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The *Zimbabwe Journal of Educational Research* is published tri-annually by the University of Zimbabwe (UZ), Human Resources Research Centre (HRRC).

**ISBN** : 1013-3445

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TRADITIONAL MEDICINE AND TRADITIONAL RELIGION SHOULD BE INCLUDED IN THE SCHOOL CURRICULUM IN ZIMBABWE?

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ABSTRACT
In this study, spirit mediums were interviewed in Mashonaland Central Province and in Harare during the period 2001 to 2007 in an attempt to demystify traditional medical practices in Zimbabwe. This led to the documentation of the hierarchy of spirit mediums, their responsibilities, their training, and the relationship between traditional medicine and traditional religion. In Zimbabwe, the traditional medical practice is under the influence of traditional religion, with practitioners in well defined strata governed by the powers and sources of the spirits that possess the spirit mediums. Training of traditional medical practitioners involves rigorous traditional education similar to apprenticeship systems but without instituted research and development procedures. Spirit mediums suggested that traditional medicine be included in the school curriculum to assist the population appreciate the strengths and weaknesses of traditional medicine as practised in Zimbabwe. They argued that this would put the people in a better position to decide whether to consult traditional healers when the situation demanded. They also revealed a willingness to collaborate with the mainstream medical system researchers to develop traditional medicines for their mutual benefit, but feared that biomedicine might use its powerful research machinery to steal their medicines. Therefore, this researcher poses the question on whether, indeed, traditional medicine and religion should be part of the Zimbabwean school curriculum.

Background
Suppression of traditional religion and traditional medicine by missionaries and colonial governments contributed to the current lack of understanding of the role of traditional medicine in Zimbabwe, as they attempted to replace it with Western medical systems (Sindiga, 1995; Peresuh and Nhundu, 1999). Notwithstanding that, large numbers of African families still consult traditional medical practitioners for their health care needs. Even those who openly despise traditional medicine visit traditional healers secretly (Aquina, 1967; Chavhunduka, 1994), complementing or supplementing biomedicine with traditional medicine (Sindiga, 1995).
There is a resurgence of interest in herbal medicines in developed countries resulting from consumers’ preference for products of natural origin (WHO, 1996). This unprecedented increasing interest has resulted in more than 80% of developing world’s population and about half of the population in industrialised countries depending on traditional medical systems of therapeutics (WHO, 2002; Bodeker and Kronenberg, 2002). Some countries, such as Rwanda and Mali are promoting the development of traditional medicines (Van Puyvelde, L., 1996; Diallo et al., 1996). Many people criticise traditional medical practices as being unhygienic and lacking in efficacy (Shaik and Hatcher, 2005). Some of this criticism is a result of lack of information concerning the nature of traditional medicine and how it works. Notwithstanding the criticisms, large numbers of African families (both rural and urban), consult traditional medical practitioners for their health care needs because traditional medical practitioners know the socio-cultural background of the people and they are highly respected and experienced in their work (Satima et al., 1998). Furthermore, the economic considerations, the distance to be covered in some countries between and western medical facilities, the strength of traditional beliefs, the shortage of modern health professionals in some urban and rural areas, all work in favour of traditional medical practitioners. They explain illness in terms that are familiar to the patient as they are part of the local belief systems and they are culturally appropriate (Satima et al., 1998; Shaik and Hatcher, 2005). The practitioner and the patient are culturally bound and the practitioner has a personal interest and stake in the patient (Waane, 1998).

Traditional medicine, like all medicine, is modern (WHO, 1978). As part of culture, traditional medicine always gets modified with time (Sindiga, 1995). African ethnomedical systems define disease and illness within given social contexts and treatment processes must include discovering the deep-seated causes and ways of preventing recurrence. The causes of disease and illness may be natural or unnatural. Natural diseases may be treated by western medicine or by traditional medicine or by both. Unnatural diseases may be a result of sorcery, witchcraft, spirit disturbances or breaching socio-religious obligations and taboos, especially with regard to the ancestors (Sindiga, 1995, citing Whisson, 1974; IDRC, 1980 and Mbiti, 1969). Such diseases must be referred to traditional healers. The greatest advantage of African traditional medicine has been described as its holistic approach to medical problems and misfortunes, as both organic and psychological attributes of disease and illness are considered together. This contrasts with biomedicine which views disease and illness as physical or mechanical disorders with little or no relationship with a person’s social or religious experience. Thus, it restricts treatment to controlling and eliminating physical symptoms (Sindiga, 1995). Africans move between biomedicine and traditional medicine even for the same illness at the same time depending on what they perceive to be the source of the problem, using the two systems in a
complementary or supplementary way (Sindiga, 1995; citing Janzen, 1978; Fabrega, 1982; Alexander, 1985; Ampofo et. al., 1978; and Nyamwaya, 1981).

Most traditional medical systems use herbal medicines or socio-religion based therapies along with certain behavioural rules promoting healthy diets and habits (WHO, 2000). Some traditional practices include the provision of the means for confession, atonement, restitution into the good graces of the family and tribe, and intercession with the world of the spirits (Ndeti, 1972). Traditional medicines are not easy to quantify and replicate. Their use necessarily involves trust in the healer (Waane, 1998). Thus, coupled with their holistic nature being a key element of the traditional systems, conventional efficacy assessment measures may not be adequate to assess traditional medicines (WHO, 1993; WHO, 2000).

