been left unresolved. Yet others have arisen as the result of particular events, including violent conflict, political unrest, and environmental change.

This implies that NGOs would want to attend to the body, the psyche, and the spirit of a person. Thus, their collaboration would advocate for a completely healthy person. This justifies the Christian flavour found in some of the NGOs as they would want their interventions to be done in a Christian environment because their funding comes from European Christian organisations. According to Mujeye (Interviewed 7 February 2018 see addendum 2 pg. 208), “many NGOs focus on improving the plight of the poor and vulnerable”. NGOs in Zimbabwe have become very popular for their participation in activities such as environmental health, social programmes, advocacy and human rights work. Most of these NGOs involve the participation of the indigenous people in their interventions (Masvotore and Mujinga 2019). However, the ZANU PF often views the involvement of the indigenous people in the interventions of the NGOs negatively because it wants to protect their political turf. Since most NGOs have a European background, the ruling party does not trust them. However, this research noted, that NGOs contribute a lot to the country’s healthcare programmes.

There are several interventions within the health sector of Zimbabwe involving different NGOs. According to Dr. Gerald Gwinji, Secretary for Health and Child Welfare (2015) in (The National Health Strategy for Zimbabwe, 2016-2020), “There are a number of partner’s (which include line ministries, parastatals, non-governmental organisations, tertiary and training institutions)

complementing the Ministry of Health and Child Care in addressing these problems, through varied approaches." The government of Zimbabwe acknowledges and recognises the interventions of NGOs in the health sector. For instance, World Vision has contributed much to the supplementary feeding programmes to enhance the nutritional status of Zimbabweans. According to Our Work/World Vision, (https://www.wvi.org.)

> This internationally recognised NGO has served effectively within the health sector of Zimbabwe, especially during socio-political and economic crisis of 1999-2009, interventions increased significantly to meet the growing humanitarian needs, peaking with the cholera outbreak and food security crisis of 2008-2009, during which World Vision Zimbabwe (WVZ) had as many as 1 900 staff serving 3 million Zimbabweans with food rations, water and sanitation services, health care provision, educational and micro-finance support, with a total programme value exceeding US$100 million.

This shows the extent to which NGOs like World Vision have been involved in the wellbeing of Zimbabweans in times of strife and crisis.

Plan International has been operating in Zimbabwe since 1986 with their major thrust being on children's health and welfare. According to Mujeye (2018 see addendum 2 pg. 209) "Plan International operates in Bulawayo, Chipinge, Chiredzi, Kwekwe, Mutasa, Mutare, Mutoko, Mwenezi and Tsholotsho. One of the NGO's key areas of work include ensuring children grow up in good health". This complements the government's vision of equity in health, which was launched in the late 20th century. The Zimbabwe Kairos Document (1998: 31) states that,

> The country joined the ranks of other countries to achieve the international goal of Health for All by the year 2000; and beyond. Zimbabwe made credible strides in bringing health services to the people. New clinics and hospitals were constructed. Those that were inherited from colonial government were renovated and updated. Training schools for nurses and doctors were opened or updated and expanded.

Plan International Zimbabwe participated in this infrastructural development, awareness, educational and health provision programmes. Many clinics, staff houses, and other facilities related to health

were put in place in some rural areas of Zimbabwe by Plan International. Disease awareness and prevention, together with nutritional supplementary feeding programmes were also undertaken by the same NGO. Considering that there are many NGOs participating in the Zimbabwean health sector at the same, it means that the contribution of NGOs has been remarkable.

Green World is another NGO which came in Zimbabwe in the 2014. The organisation promotes the inclusion of natural plants in dealing with health issues. According to the Green World Group (2004:2) Starter Kit (Green World Manual), "in anticipation of the expansion of the global consumer base and their spending power in health and confidence that the back to nature and environment awareness movements will grow even stronger in years to come, Green World plans to expand its business." Although this organisation promotes the use of natural herbs in the healing systems of Zimbabwe, one point of concern this study noted was the commercialization of its products. The herbal medicines are processed into tablets and other forms for them to attract more money, just like the modern scientific medicine. Nevertheless, the researcher noted that the organisation brought with it a different approach to health delivery. Green World Group (2004: 3) Starter Kit (Green World Manual) states that,

> The Green World's health products have been extensively utilized for the treatment of multiple diseases since their introduction. Their application has been extended to about 120 diseases including osteoporosis, hypertension, diabetes, rickets, cardiac disease, hyperkinemia, dermatitis, sexual malfunction, and arthritis. Reports have shown that the effectiveness is satisfactory and significant with typical cases exceeding tens of thousands.

Green World has contributed significantly towards the health of Zimbabweans. It emphasizes natural treatment, natural food and would want to connect people with nature. This organisation combines natural treatment and modern science. For instance, they process the natural herbs in order to

dispense them as tablets. However, the emphasis on going back to traditional and natural treatment remains prevalent especially regarding nutrition.

3.5 The Contributions of Civic Organisations to the Health Sector

Civic organisations normally comprise people of the same locality who share a common ground. Civic organisations organise themselves into focus groups depending on the need. The major thrust is to assist each other using resources, such as food, clothes, traditional medicines, information, awareness programmes and other resources that are locally available. Although these focus groups periodically receive aid from the local government agencies and NGOs, they often use the available resources, such as consumable fruits, vegetables, traditional medicine and other naturally provided resources, including traditional healers, herbalists, diviners and traditional midwives (*nyamukuta*). It is therefore important in this context to consider interventions made by these civic organisations in the health sector of Zimbabwe. The formation of some civic organisations in Zimbabwe was not necessarily out of the people`s voluntary will or zeal to serve, but they emerged as a response to life-threatening challenges that the government would have failed to address (Masvotore and Mujinga 2019). They were reactive movements to address the status quo. Although most of them arose out of political ambitions or reactions, some originated as a reaction to socio-economic and health challenges that affected the communities. They had to use the available indigenous resources to sustain themselves. It therefore means that the civic organisations in Zimbabwe could thrive on the indigenous knowledge and resources available to them, in order to contribute to the health sector of Zimbabwe.

Civic organisations dealt much with nutrition and home-based care programmes and the establishment of support groups. They would share the available resources for the benefit of the entire community. It means that traditional medicinal and nutritional products were locally produced and consumed by the local people. The Zimbabwean health sector could benefit more by coming up with health care policies that allow civic organisations to fully participate in the health delivery systems. One of the ways of benefiting the health care sector is the cultivation of nutritional crops. Fisher, Josef & the Chikukwa Community (2017) refer to the Chikukwa region regarding the cultivation of nutritional crops as well as harsh environmental conditions by stating that,

> Chikukwa is an area of communal land situated in the south-eastern highlands of Zimbabwe. Many years ago, the people who lived there organised themselves into self-help groups in order to fight environmental degradation and to support each other by improving their livelihoods. They worked together in gardens and orchards and on other projects that improved both food security and nutrition within the community (Fisher et al: 2017: 6).

This intervention contributed significantly to the nutritional programmes of the health sector in Zimbabwe, especially to the Chikukwa community. The motivating thrust of civic organisations is to start where you are. According to Fisher, Josef and the Chikukwa Community (2017:10), "One starting point is the strong belief that, as with development and peace building, ordinary people can take steps which will bring healing and alleviate mental suffering. Such initiatives need to start where people are and to build from there." However, in as much as these civic organisations are rendering great contribution to the health sector; they are not well resourced in terms of trained personnel and medication. Another example of a civic organisation which has contributed significantly to the health sector is Sokuseka Social Club found in Chakohwa community in Chimanimani district. The organisation was founded by 10 members, who include liberation war veterans, retired civil servants and traditional leaders. The organisation focuses on patients who require home-based care. According to their chairperson, Niki, (Retired Nurse: Interviewed 15

August 2018 see addendum 2 pg. 212), "although the organisation lacks the basic and much needed resources, such as medication, however, care, love, and good nutrition is very essential for health." There are some areas where civic organisations are offering valuable assistance in the health sector, whereas in other areas, there are limitations. Where they failed to offer pronounced interventions, it was mostly because of the political environment. Some political leaders were not comfortable with them because some of them ended up pursuing political agendas. Critical to note is that, "civic organisations interventions to health care issues could easily be integrated into the Shona traditional healing institutions because they share a common ground".(Niki 2018 see addendum 2 pg.213). Although churches, NGOs, and Civic organizations made some remarkable interventions in the Zimbabwean health sector they failed to practically bridge the gap that was created by the displacement and denigration of Shona traditional institutions. This is where this research is arguing for the durability and significance of ATR and the pragmatic role of Shona traditional institutions in the Zimbabwean health sector.

3.6 African Traditional Religions in Zimbabwe

This section of the research focuses on some African Traditional Religions that are prevalent in Zimbabwe and attempts to contexualise the people's religious lifestyle. For the sake of this presentation, a bias towards the Shona traditional religion shall be undertaken above other Zimbabwean traditional religions because the Shona people comprise the larger part of the Zimbabwean population. However, it is important to assess the position, nature, and assumptions of the ATRs in general before focusing on the Zimbabwean context. The most important factor that any progressive student of ATR should take into cognizance of is that African people. Bolaji Idowu wrote the words "Africans are in all things religious" (Idowu 1965) and even "Africans are incurably

religious" (Idowu 1973). It therefore means that their religiosity is inborn and becomes part of their lifestyle. "There is no need for evangelism ministries, like in other religions, for one to become an adherent of ATR" (Marange: Village Head: Interviewed 27 June 2018 see addendum 2 pg. 237). Africans are born religious by nature. According to Mbiti (1969:112), "Africans are notoriously religious, and each people have its own religious system with a set of beliefs and practices. Religion permeates all the departments of life so fully that it is not easy or possible always to isolate it." It therefore means that a study of these religious systems is ultimately a study of the peoples themselves in all the complexities of both traditional and modern life. Africans and their traditional religions are seemingly inseparable; hence a genuine study of such phenomena is expected to be more objective rather than subjective.

The initial studies of ATR were done by western anthropologists and sociologists who did not have the capacity to genuinely theologise about the African worldview. They described Africans as people without a religion (Idowu 1973). Prejudiced and vague conclusions were drawn in relation to the history of ATR. It means that there is need to conceptualise and contextualise ATR, especially regarding health issues. According to Ray (1976: 3),

> The study of African religions has passed through several phases, each involving different purposes and points of view. The first extended accounts were written in the eighteenth and nineteenth centuries by travellers, missionaries and colonial agents. For the most part these were not scholarly or systematic studies, but collections of random observations and superficial opinions designed to appeal to the popular European mind.

This reflects that the first writers of ATR accounts had no intention of presenting a genuine, scholarly, and authentic theological reflection of ATR. Most probably, they had a manipulative agenda upon the general African worldview. The colonisers wanted to politically subdue the Africans, the travelers wanted to exploit the African resources and the missionaries wanted to present their western religion as superior to ATRs.

It is important to note that the study of ATR only become progressive following a greater involvement in scholarly intervention by anthropologists, philosophers, theologians, historians, and phenomenologists. This stage began, as stated by Ray (1976: 2),

> In the late nineteenth century and was marked by more objective and systematic field studies by trained anthropologists. The best work of this nature began in the 1930s and includes some outstanding monographs written by both European and African authors. A third and more recent phase consists of a small but growing number of philosophically and theologically oriented studies written primarily by African authors. More recently still is the attempt to combine anthropological and historical method. This development combines the search for evidence of specific forms of change with the construction of adequately models of change in religious structure over time.

This positive and objective scholarly development led to the introduction of methods such as the phenomenological method. This method studies the phenomenon without any prejudice, pre-judgement, and bias. It therefore follows that if such methods are applied in the study of ATRs; certain phenomena enshrined in them are going to be contextualised hence yielding more relevant insights. African traditional religion is often described in plural form. According to Hinnells (1984: 425),

> The concept of tribe or ethnic group is a fraud one in Africa, for ethnic identities shade into one another and there have been continual migrations and amalgamations throughout African history. Basically, the tribe is a category of interactions among heterogeneous peoples, but it has a cultural core which consists of a human tradition in a given physical environment. Such environment offers a limited number of choices for solving the problems of daily living and each society has developed its social and cultural institutions in accordance with a chosen economy.

This led to a diversity and multiplicity of ATRs but all of them continued to share a common ground in several religious phenomena. Hinnells (1984: 425) urges that “religious concepts and practices have been shared over wide areas in the history of Africa and certain religious institutions, such as ancestor veneration, have a near universal currency.” In as much as one may want to emphasize the multiplicity of ATRs, one must also take note that there are many things in common. They seem to be the same religion.

In Zimbabwe, in particularly, ATRs are so prevalent. The existence of ATRs in Zimbabwe can be traced back to the pre-colonial era. It means that ATR can be regarded as one of the oldest religions in Zimbabwe. This kind of religion is deeply rooted into the adherent's culture and worldview to the extent that it becomes part of their lifestyle. ATR in Zimbabwe has a natural and indigenous way of dealing with reality as it encounters the people. According to Bourdillon (1990: 65), "Some people argue that one of the functions of religion is to maintain political authority and good order in society, others say that it is one of the faults of religion to support power structures which are often irrational and unjust. In either case, people recognize that religion is sometimes related to political power." This assertion confirms that ATR has been in relationship with political powers in Zimbabwe since the pre-colonial period. The author equated the pre-colonial political leadership with the contemporary one without considering that they were not actually the same. "The current political leaders are operating under the influence of modern science while the traditional politicians were guided by the African traditional culture". (Marange 2018 see addendum 2 pg. 238). Communities in Zimbabwe are naturally organised according to respective tribes, culture, and dialects. However, it must be noted that all the Zimbabwean indigenous tribes are bound together by ATR which makes them share a common religious ground based on African ethos.

The African traditional institutions like chieftainship, traditional healing, ritual performance, taboos, and traditional medicines constitute the ATR and are critical in the healing institutions of African communities. These and other traditional phenomena characterise the ATR in Zimbabwe. It is important at this point to focus on ATR in Zimbabwe in the context of this research. ATR in general and the STR played a pivotal role in the health sector of the Zimbabwe people. It contributed a lot to the welfare of Zimbabweans throughout the historical stages of their livelihood. During the pre-colonial era, the Shona people depended solely on the traditional medicine and traditional healers.

After independence, especially in the 21st century, as argued by Shoko (2007: 1), "natural and herbal medicines are experiencing a global renaissance, with the World Health Organization (WHO) estimating that more than 80 percent of the world's population uses this type of medicinal therapy." It means that although Christian missionaries and colonisers had tried to demonize and destroy ATR in Zimbabwe, it is re-emerging as a post-colonial phenomenon which is becoming more prominent and acceptable by many Zimbabweans and the world at large.

As alluded to, above in this chapter, African traditional religion cannot be separated from the daily life of Zimbabweans. It is part of their life; hence, they are bound to adhere to the religious phenomena of ATR without any difficulties. For instance, Shoko (2010: 1) argues that,

> Traditional medicine has always been at the heart of most African people and in particular the Shona people of Zimbabwe. Statistics show that in Africa 50 percent of the population regularly uses alternative therapies, natural herbs being the most used. The fact that most of the medicine is found within the vicinity of the African community makes it very attractive, user friendly as well as it being cost effective and flexible in adapting to the dynamics of modern society trends.

This shows how ATR is central to the population of Zimbabwe. It brings about the much-needed remedies to the health challenges that are affecting the people of Zimbabwe. ATR, in this context becomes an easily acceptable religion, which naturally touches the hearts of many Africans including the Shona people of Zimbabwe.

Zimbabwe's post-independence government seems to have taken a positive stance towards the accommodation of ATR in the health sector. Mapara (2009: 31) argues that,

> In 1980 after Zimbabwe gained its independence, traditional medical practitioners received formal recognition for their work. An association to register these health practitioners called the Zimbabwe National Traditional Healers Association (ZINATHA) was formed. However, despite their recognition being made formal, traditional medical practices have been side-lined from formal incorporation into the country`s health care system.

In as much as one would want to argue that the post-colonial government of Zimbabwe became tolerant to the Shona traditional healers, this study argues that it was only theoretical, hence a more pragmatic approach to formalise the institution is still needed. Regardless, of the formation of an association it has remained difficult for the Shona people in general and the traditional healers as well to openly conduct their practice because of continued stigmatisation. As a result of the stigma people resorted to visiting the Shona traditional healers during the night, and these nocturnal visits to a *n`anga* (traditional healers) apparently continued to necessitate their labelling as witches and evil people. This research, therefore, advocates that the political arm of Zimbabwe, which encompasses the executive, the legislature, and the judiciary, should take a more pragmatic stance to incorporate the Shona traditional healers in national healthcare systems of Zimbabwe. It can be further argued that by implementing a progressive legislative stance, which takes care of the plight of the Shona traditional healers, it would probably emancipate them and create a platform that would enrich the entire health sector in contemporary Zimbabwe.

This research argues that the modern health care system has much to learn from the Shona traditional system. The European colonisers and missionaries failed to recognise the importance of traditional healers. They could have learned and borrowed much from the African worldview for the benefit of the global health care system. Shetty (2010: 3) argues that,

> There are various perspectives that exist regarding integration of traditional medicine with the conventional (modern) health system. From a utilitarian point of view, knowledge of traditional herbal medicine can be validated and absorbed into the modern medical system. There are several examples of drugs like Artemisia for malaria and Salicylic acid for fever that have been integrated into the conventional (modern) health system.

While it is important to integrate the modern and traditional medicines, this study remains concerned about the need to acknowledge the source of the medicine. If the integration means inclusivity and

tolerance, it will acknowledge and recognise the real source of the medicine before integration with modern science. It is the need for formal recognition of traditional African health delivery systems that have prompted a study of this nature. The background explored above prompted the origination of a study such as this, in a bid to become the voice of the Shona traditional healers in contemporary Zimbabwe. Citizens should be at liberty to visit and consult traditional healers without any fear of being victimised or stigmatised. Traditional healers should be regarded in the same manner as the modern scientific doctors. The same must be true with the Shona traditional medicine. This will therefore go a long way in upholding and enhancing the criticality of the Shona traditional healers in contemporary Zimbabwe.

The impact of traditional medicine seemed to have enhanced the acceptability of ATR within the Zimbabwean society. As Shoko (2010: 3) points out,

> This is primarily because medicine is used to not only cure physical disorders, but to achieve almost any end that requires for its success and control over forces which would otherwise be uncontrollable. Medicines are used to protect one against witchcraft, to pass exams, to win the love of an unwilling woman, to see in the dark, to grow crops successfully, to dispel *ngozi* and for many other purposes.

This researcher concurs with the view that this suits the lifestyle of the common Zimbabwean who struggles to make ends meet without the aid of such extraordinary powers and ability. It therefore means that ATR remains central to the progress and achievements of Zimbabweans. It therefore is difficult to separate the Shona people from ATR in Zimbabwe.

The Ndebele traditional religion is also one of the African traditional religions in Zimbabwe. It is prevalent among the Ndebele and has some clans associated with it according to different dialects just like the Shona. The Ndebele and Shona traditional religions share some ideological and religious beliefs. The major factor which distinguishes them is language and geographical location. While the

STI located in Mashonaland and Manicaland Provinces, the Ndebele's is based in the Matabeleland and some parts of Midlands provinces in Zimbabwe. The other religion which is founded predominately in Mashonaland is the Nyau religion which originates from Malawi. It is commonly practiced in Zimbabwe by Malawian migrants, who came to Zimbabwe before independence to work on farms and in mines. It also has some common features with the Shona traditional religion, for example, the use of traditional medicine, traditional healers, and ancestral veneration.

