



Shona Women's Leadership in Traditional Healing

Bernard Pindukai Humbe

THE SHONA PEOPLE AND THEIR SOCIO-RELIGIOUS LANDSCAPE

This study was carried out in the context of traditional religion in Zimbabwe. In Shona traditional religious cosmology, *Mwari* (God) and *vadzimu* (ancestors) are the *causal nexus* (centrality) of Shona humanity and well-being in Zimbabwe (Maposa & Humbe, 2012). This religion is expressed through people's beliefs, practices, ceremonies, rituals, festivals, symbols, objects, sacred places, morals, religious leaders and the revered practitioners (Mbiti, 1999: 4). So the religion is not simply thought about, but it is practiced. In the same vein, healing becomes a religious

B. P. Humbe (✉)
Great Zimbabwe University, Masvingo, Zimbabwe
e-mail: bhumbe@gzu.ac.zw

Research Institute for Theology and Religion, College of Human Sciences,
University of South Africa (UNISA), Pretoria, South Africa

aspect in the Shona worldview. Traditional religion in Zimbabwe among the Shona people, largely, is ruralistic. The term rural here does not denote a sense of backwardness. Instead, it points to notions of identity whereby the Shona people have their cultural roots preserved in their indigenous life setting. This does not mean that the concept of rural is immune to modernization, especially at this time when a significant number of the Shona people now reside in urban or peri-urban areas. However, many of the Shona urban people in Zimbabwe still nurture their rural links and will, in times of crises (such as illness) turn to their rural village or extended family for healing, support and care (Maposa & Humbe, 2012).

Traditional religion in Zimbabwe is characterized by an androcentric culture. Besides patriarchy, there is also patrilineality and endogamy as key attributes of the Shona social organization. Some of the attributes and characteristics of femaleness in traditional healing are encased in women's psycho-social support. In addition, their household chores comprise: cooking and serving food for their husbands and children, providing bathing water for their husbands, laundry, fetching water, fetching fire wood, child-rearing, pottery and sweeping the yard in the morning.

CONCEPTUAL BACKGROUND

The nomenclature 'traditional healing' has been met with controversy. To overcome purely abstract models of reflection of this concept, this chapter honors the insight that all knowledge is embodied in religion and context (Haardt, 2010: 163). There is a belief that African societies are dominated by traditions, which is directly opposed to western societies which are dominated by rational modernity. In the African setup, tradition and religion are intertwined, so traditional religion is a lifestyle. This lifestyle is enhanced by traditional healing. The idea of 'traditional' does not equal something inferior, irrelevant, backward, unfitting, archaic, antiquated, ancient, static, old fashioned and outdated. It means indigenous, that which is homemade or foundational, handed down from generation to generation, upheld and practiced by Africans today. This is a heritage from the past, but treated not as a thing of the past but as that which connects the past with the present and the present with eternity (Awolalu, 1976). Transmission of these traditions is done orally or/and by visible demonstration. In Africa, Zimbabwe included, modifications of traditions

can happen deliberately or spontaneously as determined by the contextual situation.

Concurring with Machinga's (2011: 3) observation, generally, traditional healers come in four different types: the diviner, whose duty it is to make a diagnosis; the herbalist, who prescribes and treats ailments; the traditional midwife and the exorcist, who plays a large part in freeing people from troublesome and evil spirits. The notion of healing among the Shona is too broad and is inclusive in its use. Among the Shona, normalcy in a person's health exists when there is balance between the physical and spiritual forms of life. This is buttressed by Wood (2013) who argues that in various African thought patterns, balance is considered the norm, imbalance is understood as 'disease' when it takes the physical form and is indicative of rapture between the materials and energies that constitute their bodies and their world. The term 'healing' then comes in to signify effecting of balance or a sense of well-being which may have been temporarily diminished during the course of a person's life (Moto-Sanchez, 2016: 308). In Shona, this is known as *kurapa*. In *kurapa* one can denote that there are cultural practices dealing with people's body work, in a bid to do away with suffering or creating harmony within an individual or community. However, sometimes the Shona do not have to wait for this temporary diminishment in the case of invalids for them to effect healing. Rather, healing is performed to prevent the imbalances or just to enhance a sense of well-being and wholeness basing on the socio-cultural life experiences of the people to receive healing. The Shona normally call this practice *kurapira*. To this end, Fissell (2008: 8) proposes that healing is embedded within a larger framework of what is known as 'body work'. This concept becomes fitting in the context of this study because the one who receives healing is described as *akashandwa*, or *akashandirwa*, or *akagadzirwa* (his/her body was worked on). But this study is exploring traditional healing done by Shona women, so it is prudent to situate women's healing (and women as patients) in two inter-connecting frames: work and household/family (perhaps better theorized as 'domestic healing'). Sometimes the healing is determined by circumstances. So the domestic healing occupation is varied by the day, week and especially season-not to mention stages of the life cycle (Fissell 2008: 16).

Among the Shona, healing in its mottled procedures is rounded, it embroils both the physical and spiritual components of a person's life. It explains why traditional healing in rural areas is more appealing compared

to conventional medicine because it does not sidestep their beliefs and values enshrined in the interaction of the following fundamentals: living and nonliving, natural and supernatural and the material and immaterial. Just as some activities are normally considered to be women's occupations, it may be noted that some types of knowledge also exist specifically among women. I posit that it is women's religiosity that has largely contributed to creating and promoting healing among the Shona people.