African traditional medicinal practitioners acquire their skills through observation and a long and tedious form of apprenticeship involving intervention of spirits and ethno-socio-curricula activities. As a result, African traditional practices are bound to be ethnocentric. In contrast, the process in biomedicine is standardised and the products are recognisable. Biomedical practitioners acquire the basic skills through an intensive and selective education, specialising in related medical disciplines (Waane, 1998). Thus, the two systems are too wide apart to be directly compared and it is not intended, in this study, to compare the abilities of western-trained practitioners with those of traditional practitioners.

The traditional healer is often accused of being jack of all trades and master of none, having no formal scientific training in modern medical science and using very primitive and backward techniques (Ndeti, 1972). Waane (1998) argues that people who consider the processing of traditional medicines as unhygienic and unscientific do so because they themselves are biased against the methods used. The use of 'crude' methods in traditional medicine may be dictated by the scale of operation and the physical and chemical characteristics of the plant itself, otherwise they are comparable to any used in industrial manufacturing. They are equally clean, hygienic and definitely scientific. Satima, et al. (1998) argue that biomedical health care providers hold views on health that emphasise disease, focusing on the physical body in order to be objective and scientific. The administration of biomedicine is effected orally, by injection, or by topical application, etc., thus, generally the same as traditional medicine which also uses incisions and excisions. In biomedicine, the medical practice and the doctor-patient relationship are very objective and impersonal. Personal interest is only aroused when the patient or the manifestation of the disease attracts attention as being abnormal and, therefore, of scientific interest, and the patient becomes a case (Waane, 1998). Ordinarily, biomedical practitioners are not concerned with the deep-seated causes of physical symptoms to disease. This is an area of
traditional medicine (Sindiga, 1995). Scientific and professional benefits would accrue to biomedicine if it recognised the legitimacy of traditional medicine since the beliefs of traditional medicine figure very much in the inner reality of human life and traditional medical practices possess legitimate knowledge essential to medical science. Therapies and treatments performed by traditional practitioners touch many vital areas which are beyond the imagination of the present medical education and they are wholesome in approach (Ndeti, 1972). Results of research on traditional medicinal plants enrich the biomedical practice and the biomedical practices would benefit further from inclusion of the cultural dimensions (Waane, 1998).

The traditional practitioner and the biomedical practitioner both share the physicochemical approach to the treatment of disease, but the traditional practitioner transcends the limits of the molecular approach into the powerful influences and interplay of an individual with his/her environment. This is important since human beings are constituted of psychic and physical realities which are distinct but not independent (Ndeti, 1972). Traditional medical practices and their underlying beliefs are repositories of empirical observations and insights accumulated over long periods of practical experience. Many of the ancient herbal cures have provided leads and have found rigorous scientific basis in the form of some modern medicines (Mahendra et. al., 1993). The arsenal of the present so-called modern medicine can no longer cope with the many different health problems and the medicines are less and less available (Van Puyvelde, 1996). Traditional medicine can be developed along the same lines that biomedicine has been developed as is being tried in Rwanda and Mali (Van Puyvelde, 1996; Diallo et. al., 1996). Exploitation of African medicinal plants for commercial purposes has been going on for a long time (Raina, 1982; Onayade, et. al., 1996; WHO, 1999). The critics of traditional medicine need to consider how the so-called modern medicine developed to its present levels and devise ways to develop their own cultural practices to desirable higher levels. Since traditional medicines are the first choice for problems such as infertility, epilepsy, psychosomatic troubles, depression and many other ailments in rural and tribal areas of the world, it may be necessary to integrate the modern and traditional medical systems at least in terms of information sharing. The health-seeking behaviour of the people, especially in developing countries calls for bringing all traditional medical healers into the mainstream by providing them with proper training, facilities and back-up for referral. A positive interaction between the two systems has to be harnessed to work for the common goal of improving the health of the people (Shaik and Hatcher, 2005).
Objective

The objective of the study was to explain how traditional medicine is organised in Zimbabwe and document the relationship between traditional medicine and traditional religion, then assess if it is feasible to include them in the Zimbabwean school curriculum.

Research questions

1. How is traditional medicine organised in Zimbabwe?
2. Should it be included in the school curriculum?

Rationale

Some people are sceptical about the value of traditional medicine, probably due to lack of information concerning the way the traditional medical systems operate. A possible way to help the situation might be to document information about traditional medicine and devise ways to disseminate the information.

Delimitation

Seven spirit mediums were interviewed in Chiweshe in Mashonaland Central Province, and three were interviewed in Harare during the period 2001-2007. Chiweshe was chosen because it is richly endowed with spirit mediums. Harare was chosen for its central location as well as having a number of reputable spirit mediums who were potentially capable of contributing to the study.

Methodology

Research design

The nature of the problem demanded that a qualitative paradigm be used, including only the information-rich persons as participants (Nyawaranda, 1999). The topic indicated that facts, opinions and attitudes should be sought from respondents. This is a cultural study that leans heavily on religion. Inevitably, most of what will come out of the study will be based on faith. The participants would be men and women who are knowledgeable in the subject matter notwithstanding their generally low level of formal education. It was, thus, beneficial to start off with unstructured interviews to enable respondents to freely talk about subject matters they are familiar with: themselves and their work. Respondents were allowed freedom to talk about their topic and give their views in their own time. The interviewer asked questions when necessary and probed at the right time. When the interviewee moved freely from one topic to another, the conversation was allowed to flow without interruption. The events in the actual interview depended on the seniority of the interviewee. High ranking respondents, MaGombwe and maSadunhu, for example, spoke freely without need for probing.
Some of the lower ranked respondents required probing and more guidance (Bell, 1993).