The discussion above shows how the African traditional religions are active in Zimbabwe and how they contribute to the general well-being of the Zimbabwean populace. However, it is also important to deliberate on how the ATRs were denigrated, especially within the health sector of Zimbabwe. According to Shoko (2010:90), "the role and work of the traditional healers has been subject of criticism. Some western scholars and missionaries have labeled traditional healers as witch doctors, magicians and medicine men." These negative labels minimized and destroyed the impact and confidence of ATR in Zimbabwe. Due of this onslaught most of the Shona traditional healers stopped practicing openly and went underground. Hence the privacy and secrecy that is being experienced today within the ATR in Zimbabwe For instance, according to The Newsday Zimbabwe (2011, December 14),

> The Medical Control Authority of Zimbabwe (MCAZ) has at some time warned against the use of traditional medicines whose promoters claim they cure all ailments including HIV and AIDS. The authority said the medicines were posing a serious health risk to members of the public who have unwittingly used the remedies in place of prescribed conventional medicines.

It therefore means that ATR and its institutions have been regarded as harmful to the health of people. The authorities who should have worked towards harmonising the Shona traditional medicine with the scientific ones were quick to condemn the traditional institution as one that brings more harm than good. It follows that, the health authorities were closing doors to the STIs and denying

them participation in the health delivery system of Zimbabwe. The other factor which was put across by Jagtenberg (2006: 323), is that,

> Most critics of traditional medicine argue along the lines of naturopathic medicine which regards alternative medicines as pseudoscientific medicines that are based on folk medicine and rather than scientific based medicine. As such the naturopathic medical doctors are regarded as having no scientific merit.

The implication is that the medical profession considers the naturopathic medicine as ineffective and possibly harmful thereby raising ethical issues about its practice. This suggests that ATR is not regarded as a religion that can be effective in servicing the health sector in Zimbabwe.

However, the negativity and misconstructions attached to the ATR in general and the Shona traditional healing systems does not diminish their real efficacy. The fact that some patients are still comfortable with the services of traditional healers and their services means that it they are effective. These traditional institutions remain effective if they are consulted correctly and consistently. They are consistent, durable, and reliable to the people who use them. Although they serve within the same communities together with the modern scientific healthcare and religious institutions, they remained effective and favourable to a significant number of Zimbabweans. Scicchitano et al (2014: 5-9), substantiated this fact saying,

> Observe the role of nutraceuticals in mitigating health problems, especially in the gastrointestinal tract. Although many Shona people take some of their illness to scientific medical practitioners in hospitals, clinics, and private doctors' surgeries, while others visit Faith Healers of Zionists and Apostolic churches, a good number visit traditional healers. This shows the faith and growing popularity of traditional medicine in Zimbabwe particularly in times of serious illness.

ATR in Zimbabwe remains helpful in the eyes of its adherents, although the health authorities would want to frustrate it. Zimbabweans, especially the Shona, are attached to their traditional health systems to the extent that, where circumstances seem to be restrictive, they opt for secretive and nocturnal ways and private means of accessing the services of a traditional healer. According to

Gweture (Traditional healer: Interviewed 13 October 2017 see addendum 2 pg. 224) ,"the clients that the traditional healers are serving vary from general people to church leaders, politicians and business people who often come to seek powers and the ability to excel in their endeavors". It therefore means that besides the provision of traditional medication, the African traditional religious institutions are also assisting in the enhancement of business ventures and leadership abilities. One may therefore argue that the Africa tradition in Zimbabwe has an all-encompassing approach to human life.

It is apparent that ATRs in Zimbabwe influenced the emergence of African initiated churches, as people wanted a religion that could be publicly accepted but at the same time addressing their challenges in a traditional way. "People could not want to be blamed by their Missionary counterparts for adhering to ATR, a religion that was viewed negatively by those who had converted to Christianity". Gweture (2017). AICs maintained the African beliefs and were very acceptable by the indigenous people of Zimbabwe. It means that the Shona were trying to put a Christian flavour into the Shona traditional religious institutions

Among the Shona people, people are made to be ill. Closely linked to *chitsinga* is *chipotswa*. According to Mbiri (Traditional Healer Interviewed 9 November 2018 see addendum 2 pg.210), "*chitsinga* this is derived from the Shona word *'kupotsera'* which means to throw. In this context, the word denotes the strategically throwing of a bad or evil charm to cause an illness in the body of the victim". In as much as *chitsinga* would spread within the whole body, the *chipotswa* disease concentrates on joints, like arthritis in scientific diagnosis. The Shona people, influenced by their belief in witchcraft, believe in the existence of such diseases and ailments. They therefore attach themselves to the traditional healers for fear of such attacks. Viewed closer, these diseases share

similar symptoms with diseases that are often diagnosed in the scientific health circles. However, instead of blaming the modern scientific doctors for failing to treat such diseases, this study suggests a combined effort of the two health institutions to develop advanced diagnostic strategies to curb the prevalence of such ailments among Zimbabweans. There is need to advocate for a collaboration of the scientific and STIs, in order to produce effective results.

Chidyiso/Dyiswa is another disease dealt with by Shona traditional healers. This is typically food poisoning, which is also dealt with in the modern scientific health institutions. Both institutions have the capacity of dealing with such a disease. However, it is significant to note that in the Shona traditional context, some rituals and witchcraft activities can be associated with *dyiswa*, a phenomenon not commonly subscribed to in the modern scientific health institutions. "Common symptoms of *dyiswa* include stomach pains, lack of appetite and a protruding abdomen". (Mbiri 2018). Normally when an *n'anga* administers traditional medicines, the patient may vomit profusely and have diarrhea instantly. "The administering of the medicine is inclusive of some ritual performance in a bid to reverse the impact of the spell accompanying the poison". (Mbiri 2018). This may also address the psychological trauma brought about by stress being induced through pain and effects of the disease. In the Shona traditional communities, such diseases are managed at family levels with the involvement of all family members. According to Nkatazo (2010: 5), "gastro-intestinal problems such as diarrhea, dysentery, worm infestations… and hepatitis have been managed at household level through the use of traditional herbal remedies." The inclusion of the whole family in dealing with a disease has the effect of preventing the whole family from further poisoning or any other harmful attacks from the evil spirits. Thus, rituals, that connect the whole family to their ancestral spirits, are performed to remove any forms of vulnerability.

The other disease that could be treated by the Shona traditional healers is called *mamhepo* or *nzimu*, (which literally means winds). *Mamhepo* usually affects the mind, to the extent that the patient ends up becoming mentally unstable. The scientific method of dealing with such ailments is usually by suppressing the mental disorder through sedatives which is a temporary method of addressing the challenge. When the effect of such drugs is over, the patient's mental disorder returns. It therefore reflects that, probably some alternative remedial action must be undertaken to address the impact and effects of the disease. According to Dzoro,(2017), "although *mamhepo* manifest and affect the psychological and the physical parts of the patient, it has to be known that its source is mainly spiritual." In order to effectively deal with *mamhepo***,** spiritual powers must be consulted. In such cases, the Shona traditional healers have a pivotal role to play because most of them operate under the influence and guidance of the spirits. "Where the Shona people consider *mamhepo* as a disease the modern scientific health care system refers to it as mere hallucinations caused by stress, depression and psychological challenges that may need counselling or some psychotherapeutically induced rehabilitation".(Dzoro 2017). The gravity and intensity of the disease is treated differently between the two health institutions. Critical to note in the prevention and treatment of the diseases in this context is the significance of upholding the Shona traditional values and the general ethics of the community. The ethical values and standards are very essential to curb some diseases among the Shona. As such, it is mandatory for traditional leaders and Shona traditional healers to advocate for preservation of such values and standards in their respective communities. According to Nyoni (2019:231), "they are gate-keepers and vanguards of indigenous religion and culture. Their duties and responsibilities are heavy and require them not to be involved in politics. They should be leaders for everyone in the community. They should unequivocally uphold Zimbabwean national values, norms, and heritages." Traditional leaders and healers in this context are given a responsibility to be the custodians of traditional values and norms for their community for the enhancement of spiritual

healing. One of the conditions is that traditional leaders are not supposed to participate in politics. This was done in order maintain their integrity. What it therefore means is that whenever a traditional healer or leader is involved in politics, they compromise their integrity and consequently affect the effectiveness of spiritual healing in their communities. Although the above quotation would pacify the traditional leaders considering the political environment in Zimbabwe it brings about an important aspect of the relationship between a leader and a doctor that are united to preserve the sanctity of the traditional health sector. This approach is commendable and recommended for adoption by the contemporary leaders and doctors to preserve sanctity of the Zimbabwean health sector.

As the discussion above deliberated on how some specific diseases are treated within the Shona traditional circles using spiritual healing than through the scientific methods. In Zimbabwe, the existence of complicated and chronic diseases is prevalent. The health sector ends up in a dilemma in terms of trying to completely eradicate such diseases. One would, therefore, want to believe that, genuine consultation with Shona traditional healers, and in partnership with the modern scientific methods, would produce an all-encompassing approach towards health issues. This kind of approach deals with the spirit, the psyche, and the body. Every source of health challenge, at any given level among the three, is dealt with in a manner that facilitates and develops a health sector which every citizen can depend on.

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3.7 Conclusion

This chapter deliberated on the contributions made by the church-related health institutions. In addition, it also deliberated on the rise of African Indigenous Churches, Zionism, Pentecostalism and the prophetic healing and deliverance ministries. The interventions of non-governmental organizations, (NGOs), and civic organisations to the health sector in Zimbabwe and the role of African traditional religions were explored. The next chapter will discuss the relevance of Shona traditional institutions in Zimbabwean health sector.

CHAPTER 4

RELEVANCE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR

4.1 Introduction

This chapter is premised on the findings of the previous chapter. The previous chapter dwelt on the contribution made by church-related institutions, NGOs, and civic organizations to the health sector of Zimbabwe. It revealed the attempt that was done by these organizations in complementing government's effort in health care delivery. It also exhibited how ATR, as a religion, remained effective, durable, relevant, and significant in the health and welfare of the indigenous people of Zimbabwe. In as much as these organisations did a great job in the health sector, there are some areas that were either left unattended or unresolved. For instance, the scarcity of drugs, exorbitant prices, handling spiritualised diseases, and the relegation of indigenous resources. This paved for this research to explore the role of Shona traditional institutions to show their durability, effectiveness and relevancy in the Zimbabwean health sector. This chapter deliberates on the relevance of Shona traditional institutions. In doing so, the chapter evaluates STIs' ability to bridge the gap left by other participants in the Zimbabwean health sector.

According to Nyoni (2019:170), "the role of traditional institutions in community development activities is significant. They deal with socio-economic, political, religious-cultural as well as governing systems in indigenous communities." A demystification of these institutions enables a critical assessment of their effectiveness and reliability within the health delivery systems of Zimbabwe. The discussion shall be inclusive of Shona traditional institutions such as chieftainship, Shona traditional healing, spiritual remedies, rituals, and taboos. These institutions are analysed in the context of nutritious, curative, and reproductive health.

4.2 Chieftainship

Shona people have their traditional ways of governance, which are centered on chieftainship (Chigwata 2016). Culturally, chiefs are the supreme leaders of any traditional community in Zimbabwe. As such their reverence stands unquestionable by their subjects. To substantiate this Chigwata (2016:70) says, "as in many other parts of Sub-Saharan Africa, the institution of traditional leadership has always been central to the governance of communities in Zimbabwe." A purposive interview done to Chief Jigu (2016), supported the same view and went on argue for the full inclusion of the Shona traditional institutions in the Zimbabwean health sector. The phenomenon of chieftainship is one of the most powerful institutions in Zimbabwe.

The Shona tribe is characterised by different dialects scattered around Zimbabwe, but they are all bound together by their traditional beliefs and culture. According to Bourdillon (1987:17), "the Zezuru peoples of central Shona country comprise a number of independent chiefdoms united by geographical propinquity, by their common language and culture and also by some of the greater religious cults which spread their influence beyond the boundaries of particular chiefdoms." This brings about a sense of unity, love, and accountability to each other. Prior to colonisation of Zimbabwe the institution of chieftainship was a force to reckon with in the governance of Zimbabwe (Bourdillon 1987). They drew their legitimacy to rule from their traditional and cultural standards. This research argues that empowering Shona traditional institutions of Chieftainship would mean empowering the rest of the traditional institutions. "The Zimbabwean health sector could be one of the richest and powerful sectors in the region if Shona traditional institutions are given the platform to publicly practice in the Zimbabwean health sector". (Jigu 2016). However, their authority was stripped during the colonial era. According to Chigwata (2016:70), "the colonial government dismantled, and in some cases replaced, traditional governance structures with modern state

institutions as it sought to advance its interests and exercise firm control over the Black population." Chigwata (2016) and Nyoni (2019) agree on the fact that traditional leadership in any given African community, Zimbabwe in particular is very significant. However, the Zimbabwe Kairos Document (1998), Chan (2005) Kidia (2018) were skeptical about this view regarding the Zimbabwean health sector. They had the view that the Shona traditional institutions that could be rendering great service to the Zimbabwean sector were being deprived of their right to practically serve in public health institutions.

From an outside's point of view, it may seem as if the Chiefs in Zimbabwe are being recognized by the state but on the contrary, a phenomenological analysis disclosed the traditional leaders' lack of autonomous leadership and traditional powers of governance. It was at this stage that the efficacy of chieftainship was compromised. A repositioning of this important institution would bring a holistic approach to post-colonial Zimbabwean governance. The Zimbabwean health sector could benefit more by the practical involvement of chiefs in the health delivery institutions. Traditional leaders are the custodians of critical traditional values that could be very significant in the prevention and treatment of many diseases in Zimbabwe. This is an institution that the government of Zimbabwe should depend on in order to offer relevant interventions in the indigenous communities, hence this study advocates for the inclusion of chieftainship in the health sector of Zimbabwe, in a practical, objective and progressive manner.

Cultural values and norms were upheld and monitored by traditional leadership. Awareness and dissemination of information including that on health was easily enhanced by the chieftainship and kinship concepts of governance. For example, as stated by Zimbabwe Kairos Document (1998:52),

> Today's world of lax moral standards, poverty, broken families, unemployment, and promiscuity and in particular, the terrible scourge of HIV/AIDS is experienced by our youth.

> It must be addressed. Questions must be asked. The type of questions will have a vital bearing on our understanding of life and love. How much sexual information are youth capable of understanding at tender age? How should this information be imported? Are they just given facts or are these facts underpinned by life-giving values?

Chieftainship had the capacity to prevent some of these social and health challenges through the promotion of moral values and the sanctity of family-hood and community life. Rather than waiting to cure diseases they could be prevented through observance of moral values. On the other hand, it is important to note the dynamic developments that characterise the contemporary Zimbabwean health sector. The modern scientific lifestyle brought some new socio-political and health challenges that the traditional leaders are not acquainted with. Thus, in such a context, collaboration with the modern scientific health and leadership structure could be effective. It follows that these and other questions could be answered if chieftainship is given its due consideration by political leaders. The status quo in the Zimbabwean chieftainship is currently characterized by a compromise of traditional leadership for political gains by policy makers. According to Nyoni (2019: 176),

> In analysing the traditional leaders' obligations and duties, it is generally clear that their authority is no longer as independent as it was during the pre-colonial era. They will definitely not do anything without the blessings of the Act of Parliament, where their obligations and duties are determined and passed into laws. In this case, we can see that the post-colonial period in Zimbabwe has not improved the restoration of Chiefs' powers.

Thus, in as much as the Zimbabwean government recognizes their existence, it is critical to note that the jurisdiction of chiefs is now determined by the central government. The autonomous structure of governance that the chiefs had in Zimbabwe was surrendered to the government structures. The post-colonial government has continued to subdue the institution of chieftainship for political expediency. This research agrees with Nyoni (2019) in arguing that the Shona traditional institution of chieftainship is still captured. Chieftainship is the traditional custodian of the rest of the Shona traditional institutions such as traditional healers, traditional medicine rituals and taboos. The emancipation of Chieftainship would mean an automatic emancipation of all the Shona traditional institutions thereby bridging the gap created in the Zimbabwean health sector.

Chiefs now benefit from the treasury so much that they are no longer autonomous. According to Chigwata (2019:75),

> Under the previous constitutional order, traditional leaders received salaries and allowances from the government in appreciation of the services they provide to their respective communities and the nation at large. This practice of providing some form of remuneration to traditional leaders has its origins in the colonial period where chiefs were salaried officials just like public servants of the colonial government. Such remuneration entailed that chiefs were accountable to the government. The 2013 constitution acknowledges the need for the government to provide some form of remuneration to traditional leaders.

This means that there is need to re-define the institution of chieftainship for it to be able to provide interventions especially within the health sector. In the context of this study the chief who is receiving remuneration from the government cannot promote anything that has not been sanctioned by government. Consequently, this has denigrated important Shona traditional healing institutions that could be benefiting the Zimbabwean health sector. Jigu (2016), confirmed that, "Chiefs in Zimbabwe were given some benefits including a state-of-the-art homestead, service vehicles and some allowances from the central government of Zimbabwe". This stance was rebutted by a 90% of the village heads interviewed who blamed the Zimbabwean government for failing to be considerate to the plight of the poor people at grassroots level. One would question the logic behind remunerating chiefs and leaving out traditional healers when in fact the chiefs depend on the traditional healers for their health and general protection of their communities. Why is it that the same government is paying both political leaders and the modern science medical doctors and leaving out the Shona traditional healers? The central government continues to pay the health practitioners and politicians despite their shortcomings in delivering health services due to lack of infrastructural and health care delivery resources. The Zimbabwean health sector has deteriorated to the extent that citizens have had to resort to the Shona traditional healing systems. A random sampling of traditional healers in Marange district represented by Nyembe (2018), Gweture (2018), and Kachana (2018) confirmed that during the period under review their client database increased by

approximately 80%. This shows how the Shona traditional institutions silently contributed towards the health delivery system in the Zimbabwean health sector. Such findings influenced this research strongly believe that if the Shona traditional institutions are practically and openly accorded the platform to practice in the health delivery system, the Zimbabwean health sector could benefit more. In simple analysis of such findings, this shows how relevant the Shona traditional institutions are. The Shona traditional health delivery systems have made a significant contribution to the health sector especially during this period of economic crisis in Zimbabwe. For Chirongoma (2016: 6),

> The period between 2006 and 2008 was the worst in terms of the humanitarian crisis. Faced with empty coffers, a fast crumbling health delivery system, isolation from the international community and shortages in medical aid scheme benefits, some patients were left to suffer with no relief in sight. The main referral hospitals in the country, Harare Central Hospital and Parirenyatwa Hospital in Harare and Mpilo Hospital and United Bulawayo Hospital in Bulawayo were virtually closed for the larger part of 2008.

Chirongoma (2016) disclosed the reality on the ground against the ideal situation which has remained an unfulfilled dream and an imagination in the Zimbabwean health sector. Consequently, faced with such a scenario Zimbabweans resorted to traditional healing institutions, hence it was going to be logical if the government could have regularized Shona traditional healing and put the practitioners on public service pay roll. However, they were not even publicly acknowledged which would suggest that the Shona traditional healers are inferior to their conventional counterparts. According to Muti (Village Health worker interviewed: 14 March 2019 see addendum 2 pg.242), “people should be given enough education on Shona traditional medicine”. Thus, it can be argued that the Zimbabwean health sector is being deprived of the service of an important health delivery institution, which lacks public and legal recognition as well as motivation to practice within the Zimbabwean health sector.