In principle, all Shona women are naturally healers. They are closely linked to nature. In today's world, the understanding that *musha mukadzi/mudzimai* (a home is anchored on the wife) among the Shona people is still strong in the context of traditional healing. *Mudzimai* derives from two Shona words *mudzi* (root) and *mai* (mother), literally meaning the root mother, or expert in roots. Among the Shona, roots are generally taken to represent traditional herbs. The life of a tree is sustained by its roots which tap underground water. Since this water is in the underworld, it is the duty of ancestral spirits to supply the roots with medicinal water which is distributed to various parts of the tree for people to use. Trees used as medicines are regarded as sacred trees. But the most important tree part is the root which directly taps the medicine from its source in the underworld. It is this root which forms part of a woman's name in Shona (*mudzimai*).

SHONA WOMEN TRADITIONAL HEALERS: A GENDERED CULTURAL CONUNDRUM

Studying the theme of Shona women and traditional healing is embroiled with numerous challenges which include the following: firstly, like any other health delivery system, the Shona traditional healing system is susceptible to abuse and to unscrupulous practitioners. In many instances, traditional healing practices are legally prohibited, worse still if it is domestic healing. The Zimbabwean National Association of Traditional Healers (ZINATHA) has therefore been established to act as a watchdog, and every traditional healer is obliged to register with the association (Machinga, 2011: 3). Second, there is paucity of written literature on domestic healing and this poses a challenge to those who want to study women and traditional healing in Zimbabwe. As a result, there is too much reliance on oral literature when dealing with traditional healing practices. Due to the absence of written records, many of the cryptic references to events, people and places in oral literature are difficult to

unravel. In certain themes like sexuality, information is found vestigial of the old system, for the oral tradition offers almost no help (Pongweni, 1996: 1). Third is the negative portrayal of traditional healing by medical practitioners. Many Zimbabweans, especially those in the media fraternity, seem to concentrate more on women and healing when the healing has not produced desired results. Consequently, they tend to sidestep all the other healing encounters which went smoothly but remain largely unremarked in the Zimbabwean traditional healing historical record. Fourth, some of the methods used by women in traditional healing are highly spiritual which cannot be scientifically comprehended. Fifth is a challenge associated with the limitedness of Shona language especially when it is sexual healing. Sixth, sometimes society perceives women superstitiously as dangerous figures in the society. This stems from the general understanding that women are associated more with witchcraft when compared to men. Also, the other aspect of their lives is linked with danger due to their monthly menstrual cycle. This mainly emerges from the fact that menstrual blood is perceived in an ambivalent manner in most traditional Shona communities. On the one hand, the process of menstruation is linked with continuity of the lineage since the process of menstruation is perceived as an indication of the woman's fertility. On the other hand, for a man to have contact with menstrual blood (particularly through engaging in sexual intercourse with a menstruating woman) is regarded as a bad omen which can cause an incurable *runyoka* (sexually transmitted infection) or impotence (Shoko, 2007). Despite the above prejudicial views on women, research has unearthed significant women's leadership roles, confirming that they are the pillars of every traditional society.

THE HOME: A SHONA TRADITIONAL RELIGIOUS COMMUNAL PREREQUISITE

In contemporary Zimbabwe, the Shona have a sense of owning space, especially the idea of possessing a *musha* and land for farming. The *musha* which is human-made is a source of traditional religious 'space'. While it is self-evident that traditional religion resides in various spiritual beliefs and practices, it is important to ask this question: in what ways, is traditional healing found in the very fabric of the Shona people's organizational locality (*musha*)? How does a *musha* serve both as space and place for Shona women when performing traditional healing in rural communities? The architecture expresses the Shona people's way of life,

paying particular attention to the practical and spiritual needs, and tastes. This is more particularly associated with the woman-owned traditional kitchen hut among the Shona, which is a crucial space for healing. In her guardianship, a woman has a dual role in her marital family. She is in charge of a traditional kitchen hut which provides social, psychological, medical and religious services to her marital family. Inside the kitchen hut there is a sacred place called *chikwva* (raised earthen platform) which happens to be the abode of family ancestral spirits. Hence, the woman serves as a guardian of her marital family's guardians.

In Zimbabwe, just like in other places in Africa, the traditional kitchen hut is archetypally a round construction with a cone-shaped roof. The comprehension and explication of the Shona traditional kitchen hut architecture possibly involves the simultaneous understanding of two things: the nature of the architectural artifacts themselves and the many forces that lie behind their production. The first is concerned with morphology of the traditional kitchen utensils, and secondly, how its elements determine factors of identity in traditional healing. Roundness is a pragmatic expression of the philosophy of communalism and the complementary nature of the Shona society in healing. Healing is a communal responsibility. Community is the predominant root-metaphor in African views on sickness and well-being (Saayman, 1994). The African is groomed by the community, so his/her health and well-being are conceived to be inside the community.

