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MYTH OR REALITY : UNPACKING THE CONTRIBUTION OF INDIGENOUS KNOWLEDGE SYSTEMS IN SOLVING SEXUAL HEALTH PROBLEMS IN ZIMBABWE, CASE OF BULAWAYO FROM 2006 TO 2015

BY

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A DISSERTATION SUBMITED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR BACHELOR OF ARTS IN HISTORY HONOURS DEGREE

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APPROVAL FORM

The undersigned certify that they have supervised the student God's words Sibanda dissertation entitled: Myth or reality: Unpacking the contribution of indigenous knowledge systems in solving sexual health problems in Zimbabwe, case of Bulawayo from 2006- 2015. The dissertation was submitted in Partial fulfillment of the requirements for the Bachelor of Arts in History Honors Degree at Midlands State University.

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DECLARATION

I Godswords Sibanda Registration number R124345R do declare that the work contained in this dissertation is entirely my own work, except where it is attributed to other authors or sources. This work has been submitted for a degree in any other university. It is therefore submitted in partial fulfillment of the requirements for the Honors Degree in History, in the Faculty of Arts at the Midlands State University, MSU Campus.

Signature Date

…….. ……

DEDICATION

This work is dedicated to my family for the supportive role they played during my studies. With special thanks to my mother Gertrude Gloria Sibanda who stood by me through thick and thin. She has been a pillar of my life, teaching me how to stay humble while pursuing my dreams. Special appreciation is also forwarded to my friends who partook in this educational journey with me.

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ABSTRACT

Indigenous knowledge systems have been part and parcel of the African people's lives and they still continue to inform much of their lives. These knowledge systems have been marginalized since the colonial era. This study serves to prove the myths and realities associated with indigenous knowledge systems in curing sexual health problems in Zimbabwe, case of Bulawayo. The missionaries and colonial officers collaborated to alienate and marginalize African indigenous knowledge system so as to promote the western culture. Sexual health problems are one of the nagging health complications developing countries face. A lot of individual suffer from sexual health problems in silence, because the subject of sexuality is considered a taboo in the African society. This research focused on the socio-economic implication of sexual health problems and efforts by different stake holders in trying to revive indigenous knowledge systems and improve its status. The research made use of interviews, observation, newspapers and secondary sources to come up with a candid and objective analysis of the contribution of indigenous knowledge systems in solving sexual health problems and the role of concerned players in reviving indigenous knowledge systems. The main findings were that women and adolescents are the most affected by the impact of sexual health problems. Also discovered is the ambiguous attitude of the government towards traditional health system and the professionalization of traditional health system through ZINATHA.

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LIST OF ACRONYMS

IKS – Indigenous Knowledge Systems

ZINATHA – Zimbabwe National Traditional Healers Association

HIV – Human Immune Virus

AIDS – Acquired Immune Deficiency Syndrome

WHO – World Health Organization

UNICEF – United Nations Children's Fund

AU – Africa Union

NGO – Non-Governmental Organization

TMP – Traditional Medical Practitioners

TM – Traditional Medicine

PRB – Population Reference Bureau

STD – Sexually Transmitted Diseases

MCAZ – Medicine Control Authority of Zimbabwe

CBD – Central Business District

1.0 INTRODUCTION

Indigenous knowledge systems (IKS) have been part of the heritage and tradition of Africa. Even before colonization Africans relied on indigenous knowledge systems to solve their nagging problems in all aspects of life. Mapira and Mazambara state that indigenous knowledge systems (IKS) are part of Africa's heritage which dates back to the pre-colonial era when they were developed in order to address various survival challenges. They are home grown and they have survived the test of time[1]. Indigenous knowledge systems, refers to intricate knowledge systems acquired over generations by communities as they interact with the environment. It encompasses technological, economic, philosophical, learning and governance system.it refers to body of empirical knowledge and beliefs handed down through generations of long time inhabitants of specific locale, by cultural transmission, about the relationship of living beings with each other and their environment, as postulated by Deepak and Anshu[2].

Kwame Amayaw Domfeh forwards that, traditional medicine is the ways of protecting and restoring health that existed before the arrival of modern medicine and have been handed down from generation to generation[3]. During the precolonial times in Zimbabwe and Africa as a whole traditional healing was practiced by the herbalist, spirit mediums, traditional birth attendants and bone setters. The herbalists, for example, are experienced in the medicinal uses of herbs and other naturally occurring substances[4]. Before the advent of modern medicine indigenous people relied on herbs, tree barks roots and certain animals, mammals and so on to cure medical illnesses. Indigenous healers were taken seriously and considered a relevant part of the society. Some healers focused on spiritual healing which called upon the ancestors to intervene between God and the living.

Mazura and Nesbeth are of the view that, in the advent of diseases and other misfortunes the Shona people used to consult their traditional medical practitioners (n'angas) or spirit mediums (masvikiro) who would give them advice and guidance on how to deal with the problems[5]. In such times they were herbalist who had knowledge of different herbs and they used it to cure the problem as not everyone could see into the spirit world. This show how much the indigenous Zimbabweans relied on indigenous medicine.

The coming of Europeans to Africa disrupted the functions of indigenous knowledge systems and limited its relevancy in solving sexual medical problems. The indigenous knowledge systems have been given less recognition in the quest to solving medical problems. According to Jary and Jary, colonial rule in many parts of the world led to the destruction or marginalization of some cultural norms and values as colonial administrators imposed their authority on native tribes who often resisted their influence. Laws were passed in order to subjugate these people and marginalize their cultural heritage[6]. African indigenous knowledge systems were reduced to myth and fallacy. They were further labelled as practice of black magic, sorcery and witchcraft. Scientific inventions were introduced to replace indigenous knowledge systems. Kwame Amayaw Domfeh is of the view that contact between modern medicine and health care system led to some indigenous groups to have declining respect for local healers and herbalists[7]. The colonial officers during colonization established measures that discriminated indigenous knowledge system. The demonized it and labelled it as the practice of witchcraft, voodoo and magic. This criminalized the practice of indigenous knowledge systems and anybody who was seen practicing it was alienated. The other custodians of these systems even shunned the practice. Indigenous knowledge systems were then replaced by western scientific practices and

biomedicine. Nonetheless, indigenous knowledge systems have survived the test of time and science and are still practiced up to date.

During the decolonization period Africans relied mostly on indigenous knowledge systems. The wars of liberation forced Africans to resort to guerilla war fare and live in mountains. In the mountains and valleys African soldiers used indigenous medicine to cure the hounded, the sick and those shot. The supplies and operation of medical supplies was endangered and as such people survived on indigenous medicine to sustain their health.

Christianity was also used as a tool to demonize indigenous knowledge systems; it supported the use of modern medicine and scientific inventions. Missionaries in their plea to find African converts used verses that alienated the practice of indigenous medicine. Indigenous healers were said to be possessed by demons. Anything African in culture was labeled backwards and primitive. As a result this made Africans to have double religions or beliefs. Some Africans have formed African oriented churches like Johanne Masowe, Guta Ra Mwari and ZCC. These churches incorporated both Christianity and traditional into their beliefs. Mazura and Nesbeth postulate that, the Shona had their own traditional ways of dealing with problems that arose in their day to day lives. Some of these are still applicable in modern times despite the deep entrenchment of the western culture and its counter path, Christianity[8]. They further assert that Christianity has been a formidable partner to western imperialism.

In the post-independence era, indigenous knowledge systems have gained momentum and efforts are being made to revive them. Modern medicine and science have experienced their limitation in solving some of the nagging medical problems like HIV/Aids and cancer. In search of solutions to these problems there has been a growing call to consider indigenous knowledge

systems. Mazura and Nesbeth forward that, there are some diseases such as cancer that cannot be cured in western scientific methods but Shona traditional medical practitioners can treat and cure it even today[9]. In spite of such revelations indigenous medicine is still regarded as backward and primitive, instead of being allowed to function complementary with modern medicine.as they are not tested and proved according to western standards and, as such, they are a myth.

The Zimbabwean government has established an association to facilitate indigenous medicine, the ZIMBABWE NATIONAL HEALERS ASSOCIATION (ZINATHA) to research on indigenous medicine. This association has, however, not been given due media publication. Even local western trained medical practitioners dismiss it as not worthy to be taken seriously in the struggle against pandemics.

Conclusively, there is a need to relook at the indigenous knowledge systems and how they helped generations before us. Their relevancy before modern medicine must not be taken unlikely and in that consideration some of its aspects must still work even in a world fast relying on technological.

1.1 STATEMENT OF THE PROBLEM

Traditional medicine is an understudied field; as a result different studies have turned a blind eye on its viability and contribution to solving sexual medical problems. Mazura and Nesbeth state that, a number of traditional medical efforts have proved helpful as evidenced by the testimony of HIV / Aids patients, who have used these herbs in the treatment of HIV/aids symptoms like, Groundnut shell (Mateko enzungu) which treat herpes, Buffalo thorn (Muchecheni) which treats boils Caps fig tree (Muonde) which treat warts[10]. Some of these sexual problems associated with sexuality have not been proven, hence there is need to demystify and prove their viability of traditional medicine. Scientist have dismissed IKS as

practice of magic and voodoo and yet failed to give it a fair field to be tested for feasibility. They argue that indigenous knowledge system has to be subjected to western standards to be regarded as worthy to use. This kind of perspective discriminates IKS and makes it unacceptable to many people and even its custodians.

Poor communities in Zimbabwe have continued to rely on the cheap and accessible traditional medicine to solve sexual problems. Zimbabwe is rich in indigenous knowledge systems; the people have a long history of use of medicinal plants use. However, in spite of the riches of indigenous knowledge systems lack documentation. A study on traditional uses of medicinal plants in south-central Zimbabwe, recorded ninety three plant species as useful in traditionally managing various human diseases in south-central Zimbabwe. Sexually transmitted diseases are a health concern in developing countries with their transmission regarded as one of the highest in the world[11]. Traditional medicine has contributed largely in solving some of the sexual transmitted diseases. Especially because it is cheap and accessible than modern medicine, as such most people have been dual using it with scientific medicine complementarily, although, high praise has been solely given to modern medicine. The study further revealed that, sexually transmitted infections are one of the most common reasons for people to use herbal medicines and visit traditional healers in Zimbabwe[12]. Therefore adequate research on traditional medicine has to be conducted to increase its use universally

Writers have faced challenges in writing about indigenous knowledge systems due to a lack of documentation on the subject. Since colonization the Europeans have undermined everything African and labelled it as primitive and barbaric. As a result there has not been much interest in the subject. This has been exacerbated by the unreliability of sources on IKS as the information is passed orally from generation to generation. Joshua Risiro et ‘al argues that, the introduction

of western education and missionary activities watered down the value and respect given to indigenous education and cultural beliefs. Some of the cultures were regarded as primitive and superstitious[13]. This has led to the under study of traditional medicine.