Historically, because of their close cooperation with traditional healers, chiefs were very important and powerful leaders who could protect their subjects from physical and spiritual attacks (Chifinhu

2018). Diseases, drought, wars, and other calamities were dealt with in a way that would promote and uphold the chief's integrity, prominence, and power. In this context, power, success, secret knowledge, the use of medicines and charms are all associated conceptually. It follows that where a strong and powerful chief rule, there is a high probability of finding powerful traditional medical practitioners and subsequently strong charms and medicines. For example, the area of Chief Musikavanhu in Chipinge is well known for *"mitombo yakasimba"* (powerful charms and medicine). According to Chifinhu,(Traditional Healer Interviewed 16 April 2018 see addendum 2 pg.228), "Chipinge is known as the source of most prominent traditional healers and medicines. This is because Chief Musikavanhu was a very powerful chief and his descendants continue as such." This shows how powerful the institution of chieftainship can be, if given recognition in the health sector. The research agrees with the findings from Chifinhu (2018) on the respect, honor, and powerfulness of the Chief over the subjects. Chiefs are associated with power which is transmitted from one generation to the other. They could acquire and preserve this power through the assistance of powerful traditional healers under their leadership. Schoffeleers (1979:240) argues that,

> A powerful ruler is believed to have secret charms on which his success depends and through which he is able to defend himself against rivals and enemies. Logically, a powerful ruler would be more likely to have the medicines to enable his spirit to come out as a lion spirit and the spirits of past Chiefs are believed to pass on through their mediums secret knowledge to their descendants, especially to succeeding Chiefs.

Important to note from the above assertion is the aspect of secret knowledge that was transmittable from one generation to the other. Continuity of power and preservation of crucial traditional institutions of governance, protection and healing was certain. The secret knowledge would encompass that of important traditional medicines, charms, rituals, and taboos that were very critical to the general welfare of the descendants. This was usually done orally. If the traditional healing institutions were allowed to practice publicly in the national health centers, the Zimbabwean health sector would benefit from this secret knowledge, which is currently transmitted unrecognized.

However, it is also significant to note that some of the charms mentioned by the above author could be very dangerous so much that if they disappear unnoticed it would be better for the communities. Gutu (2017) Mujeye (2018), and Jigu (2018) agreed with Nyoni (2019) that the efficacy of Chieftainship should be restored and retained in order to maintain the relevance of the Shona traditional institutions in the Zimbabwean health sector. The fact remains that Chieftainship is a very critical institution to be incorporated fully in the Zimbabwean health sector without the interference of political structures. It is embodied with other STIs that are effective to provide a holistic cure to some diseases and other health challenges encountered by the Zimbabwean populace.

4.3 The Shona Traditional Healing

Traditional healing is one of the significant Shona traditional institutions, which has different facets in terms of its approach to health issues. It covers the physical, psychological, and spiritual dimensions of healing. This research acknowledges that the Shona people are blessed with a very rich and powerful institution when it comes to traditional healing. According to Gutu (Herbalist Interviewed :27 April 2017 see addendum 2 pg. 234), “traditional healers are men and women who are regarded as powerful religious practitioners in society”. Through a random sampling of Shona traditional healers in Marange district represented by Mbiri (2018) Gweture (2018) and Kachana (2018), the research observed that the Shona traditional healers are traditional health practitioners who are well acquainted with the knowledge about different diseases, their causes, prevention and treatment. Shona traditional healers are a fountain of Shona traditional health knowledge. The traditional knowledge exuded by Chavhunduka (1994) also shows how Shona traditional healers remained relevant in the Zimbabwean health sector. Their knowledge of traditional medicine makes them relevant in servicing the health and welfare of the traditional communities of Zimbabwe. It is

this critical involvement of traditional healers, that the study reveals the significance of the Shona traditional healers, traditional medicine, and their contribution to the contemporary Zimbabwe, especially with the dismal health care that is currently prevalent in the country. According to Kachana (Traditional Healer: Interviewed: 14 December 2018 see addendum 2 pg. 218), " traditional healers are a central institution for the indigenous people of Africa and Zimbabwe in particular". The Shona traditional healer and traditional medicine have a symbiotic relationship which makes it difficult to separate them. Although some traditional medicine could be administered by herbalists, it is the traditional healer who remains the custodian and specialist practitioner of traditional medicine.

The Shona traditional healers have serviced the traditional healing institutions of the indigenous Zimbabweans through the use of traditional medicine for a long time. According to Gurib-Fakim (2006:6), "African traditional medicine is the oldest and perhaps the most diverse of all medicine systems. Africa is considered to be the cradle or (sic) Mankind with a rich biological and cultural diversity marked regional difference in healing practices." Traditional medicine contributes much to the effectiveness and reliability of Shona traditional healing. "The criticality of Shona traditional healers in the Zimbabwean health sector is determined by their identity, nature, efficacy of traditional medicine and actual contribution to their indigenous societies". (Kachana 2018). Based on the period they have been contributing to the general health and welfare of Zimbabweans, the study argues that they have been effective in sustaining the Zimbabwean health sector in terms of reliable and consistent health provision. It means that the institution has the capacity to continue providing meaningful curative, reproductive and nutritional health services to the contemporary Zimbabwean population. Furthermore, considering its period of service, one would therefore argue that modern scientific health care institutions can borrow from Shona traditional healing. Thus, instead of denouncing the Shona traditional healers, the government together with the modern science health

institutions should try to find ways and means to make these institutions work together in the health delivery systems of Zimbabwe.

The research found out that, traditional healers are in their own right specialists who suffered most from Eurocentric euphemisms that often depicted them as witchdoctors, a dangerous social label aimed at alienating and isolating them from the society. According to Mbiti (1969: 166),

> To African societies the medicine men are the greatest gift, and the most useful source of help. Other names for them are herbalists, traditional doctors or *n'anga* (to use a Shona word). These are the specialists who have suffered most from European, American writers and speakers who so often and wrongly call them witch doctors, a term which should be buried and forgotten forever. Every village in Africa has a medicine man within reach, and he is the friend of the community.

Despite all the negative and discouraging connotations attached to them, traditional healers have endured and continued to service their communities. Although they are not practicing publicly in national health institutions of Zimbabwe, it is important to note that they are secretly but effectively healing people. According to Mamvura (Chief: Interviewed :8 December 2018 see addendum 2 pg. 239), "an institution strong enough to endure criticism for such a remarkable period of time is proving that it is very effective and reliable to the indigenous Zimbabweans". The Shona religion carries an essential and powerful institution in terms of health delivery (Daneel 1970). The traditional healer is accessible to everyone; the medicine is locally available and affordable to the common Zimbabwean unlike the modern scientific doctors. Lemonnier et al (2017: 2) argue that "despite the indisputable benefits of modern medicine, leveraging scientific assays and results to establish diagnosis and fight against diseases, a large part of the world still relies on the contemporary forms of traditional, complementary and alternative medicines." Although the argument above acknowledges that modern forms of healing have some benefits, it is noted that the beneficiaries continue to trust their traditional forms of healing. These forms of healing can be made through traditional healers, herbalists or ordinary people who may have the knowledge of some traditional

medicine. However, the Shona traditional healers have remained the source of traditional knowledge and medicines. The argument focused on the medicine, but it is critical to note that a traditional healer cannot be separated from the traditional medicine. Modern scientific healing systems had to borrow from the Shona traditional healing systems. According to Maroyi (2013: 14), "significant levels of global knowledge on conventional pharmaceuticals originated from indigenous traditional knowledge. For example, many of the conventional drugs available on the market today have a long history of use as traditional medicines, among them are aspirin, opium, and quinine." On this note the research concurs with Maroyi (2013) on the ability of Shona traditional healers to generate some traditional medicine that can be integrated into conventional pharmaceuticals. However, the same assertion remained silent on how the Zimbabwean health sector is being deprived of such a privilege of harnessing such traditional medicine through the promotion of traditional pharmaceuticals. The major gap found here is practicality. This research therefore envisages the establishment of Shona traditional pharmacies from community level through district and provincial up to the national level of the Zimbabwean health sector. Clearly this should challenge the government of Zimbabwe either to publicly promote the Shona traditional healers or find ways and means to integrate them within the existing modern science health institutions. "Denying their effectiveness and reliability is tantamount to depriving people of their long reliable and affordable health institution that could service the health and welfare of many Zimbabweans". (Mamvura 2018). Considering the deteriorating state of the Zimbabwean health sector, the Shona traditional healing institutions could make more contributions that are progressive and effective to the health sector.

Training of the Shona traditional healers as a Shona traditional institution is different from that of the modern scientific doctors that require years of professional and practical training. Some traditional healers simply inherit the gift from their parents. Others believe that spirits or the living dead have

called them in dreams and visions while others are initiated into this ministry by following their masters (Kidia 2018). For the sake of practice in the traditional health sector, the Shona traditional healers provide cheap but effective interventions to the Zimbabwean health sector. Their contribution could transform the nature of the entire health sector regarding health care delivery to the Zimbabwean population. Kidia (2018:2) argues that, in order "to effect a meaningful change that does not depend on donor aid or highly skilled workers, policymakers, funders, and implementers should prioritize community engagement, i.e. empowering citizens to promote and deliver healthcare in their own areas by focusing on local ideas, concerns, and opportunities." Although Kidia (2018) has given this study a standpoint on this note, the argument presented focused on ideas, concerns, and opportunities. Theories, concerns, and ideas have been deliberated on by different schools of thought and academic researches. Shona traditional leaders live within the traditional communities and have a deep knowledge of traditional medicines. "If the policymakers prioritise community engagement, it means that the Zimbabwean health sector would benefit from the services of these traditional healers at community levels". (Muti 2019). The Ministry of Health and Child Care has had some healthcare interventions in the rural and urban communities of Zimbabwe. However, these did not fully encompass and acknowledge the importance of the Shona traditional healer and all the components attached to him. For Kidia (2018: 2), "community health models often using community health workers, have been successful in many areas of global health including HIV/AIDS, child health, malaria, and tuberculosis." These community-based health interventions were done using some modern science models and knowledge and not those taken from traditional healers who were part of the community. Challenges of availability, affordability, and accessibility of required resources for the success of these programmes remained prevalent within the Zimbabwean health sector. As such, this study therefore emphasizes the importance of the Shona traditional healers within the Zimbabwean health sector.

Shona traditional healers are reliable health practitioners who are generally concerned with the plight of their communities. Traditional leaders and the entire community depend on the guidance and services of the local traditional healers for protection and health welfare. For this reason, traditional headers are trusted by every citizen of their community regardless of status or class. According to Mbiti (1969: 167), " Their personal qualities vary, but a medicine man is expected to be trustworthy, upright morally, friendly, willing and ready to serve, able to discern people's needs and not to be exorbitant in their charges."

It is because of these qualities that Shona traditional healers become advisors to the traditional leaders as well as counsellors to the entire community. These naturally acquired roles of traditional healers place them at a very central position within their communities. Thus, instead of ignoring such a critical institution, this study urges the government of Zimbabwe to embrace and benefit from it. However, there are some critical issues that need to be considered when dealing with traditional healers. Issues pertaining to confidentiality and general professionalism require proper technical training. This justifies the possible exclusion of Shona traditional healers in some cases of the healthcare systems. According to Bogaert (2007: 40), "confidentiality, though some admission is provided, remains problematic or at least presented in a different frame. So, we should reject TM based on non-adherence to internationally accepted ethical principles." This provides the basis on which to reject the intervention of traditional healing in the Zimbabwean health sector. Thus, traditional healers, if formalized, would be expected to adhere to the WHO standards of health just as their counterparts in conventional medical practice. The argument by Bogaert (2007) on confidentiality is not that convincing as far as this study is concerned. The Shona traditional healers have been in existence since the pre-colonial era and all their operations were done in accordance with the Shona traditional ethical standards. The argument was also rebutted by (Chifinhu 2018),

who argued that, "*Vashona hatifukuri hapwa pane vanhu"* (Shona people do not open their armpits on the public)". If one would want talk about confidentiality, it is part of the Shona people ethical values. The exclusion of the Shona traditional institutions from servicing the Zimbabwean health sector based on lack of confidentiality is actually a misrepresentation of facts. The Shona traditional institutions remain relevant and effective in serving the Zimbabwean health sector. Modern health practitioners are expected to exude high levels of professional ethics, willingness to serve, and to discern people's needs in order to offer meaningful interventions to the nation's health sector. Since the same qualities of the Shona traditional healers are also expected from modern or scientific medical doctors, one therefore wonders why the Shona traditional healers are neglected and relegated to the periphery when their counterparts are given preferential treatment in terms of practicing in the Zimbabwean health sector. It is because of this lack of proper recognition that these Shona traditional healers would want to be associated with secrecy for fear of stigmatization. The implication is that, if this institution is not given enough publicity and recognition it remains a hidden reality and the health fraternity continues to be deprived of this powerful knowledge and resources.

This study has shown that although the Shona traditional healers are blessed with knowledge medicinal herbs, much of it is not utilised in the public health sector of Zimbabwe. According to Kachana,(2018),"traditional healers are full of knowledge, experience and resources but the government of Zimbabwe is not giving them enough platforms". His argument concurs with the view that the traditional institutions are being recognized but, to a limited extent. The traditional healer felt that there is still a lot to be done to accord the traditional healers of Zimbabwe their freedom to practice publicly in the national health institutions. This would create a platform for the Shona traditional knowledge, resources, and experiences to be harnessed for effective intervention to the health challenges bedeviling the Zimbabwean health sector. He also acknowledged organizations

such as the ZINATHA[12], an association of traditional healers that has attempted to have a composite intervention by traditional healers in a bid to have the institution integrated in the contemporary health sector. However, he was quick to criticize it as an organization that was manipulated by the government and run by egocentric individuals. In support of the above assertion by Kachana (2018) the research argues that ZINATHA was either pacified by the modern scientific health care systems or it doesn't have the capacity to facilitate the pragmatic inclusion of Shona traditional institutions in the Zimbabwean health sector from the grassroots up to national level. Organizations that are started from above and then imposed on the citizens usually fail to yield meaningful results. In support of this Nyoni (2019:81) argues that,

> The policies imposed from above by international agencies and state bodies have frequently not met the needs and aspirations of ordinary people in Zimbabwe and other African countries. Development agencies have been searching for some time for alternative approaches, however, it has to do with the shift in emphasis that is occurring in the development world from a top-down intervention to grassroots, participatory perspective or bottom-up approach.

It means that there is need to rebrand such organizations and open doors for the introduction and decentralization of such organisations to remote areas. However, the study suggests that some strict precautionary measures are needed to cultivate sanity and professionalism within the health sector. Mafuva et al (2014:156) noted that, "there was increased public outcry regarding the conduct of traditional healers. For example, some of the so-called spirit mediums and faith healers would witch-hunt individuals in public thereby causing pandemonium and fiasco." In order to promote inclusivity within the health sector the government of Zimbabwe should therefore create a platform for

[12] According to Mwandayi (2011:236-240), ZINATHA is an association of traditional healers in Zimbabwe. The association was formed in 1980 when Zimbabwe got her independence. The Bill of its legalization was passed by the parliament through the help of the Minister of Health. The establishment of the association raised a lot of controversy with Christians since the church felt that this was the promotion of heathenism. Mwandayi quotes Chavhunduka as praised by most clergy as maintaining ATR. He was also invited by Catholic Church to present lectures on the role of ZINATHA in the society (Mwandayi 2011) Some of their aims and objectives are to unite all traditional healers into one body, to promote traditional medicine and practice, to promote research into traditional medicines and methods of healing, to supervise the practice of medicine and prevent abuse and quackery. The membership to ZINANTHA is open to all traditional healers including spirit mediums and faith-healers.

traditional healers that are accountable to the traditional healers and traditional leaders, not the central government. Furthermore, the Ministry of Health and Child Care should build offices in remote areas to accommodate the traditional healers, the same way they are building clinics and hospitals. This is an example of a pragmatic stance that the research is advocating for and shall lead to the proffering of informed, objective, and progressive recommendations.

Traditional healers are closely linked to family-hood and community-based interventions. As many people including those in urban areas choose to seek traditional treatments from their local traditional healers. The major reason is that the urban healers are somehow divorced from their rural communities that are regarded as sources of traditional healing institutions, and that they could charge fees first before curing the patient. On the contrary, the rural traditional healers are given appreciation after the patient's family is satisfied. This implies that many people would go back to their rural homes in search of the traditional healers. According to Chavhunduka (1994: 47),

> Another reason which may force many people to return to their rural homes for treatment, particularly in the past, is the desire to be with relatives. As in many other societies there is in our society a close identification of the kin group with the sick person from the onset of his illness. The kin group feels the illness of one of its members to be a crisis for them all, and wherever possible the group takes decisions about treatment and participates in it, and the patient relies on and is dependent on this group for support and help. In the towns there is a preponderance of strangers, many of whom are not intimately and emotionally linked to each other as kinsmen are in the rural villages.

When a patient is admitted in a hospital, the relatives are given restrictive visiting times. This is unlike in the rural areas where traditional healers would even come to stay with the patient's family until the patient is cured. Traditional healers in this context constitute an essential component within the health delivery system of the Shona people. The Zimbabwean government should thus create an inclusive approach towards human health that encompasses the Shona traditional healing approach and all its facets; especially now that the government is now run by indigenous leaders who are

familiar to the importance of traditional healers, unlike the colonial leaders. Mhike and Makombe (2013: 3) argue that, "the colonial health framework was premised on racial undertones that framed Africans as second-class citizens to whom the state has no obligation." This shows that the colonial government had relegated the Shona people to the periphery in terms of health delivery systems. This study therefore contextualizes the Shona traditional healers in the Zimbabwean health sector in a government run by African leaders. The provision and availability of medicine in the Zimbabwean health sector will improve if the Shona traditional health institutions and the modern scientific health institutions can be combined. Chavhunduka (1994: 55) argues that, "Traditional healers normally collect all the ingredients for their medicines themselves. They find them mostly in the bush, where they dig for roots, search for special plants and collect leaves, bark and anything else they may require". It therefore means that there is guaranteed availability of drugs without necessarily importing any. What needs to be done through a combination of the two distinctive health institutions is to apply modern scientific and Shona traditional knowledge of processing the medicine in a more practical and transparent manner.

This research on the other hand, acknowledges that, there are some grey areas and some weaknesses within the Shona traditional healing systems. The fact that traditional healers do not have a way of testing the toxicity of the medicine before it is administered to the patient is a consideration. An example is the method used to administer medicine through body cuts *(nyora)*. As observed by Mafuva et al (2014: 156), "there were also reports of some herbalists using the same razor blade for a number of patients should they need to topically apply some powdered herbs on patients." This would result in the transmission of diseases and severe loss of blood, when in fact that patient could be in dire need of additional blood. This may end up compromising the effectiveness of the Shona traditional health delivery system.

In the context of these shortcomings, it is logical for the government of Zimbabwe to either examine such traditional medicines or assign some modern scientific doctors and scientists to assess it before use. This would safeguard the Zimbabwean health sector from engaging healing systems that are harmful to the population of Zimbabwe. The study, therefore, considers the need for close monitoring of the Shona traditional healers as they practice within the Zimbabwean health sector. It implies that the health sector within the government of Zimbabwe has an obligation to properly recognise and harmonise the traditional and modern means of healing without regarding one as inferior to the other.

4.4 Spiritual Healing

The concepts of spiritual beings, the living dead, and mediums are prevalent within the culture of the Shona people. “Both the living dead and spiritual beings manifest themselves through a medium”.(They are very powerful and influential figures within a given society. For Mbiti (1969: 171), “the main duty of mediums is to link human beings with the living dead and the spirits.” Thus, secret knowledge and expertise is revealed to these mediums spiritually. Through them, messages are received from the other world, or men are given knowledge of things that would otherwise be difficult or impossible to know. For example, through a medium that gets in touch with the spirit world, a person may be directed to find a lost article or to know who stole his goods. Mediums as one of the Shona traditional institutions function in this role only when possessed by a spirit, otherwise they are normal people without specialised abilities. Their distinction is the ability to be possessed or get in touch with the spirit world, but this also depends on the willingness of the departed or other spirits to communicate through them. This is another important practice, which makes the Shona culture rich when it comes to dealing with some complicated challenges.