Then the cone-shaped roof which is perhaps one of the most important identifying characteristics of Shona traditional hut architecture. The roof has a round base and a focal point of a peak top, perhaps persuading an interpreter to draw some symbolisms. This is because most of the Shona gatherings, for example, when they visit a sick person, take place in rounds around a focal point. So the approach toward the second factor is centered on symbolisms. The total significance of a symbol may be obtained only from a consideration of how it is interpreted in every one of the ritual contexts in which it appears, for instance, with regard to its role in the total ritual system. To obtain this knowledge, one has to examine the ritual in close detail and from several standpoints (Turner, 1981: 2). An in-depth study of utensils, tools, the spaces and activities of the house was done to understand women and traditional healing (Saif-Ul-Haq, 1994: 61). They serve as traditional healing paraphernalia. In some situations, the idea of representation was quite potent in the study.

SOME DYNAMICS OF TRADITIONAL HEALING MANAGEMENT

Traditional healing among the Shona covers a broad spectrum of issues regarding the people's health and well-being. The practices to be exposed are not necessarily new but have been observed since the immemorial past. They show that in traditional healing, the Shona women are very pragmatic and proactive. Because culture is dynamic, it is not surprising to note some fusion of indigenous customs and traditions with modernity.

THE CENTRALITY OF THE HUT AND THE ATTENDANT UTENSILS/OBJECTS

A focus on what is found inside the kitchen hut is quite imperative in the construction of the Shona woman and the traditional healing narrative. One thing which makes the traditional kitchen hut unique is its fire place. As one enters the kitchen, it is easy to notice the open heathen fire place (*choto*) located at the center of the hut. The fire place is characterized by the presence of three stones or steel tripod on which to rest earthenware or cooking utensils. It is this fireplace which makes the kitchen hut a 'fundamental sacred traditional healing space'; it leads an African into the profoundest treasures of Shona culture and the most secret rites (Kriel, 1989: 14). Important family and personal healing rituals are successfully conducted at the fire place by women. An angry mother can use *choto* to effect punishment on her child whenever she feels that the child has either become wayward or is neglecting to take care of her materially and emotionally. She will simply kneel down near the *choto*, take out her breast pointing to the *choto* and then proceeds to make a cursory utterance. The vengeance can only be pacified after payment of restitution. This shows a sacred connection between a woman and *choto*. Depending on the situation, women can perform certain rites which result in illness as an expression of their power over their children.

Preparing food and serving it to the sick is largely a feminine task and is gendered as such. In Shona societies, manufactured utility utensils like clay pots occasionally acquire ritual significance, and the clay pot is a good example. Any type of conceivable medicine is prepared in it. They are also used to prepare food and drink which is essential for the welfare of patients. But the cooking, brewing and burning is done by women. Though there are so many types of clay pots, the following are some of

the most common ones in contemporary times. There is a *pfuko* used for serving and drinking traditional beer, or the sweet unfermented sweet beer known as *mahewu*. *Mahewu* is ideal for those suffering from a sore throat having difficulties in swallowing solid foods. *Gate* is a large pot used in the fermentation process of brewing traditional beer (Ellert, 2002: 52). Beer has so many functions which point to healing especially illness which is spirit related. Among the Shona, traditional beer is regarded as an emollient in healing rituals, particularly when dealing with sickness caused by the spirits. The use of traditional beer is believed to have the capacity to attract the attention of the ancestors to whom the ritual is offered. For relish, the Shona women use a *badyana* to cook *mufushwa une dovi* (dried vegetables mixed with peanut butter), *mutisine* (black jack) and *derere* (okra) all which have medicinal attributes in them. There is another clay pot called *chikari* at most homesteads, its name is derived from its small size, it is conveniently used for cooking thin porridge (*usvusvu*) for bed ridden patients and for boiling herbs. Lastly is *mbia*, which is shaped more like a dish and has no neck at all. It is mostly used to store burnt medicine which is used for incisions. It also stores ritualized water used to sprinkle on patients or on objects to ward off evil spirits. All these clay pots come in handy directly or indirectly in women's traditional healing rituals.

Mostly, cooking in traditional healing is done using a *mugoti* (cooking stick). Just like *mutsvairo*, (broom), *mugoti* is a woman's sacred object which must not be shared in the community. Tendai (2018) a sacred specialist deals with social problems in marriage, impotence and unemployment just to mention a few, and she uses *mugoti* to deal with these problems because it has some mystical powers. A bewitched person can be cured either by jumping a *mugoti* or by being beaten by a *mugoti*. Secret incisions cut by witches can be removed if *mugoti* is dipped into the water to be used for bathing by the victim. If a man abandons his family, the wife will approach a traditional healer with a *mugoti* which she used to cook *sadza* for her husband. The traditional healer will then medicate or perform some rituals on the *mugoti* and that intervention is believed to have an instant effect on the husband who will suddenly awaken to the realization that he must urgently return to his wife. Tendai (2018) also reiterated that *mugoti* should be always clean of the *sadza* smeared on it after cooking. This is because during the night, witches capitalize on the dirtiness of *mugoti* to bewitch the targeted members. Also, goblins feed on the *sadza* left smeared on *mugoti*. So it is difficult to do away with evil

spirits affecting a family where a *mugoti* is always left unclean. Because of its sacredness, it is not easy to find a disused *mugoti* dumped at family rubbish sites. In the event where some witches fall while they are flying on winnowing baskets, the cause of their falling is that they would have flown over a *mugoti* unknowingly.