The researcher analysed and interpreted the data from each interview before proceeding to interview the next respondent and continue that way until all targeted spirit mediums had been interviewed. After these preliminary interviews, the researcher was in a position to go for depth and specificity. It was then opportune to introduce the focused interview technique with open-ended questions at that stage (Appendix 2). Data from each interview with each respondent were triangulated with data from the preceding interview with that respondent as well as with data from other respondents. Primarily, data were sought from spirit mediums free from the intervention of spirits. However, chances to interview possessed spirit mediums was sought so as to triangulate such data with data obtained when the medium was apparently not possessed. The researcher expected data from possessed spirit mediums in a trans to be free from bias because the spirits generally just give the bare facts (Personal observation).

Sample selection
The nature of the study needed a purposive sample with information-rich participants. The researcher asked a highly respected Chiweshe spirit medium to suggest names of spirit mediums who could contribute information that would help answer the research questions. Lists of practitioners from Chiweshe (11 men and 4 women), and Harare (4 men and 3 women), were compiled. Consultations involving these listed people and some inhabitants of Chiweshe resulted in 4 men and 3 women being interviewed in Chiweshe and 2 men and 2 woman being interviewed in Harare. The seven participants from Chiweshe included Gombwe (2), Sadunhu (2), Tateguru (1), N'anga (1), and Herbalist (1). The four from Harare included Gombwe (1), Tateguru (1), N'anga (1), and Herbalist (1). The final choice of participants was guided by what the respective men and women were deemed to be able to offer. The apparent gender balance was an accidental outcome.

Data collection
The first interviews were completely unstructured as the researcher was trying to find out which sub-topics were important. The researcher encouraged the interviewees to talk about what was of central significance to them as they were the people directly concerned with the topics. This was important as the researcher was trying to find out what was in the interviewees' "heads" so as to be able to measure what they knew, their values and preferences, and their attitudes and beliefs. The minimal control exerted on the interviewees in the preliminary interviews gave them freedom to express their feelings as fully and as spontaneously as they liked. This was important to the researcher as it gave
opportunity to understand the interviewees' attitudes, beliefs, values and preferences since the researcher's knowledge about the subject matter was still vague and unstructured (Moser and Kalton, 1977). The researcher confined himself to seeking elucidation on doubtful points, rephrasing some of the points raised and to general probing. The interviewees appeared very cooperative and allowed the researcher ample time to take notes and answered his questions in a way that satisfied him, apparently without reservation and in a manner that suggested motivation on their part.

As soon as possible after returning home, the researcher studied the interview notes closely, noting all literal statements, non-verbal and paralinguistic communications that had occurred during the interview. He suspended his personal interpretations and entered the world of the interviewee (Hycner, 1985) so as to understand what the interviewee was saying as well as to provide a context for the emergence of specific units of meaning using as much as possible the literal words of the interviewee. Having condensed and crystallised what the interviewee said and listed units of meaning, he put together units that clustered together and then worked at determining themes from the clusters. He examined the clusters of meaning to determine themes which expressed the essence of the clusters and wrote a summary of the interview incorporating the themes enlisted from the data.

The preliminary interview was repeated with all the other interviewees in Chiweshe and Harare, treating the data identically after each interview. When all the identified respondents had taken part in the preliminary interviews, he looked for the themes common to the interviews as well as variations among interviewees. He took the summary of each individual interview to the respective interviewees and conducted a second interview as a check to see if the essence of the first interview had been accurately captured. He conducted the second interview with each of the participants using the structured interview technique which incorporated features of the focused interview in that the content and procedures were organised in advance, but focusing the respondents' subjective responses to a situation in which he/she had been involved and which the researcher had analysed prior to the interview. The researcher used data from the second interview to substantiate or reject themes formulated as a result of the first interview. He encouraged the respondents to reminisce on their experiences and he could introduce more explicit verbal cues (Merton and Kendall, 1946) in an attempt to extract as much information relevant to the research questions as possible.

The questioning technique that the researcher adopted for the second interview was that of open-ended items. He chose the open-ended questions because
their flexibility allowed him to probe so that the respondent could go into more depth or clear some misunderstandings. The technique also allowed him to make a truer assessment of what the respondent really meant. This approach also allows opportunity to lead to unexplained or unanticipated answers which may suggest hitherto unthought-of relationships. Unlike the situation in the first interview, in the second interview the researcher was armed with ideas, meanings and themes developed during the preliminary interviews with all the participants. He used the second and subsequent interviews to triangulate such ideas, meanings and themes.

The questions that guided the researcher during the second interviews appear in appendix 2. As was the case with the first interview, the researcher analysed and interpreted data as soon as possible after each interview, establishing meaning, clusters of meaning, writing a summary of each interview, incorporating the themes that he had enlisted from the data, modifying themes and summaries of the first interview with new data from the second interview, modifying or adding themes as necessary. He established general and unique themes for all the interviews, compared them, looking for themes common to all or most of the interviews as well as individual variations. Themes unique to a single interview or a minority of the interviews were also identified.

The conclusions of such manipulation of data is what is reported as A1 to A13. The researcher did not have a chance to interview any of the spirit mediums whilst they were in a trans by the time he completed the second round of interviews. It was desirable to conduct some of the interviews with spirit mediums in the trans state. He inquired about any chances to do so and the assistants of the different spirit mediums were generous with suggestions regarding the most opportune times as well as how the researcher could fruitfully handle the interviews. Interviewing a spirit medium under trans may be tricky. The interviewer needs to be cautious against annoying the 'possessing spirit'. However, the spirit mediums were equally cooperative whether they were possessed or not and the interviews were equally smooth sailing. There was no evidence of contradiction between what was said under trans and what was said when free. For the Gombwe, being possessed is part of his/her 'normal' life. There were many occasions when it was difficult to figure out if the Gombwe was possessed or not.