Sexually transmitted diseases have been less studied from traditional perspective because of the tag and stereotypes which associate it with immorality. Discussion of sexual problems is considered a taboo, as such traditional medicinal plants which solve it are given less study and recognition. Nonetheless, people in Bulawayo have relied on this traditional medicine to solve sexually transmitted diseases. Some cultures like the Xhosa have been practicing circumcision long before the advent of Europeans and its recent momentum. This proves that some of the recently acclaimed remedies have their roots in indigenous knowledge systems.

Traditional medicine has not been given enough exposure and support like western medicine it has been undermined due to its mystical properties and secrecy associated with it. Western medicine on the other hand is universal applicable anywhere. As such western medicine has gained preference over traditional medicine. G Waite quotes on (herald, Jan 31, 1986); a pharmacologist at University of Zimbabwe School of medicine, who investigated the mystical claims made on behalf of medicines found good, bad, and understudied qualities, among them is crocodile bile[14]. Nyazema believed that it was necessary to do away with the cloaks secrecy and mysticism that surrounds traditional medicine. And prepare them for primary health care[15]. There are some traditional healers who have collaborated scientific and traditional medicine to help solve some of the nagging problems in Bulawayo. Like Dr Barbara Sibanda a traditional practitioner in Bulawayo.

1.2 QUESTIONS AND OBJECTIVES OF THE STUDY

Aims and objectives of the study are as follows,

CENTRAL OBJECTIVE

How has indigenous knowledge system (IKS) contributed in solving sexual medical problems in Bulawayo from 1980 to 2015.

RESEARCH QUESTIONS

1. How has the history of IKS in Zimbabwe shown its feasibility in Bulawayo in solving sexual problems?

2. What factors account to the divided attention of using IKS for healing sexual problems: echoing from the people?

3. Have the strategies brought forward by the government and other concerned players been effective in promoting the revival of indigenous knowledge systems?

4. Analyze the role of ZINATHA in standardizing indigenous knowledge systems?

RESEARCH OBJECTIVES

IKS are affected by a number of factors and that have left a plethora of questions about the applicability in the medical field and influence in the way of life of people in Bulawayo, as such the objectives of this research were to achieve the following:

a) To show the feasibility of IKS in sexual relations

b) The need to demystify and prove the ability of IKS on the subject

c) To contribute to a body knowledge on IKS as an understudied field

d) To understand efforts and gestures made in addressing the status of the IKS

e) To evaluate the relevancy of ZINATHA in contemporary Zimbabwe

1.3 LITERATURE REVIEW

Indigenous knowledge systems are a recent phenomenon that has stirred up debated in Africa and the world at large. There are a limited number of authors that have focused on indigenous knowledge systems (I.k.S) and those that have focused on it have neglected its contribution in solving sexual health problems. Indigenous knowledge systems suffer from a lack of documentation; this has been due to the fact that the knowledge on African traditions has been passed down from generation to generation through oral tradition. Knowledge on African traditions especially the practice of healing and administration of herbs and plants has been surrounded by secrecy and private practice. The study contributes to the existing body of knowledge on indigenous knowledge systems and its contribution to solving sexual health problems. There are two antagonistic schools of thought on traditional medicine, the first argues that, indigenous knowledge systems are out dated and contain practice of black magic. The second school of thought forwards that African indigenous knowledge systems should are effective and have been practiced by Africans since time and memorial. It further argued that African knowledge systems should be given the same recognition given to modern medicine.

In the article, ‘’*traditional Medicine and the Quest for National Identity in Zimbabwe’’,* by G Waite highlights that African indigenous medicine has been relevant in the African society and its people have been using them since the beginning of time but has been undermined since the advent of colonialist. G. Waite supports the integration of traditional medicine and modern medicine[16]. She focused on the new era in indigenous knowledge systems in Zimbabwe which was brought by independence, where the new governments set to reshape a positive relationship between traditional health system and the modern health system. She focused on the road of

different concerned players who set to revive indigenous knowledge systems. Her study however, neglected a more detailed approach to the indigenous knowledge. The study will fill the gap on different types of African knowledge systems that are relevant in curing sexual health problems. She further talks about the pioneers of (ZINATHA) Zimbabwe National Traditional Healers Association, Dr Gordon Chavunduka and the Late Herbert Ushewokunze. How these figure fronted the revival of traditional medicine. The research complements her work by appreciating indigenous knowledge systems giving special focus on its revival as a professionalized health care system. The study will further complement G. Waite's findings by highlighting the contradictions that exist between traditional health practitioners and professional doctors, Christians and other concerned players.

The growing interest in indigenous knowledge has seen a number of scholar's research and writing about some medicinal plants used to cure various sicknesses. Alfred Maroyi in his article,'' *Traditional use of medicine plants in South-Central Zimbabwe: Review and Perspectives '',* focuses on the medicinal plants which are used in South-Central Zimbabwe to treat various health complications in this part of Zimbabwe. He states that the majority of the plant species used in this part of Zimbabwe (16, 3%) had a single therapeutic use, with 19 species (20, 4) used in the treatment of two ailments, 3 species (3, 2%) treating five ailments[17]. Alfred Maroyi reveals the importance of different plant species in dealing with various treatments in the primary health care system. However, he looks at an overview of plants and does not place much attention on how these plants and herbs are used to cure sexual health problems and the study dwelled intensively on the plants and herbs used to cure sexual health problems and how these plants are administered to patients. It also served to prove the feasibility of these plants and herbs noting the places they are found.

The article, ‘’*Indigenous knowledge systems and their Implications for Sustainable Development in Zimbabwe’’,* by Jemitas Mapira and Philip Mazambara is vital in the study of indigenous knowledge systems, it highlights their view that traditional beliefs have continued to inform much of the people's lives in the society. How common beliefs in avenging spirits (ngozi), fencing a wife/husband using a charm (runyoka) and taboos prevented the spread of sexually transmitted diseases[18].their study contributed to a body of knowledge which focused on indigenous knowledge for economic and developmental reasons. It however, failed to bring out health benefits of using traditional medicine to benefit local people. The research complements their study on how traditional beliefs and practices limited the spread of sexual health diseases in Zimbabwe as a whole.

The study is different from other existing literature as it entirely focuses on an urban environment and how the people have responded to the contradictions of modern health care system and tradition health care system. Wide ranges of scholars have limited indigenous knowledge system to rural areas or town peripheries. This study however, aimed at revealing the impact of sexual health problems in an urban set up and reveal how the people respond to such problems.

Mazuru and Nesbeth in their article, ‘’*HIV and Globalization and the Shona indigenous knowledge systems: the impact of HIV and AIDS on the Shona Culture’’,* discus how indigenous knowledge has not been given a fair field to be proven whether it is viable or not. Scientist, doctors and other western educated African intellectuals have quickly moved to discredit the traditional medical practitioners and described their work as magic and witchcraft. They state that the argument by local scientist and doctors is that traditional medicine is not properly tested according to western standards therefore is not worthy to be taken serious in the struggle[19]. They

point out that efforts and discoveries by the Shona traditional health practitioners have been disregarded in favor of only Anti-retroviral drugs (ARVs) which are western in origin and therefore the only good drugs[20]. They criticize the stereotypes associated with traditional medicine and at the same time highlighting traditional medicine that has been useful in maintaining the HIV and AIDS virus. Nonetheless, their study failed to reveal the feelings and attitudes of traditional healers about the discrimination on the health field by western medical practitioners. The study revealed how traditional medicine and traditional health system have been used alternatively and the successes and contradictions faced by the doctors who practice both health care systems. The research did not dwell on one ethnic group, it cuts across all ethnic groups found in Bulawayo and how they deal with sexual health problems.

There is a lot of debate that has to be done in indigenous knowledge systems in Bulawayo. Scholars that have focused on the above sighted ideological appraisals of indigenous knowledge systems in Zimbabwe have left massive knowledge gap. There has been less focus on the second largest city in Zimbabwe more focus has been given to the peripheries of the city and sub-urban areas. There is nonetheless, increasing documentation on the uses and implications of traditional medicine in Bulawayo. Market for traditional medicine has been noted to be increasing by different newspapers; some newspapers have published articles that recorded positive links on traditional medicine. But less focus has been drawn on the contradictions of traditional medicine and modern medicine and different religions. The study highlighted the view of Christians on traditional health care system

1.4 METHODOLOGY

The researcher took a multi-dimensional approach in gathering information on the study. The researcher used primary sources from traditional healers, non-governmental organizations;

African oriented churches and perceived traditional medicine customers. These sources were identified in a snow ball method, where one informant led to the other.

Questionnaires were sent to members of the Zimbabwe traditional healers association located (ZINATHA) in Bulawayo and other known herbalist in the area. There were clearly set out questions to draw information from the targeted people. All questionnaires contained similar questions and other details.

The researcher also conducted face to face interviews with different relevant parties of people from traditional healers, patients in hospitals that have used traditional medicines, prominent people in publishing houses and random people in the streets. Both formal and informal interviews were drafted with questions for different classes of people.

Secondary sources were also engaged like books, government research papers, journals, e journals, government periodicals, workshops and seminar reports, Zimbabwean Constitution, handouts and published reports from the civic activists. Such sources helped the researcher identify how other scholars have dealt with the issue in the past.

1.5 DISSERTATION LAYOUT

The first Chapter focuses on the impact of indigenous knowledge systems on the residents of Bulawayo since 2006 to 2010. It attempted to illustrate socio-economic implications of sexual health problems. More importantly it demonstrated the feasibility of indigenous knowledge systems in solving sexual health problems. It is a study that illustrates how men and women have succumbed to these sexual health ailments.

The second Chapter focuses on the strategies by the government and other non-state actors in reviving indigenous health care system since 2010 to 2015. It also discusses the controversy that

brew tension between indigenous health system and western health care system in an urban set up like Bulawayo. The chapter focused on government initiatives to uplift the status of indigenous knowledge systems. More focus is also given to the contribution of non-state actors in changing the people's attitudes towards traditional healings practices.