BOTA RESHUPA (HERBAL PORRIDGE)

Bota reshupa (herbal porridge) is one of the most important indigenous herbal foods among the Shona. Muyambo (2019) conducted research on *bota reshupa* (herbal porridge) in Chipinge area and found out that Ndaу women are the custodians of this herbal porridge. *Bota reshupa* is mostly reserved for babies in places like Buhera so it is popularly known as *shupa yemwana*. The manner in which it is prepared and administered makes it herbal food. Ingredients of *shupa* are a mixture of mealie meal from grains like maize, *rapoko*, sorghum and millet, water and herbs from tree roots, barks, leaves and fruits. The herbal solution is then placed in a container like a calabash or *chigubhu* (an empty 2 liter container of Mazoe beverage) left for at least 24 hours to ferment (*kuvidza*). Once it has fermented, it produces some medicinal herb scent/smell. The fermented stuff is then poured into a pot and heated on fire. When it is ready for consumption, usually it is the nursing mother who administers it to her baby or the paternal grandmother administers it to her grandchild. The porridge has some medicinal values. It ensures that children grow up healthy. Their body's immune systems are capable of resisting attacks from diseases and infections (Muyambo, 2019).

If the need arises, *shupa* can also be consumed by grown up siblings and even elders in the family (Muyambo, 2019). When the midwives detect that the fetus is in a wrong position, the pregnant mother will be given some herbal solution prepared with *Acalypha* roots. The infusion is taken by mouth in *shupa* porridge (Gelfand et al., 1993: 162). Besides boosting the children's immune system, it also cures some ailments which attack children. So the elderly, sacred practitioners and experienced mothers can detect the illness affecting the children and prescribe the type of herbs to be added in *bota reshupa*.

One of the commonest types of illnesses affecting babies in rural areas is the depressed fontanel (*chipande*). The child who will be suffering from this condition will be always crying, refuses to feed and at times *unokotsora* (has a dry cough). If the situation persists, the *chipande* can

collapse and the child may eventually die (Muyambo, 2019). Among other herbs, women put Pogonarthria (squarrosa) in *shupa* to treat the suffering infants. For those suffering from constipation, *bota reshupa* (herbal porridge) is mixed with Cyperus (angolensis), *Aloe excels* and *Rumex* are vital for abdominal pains, *Lannea discolor* is well known for treating whooping cough and Ansellia cures diarrhea in infants. This diarrhea is caused by *remukaka* where the infants vomit continuously as well as passing watery and yellowish stools (Muyambo, 2019). Usually, it affects infants during the time when trees shed their leaves. It is also believed that diarrhea develops in infants when a pregnant mother continues suckling her baby. In addition to these herbs in *shupa*, when the child is ill, the mother is expected to abstain from sexual intercourse in order to protect the sick baby.

INDIGENOUS THERAPIES FOR PREGNANT WOMEN

Pregnancy among the Shona people has a sacred significance. A pregnant woman is perceived as a meeting point between the human world and the spiritual world. No matter how modernized or educated a Shona woman is, there is always a religious component in the management of pregnancy. Once she falls pregnant, she is viewed as *murwere* (patient), so she needs healing and tender loving care till the day she delivers (*kupona*). Management of pregnancy needs assistance from specialists like *nyamukuta* (midwives) who are widely conceived to be life givers and life savers.

In contemporary Zimbabwe, the practice of abortion is so rife. It is also important to acknowledge that women are sometimes involved in administering concoctions to facilitate the termination of pregnancies. According to Chauke (2020), who is a specialist in African traditional healing practices in Chipinge, most of the herbs or medicines used to terminate pregnancy are very bitter in taste. Among them are the following, watery liquid from banana plant leaves, boiled *mutamba* roots and also boiled roots of marigold flowers. The medicine is taken in the morning, afternoon and evening and for maximum results, the dosage works well with little or no food. However, traditional midwives view abortion as totally unacceptable because it terminates human life. Mbuya Moga, a traditional healer-cum midwife in Mhondoro, emphasized that her role is to save life. In her view, human life starts at conception, so she has various ways of making sure that life is preserved from prenatal to

natal stages. She revealed that she administers herbs which prevent abortion even to those who come to her home seeking for abortion services. She explained that she cooks porridge, and adds powder from roots of *Pellaea (calomelanos)* plant for her clients to eat. According to Mbuya Moga, these herbs strengthen the pregnancy such that any attempt to abort would fail. Such rites are called *kutsigisa nbumbu* (strengthen the pregnancy). Some female traditional practitioners prescribe the use of a ritualized cloth or a belt which is wrapped around the waist or abdomen. The charm prevents the termination of the pregnancy. It also guards against evil spirits which attack pregnant mothers to cause abortion. Pregnant mothers are also given medicines prepared from anthills to deal with bad dreams, and a patient who has been exorcised drinks a medicinal solution which contains scraps of a root found inside a large termite (Kriel, 1989: 41). Physical herbs like elephant dung or goats' manure are all used for healing a pregnant mother. In some cases, the midwives use metaphors like *mburu* (calf) to refer to the fetus as a euphemism to guard against any evil doers knowing about the pregnancy, especially in the early stages of the pregnancy. Among the Shona, it is believed that in the early days of conception, the fetus is much more susceptible to being harmed or being terminated, particularly by those who do works of witchcraft, hence, the need for taking several precautionary measures around pregnant women.

