INDIGENOUS KNOWLEDGE, BELIEFS AND PRACTICES ON
PREGNANCY AND CHILDBIRTH AMONG THE NDAU PEOPLE OF
ZIMBABWE

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Pietermaritzburg
2017
DECLARATION

As required by University regulations, I hereby state unambiguously that this work has not been presented at any other University or any other institution of higher learning other than the University of KwaZulu-Natal (Pietermaritzburg Campus), and that unless specifically indicated to the contrary within the text, it is my original work.

ahlatywayo

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PhD Candidate

As candidate supervisors, we hereby agree to the submission of this thesis

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Supervisor: Prof. Sarojini Nadar

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Co-Supervisor: Prof. Hassan O. Kaya
ABSTRACT

Framed within a postcolonial indigenous research paradigm, the study used a phenomenological analysis drawing on the case study of the Ndau people of south-eastern Zimbabwe, to explore the contribution of African indigenous knowledge systems on pregnancy and childbirth. The study is based on the argument that currently the dominance of Western knowledge systems, including biomedicine, created a situation that even reproductive beliefs and practices in African local settings tend to be conceptualized from Western ways of knowing and value systems. Limited number of studies have focused on the socio-cultural context of pregnancy and childbirth. People live in diverse cultural and ecological settings which influence their knowledge systems including reproductive social and cultural practices. The case of the Ndau women of south-eastern Zimbabwe reflected the agency and centrality of African women in managing pregnancy and childbirth using their own community-based knowledge systems which are culturally and ecologically relevant, affordable and sustainable.

The research study also advances the theoretical premise that while it is important to acknowledge the power relations in knowledge production and the centrality of African cultural interests in every social practice and analysis, as propagated by the advocates of Afrocentric paradigms including Postcolonial African feminism, it is crucial to recognise that we are living in a poly-epistemic world composed of different and diverse knowledge systems which are supposed to be complementary rather than competitive.

As a contribution to knowledge production, the research brought a new approach to the analysis of the socio-economic and demographic characteristics of the research participants. These have been investigated as statistical variables without looking at their socio-cultural significance to the research community in relation to the research problem. An analysis of the Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth among the Ndau People of Zimbabwe showed that socio-economic and demographic characteristics of the research participants such age groups, marital status, gender, etc. have community-based cultural meanings attached to them.
Research findings also demonstrated the significance of understanding and appreciating the historical impact of colonialism on Ndau indigenous beliefs and practices on pregnancy and childbirth. This led to a critical analysis of Ndau cosmological belief systems before and after colonialism. This was important in creating the basis for re-covering, re-awakening, and re-claiming of Ndau indigenous knowledge, beliefs and practices on pregnancy and childbirth. The findings reflecting the continued use of indigenous modes of managing pregnancy and childbirth despite the medicalisation of antenatal care, demonstrates the need to create a dialogue between biomedical and indigenous models on managing pregnancy and childbirth.

The research demonstrated that the preservation of IKS is critical as it ensures the prolongation of communities and their knowledge systems. The indigenous oral modes of preserving IKS for posterity have been affected by modernisation which is characterised by rural-urban migration and family disintegration resulting in loss of time and space for elders to pass family traditions to the younger generations. In view of such, documentation, archiving, use of information technology and establishment of indigenous knowledge centres (IKCs) were viewed as alternate methods of preserving IK for posterity.

The study recommended more research to be done on indigenous pharmacopoeias, their perceived therapeutic properties and associated rituals on promoting safer health care models for managing pregnancy and childbirth.
DEDICATION

This thesis is dedicated to my loving parents, Aaron Tuyani Mapangisana and Ritah Mapangisana, who have always believed in me. The prayers you untiringly uttered on my behalf and the constant words of encouragement sustained me. Thank you mum and dad!

And to my siblings, Gertrude Tendai, Rosemary, Daniel Farai and Norman Kudzai, whose love, support and encouragement gave me the strength to persevere during the course of the study.

The dedication is also extended to all the N'dau women who still endeavour to keep the flame of their N'dau indigeneity alive! For indeed, a people without indigenous knowledge is like a tree without roots!
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A special thanks goes to my supervisors, Professor Sarojini Nadar and Professor Hassan Kaya whose critical insights and clear guidance helped in shaping the thesis. Kemist Shumba, thank you for proof-reading my work. I also express my gratitude to all the lecturers in the School of Religion, Philosophy and Classics for shaping my academic journey. I also acknowledge Professor Beverley Gail Haddad, with whom I began the doctoral journey, though for a short period, and for igniting in me the interest in gender studies, thank you Prof. Bev!

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# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>AIKS</td>
<td>African Indigenous Knowledge Systems</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Health Care</td>
</tr>
<tr>
<td>ATR</td>
<td>African Traditional Religion</td>
</tr>
<tr>
<td>CIDA</td>
<td>Canadian International Development Agency</td>
</tr>
<tr>
<td>CODESRIA</td>
<td>Council for the Development of Social Science Research in Africa</td>
</tr>
<tr>
<td>DIL</td>
<td>Daughter(s) in-Law</td>
</tr>
<tr>
<td>FDGs</td>
<td>Focus Group Discussion(s)</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno Virus</td>
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<tr>
<td>IK</td>
<td>Indigenous Knowledge</td>
</tr>
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<td>IKCs</td>
<td>Indigenous Knowledge Centres</td>
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<td>IKS</td>
<td>Indigenous Knowledge Systems</td>
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<tr>
<td>MIL</td>
<td>Mother(s)-in-Law</td>
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<tr>
<td>TBA</td>
<td>Traditional Birth Attendant(s)</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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CHAPTER ONE
Introducing the study

1.1 Introduction
Pregnancy and childbirth are socially constructed events marking an important period in the lives of African women as they contribute to the continued existence of humankind. These two processes herald the beginning of a new life; the husband and wife are reproduced through their offspring and the living dead are reincarnated. As such, the period of pregnancy through to childbirth is marked by a myriad of beliefs and practices meant to preserve both the pregnant woman and the foetus. During this period of pregnancy through to childbirth, the pregnant woman is believed to be oscillating between life and death hence indigenous management models are put in place to protect the mother and to ensure the safe delivery of the child.

Through Ndua women’s lived experiences, this study sought to explore Ndau indigenous beliefs and practices informing the period of pregnancy through to childbirth. The prime objective of the study was to explore the household and community methods used for the production, management and preservation of these indigenous beliefs and practices for the management of pregnancy and childbirth among the Ndau of south-eastern Zimbabwe. Have these indigenous ways of pregnancy and childbirth been preserved for posterity? Have they been passed down from one generation to another in an era where families are disconnected due to socio-economic and political factors resulting in limited time for interaction? Therefore, this thesis sought to explore these questions in-depth.

As a contribution to both the literature in the field, but also beyond the academy, the study sought to convert the intangible knowledge gathered from the study into tangible knowledge as a way of contributing to the preservation for posterity, the Ndau indigenous knowledge.

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Intangible knowledge according to Nonaka and Takechi\(^3\) refers to personal knowledge generated through individual experiences and is embedded within people’s culture and traditions within their communities. Ocholla\(^4\) defines tangible knowledge as the recorded, documented or codified knowledge that is conveyed through formal language which might be in the form of textual, electronic or digital language. In addition, African cultures are not homogenous. This study on indigenous knowledge, beliefs and practices on pregnancy and childbirth among the Ndau of south-eastern Zimbabwe reflects the diversity of African ways of knowing thereby positioning them as a contribution to the global knowledge economy.

1.2 Research problem
Research on issues of IK on pregnancy and childbirth has conventionally been conducted from the disciplines of medicine and pharmacology. Within the disciplines of social sciences, available studies have primarily focused on the role of traditional birth attendants (TBAs) and on the use of ethnomedicines in pregnancy and childbirth. As such, most of the findings pay specific attention to the risks involved whilst overlooking the important sociocultural and therapeutic effects indigenous practices for managing pregnancy and childbirth offer. Very little attention, if any, has been paid to indigenous cosmology in respect of issues related to pregnancy and childbirth. Some studies such as those of Kamatenesi-Mugisha and Oryem-Origa\(^5\) have focused on ethnomedicines, and pregnancy and childbirth within the African context. Attention has been paid to traditional herbal remedies used during the last trimester of pregnancy which are believed to induce labour and to promote a

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smooth and painless birthing process as well as protecting the unborn child from evil spirits. For instance, Maimbolwa\(^6\) focuses on cultural childbirth practices and beliefs but concentrates on the need for the provision of companionship for women in labour. Other African studies pay attention to the role of TBAs in aiding pregnant women during the process of childbirth\(^7\). Whilst a considerable number of studies have focused on African cultural childbirth practices\(^8\); there still exists an academic and informational void on the production, management and preservation of IK on pregnancy and childbirth. The importance of the present study is reflected in its critical engagement with African indigenous values, beliefs, practices, customs, rites and rituals pertaining to pregnancy and childbirth.

The study explores how the Ndau people of south-eastern Zimbabwe, traditionally managed pregnancy and childbirth prior to colonization and the medicalization of childbirth. This was enabled by exploring the household and community methods used for the production, management and preservation of IK on pregnancy and childbirth among the Ndau. Furthermore, the study investigated the relevance of the Ndau indigenous knowledge–based beliefs and practices in contemporary times. The key question guiding this study was: How is indigenous knowledge (IK) on pregnancy and childbirth produced, managed and preserved for posterity among the Ndau people of Zimbabwe?

1.3 Objectives and research questions

The overarching objective for the study was to explore Ndau IK on pregnancy and childbirth as well as to examine how such knowledge is produced, managed and preserved for posterity. In this regard, the study examined how Ndau women manage pregnancy and childbirth. Do they seek the services of biomedical antenatal care (ANC), indigenous modes of ANC, or alternatively do they adopt a pluralistic health care model that is informed by

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both the indigenous and contemporary models? The second objective was to explore the perceptions of N'dau women with regard to IK, beliefs and practices informing pregnancy and childbirth. This objective was concerned with exploring N'dau women’s insights regarding IK on pregnancy and childbirth in the contemporary epoch characterised by the modernization and medicalisation of healthcare systems. The third objective was to establish how IK on pregnancy and childbirth is preserved and passed from generation to generation. This involved examining how the N'dau ensure that their IK on pregnancy and childbirth is preserved for future generations. Additionally, this objective interrogated the N'dau modes of preserving IK and their viability in the contemporary age whereby families are highly disintegrated; the young migrating to urban centres in search of gainful employment hence limiting the time and space for elders to interact with them.

These objectives were underpinned by the following critical research questions: What are the beliefs and practices informing pregnancy and childbirth among the N’dau of Zimbabwe? What are the perceptions of N’dau women with regards to IK on pregnancy and childbirth? How is IK on pregnancy and childbirth produced and managed within the N’dau traditional society? How is IK preserved and passed from generation to generation?

These questions were by no means exhaustive and satisfactorily all-encompassing to cover all the research questions compelling current research on the subject of IKS on pregnancy and childbirth. However, these research questions provided an appropriate guide to the study on N’dau indigenous beliefs and practices on pregnancy and childbirth.

1.4 Study justification and significance
The dominance of Western knowledge systems in Africa created a situation that even reproductive beliefs and practices in African local settings tend to be conceptualised values. Using the case of the N’dau people of eastern Zimbabwe, this study attempted to look at African reproductive beliefs and practices on pregnancy and childbirth from a cultural perspective, that is African local community ways of knowing and value systems. It highlights the way the N’dau people, especially women manage pregnancy and childbirth. The study recognises that indigenous beliefs and practices are deeply embedded in indigenous societies hence they are considered the standard of living and well-being for the
local people. Additionally, such beliefs and practices are inherent to the lifestyle of the local people hence it becomes difficult, almost impossible, to disregard what they have relied on from one generation to another. Therefore, a study highlighting IKS on pregnancy and childbirth in indigenous communities is relevant in order to recover and reclaim the knowledge that was previously marginalised but constitutes part of the daily survival strategies of indigenous communities.

Secondly, the study highlights the agency of Ndau women in managing pregnancy and childbirth using local-relevant and cultural-specific household and community mechanisms. In the literature, indigenous communities are conventionally characterised by poor infrastructural development, under-resourced medical institutions and economic instability resulting in chronic poverty. Recovering and reclaiming indigenous modes of managing pregnancy and childbirth promotes positive health outcomes and reduces maternal mortality for rural women.

Thirdly, within the context of Zimbabwe, few studies have focused on the role of traditional birth attendants (TBAs) with very little attention to the socio-cultural context of pregnancy and childbirth. As such, concerted research focusing on indigenous modes of producing, managing and preserving pregnancy and childbirth is lacking. This study therefore endeavours to fill this academic void by positioning indigenous African ways of knowing for producing, managing and preserving pregnancy and childbirth, with special reference to the Ndau people.

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9 Sharon Ngomane and Mavis F. Mulaudzi, 2010, 2.
10 Ibid. 2.
1.5 Theoretical considerations

This study is based on the premise that in spite of the acknowledgement of existing theoretical perspectives which propagate the centrality of African indigenous ways of knowing in knowledge production and utilisation for community sustainable livelihoods, such as the management of pregnancy and childbirth among the Ndau people of Zimbabwe, it also recognises that firstly, the contemporary world is poly-epistemic. This means that we are living in a world composed of different knowledge systems which are supposed to be complementary instead of competitive. However, through colonisation and other forms of imperialism, other knowledge systems such as eurocentrism became hegemonic. Eurocentrism first emerged as a discourse for the validation of colonialism and it established the hegemonic position of the world’s colonial powers\(^{12}\). In addition, eurocentrism visualises the world from a single vantage point; mapping it into a cartography that consolidates European countries whilst demeaning Africa\(^{13}\). It is through this process that African indigenous knowledge systems were marginalised.

Secondly, knowledge systems are place based and culturally specific – as reflected by the diversity of African cultures and knowledge systems. It is on the basis of this consideration that this study investigates the indigenous knowledge, beliefs and practices informing pregnancy and childbirth among the Ndau people of eastern Zimbabwe.

Thirdly, very often African scholars contend with Eurocentric conceptual frameworks when doing research with indigenous African societies. Decolonising conceptual frameworks have been proposed to enable more authentic explorations of African phenomena that are relatively disentangled from the Western epistemological gaze. However, decolonisation does not translate to a total rejection of Western knowledge but it rests on positioning African worldviews and gaining an understanding of theory and research from the perspective of the African people\(^{14}\). Chinn points out that “decolonizing methods are critical communication strategies that engage participants in examining lives, society, and institutions in ways that


\(^{13}\) Ibid. 2.

challenge dominant perspectives”15. In this regard, the study was guided by two integrative conceptual frameworks within the context of African indigenous knowledge systems (AIKS); Afrocentricity and Postcolonial African Feminism. Therefore, these considerations guide the conceptual and methodological analysis of the study findings.

1.5.1 Afrocentricity

Afrocentricity is a philosophical and theoretical paradigm founded on the works of Molefi Kete Asante16. Popular among his works are the Afrocentric Idea (1987); Afrocentricity (1988); Kemet, Afrocentricity, and Knowledge (1990) among others17. According to Asante, Afrocentricity is “a paradigmatic intellectual perspective that privileges African agency within the context of African history and culture transcontinentally and trans-generationally”18 Asante19 describes Afrocentricity as a framework that views phenomena from the perspective of the African people. He explains that Afrocentricity advances African ideals by positioning them at the centre of any analysis that involves African culture and behaviour.20 In this regard, the main tenet informing Afrocentricity is the central role that reflects the agency of African people in responding to phenomena through their own traditional and human interest. In conceptualising Afrocentricity, Karenga21 defines this paradigm as a framework that is embedded in the cultural image and human interests of African people. Accordingly, Karenga argues that the human interest of African people is made explicit through ensuring that a conceptual framework is “supportive of the just claims African people share with other humans”.22

17 As referenced in 16 above.
22 Maulana Karenga, Black Studies and the Problematic of Paradigm, 404.
Afrocentricity is characterised by an interest in psychological location, commitment to finding the African subject place, defence of African cultural elements, commitment to lexical refinement and commitment to correct the dislocations in the history of Africa\textsuperscript{23}. An interest in psychological location is based on the understanding that “one’s analysis is more often than not related to where a person’s mind is located”\textsuperscript{24}. Asante\textsuperscript{25} explains this by arguing that a person is located when he/she is able to view African phenomena from the vantage point of African people. Additionally, when a person views the African people as the other, that person has been dislocated from the African worldview. Accordingly, Asante\textsuperscript{26} points out that a commitment to finding the African subject place is characterised by Afrocentric agency that aims at finding the African subject place in every event, text, and idea. This stems from the understanding that discussions on African phenomena are habitually based on Eurocentric notions. As a result, the Afrocentric paradigm endeavours to uncover the understanding of African phenomena from the perception of the African people. Nonetheless, Karenga\textsuperscript{27} contends that the Afrocentric paradigm should not be perceived as an African version of a reaction against Eurocentricity.

Afrocentricity promotes the defence of African cultural values and elements\textsuperscript{28}. These African cultural values are presented by Mazama\textsuperscript{29} as the centrality of community, respect for tradition, reverence for spirituality and ethical concerns, harmony with nature, ancestral veneration, unity of being (concept of Ubuntu), and the sociality of selfhood. According to Asante, “one cannot assume an orientation to African agency without giving both respect and place to the creative dimension of the African personality”.\textsuperscript{30} African personality is epitomised through various African creations inclusive of music, dance, art, or science\textsuperscript{31}. These rudiments have been negated by Eurocentric interpretations. Afrocentrists use linguistic, psychological, sociological, and philosophical elements to defend these African cultural elements\textsuperscript{32}. Asante\textsuperscript{33} points out that appreciation of African cultural elements is

\textsuperscript{23} Molefi Kete Asante, _An Afrocentric Manifesto_, 41.
\textsuperscript{24} Ibid. 42.
\textsuperscript{25} Ibid. 42.
\textsuperscript{26} Ibid. 42.
\textsuperscript{27} Maulana Karenga, _Black Studies and the Problematic of Paradigm_, 404.
\textsuperscript{28} Molefi Kete Asante, _An Afrocentric Manifesto_, 43.
\textsuperscript{30} Molefi Kete Asante, _An Afrocentric Manifesto_, 42.
\textsuperscript{31} Ibid. 43.
\textsuperscript{32} Ibid. 43.
reflected through interpreting the legitimacy of African values, habits, customs, religion, behaviour and thought patterns from an African perspective that is not influenced by Eurocentric interpretations.34

A commitment to lexical refinement involves being wary of negative terminology when referring to African phenomena. According to Asante, education gave a negative lexicon of the history of Africa by depicting her as “helpless, second class, inferior, non-human, and not a part of human history”. Asante proposes that research on African cultural ideas must pay attention to etymology in order to avoid misrepresentations. This is enabled by making sure that researchers on African phenomena have concrete ideas of African reality so as to portray a true representation of African cultural values. The commitment to lexical refinement also brings to the fore the challenge of translatability when researching African phenomena. Very often, researchers are faced with the challenge of failing to clearly articulate African phenomena when research is done in indigenous languages as the true and deep meanings of indigenous thought patterns are lost during translation. Asante argues that a commitment to correcting the dislocations in the history of Africa is a call for the rewriting of the history of Africa – a commitment to a new narrative. This is best described by Karenga who argues that Afrocentricity;

at its best is a quest for and an expression of historical and cultural anchor, a critical reconstruction that dares to restore missing and hidden parts of our historical self-formation and pose the African experience as a significant paradigm for human liberation and a higher level of human life.39

Afrocentricity pays particular attention to the lived experiences of the African people and is critical of the marginalisation of their human thought and experiences. It promotes self-reliance and strong bonds of oneness and togetherness among communities. It encourages

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33 Ibid. 43.
34 Ibid. 43.
35 Ibid. 44.
36 Ibid. 45.
37 Ibid. 44.
38 Karenga, Maulana, Black Studies and the Problematic of Paradigm, 404.
39 Ibid. 404.
African people to be creative using local resources for their daily survival\(^1\). Elabor-Idemudia\(^2\) argues that Afrocentricity is concerned with Africans taking up their rights as African people. This means the right to enjoy their African culture without feeling shame; the right to celebrate their past histories and to recover, reclaim and reconstitute their indigenous traditions and collective histories\(^3\). Mkabela\(^4\) rightly points out that the ultimate goal of the Afrocentric paradigm is the recovery of African freedom and activity. In this regard, the Afrocentric paradigm accords us the freedom to embrace and act out our own African indigenous ways of life without fear or prejudice. It presents us with the freedom to embrace and partake in our indigenous beliefs and practices. And rightly so, it gives us the freedom to discuss and to record our own indigenous African heritage. Mkabela\(^5\) suggests that Afrocentricity is thus an emancipatory movement embedded in African tradition and stands against European oppression and the ostracising of the African culture. She further advances that it is opposed to “…theories that ‘dislocate’ Africans in the periphery of human thought and experience”\(^6\). Whilst adopting the Afrocentric paradigm as a conceptual framework which advances the interests of the African people, the objective of the study is not to romanticise African ways of knowing, but to methodologically and conceptually position them in the global pool of knowledge. Through the Afrocentric paradigm, the study seeks to theoretically position African knowledge as an autonomous knowledge system.

The Afrocentric framework is used throughout the study to bring to the fore the agency of Ndau women in producing, managing and preserving IK on pregnancy and childbirth. Adopting the Afrocentric theory for this research also supports the cultural and social proximity of the researcher in the phenomena under study as opposed to scientific distance. In view of such, and as raised by Mkabela\(^7\), I was compelled to be familiar with the history, language, philosophy and myths of the context of research. The issue of language is an important element under Afrocentricity. Asante asserts that “there can be no freedom until

\(^{2}\) Ibid. 113.
\(^{3}\) Ibid. 113.
\(^{4}\) Queeneth Mkabela, Using the Afrocentric Method, 179.
\(^{5}\) Ibid. 179.
\(^{6}\) Ibid. 179.
\(^{7}\) Ibid. 80.
there is freedom of the mind”\textsuperscript{48}. Our own language is an instrument for our liberation, provided we embrace it and cease from being forced to adopt languages foreign to particular ways of life. Language reflects common heritage, a sense of community and belonging. In promoting the use of language, narratives of the research participants in response to the phenomena under study are first presented in the Ndua indigenous language followed by a literal translation in English. Because Afrocentricity aims at creating African intellectual perceptions, research is therefore premised on an African standpoint thus enabling us as Africans to write for ourselves.

In this regard, Asante further positions Afrocentricity as;

\begin{quote}
\ldots the belief in the centrality of Africans in postmodern history. It is our history, our mythology, our creative motif, our ethos exemplifying our collective will. On the basis of our story, we build upon the work of our ancestors who gave signs toward our humanizing function\textsuperscript{49}.
\end{quote}

The humanising function is duly expressed through songs, poems, stories, sermons, and proverbs which are common forms of expressions among indigenous African people.

Asante\textsuperscript{50} also expresses that Afrocentricity criticises the exploitation and marginalisation of women. Hence, issues of women and gender are accorded special prominence within the Afrocentric framework. Asante points out that when Afrocentrists refer to African experiences, this is not based on a patriarchal point of view that subjugates women\textsuperscript{51}. Neither do they relegate women to a lesser standing. Therefore, Asante\textsuperscript{52} bases his argument on the understanding that according to African philosophy, both men and women originate from the same cosmological source. In support of this claim, Asante\textsuperscript{53} contends that African languages do not contain the pronouns ‘he’ and ‘she’ in reference to men and women as is the case with linguistics hence depicting a different understanding of the place of men and women.

\textsuperscript{48} Molefi Kete Asante, \textit{Afrocentricity}, 31.
\textsuperscript{49} Ibid. 6.
\textsuperscript{51} Molefi Kete Asante, \textit{An Afrocentric Manifesto}, 48.
\textsuperscript{52} Ibid. 48.
\textsuperscript{53} Ibid. 48.
According to Asante\(^5\), both men and women are correspondingly important in the Afrocentric construction of knowledge.

Writing from the African context, Musa Dube\(^5\) argues that precolonial African women did not regard themselves as secondary citizens to their male counterparts. Instead, she maintains that women were not only valued for their reproductive abilities but were equally involved in the agro-based economies thus serving as co-economic providers for their families\(^6\). Accordingly, Dube\(^5\) contends that even though African indigenous societies were not egalitarian, women were not defined as either superior or inferior to men but relationships were defined holistically, and not dualistically. Furthermore, the adoption of and Christian values through colonisation both economically and culturally impacted on the status of African women as they were positioned as subject to men\(^8\). As a result, Dube\(^5\) argues that the effects of colonialism disadvantaged women even more than their male counterparts.

