

Mukondombera: HIV and AIDS and Shona Traditional Religion in Zimbabwe

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Abstract

This essay explores HIV and AIDS in light of Shona indigenous cultural practices in Zimbabwe. We will focus on indigenous cultural practices that facilitate the spread of the disease, the impact of the spread of the disease on society, the role of Indigenous healers and claims to curing the disease, AIDS education and research into a cure for AIDS, and problems faced by traditionalists in the fight against AIDS. This essay examines case studies of healing practices in the indigenous contexts as perceived by the Shona people, indigenous practitioners and their association ZINATHA, their clients and use of indigenous medicine. Medical specialists the world over are occupied with efforts to find a cure or vaccine for the epidemic. The elusive nature of the disease and failure to attain a cure by the international community warrants continuous efforts to grapple with the problem. Yet in the midst of this, very little in the literature on HIV and AIDS has focused on indigenous cultural practices in Zimbabwe. As a result, it is urgent that we explore the role cultural practices play in contributing or the promotion, prevention and containment of the AIDS epidemic. The essay makes use of sociological, anthropological and historical approaches to establish the role of indigenous culture and beliefs in the fight against the pandemic.

Introduction

HIV and AIDS has become a global challenge for individuals and organisations, not least for scholars in different academic disciplines. In Zimbabwe, it is estimated that over five thousand people are dying of HIV and AIDS, and AIDS related illnesses every week (Government of Zimbabwe Magazine, 2007). Scholars in Medicine and the Social Sciences have explored HIV and AIDS and healing in scientific medical context.

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However, very little literature has given attention to the role of Indigenous religion and culture on meaningful intervention against the disease.

In order to address this lacuna, it will help us to turn to those who have studied medicine, religion and culture in the Shona context. Among these scholars in Zimbabwe is the late Michael Gelfand (1956), an empathetic medical doctor and lay anthropologist who lived among the Shona and analysed the Shona understanding of disease and its causes and cures. Gordon Lloyd Chavunduka (1994) also discussed indigenous religion and medicine from a sociological dimension. Other scholars who have studied Shona medico-religious beliefs and practices using a variety of approaches include: Michael Bourdillon's (1976) anthropological studies of the Shona, Hubert Bucher's (1980) sociological assessment of the Shona cosmology, Herbert Aschwanden's (1987) symbolic analysis of death and disease among the Shona-Karanga and Gordon Chavunduka's (1978) sociological approach to indigenous healing and medicine in Zimbabwe. In addition, a number of articles appear occasionally in some magazines and the daily media with stories about the role of indigenous medicine on HIV and AIDS. This essay intends to introduce new perspectives into the pattern of healing in this context of HIV and AIDS in Zimbabwe. Such material will make a significant contribution to Religious Studies and also complement the body of extant literature in Medical studies and Social Sciences.

Although a number of scholars have written on the Shona medical beliefs from a variety of disciplines, nothing significant has been produced on HIV and AIDS and cultural practices. Moreover, indigenous healing in particular is yet to be explored. This essay seeks to investigate the role that indigenous culture plays in the spread and eradication of HIV and AIDS.

The essay adopts an eclectic approach. Based primarily on empirical data, it utilises the anthropological method to capture the interaction between individuals in society. This method explores how society influences individual behaviour and vice-versa (Bourdillon 1990: 10). It also examines social interaction between social institutes and events. In this essay it enables the researchers to discern how culture affects or is affected by HIV and AIDS beliefs. The sociological method is also used in this essay. This is but one aspect of the study of the relationship between ideas and ideals embodied in movements, flourishing and decline (O'Dea 1983: vii). A sociological approach is therefore crucial in this essay because sociological approach to an interpretation of religious phenomena offers an important avenue for understanding the human significance. T. F. O'Dea states that no explanation of religion can be complete without considering its sociological aspects, thus society provides one with an overall environment in which inner potential may be brought to some kind of realisation and expression (O'Dea: 1883: 1). The sociological method enables the researcher to make an overview of the Shona society in general especially how the indigenous worldview, socio-economic and medical system is affected by culture. The essay also uses the historical approach. The method is of great importance in this essay because the researcher deals with historical facts. According to T.O. Ranger and I.M. Kimambo, the study of religion in African studies far neglected is absolutely essential to the understanding of the dynamics of African society ((1972: 1). The historical method is therefore very crucial in this essay because it helps to comprehend the dynamics of cultural practices in their historical context.