INDIGENOUS REMEDIES FOR MOTHERS AND INFANTS

Another type of healing commonly practiced in Buhera which is done when the pregnant mother has just finished giving birth is known as *kudura* (confession). It is located within the framework of indigenous philosophy of a taboo system in the Shona society. For instance, if a pregnant mother has had some secret extra marital sexual relationships, the unchaste behavior will be openly known to her marital family when she gives birth. It is believed that the child will refuse to suckle until the mother has confessed to the extra marital sexual relationships which she had during pregnancy. The confession is important for it saves the life of the neonate. One young lady in Buhera in 2018, whose newly born baby had refused to suckle, confessed that her former boyfriend had fondled her breast when she was pregnant. Soon after the confession, the baby suckled its mother's milk. For the Shona people in Buhera, this act of fondling a pregnant married woman's breast is an out of bounds act which angers the spirits of the fetus in the womb. It is, therefore, believed

that being fondled by one who is not the baby's father contaminated or corrupted the milk. Hence, the mother's confession is a rite of purifying the spoiled milk. The breast serves to sustain the life of a baby who is an innocent creature which is strongly connected to the ancestral world. So the spiritual world sets some taboos which are meant to keep such body parts revered because of their roles.

There is some traditional healing connected to lactation. When a breastfeeding baby falls ill, the popular belief attributes the illness to the mother's behavior in the form of witchcraft activities or an adulterous relationship. In an interview with Baba Tembedzeni (2020),¹ a traditionalist, I was informed that there are some women who are not comfortable to have sexual intercourse with their husbands as long as they are breastfeeding because they are afraid that if the husband has extra marital affairs, his body fluids can have a harmful effect on the baby. On the contrary, Mai Mhodzi (2020) explained that a couple can have sexual intercourse even during the period when the wife is breastfeeding. She, however, emphasized that it is not allowed to have sexual intercourse when the child is not feeling well because the husband's sperms can contaminate the mother's milk, which can negatively affect the baby's healing potential. Furthermore, among the Shona, they also uphold the belief that the sperms of a man who is not the child's father are extremely harmful to the baby, hence, a pregnant woman or a lactating mother must not engage in sexual intercourse with a man who is not the baby's father.

Neonates are understood to be vulnerable, so the mothers and the elderly administer traditional healing to prevent the babies from falling ill, or even to cure the illness. One way to protect neonates is by using charms popularly known as *mutimwe* and *mazango*. They are ritualized charms tied around neonates' necks, waists and wrists. A *mutimwe* is usually prepared by the mother or grandmother. It acts as a protective element, especially when the child interacts with other children either on public transport or at gatherings. But the same *mutimwe* when used by sexually active women assumes a different role. It can be used as a sexual stimulant, when women tie it around their waists. It is believed that the *mutimwe* ensures maximum sexual pleasure to men.

Nursing mothers also do what is known as *kutsengura* which is a Shona ritual in which a mother chews some indigenous herbal concoctions and

¹ For confidentiality purposes, all the names used for interview participants are pseudonyms.

applies them on the genital organs of the newly born infant in order to scale down the sexual drive of the child later in life. Another cultural method is that the mother squeezes drops of her breast milk and rubs it on the infant's genital organs. The later ritual must be cautiously applied to avoid the mother's teat getting in contact with the baby's genital organs during the process. It is believed that if such rituals are properly administered, they help in controlling the erotic desires of a person in later life experiences (Maposa & Humbe, 2012). The rationale behind these rites is to promote chaste behavior. According to Amenga-Etogo (2014: 256), in Africa, chastity is a feminine virtue, 'a woman palaver'. The whole life of a woman should be marked by chaste behavior, starting from the formative years of adolescence, marriage, widowhood and old age. Chastity makes a woman to be endowed with traditional concepts of decorum, modesty, self-service and dignity in all spheres of life. In some contexts, the parents of a girl who maintains her virginity until she gets married are rewarded with a beast called *mombe yechimanda*, it is a token of appreciation to acknowledge their role in ensuring that their daughter remained chaste till marriage. Among the Korekore, the use of *runyoka* (fencing off a married woman against stray men) is a common practice. In this light, argue that Africans have *runyoka* whose thrust is to promote morality. There are moments when widows are obliged to observe some sexual taboos especially before the *kurova guva* (bringing back/domesticating the spirit of the dead) ceremony has been performed. Breaking the taboo is called *kupisa guva* (burning the grave), which implies disrespecting/dishonoring the deceased's spirit, and it is met with some punitive measures from the spiritual world.

OTHER FEMININE DOMESTIC ITEMS AND THEIR SPIRITUAL SIGNIFICANCE

Within Shona homes, a reed mat (*bonde*) is one of the women's most important possessions. It is spread on the floor to provide comfort for sick people to lie on it. The reed mat among the Shona has spiritual significance. It is made of reeds which normally grow in rivers. In the Shona traditional worldview, reeds are used to ward off evil spirits. It also protects the homestead from being struck by lightning and it also safeguards the family against any form of spiritual harm. Women sacred specialists use reeds to heal those attacked by bad spirits. So its use in these and other rituals is meant to repel evil.