In line with this thinking, Ntseane\(^6\) also points out that within African communities; the struggle for gender equality is a call for complementarity as opposed to conflict between African men and women. She advances her argument by stating that this connection is vital to any theory that deals with the agency of African women within the Afrocentric paradigm\(^6\). Ntseane\(^6\) further argues that African feminism lays emphasis on the need to challenge the oppression of women without isolating African men just as much as it provides lenses for questioning the harmful and oppressive features of tradition without rejecting African culture. Mazama\(^6\) also points out that in African culture, the man and the woman complement each other.

\(^{54}\) Ibid. 49.
\(^{56}\) Ibid. 222.
\(^{57}\) Ibid. 222.
\(^{58}\) Ibid. 222.
\(^{59}\) Ibid. 223.
\(^{61}\) Ibid. 314.
\(^{62}\) Ibid. 315.
Writing a chapter entitled *Toward an Afrocentric Feminist Epistemology*, Collin presents the importance of such an epistemology through arguing that “significance of an Afrocentric feminist epistemology may lie in how such an epistemology enriches our understanding of how subordinate groups create knowledge that foster resistance”\(^{64}\). Arguing from a feminist perspective, Collin\(^ {65}\) expresses that all women share an undisputed history of gender oppression established through sex/gender hierarchies. Because of this commonality, Collin\(^ {66}\) contends that such an experience overlooks the division among women produced by race, social class, religion, sexual orientation and ethnicity.

The call for complementarity is also evident in the works of other African feminists. Filomina Steady\(^ {67}\), a feminist scholar points out that African feminism was born from a context that viewed human life as a total and not dichotomous and the context where male and female complementarity was embraced for the totality of human existence\(^ {68}\). These African feminist perspectives bring to the fore the second conceptual framework informing this study, namely postcolonial African feminism.

### 1.5.2 Postcolonial African Feminism

The study conceptually acknowledges the importance of looking at the conditions of African women in a postcolonial situation as a product of circumstances created by colonialism. However, the study also propagates that the different cultural and ecological conditions under which African women live should be taken into consideration in the analysis of postcolonial African feminism. It is on the basis of this consideration that the study focuses on the beliefs and practices of the Ndong women in managing pregnancy and childbirth as a contribution to the global pool of knowledge on postcolonial African feminism.

A postcolonial theoretical approach that takes into account issues of race, ethnicity, identity and gender has been adopted for the study\(^ {69}\). Postcolonial theory describes how knowledge of

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\(^{65}\) Ibid. 206.

\(^{66}\) Ibid. 206.


\(^{68}\) Ibid. 20.

\(^{69}\) Cheryl McEwan, *Postcolonialism and Development*. (London and New York: Routledge, 2009); see also David T. Adamo, “Christianity and the African Traditional Religion(s): The Postcolonial Round of
the colonised people was marginalised at the expense of the coloniser’s interests\textsuperscript{70}. It is also concerned with how knowledge is produced under specific relations between the powerful and the subjugated and it seeks to destabilise dominant discourses\textsuperscript{71}. Chilisa\textsuperscript{72} argues that a postcolonial epistemology concerns itself with the “continuous struggle by non-Western societies that suffered European colonization, indigenous peoples, and historically marginalized groups to resist suppression of their ways of knowing”\textsuperscript{73}. It discharges the notion that knowledge is the only form of legitimate knowledge\textsuperscript{74}. Similarly, Dube\textsuperscript{75} notes that the term postcolonial refers to the cultural, economic and political contact of the coloniser and the colonised and the subsequent reactions emanating from this contact. The postcolonial framework seeks to subvert the legacies of colonialism.

Ahikire\textsuperscript{76} contends that feminism in Africa has been described as comprising varied discourses and courses of action. She argues that whilst African women are seeking to redress gender inequalities that marginalise them in both the private and public domain, male leadership in the African continent have labelled feminism as “…diversionary, un-African and -inspired”\textsuperscript{77}. As a result, Gaidzanwa\textsuperscript{78} contends that African women are battling with “twin-gender political crises” – the socio-structural challenges arising from European colonisation and the need to respond to persisting gender hierarchies that prompt African women to seek ways of redefining their roles in ways that are emancipatory and politically acceptable. As such, African women are faced with the challenge of balancing these conflicting forces\textsuperscript{79}. The African scholar, Obioma Nnaemeka, through her discourse on nego-feminism, provides a response to these conflicting forces by arguing that;
African feminism (or feminism as I have seen it practised in Africa) challenges through negotiations and compromise. It knows when, where, and how to detonate patriarchal landmines; it also knows when, where, and how to go around patriarchal landmines. In other words, it knows when, where and how to negotiate with or negotiate around patriarchy in different contexts.

African feminism was born as a response to the inconsistencies presented by mainstream or Western feminisms. It came out of the realisation that women have diverse experiences, thereby making it impractical to have global feminism. Issues viewed negatively by Western women might be viewed differently by women elsewhere. Therefore Mekgwe elaborates that African feminism was a response to the failure by Western feminism to acknowledge cultural specificities which are the basis of the theorising of ‘other’ feminisms – especially African feminism. She further advances that whilst acknowledging its indebtedness to the global feminist movement, the discourse of African feminism concerns itself with issues that are more peculiar to the African situation. Nnaemeka expounds on this understanding by rightly asserting;

To meaningfully explain the phenomenon called feminism, it is not to Western feminism but rather to the African environment that one must refer. African feminism is not reactive; it is proactive. It has a life of its own that is rooted in the African environment. Its uniqueness emanates from the cultural and philosophical specificity of its provenance.

Mikell, who is among the early proponents of African feminism, points out that the approaches informing this discourse differ from Western forms but is formed by African women’s resistance to Western hegemony and its heritage within African culture. As such,
Mikell argues that debates generated by Western feminism around issues of the female body and forms of radical feminisms are not representative of African feminism. Rather, African feminism “grows out of a history of a female integration within largely corporate and agrarian-based societies with strong cultural heritages that have experienced traumatic colonization by the West”.

African feminism is crucial to the social, political, economic, cultural aspects of the human order. Accordingly, Badejo defines African feminism as an ideology that is founded on the principles of traditional African values which view gender roles as complementary, parallel, asymmetrical, and autonomously linked in the continuity of human life. It is an ideology that takes into cognisance the intrinsic roles of both men and women in the arenas of reproduction, production, the distribution of wealth, power and responsibility for nurturing human life. Drawing from the insights of Filomena Steady, African feminism is held to be more inclusive in comparison to other forms of feminist ideologies.

Furthermore, Steady succinctly positions African feminism as possessing the potential of accentuating the totality of human experience; it depicts African women’s ability to withstand difficult and challenging situations and is optimistic of attaining total liberation for all humankind. In summing up her articulation, Steady refers to African feminism as humanistic feminism. In contrast with other types of feminisms, Steady argues that African feminism represents the struggle for survival which has been, and continues to be the central concern for the African woman. According to Steady, “African feminism is intrinsically a moral and political statement for human survival and wellbeing.”

This is equally expressed by Dube who argued that during the fight for the independence of African nations, solidarity was more important for African women hence the quest for gender empowerment was suspended as they united with their male counterparts to subdue the

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85 Ibid. 4.
86 Ibid. 4.
87 Ibid. 94.
88 Ibid. 94.
89 Filomina Chioma, African Feminism: A worldwide Perspective, 4.
90 Ibid. 4.
91 Ibid. 4.
92 Ibid. 4.
93 Ibid. 5.
94 Musa W Dube, Searching for the Lost Needle, 216.
enemy and attain national liberation. During this cause, African women were aptly aware of
the need to affirm their culture as a strategy against colonial powers.\textsuperscript{95}

Taking a different position with regard to African feminism, Ahikire\textsuperscript{96} refutes the mainstream
definition of negating its link to Western feminism. She argues, while refuting the definition
by Gwendolyn Mikell\textsuperscript{97}, that such a perception of African feminism is not only conservative
but discredits the service of generations of women who were devoted to defending feminist
agendas inclusive of sexuality, culture and religion.\textsuperscript{98} Ahikire\textsuperscript{99} however argues that feminism
is a myriad of conceptual perspectives arising from intricate specifics of differing conditions
and identities of women. She contends that it is a philosophical, experiential and practical
discourse that stands in defiance of simple homogenising descriptions.\textsuperscript{100} As a result, she
proposes a re-conceptualisation of African feminism as “an ideological force that poses
fundamental challenges to patriarchal orthodoxies – a critical representation against the
mainstream of patriarchal power.”\textsuperscript{101} Additionally, Ahikire\textsuperscript{102} concentrates on what she terms
the capillary effect – paying attention to the success stories of African feminism as evidenced
through knowledge legitimation which translates to the organisation of societal values giving
a new visualisation of the African identity.

The capillary effect of African feminism as advocated by Ahikire\textsuperscript{103} is evidenced through its
various strides. These are inclusive of the progress made in the feminist theorisation
and knowledge production.\textsuperscript{104} This is evidenced by the growing body of feminist research by
indigenous African scholars, particularly women. Ahikire\textsuperscript{105} acknowledges the establishment
of numerous institutional spaces for teaching and research on women and gender studies. She
credits these institutions for having raised the bar on feminist scholarship on the African
continent and these strides have been recorded as a major advancement for African feminism.

\textsuperscript{95} Ibid. 216.
\textsuperscript{96} Josephine Ahikire, African Feminism in Context, 8.
\textsuperscript{97} See footnote 75.
\textsuperscript{98} Josephine Ahikire, African Feminism in Context, 8.
\textsuperscript{99} Ibid. 8.
\textsuperscript{100} Ibid. 8.
\textsuperscript{101} Ibid. 9.
\textsuperscript{102} Ibid. 9.
\textsuperscript{103} Josephine Ahikire, “African Feminism in Context, 10-21.
\textsuperscript{104} Ibid. 9.
\textsuperscript{105} Ibid. 10.
Similarly, Ahikire\textsuperscript{106} presents the creation of various platforms in the form of non-governmental organizations (NGOs) and community-based organizations (CBOs) which promote the collective interests of women as another advancement of African feminism. Intellectual circles like the Council for the Development of Social Science Research in Africa (CODESRIA) that engage with feminist work are also recognised for their contribution towards the lives of African women. The adoption of protocols advancing the rights of women, such as the African Union (AU) Protocol on the Rights of Women in Africa – which includes a commitment to 50:50 gender parity in politics is also a reflection of the capillary effect of African feminism\textsuperscript{107}. This protocol addresses several ills against women. It advocates for women’s rights to dignity and security, secure livelihoods, health and reproductive rights, social security and state protection\textsuperscript{108}. According to Ahikire\textsuperscript{109}, the “spirit of the language” contained in the protocol is a direct result of African feminist interventions borne out of sustained feminist engagement with the African Union.

The strides of African feminism include the establishment of the Feminist Charter which arose from the African feminist forum held in Accra, Ghana, 15-19 November 2006\textsuperscript{110}. The key outcomes of the forum included the adoption of a Charter of Feminist Principles. These principles, amongst others, were the “commitment to dismantling patriarchy in all its manifestations in Africa”; “to defend and respect the rights of all women without qualification”; and to protect the “legacy of feminist ancestors” who paved way for women to exercise greater autonomy\textsuperscript{111}.

Drawing on the capillary effect of African feminism as advanced by Ahikire, I propose to integrate Postcolonial Feminism and African Feminism conceptual frameworks to form yet another type of African feminism informed by postcoloniality, Postcolonial African Feminism, to be the supporting conceptual framework guiding this study. This arises from the need to have feminist theoretical frameworks that speak to the experiences of African women. Both Postcolonial Feminism and African Feminism share common traits; the

\begin{itemize}
  \item \textsuperscript{106} Ibid. 11-12.
  \item \textsuperscript{107} Ibid. 11.
  \item \textsuperscript{109} Josephine Ahikire, “African Feminism in Context, 11.
  \item \textsuperscript{110} http://www.fricanfeministforum.com/feminist-charter Accessed 17 February 2017.
  \item \textsuperscript{111} http://www.fricanfeministforum.com/feminist-charter Accessed 17 February 2017.
\end{itemize}
resistance to Euro-western conceptualisations and legacies of colonialism and the recovery of previously marginalised indigenous culture. Postcolonial African Feminism is ideal for the study as it addresses the important aspect of viewing phenomena from the perspective of the African people and reaffirming the holistic aspects of indigenous culture.

Postcolonial African Feminism seeks to restore previously marginalised indigenous cultures on one hand, whilst on the other hand, re-interprets the aspects that are harmful and oppressive to be holistic, life-giving and mutually inclusive. Dube\textsuperscript{112} expresses that this entails challenging repressive and damaging aspects of indigenous culture within African communities while on the other hand, working towards the restoration of those aspects of indigenous culture that are life-giving and embracing them for the empowerment of African women and whole communities. According to Kanyoro\textsuperscript{113}, culture must not be romanticised hence the need to embrace life-affirming aspects and to denounce those that do not bring out the fullness of life. This view is also supported by Dube who rightly points out that “since no culture is absolutely negative or wholly pure, room should always be made for re-interpreting the old, promoting the good, and imagining the new”\textsuperscript{114}. However, only the harmful and oppressive aspects of culture are challenged and rejected being wary of adopting the colonial discourse of denigrating all aspects of indigenous culture\textsuperscript{115}.

A Postcolonial African Feminist conceptual framework recognises the African woman as an active participant in all aspects of life for survival. However, to bring out the holistic agency of African women, holistic aspects of the precolonial status of African women are reassigned to enable them to take part in all crucial aspects of African life without the influence of colonial edicts which relegated them to the fringes of the social, economic and political sphere. Postcolonial African Feminism is also cognisant that Christianity contributed to the subjugation and marginalisation of the African woman. However, under this framework, Christianity and indigenous religions are not viewed as antagonistic but as mutually enriching each other\textsuperscript{116}. Additionally, since it is correspondingly acknowledged that tradition comprise sites and sources of cultural disempowerment for particular groups especially women,

\textsuperscript{113} Musimbi Kanyoro, Introducing Feminist Cultural Hermeneutics, 5.
\textsuperscript{114} Musa W. Dube, Postcoloniality, Feminist Spaces, and Religion, 116.
\textsuperscript{115} Ibid. 116.
\textsuperscript{116} Ibid. 116.
Postcolonial African Feminism is an ideal framework for the study as lenses through which the creative agency of African women in the quest for survival is duly acknowledged in both the public and private sphere of life.

Whilst these two frameworks may not fully account for every component in this study, they provide a sound philosophical foundation for understanding the research problem. The Afrocentric paradigm centres on defining phenomena from the perspective of the African people, privileges collective creation of knowledge and promotes the agency of the African women. On the other hand, through the lens of Postcolonial African Feminism, an inquisitorial perspective is employed on tradition without the total rejection of African indigenous culture. A Postcolonial African Feminist framework is also used to bring to the fore Ndau ways of knowing through an articulation of the beliefs and practices informing pregnancy and childbirth.

1.6 Literature review

The purpose of this section is to present and engage with dominant literature on indigenous beliefs and practices on pregnancy and childbirth from a global perspective, African perspective and Zimbabwean perspective in particular.

1.6.1 IK on pregnancy and childbirth: A global perspective

The use of TBAs in the birthing process is common in many parts of the world. For instance, Iyengar\textsuperscript{117} notes that in India, pregnant women favour home deliveries presided over by TBAs. With home deliveries, a team of birth attendants and led by a TBA and/or an elder female relative of the pregnant woman preside over the birthing process and are also tasked with making decisions regarding the birthing process\textsuperscript{118}. Accordingly, Iyengar\textsuperscript{119} explains that traditional birthing practices co-exist with biomedical practices therefore it is common for modern health care providers to be invited to administer intramuscular oxytocin injections in home deliveries in order to speed up the delivery process. This shows a direct relationship between modern and indigenous health care delivery systems for pregnant women. A number of similarities in the birthing process have also been reported in both the home and health


\textsuperscript{118} Ibid. S23.

\textsuperscript{119} Ibid. S23.
care facilities. The application of ‘forceful fundal pressure’ and delayed breastfeeding of the baby after delivery was practiced in both settings\textsuperscript{120}. Forceful fundal pressure\textsuperscript{121} is applied as a means to assist women who are unable to deliver spontaneously. Iyengar’s\textsuperscript{122} study reflects the need to understand people’s beliefs and practices with regard to pregnancy and childbirth as well as to understand the reasons for preferring home births to deliveries in health care facilities. Cultural perceptions and rituals are part of the process of pregnancy and childbirth. Therefore, the need to link biomedical and traditional knowledge in order to promote safe motherhood.

Whilst this study unpacks and lobbies for the recognition of indigenous beliefs and practices on pregnancy and childbirth, it is also mindful of those beliefs and practices that are harmful and detrimental to the health and well-being of mothers and their new-borns. Great care is encouraged in every culture to ensure that the health and well-being of pregnant women is not compromised by the beliefs and practices that represent culture.

Chitthalath and Earth\textsuperscript{123} present that among the Katang of Lao, Southeast Asia, indigenous religion forbids pregnant women to give birth in their homesteads. The Katang village is defined as remote and far from biomedical services. These authors indicate that Lao pregnant women are customarily required to go into the forest and deliver either on their own or with the help and support of elderly women and/or family members\textsuperscript{124}. A different spot is chosen for every subsequent birth\textsuperscript{125} and the woman is only allowed to return to the house three days after giving birth when it is then believed that bleeding has subsided and both mother and child are deemed to be ‘clean’\textsuperscript{126}. The common reason for the practice of giving birth in the forest was done in the case of a pregnant woman giving birth to twins, she and those aiding her with the delivery had the chance to quickly dispose of the other twin baby since giving birth to twins was considered taboo. Mb\textsuperscript{127}iti explains that multiple births were previously

\textsuperscript{120} Ibid. S23.
\textsuperscript{121} Fundal pressure is a widely used practice which involves the use of manual or instrumental pressure on maternal abdomen in the direction of the birth canal with the purpose of accelerating the second stage of labour. RHL The WHO Reproductive Health Library. \url{http://apps.who.int}
\textsuperscript{122} S. D. Iyengar, Childbirth practices in rural Rajasthan, India, S23.
\textsuperscript{123} Christine Seng-Amphone Chitthalath and Barbara Earth, “From the Forest to the Clinic”, 99
\textsuperscript{124} Ibid. 99.
\textsuperscript{125} Ibid. 99.
\textsuperscript{126} Ibid. 100.
viewed as presaging misfortune and a threat to the community’s existence. Therefore Mbiti\(^{128}\) contends that twins were killed for the safety of the larger community. In this regard, he argues that the killing of multiple births must not be judged based on emotional reactions but should be condemned based on ethical grounds. However, this practice has since diminished within many African communities.

A study by Callister\(^{129}\) from the context of the United States and Canada focuses on the care of women and new-borns. In the study, Callister points out that cultural considerations in the provision of health care are overshadowed by technology and the bureaucratic system of health care delivery\(^{130}\). This situation is taking place in a world that has become a global village whereby;

in a variety of women’s health care settings in the US, a nurse may care for a childbearing woman from Africa who has been ritually circumcised, an orthodox Jewish family with special needs, an Arabic Muslim woman or a Hispanic woman newly arrived from Central America who doesn’t speak English\(^{131}\).

Such a scenario challenges the health care facilities in the United States, Canada and elsewhere to be culturally competent, argues Callister\(^{132}\). In order to offer adequate health care, the health professionals are required to be able to relate to the different cultural backgrounds of their clients. In this case, Callister calls for a move beyond the biophysical understanding of health to a holistic approach that takes cognisance of the cultural aspects of health and wellbeing\(^{133}\). Additionally, Callister points out the importance of ‘building on the strengths of women rather than utilizing a deficit model of health care’ in order to attend to the health care needs of women and new-borns\(^{134}\). She therefore proposes health care systems

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128 Ibid. 118.
130 Lynn Clark Callister, Reasons rural Laotians choose home deliveries, 209.
131 Ibid. 211.
132 Ibid. 209.
133 Ibid. 211.
134 Ibid. 209.
that take into account the culture of the health provider; the culture of the woman seeking assistance together with her family; and the culture of the health care delivery system.\textsuperscript{135}

The above sentiments are equally echoed by Etowa in her study on the meaning of childbirth for African-Canadian women.\textsuperscript{136} Etowa\textsuperscript{137} rightly points out that globalisation have rendered many countries ethno-racial and culturally diverse. This then becomes a challenge to health care professionals who come into contact with people of diverse cultural backgrounds. According to Etowa, there is urgent need to generate knowledge that will result in effective health care policies.\textsuperscript{138} Similar to Callister\textsuperscript{139}, Etowa also argues for cultural competence in health care.\textsuperscript{140} This emanates from the understanding that childbirth is “a life experience, bitter-sweet paradox; spiritual event” and as such it requires those assisting pregnant women in childbirth to be considerate of their client’s values, beliefs and practices.\textsuperscript{141} For most communities the world over, both pregnancy and childbirth are informed by cultural beliefs and practices hence failure to recognise such hinders the progress of reducing maternal mortality and improving ANC.

It is therefore widely acknowledged in the literature that even though childbirth is a biological process, it is also part and parcel of “…a larger social system involving the woman, her family, the community, society and the supernatural world”\textsuperscript{142}. This follows that the process of childbirth is socially constructed and carries certain prescriptions. Most of these prescriptions are traditional beliefs and practices that are meant to preserve both the mother and her child.

1.6.2 IK on pregnancy and childbirth: An African perspective

Indigenous beliefs and practices influence the behaviour of women during pregnancy and childbirth.\textsuperscript{143} Drawing from the Liberian perspective, Lori and Boyle\textsuperscript{144} provide an

\begin{flushright}
\textsuperscript{135} Ibid. 209.
\textsuperscript{137} Ibid. 28.
\textsuperscript{138} Ibid. 28.
\textsuperscript{139} Lynn Clark Callister, Reasons Rural Laotians choose home deliveries, 209.
\textsuperscript{140} J. B. Etowa, Becoming a Mother, 28.
\textsuperscript{141} Ibid. 28.
\textsuperscript{142} Pranee Liamputtong; Susanya Yimyam; Sukanya Parisunyakul et al., “Traditional beliefs about pregnancy and childbirth among women from Chiang Mai, Northern Thailand”. Journal of Midwifery 21 (2005): 139-153.
\textsuperscript{143} Sharon Ngomane and Mavis P. Mulaudzi, Indigenous Beliefs and Practices, 2.
\end{flushright}
articulation of the cultural childbirth practices, beliefs and traditions prevalent in the society. Their research, which focused on seeking to understand the causes of childbirth and maternal illness and death, identified major themes responding to their investigations. These themes, common among most African countries, included secrecy surrounding pregnancy; power and authority; and a distrust of the health care system.\textsuperscript{145} Their research was prompted by the need to fully understand the context of childbirth from a socio-cultural perspective taking into account the practices, beliefs and traditions that have a direct bearing on maternal health, illness and death in West Africa, particularly in post-conflict Liberia.

Few studies on the use of ethnomedicines on pregnancy and childbirth have been documented in South Africa. In a study carried out on isihlambezo, a herbal decoction that is commonly used by Zulu women during pregnancy, Varga and Veale\textsuperscript{146} were interested in examining two specific aspects of its use. Their research focused primarily on examining the “impact of urbanization and access to clinic-based care on popularity and utilization of isihlambezo and secondly, the potential maternal-foetal health effects of its use”.\textsuperscript{147} The study findings indicated that isihlambezo was regarded as an important alternative to biomedical maternal health care. Some of the benefits of using isihlambezo included a;

- quick and painless delivery;
- draining of excess body water (oedema);
- reduced vaginal discharge or wetness;
- reduced placental size and the provision of spiritual cleansing or protection from evil forces.\textsuperscript{148}

The researchers also cited different decoctions of isihlambezo. They found out that isihlambezo is custom-made to cater for individual problems.\textsuperscript{149} The researchers argued that the extensive use of isihlambezo was a result of socio-economic factors inclusive of the high costs of biomedical health care and the substandard quality of clinic care.\textsuperscript{150} However, this

\textsuperscript{145} Ibid. 454.
\textsuperscript{147} Ibid. 911.
\textsuperscript{148} Ibid. 915.
\textsuperscript{149} Ibid. 915.
herbal decoction was found to possess both therapeutic and harmful effects\textsuperscript{151}. Concluding results from the research carried out by Varga and Veale indicated that modernity has failed to forestall the use of traditional medicines during pregnancy for most black South African women\textsuperscript{152}. Furthermore, it is reported that urban lifestyles have revived and strengthened the practice of such\textsuperscript{153}. The use of ethnomedicine on pregnancy and childbirth has therefore cushioned many black South African women from the exorbitant costs associated with biomedical ANC\textsuperscript{154}. Varga and Veale cite that the use of isilambezo for ANC is regarded as a way of “preserving both organic and spiritual purity in the face of change” for the many South African women who have been “affected by the socio-cultural, economic and politico-legal changes in South African during the last decade”\textsuperscript{155}.

