

Health and Practice in Traditional Africa: Rethinking the Efficacy of IKS among the Zimbabwean Vatsonga

Chauke OR^a, Balotyi T^b, Mapindani A^c, Chauke WS^d, Motlhaka HA^e

^{a,b,c}University of Limpopo, School of Languages and Communications, Department of Languages,

^{d,e}School of Education, Department of Language Education

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Abstract: Indigenous knowledge systems are a body of knowledge, or bodies of knowledge of the indigenous people of particular geographical areas that they have survived on for a very long time. It is a theory founded by African scholars with the perspective that Africans are people who were created with knowledge that does not come from today's education. It plays a pivotal role in Africa as well as the whole world. Indigenous knowledge systems manifest themselves through different dimensions. Among these are agriculture, security, education, health, zoology, craft skills and linguistics. This essay will examine the significance of Indigenous knowledge system in relation to health among the Zimbabwean Vatsonga.

Keywords: African indigenous knowledge systems, Vatsonga, taboo, health, culture.

1. Introduction

Makinde and Shorunke (2013) define indigenous knowledge system as the knowledge unique to a specific group or culture and is usually based on decision making at local level about agriculture, health care, food preparation, education, natural resource management, and a host of other activities in rural communities. In this case, only the people of a particular culture will understand indigenous knowledge system within their culture. Warren (1991) also defines indigenous knowledge system as the body of knowledge of a group of people in the same geographical area. Indigenous knowledge systems in emerging economies in general and rural Africa in particular have historically been considered one of the most valuable assets rural people own but also the least mobilised for developing rural communities. Indigenous knowledge or "rural people's knowledge" include beliefs, rituals and perceptions, ways of learning, local technology, stocks of knowledge and the practices of acquiring and transmitting it (Chambers, 1991:83).

The term health is a broad term that can be defined differently from different point of views. Generally, health refers to the absence of sickness in the body. Thus, even if a person becomes sick somehow, the body will still have the ability to fight against that particular disease. According to the World Health Organization (2003), health is defined as physical, mental, and social wellbeing, and as a resource for living a full life. It refers not only to the absence of disease or infirmity, but the ability to recover and bounce back from illness and other problems. The wellbeing consists, thus, not only of physical aspects but also psychological and social facets. This shows that as we look on health we should not only look on the physical status only, but we should also look on the mental and social wellbeing hence indigenous knowledge system plays a significance role which are on these health issues. Naidoo and Wills (2003:5) clarify the origin of the term health by pointing out that, the word "health" comes from the old English word for heal (hael) which means "whole", concerning the whole person and the integrity, soundness of that person.

Indigenous knowledge system is important in promoting health through the use of traditional foods. These foods promote health in the sense that they have no side effects. Those who have genetic modified organism related issues are encouraged by the doctors to take traditional foods. The role and efficacy of traditional foods in promoting health is evidenced by the healthy statuses of the elderly people today, whose bodies are stronger than those of the younger generation because of eating traditional foods. Even at hospitals, people who suffer from different chronic diseases like sugar diabetes, cancer, high blood pressure are encouraged to go and take traditional foods such as okra, sorghum, dried vegetables, mealie-meal, honey and millet refined meals. Indigenous fruits also promote health as they give strength to the bones and also help a lot for easy digestion of food. These foods include milk, wild fruit such as *tixangahume*, which are white in colour and have a sour taste. Marecik (2007) and the World Bank (2004) ascertained that traditional vegetables and fruits provide an important daily nutrient intake with respect of vitamins, calcium, iron, zinc, protein, carbohydrates and beta-carotene.

2. Religious ceremonies (Nkelekele)

Indigenous knowledge in promoting primary health is seen through some religious practices. For example, in Xitsonga culture there is a rain making ceremony called "nkelekele". In Xitsonga culture, it is believed that rain is brought through the commissioning of ancestors. It is also believed that if the environment is dirty the ancestors

won't allow rain to fall, hence elderly women tend to wake up early in the morning and collect all dirt in the environment around the whole community. After that they go and burn all the dirt at a nearby stream. This religious practice promotes primary health in the sense that cleaning the environment prevents cholera as well as water pollution. In comparison to contemporary societies, we find that the issue of cleaning campaigns is recommended by organisations like Environmental Management Agency (EMA), and has been adopted by many institutions across the country. It is important to note that the *nkelekele* practice which is now practised in many nations under various domain was started and experienced long back among the Vatsonga culture as an indigenous religious exercise. In addition to that, the current president of Zimbabwe Cde Emmerson Mnangagwa also engage himself with the citizens conducting a cleaning up campaign on the first day of every new month. This shows that, a clean environment plays a pivotal role.