Before commoditization of the dead through funeral insurance policies, a corpse was buried wrapped in a reed mat. In some rural areas, the practice is still common because of the scarcity of resources. Although with the encroaching of western and modern values, coffins are now being used to encase the dead bodies, however, in the kitchen, the coffin is placed on a reed mat. The procedure of burying a corpse is that a reed mat is spread in the grave before the coffin is lowered. During the *kurova gura* ceremony, the conferment of the name for the deceased men's ritual is performed while the elder son is seated on a reed mat.

It is also common knowledge that sexuality issues cannot be discussed openly among the Shona because of the cultural restrictions. Yet, if effective communication has to be done, the message must be transmitted in the local Shona language for the mother tongue is outstanding in terms of sensitivity and intelligibility. For instance, the Shona word for sexual intercourse is very vulgar and cannot be pronounced in public, therefore it should be avoided. However, there are other neutral words that still have the same meaning as sexual intercourse like *bonde* which denotes sharing the marital bed. Since the *bonde* (reed mat) was the one spread on the floor to cover the ground upon which the couple would sleep in the traditional society before the adoption of modern beds, the term *bonde* has therefore been adopted to euphemistically refer to the sexual intercourse which takes place therein.

While conducting field research, I also observed that every Shona homestead in rural areas has a *mutsvairo* which is regarded as another essential utensil for every woman. In their cleaning schedule, women pay attention first to the outdoor duties. Before sunrise, a woman will already be awake and her first and foremost task is to sweep the yard. It is one of the simplest rites of our Zimbabwean belief system in healing that is taken for granted. While physically, the women will be removing dirt on the yard, they will be symbolically sweeping away the evil of the night. Thus, women provide a service which removes nocturnal footprints which endanger families. In the social politics of the *muroora* (daughter-in-law), her affiliation with the broom is an integral part of the Shona woman's protocol; a symbol of her existence, responsibility, co-operation and desirability; a trait which lingers in the culture, despite all Western feminist propaganda. The sweeping she does signifies enacting spiritual and physical purity for the occupiers of the homestead. So, physical, environmental and spiritual cleanliness marked the beginning of every new day.

Mutsvairo is also used to sprinkle, douse and symbolically remove malevolent spirits which are believed to visit homesteads or attach themselves to various movable properties in the home. This process is known as '*kupumba mweya yetsvina*'. Chimbunde (2018), a sacred practitioner in Masvingo, explained that for better results, when removing malevolent spirits, the *mutsvairo* should be handled by a *muroora* (daughter-in-law) since she is still new to the spiritual entanglements within her husband's family.

When a family member passes on, the relatives sweep out any dirt in the kitchen before rituals of folding the corpse are done. If the deceased died in a hospital, the kitchen where the body will lie in state is swept before the body arrives. The sweeping is done to remove bad spirits which might have been in the house. Sweeping is one of the last rites performed when burying a deceased relative. *Varoora* (daughters-in-law) sweep the path to the grave to ensure that the deceased's way to the spiritual world is cleansed of all evil. After the body is removed from the kitchen, *varoora* will sweep the kitchen hut and the dirt on the floor is thrown in the grave and buried together with the corpse. So, when mourners come back home, they will occupy a ritually clean hut without defilement of the corpse. Hence, *mutsvairo* is the archetype symbol of purity. Then the last ritual act which is performed at the grave on the day the deceased is buried is that, relatives will sweep around the new grave using *mutsvairo* made of stems and leaves of *zumbani* (*lippia javanica*). It is a herbal plant which is believed to have some healing powers as well as having the spiritual effect to ward off evil spirits/forces which might attempt to tamper with the grave. Early in the morning, elderly members of the family will visit the grave to check if there are nocturnal footprints around the grave.

CULTURAL ETHICS AND HEALING: CAREGIVING IN TRADITIONAL HEALING

There is a general belief that if a person on his/her deathbed fails to get the best care from his closest relatives, upon death, his/her spirit will avenge. In Shona conceptions, this leads to *ngozi*. As noted by Hamutyei and Plangger (1996: 223), the Shona people often make use of the proverb: *ngozi nehama hazvisiyani* (the avenging spirit hunts/haunts its relatives). The meaning of this proverb denotes that if a person is wronged by another person with whom one is not related to, he/she will take less offense than in the case of a relative. Because the care

givers want to escape from this *ngozi*, they engage in risky behavioral practices, for example, refraining from wearing gloves so as to pacify the patient. Putting on protective clothing like gloves when giving care to the sick is interpreted as *kusema* (despising/discriminating against) the patient (Maposa & Humbe, 2012). As a result, even if the patient is suffering from an infectious disease which can be transmitted through body fluids such as the HIV related ailments or the most recent global health crisis, the COVID 19/corona virus outbreak, due to these cultural beliefs, some of the care givers will still risk getting infected by avoiding to use personal protective equipment. As a result, most women care givers become susceptible to infection which could have been avoided in the absence of the restrictive and rigid cultural prescriptions.