Indigenous Shona Religious and Cultural Worldview

Spirits

The indigenous Shona believe that there are spirits that help spread HIV and AIDS (Shoko 2010: 85). Spirits such as *midzimu* (ancestral spirits), *shave* (alien spirits), *ngozi* (spirits of vengeance) and nature spirits, *tokolotsbes*, spooks and ghosts and *bvuri* (shadow of a dead person) can cause illness, misfortune and death. Witchcraft beliefs also prevail. Such cultural beliefs offer alternate interpretation to scientific understanding of HIV and AIDS (Shoko 2007: 57-64). Ancestral spirits cause illness and disease of a complex and serious nature. Such illness is believed to defy all treatment. However this is not meant to kill the victim but to alert the descendants to search for the spiritual cause from the diviners. Besides their role in guarding and protecting living members of the family, ancestors can be angry if neglected or forgotten. This is usually the case when some rituals are not done for the spirits like *kurova gwa*, an indigenous ritual that calls back the spirit of the dead.²

Ngozi (avenging spirit) is one of the most dreaded spirits in the Shona society. This is the source of the worst kinds of illness and disease and can even cause death. *Ngozi* is a spirit of a person whose death came as a result of foul play or a person who had been wronged and indebted and dies harbouring feelings of having been mistreated, who now seeks justice against the living. It may also be the spirit of the dead mother, who dies without reconciliation with one or more of her rebellious children who have assaulted her while still living. This quest for justice takes the form of causing illness to the family of the wrongdoer. The illness is seen as a form of punishment meted out in various ways that may include death by lightning, disappearance or bleeding through the nose. The Indigenous Shona hold the view that “*mushonga wengozi kuripa*” (cure for avenging spirit is payment),³ which is normally done in the form of a large herd of cattle and a girl who is meant to raise offspring on behalf of the dead.

Alien spirits (*mashavi*) constitute another category of spirits that cause illness and disease. These are spirits of people who died far away from home suddenly and without death rituals being undertaken for them. So they possess individuals in search for recognition and a home to reside. *Shavi* spirit possession is heralded by illness. The Shona make a distinction between a good alien spirit and a bad one. While the good one gives its host new skills such as hunting, healing, dancing, singing and other indigenous specialties, the bad one brings on evil spirits, causing the host to indulge in witchcraft, prostitution and stealing (Shoko 2007: 61).

The shadow (*bvuri*) of a dead person is also capable of causing serious illness and even psychiatric problems. *Bvuri* resides in an anthill. If one passes by this anthill, the passer-by will most certainly catch the spirit and lose his voice while trying to speak to it. Thereafter, he may become seriously ill. Thus there are various spirits that cause illness and disease among the Shona. Although some illnesses are attributed to spirits, the Shona also see most illnesses as a result of witchcraft. Witchcraft is linked with spiritual entities like *zvutupwani* (witch agents) who have no physical identification but are used in this practice. Witches are seen as malicious human beings, especially older women who are motivated by hatred and jealousy. It is also a nocturnal craft with a nightmare quality (Shoko 2007: 62).

² Private Interview: 21/12/1989

³ Private Interview: 9/01/1990

Most common illnesses such as wind fever (*mambepo*) are a result of being beaten by witch familiars. The victim convulses, and if not exorcised quickly, dies immediately. Spirits of dead people raised from the graves (*zvimboma*) are particularly dangerous. Regarded as the children of the witches, they are believed to cause madness, paralysis and even death to their victims. Also many diseases such as down syndrome, small pox and epilepsy are seen as due to witchcraft. If society experiences a sharp rise in cases of illness the Shona explain this as a rise in witchcraft practices.