The third Chapter dwelled upon the standardization of indigenous knowledge systems through Zimbabwe National Traditional healers Association (ZINATHA). The role played by the association in lobbing understanding of indigenous knowledge systems in Bulawayo. In progression the chapter also highlights the history of ZINATHA, how the organization was formed and its mandate towards traditional healers. Moving on the chapter also dwells on the relevancy of ZINATHA in contemporary Zimbabwe. How traditional healers and herbalist are affiliating with the organization.

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CHAPTER 1

A SYNOPSIS OF THE DRIVERS OF THE SPREAD OF SEXUALLY TRANSMITTED DIEASES IN BULAWAYO SINCE 2006

2.1 INTRODUCTION

Sexual health problems have been part of a wide range of illnesses that have affected mankind. Sexual health problems have resulted in a number of dysfunctional relationships and marriages in Zimbabwe and the world at large. The prevalence of sexual health problems has impacted badly on the lives of people of Bulawayo in Zimbabwe's second largest city. The chapter intends to unravel the impact of sexual health problems on the livelihood of people of Bulawayo. Sexual transmitted diseases as part of sexual health problems have destabilized social relationships and even led to death. HIV and Aids has also added to the social unrest of people of Bulawayo resulting in a number of deaths.

2.2 THE DRIVERS OF THE SPREAD OF SEXUALLY TRANSMITTED DIEASES IN BULAWAYO

Sexual health problems have affected and created disarray in the socio-economic development of the residents of Bulawayo resulting in a myriad of health consequences. In its progression the chapter highlights how sexual health problems especially sexually transmitted diseases (STIs) have become a burden more on women were required to be reproductive and cater to their husbands sexual needs. As a result women's agony against sexual diseases had to be noted. However, the paper diverts from a usual gender perspective that sees women as the only bearers of sexual problems, hence it highlights that some young girls and some men suffer from sexual health problems. It presents that young girls who come from poor back ground are more susceptible to sexually transmitted diseases compared to those from economically stable

background. The study also reveals how different African men have succumbed to sexual health problems in silence.

Studies have revealed that in many countries in the developing world, worsened economic conditions and the increasing burden of HIV and AIDS have negatively affected variables on sexually transmitted diseases[1]. Worsening economic conditions in Zimbabwe have led to an increase in the number of cases of sexually transmitted diseases. This has been exacerbated by failures in the health systems which have affected variables of sexually transmitted diseases. The Sunday News newspaper of June 5, 2015, reported that incidents and prevalence rates of STIs are generally high in both urban and rural populations and vary considerably across areas[2]. Adolescents are at a higher risk of contracting sexually transmitted diseases due to their sexual experimental behavior. Teenagers from ages 13 to 19 are more likely to contract STIs from their peers or adults they indulge in sexual relations with. The Sunday News newspaper, further quoted a research that revealed that the majority of adolescent girls are involved in sexual relationships with men who are much older than them (trans-generation sex or partner age disparity) and are usually unable to negotiate safe sex choices[3]. This is usually because old men prefer to have sex with girls because of a myth that suggest that sleeping with a young virgin ‘’cleanses’’ one of infection[4]. Despite the threats posed by sexually transmitted diseases the issue of sexual and reproductive health is a subject which causes a lot of discomfort.

In 2006, Zimbabwe experienced a devastating economic downfall which left a lot of women and young girls vulnerable to sexual transmitted diseases. This was caused by a rapid closure of companies and massive job cuts which affected a lot of women and young girls who ended resorting to prostitution and other unorthodox means of survival. Children from a poor background especially girls are likely to indulge in sexual activities than their relatively

privileged counterparts. This includes orphaned and homeless children[5]. As a result these vulnerable children end up falling prey to sick men who buy them gifts and other valuable gifts in exchange for sexual favors. Hence, they end up contracting sexual transmitted diseases.

A study by (PRB) Population Reference Bureau on STIs risks high among Zimbabwe's youths reported that, young people 15 to 24 years old in Zimbabwe are the group most vulnerable to HIV and other STIs, it stated that factors that increase the risk included, early sexual experiment, harmful cultural practices and limited access to reproductive health services, including treatment for STIs, information about sexual health and advice on responsible behavior[6]. Early sexual experiment by young people increased their risk of sexually contracting HIV and STIs as they practices unsafe sex. A study by UNICEF, quoted on Population Reference Bureau report suggest that in Bulawayo , Zimbabwe second largest city , 80% of in-school youths had their first sexual experience between ages 11 and 15 years[7].

Harmful cultural practices also increased the risk of contracting or spreading sexually transmitted diseases among men and women. A 2000 study titled A Dynamic contextual analysis of young people's sexuality and reproductive health in Zimbabwe indicated that apostolic church (mapostori) expects girls to marry older polygamous men as part of a process of meeting Gods expectations[8]. This practice is potentially harmful to the girl child as older men are associated with higher chances of HIV and STDs.

The economic meltdown which Zimbabwe experienced from 2006 affected operations of many health care facilities in the country. There was shortage of medicine in dispensaries, massive brain drain which saw a lot of qualified doctors, nurses and other qualified health care practitioners leaving the country. Welshman Ncube asserts that, despite vociferous claims that

community share ownership schemes have delivered clinics, millions of Zimbabweans still struggle to access district and provincial hospitals due to poverty and bad roads[9]. When patients eventually make it to Mpilo and Harare hospitals, there were not enough drugs, food, water or electricity in those facilities. The chaos in the country affected treatment of HIV and AIDS, STIs and other sexual health problems. Most drugs which are used to treat different types of sexual health illnesses are donor funded or in shortage due to corruption.

The status of STIs in Zimbabwe was affected by variables of availability of medicine and the duration of treatment. Sexually transmitted diseases become hard to cure the more time treatment was delayed. With the economy down in Zimbabwe accessibility to health care facilities was associated with long queues to access medication. It becomes hard for poor people to access treatment of sexually transmitted diseases yet they were the group susceptible to HIV and AIDS and STIs. In Bulawayo some hospitals have been hit by different difficulties from time to time. Ekusileni medical center in Bulawayo remains mothballed while the central government fails to service medical society bills[10].

2.3 SOCIAL AND HEALTH IMPLICATIONS OF SEXUAL HEALTH DISEASES ON RESIDENTS OF BULAWAYO

Sexual health problems have left tremendous social and health effects on the residents of Bulawayo. Women, young girls and men have felt more effects of sexual health problems. Nonetheless these groups of people have suffered in silence due to cultural taboos that do not allow the discussion of sexual and reproduction issues in public. Bulawayo 24, published an article on Men's clinic Zimbabwe gains popularity, on 17 March 2013, the article revealed that traditionally issues to do with infertility, impotence, low sex drive and other sex related issues were never discussed in public[11]. Stereotypes associated with sexual health problems have been

neglected and this has awareness of the symptoms and health complications associated with the diseases.

It also needs to be noted that sexual health problems impacted negatively on women and young girls. This was revealed in various complications, these complications include pelvic inflammatory diseases, ectopic pregnancy, and chronic abdominal pain in women adverse pregnancy outcomes, including abortion, pre-mature delivery, infant infections, infertility in men and women, syphilis and gonorrhea[12]. The study further revealed that, STIs mostly affect women and children. Women were seemed as the most vulnerable group due to the cultural gender practices which limited their rights of negotiating safe sex.

Some of the health complications resulting from sexual health problems included illegal abortions which resulted in adolescent girls losing their reproductive capacity at a tender age (some may lose their wombs as a result of severe infections following termination of pregnancy or end up with blocked tubes affecting fertility for life) and or tragic loss of life[13]. The risk of dying due to pregnancy related complications is at least double between ages 10 – 14 it is at least five times higher compared to women greater than 20 years[14]. As a result the studies reveal that adolescent girls are also negatively impacted by sexual health problems. Pregnancy at a tender age also leads to social discrimination by the peers.

Sexual health problems are not only confined in women and girls. Men also suffer from sexual health problems, although they often suffer in silence. In traditional African culture it is widely believed that a women can use juju (charms) on a man to ‘’fix him’’ once ‘’fixed’’ a man can fail to sustain intimacy[15]. The use of charms on a man or women (runyoka) by their partner is common in Zimbabwe. A 16 year old boy from Bulawayo made headlines across many media

platforms, when he claimed he was bound by a spell. The boy claimed he suffered runyoka after having sex with a married woman in Kwekwe[16]. Cases of runyoka as a sexual disease have stirred debate as many doctors and health practitioners claims it's a myth, people will be suffering from sexually transmitted diseases. Men are the most affected by this disease and usually shy to consult professionals about their genital ailments.

Sekuru Friday Chisanyu a traditional healer and president of the Zimbabwe national practitioners association was quoted on Bulawayo 24 applauding the establishment of men's clinic Zimbabwe, he postulated that, gone are the days when men would consult both traditional and health faith healers secretly to their sexual health challenges[17]. Men have suffered in silence about their sexual health problems; it was almost as if men are not affected by sexual health problems.

In 2003, Bulawayo 24, reported that premature ejaculation affects a high percentage of men. The newspaper further highlighted that according to medical sources, erectile dysfunction affects 40 percent of the men in the 40- 65 age groups[18]. These illnesses affected many marriages and relationships negatively, resulting in marriage divorces, relationship break ups and adultery amongst married people. In most cases health problems further resulted in social problems.

Sexual health problems resulted in a myriad number of social problems like moral decadency, unwanted pregnancies, and breaking the family fabric. Unwanted pregnancies are ripe among in school children or the adolescent. This is because of the experimental behavior associated with this stage of growing up. Adolescents usually indulge in experimental sexual activities resulting in unwanted pregnancies. Teenage sex is essentially an issue a moral issue with social, economic and health consequencies[19]. Teenagers resort to untested means of abortion to get rid of

unwanted pregnancies, those who have babies have difficulties in breast feeding and may suffer from depression after birth.

Sexual health problems which lead to divorce often break the family fabric. Resulting in parents living separately and the children losing contact with one or both parents. Health problems can be because of infertility or impotence or other sexual health problems.

The worst case scenario of sexual health diseases is dying of HIV and AIDS. This however has lessened with many affected people receiving HIV treatment. Death of both parents can result in orphans, child headed families and economic deprivation on the part of children resulting in a cycle of poverty.

2.4 IMPACT OF INDIGENOUS KNOWLEDGE SYSTEMS IN SOLVING SEXUAL HEALTH PROBLEMS

The feasibility of indigenous knowledge systems has generated a debate amongst scholars and western medicine practitioners and traditional medical practitioners. Zimbabweans have relied on traditional medicine in solving different sexual health problems. With the Zimbabwean economy on its knees many people especially the poor cannot afford treatment in western health systems. Hence, they resort to traditional medicine. An article produced by Africa renewal online in 2006, revealed that, for many poor Zimbabweans there is nowhere else to go. Traditional healers are often the first and the last line of defense against the most contagious and debilitating diseases that plague their lives[20]. Western medical systems serve as an alternative to traditional medicine, as they complement where traditional medicine fails.