According to Fissell (2008: 14), if we want to understand both women's involvement in healing and how healing is on occasion gendered, we must focus on bodily care for the sick. In the rural areas, the very long periods of illness that patients experience entail massive amounts of care usually performed by women: as wives, mothers, grandmothers, aunts, sisters and daughters. Women are at the center of care giving in traditional healing. It is therefore prudent that as a nation, we pause to remember all the Zimbabwean women who lost their lives due to care giving in the context of domestic traditional healing. There are countless heroines who administered home-based care for HIV and AIDS patients well before antiretroviral drugs had become readily available in Zimbabwe. Even in the current times where ARVs have become easily accessible, the bulk of care givers for the sick and dying are women and some of them have become infected in the process of caregiving. There are also women who have dedicated their lives as sole care givers to family members living with disabilities. Unfortunately, most of the women responsible for care giving have been pushed into oblivion.

THE USE OF LOVE POTIONS TO TAME MEN

In a marriage setup, it is believed that Shona women have a way of changing their spouses' mindset through use of traditional medicine. In Shona, there are common sayings such as: *unorwara nekuda vakadzi* (he is promiscuous), *unorwara nekeshushe mukadzi* (he is abusive). Victims and their sympathizers see the need to have the unruly behavior of such men healed. The healing is performed secretly by the wives using *mupfuhwira* (love concoction). It is food secretly mixed with some

herbs and given to the husbands for consumption in order to control their behavior. There are so many types of *mupfuhwira* but the ones that are frequently used by the Shona women in Buhera are *mupfuhwira hweurozvi hwejongwe* (cock's brain) and *hwekambwanana* (puppy's brain). Feeding the husband with the cock's brain is believed to have an effect of taming him to behave like what a cock does with its hen, including *kuchengerera* (being possessive of one's wife) while administering the puppy's brain will make the husband passive and sleepy. Hence, when the Shona say that *murume uyu akagadzirwa*, meaning 'this man was doused with a love concoction', they will be referring to the fact that there has been an unusually drastic change in the man's behavior, suggesting that he was tamed by being given a love potion. However, the effectiveness of *mupfuhwira* depends on how the ancestral spirits of the patient react. In some situations, men who have been given *mupfuhwira* die, some become sick developing big bellies, while some suffer from mental illness.

RE-EMPOWERMENT OF WOMEN IN ZIMBABWE

From the findings emerging from the fieldwork conducted for this study, it was revealed that it is also in the rural areas where women's contribution to the health and well-being of Zimbabweans in the past is evidenced today since the women are continuing to follow the healing traditions of their elders. Zimbabweans have a tri-tier health system. They visit the traditional healers, the prophets from 'Churches of the Spirit', and western style hospitals and clinics for health and healing (Machinga, 2011: 2). It is against this background that there is need for Zimbabweans to formally embrace the complementary role of women's traditional healing activities in an already existing three-tier health system. This would ensure that their contribution is fully accredited and supported by the government. This chapter recommends re-empowerment of women which comes through remunerating their indigenous knowledge as a mode of acknowledging their contribution to health and well-being of Zimbabweans.

One of the reasons why women are so key in traditional healing is because, at a tender age, the Shona religio-socio setup places the female child within the context of marriage and its inherent notion of divided allegiance. Although she is an immediate insider of her natal family, she is fundamentally an outsider, so she is an insider-outsider. The traditional

society socializes her in acquiring indigenous domestic knowledge which will help her in her future life as a married woman and at the same time as an aunt in her natal family. Some of the knowledge systems are associated with traditional healing. Upon getting married, the status of a woman in her natal family changes to the 'outsider-insider' because she is partially transferred through exogamous marriage systems to her husband's family and clan. The end result is that a woman is an apprentice of two families with different contexts. She therefore becomes a knowledgeable product in traditional healing.

Mostly, when women engage in healing activities, they are clad in a waist wraparound (*chijari/zambia*) and head wrap. This is the general attire appreciated in the rural communities for every woman. Besides serving as protective clothing in care giving and traditional healing chores, the attire transmits an image of a dignified woman, who is respectful of the life she is saving and the ancestral spirits whom she houses in her traditional kitchen hut. By so doing, women and their traditional healing practices become a rich repository of our country's national heritage. When examining the theme of Shona women and traditional healing, the Zimbabwean identity as an African people can be meaningfully portrayed through the following: firstly is the idea of a traditional kitchen hut. It has survived colonial pressures and western hegemony. The Zimbabwean government through its various ministries has revived the importance of the traditional kitchen hut by making it a model of African traditional culture through establishing it in primary and secondary educational institutions. In the tourism sector, the traditional kitchen is also exhibited at the Zimbabwe National Gallery as a typical architectural design of Africanism. The kitchen hut provides an ideology for indigenous people both in Zimbabwe and in diaspora to have a 'living identity' represented. There is also a code of dressing which is branded as African attire and it has pictures of the traditional kitchen hut, *choto*, clay pots and calabashes. It is worn at fashion fares, weddings and many other occasions which celebrate the traditional identity of the Zimbabwean people. Even in African Christianity, several church buildings have been constructed using the traditional kitchen hut design. It is common to see cakes designed along the traditional kitchen hut shape. What is missing is to conscientise the nation that the kitchen hut is the symbolic cathedral of African traditional healing superintended by women.