In the case of the lower ranks of spirit mediums, one can more easily distinguish between one who is under possession and one who is not. The researcher treated data from possessed mediums similarly to data from 'normal' interviews. He triangulated the sets of data from each respondent and against data from interviews with other respondents. He managed to interview each respondent at least twice in the possessed state and compiled a composite summary of all the
interviews with each respondent to capture the essence of the phenomena under study. Finally, he prepared a composite summary of all the interviews, contextualised the themes and placed them back within the overall contexts from which the themes had emerged.

Due to the complex nature of the backgrounds of the interviewees, it was not possible to interview all spirit mediums in the two provinces because with such interviewees, appointments are not always adhered to because of their busy schedules which in most cases are not humanly planned. It is not uncommon to travel the 160 km from Harare to Centenary only to be told that Sekuru or Ambuya so and so is not available to interview because he/she has had to go to some place on business or is too busy with something else.

Results and discussion of results
Some of the questions and answers are summarised in appendices 1 & 2.

The spirit mediums believe that before the colonial era in Zimbabwe, the African people had a religion with the same principles as are found in the Old Testament. They believed in creation, life after death, the existence of angels, the 10 commandments and reward for proper behaviour before death. The biblical names had their Shona translations. God was known as Murenga or Mwari; Adam as Munhumutapa; Noah as Nohoreka; etc. They say that the spirit mediums are in a hierarchy: (1) Gombwe, (2) Sadunhu or Sadzinza, (3) Tateguru, (4) N'anga, (5) Shave, in decreasing order. The five levels differ in the way they perform their roles in religious and medical matters, depending on the origin and power of the spirit(s) that possesses them as was reported by Kazembe (2007).

1. Gombwe

Gombwe is believed to be a medium of the angel of God, not a spirit of a dead person (Kazembe, 2007). The spirit mediums say that the spirit that possesses the Gombwe is a messenger of God who looks after the state of the world, reports to God and receives and transmits God's wishes to the people. They say that examples of such mediums are Chaminuka, Kaguvi, Dzivaguru, Nehanda, and others. They add that the spirits that possessed these mediums did not belong to the clans of the respective mediums, but to the region. The same spirit can possess and talk on different people and in different regions of the world at the same time but the power of the spirit will be most concentrated on one medium and the spirit will be known by different names based on the languages of the people involved. Whites do not respect this but it is respected in African ethno-religion. They say that in times of hardship, for example illness, God will tell the angel why he unleashed the scourge on to the world and through the medium the angel
will tell people what God wants of them. The spirit mediums believe that Gombwe can plead with God on behalf of people and bring about the disappearance of the problem. As expected of any religious matters, one needs to have the necessary faith to believe the accounts given by these spirit mediums. However, there are people who actually believe and live accordingly, in a manner befitting a religious organisation.

According to the spirit mediums, God will allow people to suffer for a variety of reasons such as breaching socio-religious obligations (for example failure to respect the dead, sacred places, days of holiness; indulgence in promiscuity, disrespectful of elders and the murdered), and taboos (such as having sexual intercourse between relatives or committing suicide, killing sacred animals e.g. pythons, beating up parents especially mothers, intermarriage within clan members, desecrating sacred places). Using the right channels people can ask Gombwe to plead with God on their behalf and get advice on what to do in order to receive forgiveness and reclaim their peace. As an illustration of the benefits people would enjoy if they complied with the teachings of spirit mediums, the Gombwe referred to the differences in the severity of droughts in Chiweshe compared to the rest of the country. The Gombwe's views on the state of traditional medicine and traditional religion in Zimbabwe were that people should respect the religion of their ancestors. They have tried to live according to the religion of foreigners to no avail and they should learn from their failure and go back to their roots. The Gombwe claimed high efficacy of the system's traditional medicine and added that there is need to develop herbal medicines in line with current world trends. They lament that foreigners have come and promised to help in the development of our medical system but they just take what they want and disappear without giving us anything in return. They say there is need for honest people who will help us develop herbal medicines. However, since the efficacy of some of the herbs used depends on the spirits of the health provider, some people might find problems relating to the usefulness of some of the medicines. The Gombwe cited the failure of plants growing at houses and graves compared to the same plants in the wild as an illustration of the unpredictable nature of some of the medicines used in traditional medicine. The differences in success rate between health providers using the same herbal medicines were also cited. All the spirit mediums who were interviewed subscribed to these views regardless of their location and rank. The spirit mediums disregarded critics who claim that some of the successes were based on magic and pointed out to dangers of blaming magic for anything one fails to understand.
2. Sadunhu

The respondents described Sadunhu as the spirit medium of the original leader of a clan. The spirit mediums claim that clans were established when people were still in Guruuswa, Tanganyika, now mainland Tanzania. They were originally twelve but the number later increased as people were further divided through wars and marriages. The maSadunhu look after the general interests of the members of their clans and of the people living within the clans. They communicate with maGombwe and take messages from maGombwe to their people through chiefs who in turn communicate peoples' wishes and requests from chiefs to the Sadunhu. Rapport between the chiefs and Sadunhu used to be the norm but some chiefs try to distance themselves from the Sadunhu for fear of exposure of their wrong doings. The lack of rapport between the spirit mediums and chiefs worries the spirit mediums who blame it on the corrupt tendencies of some of the chiefs. MaGombwe and maSadunhu do not charge clients for their services and live on presents from the people, including the chiefs. The strength of the spiritual powers of the Sadunhu will depend on how strong the original leader of the clan was and on the medium's state of holiness. Laxity in holiness leads to decline of powers or even death of the medium and the spirit chooses another medium. The successor will not necessarily be from the same family as the dead medium. Unlike the case of chieftainship where succession is deliberated on by the living, the successor of a Sadunhu is a prerogative of the spirits.