To add on the above the article further highlighted that, traditional healing is linked to wider belief system and remains integral to the lives of most Africans. People consult traditional healers whether or not they can afford medical services[21]. Traditional healers are believed to not

only cure the illness but the root cause. Traditional medicine is so closely linked to traditional religion it's a chicken-egg situation. Hence this is why most Africans have relied on traditional medicine.

Welshman Ncube in his article on Southern eye critiqued the Zimbabwean health systems by saying, many Zimbabweans have turned to traditional healers and Pentecostal prophets for health relief[22]. Most Zimbabweans have lost hope in hospitals and clinics as they have been reduced to shadows of their former self or institutions for the rich who seem to only be the ones affording the treatment. This has left most of the population to lay their hope on traditional medicine.

Some of traditional medical practices have been adopted and introduced to mainstream health care. Male circumcision is one forms of traditional medical practice that has been adopted worldwide to reduce the spread of STIs and HIV and AIDS. The Xhosa in Zimbabwe and in South Africa have been practicing male circumcision since time and memorial. Zimbabwe introduced medical male circumcision in 2009 following studies that indicated that the procedure reduces chances of contracting HIV by 60 percent[23]. Celebrated writer Virginia Phiri said the fact is that circumcision of males has always been there, '' that either for religious or traditional beliefs or at times for medical conditions''[24]. This proves that indigenous knowledge systems are feasible and are contributing in solving sexual health problems.

Indigenous knowledge systems have existed to guide societies from sexual diseases by applying some taboos that if followed reduce the transmition of sexually transmitted diseases. The Shona traditions has taboos such as follows, usarara nemusikana or mukadzi ari mumwedzi unorwara (do not have sex with a menstruating women as this may result in the illness of the male partner). Such indigenous knowledge systems are still adhered to by many societies in Zimbabwe.

Bulawayo being an urban set up it constituted of people from different back grounds and some of them still adhere to such taboos. Runyoka (fencing of a women or men using charm) causes the fenced partner to fail to achieve intimacy and or in some instance if they indulge in sexual activities the person they are involved with may become sick. This concept has caused a lot of debate. With different concerned groups claiming it's a way of stopping spread of sexual diseases, adultery and infidelity[25]. Many traditional healers considered this as a way of punishing people who commit adultery.

Alfred Maroyi postulates that sexually transmitted diseases are a one of the most common reasons for people to use herbal medicines and visit traditional healers in Zimbabwe[26]. Most people who suffer from sexual diseases prefer to get treatment from traditional healers than from formal institutions. A study conducted in 2005 by the African Health Sciences on the choice of facilities to get STDs treated found that, some women attending well baby clinics mentioned that they preferred being treated by traditional healers due to the absence of long queues. Some women claimed that they preferred traditional healers because they understood all illnesses and spends time talking to the patient[27]. Preference of traditional healers by most women emphasized the importance and feasibility of indigenous knowledge in solving sexual problems.

The availability of markets for indigenous knowledge systems which solve sexual health problems also highlights the contribution of traditional medicine in solving sexual problems. Sunday news newspaper of May 3, 2015 reported of a Binga herbalist who was a sensation at the Zimbabwe International Trade Fair, with hordes of men flocking to his stand to boost their libido[28]. The herbalist claimed to also cure people of various chronic and acute diseases and practiced HIV management, using traditional herbs. Traditional healers such as the above mentioned sensation act as testimony that traditional herbs have a market and people still use

them. As a result African traditional medicine is relevant in curing sexual health diseases and contributed considerably in primary health care.

Lack of knowledge or simply ignorance about sexual health hazards has furthered the number of cases of people contracting sexually transmitted diseases (STDs) in Bulawayo. The study revealed that most people who get infected by STIs do not go to local clinics because they do not afford treatment costs and also because they are shy to reveal themselves to nurses[29]. That being the case the study unearthed that most infected people use medicinal herbs or visit traditional healers. Herbalist or traditional healers are said to have a strict code of patient confidentiality, when one is healed by traditional healers it remains a secret and they feel less judged compared to clinics.

A number of indigenous herbs and plants have been decoded to cure various sexually transmitted diseases. Examples of such medicine are as follows, mavunga (Acacia karroo) which treats gonorrhea, syphilis and aphrodisiac for men, mupepe (commiphora marlothi) which treats dropsy, and mutamba (strychinos spinosa) which treats genital warts and gonorrhea[30]. Most people who knew about the cure and use of these medicines were mostly women. This is because when most people are sick they are usually left in the care of women who nurse them.

2.5 CONCLUSION

In a nutshell, the chapter has demonstrated the drivers of sexually transmitted diseases in Bulawayo. It revealed how the economy of Zimbabwe since 2006 led most people in Bulawayo to resort to indigenous medicine due to high medication costs associated with modern medicine. The chapter further revealed how Bulawayo residents have succumbed to sexual health problems especially the poor who have limited access to resources. In its proceedings the chapter focused

on the impact of indigenous knowledge systems in solving sexual health problems. How different medicinal plants are used in curing sexual health diseases.

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CHAPTER 3

STRATEGIES OF REVIVING INDIGENOUS KNOWLEDGE SYSTEMS IN POST-COLONIAL ZIMBABWE, CASE OF BULAWAYO SINCE 2006 TO 2015

3.1 INTRODUCTION

This chapter focuses on the strategies that have been adopted by the government and other non-state actors in reviving indigenous knowledge systems from 2006 to 2015 in Bulawayo. The chapter also focuses on the controversies associated with indigenous knowledge systems on sexuality. The years from 2006 saw the Zimbabwean health system fall into a state of dysfunction. The country was faced by a drastic economic meltdown which impacted negatively on the Zimbabwean health care system. The health care system was inflicted by a serious brain drain, many doctors and other health care workers left the country for greener pastures. There was also shortage of medication drugs and there was poor equipment. In a bid to harness the embarrassing health situation the government and other non-state actors in Bulawayo, embarked on programs and projects that aimed at providing solutions to health problems through the use of indigenous health systems. Studies were conducted on how to revive indigenous knowledge systems and apply it sustainably while solving health hazards. The study shows that while trying to resuscitate the status of indigenous knowledge systems, the two players sometimes clashed over resolutions to revive Indigenous knowledge systems. The chapter serves to captures such programs and projects in the city of Bulawayo.

3.2 GOVERNMENT AND INDIGENOUS KNOWLEDGE SYSTEMS IN THE POST-COLONIAL ERA: A SURVEY

1. The revival of indigenous knowledge systems gained momentum in Zimbabwe soon after independence. The new Zimbabwean government aimed at decolonizing the minds of its citizens from the colonial chains. According to G Waite, the advent of independence brought with it a re assessment of traditional medicine in some African countries. Governments wanted to reclaim traditions that had been debased during colonialism[1]. In 1980 most African countries in some parts of Africa had just attained independence. As such their governments sought to create a new era in the health care system by promoting indigenous knowledge systems. Zimbabwe was also part of those progressive countries. Three decades after independence the Zimbabwean government fell into a state of economic turmoil, this affected badly the operations of the health systems. Health institutions failed to house patients there was shortage of drugs and high cost of treatment. An article on news Newsday on 7 March 2011 revealed that an underfunded health sector had been in rapid decline in Zimbabwe, where shortages of medicine was the rule and health professionals have left the country in droves over the past decade to seek better salaries[2]. The revival of indigenous knowledge systems seemed to be the only option to save the Zimbabwean health system.in the absence of even a basic drug such as paracetamol, desperate patients like 44 year old asthma sufferer Susan Pamire has turned to traditional herbs[3]. As a result such a desperate situation pointed to the need by government to take traditional healers serious.

The new Zimbabwean government enacted laws that empowered indigenous health practitioners in the quest to revive indigenous knowledge systems and solve nagging health issues. The government set to support and empowers traditional medical practitioners through crafting of

laws that uplifted indigenous health system. The government banned door to door and on street herbal medicine sales and put in place stringent measures to ensure people are not exposed to dangerous products[4]. The government crafted ground rules to be adopted in dealing with indigenous health system. Section 18 (1) of the statutory instrument 97 of 2015 on medicines and allied substances control reads, '' no person shall sell any complimentary medicine unless he or she is authorized to do so by the authority''[5]. Crafting such laws has set standards for the operations and use of indigenous medicine in Bulawayo. Such acts by the government have improved the status of indigenous knowledge systems in Bulawayo.

The government of Zimbabwe further revived traditional medicine by placing it under the ministry of Ministry of health and child care which monitored and administered the traditional medical practices. Their mandate was derived from traditional medical practitioners Act Chapter 27: 14 of the 1996 constitution[6]. The ministry was graced with the mandate to preserve cultural based traditional methods of healing. The ministry also further focused on registering and licensing all traditional medical practices[7]. The traditional health system gained recognition and trust from the people due to its association with the ministry of health. In Bulawayo residents started affiliating with traditional medicine because they trusted the standards set by the ministry. As a result traditional medicine has increased its contribution to primary health care due to its main stream affiliation with the ministry of health and child care.

The government of Zimbabwe was faced with challenges of providing health medication and maintaining health facilities. The economy was badly hit by the inflation; many people could not afford treatment. As such they turned to indigenous knowledge. In the health sector the government facilitated the co-operation and collaboration between orthodox and traditional medical practitioners [8]. Individuals who made HIV/AIDS cure claims were assisted by the

Medical research council to substantiate their claims in an acceptable and scientific manner according to a clearly laid down criteria[9]. The criteria set to prove the feasibility of indigenous knowledge systems was, however, western oriented and thus it quickly aroused discomfort from indigenous health practitioners, who believed the two systems should be appreciated separately.