Van der Kooi and Theobald’s\textsuperscript{156} research among the Tswana women of South Africa, pointed out the widespread use of traditional/ethnomedicines for pregnancy and labour. The researchers noted that traditional medicines still play a prominent role in managing pregnancy and labour as they did in the past\textsuperscript{157}. They pointed out that the biomedical system and its technologies brought about during the colonial era have failed to uproot deep-seated systems of traditional medicines\textsuperscript{158}. However, the researchers also noted that African people in South Africa have adopted a pluralistic use of medical services as evidenced by the utilisation of both the biomedical and ethnomedical health systems. The research estimated that almost 60\% of South African women make use of traditional medicines during pregnancy\textsuperscript{159}. Kgaba, an herbal decoction was identified as the common type of ethnomedicine used by Tswana women during pregnancy and childbirth\textsuperscript{160}. Kgaba is commonly ingested during the third trimester of the pregnancy and the common benefits of this herbal decoction have been identified as being able to protect the pregnant woman and the foetus from evil and harm; stimulates a smooth delivery; and is used to induce labour in case of overdue pregnancies\textsuperscript{161}.

\textsuperscript{151} Ibid. 911.
\textsuperscript{152} Ibid. 919.
\textsuperscript{153} Ibid. 919.
\textsuperscript{154} Ibid. 919.
\textsuperscript{155} Ibid. 920.
\textsuperscript{157} Ibid. 11.
\textsuperscript{158} Ibid. 11.
\textsuperscript{159} Ibid. 13.
\textsuperscript{160} Rolanda van der Kooi, and Sally Theobald, Traditional Medicine in Late Pregnancy, 13.
\textsuperscript{161} Ibid. 13.
Kgaba is also believed to stimulate a quick and painless birth and it is known to properly position a baby in a breech position hence avoiding a caesarean operation for the mother.\(^{162}\)

### 1.6.3 IK on pregnancy and childbirth: Insights from Zimbabwe

In the Zimbabwean context, research focusing on the use of IKS incorporating beliefs and practices on pregnancy and childbirth is limited. The literature available mostly focuses on pregnancy and childbirth and the role of traditional midwives. The bulk of research on pregnancy and childbirth in the Zimbabwean context is drawn from the field of biomedicine\(^{163}\). Thubelihle Mathole\(^{164}\) has, to an extent, done research on traditional midwives and ANC in rural areas of Zimbabwe. Mathole brought to the fore the pluralistic health care systems for managing pregnancy and childbirth\(^{165}\). She took note of the combination of both traditional and biomedical health care practices during pregnancy and childbirth following which she argued for the need to equally recognise local knowledge and realities in order to reduce maternal and infant morbidity and mortality\(^{166}\). Similar studies have also focused on the use of traditional and complementary medicines during pregnancy\(^{167}\); the use of maternity waiting shelters to curb maternal and perinatal mortality\(^{168}\), and the call to appreciate the socio-cultural context of pregnancy and childbirth in a bid to improve maternal and childcare in Zimbabwe\(^{169}\).

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162 Ibid. 13.
164 See footnote 20-23.
166 Thubelihle Mathole et al., Competing Knowledge Claims in the Provision of Antenatal Care, 937.
Mureyi et al.,\textsuperscript{170} did a study on ethnomedicines for prenatal health care focussing on how they are mostly utilised for their properties which enable the widening of the birth canal to avoid excessive tearing during the process of childbirth. The use of ethnomedicines was further reported to prevent adverse events that normally occur during childbirth. Mureyi et al., further noted that non-users of traditional medicines during pregnancy suffered from one or more of the adverse events which include postpartum haemorrhage, retained placenta, breech birth\textsuperscript{171}, prolonged labour, and erratic postnatal bleeding\textsuperscript{172}. Additionally, this research also presented a variety of traditional medicines that are believed to protect pregnant women against possible undesirable effects\textsuperscript{173}. Mureyi et al.,\textsuperscript{174} also argued that documentation on the maternal practice of using traditional medicine in the Zimbabwean context is lacking. This therefore calls for more in-depth research on the use of indigenous practices inclusive of the use of herbal medicines, paying particular attention to both their therapeutic and potential harmful effects. Doing so improves ANC.

\textbf{1.6.4 Grandmothers and senior mothers as providers of indigenous antenatal care}

Within the Zimbabwean context, grandmothers and senior women play a pivotal role in the management of pregnancy and childbirth. This is so because seniority is given prominence and is regarded as an indispensable facet of African cultural systems. As such, the elderly are tasked with maintaining the organisational structure and continued existence of families and communities\textsuperscript{175}. They are regarded as a rich resource within communities and are also responsible for socialising the younger generations through transmitting IK for the stability and survival of the communities\textsuperscript{176}. Grandmothers and senior women, as household and community elders, are tasked with instilling the community’s cultural values in the younger generations. They serve as models, counsellors and supervisors of younger generations\textsuperscript{177}.

\begin{thebibliography}{99}
\bibitem{170} Dudzai D. Mureyi, \textit{et al.}, Prevalence and patterns of prenatal use, 166.
\bibitem{171} Within Ndau beliefs systems, a breech birth is deemed to be a result of something wrong done by the pregnant woman. In this regard, she will have to confess in order to get the breeched baby to reposition correctly. It is also believed that evil spirits directed towards the pregnant woman can result in a breech hence an exorcism or certain herbal decoctions are given to reposition the baby.
\bibitem{172} D. D. Mureyi. \textit{et al.}, Prevalence and patterns of prenatal use, 166.
\bibitem{173} Ibid. 166.
\bibitem{174} Ibid. 166.
\bibitem{176} Ibid.
\bibitem{177} Ibid. 5.
\end{thebibliography}
The elders’ expertise in providing information on particular phenomenon is equated with the prominence of libraries in being reservoirs of information; hence consultation with them is of importance. In addition, channels of communication among the indigenous people in Zimbabwe observe the ranks of seniority; this therefore requires that any particular program to be conducted within communities should be shaped according to these particular cultural patterns of influence.

Grandmothers and senior women play a multifaceted role in the domain of the household, the extended family structure and the community at large. Within the context of Malawi, grandmothers and senior women are also held in reverence as they are regarded as managers of indigenous knowledge. This is highlighted by Kerr who asserts that grandmothers and senior women assume an important role, that of key decision making within the household as well as being regarded as a primary source of knowledge. She further points out that grandmothers and senior women offer advice that pertains to various aspects of life. Precisely, they are viewed as important knowledge holders. Kerr contends that they hold a powerful influence in the domain of the household and the extended family at large, hence many young women, particularly daughters-in-law, have limited choice but to obey their mothers-in-law. Accordingly, young women find it extremely difficult to exercise and/or implement practices that are incongruent with those of their mothers-in-law. Paternal grandmothers assume the role of caring for their daughters-in-law and the early child-care of their grandchildren. Similarly, Aubel expresses that grandmothers also assume the critical role of being household advisors and caregivers for health issues inclusive of pregnancy, childbirth and the care of new-borns and young children.

1.6.5 Men’s involvement in the management of pregnancy and childbirth

Men’s involvement, particularly the husband’s support during pregnancy and childbirth is noted among the Kry ethnic group of Lao. Unlike most communities that have women as companions during labour, Kry men (husbands) preside over the birthing process of their

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178 Bagele Chilisa, Indigenous Research Methodologies, 112.
180 Ibid. 1100.
181 Ibid. 1100.
182 Ibid. 1100.
183 Ibid. 1100.
184 Judi Aubel, The roles and influence of grandmothers and men, 6.
spouses. During the onset of labour pains, both husband and wife move to the temporary delivery hut constructed by the husband and stay there for five days following delivery\textsuperscript{185}. The husband assists the wife with delivering the child. He may get advice from the elders who will be at a distance and are not allowed to enter the delivery hut\textsuperscript{186}. According to Lamxay et al., “the husband has a key role in facilitating childbirth and is the only person to touch the mother, support her, collect water, make fire, and boil water or supply food and medicinal plants”\textsuperscript{187}.

Five days following delivery, the Kry mother, infant and father cleanse themselves following which the mother and infant are transferred to the menstruation hut which is constructed within the confines of the homestead\textsuperscript{188}. The father then destroys the makeshift delivery hut and continues with his chores of assisting his nursing wife as is necessary. The time frame for staying in the menstruation hut ranges between 8 and 15 days; in extreme cases it extends up to 30 days\textsuperscript{189}. During this period, visitors are allowed and thereafter, the mother and child return to the main house but are forbidden to enter the main bedroom for at least a month. During that period, sexual intercourse is prohibited\textsuperscript{190}. The couple abstains from sexual activity for about three (3) to four (4) months\textsuperscript{191}.

In a study carried out by Orji et al.,\textsuperscript{192} study findings indicate both male gender supremacy in decision making regarding reproductive health and decreased involvement in managing pregnancy and childbirth. However, the study also indicated that some men took part by accompanying their partners or wives to the hospital for delivery while others assist with household chores. The latter is an uncommon and is often regarded as a departure from norm in many African traditional societies where men do not do household chores\textsuperscript{193}.

\textsuperscript{185} Vichith Lamxay et al., “Traditions and plant use during pregnancy, 8.
\textsuperscript{186} Ibid. 8.
\textsuperscript{187} Ibid. 8.
\textsuperscript{188} Ibid. 10.
\textsuperscript{189} Ibid. 10.
\textsuperscript{190} Ibid. 10.
\textsuperscript{191} Ibid. 10.
\textsuperscript{193} Ibid. 242.
Kakaire et al.\textsuperscript{194} point out that most studies indicate that male partner involvement in pregnancy and childbirth is still low in sub-Saharan countries. Pregnancy and childbirth are regarded as solely the domain of women. However, men are tasked with the responsibility of meeting all the financial requirements associated with the pregnancy. This financial responsibility of men is also cited in a research undertaken by Orji et al.\textsuperscript{195} which revealed that financial contribution was the major supportive role of the male figure during pregnancy and childbirth\textsuperscript{196}. A positive response to male involvement in pregnancy and childbirth is reported by Kaye et al.\textsuperscript{197}, whose study in Uganda indicated men’s willingness to support their partners during pregnancy. But this willingness is hindered by a number of health system and socio-cultural factors\textsuperscript{198}. The study reported that men cited the lack of clear roles, exclusion and alienation in the hospital, limits placed by the health system on male involvement in childbirth as some of the inhibiting factors\textsuperscript{199}. The study further noted that the modern-day societal expectations encourage the support of male partners in pregnancy and childbirth; however, socio-cultural values are unclear regarding such\textsuperscript{200}. Nevertheless, male involvement in pregnancy and childbirth enhances positive health outcomes\textsuperscript{201}.

1.6.6 Cultural competency in the management of pregnancy and childbirth

The common theme of pluralistic health care systems emerging from the above literature calls for cultural competency in managing pregnancy and childbirth especially on the part of biomedical health professionals in order to improve maternal health care. Larry Purnell\textsuperscript{202} conceptualised the Purnell model for cultural competence which is an organising framework


\textsuperscript{195} Ernest Okechukwu Orji et al., “Men’s Involvement in Safe Motherhood, 242.

\textsuperscript{196} Ernest Okechukwu Orji et al., “Men’s Involvement in Safe Motherhood, 242.


\textsuperscript{198} Othman Kakaire, Dan K. Kaye, and Michael O. Osinde, “Male Involvement in Birth Preparedness, 3.

\textsuperscript{199} Ibid. 3.

\textsuperscript{200} Ibid. 3.

\textsuperscript{201} Ibid. 6.

depicting how the global society, the community, the family and the person ought to respond to phenomena.

According to Purnell;

cultural competence is a process, not an endpoint. One progresses (a) from unconscious incompetence (not being aware that one is lacking knowledge about another culture), (b) to conscious incompetence (being aware that one is lacking knowledge about another culture), (c) to conscious competence (learning about the client’s culture, and verifying generalizations about the client’s culture, and providing culturally specific intervention), and finally (d) to unconscious competence (automatically providing cultural congruent care to clients of diverse cultures)\textsuperscript{203}.

Cultural competence on the part of biomedical health professionals is a necessity in order to promote holistic health care systems especially for indigenous African communities where the majority of people exercise both indigenous and contemporary health seeking behaviours. Pregnancy and childbirth are such events that are heavily informed by indigenous management models. These models are in the form of certain rituals meant to protect the mother and her pregnancy as well as the use of herbal medicines and practices for cervical dilation, muscle relaxant and body toning to enable an easy birth. As such some of the indigenous beliefs and practices are castigated by biomedical professionals. Cultural competence therefore calls for cultural awareness and cultural sensitivity to the beliefs and practices of clients\textsuperscript{204}. Cultural awareness, according to Purnell\textsuperscript{205}, is appreciating external signs of diversity which are displayed through one’s physical appearance and mode of dressing. For example, a pregnant woman may have a charm tied around her waist to protect her pregnancy. Biomedical professionals are encouraged to exercise cultural sensitivity when dealing with clients from various cultural backgrounds. Cultural sensitivity has more to do with good personal attitude on the part of the biomedical health professional\textsuperscript{206}. This entails

\textsuperscript{203} Ibid. 9.
\textsuperscript{204} Ibid. 8.
\textsuperscript{205} Ibid. 8.
\textsuperscript{206} Ibid. 8.
avoiding language that might be offensive to one’s ethnic or cultural background\textsuperscript{207}. In a study on cross-cultural evaluation of maternal competence in a society with diverse cultures, the author raises the critical need for the training of nursing staff in cultural competence in order to avoid misconstruing the traditional beliefs of clients\textsuperscript{208}. These same sentiments are also raised by Kwagala\textsuperscript{209} who argues that the professional training of biomedical healthcare staff should incorporate cultural competence, sensitivity and professional ethics. In her study, Kwagala\textsuperscript{210} noted that women were not comfortable with utilising public health facilities due to limited cultural competence from the medical staff. This cultural incompetence hindered effective communication between the health service provider and its clients. In order to bridge this gap, Kwagala proposes that accommodating cultural practices that are beneficial to the health and wellbeing of clients seeking attention from health professionals is necessary\textsuperscript{211}.

1.7 Chapter summary

This chapter introduced the orientation of the study on indigenous knowledge, beliefs and practices on pregnancy and childbirth among the Ndua people of eastern Zimbabwe. This introductory chapter presented the research problem and the critical research question guiding the study. It further outlined the significance and justification for the study; the objectives and research questions; as well as the theoretical underpinnings guiding the study. The chapter included a literature review section that discussed the prevalent use of indigenous knowledge on pregnancy and childbirth across cultures. Shared themes emanating from the literature are the role of TBAs in managing pregnancy and childbirth, the prevalence of home deliveries, the co-existence between bio-medical and traditional maternal health practices prompting the call for the recognition of cultural consideration in the provision of maternal health care. The literature reflected popular use of ethnomedicines for managing pregnancy and childbirth across cultures. However, much of the research on ethnomedicines is undertaken from a biomedical perspective with the utmost concern of highlighting the negative effects of such while overlooking the therapeutic properties and prompting further research on indigenous pharmacopoeia. The literature review also revealed the common use of herbal medicines

\textsuperscript{207} Ibid. 8.
\textsuperscript{210} Ibid. S411
\textsuperscript{211} Ibid. S412.
during pregnancy for inducing labour and attaining a quick and easy delivery. In order to satisfactorily respond to the critical research question: How is indigenous knowledge on pregnancy and childbirth produced, managed and preserved for posterity among the Ndua of Zimbabwe? The next chapter offers an in-depth discussion on the history, theoretical contestations and the importance of indigenous knowledge in local communities. The chapter defines indigenous knowledge which is the focus of the study, and pays attention to their physiognomies; challenges; nuances, contradictions and contestations.

1.8 The structure of thesis
The thesis is structured as follows;

Chapter One: Introducing the study
Chapter one highlighted the orientation of the thesis and the research plan. This included the statement of the research problem; theoretical considerations underpinning the study; objectives and research questions; and justification and significance of the study. The chapter also included a literature review section that focused on indigenous beliefs and practices on pregnancy and childbirth globally, within African countries and Zimbabwe in particular.

Chapter Two: Significance of the study: IKS: History, theoretical contestations and the importance of indigenous knowledge to local communities
The chapter basically focuses on IKS which is the focus of the study. The chapter defines indigenous knowledge systems and gives an explanation of their value. A comprehensive description of the major sources of IKS is highlighted in this chapter, including the theoretical contestations around IKS. The chapter also discusses the sources of IK and their physiognomies. It concludes with prospects and challenges of IKS.

Chapter Three: Research methodology
The chapter offers an in-depth account of the field research study methods and procedures. It explains the methodology and ethical considerations observed. It presents the primary methods of data collection and the context of the field research paying particular attention to gaining entry into the research site and the manner in which the interviews were conducted. The chapter includes a discussion on data analysis as well as explaining how the validity, credibility and rigour of the study were accomplished.
Chapter Four: Socio-economic and demographic characteristics of the research participants: A cultural perspective
The chapter presents an overview of the socio-economic and demographic characteristics of the study sample from a cultural perspective. These include age groups, occupational status, religious affiliation and educational status. This chapter seeks to uncover the cultural significance attached to these variables in relation to the research problem.

Chapter Five: The historical origins of Ndau cosmology and belief systems
This chapter discusses the historical origins of the Ndau people, paying attention to their cosmology and belief systems. The historical analysis of Ndau cosmological belief systems is discussed in order to understand the historical impact of colonialism on Ndau indigenous beliefs and practices on pregnancy and childbirth.

Chapter Six: Ndau indigenous beliefs and practices on pregnancy and childbirth
This chapter seeks to respond to the first question: What are the beliefs and practices informing pregnancy and childbirth among the Ndau of Zimbabwe? and third research questions: How is IK on pregnancy and childbirth produced and managed within Ndau traditional society? Through study findings, the chapter gives a detailed discussion of Ndau indigenous beliefs and practices on pregnancy and childbirth. Notable among these are; kuwe zano; mataguta muriwo; masungiro; masuwo; kuarika; doro remuswere; birthing process; naming process; taboos; myths and legends surrounding the period of pregnancy and childbirth. The indigenous beliefs and practices are inclusive of rituals that inform the period of pregnancy and childbirth. The chapter includes a section on discussion of findings where common themes arising from the study findings are highlighted.

Chapter Seven: Knowledge and perceptions of Ndau women regarding indigenous beliefs and practices on pregnancy and childbirth
In response to the second objective of the research study: To explore the perceptions of Ndau women with regards to IK, this chapter presents the knowledge and perceptions of Ndau women regarding pregnancy and childbirth. In the current context of the medicalisation of pregnancy and childbirth, the chapter explores whether Ndau women have been able to re-claim and re-store their indigenous modes of managing pregnancy and childbirth. The chapter also explores how the Ndau women deal with religio-cultural issues related to managing pregnancy and childbirth.
Chapter Eight: Preserving IK on pregnancy and childbirth for posterity
The chapter responds to the fourth research question: *How is IK preserved and passed from generation to generation?* The chapter explores the mechanisms used by the Ndiau people of eastern Zimbabwe to preserve IK on pregnancy and childbirth for posterity. In so doing, the chapter highlights the challenges associated with indigenous modes of preserving IK in the current context of modernisation. It offers alternate ways of preserving IK for posterity.

CHAPTER Nine: Conclusion
The chapter concludes the study. It recapitulates the study purpose and findings and it positions the relationship of the study to previous research. The chapter outlines the study’s contribution to knowledge production, highlighting the methodological, theoretical and contextual contributions of the study to the global knowledge economy. The chapter also offers recommendations for future research.
CHAPTER TWO

Significance of the study: History, theoretical contestations and the importance of indigenous knowledge to local communities

2.1 Introduction

The introductory chapter outlined the central research question: How is indigenous knowledge on pregnancy and childbirth produced, managed and preserved for posterity among the Ndau of Zimbabwe? In an endeavour to respond to this critical research question, this chapter seeks to define indigenous knowledge systems (IKS) and their value to local communities. The chapter identifies the sources of indigenous knowledge systems; their physiognomies, challenges, nuances, contradictions and contestations. IKS as a field of inquiry is a recent phenomenon that gained momentum in the last three decades. Notwithstanding this, IKS have always been in existence and have informed the way of life of indigenous communities. However, the significance of IKS and their ability to address community challenges have positioned them as a subject for conceptual and discursive debates as well as a tool for transforming the livelihoods of the poor and marginalised.

In recent years, IKS have been a major topic of discussion at national and international conferences. In addition, a number of funding agencies (Canadian International Development Agency (CIDA), United Nations Educational, Scientific and Cultural Organization (UNESCO); World Bank, etc.) have incorporated IKS into their initiatives for “sustainable livelihoods and development” strategies. This comes in the midst of incessant calls for addressing the challenges and shortcomings in poor and marginalised communities in ways that are acceptable to the local people. IKS have also been a subject of interest for scholarly debates, conferences and meetings and in publications such as journals, newsletters, articles and reports. What then are IKS?

2.2 Defining indigenous knowledge systems

IKS are broad and varied, covering a large spectrum of disciplines. As a result, definitions vary according to their wide-ranging use. Generally, IKS are defined as the common-sense ideas and cultural knowledge of local peoples concerning the everyday realities of living. They encompass the cultural traditions, values, beliefs systems, and world views that, in any indigenous society, are imparted to the younger generation by community elders. Similarly, Dei defines IKS as “the epistemic saliency of cultural traditions, values, belief systems and worldviews in any indigenous society that are imparted to the younger generation by community elders”\(^{214}\). These cultural traditions and belief systems are deeply embedded in societies so much that they become innate, thereby informing the way of life of indigenous people. Accordingly, Mapara\(^{215}\) defines IKS as a body of knowledge or bodies of knowledge of the indigenous people and are linked to a particular geographical area whereby its inhabitants have relied and survived on that body of knowledge for a long period of time.

In light of the above, indigenous knowledge (IK) encompasses local knowledge that is distinct to a given culture or society. Different ethnic groups have different meanings attached to certain beliefs and practices. Mapara\(^{216}\) further regards IKS as indigenous forms of knowledge that people have relied and survived on prior to colonialism. IKS also refer to the combination of knowledge systems encompassing technology, social, economic and philosophical learning, or educational, legal and governance systems. Hoppers and Mahlangu\(^{217}\) contend that IKS are knowledge systems relating to the technological, social, institutional, scientific and developmental aspects including those used in liberation struggles. On the other hand, Sefa Dei et al.,\(^{218}\) further explain that IKS also refer to world views that are products of a direct experience of nature and its relationship with the social world.


\(^{216}\) Ibid. 139.


Therefore IKS consist of “concepts, beliefs and perceptions, and experiences” informing the worldview of local people and their relationship to their environment\textsuperscript{219}. Mapara\textsuperscript{220} indicates that IKS are also referred to as ethno-science (or people’s science), traditional knowledge, indigenous technical knowledge, and rural knowledge.

According to Horsthemke, IKS are aimed at reviving the indigenous cultural or traditional heritage through:

\begin{quote}
\begin{itemize}
\item a decolonisation of mind and thought; the recognition of self-determining development; and the protection against further colonisation, exploitation, appropriation and/or commercialisation, legitimisation or validation of indigenous practices and worldviews;
\item a condemnation of, or at least caution against, the subjugation of nature and general oppressiveness of non-indigenous rationality, science and technology\textsuperscript{221}.
\end{itemize}
\end{quote}

Similarly, Akena\textsuperscript{222} argues that IKS are a feasible resource that can be used to reclaim, revive and restore contextual and germane ways of knowing that have otherwise been vilified as superstitious, inferior and backward. This is supported by Horsthemke\textsuperscript{223} who points out that the epistemology of IKS comprise local, traditional, non-Western beliefs, practices, customs and worldviews. In line with this thinking, Sefa Dei \textit{et al.}\textsuperscript{224} assert that these are ways of life that are free from and/or colonial influence. IKS also encompass cognitive understandings of the social, physical and spiritual worlds. In this regard, the epistemic understanding of IKS is the link between the natural and the unnatural; the spiritual and the non-spiritual worldviews informing the social life and survival patterns of the local people.

In synthesizing the above definitions, I propose the following working definition;

\textsuperscript{219} Ibid. 114.
\textsuperscript{220} Jacob Mapara, Indigenous knowledge systems in Zimbabwe, 140.
\textsuperscript{221} Kai Horsthemke, “Indigenous Knowledge: Conceptions and Misconceptions, 32.
\textsuperscript{222} Francis A. Akena, “Critical Analysis of the Production of Knowledge and its Implications for Indigenous Knowledge and Decolonization”. \textit{Journal of Black Studies} 43, no. 6 (2012): 601.
\textsuperscript{223} Kai Horsthemke, Indigenous Knowledge: Conceptions and Misconceptions, 32.
\textsuperscript{224} George F. Sefa Dei \textit{et al.}, \textit{Indigenous Knowledge in Global Contexts}, 114.
IKS refer to context-specific bodies of knowledge incorporating traditional values, belief systems and practices serving as practical knowledge developed under specific conditions for sustainable livelihoods of the local inhabitants of a specific geographical area. They are characterised by an unbroken continuance and are passed down from one generation to another.