The spirits, in the Shona traditional healing are believed to come in different facets. For instance, family spirits *(vadzimu)* are normally regarded as good, while on the contrary, foreign spirits *(shave)* and angry spirits *(ngozi)* may become harsh and destructive, depending on the situation. Gelfand et al (1995: 70) observed that,

> Like the Western scientific doctor, the n'anga accepts the concept that there must be a cause for an illness, but they believe it is based on the Shona religion. Thus, when a person becomes sick, his illness is often (in about 17 percent of the cases) attributed to an upset of one of his '*vadzimu*', mostly one of his dead grandfathers. Even more frequently (in about 28 percent of the cases) the illness is blamed on a witch or associated with witchcraft, only a few are found to be due to a *shave* (foreign spirit) or a *ngozi* (angry spirit) (some 6 percent in all). What this entails is that when a sick person (or his family) consults a *n'anga*, he will be told that his illness (or the death in the family) is due to an angry spirit. If the illness, death, or reverse is not caused by one of the departed relatives *(mudzimu)*, it is the result of machination of an evil spirit or angry person.

The Shona traditional healer is a spiritually empowered person by nature. The aspect of spiritual healing and consultation is very prevalent within the Shona culture and its health delivery system. In this context, the spirit will be very instrumental in dealing with an illness and goes deeper to establish the source of that particular illness. The traditional healer is pacified and becomes an ordinary person as the spirit becomes dominant in the healer in order to deal with some spiritual spells. Healing in this context is determined by the power of the spirit and what it dictates to be done. To integrate such an institution into the Zimbabwean health sector would be problematic because the field is dominated by scientific theories, examinations, and experiments. Spiritual matters are difficult to interrogate, hence allowing them to practice in the public health institutions would bring confusion to the health sector. However, regardless of that paradox, the Shona people consult traditional healers or diviners with the belief that they can treat them whenever they are faced with health challenges. As observed by Bourdillon (1987: 149),

> There are illnesses (particularly in children), such as coughs, colds, influenza and slight fevers, which are seen to be quite natural or normal and do not perturb the Shona since they are of a fleeting nature and resolve themselves completely. A prolonged or serious illness is presumed to have some invisible cause and a diviner should be consulted to determine it and to state the necessary remedy.

It is only in cases of prolonged and serious illness that spiritual healing is sought. The concept of spiritual healing is believed to be an ongoing practice regarding the general protection of the family. The family spirit *(mudzimu)* has an essential role to protect the whole family from any harm. Diseases and misfortunes are believed to be dealt with before they affect the members of the family. This signifies that the Shona people can be considered to be immune to some ailments and diseases due to this protection. This kind of protection and immunity assurance is believed to be enhanced by the relationship between the Shona's departed (living dead/*vadzimu*) and the living, which is often characterised by rituals. According to Chikobvore (Pastor: Interviewed: 12 October 2017 see addendum 2 pg.230), "protection, healing, and deliverance depend on a conducive relationship between the sacred and the profane". This authenticates the significance of traditional healers as the mediums of the spirits that bring protection and healing to the whole family or community. For this reason, one would argue that spiritual healing through the traditional healers be allowed within the Zimbabwean health institutions. According to Nyembe(2018), "Spirit mediums are not even given any platform in hospitals and yet some diseases need spiritual healing than modern medication". This suggests that the Shona traditional practitioners are not given enough platforms. On the contrary, it might be that this diviner needs recognition to practice in hospitals when in fact he did not have capacity and the level of professionalism required for such health interventions.

The modern scientific hospitals are usually equipped with scientific health instruments, which the Shona traditional healers are not acquainted with. For them to advocate for permission to practice in such hospitals would be asking for an almost impossible thing. Critical to note is that, even the modern scientific health practitioners who practice in these hospitals undergo intense training before they are registered for medical practice. In a bid to try and bridge that gap, ZINATHA had tried to open research and training centers for the traditional healers. According to Mafuva et al (2014:156),

"In 1981 ZINATHA opened a research center and two training colleges that taught traditional medicine and account keeping. The college did not have any curriculum on spiritual healing." Unfortunately, the project failed due to lack of funding and at the same time lack of the zeal to enroll in formal professional training. Thus, in as much as the Shona traditional healers would want to blame the government for lack of recognition in the public health domain, they should accept blame for their illiteracy and lack of zeal to upgrade themselves. They should strive to meet the health care operational standards expected by the Zimbabwean health sector and WHO. The level of illiteracy among the Shona traditional healers automatically closes doors for them to integrate into scientific health practice, especially in hospitals.

As alluded to earlier, witchcraft *(uroyi)* and angry spirits *(ngozi)* may cause some diseases and misfortunes. Through spiritual powers, the Shona *n'anga* has the ability to know and reveal the source or cause of a disease before prescribing the remedial action. This is unlike the scientific health practitioners who do not appeal to spiritual powers. In case of a bewitched person, scientific health practitioners are limited as far as establishing the actual cause of the illness. In the Shona religious health system, the culprit can be easily revealed. According to Gelfand (1995:72), "A *n'anga* when faced with a sick person may discover through his powers of divination that a witch is responsible for the illness. He may hint who the guilty person is without actually naming him". This is the major reason why the Shona traditional healers are regarded as critical health practitioners in the society. People will be keen to know who has bewitched them, consequently, they believe whatever the diviner would tell them. However, the problem is that it is difficult to verify spiritual issues. The family fiber may end up being threatened as people of the same family end up accusing each other. This brings more negative results to the family and community institutions.

This section deliberated on the importance of spirits, divination, *n'angas* and mediums when providing remedies to the health challenges among the Shona people. It is necessary for the Zimbabwean government to consult this seemingly essential institution in a bid to provide concrete solutions to the health challenges.

4.4.1 Examples of diseases that can be treated by Shona Traditional Healers

This section acknowledges the multiplicity and complexity of diseases, to the extent that some of them remain a mystery to the scientific medical practitioners. Some of these diseases are so complicated that they demand the attention of specialist doctors, who also may have some limitations. "The major factor, which makes some diseases complicated, is the aspect of spiritual involvement". (Chikobvore 2017). This can only be addressed by a traditional healer. According to Mokgobi (2013:3), "people consult traditional healers for variety of reasons ranging from daily well-being to seeking treatment for major conditions such as mafofonyane (schizophrenia) and pandemics such as HIV and AIDS." The way the disease is afflicts the victim is sometimes mysterious. The Shona people usually consult traditional healers to establish the real cause and source of the disease. Traditional healers therefore are critical figures who have the capacity to reveal that hidden secret to their patients. Patients with complicated, infectious, and chronic diseases are taken to traditional healers who have no capacity to screen, or even protect other people from contamination. This is a cause for concern when analyzing the place of traditional healers in the health sector of Zimbabwe. Some diseases, prevalent among the Shona communities are believed to be only treatable through the Shona traditional medicine.

One of the diseases popular among the Shona communities is called *Chitsinga*. According to Gelfand et al (1985:36), this is

> A physical disorder characterised by pain, swelling or a foreign body which remains stationery. It is believed that a poison enters the body at a point and circulates to the other parts, causing great pain. The witch is usually linked to this complaint. He plants poison on the victims' path so that when he steps on it or comes in contact with it, it enters his body.

Chitsinga in this context is ascribed to witchcraft and for that reason it can be removed only by Shona traditional healer through divination and powerful medicines. *Chitsinga* cannot be detected by modern scientific instruments, neither does it respond to scientific medicines. Therefore, it becomes important that traditional knowledge and modern scientific health systems should be integrated so that they can complement each other. This would enrich the Zimbabwean health sector. Modern scientific doctors are well-trained medical practitioners who can diagnose ailments and diseases in the human body. However, there are some areas they did not receive training on and therefore are ill equipped to handle such conditions. This is where the traditional healers and their traditional healing institutions should be consulted So that a holistic approach to health and welfare of the Zimbabwean population is assured.

Closely linked to *Chitsinga* is *Chipotswa*. According to Mbiri (2018), "this is derived from the Shona word *'kupotsera'* which means to throw. In this context, the word denotes the strategically throwing of a bad or evil charm to cause an illness in the body of the victim". In as much as *chitsinga* would spread within the whole body, the *chipotswa* disease concentrates on joints, like arthritis in scientific diagnosis. The Shona people, influenced by their belief in witchcraft, believe in the existence of such diseases and ailments. They therefore attach themselves to the traditional healers for fear of such attacks. Viewed closer, these diseases share similar symptoms with diseases that are often diagnosed in the scientific health circles. However, instead of blaming the modern scientific doctors for failing to treat such diseases, this study suggests a combined effort of the two health

institutions to develop advanced diagnostic strategies to curb the prevalence of such ailments among Zimbabweans. There is need to advocate for a collaboration of the scientific and STIs, in order to produce effective results.

Chidyiso/Dyiswa is another disease dealt with by Shona traditional healers. This is typically food poisoning, which is also dealt with in the modern scientific health institutions. Both institutions have the capacity of dealing with such a disease. However, it is significant to note that in the Shona traditional context, some rituals and witchcraft activities can be associated with *dyiswa*, a phenomenon not commonly subscribed to in the modern scientific health institutions. Common symptoms of *dyiswa* include stomach pains, lack of appetite and a protruding abdomen. Normally when an *n'anga* administers traditional medicines, the patient may vomit profusely and have diarrhea instantly. The administering of the medicine is inclusive of some ritual performance in a bid to reverse the impact of the spell accompanying the poison. This may also address the psychological trauma brought about by stress being induced through pain and effects of the disease. In the Shona traditional communities, such diseases are managed at family levels with the involvement of all family members. According to Nkatazo (2010:5), "gastro-intestinal problems such as diarrhea, dysentery, worm infestations, and hepatitis have been managed at household level through the use of traditional herbal remedies." The inclusion of the whole family in dealing with a disease has the effect of preventing the whole family from further poisoning or any other harmful attacks from the evil spirits. Thus, rituals, that connect the whole family to their ancestral spirits, are performed to remove any forms of vulnerability.

The other disease that could be treated by the Shona traditional healers is called *Mamhepo* or *Nzimu*, (which literally means winds). *Mamhepo* usually affects the mind, to the extent that the patient ends

up becoming mentally unstable. The scientific method of dealing with such ailments is usually by suppressing the mental disorder via sedatives which is a temporary method of addressing the challenge. When the effectiveness of such drugs is over, the patient's mental disorder returns. It therefore reflects that, probably some alternative remedial action must be undertaken to address the impact and effects of the disease. According to Dzoro (2017), "although *mamhepo* manifest and affect the psychological and the physical parts of the patient, it has to be known that its source is mainly spiritual." In order to effectively deal with *mamhepo***,** spiritual powers must be consulted. In such cases, the Shona traditional healers have a pivotal role to play because most of them operate under the influence and guidance of the spirits. Where the Shona people consider *mamhepo* as a disease the modern scientific health care system refers to it as mere hallucinations caused by stress, depression and psychological challenges that may need counselling or some psychotherapeutically induced rehabilitation. The gravity and intensity of the disease is treated differently between the two health institutions.

Critical to note in the prevention and treatment of the diseases in this context is the significance of upholding the Shona traditional values and the general ethics of the community. The ethical values and standards are very essential to curb some diseases among the Shona. As such, it is mandatory for traditional leaders and Shona traditional healers to advocate for preservation of such values and standards in their respective communities. According to Nyoni (2019:231), "they are gate-keepers and vanguards of indigenous religion and culture. Their duties and responsibilities are heavy and require them not to be involved in politics. They should be leaders for everyone in the community. They should unequivocally uphold Zimbabwean national values, norms, and heritages." Traditional leaders and healers in this context are given a responsibility to be the custodians of traditional values and norms for their community for the enhancement of spiritual healing. One of the conditions is that

traditional leaders are not supposed to participate in politics. This was done in order maintain their integrity. What it therefore means is that whenever a traditional healer or leader is involved in politics, they compromise their integrity and consequently affect the effectiveness of spiritual healing in their communities. Although the above quotation would pacify the traditional leaders considering the political environment in Zimbabwe it brings about an important aspect of the relationship between a leader and a doctor that are united to preserve the sanctity of the traditional health sector. This approach is commendable and recommended for adoption by the contemporary leaders and doctors to preserve sanctity of the Zimbabwean health sector.

As the discussion above deliberated on how some specific diseases are treated within the Shona traditional circles using spiritual healing than through the scientific methods. According to Gomo (Medical Doctor: Interviewed 18 February 2017 see addendum 2 pg.232), " in Zimbabwe, the existence of complicated and chronic diseases is prevalent". The health sector ends up in a dilemma in terms of trying to completely eradicate such diseases. One would, therefore, want to believe that, genuine consultation with Shona traditional healers, and in partnership with the modern scientific methods, would produce an all-encompassing approach towards health issues. This kind of approach deals with the spirit, the psyche, and the body. Every source of health challenge, at any given level among the three, is dealt with in a manner that facilitates and develops a health sector which every citizen can depend on.

4.5 Rituals and Taboos

Rituals and taboos are an essential phenomenon within the belief system of the whole life of an African. The Shona people are religiously connected to their traditional rituals, symbols, and taboos.

They perform rituals pertaining to birth, puberty, marriage, healing, death, and ancestral veneration. These rituals are believed to have an impact of connecting the sacred and the profane. Symbols become a representation of different characteristics. They range from animals, clothing, and pottery. For instance, animals such as a pangolin or a lion represent royalty and power. Taboos are also respected in the Shona traditional religion. One example of such taboos is the Shona`s adherence to totems. If one`s totem is eland *(Mhofu)*, one is prohibited from eating that animal. This shapes and defines the Shona religious ethos and could prevent the prevalence of diseases in that person's life. According to Ray (1976: 17), "In short, almost every African ritual is a salvation event in which human experience is re-created and renewed in the all-important ritual present. Mythical symbols and ritual acts are thus decidedly instrumental." Rituals and taboos can shape the world to conform to reality. "Rituals are often performed in the Shona societies to connect the sacred and the profane as well as the living dead to the living". (Kachana 2018). It therefore means that they have a positive impact to the general livelihood of the Shona people.

In the traditional context, religion cannot be a purely personal affair. The relation to the sacred is first, a communal one before it is cascaded to families and individuals. Ray (1976: 17) observed that, "Ritual specialists, priests, prophets, diviners and kings are the servants of the community and their role is to mediate the sacred to the people. It implies that the life of priests and kings is bound up with the life of the societies they serve, rites which strengthen them, strengthen the people as a whole." In the Shona religion, there are some rituals to do with protection, awareness, evoking the spirits, healing, deliverance, and some to accord a person proper rest after death. Rituals are performed from one's birth through certain stages of development up to one's death. This shows that the Shona people are ritualistic people. Rituals at every stage are supposed to be respected. According to Kayne (2010: 45), "the medicinal use of herbs was bound by a rich ritual lore about

when and how they should be gathered and applied." Rituals in this context are a pre-requisite to the administering and effectiveness of Shona traditional medicines. They are regarded as the sequence of the Shona traditional healing. Failure to observe them may lead to a bad omen or a health challenge. For instance, one may become impotent, infertile, or barren if the marriage rituals are not properly followed. Funeral rites or rituals can bring about negative effects to the relative of the deceased if they are not done properly.

It is essential to consider the importance and role played by taboos in the health of the Shona people. Taboos provide and shape de-ontological ethical standards in the life of the Shona people. Thus, some acts and behavior, which may cause some health hazards, are dealt with effectively. The implication is that some of the health challenges that call for awareness programmes may be taken care of by way of observing taboos in the Shona religion. It therefore means that a breach of certain taboos may result in serious misfortunes, health challenges, or even death. While some people believe that taboos are superstitious and pagan, most communities in Zimbabwe use the taboo system as a control measure in the management of their natural resources and surroundings. According to (Jigu,2016), "places such as sacred shrines, caves, graves, forests, pools and wells were not used or entered into for any purpose other than those specified by traditional chiefs and village spirit mediums. Defying instructions often results in pools drying up or the forests not producing wild fruits for both animals and human beings."

If environmental taboos are not observed, nutritional health can be affected. On the same note, if moral and social taboos are not observed they affect the reproductive and curative health of the people. The observation of taboos in the Shona religion helps in the preservation of moral, social, and environmental standards that enhance the livelihood and health of the people. This institution

may further in addressing the health challenges in Zimbabwe if due consideration is rendered. Prevention and awareness programmes of health could be done through the observance of taboos. An example is sexual taboos claimed to affect reproductive health among the Shona people.

The Shona religious practitioners *(n'anga)* have some taboos they are obliged to observe in order to remain powerful healers or diviners. The observance of such rituals and taboos helps to empower the Shona religious practitioners to remain powerful traditional health experts. Therefore, the Zimbabwean health ministry should consider such institutions in order to develop and establish a powerful collaboration in the health delivery systems.

4.6 Witchcraft and Sorcery

This institution is often regarded with negative connotations within religious circles. The issue of witchcraft and sorcery is predominant in African societies. The Oxford English Dictionary (online) defines witchcraft as, "the practice of magic, especially black magic or the use of spells. For example, children and goods were believed to be vulnerable to the witchcraft of jealousy neighbors". Closely linked to witchcraft is the word sorcery which the Cambridge Dictionary (online) defines as, "a type of magic in which spirits, especially evil ones, are used to make things happen." Both definitions show that witchcraft and sorcery are phenomena believed to share similar traits. Magic, spells, and spirits are used to make another people's lives miserable. This may even lead to the death of the victim.

The practices of witchcraft and sorcery are regarded as secret, mystical and nocturnal phenomena. It, therefore, becomes difficult to scientifically prove their existence and operation. However, the Shona

traditional healers have expertise and insight of identifying and thus proving the existence of witchcraft and sorcery. The identification process would begin with allegations and accusations of the suspected witch. The observation by Chavhunduka (1994) is worth noting in this regard. He presents his argument based on,

> Studies have shown that such accusations of witchcraft are almost always preceded by tension and conflict within the household, village, or community. This tensions maybe the result of conflict over succession or may come from misunderstanding over the distribution of family wealth or some other disputes. Tension created in this way then finds expression in accusations of witchcraft, especially when other avenues of expression are sealed off or costly, so that the witch, that is the person causing the trouble can be publicly identified and dealt with. (Chavhunduka: 1994: 89).

When the witch is identified, then the illness or spell or spirit will also be dealt with, accordingly. This does not warrant any modern scientific intervention. The implication is that some health challenges are dealt with by employing methods that can reverse any forms of witchcraft. However, many accusations from fellow family members and the same community could end up affecting the general integrity of the Shona traditional communities. Shona people believe that witchcraft and sorcery are evil practices meant to harm other people; hence those who practice it are also evil. In this regard, Chavhunduka (1994: 89) states that "sorcery is a technique, or a tool employed by an individual under certain circumstances in order to harm other people." Witchcraft and sorcery cause the same challenges within a given community. There is a very thin line between them in terms of their operation. According to Chitsunga (Traditional Healer: Interviewed 20 September 2017 see addendum 2 pg. 244), "Sorcery may involve the use of poison, medicines, insecticides, and rituals". It can also cause some psychological problems within people. For the victim to be able to receive total healing, the healer must be able to establish the source, cause, and the effects of the disease. To authenticate the findings of the spiritual healer is very problematic, given that the healer would be the only one believed to be endowed with the ability to foretell or forthtell.

For the Shona people there is no illness that cannot be ascribed to witchcraft and sorcery. Every illness, natural disaster and other misfortunes can be traced back to the effects of witchcraft and sorcery. There is a strong belief that there are people that possess such evil traits that can cause serious harm to people. Considering this and according Gelfand (1985: 32),

> The Shona believe, too, that there exist people, endowed with evil, who become possessed at times with a bad spirit *(uroyi*). Some people refer to this spirit as *shave*, which is a foreign spirit that entered a member of the family many years ago and has been inherited through generations by one or other of its descendants. An individual, possessing such a spirit is known as a '*muroyi'* or witch who can cause serious illness and death to the victim selected for attack.