The need to revive indigenous knowledge systems also arose from the contribution of the knowledge systems in the first Chimurenga. Indigenous knowledge systems played a pivotal role in the war of 1896 -7. Spirit mediums and traditional healers catered for the fighters during the war. They healed the wounded and the ill, while mediums intervened on behalf of the fighters in the spirit world. They believed spirit mediums such as Nehanda and kaguvi who used their influence to incite the revolution, used charms to deal with the colonizers. Mbuya Nehanda found herself influential in the mainstream politics of her time. She was influential in warning the people against accepting the entry of the Europeans in the Mashonaland region[10]. As a result the government wanted history to repeat itself, to use historical past to eliminate white influence in Zimbabwe. (ZINATHA) Zimbabwe national traditional healers association is one such association which was established as a strategy to recognize the contribution of indigenous knowledge system in the decolonization of Zimbabwe. ZINATHA was established in the 1980s, pioneered by Doctors Chavunduka and Ushewekonze and other traditional healers. The association has since contributed heavily to the revival of indigenous medicine. In Bulawayo the Mwali religion which has its roots in Njelele in Matopos was also celebrated. Traditional healers and other traditional leaders still visit Njelele for rainmaking ceremonies and to conduct ceremonies.

The attitude of the Zimbabwean government towards the revival of indigenous knowledge system was ambiguous. The government mistrusted indigenous healing methods due to the

mysticism it is associated with. The government believed some practitioners could dupe customers and sell them unauthorized medicine. The government enforced legislature that stated that, every package of complementary medicine shall contain a leaflet with the names of active ingredients in the medicine, quality and strengths of the ingredients, recommended dosage and side effects among other requirements[11]. The labelling of the medicine increased the level of professionalism among traditional practitioners. Nyazema quoted from G Waite warns the public that traditional remedies are a useful poison, but if not handled properly, people die and get unnecessary hospitalization[12]. As such traditional practitioners adopted western model of packaging their products in sachets or as powders and pills. In Bulawayo sachets, pills and other traditional medicine is now sold in traditional medical pharmacies and in some market places.

The Zimbabwean government further revived indigenous health care system because it had realized there were some illnesses that could only be cured by traditional healers or faith healers. The western health system failed to explain illnesses resulting from charms such as runyoka and chidyiso. The government trusted traditional health practitioners to cure sicknesses that were considered abnormal in the western health care. There are certain disorders that the patients believed could be handled only by an n'anga for example chitsinga and chidyiso. Chavunduka postulates that those with an abnormal etiology consulted the traditional practitioners[13]. As such illnesses that failed to respond to western medication were considered abnormal, and the patient preferred to consult traditional healers, faith healers or prophets for a supernatural or magical cure.

The Zimbabwe government joined other African countries like South Africa which had realized the importance of indigenous knowledge system as an alternative solution to western medicine. The government further encouraged scholars and researchers to investigate health solutions from

indigenous knowledge systems. The government established the Medicines Control Authority of Zimbabwe (MCAZ), which oversees the regulation of all medicine traditional or scientific. Banele Gama a Zimbabwean health practitioner working in South Africa stated that,'' what people generally want is better access to medicine and health care. If they can get this outside hospital and at low cost, I believe the government should encourage traditional practitioners whose indigenous knowledge of herbs cannot be dismissed''[14]. Hence the governments' involvement in reviving indigenous knowledge systems improved the knowledge systems status.

It should be noted that, the government of Zimbabwe played a pivotal role in reviving indigenous knowledge systems, especially indigenous health system. The ministries and association it backed elevated the knowledge system to nearly international standards, and increased the acceptance of the practices in Bulawayo.

3.3 NON- STATE ACTORS AND THE REVIVAL OF INDIGENOUS HEALTH SYSTEM IN POST- COLONIAL ZIMBABWE

Non-state actors have contributed immensely to the revival of indigenous health system in post-colonial Zimbabwe. Non state actors such as non-governmental organizations, town councils, and the civilians complimented government initiatives and programs to uplift the status of the indigenous knowledge systems. This section of the chapter focuses on the attitude and motives of non-state actors towards indigenous knowledge systems.

Non-governmental organizations have contributed to the revival of indigenous knowledge systems by accepting and working with traditional healers. Winnie Bhebhe a Bulawayo resident, from Mpopoma suburb, said the acceptance by some medical societies to refund purchase of traditional medicine, is bringing people out of the closet and growing the number of both herbal practitioners and sellers[15]. The attitude of non-state organizations has changed since

independence, during the colonial era non- state organizations were western oriented. This changed in the post-colonial era; organizations are now African oriented and have adopted an indigenous approach. Some organizations have realized the importance of indigenous systems and their contribution to primary health care, such as curing sexual health problems and other chronic diseases such as cancer. As a result the funding of research on indigenous knowledge systems has increased in the last decade. The increase has been partly due to the cost of treatment associated with modern health system. In Zimbabwe since 2006, the economy has been on its knees making accessibility to treatment a privilege limited to the rich only. 80% of the population relies on traditional medicine to cure diseases[16].

Since early 2000s up to date the rise of prophets, faith healers and spirit mediums has been rapidly rising. Some healers are coming as far as Nigeria, South Africa and Mozambique to sell their products in Zimbabwe. Traditional medicine has flooded the Zimbabwean market. On 9 July 2014, Harare News reported that herbal medicines had gained acceptance and newspapers were awash with adverts proclaiming the efficacy and effectiveness to be able to cure any diseases and sickness under the sun[17]. The media coverage on indigenous health system has also increased in the since 2006. Radio stations and television have been broadcasting about the contribution of traditional health system in many parts of Zimbabwe. Bare foot doctors or traditional mid wives are one of the frequently stated examples of effective traditional practices. The media has, however, also criticized traditional healers for being responsible for cases of witchcraft and magic. A number of cases have been reported of suspected witches being caught. The media has also been used as a medium of communication between traditionalist and the public. Information is passed back and forth through the media.

The Zimbabwe traditional Healers association has been working with the republic police, city council and medical council association of Zimbabwe to regulate and monitor traditional medical practices. ZINATHA has been working together with the state to confiscate and prosecute illegal sellers of unregistered medicines, be they traditional or modern, for as long as they are being sold on streets, said Doctor prosper Chonzi of MCAZ[18]. These non-state actors have realized that traditional medicine, if not prescribed properly could result to serious health implications. Therefore they have been devising strategies to regulate the operations of traditional practices by arresting offenders who override the law. The traditional Medical council of Zimbabwe announced that it was pushing for the toughening of laws that govern the importation of traditional medicines[19].the council had noted an alarming increase in the smuggling of medical herbs into the country. ZINATHA responded to the situation by deregistering or suspending offending traditional healers registered to the association. Some non-state actors have however, distanced themselves from traditional health system and prefer aligning with western medical practitioners. Such organizations consider the traditional way of healing as primitive and ineffective.

Some individual traditional healers have also taken it upon themselves to uplift the status of indigenous health system. In Bulawayo, traditional healers have set up a number of shops which sell traditional herbs, and other various types of medicines. One such shop is Musimboti African Medicine which is located at Shop No.3 Cnr 8th Ave and R.G Mugabe Road, Bulawayo CBD. Bhekimpilo Ndlovu a practicing traditional healer signed under ZINATHA stated that most traditional healers who were setting up shops in the CBD were trained by ZINATHA and were registered members of the Association[20]. People like Janet Dhliwayo who has long experience in harvesting herbs in the rural Matebeleland, are able to operate in a thriving herbal market in

Makokoba Township in Bulawayo[21]. Demand for traditional medicine has been on the rise since independence. The demand increased in the years from 2006 when the Zimbabwean economy was bedeviled by inflation. People turned to indigenous ways of surviving.

Zimbabwe national traditional healers association has been in the fore front in the quest to get traditional medical system recognized in Zimbabwe. The Traditional healers associations were formed to monitor promote and develop the traditional health system. The Zimbabwe national traditional healers Association (ZINATHA) promised to open pharmacies for selling traditional medicine to counter the sales of Chinese herbs and unregistered local n'angas[22]. In Bulawayo business cards and flies are flooding the streets, with many traditional healers claiming to cure sexual health problems, enhance luck and bring back lost lovers. A series of seminars organized by ZINATHA informed traditional doctors about the regulations and laws affecting their practices such as the traditional Medical practitioners Act, the Drugs control Act, the Witchcraft Suppression Act, hygiene and ethnics[23]. ZINATHA has been focusing on the development of traditional medicine. The association's aims to get traditional health system integrated with the western traditional system, it further serves to upgrade the status of traditional medicine in Bulawayo. The city serves as a good case study for traditional medicine due to its accommodation of different ethnic groups.

Moving on, Non-governmental organizations have uplifted the status of the indigenous health system by researching, publishing and facilitating operations of traditional healers. World Health Organization (WHO) is one non- governmental organization which has resolved to promote the integration of traditional health system and western health system[24]. In 1977, WHO issued a call for traditional medicine and its practitioners to be included in national health care and other international organizations began making funds available for initiating collaboration programs[25].

The collaboration of the two systems was long overdue. The two systems had co-existed for many years. Harrison and Dunlop postulate that, the majority of Africans were pluralist consumers, using both services[26]. Hence, most African people were Christians by day and nicodimusly traditionalist by night. The dual use of the system by Africans is partly responsible for the survival of indigenous knowledge systems. Traditional healing is part and parcel of Africans heritage.

Non-governmental organizations have been worked together with the government of Zimbabwe to collect data on the traditional health system. Traditional healing has been strongly associated with witchcraft, to such an extent that people cannot delineate between malpractice and proper practice of indigenous knowledge systems. G. Waite is of the view that, some governments continue to apply the old suppression of witchcraft Acts, proclaimed by the British during colonialism[27]. Non-governmental organizations have continued to initiate dialogue with government officials, such as a WHO sponsored conference in Zambia in 1977[28]. WHO and UNICEF have been strong supporters of alternative medicine as a solution to health problems in Africa. International organizations have been researching about traditional medical plants which cure some nagging diseases. Some international organization have however, stole traditional medical knowledge and rebranded it and attaching property rights to stop the custodians of the plants from using them.

The African Union as a continental organization has also moved to promote traditional health system. The continental organization aimed at uplifting African knowledge systems, while promoting continental unity at the same time. G Waite postulates that, by 1974 other African countries were also beginning to support the study of traditional medicines for the quest of commercial gain and self-sufficiency. The Organization of African Unity started holding

conferences on traditional medicines since 1982[29]. The organization has since then, been prioritizing efforts to encourage the growth of traditional medicines. The organization has joined other institutions which aim at unleashing the full potential of indigenous knowledge system and improve the standards of living in Africa. The organization serves to increase access to health care system by promoting indigenous health system.