Sorcery also features as a dominant source of illness and disease. For both witchcraft and sorcery, the Shona use a common term, *uroyi*. Sorcery involves ritual manipulation of natural forces for evil purposes. It is often practised by unscrupulous *n'angas* who abuse their powers for financial gain. A sorcerer may brew and transmit illness and disease to an intended victim by setting up lethal traps with medicines and by remote control mechanisms. They apply poison in food and drink or through contact with nail clippings, hair or scrapping up dust from human footprints. As a result, illnesses caused by sorcery are *chitsinga*, some form of physical disorder, *chikwinbo* that tugs and paralyzes hands or legs and *chivhuno*, which result in loss of power.⁴

Deviance from the socio-moral code of behaviour is a potential cause of illness and disease. Here the Shona differentiate between violation of rules of respect and sex-related causes. Both the dead and the living must be accorded due respect and certain religious, social and cultural taboos and norms are upheld. Failure to observe such values and prohibitions in society provokes the spiritual forces that mete out punishment like physical illness, drought and epidemic, which affect the entire community and environment. Illness and disease that originate from the earth (*pasi*), that disappear after a short while and that require simple or no medication at all are regarded as having natural causes. Such illnesses are coughs, colds, slight fever and headaches. But when such illnesses resist treatment or persist, the Shona search for an alternative causal explanation: “why to this particular person and why at this time and place” (Bourdillon 1976: 173).

Therefore the causes of illness and disease in Shona society range from spiritual forces, to witchcraft and sorcery, social and moral factors and natural causes (Gelfand 1985). Such causal agents may appear as distinct categories but greatly overlap in the total belief system. From the accounts illness and disease do not occur by chance but have a definite cause, which is diagnosed and cured by the *n'anga*. Since the Shona experience illness and disease as a threat to their lives, diagnosis, centred on the *n'anga* is crucial. He applies different methods to determine the cause of the problem and prescribe appropriate medication. Possession is one such means of diagnosis used by the *n'anga*. The diviner puts on colourful clothes, takes snuff and induces trance, wields in his right hand a spear, walking stick or hand axe and in possession speaks in the voice of the invading spirit, interpreted by an assistant. The most common style of diagnosis is throwing *hakata* (dice), usually made from a bone, wood and other materials with small images and symbols on them. Bones have different names such as *Mabwe*, *Gata*, *Chirume*, *Chitokwadzima*, *Kwami*, and *Zunga*.⁵ These are thrown by the *n'anga* and have different meanings, which he interprets depending on the way they fall. Other methods of diagnosis include use of special medicated objects like a 'talking calabash' or water to reflect the source of trouble.

⁴ Private Interview: 2/08/1990

⁵ Private Interview: 9/01/1990

However, diagnosis is not the monopoly of the *n'anga* alone. Elders of a community are also consulted on the source of disease because of their wisdom and experience. Also mothers have the ability to discern the cause of an illness in their own children. So these practitioners have a wide range of methods at their disposal. The average person, therefore, knows which practitioners to approach. In the event of HIV and AIDS, the diviner will identify any abnormal illness with any of the spirits mentioned above and apply the requisite medicinal treatment for cure. Most traditional healers claim they have the power to cure HIV and AIDS.

Cultural Beliefs

In the Shona society, there are several indigenous beliefs and cultural practices that may facilitate the spread of HIV and AIDS. The Shona share one of the most distinctive characteristics of African indigenous religions that they are secret religions (Platvoet 1988). Accordingly, Shona religion is also secretive and people are not open on matters that pertain to sexuality. Open discussion of HIV and AIDS, sexuality and reproduction issues are often considered too sensitive and too controversial. Sex in indigenous belief is secret and sacred such that no one speaks about it in the open. Most indigenous Shona people believe that talk about sex is *zvinonyadzisa* (it is an embarrassment). Such matters are shrouded with shyness and taboo that prevent open discussion and therefore hinder education. For instance elderly Shona people refer to genital parts as *zvinhu* (things). Sexual intercourse is called *kukwirana* (to sleep with one another). However, this does not mean that the Shona do not have blunt terms for these things, but they avoid use of words with deeper meaning.⁶ So when someone contracts HIV and AIDS, the Shona attribute the fundamental cause of the illness to spirits. More bluntly they also pinpoint *chibure* (prostitution) as the cause of illness. In that case HIV and AIDS are categorised among sexually transmitted diseases (*siki*). The afflicted is depicted as *akarumwa ne siki* (bitten by venereal disease). The analogy here equates the disease with a snake that bites. As such HIV infection is classified as *runyoka* (a sickness that comes as result of illicit sex).