For Shona people, modern health remedies cannot be enough and effective on their own. This implies that, due to the fear of *varoyi* (witches) the Shona would always want to take some precautions to protect their families from such attacks. It therefore means that, in the same way the modern scientists would want to prevent their families from various diseases, the Shona do likewise to prevent their societies from witchcraft and sorcery, which is believed to be the major source of illness. "In as much as the Shona are afraid of witchcraft, they have their own way of protecting themselves". (Chitsunga 2017). Thus, awareness programmes and prevention mechanisms are also prevalent among the Shona, just as they are in the Western science. If one is protected or immunized according to the Shona rituals, one is regarded as resistant to any form of evil attacks and disease; hence one is believed to be assured of good health.

It is important to note that belief in witchcraft also helps to shape the general character, behavior, and the physical health of the Shona. According to Bourdillon (1976: 192), "Witchcraft beliefs, act as a deterrent to crime". Some of the crimes generally committed by people may end up having some impact to the health sector. Some hospitals and clinics in rural areas are broken into, drugs and equipment stolen for resale. Some injuries and other diseases that come because of misbehavior and

bad character may impact negatively on the health sector. It follows that the Shona shun crime because they will be afraid of witchcraft. This helps in creating a healthier community.

In Zimbabwe, just like in some other African countries, it is an offense to accuse one of performing witchcraft activities. This may be seen as a government, in general, and a lawmaker's ploy, to deny the existence of witchcraft and sorcery. It therefore means that the reality of some Shona traditional or religious institutions seems to be questionable in the eyes of the Zimbabwean government. However, the Shona have their way of accusing and proving the existence of a witch in a community. The victim is expected to directly confront the purported witch, and this normally leads to consultation with a traditional healer *(n'anga).* In such cases the chief becomes the presiding officer. He makes the final declaration but does it with guidance from his Shona religious practitioner or a *n'anga*. This is done through the performance of rituals.

Even though this study acknowledges the government's mandate to protect people's lives, it also acknowledges that the STI, and the mandate of completely dealing with witchcraft and sorcery, is ignored. Therefore, witches and sorcerers may continue to cause harm to other people because they feel protected by the laws of the country. This inhibits the development of a holistic approach to a healthy health sector. Doctors will continue to administer modern scientific medicines in vain, because, some of the diseases would have been caused by witches, and will demand a Shona religious healing process, in order to reverse the impact. Another popular method is that of casting the evil spirit out of the victim's body which is often known as exorcism. It is believed that the evil spirit is cast into the bush through an animal or a fowl and the victim become relieved in the process. According to Chiki, (2017),

> Many diseases are caused by witchcraft and sorcery hence must be left to a n'anga like us to treat them. Scientific doctors have some limitations in dealing with some diseases caused by

witches." It therefore means that the Shona traditional institutions can be very effective in providing health services if they can be honored without government manipulation.

It also means that the *n'anga*, through the same spiritual endowment, can be able to prevent some diseases from attacking people Shona. Scientific doctors' diagnosis seems to have some limitations in dealing with witchcraft and spiritual matters. It is clear therefore that the STI and the scientific method must work hand in glove and complement each other in health care provision. Enough publicity must be rendered to both entities and be allowed to practice without any prejudice and manipulation from the authorities.

4.7 Conclusion

This chapter discussed STIs such as chieftainship, Shona traditional healing, spiritual powers, rituals, and taboos within the context of health care provision in Zimbabwe. These institutions have contributed much to the general life of the Shona people and to their health. This chapter thus revealed the importance of these Shona traditional institutions to the nutritional, curative and reproductive health of Zimbabweans. An assessment on whether the STIs could contribute to the Zimbabwean health and be integrated in the health delivery system was undertaken. This implies that a genuine and proper consideration of the two institutions may provide a complimentary approach to the Zimbabwean health sector. This should guide and assist the government's policy makers to be able to come up with relevant, effective, and reliable policies that will govern the Zimbabwean health sector in a progressive manner. Available, affordable, and indigenous health remedies are assured, if Shona traditional and modern scientific traditional institutions are integrated in the health care systems. The next chapter will compare traditional medicine and modern scientific medicine with the

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view to determine the efficacy of Shona traditional medicine in healing and to proffer recommendations to the Zimbabwean policy makers.

CHAPTER 5

A COMPARATIVE STUDY OF THE MODERN SCIENTIFIC AND SHONA TRADITIONAL MEDICINE IN ZIMBABWE: INTEGRATION POSSIBILITY

5.1 Introduction

The previous chapter focused on the relevance of the Shona traditional institutions and their role within the Zimbabwean health sector. It deliberated on the various Shona traditional institutions that constitute the Shona traditional religion. The Zimbabwean health sector has a mandate to provide health care delivery system which is effective and reliable. The Shona traditional medicine sustained Zimbabwe's health care system up until a time when modern scientific medicine was introduced. The integration of Shona traditional medicine in Zimbabwe's health sector could enrich health delivery system and possibly bring a closure to the gap that has existed in the Zimbabwean health sector for the umpteenth time.

This chapter is a comparative analysis between traditional medicine and modern scientific medicine. Medicinal treatment is central to health delivery systems of both Shona traditional healing and modern scientific methods of healing. The chapter explores the role of Shona traditional institutions in the provision, availability, and affordability of medicine in the Zimbabwean health sector as compared to the modern scientific institutions. The comparison shall be inclusive of the background, sources, safety of the drugs, price, availability, and effectiveness. The analysis paves way for the justification of the importance of the Shona traditional medicines over the conventional medicine, especially considering the status quo in contemporary Zimbabwe. This is bridging the medicinal provision gap which is a major component in the Zimbabwean health sector. This also explores the

possibility of integrating the two forms of medicine to benefit and enrich the health delivery systems in Zimbabwe.

The knowledge and modern scientific health systems should be integrated so that they complement each other. This would enrich the Zimbabwean health sector. Modern scientific doctors are well-trained medical practitioners who can diagnose ailments and diseases in the human body. However, there are some areas they did not receive training on and therefore are ill equipped to handle such conditions. This is where the traditional healers and their traditional healing institutions should be consulted So that a holistic approach to health and welfare of the Zimbabwean population is assured.

5.2 Background of Shona Traditional Medicine

During the pre-colonial era in Zimbabwe, traditional medicine enjoyed tremendous prestige among the Shona people who constitute the majority of the Zimbabwean populace. The local people have a long history of traditional plant usage for medicinal purposes. It is common knowledge for the Shona people that traditional medicine remained the most affordable and easily accessible source of treatment in the primary healthcare system in Zimbabwe. If it were to be accorded due consideration, traditional medicine could provide useful service to the Zimbabwean health sector and the world at large. According to (WTO, 2006), “traditional knowledge of herbal medicine has the potential to translate into sound commercial benefits by providing leads for the development of useful products and process in the pharmaceutical industry.” This justifies the importance of Shona traditional medicine in the contemporary health delivery system of Zimbabwe. This researcher feels that the general economic status of Zimbabwe could benefit from the Shona traditional medicine if it is

formalised. According to (WHO, 2012), "the world market of herbal medicine based on traditional medicine is estimated to be over US$60 billion." One therefore wonders why the government of Zimbabwe is reluctant to capitalise on that.

Despite the increasing acceptance of traditional medicine in Zimbabwe, this rich indigenous knowledge is not adequately documented in Zimbabwe. According to Benzie and Wachtel-Galor (2011: 133) "traditional medicine is a collection of knowledge, skills and practices for the health maintenance as well as prevention, diagnosis, improvement or treatment of the physical and mental diseases". It means that, in as much as the researcher acknowledges the scholarly work done by other researchers, more critical knowledge about traditional medicine remains undocumented, given that some primary resourceful people do not have the platform to express their expertise. As observed by Ogirima et al, (2015: 245-254) "Herbal drugs are currently the oldest and the most frequently used medicine system in the world". If it is globally acceptable as alluded above, it has not been properly documented. It therefore means that when its documentation improves, great results are likely to be realised. Carmona and Pereira (2013: 379-385) affirms that, according to the WHO`s report, 70% to 95% of the people across the world use the herbal drugs for their primary health care purposes. If this is inclusive of the first world countries, then by implication Zimbabwe should have approximately between 80% to 90% of its total population using traditional medicine. The researcher argues that the phenomenon of Shona traditional medicines is a very critical one, so much that there is need to fully recognise it. There is need to document plants used as traditional medicines so that knowledge can be preserved, and the utilised plant conserved and used sustainably. Thus, an all-encompassing policy should be formulated to cater for traditional health practitioners in the health sector, universities, and

offices of governance. It means that a more pragmatic policy as regards to tolerating medicines is needed in Zimbabwe.

The efficiency and efficacy of the Shona traditional medicine was critical prior to the colonial era. However, as observed by Chavhunduka (1994: 5),

> Colonial governments and early Christian missionaries despised, and therefore attempted for many years to discourage, the use of African traditional medicine. They attempted to suppress the traditional medicine system for a number of reasons. Firstly, many colonial government officials and European missionaries did not know that traditional medicines were effective in curing many illnesses. They believed that the traditional healer was a rogue and a deceiver who prevented many patients who would otherwise be treated effectively with modern western drugs and surgery, from reaching government and mission hospitals.

It means that the colonial government officials and missionaries had preconceived ideas against traditional healers and medicines. The same is true with the modern scientific doctors, governments, and missionary churches in contemporary Zimbabwe. They would want to demonise the Shona traditional healers as pagan, animalistic, and uncivilised. However, one can argue that if they were relevant during the pre-colonial era, they must be rendered the same respect in the 21st century Zimbabwe health sector, especially in view of their proven and continued usefulness over the years in the modern era. The other misconception that Chavhunduka (1994: 5) observed is that,

> Many early missionaries and colonial government officials felt that traditional healers encouraged the belief in witchcraft which was regarded as one of the greatest hindrances and stumbling blocks in the way of Christian missionary work. They were also opposed to traditional medicine because they felt that traditional healers encouraged people to worship their ancestors instead of God. Worshiping one`s ancestors was at that time regarded as a sin.

The implication is that the colonisers failed to understand the African phenomena and at the same time did not want to genuinely learn about the African worldview (Zvobgo 1991). This led to misconception, prejudiced definition, and distorted position about the phenomenon. Regrettably, this position is seemingly current and prominent in Zimbabwe today.

The background information that surrounds the origins, existence and usage of the Shona traditional medicine explicitly points to its effectiveness and value in the health care delivery system of Zimbabwe. “It is critical to note that the Shona traditional medicine is indigenous and favourable to the indigenous Zimbabwean people”. (Dzoro 2017). The patient has no need to first adapt to the Zimbabwean climate in order to respond to such medicine. It therefore makes sense to treat indigenous people using indigenous knowledge and medicine. Conventional medicines are foreign hence they call for the patient`s adaptation or the medicine`s adaptation first before making an impact to one`s health. This therefore justifies the use of the Shona traditional medicine in Zimbabwe in the 21st Century.

On the other hand, it is also logical to consider the background of the emergence of conventional or modern scientific medicine in Zimbabwe. Historically, the arrival of colonial officials and western missionaries brought about what they called western civilisation. This brought a new dimension within the health sector of Zimbabwe, resulting in a paradigm shift in terms of the health delivery system. For instance, the modern scientific health care system introduced scientific diagnostic methods, examinations, prescriptions, and conventional drugs. The difference being that conventional medicines go through rigorous tests to prove that the drug is safe and effective for its intended use. This is very significant because the patients would be assured that they are taking safe and effective medicine. This study therefore argues that it is critical to have an integration of the Shona traditional medicine and the modern scientific medicine. The two should be integrated in order to provide more effective interventions in the Zimbabwean health sector. van Boggert (2007:36) argue that,

> Without scientific knowledge of the composition, ingredients, and strength of a traditional potion it is impossible to foresee the results and possible complications of its use. It follows so, runs the argument that, one cannot give consent to the unknown. It equally follows that these medications should be submitted to the scientific scrutiny before licensing the manufacturing and marketing of the drug.

As a result, a team of pharmacists, statisticians, physicians, and other scientists reviews the drug data and proposed labelling. This is different from the Shona traditional medicine, which is solely prepared and dispensed by the traditional healer. This study discovered that, although the Shona traditional medicines are very effective in curing many diseases, they lack proper dosage, labelling and examination of the drug before prescription. This may negatively affect the consumer because the possibility exists that an incorrect dosage will result in a patient suffering side effects. The modern scientific method of examining the medicine before use is a value addition process. The formation of a combined review process of both Shona traditional medicine and the modern scientific medicine would harmonise the two entities for the benefit of the consumers. An independent medicine review policy which is inclusive in nature would be needed in order to integrate both medical systems in the Zimbabwean health sector. If the independent and unbiased review establishes that a drug`s benefit outweighs its risks, then the drug will be approved for sale and use. This process is not considered to be critical within the traditional set ups. The research argues that there is need to combine the two forms of medicines in order to improve the effectiveness of the curative health delivery systems of Zimbabwe.

The introduction of western civilisation seemed to have enlightened people so much that they would want to understand any drug prescribed to them before using it. People in Zimbabwe are wary of the expiry date, source, and side effects of a drug before they use it. It therefore means that those who manufacture the conventional medicine are obliged to display such information. On the other hand,

Shona traditional medicine is often prejudged and dismissed as unsafe and ineffective, due to lack of information. This is emphasised by Payyappallimanas (2009: 239), who states that,

> The major concern on traditional medicine therapies is that they are not always safe and effective, and their use can present unique challenges to national health authorities. Poor regulation and oversight, as well as lack of comprehensive national policies of traditional medicine, may result in consumer confusion and marketing of potentially dangerous or ineffective therapies.

In the quote above, Payyappallimanas argues that traditional medicine therapies are a "major concern". However, despite these concerns, the WHO has recorded that more than 80% of the world population often use alternative forms of medication. For many centuries, traditional medicines sustained the health concerns of the population and offered a holistic (body, mind, and spirit) approach to health issues. Therefore, reservations about traditional therapies include Shona traditional healers, based on the knowledge and traditional medicines that Shona traditional healers use, in their holistic approach to health issues. Therefore, this argument blamed the Shona traditional medicine as not always safe and effective. As stated earlier, this accusation by Payyappallimanas (2009: 239) is ironic, given that these traditional medicines have been prevalent and effective since the pre-colonial era to date. This study argues that traditional medicine has been a critical, durable, and effective institution in the curative health system of Zimbabwe. As such, it must be acknowledged and given an opportunity to be used freely and openly in the Zimbabwean health sector. What may be necessary is to formulate some regulatory framework to ensure that the Shona traditional medicine is examined scientifically and centralised to enable health authorities to provide some checks and balances before use. This would minimise use of harmful medicines. In as much as this assertion scrutinises the efficacy and genuineness of the traditional medicine, at the same time it blames the policy makers of Zimbabwe for failing to come up with some pragmatic policies that integrate traditional and conventional medicine. This would probably help to strike a balance between the two rather condemning the Shona traditional medicine.

Conventional medicine generally has a strong western influence, even though some of the drugs are manufactured locally. The medicines are manufactured in scientific laboratories resulting in high manufacturing costs, which then translates to high market prices and therefore unaffordable to many citizens, especially for Zimbabwean citizens who can barely survive in the harsh economic climate presently prevalent in Zimbabwe. This becomes detrimental to the health of the ordinary Zimbabwean. This is unlike traditional medicine that is locally available and processed by the traditional healers through a very inexpensive process. Modern scientific medicine therefore becomes unaffordable to Zimbabweans due to high costs, and difficult to access, due to the lack of insufficient stock and poor health facilities. Added to the dilemma the administration of the health sector is influenced by western and modern scientific methods. The researcher observed that a patient must consult a medical doctor (this entails consultation fees) in order to secure a prescription to purchase medication from the pharmacy. “Both the medical doctor and the pharmacist charge fees that are usually unaffordable by a common Zimbabwean”. (Muti 2019). Further to this, some charge for these services foreign currency which is scarce in Zimbabwe. As a result, the medicine becomes expensive and inaccessible by the common citizen of Zimbabwean whereas Shona traditional medicine is affordable and effective. This attracts more Zimbabweans to consider the use of traditional medicine.

5.3 Sources and availability of medicines

This section focuses on the source and availability of both the Shona traditional and conventional medicines. In the context of the Shona traditional religion where spiritual endowment, spiritual gifts, and secret knowledge are prevalent, the source of traditional medicine is linked to some spiritual beings and therefore certain particular medicines are revealed to the medium by extraordinary

beings. According to Gelfand (1985: 3), "the traditional folk practitioner in Zimbabwe is the *n`anga* or *chiremba*. Most *n`angas* are spiritually endowed and have the gift of healing and divining." It follows that the traditional healer`s source of power, knowledge of traditional medicine and ability to prophesy is attributed to an extra-ordinary spiritual power.

The traditional healers gather their traditional medicines from the local forests, under the influence of the spiritual powers. According to Gelfand et al (1985: 76), "the *n`anga* collect their herbs personally from rural or peri-urban areas and use them soon afterwards." As these herbs are found in peri-urban areas, it reduces the travelling time for traditional healers to access these herbs. This is positive as it means that the Shona traditional medicines are found within the local vicinity of the healer. An added advantage is that there is no need for foreign currency, written prescriptions, or pharmacist. The process of gathering and processing of traditional medicine does not require sophisticated instruments; neither does it need any technological examination as compared to conventional medicines. Everything is done under the guidance of the spirit. "What a traditional healer needs to do is to adhere to the special rituals because the whole process is guided by the spirit". (Chiki 2017). The implication is that, considering the current economic status of Zimbabwe, and the vulnerability characterising the Zimbabwean health sector, it makes sense to advocate for the use of the Shona traditional medicine in the health delivery system.

The researcher observed that both modern scientific and Shona traditional health delivery systems can prevent certain ailments and diseases through awareness programmes and medicines. However, the traditional healer goes further to prevent diseases that would be caused by evil spirits. "The evil spirits are usually perceived as dangerous spirits by the Shona traditional societies". (Chiki 2017).

Witchcraft spirits, avenging spirits, and spells from enemies are some of the evil spirits believed to be prevalent among the Shona traditional societies. These are supposed to be either prevented or exorcised from the people's lives and communities. According to Matsika (2015: 70), "the traditional healer uses charms to prevent witches and evil spirits from doing harm to a person, a person's family member or property." This is another reason why the Shona traditional health delivery systems remain appealing and reliable to the majority of Zimbabweans. It therefore means that the Shona traditional health care systems have a holistic approach to health and this aspect could enrich Zimbabwe's curative health system.

A critical analysis of the efficacy of the Shona traditional medicine vis-à-vis the modern scientific medicine would unearth the impact of colonisation of Africa by their western counterparts. The exploitation of resources from Africa did not spare the intellectual capacity of an African traditional healer and his expertise. For instance, as Mposhi et al (2013: 238) state,

> Four decades after attaining independence, no sound policy governing the protection of indigenous knowledge vulnerable to unscrupulous scientists from developed countries that were busy siphoning information without prior consent of the indigenous communities. In 2002, the government of Zimbabwe drafted on Science, Technology, and Innovation (STI) policy but this policy lacked clarity on protection of traditional knowledge.