2.3 Varying dimensions of indigenous knowledge systems

Mapara\textsuperscript{225} points out that there are also varying dimensions of IKS. These include agriculture; medicine; security; botany; zoology; craft skills and linguistics\textsuperscript{226}. In the case of agriculture, indigenes developed traditional ways of reading weather patterns that in turn helped them to determine the appropriate times to undertake specific agricultural activities. According to Mapara\textsuperscript{227}, indigenous people have their own knowledge systems that help them to forecast the weather patterns in advance so they can carefully plan their activities. Some people in communal areas with no access to any form of media communication that gives weather forecasts are able to interpret the various types of clouds and can accurately predict that for example, there will be rainfall in the next three days and hence they start preparing the fields for ploughing. During the ploughing season, I noted that the senior women in my family were able to identify particular clouds that would bring rainfall to our village. Most of their weather predictions were accurate. Similarly, indigenous ways of weather forecasting have been reported by Dixit and Goyal\textsuperscript{228} who point out that the elders, through generational experience, have the capability to predict weather patterns, which are important for predicting the activities of their agro-based activities. These authors further argue that the ability to forecast weather patterns enabled the elders to undertake seasonal planning for various types of crops suitable for the different and varying weather conditions\textsuperscript{229}. Mapara\textsuperscript{230} rightly notes that through IKS, traditional ways of weather forecasting have also been developed.

Because IKS form the information base that dictates the way of life for most African communities, taking time to research and document IKS leads to the important rediscovery of

\textsuperscript{225} Jacob Mapara, Indigenous knowledge systems in Zimbabwe, 140.
\textsuperscript{226} Jacob Mapara, Indigenous knowledge systems in Zimbabwe, 140.
\textsuperscript{227} Ibid. 140.
\textsuperscript{228} Usha Dixit and V. C. Goyal “Traditional Knowledge from and for the elderly”. \textit{Indian Journal of Traditional Knowledge}, Vol 10, no. 3 (2011): 431.
\textsuperscript{229} Ibid. Pp. 431.
\textsuperscript{230} Jacob Mapara, Indigenous knowledge systems in Zimbabwe, 140.
our otherwise marginalised cultural values that guide our indigenous ways of life. Indeed, most of our own African people rely on IKS for their survival. Most notable are the fields of agriculture, health, sustainable development and education. This brings to the fore the consciousness that IKS have not been forgotten, but are largely operational and efficiently so.

In the context of Zimbabwe, IKS have also been recognised in the field of medicine. Mapara points out that the resilience of IKS in the field of medicine gave birth to the formal recognition of traditional healers and/or alternative medical practitioners by the Zimbabwean government since independence in 1980. The Zimbabwe National Traditional Healers’ Association (ZINATHA) was formed as a body formally recognising traditional medical practitioners. Traditional medical practitioners make use of, amongst other forms of healing, traditional medicines. Traditional medicines, one of the dimensions of IKS, are regarded as holistic as they cater for both the spiritual and physical well-being of patients.


236 Jacob Mapara, Indigenous knowledge systems in Zimbabwe, 140.

237 Ibid. 140.
In their healing sessions, traditional medical practitioners look beyond the physiological well-being of the patient. Whilst biomedicines are “mechanistically derived from the germ theory of disease, African traditional medicines can be classified as mind-body medicine”\textsuperscript{238}. Similarly, Truter points out that traditional healers adopt a holistic approach for health and illness whereby treatment is given for “physical, psychological, spiritual and social symptoms”\textsuperscript{239}. The holistic approach offered by traditional medicines is more appealing to the indigenous people of Africa. In this regard, Mapara\textsuperscript{240} argues that pharmaceuticals have often secretly drawn on the knowledge of African traditional pharmacologists. After obtaining as much information as needed, African herbs are transported to the Western world for production into various medicines which are then rebranded and sold back to African countries at exorbitant prices.

### 2.4 Sources of knowledge

Knowledge emanates from different and multiple sources and there are three broad aspects that are relevant to the discourse of IKS which are traditional teachings/knowledge; empirical observations/knowledge; and revelations or revealed knowledge. Castellano\textsuperscript{241} defines traditional knowledge as the knowledge passed on by the elders in a community from one generation to the other. It is knowledge that articulates the creation of the world and the geneses of clans in traditional local communities\textsuperscript{242}. Traditional knowledge speaks of the encounters between the ancestors and the spirits (spirit world), and provides a record of genealogies and ancestral rights to territories. He further explains that IK reinforces traditional values and beliefs which are the foundations of the substructure for civil society\textsuperscript{243}. Castellano\textsuperscript{244} points out that within the realm of traditional knowledge, the wisdom of older generations is exceedingly venerated and held with high esteem. Elders are therefore assigned the important task and responsibility of educating the young about traditional ways of life\textsuperscript{245}.

\textsuperscript{238} Ibid. 140.
\textsuperscript{240} Ibid. 140.
\textsuperscript{242} Ibid. 23.
\textsuperscript{243} Ibid. 23.
\textsuperscript{244} Ibid. 23.
\textsuperscript{245} Ibid. 23.
ki-Zerbo\textsuperscript{246} expresses that it is commonly believed that in African traditional societies, “when an elder dies…it is a library that burns”.

The second source of knowledge is empirical knowledge which Castellano\textsuperscript{247} describes as based on careful observation of the environment and is informed by nature, culture and the society at large. The third source as presented by Castellano\textsuperscript{248} is revealed knowledge which is knowledge obtained through dreams, visions and intuition and these are believed to be of a spiritual nature.

2.5. Physiognomies of indigenous knowledge systems

The distinct feature that separates IKS from other systems of knowledge is its holistic nature. IKS embrace both the physical and the metaphysical realm. Hart\textsuperscript{249} argues that IKS do not classify realities into separate disciplines such as religion, philosophy, physical and social science etc. With indigenous knowledge, systems are not separated but are viewed as a whole unit. There is no separation between science and spirituality but knowledge is used to guide both the physical and spiritual aspects of life. Hart\textsuperscript{250} contends that IKS seek to harmonise people’s lifestyles within their local ecosystems. In addition, Hoppers\textsuperscript{251} explains that IKS are embedded in the cultural web and history of their local people and serve as their backbone of the social, economic, scientific and technological identities. Furthermore, Hoppers\textsuperscript{252} points out that IKS are independent of colonial and imperial imposition. She further explains that IKS are characterised by a worldview that considers the individual as part of nature; respects the wisdom of the elders; and reveres the living, the dead and the future generations\textsuperscript{253}. Indigenous communities practise communalism whereby community resources are used responsibly and shared equally. Hoppers\textsuperscript{254} points out that spiritual values, traditions and practices connected to the divine, to culture and to the earth are contained within the IKS framework.

\textsuperscript{246} Joseph ki-Zerbo 1990, Pp.27.
\textsuperscript{247} Ibid. 23.
\textsuperscript{248} Ibid. 24.
\textsuperscript{250} Ibid. 4.
\textsuperscript{251} Catherine Odora Hoppers, Indigenous Knowledge and the Integration of Knowledge Systems: Towards a conceptual and methodological framework, Pp2-22. In Indigenous Knowledge and the Integration of Knowledge
Grenier255 points out the cumulative nature of IKS are that they are based on generations of experience, careful observations as well as trial-and-error experimentations. Similarly, Castellano256 advances that indigenous knowledge is rooted in personal experience and therefore does not lay any claim to truthfulness and universality. In continuance, he explains that the extent to which one believes what is said by the other is based on one’s perception of the integrity of the speaker257. Personal experiences therefore cannot be disputed despite being incongruous, but rather, one’s perceptions are accepted as valid because they are unique to the person258. However, Castellano259 contends that knowledge is personal and community knowledge may be authenticated through collective analysis and consensus amongst community members260. If one is giving information to a group of people, validation of what is said maybe observed from the nods and sounds of approval uttered by the listeners.

Grenier261 explains that IKS are not static. They are dynamic as new knowledge is continuously generated from within whilst external knowledge is borrowed and modified to cater for local situations. With IK, all members of the community and/or society are conversant with local knowledge; the young and the old, men and women as well as children. However, Grenier262 posits that the superiority and measure of IK possessed by these people vary due to certain determinants which maybe inclusive of age, education, gender, socio-economic status, daily experiences, outside influences, community status and one’s profession. Therefore, IKS are legitimate ways of knowing which are dynamic, continuous and adaptive.

In advancing this line of understanding, Grenier263 argues that one’s inquisitiveness, intellectual capacity, degree of autonomy and control of resources also determines the
expanse of IK one possesses. She further explains that IK is stored in people’s memories and their activities are shared and communicated orally through illustrations and cultural practices in the form of dance and/or rituals\textsuperscript{264}. Similarly, IK is expressed through oral communication, stories, songs, folklore, proverbs, dances, myths, cultural values, beliefs, rituals, community laws, local languages and agricultural practices\textsuperscript{265}.

### 2.6 Challenges leading to the decline of indigenous knowledge systems

Various factors have led to the decline of IKS. Factors such as the search for gainful employment, rural to urban migration and many others have had a large effect on the traditional family setup thereby leading to the decline of IKS.

#### 2.6.1 Disruption of traditional channels of communication

Several factors have led to the disruption of the traditional family structure. This disruption affects the traditional transmission of IK from the elders to the younger generation. The young and the old are no longer able to spend valuable time together because of school and work commitments. Additionally, family dislocation resulting from rural to urban migration for employment or educational commitments and loss of interest in indigenous ways of life have also led to the disruption of traditional channels of communication. Grenier\textsuperscript{266} argues that this denies the elders the chance to transfer their knowledge to the younger generation. Grenier\textsuperscript{267} also notes the younger generation is no longer interested in traditional knowledge and it becomes increasingly difficult for the elders to convey that kind of knowledge to the younger generations leading to its erosion. Additionally, Grenier\textsuperscript{268} posits that modernisation has led to the acquisition of lifestyles different from indigenous ones which ultimately erodes indigenous knowledge. The younger generations are more interested in their acquired values and lifestyles incongruent to those of the older generations and their ancestors\textsuperscript{269}. Since oral communication is one of the major tenets of conveying IK, this mode of transmission has been disrupted by socio-cultural and economic changes in indigenous communities.

\textsuperscript{264} Ibid. 2.
\textsuperscript{265} Ibid. 1.
\textsuperscript{266} Ibid. 1.
\textsuperscript{267} Ibid. 1.
\textsuperscript{268} Ibid. 5.
\textsuperscript{269} Ibid. 5.
Despite all the challenges hindering the older generations from effectively passing on their indigenous ways of life to the young, elders are still determined to somehow navigate through the changing lifestyles to ensure that the younger generations are aware of their cultural roots and indigenous ways of life. Elabor-Idemudia\textsuperscript{270} asserts that community elders have the role of educating the younger generation about their indigenous ways of life and to conscientise them to understand that embracing their heritage does not mean ignorance or backwardness. She continues to argue that indigenousness provides “avenues for creativity, as well as cultural sources of power that African men, women, and children should reclaim and reconstitute for the benefit of their respective societies and communities”\textsuperscript{271}.

### 2.6.2 Natural loss of IKS

According to Grenier\textsuperscript{272}, IKS are also affected by natural loss. This results from the modification of indigenous techniques and tools while others are replaced and they fall out of use. The emergence of international markets, Western educational systems, globalisation and other factors related to modernisation have brought in new ways of doing things resulting in the neglect of indigenous methods.

### 2.6.3 Historic neglect of IKS

Social, physical and agricultural scientists, biologists, and colonial powers depicted IKS as primitive, static, simple and just folklore resulting in it being side-lined. Grenier rightly argues that this “neglect, (regardless of its cause – racism, ethnocentrism, or modernism, with its complete faith in the scientific method) has contributed to the decline of IK systems, through lack of use and application”\textsuperscript{273}. To a certain extent, this line of thought continues to the present day. This in turn has resulted in local people losing faith in their own indigenous ways of doing things. Instead, they depend on foreign and borrowed ways. Nonetheless, some of the external solutions are not compatible with the local situations thereby disadvantaging the local indigenous communities. Even so, the acquisition of Western knowledge has been and is still invaluable, but on its own it is incapable of responding adequately to African challenges.


\textsuperscript{271} Patience Elabor-Idemudia, The Retention of Knowledge as Folkways, 113.

\textsuperscript{272} Louise Grenier, \textit{Working with Indigenous Knowledge}, 4.

\textsuperscript{273} Ibid. 5.
2.7 Theoretical contestations of IKS

The concept of IKS is fairly new and it gained momentum at the beginning of the twentieth century. Along with this momentum, IKS have also prompted conceptual and discursive debates. However, IKS have always been in existence as the backbone of African people, especially those in rural communities. Indeed, a larger number of people have historically relied and continue to rely on IK and innovations as their daily strategies for survival. Nonetheless, Kaya and Seleti\(^{274}\) point out that the recent discussions on the significance of IKS for all facets of life, inclusive of food security, environmental conservation, health, natural resource management, conflict transformation, education, governance and leadership, and development strategies have given rise to several disparagements. It is common for such critiques to arise. The next section therefore highlights the common arguments and criticisms raised against IKS.

2.7.1 Indigenous knowledge as scattered and institutionally diffused

Agrawal\(^{275}\), on critiquing IKS, posits that indigenous knowledge (IK) is scattered and institutionally diffused hence it has a very low prestige value compared to Western knowledge that is centralised and carry a high prestige value. He further argues that whilst IK is concerned with the daily livelihoods of the indigenous people, science caters for utilitarian purposes and every aspect of life in the West bears the symbol of science\(^{276}\). In raising another critique, Horsthemke argues that IK presents “…at best an incomplete, partial, or at worst, a questionable understanding or conception of knowledge”\(^{277}\). While Agrawal\(^{278}\) argues that IK has contradictions and conceptual weaknesses, Horsthemke contends that theorists in support of IK have failed to aptly conceptualise the concept of ‘knowledge’ in IKS. In this regard, Horsthemke contends that IK is “…unquestioningly employed as an umbrella concept to cover practices, skills, customs, worldviews, perceptions, as well as theoretical and factual understandings”\(^{279}\). He further argues that instead of endeavouiring to grapple with the actual meaning of knowledge in indigenous knowledge, theorists are focusing on what IK hopes to achieve;

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\(^{275}\) Arun Agrawal, Dismantling the Divide, 423; Horsthemke, Indigenous Knowledge, 32.

\(^{276}\) Ibid. 422-423.

\(^{277}\) Kai Horsthemke, Indigenous Knowledge: Conceptions and Misconceptions, 32.

\(^{278}\) Arun Agrawal, Dismantling the Divide, 423; Horsthemke, Indigenous Knowledge, 32.

\(^{279}\) Kai Horsthemke, Indigenous Knowledge, 32.
reclamation of cultural or traditional heritage; decolonisation of mind and thought; recognition and acknowledgement of self-determining development; protection against further colonisation, exploitation, appropriation and/or condemnation of, or at least caution against, the subjugation of nature and general oppressiveness of nonindigenous rationality, science and technology.\(^\text{280}\). 

Agrawal\(^\text{281}\) therefore contends that the desire to legitimise or validate IK is futile because of the absence of a complete definition or working definition of knowledge. Horsthemke\(^\text{282}\) presents a definition of knowledge by classifying it into what he terms three main kinds which are knowledge-that (factual knowledge); knowledge-how (practical knowledge) and knowledge of persons (knowledge by acquaintance). With this classification, he points out that if IK is classified as knowledge of persons, then there is less controversy surrounding it since knowledge by acquaintance differs from person to person, society to society and culture to culture.\(^\text{283}\) Additionally, Horsthemke contends that projects of IK focus on knowledge-how and this too is unproblematic for him because different cultures and societies possess skills and know-how that is not shared by others.\(^\text{284}\).

Horsthemke\(^\text{285}\) points out that challenges arise when knowledge-how and knowledge-that (factual and practical) are diffused together and treated as mutually dependant. According to him, knowledge-that (factual knowledge) comprises three independent constituents which are belief, justification and truth.\(^\text{286}\) If these elements are isolated, they do not constitute knowledge. IK covers all kinds of beliefs and pays no attention to the concept of truth or justification hence this posits knowledge as assumptions, opinions, superstition, divination and/or soothsaying.\(^\text{287}\) According to Horsthemke’s understanding, if IK is regarded as factual or propositional knowledge, it must meet the criteria of belief, justification and truth; if it does then it is positioned on par with non-indigenous knowledge;
If something is referred to as ‘indigenous knowledge’ in the sense of factual or propositional knowledge, it must meet the requisite criteria: belief, justification and truth. If it does, it is on a par with non IK in a particular area or field. Thus, the sangoma’s (traditional healer’s) knowledge would be on a par with that of a general medical practitioner, like the knowledge of a naturopath or homoeopath. The insights into climate change, animal behaviour and plant life cycles of a Bushman or South American Indian would be on a par with those of biologists or climatologists. In fact, both could arguably learn from each other. It is important to bear in mind that there is no question here of different truths (different beliefs perhaps, different methods of justification almost certainly), no question of (radically) different knowledges. Truth and reality are essentially not in the eye of the beholder\textsuperscript{289}.

However, the thrust of IK is not about truth and justification but rather on the effect of such on improving the livelihoods of the African people. Most African states are classified as developing countries and they are characterised by economic and political instability which has given rise to high levels of poverty and inequalities in disposable incomes whereby the poor remain poor. Developing countries are also characterised by poor infrastructural development. Nyerere\textsuperscript{290} argues that debates on IK are more profitable to African communities if they focus on community engagement as opposed to emphasising delineating theoretical knowledge.

The focus by advocates of IKS is necessary in order to mitigate the effects of colonisation and its repercussions on the African people. Most imperative is the reclamation of cultural or traditional heritage and the decolonisation of mind and thought. These are important facets that need urgent attention within the African context whose beliefs, practices and ways of living were disrupted during colonisation. Therefore, the purported failure to conceptualise the lexicon of IK must not be used to derail the process of reclaiming, reviving and restoring the traditional heritage of previously colonised peoples. Whilst I do not wish to romanticise all indigenous beliefs and practices, bearing in mind that there are those beliefs that were

\textsuperscript{289} Ibid. 34.
harmful (for example, infanticide in the case of twin births), there are those beliefs and practices which are holistic and life-giving; those that lighten the burden for survival strategies in poor and marginalised communities with reduced economic and infrastructural development. Although opponents of IKS focus on conceptualisation, advocates focus on promoting IKS in ways that advance the lives of the poor and the marginalised. However, the focus on promoting IKS does not eliminate the search for its conceptual underpinning. The challenge however is described by Shizha who points out that;

in a globalized neo-colonial world, an insidious and often debilitating crisis of knowledge construction and legitimation does not only continue to undermine the local IKS, but it also perpetuates a neo-colonial and oppressive socio-cultural science…system that debilitates the social and cultural identity of the indigenous African people\textsuperscript{291}.

Kaya and Seleti argue that several decades after conquering colonial rule; many African states have not been able to develop their own theoretical and methodological frameworks for knowledge production\textsuperscript{292}. This shortfall emanates from the educational structures inherited from colonialism\textsuperscript{293}. These educational structures are incompatible with African cultural values and highly extraneous to the needs and concerns of the common African people. Higher educational institutions have continued to foster this unfavourable educational structure through their continued strong relations with the former colonising powers, a situation that has hampered the process of educational reforms within African states. Kaya and Seleti point out that there are more concentrated research and academic ties between African and Western institutions of higher learning as opposed to linkages within the African countries\textsuperscript{294}. This system further perpetuates the slow progress in developing our very own theoretical frameworks as we have to continually conform to those accepted by the Western educational structures. Moreover, academic and research initiatives are conducted in the language of the coloniser hence it weakens the conceptualisation of theory based on indigenous theoretical frameworks and paradigms\textsuperscript{295}.

\textsuperscript{292} Hassan O. Kaya and Yonah. H. Seleti, “African indigenous knowledge systems, 32.
\textsuperscript{293} Ibid. 32.
\textsuperscript{294} Ibid. 32.
\textsuperscript{295} Ibid. 32.
In addition, the construction of legitimate knowledge has been considered a project of the West. Akena notes that knowledge production has been closely linked to the “context, class affiliation and the social identity” of the knowledge producers. He further argues that “knowledge producers, politics, class affiliation and group identity symbiotically influence each other in a complex manner, creating a hybrid knowledge that is a product of such interactions.” Akena contends that Western knowledge has been legitimised as universal knowledge and as a result, this has given rise to ethnocentrism hence relinquishing power and control to the Europeans. As a result, non-Western ways of knowing were delegitimised and relegated to the periphery as primitive knowledge.

Nevertheless, the Westernisation of legitimate knowledge systems does not inhibit African scholarship from appropriating its own knowledge systems for academia as well as making its knowledge relevant to the needs of the African people. Lor and Britz argue that knowledge production should not be considered a project of the North. All societies are capable of producing knowledge. They argue that of late, there has been vast awareness on the “wealth of Africa’s knowledge base” and that historical research has also unmasked the bias levelled against Africa’s knowledge as irrelevant. This is confirmed by Kaya and Seleti who argue that indeed Africa still holds the capability to promote African IKS for sustainable community livelihoods. The colonial onslaught of African ways of knowing and ways of life has not robbed Africa of its intellectual, cultural and spiritual heritage. These tools can be used to reclaim, revive and restore that which has been stolen from us as a people. Similarly, as advanced by Akena, IK can be appropriated as a “viable tool for reclaiming context-relevant ways of knowing” that have been repressed by Western ways of knowing. Ideally, research on IK should aim at a systematic dismantling of uneven power relations that have created hegemony in other ways of knowing whilst subjugating African ways of knowing. Lor and Britz recognises that the recent emergence of IKS in the

296 Francis A. Akena, Critical analysis of the production of knowledge, 600.
297 Ibid. 600.
298 Ibid. 600.
299 Peter Johan Lor and Johannes Britz, “Knowledge production from an African perspective; International information flows and intellectual property”, The International Information and Library Review 37 (2005): 61-76.
300 Ibid. 62.
301 Hassan O. Kaya and Yonah H Seleti, African Indigenous Knowledge Systems, 33
302 Francis A. Akena, Critical analysis of the production of knowledge, 601.
303 Peter Johan Lor and Johannes Britz, “Knowledge Production from an African, 62.
scholarly debates and contributions to knowledge has to a certain extent, halted the exploitation of IK and the disregard of African scholarship to the world.

2.8 Re-covering, re-awakening, and re-claiming African indigenous knowledge systems

The renewed and growing interest in IKS is an endeavour to promote an African renaissance. It is an attempt to revive African epistemologies that define African ways of life. Mapara\textsuperscript{304} contends that it is an appreciation of the IK practices that have persevered in the face of Western imperialism and colonialism. He argues that IKS were denigrated and dismissed by colonialists whose science regarded them as superstitious and unrealistic\textsuperscript{305}. This was a ploy used to justify the colonisation of African countries\textsuperscript{306}. However, Mapara\textsuperscript{307} notes that over the years, and in the face of Western imperialism and colonial rule, IKS have survived and their recognition is widespread. This is partly due to the fact that IKS are local and natural forms of knowledge systems that have been passed down from one generation to another. In addition, they are heavily associated with the societies that produce them\textsuperscript{308}. In this regard, each society ensures that its knowledge systems are preserved and are passed on to the next generation.

Drawing from Wilson who writes on the recovery of IK, the need to re-cover, re-awaken, and re-claim IKS is “a conscious and systematic effort to revalue that which has been denigrated and to revive that which has been destroyed”\textsuperscript{309}. He argues that it is about reclaiming African ways of living that accorded African people the ability to live their lives in a spiritually balanced, holistic and sustainable way within their own indigenous communities\textsuperscript{310}. Hence he posits that the re-covery of IKS is considered an anticolonial project because the loss of indigenous systems is a result of the onslaught of colonialism that was designed at “methodically eradicating our ways of seeing, being, and interacting” with the world at large\textsuperscript{311}. The recovery of these systems is a project aimed at re-gaining our ways of being, our

\textsuperscript{304} Jacob Mapara, IKS in Zimbabwe, Pp. 140.
\textsuperscript{306} Jacob. Mapara, Indigenous knowledge systems in Zimbabwe, 140.
\textsuperscript{307} Ibid. 140.
\textsuperscript{308} Ibid. 140.
\textsuperscript{309} Angela Cavender Wilson, Indigenous Knowledge Recovery is Empowerment, 359.
\textsuperscript{310} Angela Cavender Wilson, Indigenous Knowledge Recovery is Empowerment, 359.
\textsuperscript{311} Ibid. 359.
cultural beliefs and practices, the history of our ancestors, our own spirituality and our own languages. In continuance, Wilson argues that the recovery of IKS is a project of re-embracing ways of life that were formerly robbed of us on the pretence that they were backward, inferior, and incompatible with modernity and civilisation. Both the local communities and academia can serve as transformative tools aimed at re-covering, re-awakening, re-claiming, and re-gaining our indigenous heritage.