In Shona culture, the Korekore people in Mt Darwin share a belief called *runyoka* or *rukawo*. *Runyoka* manifests in various forms of illness: *rwemajuru* (ants), *rwehove* (fish), *rvekuzvimba dumbu* (swollen tummy), *rvokunamirana* (gluing together), *rwebanga* (knife), *rwetsuro* (rabbit).⁷ So the imagery is evil and invokes embarrassment and the consequence may be reversible if attended to early or can be fatal if delayed. However since Indigenous healers can reverse the symptoms of attack by *runyoka*, people also believe that HIV and AIDS infection can be reversed. The Shona also refer to conditions of sickness due to HIV and AIDS in metaphorical language. The most common term is *Mukondombera* (fatal disease). Mashiri et al (2002) discuss the Shona practice of naming both the pandemic in descriptive terms that use “indirection” as way to “save face”. For instance the Shona refer to the disease as:

- Mubatamidzwa* (One who unites)
- Zvamazwa ano* (Contemporary things)
- Shuramatongo* (Warning of disaster that wipes out everyone)
- Chakapedza mbudzi* (Disease that killed goats in large numbers)
- Jemedza* (One who causes severe pain)
- Kurudzikiunemakuwa* (A clan ridden with graves)

⁶ Private interview 2/08/04

⁷ Private interview 10/4/02

Mutswairo (A broom)
Paradzai (One who destroys)
Mupedzanyika (One who kills indiscriminately)
Gukurabundi (Rain that falls in autumn)
Chazezesa (Scaring)
Jehova Ndoyako (Lord I am coming home)
 (Mashiri 2002: 229)

Accordingly, the infected person's condition is also described in terms that are meant to enlighten the plight of the sufferer and his kith and kin. The Shona refer to the condition as:

Akarobwa namatsotsi (He/she has been beaten by thugs)
Ari pabus stop (He/she is at the bus station)
Ane pemu (He/she is with perm) (thinning and loss of shine hair).⁸

Mashiri et al (2002), also provide terms that explain the symptoms of people affected or infected with HIV/AIDS:

Mudonzvo (Loss of weight)
Bhemba (Head becomes as thin as a hoop-iron)
Pemu (Thinning and loss of shine of hair)
 Go slow (Gradual deterioration of health/long illness)
Tsono (Very thin like a needle)
 (Mashiri 2002: 257)

Cultural myths and beliefs that create misconceptions about the existential reality of HIV and AIDS also prevail. From its inception, the Shona have always been sceptical about the origins of the disease. They believe the disease originated in the West especially America hence they interpreted the acronym AIDS to mean, "American Ideas of Discouraging Sex" (Mukweva 1997: 15) So when it comes to sexual practice some people resist having sex with a condom on the grounds that "one cannot eat a sweet in its packet". The idea is to equate a condom with a sweet packet that inhibits sweetness. Also disregarding its vitality as protective device, a condom is also considered lightly as *jombo* (gumboots) or 'raincoat' that one can easily do without.

There are also other beliefs that promote unprotected sex. Some Shona people think they cannot restrain from sexual intercourse since deprivation is tantamount to death. So they argue, *kusiri kufa ndokupi* (Either way one has to die).⁹ Also culturally-fuelled stigma and discrimination like the belief that certain types of gender or people are infection carriers facilitate the spread of the disease. There are some people who believe that if one sleeps with a virgin, one could rid himself/herself of HIV and AIDS. This practise of the father having sexual relations with his daughter, also facilitates the transmission of HIV and AIDS.