It follows that the Zimbabwean legislature has a mandate to come up with pragmatic traditional health policies that are fully considerate of the plight of the Shona traditional health systems in the 21st century. The policies that the Zimbabwean health sector is operating under are formulated and supposed to be implemented using global standards. For instance, the WHO dictates the professional ethics and operational standards that are supposed to be adhered to in the health delivery systems, locally and globally. The implication is that it is difficult for the Zimbabwean health sector not to adhere to the standards of such global institutions. Globalisation and modernisation, which post-

colonial Zimbabwe upholds, distorts the autonomy and effectiveness of critical Shona traditional institutions. Rist (2003: 102) argues that, "in the modernisation, which is a form of westernisation, there is a big risk of losing traditional knowledge; mostly because of 'cultural homogenisation' and the international trade system that threatens it." The argument regards modernisation as western culture when it can also take place within the African context without the interference of the Western culture. There is need to separate modernisation from westernisation. To think of Africa as a continent that cannot modernise her traditional knowledge is tantamount to stigmatisation of African knowledge. When western knowledge is imposed on the Shona traditional knowledge it ceases to be modernisation. This is retrogressive as it continues to relegate the African populace to the peripheral of human race. According to Magdalena (2011: 13), "the modernisation process has not included everybody. One sixth of the global population is still outside the welfare system, many people do not have a shelter, food for the day, access to clean water, sanitation and medication." This is exactly the status quo in Zimbabwe. Magdalena (2011: 13) is rating modernisation and welfare system according to western standards which has resulted in the imposition of western knowledge systems, including those that have to do with health delivery, upon African countries. Some of these imposed systems are far more expensive than locally available indigenous resources. "The Shona people were relying on their traditional food, shelter, and medication but modernisation brought a different worldview which is unaffordable for a common citizen" (Vhirimu 2019). Thus, it sounds logical and progressive to resort to traditional medicine in such an economy as Zimbabwe's traditional medicine is accessible, available, and affordable. In order to strike a balance between the two worldviews, the most crucial step to take could be regularising its universal use and formulate proper policies to avoid its manipulation by modern scientists. As argued by Kazembe and Mashoko (2008: 64), "traditional healers just lack theoretical explanation on the chemistry of the drugs they use, and this cannot be equated with ignorance." This is true when assessed from an African context, but it can

mean the opposite if it is interpreted from a western perspective. For a modern scientist, failure to explain the chemistry of a drug one is using is actually ignorance. In as much as the argument would want to justify the Shona traditional healer's ignorance, it is promoting a dangerous healing system that can cause more harm to the Zimbabwean health sector. It therefore means that the Shona traditional institutions have much to learn from the modern scientific health institutions before they contribute practically and progressively in the Zimbabwean health sector. In Shona traditional healing institutions, the medicines are always available and reliable to cure many diseases found in Zimbabwe, but they need scientific laboratory tests and chemistry explanation before they can be integrated in the contemporary health sector.

5.4 Safety and effectiveness of the medicines

The safety and effectiveness of any medicine is of paramount importance before it is dispensed to the beneficiaries. "The modern scientific healing systems are very clear and particular about the need to examine their medicines before use".(Gomo 2017). This provides checks and balances within their medicinal systems. It is critical at this juncture to note that this is where the Shona traditional medicine falls short. It is within this context that the Shona traditional healing systems are dismissed as irrelevant, unsafe, and ineffective or cannot be relied upon. The Shona traditional medicine is often discouraged and criticised on this basis. Issues to do with safety, dosage and the efficacy of the medicine remain a cause for concern to modern Zimbabweans. Kayne (2010: 11) says, "The globalisation of traditional medicine has important implications for both the quality control of medicaments and the training and competence of practitioners. Furthermore, when traditional healthcare procedures are incorporated into complementary and alternative medicine in industrialised countries there is an increased need for vigilance". This argument by Kayne (2010:11) relegates the

Shona traditional medicine to an inferior status so much that it cannot be integrated into the global medicinal systems. The traditional health practitioners are also rated as untrainable. On the contrary, traditional health practitioners have their ways of training their personnel which do not require academic proficiency. Consultation and a combination of medicinal knowledge are needed for the benefit of the Zimbabwean health sector. Consideration of some healing forms that are not familiar with each institution of health becomes vital in a bid to be accommodative in health delivery systems. This study addresses the issue that traditional medicines are supposed to be used properly and with the understanding that most of them originate from a spiritual and ritualistic context. If these important factors are not considered, then the phenomenon can be rendered useless.

The centrality of the Shona traditional medicine can be upheld in the indigenous health institutions if certain values and principles of using it are adhered to. The modern scientists may therefore come to rationalise the concepts regarding the safety and dosage of the medicine rather than condemning it. According to the findings of this research modern scientists are not considerate of some Shona traditional values and spirituality. They created a gap within the Zimbabwean health sector by failing to practically recognise the importance of the Shona traditional health systems that are naturally part of the African culture. The researcher observed that such traditional health care systems were subdued by the dominance of their western counterparts. This assertion was also substantiated by the argument put forth by Helman and Spector (2000:63) when they suggest that,

> Western trained medical doctors are products of an enculturation and domination of suppressive ideas on traditional medicine. They believe that biomedicine is synthesised from scratch and their health practises and beliefs are allopathic. Allopathic health delivery system subscribes to health beliefs and practises as derived from current scientific models, involving the use of technology and other modalities of present-day health care bio medicines such as, immunisation, proper nutrition, and resuscitation.

This position negates the importance and effectiveness of traditional medicine. Instead of trying to find ways and means to collaborate, modern scientists would want to claim supremacy over their traditional counterparts.

Some medicines from both contexts may have side effects. This may end up compromising their effectiveness. According to Tagwirei et al (2002:239), "herbal remedies prepared from the extracts of plants such as Euphorbia, Solanum and Datura species have been found to contain various potentially toxic agents that are detrimental to human health." Based on Tagwirei et al observation, the issue of toxicity must be investigated before administering the medicine. This is where technological advancement and modern science become prominent and the Shona traditional healing is found wanting. The researcher would therefore what to challenge the Zimbabwe health sector to combine the two entities to complement each other and collaborate in order to enhance the health delivery system in contemporary Zimbabwe. Collaboration is likely to yield greater results. The researcher is envisioning a situation where there is an office of a Shona traditional healer and a dispensary for traditional medicine at every state-owned hospital in Zimbabwe. "The government pharmaceutical companies are therefore supposed to embrace the knowledge and services of traditional healers, in order to produce traditional medicine at national level".(Gomo 2017). The fact that the traditional medicine was able to sustain and service the health of the people during the pre-colonial era, and existed under the suppression acts of the colonisers, points to its importance and effectiveness even in contemporary Zimbabwe. This substantiates the effectiveness of traditional medicine and its impact to cure the indigenous people of Zimbabwe. The way how people continued to trust the Shona traditional medicine depicts its reliability to the indigenous communities of Zimbabwe.

Regardless of their lack of proper publicity and lack of formal practice in the Zimbabwean health sector, the Shona traditional medicine is still prevalent among the Shona people.

5.5 Affordability of the medicines

The socio-political and economic conditions in Zimbabwe have an impact on the general livelihood of the population. Approximately 80% of the Zimbabwean population live in the rural areas. It means that their livelihood is agro-based. Global warming has affected most parts of the world, including Zimbabwe. The implication of global warming is that the country has experienced recurring drought seasons for almost two decades. This coincided with the land redistribution in Zimbabwe, when land was taken from white commercial farmers and given to the local black people. This affected food production in Zimbabwe because the locals could not produce enough to feed the nation. This affected the nutritional health of common Zimbabweans who were exposed to severe drought conditions and hyperinflation. According to Kidia (2018:1), "we are at a critical juncture for the future of Zimbabwe`s health. Robert Mugabe`s authoritarian regime, notorious for political repression and for inflation, also destroyed one of Africa`s most robust healthcare systems". This is what has led to the unavailability and unaffordability of conventional medicine in Zimbabwe in the 21st century. Health personnel, including doctors, nurses, and pharmacists, left the country for greener pastures. The Zimbabwe Kairos Document (1998:32) observes that, "this resulted in the exodus of specialist health personnel from the public to the private sector at a time when this sector offers limited service to the rural population, the majority of Zimbabwean." This observation by the Zimbabwe Kairos Document (1998:32) however overlooks the contributions made by the Shona traditional health institutions, the civic and non-governmental organisations in bridging the gap resulting from government's failure to offer a holistic approach to health issues. These institutions

provided the much needed infrastructural and health care resources at a time when the sector was left by the professionals as alluded above. “The health professionals who left for other countries were trained in the Zimbabwean health sector”.(Gomo 2017). For the above quotation to sound as if the Zimbabwean health sector was a total failure would be an unfair assessment. It is therefore important to acknowledge the interventions by all the institutions that were working to enhance the health delivery systems of Zimbabwe. However, a comparative study of these health delivery institutions would reveal that Shona traditional medicine remained and became the only option to provide curative health services consistently, in a country where people could not afford modern scientific medicine because of exorbitant prices. “The developed western countries came to the rescue of the poor Zimbabwean populace through some health service delivery interventions”. (Gomo 2017). Some would donate medicines, money, and human resources. As a result, some of these countries ended up exploiting the Zimbabwean indigenous resources. For instance, developed countries would take minerals, agricultural produce, and natural herbs for value addition and then, later, sell the products back to Zimbabwe at exorbitant prices. If the health sector of Zimbabwe had formalised and advocated for the transparent use of the traditional medicines, it could have curbed this manipulation of Zimbabweans and their resources.

During times of health crisis and disease outbreaks, Zimbabweans depend much on foreign aid. Medicines that European countries donate are administered to the affected people in order to alleviate the crisis. According to Kayne (2010:6) the indigenous people “have difficulties adjusting to a new lifestyle, let alone to a new system of medicine. It is not surprising that they turn to their own healers.” The above assertion justifies the reluctance by many Shona people to fully embrace the modern scientific medicine. The Shona people are deeply rooted in their traditional medicine, so

much that even if the Zimbabwean health sector would want to promote the modern scientific health care systems, they Shona would remain attached to their traditional healing systems. Thus, to effectively serve the Shona people modern scientific medicine should be integrated with the Shona traditional medicine. This point to the prevalence of Shona traditional health care systems and their importance to the indigenous people. Despite the gravity of the health crisis indigenous people would want to depend and rely on their traditional medicine. It is therefore logical for the health sector of Zimbabwe to include traditional medicines alongside modern medicines when dealing with any health crisis. The effectiveness of the Shona traditional medicine can be deduced from this basis.

In Zimbabwe, there is need to develop an affirmative action towards human rights, and the right to access indigenous resources including indigenous medicine in a bid to protect the vulnerable population. Frank & Moon (2013:368,936-942) argue that, “During the process, the international community, especially Britain, needs to be cognisant of Zimbabwe`s colonial legacy. Respecting sovereignty is a major challenge in global health governance, and it will be paramount for health reform in Zimbabwe.” This is a warning to the international community to be conscious of the negative impact left by colonialism on the people of Zimbabwe. It further warns that during the process of re-engagement with the colonial rivals to advocate for the upholding of human rights in Zimbabwe, proper attention is to be rendered to the people’s sovereignty. However, this argument fails to consider that it is the international community which is helping make modern scientific medicine and other health care resources in Zimbabwe affordable. “Talking of protecting one’s sovereignty when medication to cater for that person’s health and welfare is not affordable is just the same as violating one’s rights”. (Mamvura 2018). The health sector in Zimbabwe should be able to develop health policies that enhance and sustain the country’s health delivery system as well as

promote rapport with the international community to ensure affordability of conventional medicines. Zimbabwe's health system is currently sustained by financial aid from European countries. However, it is in this light that Easterly (2006:436) and the Health public expenditure review (2015) observe that "although multiple economists argue that aid altogether is deleterious to African countries because it fuels corruption and creates dependent states, we should interpret these data cautiously when human lives are on the line. In 2012, official development aid accounted for 60% of Zimbabwe`s health financing." Thus although Easterly (2006:436) would have wanted to criticise aid from the international community to third world countries like Zimbabwe, he also affirms that aid is inevitable for such countries especially as long as, in the case of Zimbabwe, the health sector depends on modern medicine and not Shona traditional medicine which is locally available. Whether aid is deleterious or not, the truth is that the Zimbabwean health sector has no option but to depend on it. Thus, it becomes ironic to claim sovereignty and independence as a nation when the nation depends on aid from European donors. If follows that there is need to emancipate the Zimbabwean health sector from donor dependency through the use of traditional medicine which is locally available and affordable. Uplekar (2007:85), Doherty et al (2010:15) and Kim (2013:40-61) agree that,

> Health initiatives, in order to be sensitive to concerns of sovereignty, dependency and sustainability, must not be viewed by donors as business opportunities, laboratories for drug trials, or piecemeal, interventions that briefly alleviate a single issue. The priority should be on funding practical health programs and civil society with a long-term focus to rebuild an integrated, stronger health system. This is achievable in Zimbabwe because there is an existing skeleton system that can be used as platform for integrating health services across the country.

There is a conducive ground for the integration of the modern scientific medicine with the Shona traditional medicine. There is need for the government to formulate policies that combine these two critical entities to enhance the curative health services in Zimbabwe. Much that has been discussed thus far, in this research advocates for Shona traditional institutions to be incorporated into the health

delivery systems of contemporary Zimbabwe without any manipulation or prejudice. This may reveal the importance of the Shona traditional medicine in the health sector.

5.6 Conclusion

The chapter was a comparative analysis of the modern scientific and Shona traditional medicines. The comparison was necessary to justify the involvement of STIs. This chapter addressed some of the issues and challenges that STIs are faced with especially regarding the scrutiny, available information of the toxicity of some herbs and dosages that could lead to serious side effects. In a bid to remain relevant and effective, the health sector in contemporary Zimbabwe should be acquainted with the challenges, remedies, and the proper methodology to be employed in terms of interventions. The comparative study of the phenomenon which encompassed the background, sources and availability, safety, and effectiveness as well as the affordability of both medicines was undertaken. The Shona traditional medicine has a long traceable history of serving the Zimbabwean population regarding their general health and welfare. It is a consistent, reliable, available, and affordable resource to enrich the curative health systems of Zimbabwe. Modern scientific health practitioners would want to exploit the indigenous medical resources without due recognition of the indigenous sources. There is need for the government of Zimbabwe to formulate health policies that are pragmatic and accommodative of Shona traditional institutions. This can be through integration of the two entities. The comparative study showed the importance of Shona traditional medicine to Zimbabwe's health delivery matrix.

CHAPTER 6

FINDINGS, RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

The role of Shona traditional institutions in the Zimbabwean health sector has been a study which sought to close the gap that existed in scholarly research pertaining the significance of such institutions in the healthcare delivery system. This chapter focuses on the crucial findings of the research, recommendations and, finally, to present a conclusion of the whole research. STIs have been a prevalent phenomenon in the history of the Shona people of Zimbabwe from the pre-colonial to post-independence Zimbabwe. These institutions, that include Chieftainship, traditional healers, mediums, traditional medicine, herbalists, rituals and taboos, encompass critical components deemed essential in the welfare of an African and they have been prominent throughout the different historical stages of the Shona people. A closer analysis would reveal that prior to the colonisation of Zimbabwe by the Britain in 1890 the Shona traditional institutions were already operational. They had ways of dealing with socio-political, economic, religious, and cultural vices affecting the people.

This section of the research is an analysis of the role of Shona traditional institutions in the Zimbabwean health sector as evidence of their relevance in the postcolonial Zimbabwe. Shona traditional institutions endured the test of times from the colonial era to the post-independence The analysis covers the health sector in the pre-colonial, colonial era and post-independence eras, as well as government policies on health care, contribution of non-governmental stakeholders, the integration of traditional and modern scientific health systems and their contradictions. This analysis helps the researcher to identify the importance of the Shona traditional institutions in the Zimbabwean heath sector and make recommendations to Zimbabwe's policy makers and

implementers. The study argues that in Zimbabwe STIs has remained very significant and powerful institution in people's livelihood that exists to validate, authenticate, and reflect the centrality of the STI in contemporary Zimbabwe.

6.2 Findings

6.2.1 The Pre-colonial era and the Shona Traditional Institutions

The study find out that t STIs have continued to cater for the welfare of the Shona people from the pre-colonial era to contemporary Zimbabwe. Prior to Zimbabwe's colonisation by the British in 1890, the indigenous way of life was characterised by ATR and indigenous culture. Zimbabweans depended on these institutions. Chieftainship, traditional healers, traditional medicines, rituals, and taboos were some of the prevalent institutions that served the Shona people. The health sector then, depended solely on Shona traditional healing without any contribution from modern science health facilities. This was true of the criticality, reliability, and authenticity of the STIs. Shona people had their traditional ways of governance and could orally formulate and circulate their policies which they adhered to without any compromise or prejudice. These institutions serviced, among others, the Zimbabwean health sector. Their longevity and relevance hinges on the fact that they are a combination of indigenous knowledge, resources and beliefs put together to service the health needs of the indigenous people of Zimbabwe. The major finding from an analysis of the role of Shona traditional institutions in the pre-colonial Zimbabwean health sector is that they were effective, relevant, reliable, and capable to service the health and welfare of the indigenous Zimbabweans.

6.2.2 Colonial era

The research also found out that the colonisation of Zimbabwe had a negative impact on the role of Shona traditional institutions health sector. The denigration of the Shona traditional institutions disadvantaged the Zimbabwean health sector which could be benefiting from these naturally God given resources. The major finding of this study regarding the effects of colonialism on Shona traditional institutions can be better described and analysed as both religious and political. It is religious because colonialism of Zimbabwe brought with it Christianity as a well-recognised religion by the colonial masters. The missionaries demonised and displaced the Shona traditional religion as , heathen, and evil. For fear of stigmatisation the role of Shona traditional institutions in the health sector was compromised as Christian institutions were promoted. In addition, the colonial masters suppressed the Shona traditional institutions from a political standpoint. The efficacy and criticality of the Shona traditional institutions in public domain was affected. The research observed that missionary Christianity connived with the colonial master to denigrate the Shona traditional institutions and consequently robbing the Zimbabwean health sector of a very crucial and significant resource base.

The western religion was oppressive and segregatory in nature. For instance, practices such as polygamy, divination, traditional healing, and ancestral veneration had no room in western religion (Christianity). Ironically, these practices were difficult to take away from the Shona healing institutions. For Africans colonial rule was characterised by suffering, disease, misfortune, and other socio-political vices. When the Shona people looked at the western institutions introduced by their colonisers, they found no meaningful answers to their problems. Most of the problems required practical remedies to deal with them holistically. Africans believed that these practical remedies could easily be found within the African religions such as the STI. This belief is still prevalent

among the Shona people in the 21st century. The western religion together with modern scientific health institution do not offer pragmatic health care delivery services to Shona people hence the rise of AICs, Pentecostalism, Fundamentalism, Zionism and the Prophetic Healing and Deliverance Ministries have become prevalent in the post-independence religious sector. These came about most probably because Shona people were searching for a gospel that would address their needs. Consequently, these new movements ended up sharing a lot in common with the STIs. For instance, spiritual power, spiritual healing, deliverance, demon exorcism, belief in witchcraft and sorcery prophecy and the centralisation of leadership in one family - institutions are central within Shona traditional healing systems.

AICs developed as institutions of hope to the Shona people and it is not surprising that most of these indigenous churches also effectively participated in the Zimbabwean war of liberation that brought independence in April 1980.The contribution of these churches was clearly noted. However, some of their interventions were contrary to the requirements and professional ethics of the Zimbabwean health sector and WHO, hence there is need to closely monitor their interventions in the health delivery systems.

6.2.3 Post-Independence era

The post-independence Zimbabwean health sector was influenced by the colonial dictates and continued to suppress the role of Shona traditional institutions. Although some organisations such as ZINATHA were coined after the independence of Zimbabwe, this research found out that some of the informants to this study were calling it an in-service organisation, meaning that it lacked practicality. One of the critical findings of the study was that some Zimbabweans. Especially the

rural citizens are still depending on the Shona traditional institutions for their health and welfare, although they are doing it secretly for fear of stigmatisation. The socio-political instability and economic degradation in Zimbabwe during the period under review was also noted. This affected the efficiency of the Zimbabwean health sector and the welfare of the Zimbabwean populace in general. The study found out that, regardless of all the negative connotations attached to the Shona traditional institutions they continued secretly to a force to reckon with as far as traditional health delivery in Zimbabwe is concerned. However, considering that life is dynamic, there are new challenges within the Zimbabwean health sector that the Shona traditional health institutions are no longer able to address in the post-colonial era. They are no longer in tandem with the technological advancement which influences the current health delivery systems in Zimbabwe which means STIs may no longer be able to operate on their own outside modern scientific systems.