African initiated churches have also adopted some aspects of traditional healing and incorporated them in their beliefs system. Apostolic churches such as Johannes Masowe apostolic sect claim to heal with anointed water with a stone (mutewuro). According to Nimrod Shumba, if one baths with the anointed water they should not wipe it off, one should let it dry[30]. African initiated churches disassociate themselves with traditionalist. They claim to use natural healing remedies but deny the fact that traditional healing also involves natural remedies. The Zion Christian Church (ZCC) is one example of African initiated churches. The denomination has improved the status of indigenous knowledge by hold some of their conference in Bulawayo. Johanne Masowe in also one of the largest and influential churches in Bulawayo which uses natural remedies as cure for illnesses

3.4 CONTROVERSIES AMOUNG THE CIVIL ORGANISATIONS, THE GOVERNMENT AND THE PEOPLE OVER INDIGENOUS KNOWLEDGE SYSTEMS ON SEXUAL DISEASES

The subject of sexual health diseases and indigenous knowledge systems has stirred a lot of debate. Controversy has flared in Zimbabwe as to whether modern medicine or traditional healers offer the best hope for those living with the virus or the disease - especially given the high cost and limited availability of anti-retroviral drug treatments. There seems to be a lack of unanimous understanding as to what aspects of indigenous systems to revive and which one is

considered important. Hence, this has resulted in the controversy about indigenous knowledge systems amongst the actors.

It is believed that majority of people in Bulawayo and Zimbabwe at large subscribe to indigenous health system for one reason or another other. Zimbabwe is one of the countries which practice freedom of religion. Many Africans are dualist they subscribe to two or more religions, for example some people are Christians and traditionalist at the same time. When they get sick they consult both traditional doctors and western medical doctors. Most Africans though are Christians still believe that an illness can arise due to supernatural causes and spiritual cleansing will be needed. A traditional healer identified as Gogo Masiziba said people consulted her for sexual reasons because she did not harass them and she did not demand immediate payment like hospitals and clinics. She would give her patients medicine and they would pay her if they were cured[31]. Another traditionalist, Bekezela Bhebhe said that n'angas identified themselves with the people and their social problems which was difficult to get in hospitals[32].she further claimed that, this was the reason some Africans when infected with Sexual diseases consulted western doctors for diagnosis and got treatment from traditional practitioners. Gelfand forwards that, most of the Shona patients admitted that they were not told the cause of their illness by the western doctors. They would be merely required to point to the painful part[33]. While a n'anga would ask the patient if he or his wife had broken the social code in anyway and offend the ancestors. All this would give the person much greater confidence in his remedies.

Chavunduka postulates that, whilst the two ways of practicing medicine were completely distinct, these people would seem to have accepted both[34]. Chavunduka enumerated two reasons for patients who after consulting n'anga turned to the scientific doctors; first is when traditional herbs fail to cure; second when traditional remedies fail to confirm their suspicion as to the cause

of the illness[35]. Africans mostly use both health systems complimentary because they believe both systems play different roles in their livelihood. Scientific medical doctors and traditional doctors have long been crossing swords about the contribution of traditional medicine in curing sexual health problems. Some AIDS activists are urging officials to investigate traditional healers who may be making unfounded claims as to the effectiveness of their treatments against AIDS[36]. According to Gelfand, when many thousands of Africans living in urban areas when are ill they are able to choose whether they wish to seek the aid of an n'anga or a western scientific practitioner. He believed the cause attributed to the illness by the patient or his own social group was the most important determinant of which mode of health system to be consulted[37].

One source in the nongovernmental anti-AIDS community, speaking on condition that he is granted anonymity, said health authorities have tilted too far towards traditional healers, recently empowering them to provide sick-day documentation for workers[38]. Doctors also express concern that herbal preparations given to the HIV-positive or to those with AIDS-related illnesses may not be properly tested or formulated[39]. Chitiga Mbanje, information officer for The Center, an HIV-AIDS assistance organization, said The Center sees traditional medicine as one useful weapon in the country's available anti-AIDS arsenal[40]. Non-governmental organizations are also divided about the feasibility of traditional medicine in treating sexual diseases. Traditional healers have on the other side been clashing with some non-governmental organizations who fail to recognize their work and call them witchdoctors and sorcerers.

Smuggling in of fake traditional medicine has rocked the country, with the media reporting a number of people who claim to have been scammed by fake traditional healers. The number of foreign herbs has been increasing since 2006; there has been an increase on healers who claim to cure all types of sexual diseases using herbs and concoctions. A Chinese herbal medicine

developed by the Chinese Academy of Medical Sciences in 1996 has generated controversy in Zimbabwe with health officials differing on whether the drug has any effect on HIV/AIDS[41]. Mocrea, which comes in capsule form, is said to have been used in the treatment of HIV/AIDS and is said to contain amino acids, vitamins and trace elements. The drug is being distributed in the country by a retired national army colonel, Richard Ngwenya who is also a traditional healer. The Zimbabwe National Traditional Healers Association (ZINATHA), claims that the drug has had a 95 percent success rate in reversing HIV symptoms in 45,000 people the healer has attended to since James Mobbs was opened in 1997 [42].But the Ministry of Health and Child Welfare has refused to accept the drug labeling it as useless adding that there is no cure for the disease. Through its Drug Control Council, a department that regulates and registers drugs in the country, it dismissed the drug as a mere "tonic drink." "No scientific proof has been presented to the Ministry to show that Moncrea is effective[43].

International organizations have also weighed in the controversy of traditional health system and sexual health diseases. International organizations seem to recognize the role being played by traditional medicine in curing sexual health diseases such as HIV and AIDS. United Nations (U.N) declared 1 September as African Traditional Medicine Day to show its support of the health system. The World Health Organization (WHO) has long been working with various stake holders to improve the status of indigenous medicine. WHO has been calling upon researchers to work with traditional practitioners to produce scientific evidence on the safety, effectiveness and quality of their products. Dr. Matshidiso Moeti, WHO's regional director for Africa said, the benefits of traditional medicine were evident to all, but there was no doubt proper regulation was essential to the provision of quality, safe and effective health care products and services[44].

Hence, traditional health care system needs to be professionalized and regulated for it relevant in the health care system.

Traditional healers associations have been under fire from the media and other non-state actors for secrecy and ambivalences associated with their practice. The media has been covering cases of suspected witches and this has stirred up controversy about the legitimacy of traditional healing and the mysticism associated with it. The government has retained the witchcraft suppression act enacted by the colonial government because of this reason. The Association of traditional healing practices with witchcraft seems to cause confusion in the understanding of indigenous knowledge system. Cowdry Park a residential Suburb in Bulawayo has received extensive media coverage on suspected cases of witchcraft. Some years back the media reported the story of a 16 year old Bulawayo boy who claimed to suffer from runyoka, one of the mysterious illnesses associated to witchcraft.

Initially soon after independence the government of Zimbabwe failed to include traditional healers into the main stream health sector, they opted to employ village health workers. In rural areas the government chose to work with village health workers instead of traditional healers who seem to be the most close and cultural friendly practitioners. Because of this African elites have been criticized of being so attached to the western way of doing things to the extent that they lack understanding of traditional practices. G Waite postulates that, the problem with elites who come to power was their deep attachment to the European way of doing things and their uncertainty about what traditional elements to revive[45]. African elites did not trust traditional medicine. They had seen the good and the bad side of traditional medicine. And they knew that it had a powerful influence on the lives of the people. This was because traditional medicine had played a pivotal role in the first Chimurenga.

3.5 CONCLUSION

This chapter focused on the strategies to revive indigenous knowledge system and how they have helped alleviate sexual health diseases. The chapter highlights strategies by the government and civil organizations to elevate the status of indigenous knowledge systems in Zimbabwe. It captures the attitude and mood of these actors towards traditional medicine. The conflict and ambivalences captured in the chapter occurred in the period between 2006 and 2015. The time Zimbabwe experienced economic hardships and the time of recovery during dollarization from 2010 up to date, when the situation started to improve. Also discussed is the improvement of the status of indigenous knowledge in Zimbabwe and its incorporation to primary health care.

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CHAPTER 4

STANDARDIZATION OF INDIGENOUS KNOWLEDGE SYSTEMS THROUGH ZINATHA (ZIMBABWE NATIONAL TRADITIONAL HEALERS ASSOCIATION)

4.1 INTRODUCTION

The struggle to get indigenous knowledge systems officially recognized in Zimbabwe started in in the immediate post-colonial era, With ZINATHA gaining official recognition, as the association responsible for the conduct and promotion of traditional healers. The need to revive and update traditional health system rose due to its marginalization by Rhodesian white settlers under the suppression of witchcraft act of 1899. Zinatha and its members have been fighting to get traditional health system as a respected part of the health system in Zimbabwe since its formation. This chapter focuses on the professionalization of traditional healers through ZINATHA and ZINATHAs relevancy in contemporary Zimbabwe. The chapter further focuses on the relationship of ZINATHA and traditional healers.

4.2 HISTORY OF ZINATHA

Zimbabwe National Traditional healers Association was formed on the 13th of July 1980 with the support of the state[1]. The state supported the formation of the traditional healers association as a sign of recognizing the crucial inspirational role of traditional leaders and some practitioners during the war of liberation[2]. Traditional healers had played an important role in the two Chimurengas (liberation Wars) of Zimbabwe, as a result traditional healers had to be honored. By the time of independence they were a number of associations claiming to be the real representatives of traditional healers. However, these associations had been countered by racial marginalization from western trained medical professionals. Traditional healers were considered

as uneducated and primitive and closely associated with witchcraft. The Rhodesian government had banned the practice of traditional medicine under the suppression of witchcraft act of 1899. As a result traditional health practice was thus alienated. According to G Waite, ZINATHA was not the first organization of healers in the country, but it was the first to have the support of people in high places. The first organization dates back to 1957, when the African Nganga Association was formed[3]. Traditional healers association formed before ZINATHA had failed to gain official recognition because they lacked support from people in high places.

Zinatha was partly founded by two prominent supporters of traditional medicine G. Chavunduka and Ushewokunze. They set to update traditional medicine so that it could have the respect it deserved in the health service. Zinatha was formed at a meeting organized and attended by Ushewokunze and his deputy Simon Mazorodze[4]. The Traditional healers, who attended the meeting some of whom represented smaller existing organizations, wrote and ratified the constitution and elected Chavunduka as the president. G Waite states that, with Ushewokunze, Mazorodze and Chavunduka representing a small but growing number of western educated elites who supported traditional medicine, the founding of ZINATHA was no small matter[5]. Magaisa is of the view that, there was considerable support debate and interest on the new organization that brought together the various divided organizations that purported to represent traditional Medical Practioners[6]. The formation of ZINATHA was significant because it signaled the coming of a new era in the health system of Zimbabwe, and it further achieved the unity of divisions that existed among traditional healers during the colonial period.