Cultural Practices

Other practices that facilitate the spread of HIV and AIDS are of deep cultural orientation. Marital practices such as *barika* (polygyny), a practice whereby a man marries more than one wife (small house phenomenon), *kugara nhaka* (wife inheritance),

⁸ Private interview 4/8/05

⁹ Private interview: 5/06/02

sarapavana (take care of children), a practice that stipulates that when an elder sister or aunt fails to conceive then a young sister is supposed to marry the brother-in-law in order to conceive children on behalf of her sister and *kupindira* (overtake) whereby a brother of a deceased man is expected to sleep with his sister-in-law in order to produce children on behalf of his brother. In these cultural practices, the chances of spreading HIV and AIDS are abundant. But while some argue that some of these practices, such as polygyny, do not negatively impact on the pandemic, others believe they do fuel infection such as the case of spouse inheritance, where the original partner died of an AIDS related illness.

On polygyny, the Shona culture enjoins that a man is not obliged to have only one wife. This indigenous practice is highly regarded. In Shona society most peasants depend much on agricultural production and that cultivation requires an immense amount of labour and polygyny ensured the availability of sufficient cheap labour. A polygynist Vio Makazhu also argued that a labour input can only be ensured through the size of the household and that this was what made the practice rampant.¹⁰ But the manner in which the practice can promote the spread of HIV is that if the husband or one of the wives becomes unfaithful and gets infected then a number of people contract the disease. The possibility of infidelity increases and this in turn increases the chances of getting HIV (Mukweva 1997: 12). However, some traditionalists defend the system as one health worker confirms, “polygamy can help curb the promiscuous behaviour of married men and thus reduces the chances of getting infected by HIV”.¹¹ The traditionalists argue that HIV rates are lower in polygynous marriages.

Wife inheritance is a common practice among the Shona traditionalists. This practice means that if a man dies and leaves behind a wife or wives and children, his younger brothers can inherit the deceased’s surviving spouses by marriage and then look after the children of the dead. The problem with the practice is that if the deceased was infected by HIV then his wives may also be infected and then infect the man who inherits the wives. He too will also infect his own wife and further spreads the disease (Mukweva 1997: 13).

Other practices likely to spread HIV and AIDS are healing methods conducted by the *n’anga* (indigenous medical practitioners) in administering treatment for the disease. Such practices are *kutema nyora* (cutting incisions), *kuruma* (biting) to remove the object, and circumcision. All these involve the use of unsterilized instruments that can cause infection and re-infection. The danger is that the practitioner may end up contracting the disease and further spread it to other clients.

When cutting incisions, it is common practice for indigenous practitioners to use a single blade to administer their herbs. The chances are that if one person is infected, many people may end up becoming infected. Very often the medicine is rubbed into the cuts using the fingers. This may in turn lead to the infection of the person who is administering the medicines since he or she will also come into contact with blood (Chavunduka 1993: 7). The same also applies to the piercing of ears using a single needle.

Some traditional healers specialise in the extraction of disease causing objects from the bodies of infected victims. The extraction is normally done using the mouth or teeth. The method is called *kuruma* (biting). If the skin breaks during the process, the

¹⁰ Private interview 14/01/97

¹¹ Private interview 10/01/97

practitioner may end up being infected by the patient or vice versa. Also traditional healers often prescribe *mushonga womusana* (aphrodisiacs) to young men as sexual stimulants. The tendency is that the young men may end up indulging on sexual sprees to satisfy their appetite. In that way they become exposed and can help spread HIV and some other sexually transmitted diseases (Mukweva 1997: 13).

Midwifery, the exclusive duty of elderly women to help deliver babies is another method that may help facilitate the spread of HIV and AIDS. At times especially in rural areas where there are inadequate facilities such as protective gloves, midwives are forced to use bare hands to deliver babies. This poses a great risk to their health as they are in direct contact with blood and amniotic blood that may be infected with HIV and AIDS. All these are the major indigenous practices that may promote the spread of HIV. But when the disease has set in what follows next are efforts to procure healing.

Traditional Healing

The Shona strive to heal all sorts of illness and disease that include HIV and AIDS through a variety of methods such as rituals administered by the *n'anga*. Since they believe that spirits are primarily responsible for their health and welfare, they are constantly engaged in ritual contact with the spirit world to get rid of illness and disease and other ills of life. They use herbal medicines at birth, initiation, marriage, death and communal rituals. However it is outside the purview of this essay to treat all types of ritual treatment used by the *n'anga*.