3. Indigenous Knowledge System and medicines

Indigenous knowledge systems present affordable solutions to most of the human health problems currently being faced among the Tsonga people and Africa at large. Treatment of various ailments using traditional medicines has emerged as the most significant health care alternative to modern medical practices. According to the World Health Organization, up to 80% of the world's population depends on traditional medicine for its primary health needs (Shetty, 2010). A decade long economic crisis which sparked the flight of health professionals and decimated the country's health service has driven more Tsonga people towards traditional medicines. Many Zimbabweans, unable to afford expensive private health care, have turned to traditional healers. Many primary health problems like fever, upper respiratory tract infections and gastro-intestinal problems such as diarrhoea, dysentery, worm infestations, hepatitis, anaemia, arthritic conditions, and certain gynecological conditions have been managed at household level through the use of traditional herbal remedies (Nkatazo, 2010). Du Toi (1998) and Marecik (2007) attest that indigenous knowledge of health care is not only accomplished through administration of herbal medicine. Indigenous knowledge on the causes of disease is an important element that could be useful towards the achievement of primary health care needs. The knowledge provides varieties of factors responsible for disease and treatment that involves remedial, protective and preventive care.

4. Prevention of the spread of diseases

Prevention of diseases is another significant role of Indigenous knowledge system through the use of indigenous resources. For example, the Vatsonga people in Chiredzi district burn cow dung (*matoko*) or the leaves of a plant called (*lumanyama*) to prevent mosquitoes from biting them, hence it reduces the rate of being affected by Malaria in such a lowveld area with high temperatures. The use of taboos is another form of indigenous knowledge system

Indigenous knowledge system also plays a significant role in promoting health care through the use of taboos. In Africa, culture is not to be separated from Africans. Mbiti (1969) supports this by saying that you can take an African out of Africa but you cannot take Africa out of an African, hence one can say that culture plays a pivotal role in the life of an African. The use of taboos is another part of indigenous knowing that was passed orally from one generation to the other. In African societies, there is no culture without taboos. In Xitsonga culture, there is a taboo which says, *swa yila ku bela mati ematini*, meaning (*it's a taboo to urinate in water*). This taboo promotes health by prohibiting misbehaviors to urinate in a water source. This is done to promote healthy living because if someone drinks that water he/she can be affected by diseases such as bilharzia or cholera. This example illustrates the role of indigenous knowledge system in promoting health among the Vatsonga.

In addition to the above, the use of taboos also promotes health as supported by the taboo which reads, *swa yila ku endlela endleleni thyaka, u ta huma xidlayi endzhaku* (If you excrete on the road, you develop boils on the buttocks. The actual consequence of excreting on the road is that it is unhygienic to do so because pedestrians, especially those who are bare footed may accidentally step on them and thereby risk catching disease-causing bacteria that may be carried in human stools such as cholera bacteria. In addition, small children may play with these stools thereby compromising their health. Tatira (2000) avers that, "*taboos*" are vital in transmitting values on issues pertaining to hygiene...cruelty, precaution and good behavior" on members of society. A people's traditional houses are generally neatly built, decorated, thatched and kept clean hence indigenous knowledge plays a pivotal role in teaching the people good hygienic processes that prevent Africans from being affected by various unhygienic diseases.

Thus, "*swa yila ku kha mati hi xibye xantima*" means "it is taboo to fetch water with a pot that has been blackened with soot from the fireplace". People feel obliged to avoid using sooty black pots to fetch water. It is important to note that this taboo discourages people from using pots that are blackened by soot from the fireplace. This taboo covers other water sources such as rivers, dams, and pools. Aschwanden (1989) sees it this way:

Pools, springs and swamps sustain the life of the rivers and they give the vital water. Therefore, such places are regarded as an origin of the fertility of nature. Also, they safeguard human life and are thus to be especially respected as sacred places.