According to Magaisa, the most significant official recognition come in 1981 when the government enacted the Traditional Medical Practitioners Act (No. 38/1981). It assisted the development of traditional healers in the country[7]. This Act saw the establishment of Traditional

Medical Practitioners Council which had the mandate to oversee the registration and practice of traditional medicine in Zimbabwe. ZINATHA is officially recognized in this act as the legal body to which traditional healers should belong[8]. The association was thus tasked with authority to discipline and regulate members who violate regulations that define the practice. One would think with the above achievements ZINATHA had a clear path to recognition, but this was not the case. ZINATHA was faced with contempt and suspicion; its pioneers faced various strides of criticism from their western educated peers. But this did not stop their determination to see the organization achieve it mandate.

In its first year ZINATHA rallied 3,000 healers for its first congress[9]. The number of its members has been growing since its formation. The association has opened offices in most parts of the country. It has also collaborated with many ministries and institutions to achieve its mandate. In 1985, the state and traditional Medical practitioners initiated collaborative efforts towards research into indigenous medicine. The workshop brought together practitioners from the traditional and modern medical knowledge systems[10]. This signaled a flourishing relationship between the two actors. This flourishing relationship never saw the day light, it was thwarted by lack of political will and lack of commitment on the part of the government.

According to Magaisa the struggle has always been to demonstrate the value and legitimacy of their knowledge system[11]. The road to get legitimizing traditional medicine has been a long and a rough one. Traditional medical practitioners have had to deal with the stereotypes that associate it with witchcraft and sorcery. Western trained medical practitioners have always questioned the intellectual capacity of traditional healers, claiming that they are uneducated and thus should not be trusted with people health.

4.3 ROLE PLAYED BY ZINATHA IN PRESCRIBING INDIGENOUS KNOWLEDGE SYSTEMS IN BULAWAYO

Zinatha has played an important role in lobbying the understanding of IKS in Bulawayo and the whole nation at large. Zinatha has inspired the opening of many traditional clinics and retail shops in Bulawayo. The association is responsible for teaching traditional healers in Zimbabwe. According to Chiwanza and Musingafi, in 2003 , ZINATHA and the ministry of Environment and tourism embarked on a million dollar traditional medicine project under which a variety of local plants were tested for the treatment of various ailments[12]. The association has been pulling all the strings it can to enhance its status. Jacob Ngwenya a member of ZINATHA, who resides in Bulawayo, claimed that the association has been encouraging its members to open up retail shops and apply book keeping skills they are taught to legitimize their practice[13]. The opening of shops by ZINATHA members reduces chances of being defrauded and one can always claim their money back if they are dissatisfied.

M.F.C Bourdillon postulates that Zinatha the largest and the officially recognized association in the country, established two schools at which students were taught the use of plants and other medicines and also co-ordinate research on plants[14]. The course offered ran for one year and after completion students served a three year apprenticeship in one of the clinics run by the association. The association has received much praise for its role in advocating for traditional health system. Nonetheless, despite the cited achievements the association has been criticized by some traditional healers for focusing on herbalism only. Another traditional healer only known as Gogo Malaba claimed she was not N'anga but a sangoma. She claimed to be a spiritual healer and had the ability that Zinatha could not teach. She criticized the association claiming it could not teach its students spirirualism[15]. Gogo Masiziba believed that spiritualism was a hereditary ability or a calling not everyone could be a spiritual healer.

Zinatha has prescribed understanding of traditional medicine in Bulawayo by granting experienced traditional healers in Bulawayo the right to train and award certificates to their students. Powerful or experienced traditional healers are allowed to train apprentices in traditional health system. Rodlach and Dilly concur that the supervising healer in good standing with Zinatha signs a paper testifying to the candidates competency as a fully to get qualified healer[16]. This serves as proof for the candidate to receive a certificate of practice. The name given to such candidates is Ithwasa in isiNdebele. Traditional healers usually hold week long ceremonies to initiate the Ithwasa to practice. The practice in most instances is witnessed by members of the society, hence, this has further increased acceptance of the practice in the society.

An article published on Africa renewal online, quoted G. Chavunduka the director of Zimbabwe National Traditional Healers Association as saying, people are opting for traditional healers because they do not always demand cash up front and far outnumber doctors[16]. Dumezulu Mnkandla a resident of Bulawayo stated that medical cost prohibited the poor from accessing medical treatment[17]. Many traditional healers could heal their patients for free and tell them to come back with payment if the medication works. Chavunduka in the above cited article postulated that the issue goes beyond access, traditional healing is linked to wider belief system[18]. As a result people would always prefer to consult traditional healers because they were linked to traditional religion and the roots of the people.

FIG.1

Traditional medicine booth in Bulawayo (picture from RelZim.org) (Gogo-MaDube-Traditionalist in Bulawayo)

The economic recession of the years 2006 to 2010 crippled the health sector to a larger extent. It saw the closure of modern hospitals and the opening of traditional clinics. A number of traditional healers took advantage of the dysfunctional western health system and established themselves as the saviors of the residents of Bulawayo. This period saw the rise of prominent healers like the late prophet Ngwenya who resided in Pumula East one of the high density

suburbs Bulawayo's residential location. Ngwenya attracted a vast clientele from as far as South Africa and Botswana, his success was mainly based in healing spiritual or social troubles.

ZINATHA and its members have contributed largely to primary health care. The association has lobbed understanding and the status of indigenous knowledge systems in Bulawayo by opening offices in the city. The association has national executive committee of 32 members with each province electing 3 members to the national Executive committee. The Zinatha offices in Bulawayo have been attracting traditional medical practitioners from provinces around the city such as Matebeleland North and south. The availability of Zinatha offices in Bulawayo has seen an increase in the registration of traditional healers. The ratio of traditional practitioners and western trained medical doctors in relation to the population in Bulawayo is limited. The number of traditional healers has been growing in the past ten years

ZINATHA has been served with a mammoth of a task to correct misconceptions associated with traditional health system. Since colonization a lot of people have been associating traditional healing with witchcraft. This is a colonial stereotype that colonialist used to marginalize and alienate indigenous knowledge systems. Colonialist failed to comprehend African rituals and cosmological vision and thus branded African traditional practice sorcery and witchcraft. ZINATHA as the official traditional practitioners Association has been tasked to correct these misconceptions. The association has done a good job in correcting these misconceptions. It has achieved this through licensing its members and members and founders have written extensively about traditional medical practice. The late founders Ushewokunze and Chavunduka wrote many books and articles about traditional healing and the operations of ZINATHA.

ZINATHA professionalized traditional medicine in Zimbabwe. ZINATHA adopted some aspect of modern medicine to make traditional medicine a competent part Zimbabwe's health system. The association has mandated itself to teach traditional healers simple book keeping skills to keep their patients records just like medical doctors for future reviews. The association has also been opening pharmacies across the country to increase accessibility of traditional medicine to patients. According to Irvin Chifera from voice of African online, a group of ZINATHA members once operated pharmacies in places like high field and the central business districts of Harare[19]. The issuing of licenses to competent traditional healers has also been one undermined achievement by ZINATHA. The association also advocated for traditional healers to be able to issue sick leave notes to sick different organization employees. Employees in some organizations are now allowed to produce sick notes or certificates from traditional healers, unlike in the old days when doctors only could issue sick notes to employees.

Zinatha also serves to decolonize the minds of Zimbabwean people. It advocates for the decolonization of the African minds so that they can appreciate their indigenous knowledge systems. The colonization of the Africans by European countries infiltrated African minds, making Africans black Europeans. Africans were forced to abandon their culture and tradition for the white mans. As such ZINATHA reconstructs indigenous knowledge systems through decolonizing Africans mind. The organization decolonizes African minds by teaching traditional methods of healing and spreading awareness on indigenous knowledge systems.

ZINATHA has further lobbed for the understanding of traditional medicine in Bulawayo by advising its members to comply to the requirements of medicines control Authority of Zimbabwe (MCAZ) which requires every package of complementary medicine to contain a leaflet with names of active ingredients in the medicine, quality and strength of ingridients[20]. The selling of

medicine that is not labelled is an offence. The packaging of traditional medicine has increased the confidence of people in the traditional health system. The packaging has increased transparency between buyers and brokers of traditional medicine.

4.4 CHALLENGES FACING ZINATHA IN BULAWAYO

ZINATHA members are faced with a myriad of difficulties in their operations in Bulawayo. The association has however, done well for its members who are in competition with modern medical practitioners. Traditional health practitioners have a hard time operating in a world where youths and old people are fast abandoning traditions and cultures due to the influence of technology and the media. This has been clearly depicted in Bulawayo where a score of youths believe traditional healing is a thing of the past. In an interview conducted randomly in Bulawayo central business district one respondent Ayanda Gumbos, stated that he did not believe in traditional healing. He stated that it was unholy and the work of heathens. He further expanded saying if he happened to be sick he would consult modern medical doctors[21]. Traditional practitioners in an urban setting like Bulawayo face the challenge of dealing with technology and the media perceptions.

As if ZINATHA did not have enough challenges, the emergency of fake prophets and traditional healers who defraud people in guise of being ZINATHA members with fake licenses has tainted the name of the association. In Bulawayo streets are filled with posters, fliers and banners of so called traditional healers who claim to cure all kinds of diseases known to mankind. In a telephone interview conducted with a healer who claimed to be Banda from Binga. The interviewee claimed to have powers to bring back lost lovers, break love spells and enlarge manhood among other things[22]. Banda claimed to be a well know healer in his home area, he claimed to have come to Bulawayo because there was a large market for his medicine.

ZINATHA has been issuing licenses to its members as a signal of authentic healers. Nevertheless, the issuing of licenses has been challenged and some of its members have been lobbing the association to build many clinics so it can house its members as fake healers were tainting their name.

Christianity has also been a serious challenge to the operations of traditional health practitioners. Christianity is now the dominating religion with approximately 70% of the Zimbabwean population being Christians. When missionaries first come to Africa they failed to convert Africans and as such they had to demean everything African to promote everything European. Some missionary tendencies have persisted in some churches up to date, Christian doctrines are against its followers consulting traditional healers and ancestral spirits. Some individuals have however, found ways of being Christians without compromising their traditional belief. Such individuals have opened up African initiated churches such as Johanne Masowe and Guta Ramwari; these churches combine Christian beliefs and traditional belief. According to ZINATHA, most of the people who claim to be faith healers are actually traditional health practitioners[23]. These so called faith healers have realized some people shun traditional healers but opt for faith healers and hence use the guise to legitimize themselves. It should also be noted that due to the above most people in Bulawayo are now dual believers, Christians by day and nicodemously consulting spiritual healers at night.