Apart from rituals, treatments are also applied to deal with ailments. Methods of treatment of serious illness include herbal treatment, extraction of disease-causing objects, and exorcism. These treatments vary according to the level of illness. HIV and AIDS manifests like every other serious illness in form of chronic headaches, diarrhoea, chest pains, etc. Just like most abnormal illnesses, the disease persists over a very long time and defies treatment. Healing is effected by any one of the methods mentioned above.

The Shona believe that witches and sorcerers can inflict pain and incapacitate the victim by inserting certain items such as insects, worms, eggs, hair and blood into human bodies. Healing is done by a specialist through *kuruma* (biting), *kukviza* (rubbing), *kuvhiya* (surgery), or *kupfungaidzira* (blowing smoke) on the affected parts of the body. Objects removed are rarely displayed for public viewing lest they turn blind. Extraction of disease-causing objects may supplement herbal treatment.¹² When a spirit enters into a person and causes serious illness and disease and is identified by a specialist as troublesome then exorcism is used to expel the spirit. Common methods include blood-letting, emetics or purgatives and sniffing.

There are minor illnesses and diseases which affect the Shona that are believed to be natural and whose cause is not necessarily attributed to the spirits, witches or sorcery or contempt of socio-moral laws. Such diseases as head-aches, flu and stomach problems are usually healed through home curative medicines administered by the elders of the family. But when they are prolonged and do not respond to treatment then the herb *karibekandu* is most effective.¹³

¹² Private interview: 10/01/1991

¹³ Private Interview: 13/02/1991

Healing in Modern Context

The attainment of Zimbabwe independence in 1980 saw the government's adoption of equal policy which promoted religious liberty in the country. In line with this policy, Parliament passed the Traditional Medical Practitioners Act in 1981 that saw the reappraisal of Indigenous medicine in Zimbabwe. As a result, the first Cabinet Minister of Health, Dr. Herbert Ushewokunze, himself a medical doctor, approved the introduction of a body of Indigenous medical practitioners called Zimbabwe National Traditional Healers Association. (ZINATHA). On 13th July 1980. Prof. Gordon Chavunduka, was appointed the first President of ZINATHA. The association set as its primary aims to unite Indigenous healers into one body and to promote Indigenous medicine and practice (Chavunduka 1994: 23). As one time Vice Chancellor of University of Zimbabwe, Chavunduka was open to practice of traditional medicine at tertiary institutions.

This encouragement saw the mushrooming of indigenous healing practices in the city. Harare as capital housed the offices of ZINATHA and that boosted its membership and clientele. The association posted conspicuous adverts on buildings and streets with inscriptions, "ZINATHA Pharmacy Styles Building Room S6: We Supply Drugs for: HIV related Symptoms; Blood Purification; Sugar Diabetes; *Vuka-Vuka*, Malaria, Herpes, Asthma, STD, *Jeko*, *Kugeza Munyama*, *Kubvisa Mishonga yechiDzimai*; *Mambepo*; *Mbepo yeMudumbu*, Cancer, Syphilis, *Chomusoro*, BP, Lucky, Albinos Cream, TB" (ZINATHA: 2002) etc. As a result numerous state-of-the art traditional healing centres have sprouted at Mbare *Musika* (Market) and Machipisa Shopping Centres in Highfields in Harare. Surgeries have been established in other areas particularly at homes in the high-density suburbs in the city. In some cases notices written, "*Chiremba Pano*" (Practitioner is here) are a common sight at doors and gate entrances of houses in the suburbs (Shoko 2005: 8).