The maSadunhu who were interviewed acknowledged the hierarchical levels referred to, above, and confirmed their position in the hierarchy. They also shared the views of the Gombwe on traditional medical and traditional religious matters.

3. Tateguru

The spirit of a family's great grandfather on the paternal side is Tateguru and the same term is used for the spirit medium. MaTateguru belong to the third level in the hierarchy of spirit mediums and look after the interests of the families they left behind. They endow their mediums with survival means, usually through herbal medicine. Their spiritual powers emanate from the Sadunhu. Although Tateguru is the spirit of a man, its medium may be either a man or a woman. Closely related to Tateguru are the Sekurus and the Mbuyas (grandfathers and grandmothers, respectively). These possess members of the families they left behind, especially the young ones, and cause suffering through illness and misfortune, so that the living will have to establish the cause and perform the necessary acts to remove the cause. They come back so that the living can help them cleanse themselves of
their wrongs that they committed when they were still alive. Through their mediums they confess of the murders, adulteries, robberies, incest, living with a woman without paying bride price, or complain of the wrongs done to them in life such as plunder of resources by people who might have been known or unknown to them, being made to work without proper remuneration or as a slave, or losing their wife to others or losing their wealth to relatives of the husband, or ill-treatment by the husband or relatives of the husband, or ill-treatment by children.

These spirits of grandparents do not possess their mediums permanently, but disappear when their problems have been solved, usually through restitution which may involve payment of large amounts of wealth to the aggrieved parties. The illness or misfortune which may have played havoc on the spirit medium and his/her relatives disappears, but not before it facilitates learning of dos and don'ts in the family, and other conditions necessary for attainment of normal lives and powers to foretell events.

Foretelling of events is considered necessary for family security. The spirit will work for the well being of the family. All those who take part in the cleansing of the spirit receive rewards commensurate with the part they played. The spirit mediums argue that whites will send a murderer to jail and the murderer will be free after the end of the jail term. Africans contend that sending a murderer to jail does not give anything to the victim. Vengeance still has to follow and cause restitution. They claim that traditional religion contends that when a person dies, the spirit joins those of the ancestors in a state of happiness. In order to join the ancestors in the state of happiness, the dead have to explain whatever they did when they were still alive. They need to explain how they handled their property, the property of the family and that of the neighbours and strangers; how they treated family members, neighbours, and strangers; etc. If their accounts are not satisfactory, they are sent back to correct their mistakes. The spirit of the dead person will possess relatives, causing illness and suffering to gain attention. No medicine can end the illness and suffering. The only cure is restitution, after which, the spirit is allowed to join the company of ancestral spirits (maTateguru), a situation akin to heaven in Christendom. The period of vengeance and restitution is analogous to purgatory in Christendom. All the spirit mediums interviewed in this study concurred on these sentiments.

4. N'anga

The Spirit mediums ranked above N'angas referred to N'angas as the traditional medical herbal experts (Kazembe, 2007). They are the people who handle the day to day herbal matters and they are ranked fourth in the
hierarchy of spirit mediums. They acknowledge that they receive their powers from maGombwe through maSadunhu. The involvement of God in this is not slighted since it is common knowledge to all spirit mediums that the Gombwe can only give what he/she receives from Murenga (God). The spirit mediums at the level of Gombwe claim that with the advent of the cash economy, some of the maGombwe and maSadunhu started charging clients for their services and their spiritual powers declined. At present a few spirit mediums are practising as maGombwe or maSadzinza. Many have been relegated to N’angs. The Gombwe, the Sadunhu and the Tateguru do not use divining gadgets. The spirits possess them and enable them to divine without the use of divining gadgets. They rely on prayer, sacrifice and religious teachings to solve illness and other problems, then refer patients to N’angas for herbal treatment, as if they consider that handling medicines is below them. The N’anga relies on his divining gadgets to be able to perform the required tasks. Besides receiving powers from the Gombwe, the Sadzinza, and the Tateguru, the N’anga also uses powers of maShave. These are spirits which were created to behave like the respective animals whose names they are called by. They are not spirits of the dead animals. These spirits are particularly good for foretelling and explaining illness and disasters. They are said to be able even to increase the efficacy of herbal medicines. The spirit mediums claim that this would explain why some medicines will cure illnesses depending on who prescribed or administered them.

There are good and there are bad mashave. There are ways to cleanse both the medium and the spirit of bad mashave. The spirit mediums claim that the good ones are the equivalent of what are referred to as talents. These include the talent to cure, the talent to hunt, to work, to fight at war, and to lead. The bad ones are what are referred to as the demons and include those for bewitching, prostitution, theft, murder, and lying. Cleansing removes the bad ones and strengthens the good ones. The explanation is that the removal of the bad ones leaves the good ones with freedom to perform, since the activities of the bad ones would interfere with the good ones. The N’anga uses herbal medicines to cleanse. The Gombwe does so through prayer and sacrificial activities and is generally considered more successful at such cleansing activities.

Thus, in Zimbabwe, as is the case in other countries on the African continent, religion and medicine are considered inseparable. Some illnesses are curable through religious considerations and others, through herbal medicine. The ethno-medical experts, the N’angas, rely on whole plant or parts of plant, or on fungi as sources of curative agents, just as biomedicine relies on chemicals derived from plants, or fungi, or synthesis. The spirit mediums believe that this is the area where collaboration with outsiders could be useful.
5. Herbalists

The herbalists are not considered as spirit mediums per se. They are people who have learnt the different herbs through association with the Gombwe, or Sadzinza, or Tateguru, or N'anga, as they help them collect and prepare herbal medicines and perform other duties. They may have been directed into the associations by their own mashave. They do not use divining gadgets but some of them become very powerful herbalists, as a result of their mashave and training efforts (Kazembe, 2007).