FIG.2

(Spiritual healer)(picture from financialgazette.com)

ZINATHA has been making efforts to get the government to invest in research of indigenous knowledge systems, with special focus on local medicinal plants and trees which are suspected to cure various ailments. According to Magaisa when ZINATHA established the school of traditional medicine in the 1980s, it did not receive the state support and by 2002 it had closed down because of lack of funding[24]. The state has been reluctant to support traditional health system although some parliamentarians seem to support the system.in 2010; the parliamentary health committee recommended that government should create guidelines on traditional medicine research; manufacturing and distribution in order to compliment conventional medicine[25].Such efforts by the government would revive and develop indigenous knowledge systems on health.

Traditional healers in Bulawayo also face the challenge of collecting or sourcing herbs in an urban environment. Traditional healers in Bulawayo obtain their medicine in peripheral area of the city. And their supplies are being compromised by spreading urbanization. Residential suburbs are expanding outwards towards the forest surrounding the city. Some endangered plants or herbs are also threatened by extension due to the growing demand of supplies.

4.5 POPULARITY OF ZINATHA IN BULAWAYO

ZINATHA is the official traditional healers association in Zimbabwe. It has an estimated membership of about 55 000 traditional healers registered under the association. In its formation in 1980 ZINATHA unified all previously existing traditional association under it. The associations include the African Nganga Association, The True Nganga Herbalist association, the Rhodesian Herbalist Association, Zimbabwe Nganga association, The African Chiremba Association amongst other associations. According to Tawanda Magaisa the workshop brought together practitioners from the traditional and modern medical knowledge systems and signaled the flourishing of the relationship[26]. The organization has collaborated with various stake holders to develop the practice of traditional healing

According to UNICEF the unfavorable health situation in Zimbabwe peaked in 2008 and jumped three fold from what it was in 1990. ZINATHA gained population right around this time when the Zimbabwean health system was in turmoil. UNICEF further revealed that a mutli- donor fund helped revitalize Zimbabwe's health system after years of shortage and neglect brought by economic crisis[27]. Traditional practitioners are the ones who come to rescue. When there was shortage of medicine and drugs, traditional healers supplemented their client's medical needs by providing cheap accessible medicine such as trees, barks, roots and concoctions. With the traditional health system as the only solution to health problems in Zimbabwe, residents of

Bulawayo lost confidence in the orthodox health system. Mbongeni Nyadza a former tuberculosis patient at Mpilo hospital in Bulawayo claimed when he was seriously ill around 2008, nurses did not have much time with him due to less human resource[28]. The health institutions were reduced to ghost houses and dying houses. The maternity mortality rate was also high among this time. Babies were delivered in all the strange places from taxes, toilets and houses barefoot doctors played an important role in assisting women deliver babies.

In addition, bare foot doctors mostly registered under ZINATHA helped alleviate the maternity burden from the congested health institutions. Some bare foot (traditional midwifes) doctors capitalized on the situation to become specialist abortionist, although abortion is illegal in Zimbabwe the practice is being done behind closed doors. Older ladies in the society mostly traditional midwifes specialized in helping young girls and women abort unwanted pregnancies. These doctors are now well renowned for their practice, especially those from Makokoba and Mzilikazi suburbs in Bulawayo. ZINATHA is mostly popular among women as they are the ones who suffer the most when members of the family are sick. Women at homes are expected to take care of the sick and in the situation that medication was scarce women consulted faith healers and traditional healers to find solutions.

Popularity of ZINATHA in Bulawayo is unquestionable. This has been evidenced by the availability of traditional healers in almost every township in Bulawayo. Traditional healers remain relevant in the African society as there are some sicknesses that Africans believe can only be healed by traditional health practitioners and cannot be explained in scientific ways. The belief in the existence of such abnormal ailments has increased the popularity of traditional healers in Bulawayo as patients constantly seek their help. Gelfand notes that there are certain disorders that patients believe could be handled only by a n'anga, such as runyoka and

chidyiso[29]. Hence, the ability of traditional healers to cure such rare illnesses has made them popular in many societies in Africa as a whole. Most Africans believe where science fails traditional medicine complements. As a result ZINATHA and its members remain relevant to the Zimbabwean society.

Moving on, traditional healers are still relevant in the 21st Century and in Zimbabwe narrowing down to Bulawayo. Spirit mediums are the only source of communication with the dead, and they are still popular in Bulawayo because they help troubled families obtain peace. Spirit mediums help estranged families communicate with their living dead by endorsing the spirits of the dead individual. Spiritual healers and faith remain relevant in Bulawayo because they do not focus on curing the flesh but the spirit within the flesh.

Furthermore, ZINATHA is also popular in Bulawayo because it does not only represent the traditional healers but also stand for the African belief system as a whole. Alexander Rodlach and Barbara Dilly are of the view that, Bulawayo is an especially fascinating place to do this type of research because two healing traditions encountered each other, the Mwali high God and the Ngoma[30]. The encounter of two traditional beliefs in Bulawayo also makes Bulawayo a thriving place for ZINATHA. As it receive a lot of attention from a lot of people in a single location.

4.6 CONCLUSION

In a nut shell, the chapter focused on the standardization of indigenous knowledge systems through ZINATHA. How the organization has lobbed understanding of indigenous knowledge systems in Bulawayo. The chapter focuses on ZINATHA as a solution that was prescribed to represent traditional health practitioners in Zimbabwe and revive indigenous knowledge systems. ZINATHA is the officially recognized association for traditional healers. As a result it has played a pivotal role in lobbing understanding of indigenous knowledge systems in Bulawayo.

The chapter further highlights how ZINATHA has collaborated with different organizations and individuals in uplifting the status of traditional health practitioners. The organization opened two schools in Bulawayo and Harare which teach methods of traditional healing. The organization has also made great strides in trying professionalizing traditional medicine. The organization introduced practice licenses for its members amongst other achievements. In progression the chapter also focused on the limitations of traditional health practice in Bulawayo. How the convergence of many beliefs in an urban environment has affected the status of indigenous knowledge systems.

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GENERAL CONCLUSIONS

In a nutshell, one can conclude that sexual health problems are a nagging problem to developing countries which are faced with poor health systems and incompetency human resource. The years from 2006 onwards saw Zimbabwe plunge into economic woes that crippled the health system. Many people could not afford to western treatment, as such Zimbabwean did what they do best they found solutions to their health problems in indigenous knowledge systems. The shortage of medication and human resource in Bulawayo's hospitals such as Mpilo, Marterday and United Bulawayo hospitals left a gap that was closed by traditional health practitioners. The study focused on the impact of indigenous knowledge systems in curing sexual health problems. Talking about sexual health problems has been a taboo in the African society, the issues used to be discussed by the elderly people in beer halls or in private. The study discovered that men who suffer from sexual health problems usually suffer in silence, hence, this causes them to lose self-esteem, it breaks marriages and relationships among other effects.

More importantly the study set to demystify and demonstrate the feasibility of indigenous knowledge systems in curing sexual health problems. The study found that many people in urban areas prefer to consult traditional health practitioners for sexual health problems rather that the orthodox health system. They preferred traditional practitioners because they do not judge them on how they acquired diseases. It was also discovered that in hospitals the shortage of man power led nurses and other practitioners not to spend enough time with patients. The study also highlighted how man and women have succumbed to sexual health problems in Bulawayo. How these diseases led to infertility, impotence and erectile dysfunction.

In the midst of the chaotic health system the government and other non-state actors devised strategies to revive indigenous health system. The road to reviving indigenous knowledge system

began soon after independence when the Zimbabwean government wanted to consolidate their support from traditional leaders. Traditional leaders had played a pivotal role in the liberation wars of (Chimurengas) of zimbabwe. The general attitude of the government towards indigenous knowledge systems was positive soon after independence, but later changed. The government at first supported traditional healers with Dr ushewokenze using his brief ministerial position as a chance to improve the status of indigenous knowledge systems. The government soon after that started dragging its feet towards supporting traditional healers. G Waite is of the view that the new elites, who took over power from the Rhodesian governments, were educated in missionary schools and as such they did not know which aspects of indigenous knowledge systems to revive.

The research also focused on the strategies by non-state actors to revive indigenous knowledge systems. How pressure groups, associations, organizations and individuals contributed to the revival of indigenous knowledge systems. The study also reveals motives of indigenous knowledge systems. International organizations like the world health organizations (WHO), United Nations international Children emergency fund (UNICEF) amongst other organizations have supported and prescribed indigenous knowledge systems. WHO recommended indigenous knowledge systems as an alternative form of health in the Alma Ata Declaration of 1978.at the same time Zinatha and its founding members have continued to advocate for inclusion of traditional medicine in Zimbabweans main stream health system. Zinatha as the official healers association in Zimbabwe was tasked with the mandate of registering traditional healers and monitoring the practice of traditional healers.

The study attempted to dissect the myths and realities associated with the role of ZINATHA in prescribing the revival of traditional health system in Bulawayo. The study further highlights

limitations that the organization has been facing in Bulawayo. The revival of indigenous knowledge systems in Zimbabwe has attracted healers and medicine from as far as Zambia, Malawi, Nigeria and china. One example of a commonly used Zambian traditional herb is Ngoka, the herbs is usually distributed as a powder. The herb is suspected to cure various diseases. As a result the revival of indigenous knowledge system has further attracted attention of dubious healers, who guise themselves as faith healers, and herbalist to defraud unsuspecting patients.

The research also found out that there are controversies that mire the status of traditional healers. Since colonialism traditional healing has been associated with witchcraft and sorcery. Colonialist banned all practices of traditional health system through the Witchcraft suppressions Act. This act legalized all practices of traditional healing. Christianity is also another force that has drawn its claws against indigenous practices. Christian doctrines do not allow its followers to consult traditional healers. The religion considers traditional healers as pagan and heathens. Hence, this has led to dual worshipers, people who are Christians by day and consult spiritual healers by night.

Research also focused on the standardization of indigenous knowledge systems through Zimbabwe national traditional healers association (ZINATHA). Zinatha is an association that was mooted as a solution to revive traditional medicine. In progression the research found out how Zinatha has been prescribing indigenous knowledge systems in Bulawayo. The research further found out that ZINATHA is playing an important role in uplifting indigenous knowledge systems. And that some herbalist are affiliated with the association while others keep a safe distance from the association

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