The research also found out that NGOs and civic organisations attempted to bridge the gap that was created in the Zimbabwean health sector through several interventions. However, that did not completely close the gap because most of the interventions were theoretical or were more aligned to western ideologies. The criticality and efficacy of Shona traditional institutions observed during the pre-colonial era could be of paramount assistance and advantageous to the Zimbabwean health sector if they could be harnessed to render services to the health care systems of Zimbabwe. This makes a strong case, combining Shona traditional and modern scientific health systems to enhance Zimbabwe's health sector. The study noted that, it must be stated nevertheless that the Shona people still value traditional healers and healing due to elements of trust and affordability.

6.3 Accounts by Western writers

The research found out that the role of Shona traditional institutions in the Zimbabwean health sector was also affected by the secondary data that were either written by western writers or from a European context. The history of Zimbabwe's Shona people was initially written by Western scholars who were being influenced by the colonisation agenda. It is important to note that even the methodologies used to study the Shona traditional health institutions were biased, prejudiced and pre-judgmental in nature. This distorted the nature, effectiveness, criticality, and efficacy of the Shona traditional institutions. The writers did not interrogate Shona traditional healing systems from within. Any traditional phenomena they did not fully understand would be labelled as pagan, devilish and animistic. As a result, the traditional health institutions that remained mysterious to the western writer could be condemned as evil. This mentality is reflected in western writers who were fond of using the term 'witchdoctor' to refer to the Shona traditional healer. They associated the traditional healer with witchcraft, a phenomenon that is usually regarded as evil within African circles. Thus, they ended up discarding some Shona traditional health institutions that were supposed to be critical to the Zimbabwean health sector. This was exacerbated by the limitation in terms of language, that is, they did not understand Shona words, expressions, idioms, and proverbs. Definitions given to certain phenomena by these scholars became vague, incorrect, and misinformed. For this reason, some Shona traditional health institutions, which were supposed to be paramount in the health sector, were discarded.

Unlike later researchers who were objective, tolerant and had an enlightened approach to the study of religion, early colonisers were not accommodative but dogmatic. Later researchers used the phenomenological approach which allowed them to observe the phenomenon as it manifested itself, thus allowing the researcher to have authentic information about it. It means that the analysis and the

interpretation of the phenomenon were based on the way it manifested itself. Derogatory language to describe the phenomenon had no room. This contextualised the Shona traditional health institutions and revealed their effectiveness in the Zimbabwean health sector. This method also closed doors to misleading language about the phenomenon. However, it was important to note that on the contrary, the method demands the writer or researcher to fully suspend all the preconceived ideas about the phenomenon and just observe and write it as it is. It is critical to note that, usually one is influenced by one`s background context and cannot deny one's general worldview in attempting any research. Thus, it becomes difficult for the researcher to fully suspend the preconceived ideas or knowledge and maintain epoch. However, regardless of its weaknesses, it is essential to note that the introduction of such methods as this, motivated African scholars to begin researching STIs. There is still need for more research on STIs and their contribution to the various sectors of the Zimbabwean structures of governance.

This researcher found out that there are a number of scholars, researchers and writers of African history who contributed to this regard. Some of the ideas, methods, assertions, and schools of thought were borrowed from western early researchers and those that subscribe to scientific methods. The point of departure of this research was the ideologies presented by these scholars about STIs and the gaps they left. What this research noted as a major weakness of the earlier researches was that, they were basically done by western missionaries, academics or scientific doctors who had a Christian background.

6.4 Recommendations to the Zimbabwean health sector

The research acknowledged the importance of the researches done by other scholars and writers. They laid an essential foundation on which this research stood. The research reflected on how, within the Zimbabwean health sector, the STIs have remained very powerful institutions that existed to validate, authenticate, and reflect the importance of the STR. This section of the research proffers recommendations that contextualise the Shona health delivery systems, in a bid to bridge the gap created by the modern scientific health delivery systems. After researching on the role of STIs in the Zimbabwean health sector, the research recommends:

- That the government of Zimbabwe formulates health policies that are pragmatic in integrating the Shona traditional health systems in the modern scientific health systems that are prevalent in the Zimbabwean health sector.

  Rationale: The research noted that the Shona traditional health institutions were treated as inferior institutions in the Zimbabwean health sector. For instance, the modern scientific doctors practise publicly in the Zimbabwean hospitals where the Shona traditional healers were not allowed to practise. Zimbabweans who needed the services of Shona traditional healers sought them nocturnally for fear of stigmatisation.

- The government of Zimbabwe separate partisan politics from issues of governance.

  Rationale: The research observed that, the ineffectiveness that was noted within the Zimbabwean health sector and the Shona traditional institutions were caused by political interference. For example, the pacifism that characterised the institution of chieftainship during the period under review together with the scarcity of drugs and other critical health facilities could be ascribed to political interference in governance.

That the Zimbabwean Ministry of Health and Child Care develop policies that enable value addition to the Shona traditional health delivery systems in a bid to make them compatible with the modern science health delivery systems.

Rationale: According to the research, the Shona traditional health sector was full of resources that could benefit the Zimbabwean health sector if value were added on them. These resources vary from infrastructural, medication and personnel. The Zimbabwean health sector was deprived of a rich Shona traditional resource base that was critical in health delivery systems of Zimbabwe since the pre-colonial era.

That the Ministry of Higher and Tertiary Education of Zimbabwe develop a curriculum that encompasses the Shona traditional healing courses and that the department be manned by Shona traditional healers and not academics.

Rationale: The research observed that the modern scientific doctors received medical training whilst the Shona traditional healers acquired their expertise orally from their elders. This was the reason why the Shona traditional healers were regarded as inferior by their modern scientific counterparts.

That there be an amalgamation of all the religious institutions in Zimbabwe for them to render collective interventions in the Zimbabwean health sector.

Rationale: The research observed that the multiplicity that characterised the religious circles brought different approaches towards health issues and the interventions they made. Some of these interventions were not in tandem with the health delivery systems required by the World Health Organisation (WHO).

That the government of Zimbabwe come up with some statutory instruments that acknowledges the source of traditional medicines that were being processed by the modern health scientists.

Rationale: The research observed that some of the original sources of the Shona traditional medicine were not acknowledged by the modern health scientists who could put their brand names on the medicines without any reference to the original source who, in most cases, was a traditional healer. Furthermore, the researcher argued that, if the Shona traditional medicines were accepted openly by the government of Zimbabwe, they could generate foreign currency which could be used within the Zimbabwean health sector.

That political dialogue between political parties and all rituals at national events be officiated by chiefs not pastors and politicians.

Rationale: The researcher noted that Zimbabwean chiefs were the custodians of the traditional culture since the pre-colonial era and could guard against infiltration, complacence, or any other forms of attack, including natural disasters, diseases, and misfortunes. Chiefs have their unique ways of dealing with reality and this was transmitted from one generation to the other. It therefore means that, continuity could be assured, and the Zimbabwean health sector could benefit out of stability and a sense of belonging that could characterise the Zimbabwean communities.

That the NGOs and Civic Organisations render their health care interventions to Shona people through the Shona traditional structures.

Rationale: According to the research, health interventions that were not inclusive to the local traditional structures were not fruitful. The researcher observed some nutritional gardens that were donated by donors, like Christian Care in some parts of Marange District and were lying

idle because they lacked community ownership. The government through the Ministry of Health and Child Care's nutritional health department had brought those donors. The result ended up depriving the Zimbabwean health sector.

That the Shona traditional healers be registered with the Ministry of Health and Child Care for them to be able to publicly practice in the Zimbabwean health sector and be on the Public Service Commission's pay roll.

Rationale: The disparity between the modern scientific doctors and the Shona traditional healers in terms of their welfare made the later to look inferior to the former. The research therefore argued that, by putting the Shona traditional health practitioners on the government's payroll could mean harmonising the two entities and boosting the Zimbabwean health sector in terms of its human resource base.

That the Zimbabwean government health sector includes the Shona traditional medicines in its national market through the National Pharmaceutical Company (Nat Pharm).

Rationale: According to the research the majority of Zimbabweans depend on the Shona traditional medicines. These medicines were only found at the traditional healers' shrines and not in state owned pharmacies. It could benefit the Zimbabwean health sector if these medicines could be easily accessible from the registered state pharmacies. This could also facilitate the examination of these traditional medicines before their use.

The recommendations presented by the research contextualised the importance of Shona traditional institutions in the Zimbabwean health sector. The research found out that there was need to harmonise the STIs and the modern science health delivery systems in order to offer relevant and genuine interventions to the Zimbabwean health sector.

6.5 Conclusion

This research was based on the field of African traditional religions and it explored the possible role of STIs in the Zimbabwean health sector. The research was motivated by the situation prevailing in the Zimbabwean health sector. This is characterised by shortage of medication, experienced personnel, and poor working conditions, in the context of high prevalence of chronic diseases, droughts and dilapidation of health infrastructure. This situation is aggravated by the socio-political and economic instability bedevilling the country. This has left Zimbabwe's poverty-stricken population prone to health hazards.

The Ministry of Health and Child Care under the leadership ZANU (PF) government has the mandate to provide health care services to all Zimbabweans. The budget which the ministry receives from Treasury often falls far short of requirements and this affects the government's health delivery. At the same time outbreaks of disease have become prevalent. The health sector has become a theatre of demonstrations and strikes as health workers fight for their rights. On the other hand, the government does not have the resources to alleviate the plight of the civil servants. Thus, government health institutions end up being served by either demotivated or inexperienced because experienced medical practitioners either go into private practice or leave for other countries.

Medication, one of the key components in the health sector has become scarce. Zimbabwe used to rely on western countries for provision of medication and other and operational utilities. However, at the turn of the 21st century the government of Zimbabwe took some political decisions that ended up affecting its relationship with Western nations. The research discovered that the political history of Zimbabwe from the colonial to post independence eras had some impact on the health sector. For instance, the land reform program which saw indigenous Zimbabweans invading the land that

belonged to white farmers and this happened at the same time when a very strong political opposition party, the MDC, came into the political arena. Thus, in a bid to try and protect its political territory, ZANU (PF) resorted to employing some inhuman means to try and suppress the opposition political party. The MDC was accused of aligning itself with Western nations in order to topple ZANU (PF) and the government from power. This meant that the economic and humanitarian support that Zimbabwe used to receive from western nations was withdrawn forthwith. It would seem reasonable to conclude that the political instability and lack of the rule of law that characterised the period under review brought the health sector to the dire straits that currently afflict it.

Basing on the above assertion one would want to conclude that the suffering that Zimbabweans were enduring was a result of government decisions that did not consider the plight of the poor. It was the health sector which mostly felt the consequences of such political decisions more than other sectors. The health sector deals directly with human life hence any decision taken by the government is expected to be considerate of the poor, the sick, disabled, women and children. It therefore becomes logical to conclude that the health challenges being experienced in the health sector are rooted in political decisions.

As a way forward, this research recommends political dialogue and re-engagement between the two major political parties in Zimbabwe and their western counterparts. This could also be accompanied by the release of the health sector from political bondage. It would be progressive and considerate if the government freed the health sector from partisan politics. This might attract more partners who could bail out the Zimbabwean health sector.

Chieftainship as an STI played a very significant role in receiving the colonial missionaries, settlers, and traders in Zimbabwe during the colonial era. Although they could be accused of giving out their land and the general freedom to foreigners, the missionaries contributed immensely to the health sector of Zimbabwe. This was how most mission hospitals came to be in the health sector. Chiefs were the custodians of the land hence were responsible for allocating the land to the missionaries. If this institution was to be respected and given its due honour in Zimbabwe, Chiefs were the very people who were supposed to lead the land reform programme, because historically they were initially involved in the allocation of the resource to the foreigners. Reversal of land allocation through chiefs was probably going to be acceptable by the Western settlers and their nations. The STRs upheld the sanctity of human life which means there was not going to be violation of the rule of law and human rights like what happened in Zimbabwe during the government-led land reform programme. It means that Zimbabwe could be enjoying a good relationship and partnership with its Western counterparts.

Traditionally, it was the chief`s responsibility to facilitate dialogue among their subjects in a bid to create harmonious co-existence of citizens within their jurisdiction. It is this study's conclusion that chieftainship as an STI, could be effective in resolving disputes. The way African chiefs resolved disputes and conflict among their subjects was steeped in the African traditional culture which respected the chief as the paramount authority who was supported and guided by the spirits of the ancestors. If chiefs were given the responsibility of facilitating dialogue in the political arena of Zimbabwe probably better results would be achieved. Thus, the study research concluded that resolving the political deadlock in Zimbabwe would go a long way to improve the health sector.

On the contrary, this research observed that chiefs had become political campaign managers for ZANU (PF) party. They were given some material things that benefited them and their immediate families at the expense of the general populace of Zimbabwe. This study therefore recommends that chiefs must desist from meddling in politics in a way that compromises their authority and integrity. Chiefs are expected to remain apolitical in order to be able to accommodate all their subjects regardless of political affiliation, status, or tribe. If liberated from partisan politics, the STI of chieftainship could play an essential role in the restoration of socio-political and economic stability in Zimbabwe. This would facilitate the subsequent restoration of viability, reliability, availability, and affordability of health services in Zimbabwe.

The churches` intervention in the Zimbabwean health sector has been remarkable. Mainline churches have managed to build some mission hospitals, train medical personnel, and assist in the procurement of medication and equipment required in the health sector. The church even went further to establish the chaplaincy department at mission hospitals to cater for the spiritual and emotional needs of patients. At every mission centre the mainline churches have established farms to try and enhance the food security at their hospitals. In this context, one might conclude that the church has been effective and relevant in rendering health services in Zimbabwe. All the facets, encompassed in the health sector, ranging from reproductive, nutrition, educative and curative health have received some interventions from the Mainline churches.

On the other hand, there were some diseases and health challenges that the church could not treat or resolve. Diseases that came as a result of witchcraft, angry ancestors and non-performance of certain rituals as required by the STR became a menace within the health sector. Initially, the mainstream churches had condemned everything related to African traditional worldview, including African

names, as evil, paganistic, fetish and uncivilised. A new religion with a new worldview was introduced and people were expected to adhere to it. This even created a more complicated scenario where two religions and two worldviews competed for supremacy. The fact that Christianity, was introduced at the same time with colonisation in Zimbabwe placed at an advantageous position where it helped suppress the STIs. This research concluded that it was at this stage that the STIs that could have been helpful in the health sector were either discarded or suppressed. The study thus suggested that there was need for harmonisation of the western religious phenomena, with their alignment to western science, and the Shona traditional religious phenomena. The argument being that a combination of these two different worldviews might revitalise the Zimbabwean health sector.

This influenced the development of AICs in a bid to try and harmonise Christianity and traditional practices. It means that, both the concepts of adaptation and adoption were to be reciprocally considered in order to address the plight and livelihood of Zimbabweans. Christianity, through African Initiated Churches had to adapt to the African ethos and worldview to be able to address some socio-cultural and health challenges of the people of Zimbabwe. At the same time, the STR also adopted some of the western Christian and scientific phenomena that were compatible with their cultural and religious practice.

The approach introduced to address health issues by African Initiated Churches shared a lot with the Shona traditional health delivery systems. Examples include the use of elements in healing, spiritual powers, foretelling and forth telling the future, belief in the power of an individual, witchcraft, evil spells, and the concept of deliverance. AICs upheld the significance of the African worldview and some traditional practices. Some Apostolic sects like that of Paul Mwazha had substituted some Christian words with some Shona ones. For instance, where missionary churches used words like

"Hallelujah" to respect some protocols or to seek the attention of the audience, the Paul Mwazha Apostolic sect used the phrase "Africa *yedu*" (our Africa). This shows how the apostolic sects were deeply rooted in the African traditional beliefs. It is therefore difficult to separate these entities. The conclusion drawn out of this was that, since the AICs and the Shona traditional religious practices shared a lot in common, they could help alleviate health challenges in a country where there was an economic bankruptcy. The research challenges the government of Zimbabwe to create a platform where these two religious entities could be publicly allowed to practise collaboratively.

However, there were some AICs in Zimbabwe that were upholding some religious beliefs and practices that were unacceptable to the Ministry of Health and Child Care`s code of ethics and the country's laws. For instance, it was observed that AICs such as the one founded by Johanne Marange upheld polygamous and child marriages. The research noted that these sects did not subscribe to anything to do with the modern scientific health delivery systems. This affects, in significant way, the reproductive health standards of Zimbabwe. This practice leads to a high child mortality rate and women often die while giving birth or during pregnancy because they would have been married before maturity. Furthermore, it was noted that in this age of HIV and AIDS if one member among the polygamous marriage became infected, it meant the whole family was affected.

The above discussion observed that there were some key health areas where the AICs were distinctively different from the STIs. The research noted that reproductive health was given particular attention in the Shona health delivery systems. Girls would only marry when they were mature. In the Shona traditional reproductive health practices, virginity tests were one of the prominent practices to ensure that young girls were not indulging in premarital sex. They were trained on how to become good wives and mothers. This would be done at an appropriate age. In the

STIs there were customary laws and taboos that could curb promiscuity and infidelity. It also meant that sexually transmitted diseases were minimised. The research, therefore, recommends that the STIs be accorded a substantive role to either lead or collaborate with other institutions in the health delivery systems in the Zimbabwean health sector. The health challenges being experienced in the Zimbabwean health sector are due to the political instability, economic challenges, poor governance systems, violation of human rights and failure to respect the constitutional rights of the people. The ruling political party and its government is to blame for all this mess. Almost all African Initiated Churches, as observed by the researcher, were either directly rooted, or aligned to ZANU (PF) which was the governing political party. Leaders and the members of the AICs actively participated in partisan politics. This was evidenced by their attendance at almost all ZANU (PF) political activities. These African Initiated Churches were serving to legitimise the evil being perpetrated by the ruling party and the government.

However, STIs have stubbornly stood the test of time even when they have not been given enough space to publicly participate in the national health delivery systems. They have continued to exist and influence the lives of Zimbabweans. The NGOs and civic organisations have had significant contribution in health delivery systems. Most NGOs had a western Christian background. They originated from the western nations. They made some meaningful interventions in areas such as reproductive health, nutritional health, curative health, awareness programmes and the enhancement of childcare in Zimbabwe. NGOs came to bridge the gap at the time when the government was struggling to provide proper health services to the citizens. However, it was noted that when the political environment became violent, especially from the early stages of the 21st century, the NGOs were treated with suspicion by the ruling party and government. It was around this time that every NGO was heavily scrutinised and was expected to go through strict licensing procedures by the

government. This was retrogressive and compromised NGOs' intervention in the health sector. Some of them decided to withdraw their services as they were being accused of sponsoring a regime change agenda in Zimbabwe. The conclusion drawn on this note is that politics became the biggest enemy of progress in the Zimbabwean health sector.

The interventions made by the civic organisations were mainly based on advocacy. They were trying to fight for the people`s rights and wanted to improve the life of common Zimbabweans. As such, most civil organisations ended up being accused of supporting opposition political parties. The study noted that some civic organisations that started as socio-economic movements ended up being opposition political parties. The primary purpose of civic organisations was also defeated by their zeal to become political activists. Politics could be blamed for either pacifying or destroying the agenda and the existence of civic organisations in Zimbabwe during the period under review. The issues of governance must be given preferential treatment over partisan politics. The health sector in Zimbabwe could be restored and become functional if politicians desist from using the government resources to advance their political agenda.