The local communities are key players in the construction of knowledge about their communities, involving themselves in the co-construction of knowledge for academic theorisation. Through academia, African scholars can privilege research and publications on indigenous knowledge. This in itself is a challenge to the dominant knowledge production models and powerful institutions that have always dismissed other ways of knowing. As Wilson argues, “in carving a new space for discussion about indigenous knowledge, we are testifying to its importance”. Local communities can contribute through re-appropriating our traditional knowledge and values, living and acting them without any misgivings. The call within the literature is to collectively, re-cover, re-awaken, re-claim, re-vitalize, and re-gain our own indigenous culture and tradition. This does not imply that we have to discard Western knowledge. It is still valuable to us. However, on its own, it is incapable of responding to the intensifying disparities present on the African continent.

Re-covering, re-awakening, re-claiming, and re-vitalising IKS accords local communities the power to locally define proper models of development and sustainability that are compatible with their cultural, political, spiritual, moral, and ecological goals and aspirations.

2.9 Chapter summary

The chapter gave a detailed description of the history, theoretical contestations and the importance of IK in local communities. It highlighted the renewed interest in IK hence prompting the recovery, reawakening and reclaiming of IK that was previously marginalised. The next chapter outlines the study methodology and it pays attention to the methods and procedures used in executing the study.

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312 Ibid. 360.
313 George J Sefa Dei, Introduction, 16.
314 Angela Cavender Wilson, Indigenous Knowledge Recovery is Empowerment, 360.
CHAPTER THREE
Research Methodology

3.1 Introduction
It was indicated in the previous chapters that the study uses the case of the Ndau people’s indigenous knowledge including beliefs and practices on pregnancy and childbirth to demonstrate the diversity and richness of African indigenous ways of knowing and value systems. In a bid to position the centrality of African interests in knowledge production (research), this centrality is demonstrated by the central role played by the Ndau indigenous knowledge holders and practitioners, especially women. In this study, the female Ndau IK holders are active participants and not mere objects of the research.

The study used a qualitative research design. Interactive methods such as in-depth interviews and focus group discussions [FGDs] were used to allow interaction between/among the knowledge holders and the researcher to interact and share experiences. This chapter provides a detailed description of the research methods, techniques and procedures used for the study. It begins with an articulation of the research design, the sampling techniques, methods of data collection and analysis, and a discussion on how the important rudiments of validity, credibility and rigour were incorporated into the research project. This is followed by an outline of the ethical considerations for the study and a section on self-reflexivity. The chapter concludes with a brief summary of the key elements of the methodology.

3.2 Research design
Social science research should incorporate spirituality and communal ways of living that are representative of African ways of life. It should incorporate crucial aspects that represent African ways of life inclusive of the interconnectedness of life which encompasses the living and the non-living and the relational terms that bind the African people together. According to Chilisa, “postcolonial indigenous research techniques include a process of decolonizing the conventional interview technique, using indigenous interview methods such as talking circles and invoking IK to inform alternative research methods compatible with the

316 Bagele, Chilisa, Indigenous Research Methodologies, 3.
317 Ibid. 3.
worldviews of the colonized other”\textsuperscript{318}. Hence, postcolonial indigenous research accommodates the history, culture and philosophy of the African worldview as opposed to using Euro-western research paradigms which are antagonists and incompatible with the African worldview.

Chilisa\textsuperscript{319} explains that postcolonial indigenous research uncovers and reclaims knowledge that was previously marginalised; it brings to the fore the African cultural heritage. It can be integrative through merging Western and indigenous theories\textsuperscript{320}. In this context, the term postcolonial denotes “the continuous struggle of non-Western societies that suffered European colonization, indigenous peoples, and historically marginalized groups to resist suppression of their ways of knowing and the globalization of knowledge, reaffirming that Western knowledge is the only legitimate knowledge”\textsuperscript{321}. Indigenous refers to “a cultural group’s ways of perceiving reality, ways of knowing, and the value systems that inform the research process”\textsuperscript{322}.

Chilisa\textsuperscript{323} presents that indigenous research is characterised by four dimensions; firstly it targets a local phenomenon. In this regard, indigenous research focuses on local issues and does not use dominant theories from the West to determine research issues. Secondly, it is context-sensitive; it endeavours to create context relevant theories informed by local experiences\textsuperscript{324}. Thirdly, it is flexible enough to combine indigenous and Western theories; and lastly it is the benchmark for what constitutes reality; knowledge, and values in research are informed by an indigenous research paradigm\textsuperscript{325}. Fourthly, the postcolonial indigenous research paradigm decolonises Western research methodologies through the creations of “various strategies to liberate the ‘captive mind’ from oppressive conditions that continue to silence and marginalize the voices of the subordinated, colonized, non-Western societies that encountered European colonization”\textsuperscript{326}. In addition, Chilisa\textsuperscript{327} argues that such research advances the restoration and subsequent development of cultural practices, thinking patterns,

\textsuperscript{318} Ibid. 23.
\textsuperscript{319} Ibid. 13.
\textsuperscript{320} Ibid. 13.
\textsuperscript{321} Ibid. 12.
\textsuperscript{322} Ibid. 13.
\textsuperscript{323} Ibid. 13.
\textsuperscript{324} Ibid. 13.
\textsuperscript{325} Ibid. 13.
\textsuperscript{326} Ibid. 13.
\textsuperscript{327} Ibid. 14.
beliefs, and values that were previously repressed but are still “relevant and necessary to the survival” of African people328. Similarly, Mapara notes that colonialism was not only military but was also involved in “purging the colonies of heathen and backward practices”329.

The study adopted a critical qualitative research approach to explore attitudes, behaviour and experiences through such methods as interviews and focus group discussions (FDGs). Thirty one (31) in-depth interviews and five (5) focus group discussions were conducted. The critical qualitative research approach sought to obtain in-depth opinions of the research participants with regard to the research problem. Qualitative research comprises a number of characteristics that makes it most ideal for a study situated within a framework of IKS. Some of these characteristics include positioning the researcher in natural settings in order to record natural occurring events. According to Durrheim330, qualitative research, data is collected in the form of written or spoken language and/or through observations that are recorded in language. Collected data was analysed through identifying and categorising various themes. Durrheim further explains that qualitative research “allows the researcher to study selected issues in depth, openness and details as they identify and attempt to understand the categories of information that emerge from the data”331. The qualitative approach to research assumes that human behaviour is context specific. Therefore the qualitative method allowed for more spontaneity and flexibility in exploring the perceptions and practices of Ndau women with regards to the utilisation of IKS on pregnancy and childbirth.

In terms of data analysis, a phenomenological approach was adopted for the data analysis. A phenomenological analysis was ideal for the study because it is premised on the understanding of social reality as grounded in people’s experiences. Different people with otherwise differing or similar backgrounds were selected to share their experiences of the phenomena under study. Through personal experience, phenomenological analysis explores

328 Ibid. 14.
329 Jacob. Mapara, Indigenous knowledge systems in Zimbabwe, 140.
331 Kevin. Durrheim, Research Design, 42.
dominant cultural understandings of phenomena\textsuperscript{332}. It is “capable of producing ‘thick descriptions’ of people’s experiences or perspectives within their natural settings”\textsuperscript{333}.

Lindegger\textsuperscript{334} aptly points out that “all people exist in a dialectical relationship with their lived world of experience, and there can be no clear separation of self and world, or subject and object”. This means that phenomenological research is concerned with bringing to the fore the subtle world of personal experiences embedded in people’s lives. Accordingly, this world can only be realised through tapping into the consciousness of the people\textsuperscript{335}. Hence, phenomenology also demands that we defer our dominant understanding of phenomena and reconsider our instantaneous experience of them to allow new meanings to emerge\textsuperscript{336}. Prevailing understanding of phenomena is suspended in order to diffuse our current misconceptions. If current misconceptions are suspended, the result will be a new, fuller and renewed meaning of phenomena\textsuperscript{337}.

According to Gray, phenomenological research is mostly undertaken through in-depth unstructured interviews and its unit of analysis is the individual\textsuperscript{338}. Phenomenological research relies on qualitative data analysis. Chilisa\textsuperscript{339} explains that according to a phenomenological perspective, truth is derived from human experience; it is multiple but bound by time, space and context. Under phenomenological analysis, a belief or claim from a particular culture different from one’s own is held to be consistent and true\textsuperscript{340}.

3.3 Location of the research context

This study is based on the view that indigenous knowledge is place-based because different cultural groups live in specific ecological zones. The Ndau as a cultural group reside in a specific ecological zone in Zimbabwe and have developed their own beliefs and practices on managing pregnancy and childbirth. The Ndau reside in Chipinge district which is situated in

\begin{thebibliography}{99}
\bibitem{332} Bagele, Chilisa, Indigenous Research Methodologies, 14; See also David. E. Gray, \textit{Doing Research in the Real World}, 21.
\bibitem{333} Ibid. 28.
\bibitem{335} Ibid. 463.
\bibitem{337} Ibid. 21.
\bibitem{338} Ibid. 22.
\bibitem{339} Bagele Chilisa, \textit{Indigenous Research Methodologies}, 32.
\bibitem{340} Ibid. 32.
\end{thebibliography}
the south-eastern part of Zimbabwe. Chipinge district is pegged at 5296km which is estimated to be 1.4% of the total land area of Zimbabwe. The majority of the populace in Chipinge reside in the rural areas.

Perman describes Chipinge region as a rich agricultural zone boasting of the country’s biggest tea and coffee estates. This is a result of its fertile soils which are suitable for commercial farming. The district boasts of some of the largest dairy farms and banana plantations in Zimbabwe. According to Perman, these farms are a major source of foreign currency for the country. Many of the inhabitants of Chipinge are farmers, growing maize as the staple diet and many other crops. Chipinge district is divided into two, the Lowveld and the Eastern Highlands. The Lowveld is characterised by hot and humid weather whilst the Eastern Highlands receives high levels of rainfall and have rich fertile soils suitable for agricultural activities.

Marashe reports that Chipinge district falls under the governance of seven traditional chiefs cited as “Mpungu, Garahwa, Mahenye, Musikavanhu, Mutema, Mapungwana and Gwenzi”. Chieftaincy is a fundamental aspect of Ndau culture hence chiefs are regarded as sacred and are highly revered. Whilst traditional chiefs are not democratically elected, and ascend to power through succession, their sphere of influence is guided by the legislated Traditional Leaders Act (2000). Part of the traditional chiefs’ mandate is to “promote and uphold cultural values and preserve the institution of family; to promote traditional family life”; and power to allocate land.

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342 Joel Marashe, African Traditional Religious Leaders, 2.


344 Joel Marashe, African Traditional Religious Leaders, 2.

345 Tony Perman, Awakening Spirits, 63.

346 Joel Marashe, African Traditional Religious Leaders, 2.

3.4 Sampling techniques

Indigenous knowledge in African local communities consists of specialised knowledge, shared knowledge and common knowledge. The research sample was purposively selected taking these different aspects of indigenous knowledge management into consideration. There are people among the Ndau, especially elderly women, who are more conversant with the beliefs and practices for managing pregnancy and childbirth. In consultation with community leaders from six (7) different villages, a purposive sample of thirty-six (36) women above twenty-five (25) years of age were selected for the study. Thirty-one (31) women were able to honour their commitment to the study. The sampling procedure for the study targeted women who had knowledge and experience of the research problem.

The basics of purposive sampling, otherwise also referred to as judgemental sampling, are based on the “...knowledge of a population, its elements, and the purpose of the study”348. Sarantakos349 explains that with purposive sampling, participants are chosen based on their knowledge of the subject of research. It is most ideal when studying a particular cultural domain with knowledgeable experts. The sampling process involved identifying the research

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participants and making necessary arrangements inclusive of date, place and time of meeting.

A snowballing technique, which is informed by the gradual accumulation of a sample through contacts and references, was used to complement the purposive technique in constructing the research sample\(^{350}\). The choice of these sampling techniques was based on their ability to construct a sample that embodies the phenomena under study from the selection of participants through contacts and references. This added richness to the study as the sample comprised research participants who are custodians of Ndua indigenous culture and conversant with the research phenomenon. The research sample comprised women who are considered community sages conversant with the research problem.

Whilst, nine (9) of the research participants were TBAs, six (6) had been trained by their local clinics as health assistants commonly known as mbuya utano and had also been inducted on antenatal health care hence they also served as TBAs in their respective villages. The following table shows the socio-economic demographic information of the research participants.

Table 3.1 Demographic information of Research Participants\(^{351}\)

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>AGE</th>
<th>MARITAL STATUS</th>
<th>RELIGIOUS AFFILIATION</th>
<th>EDUCATIONAL LEVEL</th>
<th>OCCUPATIONAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mai Mapungwana</td>
<td>24</td>
<td>Married</td>
<td>Christian</td>
<td>Secondary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mai Dhliwayo</td>
<td>27</td>
<td>Married</td>
<td>Christian</td>
<td>Secondary level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mai Sithole</td>
<td>33</td>
<td>Married</td>
<td>Christian</td>
<td>Advanced Level</td>
<td>School Bursar</td>
</tr>
<tr>
<td>Mai Mwatipedza</td>
<td>36</td>
<td>Married</td>
<td>Christian</td>
<td>Tertiary</td>
<td>Book Keeper</td>
</tr>
<tr>
<td>Mai Sigauke</td>
<td>42</td>
<td>Separated</td>
<td>Christian</td>
<td>Tertiary</td>
<td>State Registered Nurse</td>
</tr>
<tr>
<td>Mai Murenje</td>
<td>45</td>
<td>Married</td>
<td>Christian</td>
<td>Secondary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mai Chirandu</td>
<td>48</td>
<td>Married</td>
<td>Christian</td>
<td>Secondary Level</td>
<td>Home-maker</td>
</tr>
</tbody>
</table>

\(^{350}\) Kevin Durrheim and D. Painter, Collective Quantitative Data, 139.

\(^{351}\) Participants’ names have been replaced with pseudonyms. Mai refers to Mrs. whilst Mbuya refers to grandmother.
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marital Status</th>
<th>Religion</th>
<th>Education Level</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mbuya Mtetwa</td>
<td>49</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Chamwaiita</td>
<td>53</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker &amp; TBA</td>
</tr>
<tr>
<td>Mbuya Mandhlazi</td>
<td>57</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mai Chomusaidea</td>
<td>57</td>
<td>Married</td>
<td>Christian</td>
<td>Tertiary Level</td>
<td>Teacher</td>
</tr>
<tr>
<td>Mbuya Chinungu</td>
<td>59</td>
<td>Married</td>
<td>Christian</td>
<td>Tertiary</td>
<td>State Registered Nurse</td>
</tr>
<tr>
<td>Mbuya Mutape</td>
<td>59</td>
<td>Widowed</td>
<td>ATR</td>
<td>Primary Level</td>
<td>Home-maker &amp; TBA</td>
</tr>
<tr>
<td>Mbuya Choitemwari</td>
<td>59</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Mazibiye</td>
<td>60</td>
<td>Widowed</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Mlombo</td>
<td>61</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Tauzeni</td>
<td>61</td>
<td>Married</td>
<td>Christian</td>
<td>Secondary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Garahwa</td>
<td>62</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Simango</td>
<td>62</td>
<td>Married</td>
<td>Christian</td>
<td>Secondary Level</td>
<td>Retired Teacher</td>
</tr>
<tr>
<td>Mbuya Gurai</td>
<td>62</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Maposa</td>
<td>64</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>TBA</td>
</tr>
<tr>
<td>Mbuya Mwahlupa</td>
<td>65</td>
<td>Married</td>
<td>Christian</td>
<td>Tertiary Level</td>
<td>Retired Teacher</td>
</tr>
<tr>
<td>Mbuya Kushekwia</td>
<td>66</td>
<td>Widowed</td>
<td>Christian</td>
<td>Secondary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Mwadaingei</td>
<td>66</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Mhlanga</td>
<td>67</td>
<td>Married</td>
<td>ATR</td>
<td>Primary Level</td>
<td>TBA</td>
</tr>
<tr>
<td>Mbuya Nyabanga</td>
<td>69</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Kudzionera</td>
<td>70</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker &amp; TBA</td>
</tr>
<tr>
<td>Mbuya Ndangana</td>
<td>71</td>
<td>Widowed</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker</td>
</tr>
<tr>
<td>Mbuya Muusha</td>
<td>72</td>
<td>Married</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Home-maker &amp; TBA</td>
</tr>
<tr>
<td>Mbuya Chakahwara</td>
<td>74</td>
<td>Widowed</td>
<td>Christian</td>
<td>Primary Level</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Mbuya Dhlakama</td>
<td>84</td>
<td>Widowed</td>
<td>Christian</td>
<td>Informal</td>
<td>Home-maker</td>
</tr>
</tbody>
</table>
Whilst the occupational status of the majority of women is indicated as home-makers, these women are involved in several income generating projects for the upkeep of their families. Informal conversations with most of the participants indicated they were subsistence farmers while some were informal traders.

3.5 Gaining entry into the research site

Dawson\textsuperscript{352} points out that negotiating entry into a community for research is reliant upon that community’s culture and if the researcher is conversant with that culture then it becomes easier to gain entry. Gaining entry into a community entails negotiating the official and social authority to enter the community for research. Since my research was with the Ndau people of the Eastern Highlands of Zimbabwe, my Ndau ethnic relationship made it easier for me to gain entry into the communities I had chosen for my research. I made appointments with the headmen and discussed the nature of my study and the anticipated time to be spent doing the research. I also sought permission to visit several homesteads in the areas to conduct in-depth personal interviews. This also gave me the opportunity to ask the headmen the names of the people most conversant with the subject of my research.

I also sought clearance from the local police posts to conduct FGDs at the community halls. Currently, the law in Zimbabwe states that every public gathering must seek clearance from the police. A verbal clearance was given based on the small numbers of the gathered people as well as the fact that our meetings were not party-political gatherings. I recruited two research assistants who were familiar with the context of the study and working together we managed to construct our research sample. Dawson further states that “to gain access a researcher must be non-threatening, displaying appropriate behaviour and body language and wearing appropriate dressing”\textsuperscript{353}. In order to gain acceptance from these local communities, I dressed appropriately (avoided short and tight fitting clothes which are taken as inappropriate by most elderly women), spoke the local Ndau dialect and avoided prolonged direct eye contact with the elderly which is regarded as a sign of disrespect in Ndau culture.

After identifying the research participants, my first visit to them was to introduce myself and to fully explain the purpose of my research and to obtain demographic data. It was equally

\textsuperscript{352}Catherine. A. Dawson, A practical guide to research methods, 112.
\textsuperscript{353}Ibid. 112.
important to explain my ancestral lineage especially to the elderly as they wanted to identify who I was before they committed themselves to the interviews. At some stage my accent betrayed me. Though I am Ndau, I grew up in the city of Harare, away from my native home and I am accustomed to the Shona dialect. As much as I can converse in Ndau, my accent is more inclined to the Shona dialect. This meant that I had to explain that I grew up in the city but occasionally visited our rural home during school holidays and festive periods.

One elderly woman asked why I was then interested in doing research with the Ndau and not the Shona. I explained to her that despite being born and bred in the city, I am Ndau and because I have a disconnection with my traditional culture, this particular research accorded me the opportunity to rediscover and reclaim my own traditional heritage. Indeed it would have been easy to do a research with the Shona as I live in Harare or to locate the Ndau in Harare but I did not opt for that because I was aware that their cultural beliefs have been diluted hence I had to travel more than 500km for a single trip from Harare to Chipinge on numerous occasions to conduct the research.

3.6 Data collection

This section articulates the primary methods of data production for the research study. These were interviews and focus group discussions [FGDs].

3.6.1 Interviews

One of the data collection methods used to ensure the interactive participation of the knowledge holders was the use of the face to face interview method in data collection. Interviewing which is “a powerful way of helping people to make explicit things that have hitherto been implicit – to articulate their tacit perceptions, feelings and understanding”354 was used to position the centrality of the agency of the Ndau people in responding to the research problem in their own cultural and human interest. In the context of this study, an interview is defined as the interaction between the knowledge holders and the researcher. Research on indigenous knowledge privileges the research participants who are the knowledge producers and it makes use of interactive research methods in the process of knowledge production. Therefore, utilising interviews for research on IK ensures participants play an active role in the research process as knowledge producers. The researcher is guided

by a list of written questions which are used a memory aid for guiding the researcher and the participants on the important themes of the research. Interviews are categorised into individual and group interviews. During the interview process, questions are either asked in a structured, semi-structured or unstructured format. Interviews are further classified according to the way the interview questions are structured and they enable participants to reflect on events without binding themselves in writing thereby creating a sense of confidentiality\textsuperscript{355}. The interviewer is not only tasked with listening to the participants’ responses but takes note of other elements of the interview process inclusive of the body language of the participant\textsuperscript{356}. Carefully planned interviews serve as a powerful tool’ gathering rich information stored in people’s memories through expressing their views on important subject matters.

In-depth personal interviews and FGDs were used to generate data for the study. The interviews were guided by semi-structured questions. The researcher conducted the interviews and the research assistants scheduled appointments and prepared the research materials (such as the audio recorders, notebooks, and pens) for the interviews.

The in-depth interviews and FGDs were conducted in the Ndau language. The aspect of language is critical to the success of any research project. Chilisa\textsuperscript{357} rightly articulates that “language expresses the patterns and structures of culture and consequently influences human thinking, manners, and judgements”. As such, researching in the language of the local people allows the participants to fully express themselves. It also allows the research participants to incorporate metaphorical sayings, proverbs and idioms that deepen their explanation of the phenomena under study. This view is reinforced by Chilisa\textsuperscript{358} who contends that metaphorical sayings and proverbs “uphold and legitimize the value systems of a society”. Additionally, the local language was privileged for the field research in order to promote the Ndau ethnic language, secondly, to promote effective communication for participants with low literacy levels and thirdly, to privilege the voice of the participants in the creation of new knowledge in relation to the phenomena under study. I recruited two research assistants who transcribed the recorded interviews which I then translated from Ndau to English. Both the

\textsuperscript{356} Ibid. 213.
\textsuperscript{357} Bagele Chilisa, \textit{Indigenous Research Methodologies}, 131.
\textsuperscript{358} Ibid. 131.
researcher and the research assistants took field notes during the interviews which were then compiled and analysed by the researcher together with data generated from the audio recordings.

The personal interviews added value to the research project through offering in-depth information that may not have been obtained from the FGDs. These in-depth interviews enabled the research participants to seek clarification on questions they did not fully understand. The researcher was also able to seek immediate clarification on unclear responses from the participants. The personal interviews were most ideal for the research since they are also suitable for contexts with low literacy levels and difficult with written language.

The interview process began with gathering factual information from the participants. The researcher, with the help of the research assistants recruited for the study, gathered the participants’ socio-economic and demographic information such as marital status, employment status, educational status, and religious affiliation. This was vital for compiling the demographic information of the research participants.

### 3.6.2 Focus group discussions (FGDs)

The centrality of FGDs is the interaction between group participants and not between the researcher and the group members per se. In this study, FGDs added value to the research by bringing forth the community interpretation of the research problem. The group members were able to interrogate among themselves and information specific to certain households was brought to the fore. The objective of the FGDs was to gain the collective community interpretation of the research problem and to cross reference with information obtained from the personal interviews.

FGDs fall under qualitative research and they involve “a focus on specific issues, with a predetermined group of people, participating in an interactive discussion”

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360 David. E. Gray, Doing Research in the Real World, 111.

Intersubjective experience refers to the common experiences shared by a community of people. In most cases, FGDs are led by a moderator or facilitator whose responsibility is to guide the flow of the discussion and ensure there is no digression from the subject matter. The facilitator is also tasked with ensuring that the dialogue is balanced with no persons dominating the entire discussion. Whilst the facilitator is tasked with assuming a less directive and dominant role during FGDs, he or she ensures that the discussions conform to the subject of research.

The most common return of FGDs is that they stimulate a multiplicity of relatable ideas which enhances colossal value to the subject of research. Moreover, FGDs often prompt new perspectives to emerge hence enriching the study and generating other topics of interest that can be used for further research. Additionally, participants can also challenge those with radical and extreme views on the subject matter thereby allowing for a more truthful representation of the phenomena. FGDs are notable for their ability to provoke participants to call to mind issues they might otherwise have forgotten. The exactitude of the information supplied is confirmed as participants question, complement or authenticate the contributions from group members. Notwithstanding these notable advantages, FGDs have their own disadvantages as well. Some of the participants can be uncomfortable to contribute in a group whilst others might not contribute as much as they could in personal in-depth interviews hence the need to conduct both. However, the main advantage of FGDs is their ability to produce collective narratives of the research phenomena that surpasses individual perspectives thereby generating a group perspective on the subject of study.