In Xitsonga culture, taboos also play a pivotal role in promoting health. There is a taboo which states that, “*swa yila ku dya swakudya swa hlovo ku nga si pahliwa u nga ta dyiwa hi tinghala*”, meaning it is a taboo to eat the subsistence crops before rituals are performed, you will be eaten by the lions. This taboo promotes health as it prevents people especially children from being affected by gallbladder diseases as well as malaria. In all countries where Xitsonga language is spoken, that is South Africa, Zimbabwe, Mozambique and Swaziland, they consider these taboos with great caution. Thus, even the wild fruits like *marhula*, it's a taboo to eat them before rituals of giving thanks to the ancestors are performed. In this case, indigenous knowledge systems play a vital role as this prevents people from diseases like malaria. Children especially boys are the ones who go to the bush herding cattle, and because of these taboos, they won't misbehave as they fear to be devoured by the lions. Thus, one can plausibly say that indigenous knowledge systems play a significant role in educating as well as promoting primary health care among the Tsonga people.

Taboos form an integral part of the African people's morality. Environmental taboos have a pivotal moral role toward the ontological wellbeing of both the individual person and the environment at large. Taboos also play a significance role in upholding social issues in promoting health care. There is a taboo that says, “*swa yila ku endla masangu ni ntswedanyi*” meaning it is a taboo to have sexual intercourse with a woman who has recently given birth. This taboo promotes primary health care for the baby by preventing the baby from bacterial infection. The health of the mother is also taken into consideration since she must recover and regain strength first. This buttresses the fact that Tsonga indigenous knowledge system plays a fundamental role in promoting health for the people.

More so, African indigenous knowledge systems also promote health care in curing wounds in the mouth especially for the babies; ailment which is called “*ndzomundzomu*” in Xitsonga language. If a child is affected with a particular problem, an egg is boiled then a York is removed and mixed with salt. After that, that egg is rubbed inside his/her mouth, and after two or three days, the child will be fine. Thus, indigenous knowledge systems play a significant role in promoting primary health care.

In addition to that, African indigenous knowledge systems also promote health especially in arresting the spread of HIV through marriage as an institution. In African culture, polygamy is not a crime. Mazuru and Grand (2010) point out that, in the unfettered struggle against the pandemic, Shona marriage practices have come under the spotlight. These practices have been mainly negatively portrayed and discouraged as potential conduits of HIV/AIDS spreading. It appears to be a deliberate strategy by the western world to discourage Shona marriage practices and encourage those of their own. The Shona people through their culture respected and deified the marriage institution. This was not only common among the Shona alone but among all Africans. Some cultures like the Tsonga culture also have the proverb that reads, “*wanuna i nhwembe loko yi kula ya nava,*” meaning that a man is not forbidden to marry as many wives as he can, thus polygamy promotes primary health care as it reduces the spread of HIV and AIDS in the sense that if a man has many wives, chances of infidelity (whereby a man can leave his wives for other women) are minimized.

Also, among the Shona, a man is permitted to marry as many wives as he can afford, and is expected to remain faithful to all of them. In turn all his wives are also expected to maintain fidelity to him. Nothing should be kept as a secret in the polygamous marriage. All wives are fully recognized and should have equal access to their husband. If a man chooses to marry another wife, he should inform those already married to him about his intention. This means there were no secrets or the privatization of affairs as found in this modern era of ‘small houses’, which is literally having illicit private affairs outside formal marriages. The danger of the ‘one man one wife’ gospel/slogan of the Western Christian church is that; it has led to the mushrooming of ‘small houses’ as men do not want to be seen going against the grain by marrying more than one wife. This is also a common phenomenon in the Western world where men have multiple affairs outside marriage. The Christian Church discourages polygamy especially those with their parentage from Europe, although some indigenous ones like some apostolic sects encourage polygamy. Naturally, women are more than men therefore to cater for all women's sexual needs polygamy should be permitted (Grand and Mazuru, 2010).