The classification of herbalists as spirit mediums or otherwise may be tricky. The maGombwe explained that all people have spirits associated with them. The difference is in what the spirit does or causes the person to do.

6. Herbal responsibilities

In principle an N'anga 'refers' difficult human-induced illnesses to the Gombwe and difficult natural illnesses either to the Gombwe or to Biomedical practices. The Gombwe deals with the problem and refers the patient back to the N'anga. Those referred to the biomedical practices usually voluntarily return to the N'anga when they have finished with the biomedical practitioners. The patients move between biomedicine and traditional medicine even for the same illness at the same time depending on what they perceive to be the source of the problem (Kazembe, 2007; 2009). They use the two systems in a complementary or supplementary way (Sindiga, 1995). The N'anga-patient bond lasts long even after the illness has disappeared. A real N'anga does not claim to have solutions to all problems, but acknowledges the strengths of others. Spirit mediums believe that greed is punished by ancestral spirits who will cause the medium's powers to decline, practices falter and patients stop consulting him/her. The spirit mediums claimed that in the past, the N'anga and the Gombwe could cure most illnesses. It is believed that their success depended on how far they kept rules, and failure resulted in the decline of their powers. They believe that people used to live long because they used to behave according to God's wishes who in turn answered their prayers.

On the diseases which are incurable through biomedicine and traditional medicine, the mediums believe that cooperation between them and the conventional system could solve the problem. A hindrance to such cooperation is the lack of trust on the part of the traditional healers who fear that all benefits would go to biomedicine whilst they would not gain much. All spirit mediums who were interviewed claimed that biomedical personnel have always asked for their secrets and disappeared without giving them anything in return. They lamented the non-availability of people who are
prepared to enter into serious collaboration with them for the benefit of both sides. Collaboration is a natural aspect of a medium’s life. Each one of them has other mediums with whom he/she voluntarily shares the secrets (maSahwira). The biggest fear of the spirit mediums was that biomedicine, with its powerful machinery, would steal their medicines. Hence, dispelling such fears would advance the cause for collaboration.

7. Training

According to the interviewees, one does not choose to be a spirit medium. The choice is made by the spirit. The chosen person then spends many years of apprenticeship under a renowned spirit medium, receiving guidance and cleansing. Success would depend on how well he/she keeps the rules and regulations of the system. The training given to mediums is similar for all ranks. The difference is in the time it takes to complete the course which in turn depends on the powers of the spirit and intervening factors which include interference from competing spirits which must be taken care of in cleansing activities. The powers of the spirit are complemented by those of mashave (Kazembe, 2007; Kazembe and Mashoko, 2008). The medium, in the case of N’anga, has to learn the art of divining using divining gadgets. The potential is already bestowed upon him/her by the spirit. He/she joins an established practitioner for cleansing and apprenticeship which will be as long as it takes to satisfy the mentor. It is believed that the spirit will guide the medium in the choice of the appropriate mentor. The period of apprenticeship is not always spent with the same mentor. The medium might move to another mentor when satisfied that there is no further help obtainable from the current mentor or the current mentor might arrange for mentorship with another practitioner. The apprentice will already be an expert in his/her field by the time the apprenticeship period is over.

8. The way forward

It would appear that the training of spirit mediums results in the maintenance of the status quo. The traditional education system used has no provision for properly structured research and development activities. This may be understandable in the case of the spiritual aspects of the system. These aspects are cultural, and the training in these cultural affairs can be satisfactorily done by traditional education. The herbal aspects require to be treated differently. The spirit mediums realise that it would be desirable to keep the herbal medicines in line with world trends. The health-seeking behaviour of people, especially in developing countries, calls for bringing traditional medical healers into the mainstream by providing them with proper training, facilities, and back-up for referral (Shaik and Hatcher, 2005). This
demands a positive interaction between the mainstream health providers and the traditional medical providers. Modalities would then be worked out to enable the traditional healer to use his/her plant-, animal- and mineral-based medicines, spiritual therapies, manual techniques and exercises to treat, diagnose and prevent illnesses or maintain the well-being of people in an organised manner.

The spirit mediums believe that their therapies show remarkable success in healing acute as well as chronic diseases, and they have a large clientele base because they know the socio-cultural background of the people and they are highly respected and experienced in their work, an argument also subscribed to by Satima et. al. (1998). Tada (2004) reports that it is strongly believed that their various therapies function and heal through their influence on the patient’s immune system. Analysis of the healing protocols at the spirit mediums’ practices and explanations by the mediums would tend to lead to agreement with Tada’s report. There have been counter claims in some cases, for example, concerning traditional healers’ boast of success in the treatment for gynecological problems. Studies by Upchurch and Chyu (2007) would appear to vindicate the spirit mediums’ claims. A positive interaction between all cadres of health providers, academicians, policy makers and researchers has to be harnessed to curb the relationship of rivalry and animosity that is sometimes observed between the traditional healers and the conventional health providers (Tada, 2004).

Spirit mediums interviewed in this study would prefer an amicable coexistence that would promote research and development by both parties. They realise that they must market their services even to the physicians in the mainstream system. They argue that continued ignorance by physicians and scientists about the values of traditional systems risks broadening the communication gap between them and the public. Thus, collaboration with the mainstream personnel would render their services marketable to all people as well as help in the developments of their medicines. They also argue that research finance re-allocation and re-distribution would render traditional systems more cost-effective and the outcomes of the treatments could be more efficacious and reduce the disease burden as a result of more rigorous research.