In the city centre, traditional concoctions like *vbukabhuka* that enhances male potency are sold in pharmacies at Market Square and other places. At Mbare *Musika* and Highfields markets indigenous herbs in form of dried roots, barks, shells, etc. are on display for "*vachada*," (those who are prepared to buy), interested customers. A traditional surgeon also operates in the industrial areas along "Beatrice" road now Simon Mazorodze. At one time city supermarkets like TM and Food World have been hit by a spiral wave of long chains of people queuing for "*Musimboti*" (Indigenous *mambo's* brew). In the Indian shops hot spice and some flour-type powder, mixed with hot lemon juice is used as remedy for flu. The list of all names and centres dealing with or catering for indigenous medicine in Harare is endless. Due to Harare's location as capital and also in the wake of national cries of HIV and hyperinflation; it is not surprising to find all types of "genuine" and "fake" medicinal concoctions on market in the city.

In Harare, traditional medical services can be sourced from prominent traditional practitioners of the calibre of Prof Gordon Chavunduka, President of ZINATHA, and the late Sec General Mr. Sibanda whose prowess has been inherited by his son. Mr Sibanda (junior) operates surgeries in Mufakose and city centre that provide divination services and sale of drugs. Other healers of great repute include one outspoken woman in Mabvuku Tafara, Kapasule from Malawi operating from Hatfield. Spirit mediums of eminence in the vicinity of Harare are Mushore in Nharira Hills of Norton. Some contemporary self-styled healers running TV programs include Sekuru Victor Mugwagwa. Of late ZINATHA has proposed the construction of an indigenous healing training college and hospital; introduction of medical aid scheme; administration of

televised and radio programmes; holding conferences and workshops and its dissemination of services in town.¹⁴

Recently ZINATHA has received negative publicity with some of its charlatan members accused of charging exorbitant fees or conning desperate people seeking medication. Some victims have testified that some ZINATHA members deceive people by raising fatal myths such as "sleeping with a virgin" as cure for AIDS. On 26th January 2006 the association shocked the people in Harare when they lobbied for the phasing out of condoms on the grounds that they are "unAfrican". But the government, through the Ministry of Health spurned the request as ridiculous, "This is really madness, how can a group masquerading as healers call for the phasing out of protection measures."¹⁵

Burombo's Aids Clinic

Benjamin Burombo, a Kuwadzana famous healer has featured prominently as a "Harare *n'anga* who cures HIV and AIDS patients' treats Aids people"¹⁶. The healer claims he has overwhelming evidence that shows that patients who have been under his care have tested HIV negative at a local health laboratory. At one time he threw out a challenge to Dr Timothy Stamps, then Minister of Health, that he would invite confirmed HIV patients whom he claimed treated, tested negative and referred to the Ministry for further tests for confirmation. Burombo's stance came in the wake of several *nangas'* claims that they could cure Aids. One such claim came from a Mrs Chihuri who had documents to prove that the patients she had cured had also tested HIV negative at the local medical laboratory.

Immunity Enhancement Centre

Also in Harare, the controversial Richard Ngwenya has been widely publicized as administering HIV therapy at the Immunity Enhancement Centre in Harare. Although he uses drips to strengthen blood and recommends Western food rich in vitamins and wheat porridge for good health, he also maintains indigenous foodstuffs such as *rapoko*, *sorghum*, *millet*, ground and monkey nuts, vegetables and wild fruits make up good healthy diet. He disburses drugs with indigenous medical ingredients to combat thrush, the result of severe infections. As former army personnel his fame backdates to the liberation struggle when he served guerrilla fighters with medicines during the second *Chimurenga* war.

Herbal Gardens

Due to a growing number of people resorting to indigenous medicine, a group of herbalists and conservation experts have teamed up to set an indigenous herbal garden that grows local medicinal plants and promotes natural remedies. A nursery has been established in the city with hundreds of indigenous trees and grass species with medicinal properties. The Medicinal Plant protection group sponsors the project. Its membership includes doctors, nurses, chemists, environmental experts and teachers. Similar projects have also been established in other cities such as Bulawayo.¹⁷

According to ter Haar et al (1992), the Shona people have three options of healing systems at their disposal: Western scientific, faith healing and Indigenous healing. They