Chilisa points out that postcolonial indigenous research paradigms offer multiple methods of conducting interviews that “privilege relational ways of knowing that valorise respect for relations people have with one another and the environment”. Hence postcolonial
indigenous research embraces “valorised collective construction of knowledge and love and respect for the connections and relationships that participants had with one another”\(^\text{370}\).

Because this research study was guided by the postcolonial indigenous feminist research paradigm, I adopted the talking circle as a method of conducting the FGDs. The taking circle emanates from a postcolonial indigenous worldview and is based on the principle of participants’ respect for each other\(^\text{371}\). In some African contexts, people sit together in a circle possibly around a fireplace, to discuss important issues, to mark and celebrate certain rituals, and to just sit and chat about everyday life\(^\text{372}\). The concept of the talking circle is such that each individual is given a chance to talk uninterrupted. “The talking circle symbolises and encourages sharing of ideas, respect of each other’s ideas, togetherness, and a continuous and unending compassion and love for one another”\(^\text{373}\).

The talking circle symbolises equality amongst all the participants including the facilitator who is also part of the circle. In order to ensure a balanced contribution within a talking circle, a sacred object is passed from one speaker to the other and this object epitomises “the collective construction of knowledge and the relations among the group members”\(^\text{374}\). The one holding the object speaks without being interrupted and is accorded complete and unbiased attention by the circle members. I used a small wooden cooking spoon as the sacred object for the FGDs I held. I had organised the FGDs to consist of six participants but in some cases participants brought friends whom they claimed were experts on the subject of the research. In such scenarios I would welcome the participants into the group.

In order to ensure the complete success of my FGDs, the discussions were also duly guided by four basic components associated with focus groups which were procedure; interaction; content and recording\(^\text{375}\). The initial stage of procedure was concerned with setting ground rules for the focus group to enable a focused and meaningful discussion that added value to the research problem. As a sign of respect and ownership of the research project, I gave the focus group participants the onus of setting the ground rules to be adhered to during the group

\(^{370}\) Ibid. 206-7.
\(^{371}\) Ibid. 213.
\(^{372}\) Ibid. 213.
\(^{373}\) Ibid. 213.
\(^{374}\) Ibid. 213.
\(^{375}\) Kevin Kelly, From encounter to text, 304.
discussions. I however guided them on the norms and expectations of FGDs which included according every participant the chance to contribute to the discussion, respecting every contribution made, giving respect for self and for others within the group, and I also stressed the importance of the confidentiality of the group discussions. The interaction stage required my aptitude as a facilitator in ensuring a balanced interaction of the FGDs whilst taking note of both the idiosyncratic and relational dynamics arising from the group participants. In order to diffuse tension and to make the participants more relaxed, the focus group sessions began with some ice-breakers.

Despite the participants for each focus group residing in the same location, they had never sat down as a group to a profound discussion of the topic at hand therefore the need to make the participants comfortable and accustomed to one another. The interaction stage also required my ability as moderator to continuously captivate the attention of the participants to enable them to continuously contribute meaningfully towards the research problem. The third component guiding the FGDs was content which refers to the subject of the discussion and is disseminated through the format of semi-structured interviews. In order to make certain that the information gathered was appropriate for the research problem, there was need to take note of the homogeneous and diverse experiences of the participants and to get them to reflect on them. The content procedure also tasked the facilitator to continuously summarise responses as a way of ensuring the accurate capturing of the discussions. The last procedure in conducting the FGDs was the recording in which case I was assisted by my research assistants to audio-record the group discussions. The FGDs were conducted at a community hall while others were done at one of the participant’s homestead as agreed to by the group participants. All discussions were done in closed rooms to avoid background noises that would have otherwise hindered the smooth recording of the proceedings. The group discussions were done within two hours to two and half hours at most. This time frame was taken in consideration of the span of concentration that gives a lively discussion. For all the FGDs, the research assistants did the audio-recording whilst I moderated the discussions. After every group discussion, I had a de-briefing session with my research assistants to make

376 Kevin Kelly, From encounter to text, 305.
377 Ibid. 305.
378 Ibid. 305.
379 Ibid. 306.
sure the discussions were aptly captured as well as coding the participants for ease of translation.

3.6.3 Field notes

Field notes are considered as the “backbone of collecting and analysing field data”\(^3^{80}\). They are an essential constituent to the success of fieldwork research. They comprise information that the researcher believes is crucial to the study. Field notes act as a kind of *aide-mémoire* in ensuring the production of comprehensive field notes\(^3^{81}\). There are various components of field notes inclusive of primary observations, reflections and recall, pre-analysis of data, themes and personal feelings and experiential data\(^3^{82}\). Primary observations encompass the observations made on the research participants; their surroundings, behaviours and conversations\(^3^{83}\). The recording of the field notes includes the date and time of each occurrence. Field notes assist the researcher with reflecting and recalling of certain events or observations that may have been deemed less important at the time of occurrence but would prove useful to the actual data production and analysis. Note taking during field research stimulates pre-analysis of data as themes and insights begin to emerge during data production\(^3^{84}\). The experiential data is the recording of impressions and personal feelings of the researcher during the period of field research. This is a beneficial source of analytical comprehension. The researcher is able to document his/her feelings about the events occurring during research, the way conversations are made and the researcher’s interpretations of his/her emotions. There are no rigid rules for making field notes, the researcher makes a record but must include the date, time and place.

Whilst in the field, I met with several challenges. On one of the scheduled appointment dates, one participant was unable to honour our in-depth interview appointment as there was an illness in the family and a traditional healer had been consulted to determine the cause of the illness. This manifested the Ndau belief systems for health and illness whereby indigenous modes of healing are upheld. According to Ndau culture, every health problem or misfortune is connected to some spiritual forces hence the need to consult with traditional healers. This

\(^{381}\) Ibid. 244.
\(^{382}\) Ibid. 244.
\(^{383}\) Ibid. 244.
\(^{384}\) Ibid. 245.
consultation with traditional healers reflects how indigenous ways of healing are still very much in use among the Ndau of Zimbabwe.

Sensitivity of the research subject proved to be a minor challenge in conducting FGDs. Those who had been identified as experts in IK on pregnancy and childbirth feigned ignorance on critical issues regarding the phenomena during FGDs. Instead, they offered general information. However, the ordinary women were more forthcoming than the community experts who are regarded as custodians of Ndau indigenous culture. I queried one of the elderly women after one of the FGDs and she explained that her expertise is reserved for her clients, revealing sensitive information in public is unacceptable. Additionally, openly discussing the types of herbal medicines she used was tantamount to exposing her power resulting in the loss of her position as an expert. In addition, women who sought help from these experts were sworn to secrecy. Based on this explanation, I deduced that being sworn to secrecy was a way of safeguarding the knowledge holders’ position of power as well as maintaining their expertise. If the knowledge they held became public knowledge, their position as experts within the community would be compromised. Additionally, despite the fact that most of the indigenous practices of the Ndau with regards to pregnancy and childbirth are essentially the same, sharing family tradition/information is looked down upon as some regard this as exposing the family traditional values and rituals which might expose the family to evil attacks. Notwithstanding this, the FGDs were successful as some participants were more forthcoming and the personal in-depth interviews compensated for what might not have been discussed during the FGDs.

In homesteads with polygamous marriages, I had to observe the seniority of the wives when conducting personal in-depth interviews. Permission was sought from the senior wife, who in turn sought the husband’s consent and then informed the other wives of what was happening within the homestead. Similarly, Aubel385 argues that hierarchy and interconnectedness between family members are significant components of family systems. This was made evident by the position of women in the family structure assigning them responsibility and authority.

3.7 Data analysis and interpretation

Data analysis involves the process of thematising, categorising and interpreting data\textsuperscript{386}. Data was analysed through both thematic and comparative analysis. With thematic analysis, the process began with the familiarisation of the data followed by a generation of themes emerging from the data collection\textsuperscript{387}. Data collection and analysis occurred simultaneously. With comparative analysis, the data gathered from various interviews was compared and contrasted in continuity up to a stage when I felt content that no other new themes were emerging. The process of data analysis therefore involved coding (breaking up the data in analytic relevant themes); elaboration of the coded data and finalised by interpreting the data\textsuperscript{388}. The qualitative nature of the research enabled data analysis to be done together with the progression of the research. This allowed for the continued refining and reorganising of the data in light of new and emerging themes during the data production stage. My analysis began with recording the summaries of the interviews, the in-depth personal interviews and the FGDs. Notes were made of the main themes arising from the interviews and FGDs. With qualitative research, data analysis is considered an on-going process that occurs throughout the period of data collection\textsuperscript{389}.

After data analysis and interpretation, FGDs were arranged with the participants to enable them to confirm that data was interpreted according to the way they contributed. In line with the conceptual framing of the study that advances the centrality of the agency of African people in responding to phenomena, the study positioned Ndau women, the research participants, as central in both the analysis and interpretation of data. Hence, the participants were given respect as knowledge producers and were seen as subjects rather than objects of research. Therefore, the final writing of the thesis was interpreted according to the participants’ understanding of the data collected. This aspect is often neglected in Eurocentric approaches to research whereby very little attention is accorded to “African indigenous literary philosophical traditions as they tend to be viewed as primitive and unscientific”\textsuperscript{390}.

\textsuperscript{386} D. van Vuuren and A. Maree, Survey methods in market and media research, 282.
\textsuperscript{387} Martin Blance Terre, \textit{et al.}, First steps in qualitative data analysis. In Research \textit{in practice: applied methods for the social sciences} edited by Martin Blanche Terre, \textit{et al.}, (South Africa: University of Cape Town Press (Pty) Ltd, 2006): 323-7; Catherine Dawson, \textit{A practical guide to research methods}, 120.
\textsuperscript{388} Martin Blanche Terre, \textit{et al.}, First steps in qualitative data analysis, 323-7.
\textsuperscript{389} Catherine. A. Dawson, \textit{A practical guide to research methods}, 112.
\textsuperscript{390} Hassan O. Kaya and Yonah N. Seleti, African indigenous knowledge systems, 34.
3.8 Credibility, transferability, dependability and confirmability

Under qualitative research, credibility (for internal validity), transferability (for external validity), dependability (for reliability), and confirmability have been suggested as suitable terms for measuring validity and reliability\(^{391}\).

Lincoln and Guba present five major techniques of ensuring credibility. These are prolonged engagement, persistent observation, and triangulation; peer debriefing; negative case analysis; referential adequacy; and member checking\(^{392}\). The credibility of a postcolonial indigenous research is also measured by a prolonged substantial engagement with the research community and its participants\(^{393}\). The prolonged engagement is undertaken to enable the building of a rapport with the research community and participants. According to Chilisa\(^{394}\) spending more time within the community where the research is done allows the researcher and the participants to develop a relationship which will enable research participants to open up to the researcher leading to the volunteering of information crucial to the study. It also allows the researcher to observe salient issues that may add value to the research. Furthermore, peer debriefing also determines the credibility of the study. Peer debriefing involves the researcher engaging in discussions with research participants with regards to the procedures through to the findings and conclusions of the study. In postcolonial indigenous research, peer debriefing is also done with the community elders and/or sages who are knowledgeable about the subject of research\(^{395}\).

Member checks are also another strategy utilized under a postcolonial indigenous research methodology. Lincoln and Guba argue that member checking is the “…most crucial technique for establishing credibility”\(^{396}\). Member checking is the process whereby data is played back to the research participants to check for accuracy\(^{397}\). It can involve the researcher summarising to the research participants what has been said in order to allow

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\(^{392}\) Yvonna S. Lincoln and Egon G. Guba. Naturalist Inquiry, 301.

\(^{393}\) Ibid. 165-166.

\(^{394}\) Ibid. 166.

\(^{395}\) Ibid. 166.


accurate capturing of participants’ responses. Thus member checking involves the verification of themes and patterns emanating from the analysed data. In this regard, the research participants should agree and confirm that the generated data is a true reflection of their contributions. Most importantly, member checking reaffirms the complete accuracy of the research participant’s constructions of data. In order to confirm credibility of the research project, I also conducted member checks throughout the process of data generation. This was enabled through playing back the recorded interviews to the research participants. Most of the participants were happy to hear their taped voices. Through member checks, the participants were proud about their contributions and according to my observations; it boosted their self-esteem and confidence.

Transferability is achieved through sampling and also providing thick descriptions of the study that will enable interested parties to conclude a transfer of data is possible. Dependability is the same as reliability in quantitative research. It is measured through techniques used for ensuring credibility making use of triangulation. Lastly, confirmability refers to the degree to which study findings can be traced to research participants’ data free from the bias of the researcher. Confirmability in qualitative research is enhanced through triangulation and reflexivity. In this case, the study made use of the methodological triangulation strategy which was based on the comparison of differing data collection techniques. Comparison was made for data collected through focus groups discussions through talking circles and in-depth personal interviews.

3.9 Ethical considerations

Ethical consideration is an important aspect of a research study that involves field work with human participants. Indigenous knowledge research pays respect to IK knowledge holders – it affirms their position as knowledge producers hence the need to abide by proper ethical considerations when doing research with indigenous communities is of utmost importance. Before commencement of field work research, ethical approval was sought from the

398 Bagele Chilisa, Indigenous Research Methodologies, 166.
399 Jeasik Cho and Allen. Trent, Validity in qualitative research revisited, 328.
403 Chilisa, Indigenous Research Methodologies, 171.
404 Ibid. 171.
University of KwaZulu-Natal’s Human and Social Sciences Research Ethical Committee (HSSREC) of which full approval with protocol reference number HSS/1399/014D was granted. The undergirding purpose of research ethics is to safeguard the well-being of the research participants and to make concerted efforts to ensure that both the dignity and welfare of the research participants far outweighs the interests of the research. Individual informed consent was sought from the research participants before commencement of the interviews. This was done to also protect the participants from any form of abuse during the process of field research.

In order to ensure that the research process was ethical, the research adopted the principilism approach which is guided by four philosophical principles. The first principle is the autonomy and respect for the research participants which is enabled through voluntary informed consent by research participants. In order to fulfil this fundamental requirement, I obtained voluntary and informed consent from the research participants after clearly outlining to them that participation as well as responding to all the questions was voluntary. I fully explained to the research participants the purpose of the study, the kind of information I was searching for, and how much time was required of them. I advised the participants that they were free to withdraw from participating in the study at any given time. I also informed the research participants that their confidentiality, their information as well as that of the institution represented will be protected. However, confidentiality was not guaranteed for focus group discussions.

Furthermore, the research participants were advised that pseudonyms will be used for anonymity thereby protecting their confidentiality. I further explained that only the researcher and the supervisors as detailed on the informed consent form were to have access to the interview scripts which will consequently be destroyed after the completion and acceptance of the research project. The completed research project will be the property of the University of KwaZulu Natal. I also informed the research participants that there were no financial gains from participating in this research project. Before signing the consent forms, the research

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406 Ibid. 63.
407 Ibid. 63.
408 D. Wassenaar, Ethical issues in social science research, 67.
participants were given a week to make a final and informed decision before committing themselves to the research project. This period also enabled me to develop rapport with the research participants.

The second principle is nonmalefience which grants autonomy to the research participants and tasks the researcher with ensuring that no harm befalls the research participants as a direct or indirect result of the research\textsuperscript{409}. Fortunately, this research project did not have any envisaged physical and/or psychological harm to the research participants. It also did not include participants from vulnerable populations such as young children and the mentally or physically challenged.

The third principle is beneficence. Most researchers pay more attention to the benefits that accrue to them from the research project whilst underrating the immeasurable contribution of the research participants. The beneficence principle seeks to accord the research participants the maximum benefits accruing from the research project\textsuperscript{410}. According to Wassenaar\textsuperscript{411}, the research project must be able to benefit the research participants not necessarily through financial gains but through better knowledge of the research topic. This benefit was aptly expressed by the research participants who were pleased to discuss IKS in the context of pregnancy and childbirth, a topic that seemed to have been long forgotten. The participants remarked that it gave them great pride and joy to relive some of the significant moments they once enjoyed when their communities were still adhering to their indigenous beliefs and practices. Under the beneficence principle, monetary remuneration is not considered a benefit. Instead, research participants must profit from direct results of the research such as improved skills and enhanced knowledge of the subject of research\textsuperscript{412}.

The fourth principle is justice which entails treating research participants with fairness and equity throughout the research process\textsuperscript{413}. The justice principle also specifies that selection of research participants is not conveniently done but should be an unbiased procedure. The justice principle demands that the selection of research participants should be clearly planned,
it should not be done out of convenience. To ensure this principle was met, the selection of study participants was done in consultation with community gatekeepers who were conversant with the community members and their ability to meaningful contribute to the research problem.

Further to the above four principles, this research study also applied additional eight practical principles to enhance the ethical standard and scientific value of the research project. The first practical principle is collaborative partnership which tasks the researchers with certifying that their research project is developed in collaboration with the community in which the study is undertaken. This therefore demands that the research project should be based on a community need and the involvement of community members in the initial planning of the research project. This study was done in collaboration with the community in which the study was undertaken. The purpose and aim of the study was duly explained to the participants who expressed their eagerness and interest in participating in the study. The participants were excited with the research study. They pointed out that it enabled them to relive their experiences of pregnancy and childbirth. With collaborative partnership, the benefit of the research should be equally enjoyed by the participants just as much as it is enjoyed by the researcher.

The second practical principle is social value. This principle requires that the research project should address pertinent questions that are of value to the research context. Social value also stipulates that the research project should clearly specify the benefits accruing to the community in which the research project is undertaken. Whilst this particular research project did not have any financial rewards for the research participants, I endeavoured to clearly explain the value of the participant’s contribution to the Ndau community in particular and to the world at large. Since Ndau is a minority group in Zimbabwe, its culture and customs have been marginalised hence through this particular research, a component of Ndau culture is brought to the fore. Furthermore, due to the disintegration of family units resulting in loss of cultural systems, this research project can contribute to the preservation of the Ndau IK on pregnancy and childbirth. In this case, the requirement under social value states that the

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414 Ibid. 68.  
415 Ibid. 69.  
416 Ibid. 69.  
417 Ibid. 69.
research project should lead to knowledge or interventions that are of value to the research context.\textsuperscript{418}

The third practical principle is scientific validity\textsuperscript{419} which states that the design, methodology and data analysis of the research study should be rigorous, justifiable, and feasible leading to valid answers to the research question\textsuperscript{420}. Tenets of this principle were met by adopting a qualitative research approach which examines the credibility (internal validity), transferability (external validity), dependability (for credibility) and confirmability (for objectivity) of the study. Additionally, methodological triangulation was also used to ensure the trustworthiness of the study.

The fourth practical principle is fair selection of research participants\textsuperscript{421}. This principle advocates that the research participants should be selected based on their knowledge and expertise of the research problem. In order to satisfy this requirement, purposive sample was used to select the research participants.

The fifth practical principle is the favourable risk/benefit ratio\textsuperscript{422}. Before commencement of the research, researchers should detect the possible risks, harms and any costs if any, of the research to the participants\textsuperscript{423}. Following the identification of such, the researcher is then tasked with finding appropriate means to diminish whatever risks and costs may accrue to the research participants. This is done so that the risk/benefit ratio is favourable. In no way should the risk outweigh the benefit of the research project. With this particular study, I ensured that no risk and harm would befall the research participants. I gave the research participants the privilege to determine where they wanted the interviews to be carried out. This privilege was granted as a measure to ensure the research participants would be in a place where they were at ease and felt safe and comfortable. As a result, most of the interviews were done at the participants’ place of residence. However, at other times I reached the participants’ home and found them busy with their household chores despite having made an appointment and agreeing on the time of the interview. In such scenarios, I

\textsuperscript{418} Ibid. 69.
\textsuperscript{419} Ibid. 69.
\textsuperscript{420} Ibid. 69.
\textsuperscript{421} Ibid. 70.
\textsuperscript{422} Ibid. 70.
\textsuperscript{423} Ibid. 71.
would assist with the household chores as a way of building rapport. In other cases, some participants requested the rescheduling of their in-depth interview appointments. However, with some of the participants, I would arrive at their place of residence and find them ready and eagerly waiting for the interviews to commence. The few participants who opted to come to the place where I was staying during the time of the research were duly reimbursed for transport and any other costs they incurred. The favourable risk/benefit ratio stipulates that in cases where there is risk to participants, payment of money to the research participants cannot be considered a benefit to counterbalance the risk. It therefore is an ethical imperative to ensure research participants are free from harm.

The sixth practical principle is the independent ethical review. This practical principle specifies that “an independent and competent research ethics committee should subject all protocols to independent ethical review prior to commencement of data collection”. Indeed, this principle was met. Prior to the commencement of fieldwork, I had to compile a research proposal which was rigorously and critically examined by the oral review committee set up for the particular purpose of reviewing research proposal within the department I am registered under. This committee also looked at these philosophical principles before forwarding the research proposal to the university’s Human and Social Sciences Research Ethics Committee who then granted approval of the research project subject to the satisfaction of all ethical requirements.

The seventh practical principle is informed consent. Wassenaar points out that historically, informed consent was regarded as the only determinant of the ethicality of field work research. However, we now have a number of practical principles as discussed in this section which ensure the ethicality of every research project. Consequently, informed consent is fully recognisable when the participants are furnished with appropriate information for the research project and that they are competent and fully understand the crux of the research. It further instructs that the participants’ participation is voluntary and they are free to withdraw from the research at any given time and that informed consent should be formalised.

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424Ibid. 72.
425Ibid. 72.
426Ibid. 72.
427Ibid. 72.
428Ibid. 72.
429Ibid. 72.
In writing\textsuperscript{430}. In order to meet the requirements for this principle, the research participants were furnished with detailed information regarding the research. The participants were also informed that participation was voluntary and they were free to withdraw at any given time. Additionally, the participants signed informed consent forms as confirmation of their consent.

The last practical principle is ongoing respect for participants and study communities\textsuperscript{431}. This principle is suitably concerned with how the research participants and the research community benefit from the research once it is over. The principle stipulates that the least that could be done is to make available the results of the study to the community of research once the research is complete. I therefore will endeavour to make copies and avail them to the local main academic institutions and school libraries in the Chipinge.

\textbf{3.10 Limitations of the study}

Firstly, the focus of this study is on one ethnic group in Zimbabwe, hence it is not intended to provide comprehensive data regarding IKS for all ethnic groups. However, the data generated was sufficient enough to meet the objectives of the research. Secondly, research participants were more forthcoming in the personal in-depth interviews and reluctant to critical engage with the research phenomena in FGDs. This reluctance was a result of cultural inhibitions to discuss family traditions publicly and in the presence of non-family members. This was expressed by one of the participants who remarked that each family has its own ways of doing things and that is regarded as sacred to the family\textsuperscript{432}. Hence, openly discussing the beliefs and practices of such was tantamount to betraying family traditions. According to Mbuya Mutape, openly discussing family traditions was regarded as a bad omen and it invited people with evil intentions to harm the family\textsuperscript{433}. Additionally, most of the women were hesitant to mention the traditional herbal remedies they or their families use in front of other people despite the commonality in the herbs used among the Ndau. However, because I had conducted in-depth personal interviews, this limitation is insignificant with regard to the gathering of data for the study. Thirdly, the issue of translatability was a challenge as translating the data from Ndau to English did not aptly capture the true and original meaning of most of the Ndau words. Fourthly, the Forestry Commission in Zimbabwe failed to

\textsuperscript{430}Ibid. 72.

\textsuperscript{431}Ibid. 73.

\textsuperscript{432}Interview with Mbuya Mutape, Zamuchiya, 27 October 2014.

\textsuperscript{433}Interview with Mbuya Mutape, Zamuchiya, 27 October 2014.
scientifically classify some of the indigenous herbs that were cited as commonly used for antenatal care by the Ndau people.

3.11 Self-reflexivity

“Reflexivity is a strategy to help ensure that the over involvement of the researcher is not a threat to the credibility of the study”\(^{434}\). It involves the researcher’s perception of reality, ideological biases and any interest that might influence the outcome of the research\(^{435}\). Reflexivity in research positions the researcher as the data collecting instrument and is responsible for analysing, interpreting and reporting on the findings\(^{436}\). As such, the researcher’s “feelings, concerns, thoughts, fears, frustrations, challenges and ideas” ought to be recorded throughout the study\(^{437}\).

Self-reflexivity was an important component of this research. Drawing from the fact that despite being Ndau, I had a disconnection with my cultural heritage and was oblivious of the beliefs and practices associated with Ndauness. I was born and bred in the city and never visited our rural home until I was about twelve years old. Our visits to our rural home were random and my parents never allowed us to interact with the community. Even as I grew up to be a young woman, my parents forbade me and my siblings to attend community events whilst they did. This research study served as a point of contact with my community for the very first time as I visited several homesteads and met with different women for the personal in-depth interviews and FGDs, sought permission from the headmen, and other gate-keepers in the communities I worked with.