The STIs had an influence in almost every religion and institutions operating within its context. African traditional religion is naturally part of an African's life. The STIs had their ways of addressing health challenges. The Shona traditional interventions in health issues were locally available, affordable, reliable, and accessible to all citizens including the vulnerable ones. The Shona traditional health delivery systems had a holistic approach to health which catered for the physical, psychological, and spiritual dimensions of life. The research recommends the total emancipation of the Shona traditional health delivery systems from political capture. The political powers wanted to legitimate themselves manipulating STIs. The STIs could play a pivotal role in the Zimbabwean

health sector. This might be done by collaborating with other institutions, complementing the government, or operating on their own. In the period when the economy of Zimbabwe is in shambles, the STIs were critical in addressing the health challenges in the Zimbabwean health sector, so much that if formally integrated in the health delivery systems of Zimbabwe they would make significant difference.

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Addendum 1 – Informed Consent Letter

Dear Participant

INFORMED CONSENT LETTER

My name is Togara Bobo Student (U16269978) I am a PhD candidate studying at the University of Pretoria , Pretoria South Africa majoring in Science Religion and Missiology

I am interested in learning about the about role of Shona traditional institutions in the Zimbabwean health sector.

My major interest in this study is to critically analyse the extent to which Shona traditional institutions remain relevant in the modern health in Zimbabwe. To gather the information, I am interested in asking you some questions.
Please note that:

- Your confidentiality is guaranteed as your inputs will not be attributed to you in person but reported only as a population member opinion.
- The interview may last for about 1 hour and may be split depending on your preference.
- Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.
- You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

	Willing	Not willing
Audio equipment		
Photographic equipment		
Video equipment		

I can be contacted at: Email: Email Address revtbobo@gmail.com

Mobile Phone +263 772 646 617

My supervisor is Dr M Sukdaven who is located at the Department of Science of Religion and Missiology of the University of Pretoria.

Contact details – email : Maniraj.sukdaven@up.ac.za Phone number:+27 (0)82 822 3851

Thank you for your contribution to this research.

DECLARATION

I..... (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT DATE

…… ……

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Addendum 2- Interview Schedule

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym JASON BIKI
b. Designation Hospital Administrator
c. Religious affiliation Christian
d. Age 45 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector. Spiritual healing, Rituals, Ancestors
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Health care Provision, finances, Medicine
b. Non- Governmental Organisations Foreign Aid
c. Religion Spiritual Interventions, Charity funds

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d. Civic Organizations.....
Home based care

e. Shona Traditional Institutions .....
Traditional Herbs

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
(i) If yes, how?
.....
(ii) If no, why? They are not registered with WHO

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... Affordability

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....
Collaboration

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... Register them

8. Any other comments related to the research.....
Good research

9. Signature .....
- Place Chimanimani
- Date 26 January 2019

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Hloyd Museye
b. Designation N.G.O. Field officer
c. Religious affiliation Christian
d. Age 31 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector. Chiefs, Traditional leaders.
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Failed to give them enough space
b. Non-Governmental Organisations They exist to improve the plight of the poor and vulnerable. They are all over Zimbabwe
c. Religion Provide necessary medicines to the vulnerable.

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d. Civic Organizations: Pfond home based care kits

e. Shona Traditional Institutions: Not recognised

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? They are not equally recognised.

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector. Providing medicines to be vulnerable.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector. recognise the traditional institutions to improve health sector

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector. Given enough platform and perform their duties

8. Any other comments related to the research. NO

9. Signature

- Place MUTARE
- Date 7 February 2018

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?

a. Name/Pseudonym. JULIUS Mbiri

b. Designation Traditional healer

c. Religious affiliation A.T.R

d. Age 75 Sex M

2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector. Mediums, Chieftainship, Traditional medicine

3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?

a. Government. They have destroyed an important resource

b. Non- Governmental Organisations. They have a christian bias

c. Religion. ATR should be allowed to practice and address the health challenges

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d. Civic Organizations.....
Can be powerful if supported

e. Shona Traditional Institutions ..... Diseases like chitsinga can only be treated traditionally. The word denotes the strategically throwing of a bad or evil charm to cause an illness in the body of the victim. Modern scientific methods of healing can not work.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
(i) If yes, how?
.....
(ii) If no, why? ..... They are regarded as outdated and uncivilised institutions

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... They are effective, affordable and locally available

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....
Centralise traditional medicine

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... As above

8. Any other comments related to the research..... No

9. Signature .....
- Place ..... Mgrange
- Date ..... 9 November 2017

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Boteno Niki
b. Designation Retired Nurse
c. Religious affiliation Christian
d. Age 81 Sex F
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Traditional medicines.
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government They ebun the medicines from traditional healers.
b. Non-Governmental Organisations Provide the some resources and modern medicines.
c. Religion Ha e some do not accomodate and like the tradetional medicines

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d. Civic Organizations They offer care, love and good nutrition

e. Shona Traditional Institutions Traditional medicines

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? In hospitals and pharmacies only modern medicines are found and sold.

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector. The living dead and spiritual beings manifest themeselves through a medium to solve health problems

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector. Should give the traditional healers enough opportunity.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector. Being given space in the hospitals and pharmacies.

8. Any other comments related to the research. Recommend nutritional herbs.

9. Signature HM

- Place Marange
- Date 15 June 2018

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Shungu Nyemba
b. Designation DIVINER
c. Religious affiliation ATR
d. Age 63 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector ancestors, traditional healers'
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government recognising
b. Non- Governmental Organisations providing medication
c. Religion religion can be manipulated by individuals

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d. Civic Organizations
Home based care:

e. Shona Traditional Institutions
locally available in most areas.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? They are seen as useless and used dirty medicines.

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector. Providing health services to the less privileged people.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector
Allowing the traditional medicine to be used freely in the health system.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector. registering them and giving them enough clance.

8. Any other comments related to the research
NO

9. Signature Nyembe
- Place Mutangadura (Zimunya)
- Date 29 March 2018

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym..Lawrence Vhirimu.....
b. Designation .....Nutritionist.....
c. Religious affiliation .....Christian.....
d. Age .....29..... Sex .....M.....
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector.....Ancestorship, Traditional healing, mediums, Traditional Medicine,.....
.....
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government.....Through Budgeting and policies.....
.....
.....
.....
b. Non- Governmental Organisations.....
.....Financing of infrastructural.....
.....projects.....
.....
c. Religion.....Dealing with spiritual.....
.....issues that affect health.....
.....

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d. Civic Organizations..... community based intervention

e. Shona Traditional Institutions ..... They are relevant and effective although they are neglected. Their effectiveness is being neglected. Shona people were relying on traditional food, shelter and medication.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? ..... I think they are regarded as outdated and uncivilized

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... They are locally available

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector..... The government should integrate the traditional medicine in the health sector

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... By recognising their efficacy

8. Any other comments related to the research..... Quite a relevant research

9. Signature .....
- Place ..... Mutare
- Date ..... 16 January 2019

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Torai Kachana
b. Designation Traditional Healer
c. Religious affiliation ATR
d. Age 77 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Traditional healers and medicines
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Support the traditional healers'
b. Non- Governmental Organisations
Provide education
c. Religion Shun the traditional healers'

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d. Civic Organizations Support and provide home based care

e. Shona Traditional Institutions Traditional leaders are central for the indegenous people in the whole of Africa

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why?

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector. They consult the dead through the spirt mediums

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector. The implementers should educate the people about the traditon institutions

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector. They should be given a space in the hospitals

8. Any other comments related to the research

9. Signature Mandaza

- Place Chivere (Marange)
- Date 14 December 2018

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Media Dzoro
b. Designation Diviner and Midwife
c. Religious affiliation ATR
d. Age 67 Sex F
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Traditional medicine, ancestors,
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government recognising
b. Non- Governmental Organisations Giving finances
c. Religion Praying and giving charity funds

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d. Civic Organizations... Community based care.

e. Shona Traditional Institutions ... Providing traditional medicines. They are imparted in a person's life at birth. Shona traditional medicine is indeginous and favourable to indeginous Zimbabweans

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? ✓ They are regarded and seen as useless and too primitive

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector... Providing some traditional herbs

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector... should consider the traditional health sector as an important part in healthy prices.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector... Giving them an opportunity to operate freely

8. Any other comments related to the research... They should be registered and recognised

9. Signature ... IRZero

- Place ... Limuya
- Date ... 02 May 2017

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym..... Faith Giachi .....
b. Designation ..... Youth Leader .....
c. Religious affiliation ..... Christian .....
d. Age ..... 24 ..... Sex ..... F .....
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector..... chieftainship , ancestors. .....
.....
.....
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government..... Young leaders do not like the ancestors and believe in them .....
.....
.....
b. Non- Governmental Organisations.....
Do not provide aids .....
.....
.....
c. Religion..... spiritual healing and the use of elements such as oil. The oil protects the followers from the deadly dangers and traps .....

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d. Civic Organizations.....

e. Shona Traditional Institutions .....
The medicines they used are considered to be out dated.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
   (i) If yes, how?
   (ii) If no, ~~why~~? ✓ They are related to witchcraft

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... Providing traditional medicines

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....
Educate and consider the traditional medicines.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... Giving people enough information using fliers, advertising in media.

8. Any other comments related to the research.....
NO

9. Signature .....
   - Place Harare
   - Date 14 February 2019

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Faculty of Theology

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Tambudzai Gweture
b. Designation Shona Traditional Healer
c. Religious affiliation ATR
d. Age 45 Sex F
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector
Culture, Beliefs, Ancestor Worship
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government
Neglected the traditional institutions
b. Non- Governmental Organisations
Belongs to the foreigners
c. Religion ATR is the best religion

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d. Civic Organizations..... Lack support from the government

e. Shona Traditional Institutions ..... Can be very effective in servicing the health sector. The clients that the traditional healers are serving vary from general people to church leaders, politicians and business people

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? They are being demonised by Christianity

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... They are effective and practical

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector..... Integration, recognition and platform.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... Give them the platform

8. Any other comments related to the research..... No

9. Signature ..... T. G. Mukuni

- Place .....
- Date ..... 13 October 2017

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Masimba Jiyu
b. Designation Chief
c. Religious affiliation ATR
d. Age 58 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Chieftainship, Rituals, Spiritual healing
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Working with Chiefs and traditional healers
b. Non- Governmental Organisations Helped with resources
c. Religion Christianity is dominating in public health interventions

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d. Civic Organizations.....

e. Shona Traditional Institutions .....
The are very useful and reliable. People tend to consult such institutions privately and secretly

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
   (i) If yes, how?
   .....
   (ii) If no, why? The government is preferring the modern scientific institutions

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector.....
   They are cost effective

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....
   Integrate and combine the 2 health systems.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector.....
   Give them the platform.

8. Any other comments related to the research.....
   The shona people are desparately inneed of solutions to their problems and failed to find them from the missionaries, so the research is very relevant.

9. Signature .....Jiayi.....
   - Place .....Marange.....
   - Date .....9 November 2016.....

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STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym.....Teedzai Chifunhu.....
b. Designation .....Traditional Healer.....
c. Religious affiliation .....ATR.....
d. Age .....72..... Sex .....F.....
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector.....Traditional healers, traditional medicines.....
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government.....consider and support traditional healers.....
b. Non- Governmental Organisations.....Work with them and hold meetings.....
c. Religion.....

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d. Civic Organizations..... Provide home based care and support.

e. Shona Traditional Institutions ..... Chipinge is known as the source of most prominent traditional healers and medicines hence traditional institutions are still relevant.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, ✓ how?

Are allowed to have their associations of traditional healers

(ii) If no, why? .....

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... They are looked down at hence considered as for the poor and uneducated.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector..... I recommend that they should be given equal opportunity as the modern health institutions.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... By encorporating them in the policies of health.

8. Any other comments related to the research..... No

9. Signature ..... T. Chifinhu
- Place ..... Tuzuka
- Date ..... 16 April 2018

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STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Garai Chikobvore
b. Designation Pastor
c. Religious affiliation Christian
d. Age 46 Sex F
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Chiefs, Traditional healers, traditional medicines
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Has failed to accomodate.
b. Non- Governmental Organisations Give food and medicines
c. Religion Protection, healing and deliverance depend on a conducive relationship between the sacred and the profane. Disease are made complicated by spiritual involvement.

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d. Civic Organizations Home based care and nutrition education

e. Shona Traditional Institutions

The are reliable

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
   (i) If yes, how?
   (ii) If no, why? No public practice

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector Affordability

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector

Combine the two health systems

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector

Allow them to practice publicly

8. Any other comments related to the research

Zimbabwean health sector has failed us

9. Signature Thire
   - Place Marange
   - Date 12 October 2017

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STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Ketura GOMO
b. Designation Medical Doctor
c. Religious affiliation Christian
d. Age 47 Sex F
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Traditional herdmanees.
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Help to deal with some health issues in Zimbabwe the existence of complicated dumps and chronic disease is prevalent. Examination of medicines before use. Training of resource people
b. Non- Governmental Organisations Education and medicines
c. Religion Failed to accomodate

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d. Civic Organizations... Provide home based care.

e. Shona Traditional Institutions ... Provide traditional medicines.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? ... The policy makers are not giving the traditional institutions enough space.

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector... They provide the traditional health services.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector... The government should incorporate the traditional healers.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector... By educating people.

8. Any other comments related to the research... Collaboration is needed.

9. Signature ... Kgomo

- Place ... MUTARE
- Date ... 18 February 2019

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STUDENT NAME: TOGARA BOBO

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STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?

a. Name/Pseudonym Dorothy Gutu

b. Designation Herbalist

c. Religious affiliation Christian

d. Age 38 Sex F

2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Spiritual healing, ancestors

3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?

a. Government acknowledge

b. Non- Governmental Organisations Providing finds to communities

c. Religion Spiritual healing and praying

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d. Civic Organizations
Home based care services

e. Shona Traditional Institutions
Traditional medicines restore chieftainship - traditional healers are powerful men and women in society

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
   (i) If yes, ✓ how?
   same interventions are done in the communities
   (ii) If no, why?

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector. Providing medicines to the communities

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector
Should be recognised and given more power and space

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector. Registering them

8. Any other comments related to the research
NO

9. Signature D. Cutu
   - Place Zimunya
   - Date 27 April 2017

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STUDENT NAME: TOGARA BOBO

EMAIL ADDRESS: revtbobo@gmail.com

STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym JAIROS Chiki
b. Designation Spiritual Healer
c. Religious affiliation Christian
d. Age 39 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Ancestors, Traditional medicine, Spiritual healing
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government acknoledge and recognize
b. Non- Governmental Organisations medication
c. Religion Faith and spiritual healing. Traditional healers must adhere to special rituals The evil spirits are dangerous

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d. Civic Organizations.....
They encourage community participation

e. Shona Traditional Institutions .....
They are locally available and affordable

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector
(i) If yes, how?
.....
(ii) If no, why? ..... ✓ They are regarded as paganistic

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... provision of local herbs

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....
Allow traditional medicine in the health system

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... Register them

8. Any other comments related to the research.....
NO

9. Signature ..... Chikwange
- Place ..... Marange
- Date ..... 14 May 2014

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TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym Tirivanhu Marange
b. Designation Village Head
c. Religious affiliation Christian
d. Age 63 Sex M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector Traditional healers
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government Payed minimum attention
b. Non- Governmental Organisations Provide food to all.
c. Religion ATR is the best Religion There is no need for evangelism ministries for one to become an adherant of ATR. ATR has natural remedies to health issues.

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d. Civic Organizations Home based care

e. Shona Traditional Institutions Medicines are not expensive

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? The traditional institutions are not given enough platform to perform

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector

Give them enough platform and opportunity.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector Educating people and provide cheap medicines.

8. Any other comments related to the research

No

9. Signature

- Place
- Date 27 June 2018

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STUDENT NAME: TOGARA BOBO

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STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
   a. Name/Pseudonym MANYURA TAATSE
   b. Designation Chief
   c. Religious affiliation CHRISTIANITY
   d. Age 50 Sex MALE
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector TRADITIONAL HEALERS
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
   a. Government The government supports traditional institutions. Talking of protecting one's sovereign when medication is scarce is violating one's rights.
   b. Non- Governmental Organisations Non-governmental organisations are supportive of the Shona traditional institution by providing financial support for some of the institutions and holding meeting with them
   c. Religion - Religion affects how the institutions and society perceive health motives by the individuals within a society.

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d. Civic Organizations.....—.....

e. Shona Traditional Institutions ..- These are the institutions which are supportive of the Shona traditional institutions and are anti government motives as far as the health Sector is concerned. They are enough to endure criticism hence effective and reliable for Zimbabweans.....

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector ✓ yes

(i) If yes, how?

They are given the platform to service the Zimbabwean Health Sector by being allowed to form their associations Zimata

(ii) If no, why? .....

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... to a greater extend it is negative because they perceive modern health institutions scepticallly.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector..... recommend that there be intensive education of about these Shona traditional institutions

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..- By giving them space in the Health Sector.

8. Any other comments related to the research.....

9. Signature ..... Mamvura.

- Place ..... Mutare.
- Date 08/12/2018

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TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?

a. Name/Pseudonym TSITSI MUTI

b. Designation Village Health Worker

c. Religious affiliation CHRISTIANITY

d. Age 40 Sex F

2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector.....
Traditional Medicine

3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?

a. Government.....
Government supports the traditional medicine, Doctors and pharmacist charge exorbitant fees

b. Non- Governmental Organisations.....
Non-Governmental organisations support the traditional medicine.

c. Religion.....
Religion is not in support of the traditional medicine.

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d. Civic Organizations..... The civic organisations are in support of the traditional medicine.

e. Shona Traditional Institutions ..... These are in support of the traditional medicine.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how? ..... There is an organisation in support of Traditional Medicine. ZINATHA.

(ii) If no, why? ..... ~~The~~

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... They provide the traditional medicine.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....

- People should be given enough education on traditional medicine.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... By giving them space in the hospitals.

8. Any other comments related to the research.....

9. Signature .....

- Place ..... MUTARE
- Date 14-03-19

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STUDENT NUMBER: U16269978

TOPIC: **THE ROLE OF SHONA TRADITIONAL INSTITUTIONS IN THE ZIMBABWEAN HEALTH SECTOR.**

STRUCTURED INTERVIEW QUESTIONS.

1. May you give a brief background about yourself?
a. Name/Pseudonym... Petros Chitsvinga
b. Designation ... Traditional healer
c. Religious affiliation ... ATR
d. Age ... 58 ... Sex ... M
2. Outline the Shona Traditional Institutions that can contribute to the Zimbabwean health sector... Ancestors, spiritual healing
3. How do the following Institutions affect the role of Shona Traditional Institutions in the Zimbabwean Health Sector?
a. Government... recognise and acknowledge
b. Non- Governmental Organisations... Give medication
c. Religion... Spiritual healing

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d. Civic Organizations.....
Care at home

e. Shona Traditional Institutions ..... They may be negative: Sorcery may involve the use of persons, medicines, insecticides and rituals.

4. Do you think that the Shona traditional Institutions are given enough platform to service the Zimbabwe health sector

(i) If yes, how?

(ii) If no, why? ..... They are seen as killers and murders.

5. How are the Shona traditional Institutions relevant to service and improve the status of the Zimbabwean health sector..... By using proper medicines.

6. What recommendations can you give to the health policy makers and implementers in Zimbabwe in light of the role of Shona traditional Institutions in the health sector.....
Examine the medicines before use.

7. How can the Shona traditional Institutions be integrated in the Zimbabwean health sector..... Practising good hygiene and cleanliness

8. Any other comments related to the research.....
NO

9. Signature ..... P. Chitsunga
- Place ..... Zimunya
- Date ..... 20 September 2017