¹⁴ *Zim Daily* 2/19/2006

¹⁵ *Zim Daily* 2/19/2006

¹⁶ *Sunday Times*: 15/08/1993

¹⁷ *Sunday Mail*: 7/07/1996

often appeal to indigenous healing particularly when the illness persists and requires a spiritual diagnosis and explanation. In such cases the urban Shona people in Harare and other cities make use of indigenous medicine. Whilst some draw herbs from their villages in the rural areas, others travel for distances to famous forests to seek herbs known to them. Basically, indigenous herbs are believed to be efficacious. However some medicines may be mixed with modern ingredients. For instance the cure of flu requires a mixture of lemon, honey and cinnamon. Whilst *Tsangamidzi*, (ginger) is effective for stomach-ache, the urban Shona firmly believe the basic remedial medicine for all health problems is garlic.¹⁸ Since HIV and AIDS has been largely regarded as a modern disease, the indigenous system of healing has also assimilated modern trends. This is particularly so considering that religious phenomena is dynamic and conforms to changing times.

Conclusion

The above shows that the power and potency of spirits in indigenous religious and cultural context of HIV and AIDS is significant. Most Shona people acknowledge the existence of the spiritual entities in the religious cosmology. Indigenous cultural beliefs and practices also account for HIV and AIDS in the indigenous Shona society. But it can also be noted that similar beliefs also prevail in the Shona modern healing system. The spiritual realm dominates the Shona society as a powerful source of illness and disease. Although scientific explanations may be proffered in modern context, the indigenous belief that spirits are a prime causal explanation for illness and disease abounds. Beliefs in witchcraft and sorcery as conspicuous explanation of illness, disease and misfortune exist in the Shona society. They operate clandestinely to perpetrate evil. Such beliefs in fact constitute an integral part of the Shona indigenous religious and cultural system.

Health is one of the primary concerns of the Shona religion. Their indigenous religious belief system identifies numerous and varied causes of illness and disease. Many times certain illnesses and diseases have a distinct reason for appearing. It is then the *n'anga's* (diviner-healer) task to diagnose who or what causes the illness and to give the patient the appropriate cure. Therefore the *n'anga* plays an important role in determining the cause of illness and disease and prescribing an effective cure. Such indigenous medical beliefs have a bearing on indigenous healing system.

While in the traditional past administration and prescription of drugs and herbal medicines lay with the herbalist, the modern specialist practitioner dispenses medicines and scientist caters for some clinical treatments. What is striking about the indigenous healing system is that the herbal nomenclature is apt and meaningful in their interpretation. For instance, the herb called *chifumuro* that is used to cure an unspecified chronic illness is derived from the verb *kufumura* that is "to expose to shame." As such, it is perceived as capable of exposing and thus weakening illness in a patient. The herb used for the treatment of *biripiri* (measles) is called *hazveri* which means "unrestricted". In the indigenous interpretation, such a herb destroys the problem without restrictions. Some natural characteristics or properties of certain species explain the therapeutic value of the herbs. For instance *gundamiti* (one which overpowers all) dominant in modern healing is invested with curative potential for HIV/AIDS. Another one, 'African Potato' derives from a tuber.

Re-appraisal of traditional medicine in post independent Zimbabwe has seen the genesis of traditional medical associations like ZINATHA. This explains the importance accorded

¹⁸ Private Interview: 1/08/2004

indigenous therapy in Zimbabwe. It is also significant that the legislation to promote Indigenous medicine emerges from a policy adopted by government that recognises different religious faiths. This encouragement of tradition has boosted ZINATHA operations. Such initiative has also seen the promotion of traditional medicine by professionals in tertiary institutions, clinical trials of medicines for chronic diseases, introduction of Indigenous colleges, medical aid facility, growth and development of surgeries and pharmacies that serve indigenous herbs and medicines in the suburbs of Harare such as Mbare, Highfield etc.

HIV and AIDS is indeed a complex socio-economic and cultural phenomenon that must be considered in the perspective of indigenous religion and culture. The Cultural Approach to HIV and AIDS clearly espouses the fact that to fight the pandemic effectively it is essential to understand the diversity of people's culture and acknowledge that there is no one universal approach to the fight. This stems from realisation that HIV and AIDS is not only a medical problem but a multifaceted issue which requires multidimensional strategies.

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