In many pictorial art forms, Shona women are seen carrying babies on their backs with a hoe in their hands walking toward bushy areas. Their

traditional healing makes up a part of the national treasure of Zimbabweans composed of a collection of beliefs and values, tools, general and local knowledge. Various experiences in post-colonial Zimbabwe have shown that the indigenous healing is in no way in opposition or contrary to common knowledge, but rather is a kind of complement to it because when it is being administered it is so natural. In fact it is 'lived healing'. They are aware that a person is regarded as both a physical and spiritual being. This then makes traditional healing mainly based on the habits, standards and behaviors existing in each society. In this light, the country's public health policies should invest in conducting research which aims at promoting and supporting gendered traditional healing. This is because in traditional healing, priority is also given to the cultural status of the society.

CONCLUSION

Women play substantial roles in healing in post-colonial Zimbabwe. Though their healing is done with patriarchal blessings, they have been undercounted in studies that rely upon occupational labels, but when we look at caregiving and bodywork, we can see women providing a broad range of services (Fissell, 2008: 1). In the context of domestic healing settings, they are basically responsible for the health and well-being of their communities (Muyambo, 2019: 177). This is testified in the beliefs, values, tools and local knowledge on traditional healing. Various experiences in post-colonial Zimbabwe have shown that the indigenous healing systems are in no way in opposition or contrary to scientific common knowledge, but rather is a kind of complement to it. Healing conducted by women also propels empowerment in their social status and confirms their leadership status.

REFERENCES

- Amenga-Etogo, R. M. (2014). *Trajectories of Religion in Africa*. Editions Rodopi.
- Awolalu, J. A. (1976). What Is African Traditional Religion? *Studies in Comparative Religion*, 10(2), 2–10.
- Ellert, H. (2002). *The Traditional Art of Zimbabwe*. CBC Publishing.
- Fissell, M. E. (2008). Introduction: Women, Health, and Healing in Early Modern Europe. *Bulletin of the History of Medicine*, 82(1), Special Issue: *Women, Health, and Healing in Early Modern Europe*, pp. 1–17.
- Fredericks, B. (2010). Reempowering Ourselves: Australian Aboriginal Women. *Signs*, 35(3), 545–550.
- Gelfand, M., Mavi, S., & Drummond, R. B. (1993). *The Traditional Practitioner in Zimbabwe. His Principles of Practice and Pharmacopoeia*. Mambo Press.
- Haardt, M. (2010). Making Sense of Sacred Space in the City? In *Exploring the Postsecular: The Religious, The Political and The Urban*. BRILL.
- Hamutyinei, M. A., & Plangger, A. (1996). *Tsumo-Shumo*. Mambo Press.
- Kriel, A. (1989). *Roots of African Thought 2 Sources of Power*. University of South Africa.
- Maghsudi, M. (2007). The Native Women Healers of Turkmen-Sahra in Iran. *Iran & the Caucasus*, 11(1), 1–9.
- Machinga, M. (2011). Religion, Health, and Healing in the Traditional Shona Culture. *Practical Matters*, 4, Emory University.
- Maposa, R. S., & Humbe, B. P. (2012). *Indigenous Religion and HIV and AIDS Management in Zimbabwe: An African Perspective*. LAP Lambert Academic.
- Mbiti, J. S. (1999). *African Religions and Philosophy*. Heinemann.
- Moto-Sanchez, M. M. (2016). Jizo, Healing, Rituals, and Women in Japan. *Japanese Journal of Religious Studies*, 43(2), 307–331.
- Muyambo, T. (2019). Indigenous Knowledge Systems of the Ndaou People of Manicaland Province on Zimbabwe: A Case Study of Bota Reshupa. Submitted in accordance with the requirements for the degree of Doctor of Philosophy in the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal.
- Pongweni, J. C. (1996). *Shona Praise Poetry as Role Negotiation: The Battles of Clans and Sexes*. Mambo Press.
- Saayman, W. (1994). Containing AIDS: Community and Closed Relationships. In C. V. Vicencio, J. W. Gruchy & D. Philip (Eds.), *Doing Ethics in Context, South African Perspective*. Juta Co.
- Sabe, Z. S., Tinashe, D., & Caroline, S. (2017). The Use of Traditional Medicine in Maternity Care Among African Women in Africa and the Diaspora: A Systematic Review. *BMC Complementary and Alternative Medicine*, 17, 1–16.
- Saif-Ul-Haq. (1994). Architecture Within the Folk Tradition: A Representation from Bangladesh. *Traditional Dwellings and Settlements Review*, 5(2), 61–71.

- Shoko, T. (2007). *Karanga Indigenous Religion in Zimbabwe: Health and Well-Being*. Ashgate Publishing Limited.
- Turner, V. W. (1981). *The Drums of Affliction a Study of Religious processes among the Ndembu of Zambia*. African Institute in association with Hutchins University Library for Africa.
- Wood, F. E. (2013). Sacred Healing and Wholeness in Africa and the Americas. *Journal of Africana Religions*, 1(3), 376–383.

INTERVIEWS

- Baba Tembedzeni. *Personal Interview*. Birchenough Bridge. 15 January 2020.
- Chauke V. *Personal Interview*. Chipinge. 18 February 2020.
- Chimbunde V. *Personal Interview*. Masvingo. 17 August 2018.
- Mai Mhodzi. *Personal Interview*. Masvingo. 20 January 2020.
- Tendai. *Personal Interview*. Harare. 4 February 2018.