Today, in the West, there is an overwhelming effort towards integration of alternative medicine with the mainstream allopathic therapeutics (Shaik and Hatcher, 2005). However, spirit mediums believe that total integration might not be the answer since some of the spirits might not agree to work in the “concrete jungles.” This is where the question of introducing traditional medicines and religion in the Zimbabwean school system comes in.

**SHOULD TRADITIONAL MEDICINE AND TRADITIONAL RELIGION BE INCLUDED IN THE SCHOOL CURRICULUM IN ZIMBABWE?**

Spirit mediums said that what is required is for the traditional systems to be given their rightful place. That would be possible if the people understood
how they work and what they stand for. Inclusion of traditional medicine in the school curriculum would be among the best moves towards the objective of assisting people to know how traditional medicine is organised in Zimbabwe. It would assist in the dissemination of information about traditional medical systems.

The spirit mediums wondered why they were not treated similarly to priests of different religions and religious denominations who go to schools to teach students about their religions. They argued that cultural matters, such as traditional religion and traditional medicine, should be taught in schools as subjects so that people would know where they came from and what is expected of them. They surmised that people had misconceptions about the passing of information in families. Many think that parents pass on their knowledge of traditional herbs to some carefully selected children. They said that this inaccurate notion would be corrected if these cultural subjects were taught by appropriately trained teachers at schools. They also said that accurate and useful information about herbs is a preserve of spirits. A person’s knowledge about a herb is not as important as the ability to use it. Knowing that a herb can cure does not necessarily mean that you can use it to cure. You might need the right mashave to handle the herb since mashave may have an effect on the efficacy of a herb.

The spirit mediums were convinced that the problem of many people believing that their practices might not be scientific might be solved if all children were stimulated to become free thinkers and to realise that science is a part of every culture worldwide. They pointed out that science as practised by Africans may hold the answers to some of the intractable problems that western science had created. This agrees with the ideas of Assante (1988) in his arguments that recent discoveries related to energy, gravity, and quarks can be better explained using non-western ideas. The mediums were generally passionate about scientific developments in Africa, arguing that there is a science in Africa; activities and phenomena which call for understanding and explanations occur in Africa just as in other parts of the world. They argued that traditional practitioners should be given room to develop their ideas and openly talk about them. This argument sounded similar to Bajah’s (1980, p.25) who points out that we have traditional thinkers in Africa who also attempt to unfold the truth in nature; similar, too, to Ezebasili (1977, p.87) who argues that both Western and African science have demonstrated their validity through their utility in various situations.

The mediums argued that free dissemination of the attributes of traditional systems would educate people who would eventually become critical thinkers in the subject and take part in the development of the systems, hence, the
need to have traditional religion and traditional medicine taught in schools. That way, knowledgeable people would be developed who would intelligently think and openly develop African ways to internationally respected levels. This, they argued, would help solve problems which cannot be discussed by western science. Issues such as mashura (bad luck), and ngozi (evil avenging spirits), which cannot be explained using western science, might be discussed fruitfully using ideas of traditional science.

In their descriptions of their practices as being holistic, the spirit mediums were in agreement with the ideas of Ogunniyi (1988, p.4), who argues that an African scientist considers the whole of a problem and does not believe it is possible to isolate and control variables in all situations. When a western scientist would search for the causative agent, an African scientist would ask why that person and not another was targeted, in the hopes of preventing a recurrence of the event in the future. Western science does not dwell on why a chance or accident has occurred.

The inclusion of traditional religion and traditional medicine in the school curriculum should be different from having the students parrot the stories concerning spirit mediums and practising traditionalists. Students should be made to understand the science involved. Spirit mediums anticipate a situation when secondary school and tertiary school students will study and understand the science of Africa. They wished for the pooling of the scientific knowledge of all people and regarding them with equal respect to enrich the scientific base of traditional systems in the country. One asked:

How are our children to know about their culture when they, along with the rest of the population, are only presented with stereotyped myths, in hearsay accounts, of the traditional religion and traditional medicine even though these two are the backbone of African culture? There is a case for teaching them the truth, as they grow, at schools and at home so that they become critical thinkers in cultural matters.”

Conclusion

Traditional medicine is organised by a hierarchy of spirit mediums whose powers emanate from the spirits that possess the mediums. There is a strong dependence of traditional medicine on traditional religion and the two are inseparable. Spirits choose the people to be their mediums and the chosen mediums undergo training through traditional education, which needs to be strengthened with structured research and development procedures. Spirit mediums indicated willingness to accept assistance to institute research and development procedures in the development of traditional medicines. Collaboration with the mainstream medical
system would be a useful vehicle for development of the traditional medical system, they said. Modalities to allay the fears of traditional medical practitioners have to be established so that their cooperation on collaborative research on medicines can be gained. The inclusion of traditional medicine in the school curriculum would help the population understand traditional medicine, enable people to make informed choices when they have to, and help people to think freely and critically about traditional systems as a scientific discipline. The only tricky part is how “possession” by the spirits would/could be handled in a classroom or lecture room situation!

The case for inclusion of traditional medicine and traditional religion in the school curriculum in Zimbabwe is, thus, made. Moreover, the government of Zimbabwe is very keen to advance its traditional medicine, spirituality and other traditional African religious practices agenda (Tsiko, S, 2005), and the Ministry of Education Sport, Arts and Culture has recommended the teaching of African Traditional Religion in schools (Marashe, Ndamba and Chireshe, 2009).