During the process of building rapport with the research participants, I found out that I had to identify myself and my family lineage, and share the information with most of the elderly participants. Since my grandfather was a well-known missionary worker, I was well received by the community members. However, some of the participants queried my accent which is more inclined to Shona, the language in the city where I grew up. I had to explain that I grew up in the city. Other participants queried why I conducting the research in the rural

\(^{434}\)Bagele Chilisa, Indigenous Research Methodologies, 169.
\(^{435}\)Ibid. 169.
\(^{436}\)Ibid. 169.
\(^{437}\)Ibid. 169.
communes instead of doing it in the city whilst others expressed their gratitude that I was interested in learning about my indigenous culture.

Chilisa points out that in postcolonial indigenous research, the research must critically reflect on self as knower, redeemer, and transformative healer. In fulfilling these requirements, I noted that my position as knower was based on the Eurocentric understanding of indigenous phenomenon hence the research study changed my philosophical underpinnings of indigenous culture. The study gave me new insights and a secure understanding of being Ndau. Drawing from this, the pertinent questions directed at self were: what has been learnt, will it change the way I think and am I willing to change as a result of the research? Indeed the research enriched my understanding of indigenous culture and the ways of the Ndau. It also enabled me to understand the reasons why things are done in certain ways and yes, I am willing to change as a result of the research. An interest to research more of ways of the Ndau has also been ignited in self.

My position as *mama mfundisi* (wife to minister of religion) enabled me to engage with the research participants on the intricate issue of the Christian religion versus the indigenous religion. Given the slander and subsequent marginalisation of indigenous beliefs and practices by Christianity, together with the participants, we deliberated on the need for contextual theologies within indigenous communities. We spoke of the possibility of Christian values being entrenched in indigenous culture to allow the African Christian woman to freely embrace tenets of both religions that add value to her spiritual well-being.

### 3.12 Chapter summary

The research study methods and procedures are the crux of any research as they clearly articulate the methods and techniques adopted for the study. The chapter began with a detailed explanation of the research design; the sampling techniques adopted; the primary methods of data production clearly outlining the context of the field study, how entry into research context was gained, and the interviews conducted and the taking of field notes during data production. The process of data analysis and the consistence and authenticity of the study and the ethical considerations were also clearly discussed. The next chapter offers insights into the socio-economic and demographic characteristics of the research participants.

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CHAPTER FOUR
Socio-economic and demographic characteristics of the research participants: A cultural perspective

4.1 Introduction
The previous chapter outlined the methodology for the study. This chapter focuses on the socio-economic and demographic characteristics of the research participants from the cultural perspectives of the Ndau people themselves. Socio-economic and demographic characteristics of community members such as age, marital status, educational and literacy levels, occupational status and religious affiliation are mostly viewed from a modern/Western point of view. As such, these variables are investigated as statistical variables without looking at their cultural significance in relation to the research problem. This study on the Indigenous knowledge, beliefs and practices on pregnancy and childbirth among the Ndau of Zimbabwe recognises that demographic information does not merely serve to provide information about the study participants but endeavours to uncover the indigenous cultural meanings attached to these characteristics. Therefore, this chapter presents the socio-economic and demographic characteristics of the research participants from the cultural perspective of the Ndau people. These cultural perspectives are presented in this chapter in the form of research participants’ narratives drawn from the data which was elicited through interviews and FGDs.

4.2 Age groups
Among the Ndau of south-eastern Zimbabwe, age is not just a number but it has important cultural significance attached to it. The understanding that arose from the research participants is the respect paid to one’s mental as opposed to chronological age. In addition, the elderly participants spoke of their age according to certain major events (for example the year of the great famine, the year of the locust-stricken drought etc.) and referred themselves to those sharing the same age group. People in the same age group share commonalities with regard to their conceptualisation of the socio-economic, political and religious worldview. For example, the 65+ age possesses knowledge of the pre-colonial period hence they were conversant with the pre- and postcolonial conceptualisation of managing pregnancy and childbirth. This age group therefore contributed to the continuity of knowledge production and through their interpretation of the old and the new, holistic models of managing pregnancy and childbirth were formed. Even though some of the study participants did not
live in the pre-colonial period, but through the knowledge of the elders, they were able to
explain how the postcolonial knowledge differs from that of the past. Drawing from the
conceptual underpinning for the study, the elders, as knowledge holders, hold important
information that helps in celebrating past histories as well as to recover, reclaim, and
reconstruct indigenous traditions and collective histories.\footnote{Patience Elabor-Idemudia, The Retention of Knowledge as Folkways, 113.}

The importance assigned to the demographic variable of age was explained by Mbuya
Mwahlupa\footnote{Interview with Mbuya Mwahlupa, Chinaa village, 07 May 2015.}, one of the research participants, who pointed out that more respect is given to a
person’s character as opposed to the actual number of years one possesses. She thus elaborated;

\textit{MuChindau chedu vasharuka avanyanyi kukoshesa kuti number yemakore ako asi kuti unhu hwako ndihwo hunokombese kukura kwako. Zvinokone kuti umweni muntu une makore makumi mashanu asi soro apana nezviripo kubeni umweni mudoko pamakore asi unotofunga kudarika ena ane makore akawanda.}\footnote{Interview with Mbuya Mwahlupa, Chinaa village, 07 May 2015.}

In Ndau indigenous culture, the elders do not pay much attention to one’s
number of years but a person’s character reflects one’s maturity. A person
might be fifty years old but empty in the head while on the other hand a
younger person may have wisdom that surpasses that of a fifty year old.

This was also confirmed by Mbuya Kudzionera\footnote{Interview with Mbuya Kudzionera, Chinaa village, 09 May 2015.} who explained that age is measured by
one’s wisdom which is manifested through personal conduct, dealing with others and one’s
contribution to the family and the wider society. Upon inquiring her age, one of the elderly
participants, Mbuya Ndangana, responded as follows;

\textit{Tichambomaziya ere makore edu nekuwandisa. Esi ndinogonda kuti ndaguma pa71 asi kotonase kuziya makore acho nezvekutsanzira ngekuti ndinoziya makore evamweni vendakaberekwa navo. Pataienda kootora}

\footnote{Patience Elabor-Idemudia, The Retention of Knowledge as Folkways, 113.}
\footnote{Interview with Mbuya Mwahlupa, Chinaa village, 07 May 2015.}
\footnote{Interview with Mbuya Mwahlupa, Chinaa village, 07 May 2015.}
\footnote{Interview with Mbuya Kudzionera, Chinaa village, 09 May 2015.}
I am not very sure of my actual years but they are many. But I think I might be seventy-one (71) years based on the age of those I know that we were born in the same year. When we applied for our identity cards at the independence of the country, we would describe the events that happened the year we were born in a bid to determine the correct date of birth, but again the officials would just approximate our years. Most of the elders here have the wrong age on their identity cards. Some people also reduced their number of years when they had their identity cards.

Mbuya Ndangana was able to determine her age based on information obtained from her peers.

Table 4.1 shows the percentage distribution of the age groups of the research participants.

Table 4.1 Percentage distribution of the age-groups of research participants

<table>
<thead>
<tr>
<th>Total number of research participants (n= 31).</th>
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<table>
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<tr>
<th>Age-Group</th>
<th>Female</th>
<th>Percentages</th>
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<tr>
<td>Frequency</td>
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<td>15-24</td>
<td>1</td>
<td>3</td>
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<td>25-34</td>
<td>2</td>
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<td>65 +</td>
<td>10</td>
<td>32</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100</strong></td>
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</tbody>
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443 Interview with Mbuya Ndangana, Mariya Village, 06 April 2015.
Table 4.1 shows that 85% of the research participants were in the age groups of 45 years and above. In-depth interviews and focus group discussions with the research participants provided the information presented and discussed in the following sections.

The study is more interested in age groups as opposed to chronological age. Age groups, among the Ndau, signify a category of people sharing similar experiences. Ndau women also tend to associate with people sharing the same age group. As such, one’s age group is tied to particular socio-cultural responsibilities. Rites of passage serve as markers for the coming of age which represent particular responsibilities. The Ndau hold utmost respect for both men and women who are deemed to possess complementary roles and responsibilities for the continued survival of their respective communities. Every stage of growth comes with its own set of responsibilities and the elders are tasked with educating the young. The Ndau men are responsible for the financial upkeep and protection of the family. Additionally, they are tasked with maintaining the family structure and relations. Both men and women are expected to diligently execute their duties with love, warmth and commitment.

Among the Ndau people, and many other ethnic tribes found in Zimbabwe, it is commonly held that musha mukadzi – ‘the woman is the cornerstone of the home’. According to Mangena, this common adage “is a clear endorsement of the reverence that is accorded to women in African societies”444. This understanding is collaborated by Afisi445 who explains that despite the patriarchal system in Africa, the woman holds power that binds the society together. However, according to Mazuru and Nyambi446, Western feminist theoretical paradigms misconstrued the status of African women and defined them from the viewpoint of the struggles of Western women against European patriarchy. Drawing from African feminism, which is the conceptual framework for this study, the relationship between women and men within many African societies is viewed as complementary and African women are encouraged not to isolate men in their quest for gender equality447. Chioma Steady clearly explains that African feminism;

444 Fainos Mangena, Africana Notions of Gender, 9
is more inclusive than other forms of feminist ideologies…does not need the threat of nuclear war to initiate a struggle for the preservation of life; for survival has always been a central issue for the African woman.

It is against this backdrop that the Ndua and other peoples in Zimbabwe refer to the woman as *mudzimai*, derived from the root word *mudzi*/root. The woman is likened to the roots of the tree and their responsibility of sustenance and stability. Ndua women carry the multifarious roles of being wife, mother and worker. Their common responsibilities comprise the role of being homemakers which entails the management of the household inclusive of taking care of the children, cooking, laundry and participation in subsistence farming. Within the family structure, women are directly responsible for the upkeep of the girl child. This was explained by Mbuya Mhlanga who remarked;


If there are girl children in a homestead, the mother is tasked with guiding them lest they become like foolish girls. We are now living in a harsh and cruel world where we see many girls being impregnated and this becomes a disgrace for the whole family. The mother should be vigilant of all the


448 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
stages of her daughter’s maturity. She should be able to tell when her daughter starts dating as well as when she begins her menses. During such times, the mother should find time to sit down with her daughter and give her proper advice. This used to be a task for the aunties but now with the erosion of our traditional culture and practices, the mother has to step in lest her daughters go astray. Additionally, due to modernisation, the aunties maybe staying far and may not even be interested in assuming their role. But if the niece gets married, the aunties will be on the forefront taking undue credit for having nurtured the girl well. However, not all aunties are like that, sometimes distance is a barrier as the aunties may be staying in locations distant from their paternal homes.

In confirming the important role of women, Afisi\textsuperscript{449} asserts that in traditional African societies, women were also looked upon to contribute to the economic and financial well-being of the family through various types of work inclusive of farming, pottery, crafts etc., albeit at a lower scale than their male counterparts. Women held the right to benefit from the profits they made despite the fact that the money would generally be used for the upkeep of the family\textsuperscript{450}. However, with colonialism, these rights have been lost. In contemporary Africa, the empowerment of women has led them to compete for the same jobs as men and women now lobby for the rights to gainful and professional employment. Whilst, Afisi\textsuperscript{451} argues that the traditional role of women as wives and mothers has been compromised because they also have to compete for other positions of work outside the home to contribute to the financial upkeep of the family, women seeking gainful employment outside the home is a reflection of their ability to equal participation in the formally recognised economically paid sector.

An elderly participant, Mbuya Kushekwa\textsuperscript{452} raised the observation that many parents among the Ndau society are urging their sons to marry women who are able to financially contribute towards the family’s upkeep. She explained that some families discourage their sons from

\textsuperscript{449}Taiwo Oseni Afisi, Power and Womanhood in Africa, 236.
\textsuperscript{450}Ibid. 236.
\textsuperscript{451}Ibid. 236.
\textsuperscript{452}Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
marrying ‘goal-keepers’; a common adage given to women who are homemakers\textsuperscript{453}. Mbuya Kushekwa\textsuperscript{454} further elaborated that it is believed unemployed wives are always at the goal post catching what the husband brings home without them making any effort to make a ‘monetary’ contribution. However, this perception of viewing homemakers as ‘goalkeepers’ undermines the importance of women’s unpaid labour.

The above view is challenged by the author Bay who rightly argues that the “understanding of women’s economic activity in Africa has been hampered by an assumed dichotomy between the “traditional” and the “modern” economic spheres”\textsuperscript{455}. The modern economic sphere confers superiority on paid labour whilst undermining the value of traditional unpaid work. This is confirmed by Lourdes\textsuperscript{456} who points out that conceptual and theoretical norms are the cause of statistical biases that have resulted in the undermining of female labour force in national accounting statistics. Additional, Boserup\textsuperscript{457} noted that the subsistence labour that is omitted from statistics on production and income are mainly women’s work. However, in the quest to account for women’s work, there are concerted efforts to account for all unpaid work done by women, men and children\textsuperscript{458}.

4.2.1 **The role of elders in the life of the Ndau**

Ndau indigenous culture regards elders as wisdom holders whose expertise is manifested in issues of health and well-being, agriculture, reproductive health which includes the management of pregnancy and childbirth, household management inclusive of financial running of the household and many other issues pertinent to the survival of both the family and community. Reproductive health is one of the main domains of Ndau women as they ensure the welfare and continued existence of the people. Whilst every married woman is introduced to the beliefs and practices on pregnancy and childbirth during the traditional marriage initiation period, one’s age represents the quality and quantity of experience and wisdom one holds in regard to producing, managing and preserving IK on pregnancy and childbirth.

\textsuperscript{453} Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
\textsuperscript{454} Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
\textsuperscript{458} Beneria Lourdes, Enduring debate over unpaid labour, 287.
Elders, especially women, are regarded as custodians of Ndau indigenous cultural traditions. One of the participants, Mbuya Kudzionera remarked that as women mature in age, their knowledge and wisdom also ripen as they became more experienced in matters concerning pregnancy and childbirth\textsuperscript{459}. According to Mbuya Kudzionera\textsuperscript{460}, the older you are, the more skilled you become in initiating the young into motherhood. She also explained that mature age and experience can enable a woman to foretell the sex of the child by merely observing a pregnant woman\textsuperscript{461}. Furthermore, she pointed out that an experienced midwife, through observing a pregnant woman, is able tell beforehand, whether a birth is going to be easy or problematic\textsuperscript{462}. Similarly, another participant, Mbuya Muusha, remarked that by feeling the tummy of the pregnant woman, one is able to feel the calmness or restiveness of the foetus\textsuperscript{463}. However, Mbuya Dhlakama\textsuperscript{464} explained that there comes a certain age, mostly above seventy (70) when the older women are absolved from the practical aspects related to managing pregnancy and childbirth but are considered reservoirs of wisdom whose expertise is sought after during challenging times\textsuperscript{465}. She continued explaining that in the case of a homebirth, the senior grandmothers were called upon to be present while the middle-aged or younger midwife assisted with the birthing process. These senior grandmothers were there to ensure that both the midwife and the birthing mother were performing well and that the birth process did not pose any risk to either the mother or the baby\textsuperscript{466}. Apart from elderly women holding knowledge and expertise related to pregnancy and childbirth, one’s age also carries various socio-cultural responsibilities.

Authors Doumbia and Doumbia\textsuperscript{467} point out that elders are regarded as those who came before us and therefore are the most experienced, and full of wisdom. They are deemed to be holders of the vital information as pertains to ways of life. Doumbia and Doumbia\textsuperscript{468} further contend that elders are knowledgeable about the way of the ancestors and this knowledge is imparted to the family and to the community at large. The elders are conversant with the

\textsuperscript{459} Interview with Mbuya Kudzionera, Chinna village, 09 May 2015.  
\textsuperscript{460} Interview with Mbuya Kudzionera, Chinna village, 09 May 2015.  
\textsuperscript{461} Interview with Mbuya Kudzionera, Chinna village, 09 May 2015.  
\textsuperscript{462} Interview with Mbuya Kudzionera, Chinna village, 09 May 2015.  
\textsuperscript{463} Interview with Mbuya Muusha, Chinna village, 06 May 2015.  
\textsuperscript{464} Interview with Mbuya Dhlakama, Sakuinje village, 23 April 2015.  
\textsuperscript{465} Interview with Mbuya Dhlakama, Sakuinje village, 23 April 2015.  
\textsuperscript{466} Interview with Mbuya Dhlakama, Sakuinje village, 23 April 2015.  
\textsuperscript{468} Ibid. 86.
prohibitions, violations, rites and rituals that ought to be adhered to. They are regarded as our negotiators, moderators, counsellors and teachers\(^{469}\). This finding is consistent with information gathered from the research participants during the compilation of demographic information. One of the elderly participants, Mbuya Ndangana identified herself as an elder;

*Tisu madzeyo akona, vasharuka mumhuri nemundau metinogara\(^{470}\).*

I am part of the household and community elders – the custodians of the Ndau culture.

Mbuya Ndangana identified herself as an elder in both the family setting and the community at large. The descriptive word *madzeyo* for elders is laden with meaning. It refers to one assuming the multiple role of counsellor, protector, advisor, and teacher. *Madzeyo* are likened to a protective wall that ensures the family and community remain intact, despite challenges that may occur. The elders as *madzeyo* are custodians of the way of life of the Ndau – hence a society with elders is expected to be harmonious and progressive under their guidance. *Madzeyo* assume the important title of wisdom holders. The wisdom is imparted through teachings which are mostly undertaken through stories accompanied by riddles, proverbs and folktales. The elders also teach symbolically and instil harmony in families and communities.

4.3 Marital status of the research participants

This section looks at the variable of marital status from the Ndau cultural perspective. The Ndau accord respect to the institution of marriage which is highly revered and is recognised as one of the most important socio-cultural institutions. The institution of marriage is a rite of passage that marks the progression into adulthood and of forming a family\(^ {471}\). It is also a rite of passage that officially separates individuals from the parental unit to being parents in their own right\(^ {472}\). The institution of marriage also defines the inception of the socially putative time for childbearing. Among the Ndau, the institution of marriage is the culturally recognised setting for childbearing. Similarly in Kenya, the institution of marriage is also

\(^{469}\) Ibid. 86.
\(^{470}\) Interview with Mbuya Ndangana, Mariya Village, 06 April 2015.
\(^{472}\) Ibid. 2.
regarded as the socially acceptable context for childbearing. Oduyoye also points out that a person’s maturity is fully recognised through marriage which also signals accepting the responsibility of procreation. Additionally, marriage is regarded as the institution that ascribes honour and dignity to women in their families and the wider society. Outside of marriage, the honour of women of marriageable age is highly compromised. Table 5.3 shows the percentage distribution of the marital status of the participants.

Table 4.2 Percentage distribution of the marital status of the study participants
Total number of research participants (n=31)

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Married</td>
<td>24</td>
<td>77</td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.2 indicates that the majority of the female (97% - including the widowed) in the study community were married. Interviews and focus group discussions with the research participants revealed the following:

While constructing my research sample, the first elderly woman (Mbuya Mutape) I met advised me that because of the nature of my research, my participants should only be married women or widows since they had been married before. As such, I took Mbuya Mutape’s advice into consideration as reflected by the sample of participants in Table 4.2. The sample for the research participants comprised twenty-four (24) married women, six (6) widows and

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Ibid. 2.


one (1) woman who was separated from her husband. Mbuya Mutape’s advice was based on Ndau societal beliefs, practices and values that privilege married women. According to Mbuya Mutape\textsuperscript{476}, Ndau rites of passage into motherhood are only conducted within the confines of formally recognised marital unions\textsuperscript{477}. Single mothers are regarded as societal misfits and hence, they are not allowed to advise other women about the process of motherhood\textsuperscript{478}. These views were equally expressed by Mbuya Mwadaingei\textsuperscript{479} who argued that by virtue of having children out of wedlock, single mothers are believed to have forfeited their rights to being custodians of culture\textsuperscript{480}. She thus remarked;

\begin{quote}
Chiinyi chaungafundiswa kana kupangwa nemuntu wakakorera kuita mhatso yake? Unototya kuti unopanga zvisizvo\textsuperscript{481}.
\end{quote}

What sort of teaching or advice do you get from someone who failed to have a family of her own? You risk getting the wrong type of advice.

The participants’ narratives reflected that one’s marital status carries a number of cultural privileges that are otherwise unobtainable outside marriage. With Ndau indigenous culture, marriage rituals are done during and after the traditional marriage ceremony. It is also after these ceremonies that the new bride is taught about motherhood. The teachings are inclusive of beliefs and practices related to pregnancy and childbirth. If a woman gets pregnant out of wedlock, it is rare for her to receive proper guidance with regards to motherhood. A woman who begets a child out of wedlock is a shame to the family and she loses her respect. As such, the research sample for this particular study comprised those woman who were married and widowed. Mai Sigauke, the one participant who was separated (actually divorced but society regards her as separated because she has maintained relations with her in-laws for the sake of her two children) expressed self interest in being part of the research although she excused herself from the FGDs citing stigma due to her marital status. She remarked;

\begin{quote}
\end{quote}

\textsuperscript{476} Interview with Mbuya Mutape, Zamuchiya, 16 October 2015.
\textsuperscript{477} Interview with Mbuya Mutape, Zamuchiya, 16 October 2015.
\textsuperscript{478} Interview with Mbuya Mutape, Zamuchiya, 16 October 2015.
\textsuperscript{479} Interview with Mbuya Mwadaingei, Sakuinje Village, 21 April 2015.
\textsuperscript{480} Interview with Mbuya Mwadaingei, Sakuinje Village, 21 April 2015.
\textsuperscript{481} Interview with Mbuya Mwadaingei, Sakuinje Village, 21 April 2015.
The community respects you only when you are married. When you get divorced or are separated from your spouse, everyone looks down on you. The sad part is that no-one apart from your family, provided they are very understanding, wants to know the reason for your marriage breakdown. As a woman, you are expected to persevere and endure everything. In our tradition, the elders always tell you that no marriage is perfect and no one is immune to the challenges of marriage. There is a common saying in our culture, *chakafukidza dzimba matenga* (literally translated: the house is covered by the roof) meaning that a lot goes on inside the house but on the outside you should act as if all is well. As a result, a lot of women suffer in silence as they remain married to abusive husbands. I could not withstand the emotional and physical abuse I received from my husband. At first I persevered and endured the torture but at the end, I told myself that I have to either stay in the marriage and die or leave and preserve my life and that of my two children. I went back to my parent’s home, they welcomed me back. I went back to school, trained as a nurse and now I am independent and can support my children. However, there are times I feel stigmatised. Even in church where you expect everyone to understand my situation, I am also stigmatised. I have thus learnt that whenever I am at a gathering, I do not speak even if I know my contributions are of value, my self-esteem has been shattered! The other time I attended a workshop and was told that we want people with a stable family to respond. This irked me and from that day, I have always avoided being in group meetings. I live with the pain and stigma of being a divorcee. I cannot even pass advice to my nieces as I am deemed to be a failure. I cannot act as their aunt at their marriage ceremonies or special events lest I pass my bad omen to them.

Among the Ndua of south-eastern Zimbabwe, one’s marital status defines one’s social standing within the community and this is most applicable to women. I queried the importance of formal marriages with the challenging economic environment in the context of Zimbabwe whereby people are struggling to put food on the table and on the other hand there are the demands of paying *lobola* for those intending to get married. According to Mbuya

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482 Interview with Mai Sigauke, Zamuchiya, 16 October 2014.
Choitemwari⁴⁸³, one of the research participants, the most revered thing is for two people in love to formalise their union, involve their families and pay part of the lobola. She further explained that it is very rare for the total lobola to be paid in one instalment⁴⁸⁴. Mbuya Choitemwari⁴⁸⁵ argued that contrary to what people say about the commercialisation of lobola, most parents are very much aware of the current difficult economic environment in Zimbabwe. According to her understanding, no parent would refuse a son-in-law who wants to start a formal relationship with their daughter even if they do not have a lot of money⁴⁸⁶. She also indicated that many people are becoming more aware of the unfavourable consequences of demanding very high lobola amounts which may result in daughters having children out of wedlock and having homesteads full of ‘grandchildren without fathers’⁴⁸⁷. She elaborated the importance of having married daughters;

"When your daughters get married, society applauds you for bringing them up so well and nurturing them to be respectable women. You walk with your head held up high. You might not even be happy with the small lobola brought by your son-in-law but the outside world will never know. Your daughters earn themselves the important title of ‘Mrs’ and are addressed by their husband’s surnames. It is therefore better to accept that little bride wealth and maintain the honour of the family as opposed to having your

⁴⁸³ Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
⁴⁸⁴ Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
⁴⁸⁵ Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
⁴⁸⁶ Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
⁴⁸⁷ Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
⁴⁸⁸ Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
daughters reach marriageable age, continue staying at home and end up having children out of wedlock.