However, even if the indigenous knowledge system plays a significant role in promoting health care, they are different factors that hinder the application of this knowledge on people's health issues which include globalization, religion, ignorance and the despise of traditional resources. Nowadays, some African people may regard indigenous knowledge systems as something that is laggard or demonic especially with regard to traditional medicines.

With the advent of modernization and Christianity, the use of indigenous ways can be viewed as something backward or evil. For example, the use of traditional medicines can be regarded as something which is associated with witchcraft and traditional health practitioners have been labelled as witch-doctors. This negative stereotype of the traditional health system dates back to the colonial times when European missionaries introduced the western health care system. People were no longer confident in their own traditional health care system because of the stigma that had been attached to its use. There are various perspectives that exist regarding integration of traditional medicine with the conventional (modern) health system. From a utilitarian point of view, knowledge of traditional herbal medicines can be validated and absorbed into the modern medical system. There are several examples of drugs like Artemisia for malaria and salicylic acid for fever that have been integrated into the conventional (modern) health system (Shetty, 2010). Even if the use of African indigenous knowledge system is taken for granted in some cases but it failed to die despite the racial and colonial onslaught that they have suffered at the hands of Western imperialism and arrogance hence forms of knowledge that have originated locally and naturally (Altieri, 1995:114). As a result, it promotes primary health care to a greater extent.

5. Conclusion

Indigenous knowledge system is important in promoting primary health care through the use of indigenous ways which include traditional foods, medicine, religious practices, taboos, and marriage practices. However, there are certain factors as discussed above that go against the applicability of African indigenous ways of living. However, African indigenous knowledge systems are accessible to nearly everyone, and therefore play key roles in reducing some costs in today's lives.

References

1. Aschwanden, H. (1989). *Karanga Mythology: An Analysis of the Consciousness of the Karanga in Zimbabwe*. Gweru: Mambo Press.
2. Altieri, M.A. (1995). *Agroecology: The Science of Sustainable Agriculture*. 2nd Edition. London: IT Publications.
3. Awofeso N (2005). In: Re-defining 'Health'. Article: Üstün & Jakob. 2005: 83:802 (Available at: http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/print.html, accessed on 1 June 2010).
4. Chambers, R. (1991). *Rural development: Putting the last first*. New York, NY: John Wiley & Sons.
5. Du Toit, B.M. (1998). *Modern folk medicine in South Africa*. South African
6. *Journal of Ethnology*, 21(4), 89-9
7. Grand, N. and Mazuru, M. (2010). *The Small House in the era of HIV/AIDS: the case of the Shona in Zimbabwe*. Unpublished paper.
8. Makinde, S.O. and Shorunke, O. A. (2013). *Article Documentation and Use of Indigenous Knowledge Practitioners of Alternative Health Care*. Oyo. State Nigeria
9. Marecik, N. (2007). *Traditional societies in East Africa use wild plants for different purposes and means to survive*. In H.O. Kay (Ed.), *Promotion of Public Health Care Using African Indigenous Knowledge Systems and Implications for IPRs: Experiences from Southern and Eastern Africa*.
10. ATPS Special Paper Series no. 30. Nairobi: African Technology Policy Studies Network.
11. Mbiti, J.S., (1969). *African religions and philosophy*, Heinemann, London.
12. Naidoo, J. and Wills, J. (2000). *Health promotion: foundations for practice*, 2nd (ed) Bailliere Ti Shetty, P. (2010). *Integrating modern and traditional medicine: Facts and Figures*. Available at: www.scidev.net [Accessed on 3 September 2012]. ndall, Edinburgh.
13. Nkatanzo, L. (2010). *80% of Zimbabweans use traditional medicines: Report*. The Zimbabwean, 11 March, 5
14. Tatira, L. (2000). *Zviera ZvaVaShona*. Gweru: Mambo Press.
15. Warren, D.M (1991). *Using indigenous knowledge in agricultural development*. World Bank Discussion Paper No.127.
16. World Bank Group. (2004). *What is indigenous knowledge?* (Online) Available: <http://www.worldbank.org/afr/ik/basic.htm>.
17. World Health Organization (2003). *WHO definition of Health*. Available: <http://www.who.int/about/definition/en/print.html> [2014, 5, 7].