Acknowledgements
The author is grateful to all spirit mediums who took part in the study.

References


Appendix 1: First Interviews

Questions asked to spirit mediums

1. Are spirit mediums the same in their powers?
2. Are they organized into some ranks?
3. How would you describe the ranks of the different spirit mediums?
4. Who are these spirits and how did they originate?
5. What are mashave?
6. What is their relationship with the spirits you have talked about, above?
7. Some people think that mashave are demons. What is the truth?
8. Why is it that spirit mediums usually spend time with practicing spirit mediums before they practice on their own?
9. Would it be correct to treat that period as apprenticeship?
10. What really goes on during that period in a new medium’s life?
11. What is spirit cleansing?
12. Where do the bad spirits removed that way go?
13. How does ngozi arise?
14. Can the problem of ngozi be cured?
15. Why is it that some areas of Zimbabwe appear to have more spirit mediums than others?
16. Does a spirit medium require training to perform?
17. Why is it that a spirit medium initially spends time with a practicing medium before he/she goes on his/her own?
18. What is the nature of training given to spirit mediums?
19. How would you compare the training of traditional medical practitioners to that of biomedicine?
20. Do you practice traditional religion and traditional medicine simultaneously?
21. What is the relationship between traditional medicine and traditional religion?
22. Some people accuse traditional medical practitioners of being not scientific. How do you respond to that?
23. How do you prepare your medicines?
24. How would you compare your way of preparation with the way industrialists do?
25. Do you always succeed in curing those who come to you for assistance?
26. At what stage do you refer patients to others?
27. Who do you usually refer patients to?
28. Do the patients come back to you after they have finished with those to whom you refer them?
29. How do you know which remedies to prescribe?
30. What is it that mashave do which ancestral spirits cannot do?
31. Would you explain how division of labour is achieved between ancestral spirits and mashave?
32. If it is not proper to refer to the activities of mashave and ancestral spirits in terms of division of labour, would you give further explanation on how the system works?

Appendix 2: Second Interviews

Summary of Guided (Focused) Interviews

Guided (focused) interview topics around which the interviews were conducted are summarised in Q1 to Q13, and the responses are summarised in A1 to A13, below.

Questions asked to respondents (Q1 to Q13) and summaries of respondents’ answers (A1 to A13) below

Q1. Would you like to talk about the spirit of which you are the medium?

A1. The respondents gave the major spirit and ancillary spirits and then talked about mashave.

Q2. What is the relationship between you and the person whose spirit you are the medium?

A2. /A3. There was no relationship in the case of a Gombwe. The respondent explained that he/she was a descendent of the Sadunhu, Tateguru, sekuru, or mbuya whose spirit he/she was a medium.

Q3. Would you please outline the relationship between Gombwe, Sadunhu, Tateguru, Sekuru, Mbuya?

Q4. What would have happened for a spirit medium who has been operating as a Gombwe to end up being a n’anga?

A4. The general response was that the medium would have failed to behave as expected of a Gombwe and the spirit would desert the medium, living behind ancestral spirits who would then continue with the medium behaving as a n’anga.

Q5. What are the disadvantages of such a change in rank?

A5. ‘The powers of the ancestral spirits would then be much lower than they were when the Gombwe was still with them.'
Q6. What is the nature of spirits known as mashave?
A6. These are spirits created to behave as mashave. They are not spirits of dead people or animals.

Q7. What is the nature of mashave operating on the Gombwe, Sadunhu, Tategure, Sekuru, Mbuya, etc?
A7. The powers of the mashave would reflect the rank of the spirits on the medium.

Q8. What spirits are involved in traditional medicines?
A8/A9. The spirits in traditional religion govern the spirits operating in traditional medicine. It is not easy for a layman to really understand what goes on. All the layman witnesses is the medium performing. Most of the time the medium uses mashave for traditional medical purposes. Ancestral spirits and Gombwe concentrate on traditional religion and direct mashave to concentrate on traditional medicine. But traditional religion and traditional medicine operate together.

Q9. Can you commend on the relationship between traditional religion and traditional medicine?

Q10. Can you discuss the apparent ignorance of people, especially the youth, about traditional medicine and traditional religion?
A10. Priests of different religions and religious denominations go to schools to teach students about their religions. Why are spirit mediums not treated similarly? People are ignorant about their culture. Cultural matters, such as traditional religion and traditional medicine should be taught in schools as subjects so that people would know where they came from and what is expected of them. We realize that we need to open up. That is the reason we have agreed to talk to you. We want people to know about what we do.

Q11. Spirit mediums at the level of Gombwe think that N'angas have let spirit mediums down by charging clients for services. What do you say?
A11. These people have done no harm to mediums, but to themselves. They are missing out on what they were able to do as maGombwe.

Q12. Some N'angas who started off as maGombwe believe that they have not lost anything by opting to change their status. Others do not believe that
the Gombwe is above them in hierarchy. What is your opinion on these issues?

A12. None of the respondents questioned the position of maGombwe in the hierarchy of spirits.

Q13. What are your views about collaboration between traditional healers and western medical personnel?

A13. Noble idea which would help develop both systems. But there is need to be cautious because the western personnel might highjack the proceedings. Total integration might lead to problems. Careful selection of collaboration areas might bear fruit.

Interviews of possessed mediums

The questions in appendix 2 were used as guide to interview possessed mediums. But the interviewees were first told that they were being asked similar questions to those asked to their mediums to forgo boring the interviewees if they realised that they were being asked the same questions they had been asked before. They appeared to understand the need to triangulate the views of the mediums and those of the spirits.
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