Whilst the above narratives reflect the importance of formal marital unions, the totality of human life advocated by the frameworks informing this study is applicable to all women irrespective of their marital status – married women, single women, single mothers and childless women. Hence I believe ostracising and stigmatising these women is a form of oppression. Kanyoro\textsuperscript{489} points out that it is women themselves who sustain these oppressive systems under the guise of reverence to culture and tradition. Postcolonial African Feminism suggests the re-interpretation and subsequent transformation of oppressive cultural practices within indigenous African communities.

4.4 Educational and literacy levels of the participants

According to Chang’ach, “education is a universal process occurring in all human societies involving passing on of its culture that is the social, ethical, intellectual, artistic, and industrial attainments of a group, by which it can be differentiated”\textsuperscript{490}. Chang’ach\textsuperscript{491} further argues that education, be it indigenous or modern, is regarded an exceptionally indispensable asset that models and perpetuates the continued existence of a society. Generally among the Ndau of south-eastern Zimbabwe, education is highly esteemed. There is a popular adage among this ethnic people that says \textit{vaNdau vayungu}, literally translated the Ndau are just like the white people - they are educated. It is also common to hear Ndau people and those from Manicaland province mixing their local dialect with a lot of English words. The Ndau strongly believe that education is the most important tool for self-emancipation from poverty. This was echoed by most of the participants during field research. Mbuya Simango thus explained the importance of a good education;

\textit{Munotozviziya kuti chikora chakakosha yaamho. Tinobaabonga kumwuona weienderera mberi nekufunda kunyazi mwatove nemhatso yenyu. Vamweni vanotogara kubaati tende pasina zyevanoita voemera kuti muisa}\textsuperscript{492} ndiye

\textsuperscript{489}Musimbi R. A. Kanyoro, Introducing Feminist Cultural Hermeneutics, 15.
\textsuperscript{491}John Koskey Chang’ach, African Indigenous Education, 858.
\textsuperscript{492}It is common in Ndau to hear a man being referred to as \textit{muisa}, meaning the one who penetrates.
We are very grateful to know that you are aware of the importance of education and we are proud that you are continuing with your studies despite being a married woman. Others just sit back and relax and wait for their husbands to provide all the family requirements yet the economy is generally tough for a single economic provider. As for me and my husband, we sold all our cattle and our kraal remained empty. We became a laughing stock as fellow villagers pointed out that we were foolish to clear our livestock just to send our kids to school. Our children even attended boarding schools where they did their secondary education yet our own parents were poor and could not afford to send us to school. All our five children completed their schooling and they even went to college. Now this big house we are staying in was built by our sons and they have their own homes as well. Three of them are also driving and during the Christmas holidays they come with their families and all their cars will be parked right in this yard. It is such a blessing for children to be well educated as it

493 Whilst having a car is a necessity, in rural communities it is still regarded as a sign of wealth. The poor are deemed unable to own a car. Therefore for this family to have three of their children owning cars is regarded a privilege given the current economic situation in Zimbabwe whereby people are struggling to put food on the table.

494 Interview with Mbuya Simango, Shekwa Village, 12 March 2015.
enables them to attain gainful employment; if you are not educated you live a difficult and laborious life with very minimal financial rewards.

The sentiments expressed by Mbuya Simango have also been raised by the author Steady who points out that formal education is a valuable asset in the current labour market as it increases one’s chances of being gainfully employed and it also promotes social mobility. Table 4.3 shows the percentage distribution of educational levels of the research participants.

Table 4.3 Percentage distribution of the educational levels of the research participants.

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Primary</td>
<td>19</td>
<td>62</td>
</tr>
<tr>
<td>Secondary</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>High School</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Tertiary</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.3 shows that 62% of the research participants had primary level education. In-depth and focus group discussions revealed that the seemingly low levels of the educational status of the female research participants are a result of a number of contributing factors. The age groups of the research participants represent different time periods influenced by different socio-economic, political and religious backgrounds. The older participants with ages ranging from fifty-five years and above possess low levels of education. This was necessitated by the unstable political and economic environment during Zimbabwe’s liberation struggle against colonial forces. Additionally, the socio-cultural environment favoured the education of the male child as opposed to the girl child. This view is supported by authors Shabaya and Konadu-Agyemang who argue that gender disparity in education has been and continues to be a universal challenge in the developing countries with Africa being the most affected. The authors note that despite considerable progress towards bridging the gender disparity gap on

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literacy levels, female illiterate rates are still high in Africa. However, females residing in urban areas have better literacy levels as compared to those residing in rural areas. Shabaya and Konadu-Agyemang attribute the high levels of illiteracy to socio-cultural attitudes that marginalise the girl-child. Cultural traditions continue to propagate gender disparities in education. According to Brown and Barret, education is connected with improved health, nutrition, hygiene, higher child survival rates and lower fertility. This is equally supported by Steady who argues that education for women also enhances their economic independency. Drawing from these arguments, women with high levels of education are better positioned to make better and informed decisions with regard to reproductive health as well as other important issues that promote their health and well-being. This therefore reflects the importance of promoting high levels of education for the girl child.

The cultural context of the age group also affected the educational status of these women. Mbuya Chamwaita pointed out that during the earlier times; there was a strong cultural preference for educating the boy child who was regarded as the economic provider whilst the girl child was considered a liability since it was believed she was raised to become someone’s wife in the future. This discrepancy in educating the boy and girl child was explained by Mbuya Maposa, one of the elderly participants, who remarked:


Ibid. 395.


Filomina Chioma Steady, Women and Collective Action in Africa; Development, Democratization, and Empowerment, with Special Focus on Sierra Leone (USA: Palgrave Macmillan, 2006): 79.

Interview with Mbuya Chamwaita, Sakuinje Village, 21 April 2015.

Interview with Mbuya Maposa, Shekwa Village,
It was a challenge to go to school. My parents sent me to school only up to grade 5. However, my brothers went as far as secondary and tertiary level. My parents believed it was a waste of time to educate the girl child because she would eventually get married. They just wanted me to be able to read and write in preparation for being able to read love letters when boys would begin courting me. Therefore, I got married at an early age because I could not think of anything else besides staying at home while my brothers went to school. But when I finished putting my children through school, I went back to school under the adult literacy program and started from grade 6, wrote and passed my grade 7 and proceeded to secondary school from form 1 to 4 and I passed well. Now the main challenge is that I am above 60 years of age and it’s useless for me to go to college because I won’t find employment as the retirement age is 65 years. However, I am proud of my achievement; I fulfilled my yearning to have a secondary education. Some of my children are now at university and I always encourage them to continue furthering their education in order to pave the way for a good life for themselves.

However, Mbuya Mwadaingei\textsuperscript{503} was also quick to point out that the gendered nature of education was prevalent in the colonial period. The post-colonial period has seen improved educational levels for both the girl and boy child.

In contrast, people who resided in mission stations where the liberation struggle was not highly concentrated were able to go to school but under a different classification of the current educational system. This was aptly explained by Mbuya Mwahlupa;

\begin{flushright}
\textsuperscript{503} Interview with Mbuya Mwadaingei, Shekwa Village, 09 March 2015.
\end{flushright}

The period that we went to school there were no forms or grades like the current educational classification system. One would begin with sub A and B and then progress to Standard 1 through to 6. For most of the girls, after sub A and B, we were trained in dressmaking and food and nutrition programs. So after finishing this training, we would begin dressmaking projects and sell our products to earn some money, if you were interested you could then be able to pay fees to further your education and after finishing standard 6 you would train as a nurse or a teacher. Some of the women would, after training in food and nutrition, migrate to the city to look for work as housemaids in the white people’s homes. After the men attained their sub B, they would be trained in building and bricklaying as well as carpentry; thereafter they would also migrate to the city in search of employment as either builders or carpenters. Those whose parents had money would continue until standard 6 and thereafter train as teachers.

It is therefore evident that this educational system socialised men and women into particular gender roles in their training programs, a situation that has prevailed for a long period in Zimbabwe and has resulted in gender disparities in various industrial sectors and places of employment. The gendered aspect of educational training is explained by Steady who

504 Interview with Mbuya Mwahlupa, Chinaa Village, 07 May 2015.
505 Filomina Chioma Steady, Women and Collective Action in Africa, 75.
argues that educational systems have always been gender biased. Steady\textsuperscript{506} further points out that “it is widely acknowledged in the sociology of education and in women’s studies that educational institutions are among the primary agents of socialization of boys of girls into gender roles”.

The seemingly low levels of literacy among the older research participants (50+ years) for the study is also attributed to socio-political instability. This age group grew up in the context of the liberation struggle for the independence of Zimbabwe which was attained in 1980\textsuperscript{507}. During this period of political instability, and more so, in the rural areas where the liberation struggle was mostly concentrated, schools were disrupted and some were shut down\textsuperscript{508}. In most of the villages in Chipinge, people were living in camp sites for protection against enemy forces. Movements outside these concentration camps were limited\textsuperscript{509}. These factors rendered a number of people unable to further their education. Most people began to acquire meaningful education after the country gained its independence. However, by the time independence was attained, some of the research participants were already of marriageable age and were expected to get married therefore they were not able to continue with their education\textsuperscript{510}. Mbuya Maposa bemoaned the circumstances that denied her a proper education;


\textit{Nesanga mwa mabvunyanya nekutungamidzira kuchikoro.}

\textit{Nge nzira mwa mabvunyanya nezvitotongara kuchikoro, vanawo kuitungamidzira kuchikoro.}

\textit{Zvatosiyana nenguva ino yekuti apana chinokoreresa vana kuti vaende kuitungamidzira kuchikoro.}

\textit{Mbuya Maposa bemoaned the circumstances that denied her a proper education;}
kana kucollege asi primary unenge wapedza uye wokona kunyora nekuerenga\textsuperscript{511}. 

It is not that I did not want to go back to school. We grew up during the period of the liberation struggle and it was difficult to attend school. We were kept/accommodated in protected camps. However, male children were able to go to school but it was a challenge for us girls during that time because they were terrorists who were known for raping young girls. When the war ended, we could not go back to school because our parents were now expecting us to get married and have our own families. Now the young ones are growing up in a different context, nothing stops them from going to school. We scramble around and ensure that we pay for our children’s school fees. Parents might fail to take their children through to secondary school or to colleges because of extreme hardships but at least the children would have finished primary school and therefore gained a certain level of literacy.

Whilst most of the participants were able to freely express their educational levels, one of the participants got offended after I inquired about her educational status. She pointed out that the matter at hand had nothing to do with classroom education\textsuperscript{512}. She expressed her dissatisfaction at such an enquiry. Thus she argued;

\textit{Imbori ndaa yenyi kuti vanhu vanode kuziya kuti ndakafunda kuguma pari. Inwimwi mwakati tinode kubhuya netsika dzeduzichindau maererano nekudzitwara kusvika mwana avepo saka zvona izvozvo zvinei nechikora. Zvinofundiswa muclass here izvozvo? Makamboonepi chikora chinofundiswa kuti muzakazi auya pamhatso unosise kuite zvakati nezyvakati, kana aane ndani unosise kuitei? Kuti zvirizvo wochienda kune vakafunda kuti vakubhuireyi\textsuperscript{513}.}

\textsuperscript{511} Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
\textsuperscript{512} Interview with Mbuya Chakahwara, 07 May 2015
\textsuperscript{513} Interview with Mbuya Chakahwara, 07 May 2015.
Why is it that people are interested in knowing my educational status? You told me in advance that we are going to discuss about the Ndau indigenous practices on pregnancy and childbirth so what does my educational level have to do with that? Is it a subject taught in the classroom? Which school teaches its students what a daughter-in-law has to do at her in-laws? Or what she has to do when she gets pregnant? If that is the case, rather go and get the information from those who are educated!

I almost lost the interview with her but had to apologise and clearly explain the purpose of ascertaining her level of education and its importance for the socio-economic and demographic information for the study. Mbuya Chakahwara was not amused and she pointed out that had it been that I was an outsider, she would not have granted me the interview.

This brings to the fore the importance of African indigenous education. The argument raised by the participant is a clear indication that knowledge attainment is not only confined to the classroom but is also enshrined in the beliefs and practices of the local people. Whilst Western ways would only be interested in ascertaining the demographic formal levels of education in doing research, it is also of utmost importance to take into consideration indigenous modes of learning. African indigenous education is an important aspect that shapes the lives of African people and this type of education is, as argued by the participant, not attained in the classroom but is contained in various cultural aspects.

4.4.1 African indigenous education
Chang’ach rightly argues that no history of education is complete without the inclusion of traditional knowledge which many African communities relied on prior to the introduction of Christianity. Therefore, every society has its own ways of educating the youth. As a result, when a society establishes its own ways of life that is informed by its own environment and is passed from one generation to the other, the concept of indigenous education and/or knowledge systems emerges. A person is made whole by the acquisition of Western forms of education and the inculcation of indigenous forms of education as well. According to the Ndau, a properly educated person is one who has grasped both the formal and the indigenous forms of educational training. Indigenous forms of education precede formal educational

training. Before a child is enrolled for formal education at a school, indigenous educational training would have begun initiating that child into the society to which he/she belongs. Children are therefore not only educated at school but in the wider society\textsuperscript{515}. This process continues way into adulthood as each stage of maturity has its own expectations that have to be learnt.

Similarly, authors Ukpokodu and Ukpokodu\textsuperscript{516} point out that African indigenous education is concerned with citizenship formation and responsibility. These authors indicate that in indigenous communities, education begins when children are taught by parents and the wider family on societal values, virtues and expectations both inside and outside the home\textsuperscript{517}. The family and community are the first schools in African communities. Hence Chang’ach\textsuperscript{518} argues that it is utterly wrong to credit the Europeans with bringing education to Africa as Africans already had their own educational systems. The author remarks that it is incorrect to regard literacy and formal schooling as the only constituents of education but education should be viewed holistically and should be defined as a “preparation for living in the society into which one is born”\textsuperscript{519}.

Ocitti\textsuperscript{520} cites five important philosophical foundations of African indigenous education. The first philosophical foundation is preparationism which is aimed at enabling the young to fulfil socially defined gender roles. Within African indigenous societies, it is commonly believed that the physical birth of a child is followed by the ritual and/or religious birth which initiates the child into being a social member of the community\textsuperscript{521}. With the passage of time, several rites of passage to introduce the varying stages of maturity and responsibilities thereof are undertaken. With these rites of passage, one is socialised into particular feminine and masculine roles and responsibilities.

\textsuperscript{517} Ibid. 25.
\textsuperscript{518} John Koskey Chang’ach, African Indigenous Education, 859.
\textsuperscript{519} Ibid. 859.
\textsuperscript{521} John S. Mbiti, \textit{African religions and philosophy}. (United Kingdom: Heinemann Educational Publishers Ltd, 2002).
The second philosophical foundation is functionalism whereby the young are taught to be productive in their communities. This is a primarily utilitarian principle that teaches the young how to contribute to their wider society through partaking in various chores expected of them. According to Ukpokodu, as the young mature, they are taught through initiation or training to be of service to their community and peoples. Hence, African indigenous knowledge is regarded as citizen formation and responsibility.

In Ndau indigenous culture, girls are educated on how to become effective homemakers. They are taught on household management inclusive of food and nutrition, as well as the welfare of their husbands and children. On the other hand, boys are educated on becoming breadwinners. They are socialised into being the economic anchors of their future homes. The aspect of functionalism therefore prepares the young adults for their socially prescribed roles as men and women. However, with the current economic system and the incessant calls for gender mainstreaming especially with the economic sector, these socially prescribed roles have been usurped as it is now common to find situations whereby the wife is the breadwinner with the husband being the homemaker. However, this situation has its own complications resulting from bruised masculine egos and often leads to gender based violence.

The third philosophical foundation is communalism. Within African traditional societies, things are owned in commune with other members of the society. African societies are characterised by the Ubuntu philosophy; I am because you are and you are because I am.

In this respect, children also belong to the community hence all adults are bestowed with the honour of disciplining and reprimanding any children within the community. The fourth

523 Ibid. 25.
524 Ibid. 25.
African IKS also include informal methods of education. These are briefly outlined below;

4.4.2.1 Learning through play
With African indigenous communities, the concept of learning through play is commonly recognised as vital as it is an indicator of normalcy, maturity and responsibility among the young. Children who do not actively participate in play are a cause for concern. Should such a scenario arise, concerted efforts are made to determine their mental capability as well as to establish whether they have a health challenge. Children are, from an early age, given gender specific toys to play with. If it’s a male child, mostly cars, soccer balls etc. are given, and dolls and kitchen utensils for the girl. However, in most cases, toys for the children are made from local materials and are defined by local interests. It is common for young children to use mud and clay for moulding toys and engaging in “make-believe play activities which could be described as imitative, imaginative, and symbolic”. In this regard, kids’ play is based on imitating the elderly whereby the girls can assume the role of being mothers as they cook using mud while the boys imitate being fathers as they make toy cars using wires or cardboard boxes. Learning through play initiates the young into their culturally defined feminine and masculine roles. In cases where a child learns through play but is interested in the games of the opposite sex, the parents worry and they take time to indoctrinate the child into the “proper” role that he or she should play.

4.4.2.2 Oral literature

Informal education includes teaching and learning through myths and tales\(^{530}\). These myths and tales give an account of the gods, local phenomena, the sacred and the transcendent. The myths include tales about the local legends and speak about real events that took place in time immemorial. Precisely, myths were fragments of actual history\(^{531}\).

Oral literature includes folktales which are shrouded teachings based on day to day events of the local community. They are considered as “vehicles of moral life lessons”\(^{532}\). Folktales were, and are still used as a medium of sharing life experiences with its strides and setbacks but mostly conclude with triumph over the difficult challenges encountered. Folktales are commonly used as a channel of imparting knowledge to the younger generations. They are used for basic socialisation into a community’s beliefs and practices. This socialisation includes initiation, instruction, and spurning anti-social behaviour within the community\(^{533}\). Folktales incorporate cultural beliefs and values for marriage, peaceful co-existence within communities, and many other important aspects of life for the African people. Additionally, embodied in these folktales is a link to the past, the present and the future\(^{534}\). The important lessons contained in folktales include respect for fellow human beings. Folktales also serve as a tool for educating the young on various aspects inclusive of instilling discipline, equipping them with various talents and skills, and teaching them traditional rhythmic songs. In African indigenous culture, songs form a central part of life and they are sung at childbirth, funerals, initiation, weddings and parties. Folktales include ethical teachings, community virtues on communal unity, hard work, uprightness and other acceptable ways of life\(^{535}\). Folktales are therefore ethical teachings masked in a didactic form. Since folktales are narrated in one’s local dialect, the young ones also learn the vocabulary of their community dialect.


\(^{531}\) Ibid. 861.


\(^{533}\) Ibid. 2292.

\(^{534}\) Ibid. 2295.

4.4.2.3 Learning through dance and folk songs
In many African communities, music forms a significant part of daily life\textsuperscript{536}. Rites, ceremonies, feasts and festivals are always accompanied by music and dancing\textsuperscript{537}. In this regard, these various activities were and are regarded as indigenous forms of teaching. Religious doctrines, practices and experiences are passed from the old to the young through ceremonies conducted within the family and/or community. Most songs sung at the different ceremonies have a meaning attached to them while others maybe for entertainment.

4.4.2.4 Learning through proverbs
Proverbs are mostly used in day to day conversations within African indigenous societies. Proverbs are regarded as “condensed wisdom of the great ancestors”\textsuperscript{538}. They contain moral ideals that refer to the socio-economic and political environment of the community and/or country at large. A person possessing a judicious use of proverbial language is deemed to possess strong wisdom and intelligence. Elderly people make use of proverbs to convey specific teachings to the younger generation. These proverbs carry specific lessons inclusive of educating the young on the importance of co-operation, personal and human qualities, domestic life and the regulation of proper behaviour\textsuperscript{539}. Proverbs are used as moral teachings and as a medium of instruction because they are believed to have a greater and lasting impact than the use of ordinary language.

4.4.2.5 Learning through use of deterrence or inculcating fear
Indigenous modes of learning included the use of deterrence or inculcating fear in children\textsuperscript{540}. This was done in order to teach the children to conform to the morals and customs of the family and the broader community they were part of as well as to discourage the young from engaging in unruly behaviour and disobedience\textsuperscript{541}. In cases of disobedience or bad behaviour, verbal warnings were given and if there was no change, punishment was instituted. The severity of the punishment was dependent upon the severity of the offence committed.

\textsuperscript{536} Ukamaka Teresa Eze and Nnia Mba Ike, Integrating African Indigenous Knowledge in Nigeria’s Formal Education System, 79.
\textsuperscript{537} John Koskey, Chang’ach, African Indigenous Education, 862.
\textsuperscript{539} John Koskey Chang’ach, African Indigenous Education, 862.
\textsuperscript{541} John Koskey Chang’ach, African Indigenous Education, 862.
In extreme cases, severe beatings or the infliction of physical pain was used as a way of instituting reformatory behaviour. In contemporary African societies characterised by modernity and the adopted Western culture, physical punishment including severe beatings and inflicting body pain are regarded as forms of abuse that can even enable a child to instigate legal proceedings against a parent for abuse.

4.4.2.6 Learning through engaging children in productive work

An important aspect of educational training within African indigenous societies is teaching the young through engaging in productive work. This particular type of teaching is a crucial aspect that enables the young to attain their respective feminine and masculine roles as dictated by their respective communities. Whilst this type of learning prepared the young into being productive adults, the learning process also accorded the young and the old to work together. This therefore served as an opportunity for the elders to teach the young about other aspects of life as they worked together. The process of engaging in productive work served as particular rites of passage as the young were being trained through differing stages, to be capable and responsible future husbands and wives. Chang’ach points out that “of all the different aspects of educational training to which most attention was paid was probably what prepared them as prospective wives and husbands”. With the concept of learning through productive work, the young were expected to learn through imitating the elders and formal instruction was only given where the work was not done properly. The volume and complexity of work was consummate with age and physical fitness, in no way was a child given work beyond his or her physical fitness and ability to handle it.

4.4.2.7 Formal methods of learning

These comprised theoretical and practical inculcation of skills. Formal education was mostly attained through sending children for apprenticeship or occupational training. These views are equally expressed by Awuour who points out that specific trade skills in indigenous

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542 Ibid. 862.
545 Ibid. 863.
546 Ibid. 863.
547 Ibid. 863.
548 Ibid. 863.
communities are learnt through apprenticeship as well as the youth observing their adults. In cases of hereditary occupations, the parents were tasked with training their own children. For example an herbalist in training his child to take over would have to reveal all the different herbs and their medicinal properties as well as the method of preparation. This would have to be done over a period of time to enable the student to properly grasp the different types of herbs and their proper use.

In summation, African indigenous education is seen as holistic as it incorporates rituals and skills that are necessary to sustain cultural practices, family and community life within indigenous communities. It also inculcates communal responsibility and interpersonal relationships.

4.5 Occupational status of research participants

A larger number of the participants were homemakers. The women as homemakers are responsible for household management as well as engaging in subsistence farming for the welfare of the family. The excess realised from the subsistence farming is sold to supplement the household income. Some of the research participants indicated that they had managed to send their children to school from the proceeds of their subsistence farming. Table 4.4 shows the percentage distribution of the employment status of the Ndau community research participants.

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Homemakers</td>
<td>23</td>
<td>74</td>
</tr>
<tr>
<td>Retired</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.4 indicates that the majority (74%) of the female research participants were homemakers, 20% were employed and 6% were retired.

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552 Ibid. 24.
4.6 Religious affiliation of the research participants

Table 4.5 Percentage distribution of religious affiliations of the research participants

<table>
<thead>
<tr>
<th>Religious affiliation</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>28</td>
<td>90</td>
</tr>
<tr>
<td>African Traditional Religion</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.5 shows that the majority (90%) of the participants were Christians. Only 10% were affiliated to African traditional religions. However, despite the larger number of the participants identifying themselves as Christians, many of them adhere to African indigenous religious beliefs and practices though it is done in secrecy. This indicates that in African indigenous thought systems, religion, culture and tradition are greatly entwined553. Religion informs the way of life of the African people. It is considered the “strongest element in traditional African culture and exerts great influence upon the conduct of the African people”554. Religion encompasses the beliefs and practices of the African people and how they relate to the natural and the supernatural which give meaning to life555. As such, Mbiti556 points out that religion comprises five aspects of culture namely beliefs; practices, ceremonies and festivals; religious objects and places; values and morals; and religious officials and leaders. Indigenous knowledge systems (IKS) are part of the cultural and religious life of the African people. Identifying oneself as a Christian, for some, is fulfilling societal expectations since in most communities, indigenous beliefs and practices are still considered heathen and unacceptable. In this regard, most of the women interviewed in this study indicated that they were devout Christians but they also embrace indigenous beliefs and practices, it is their way of life.

During one of the FGDs in Zamuchiya, Mbuya Mhlanga identified herself as an adherent of African traditional religion. During the FGD, she reacted with a sarcastic laugh when some of

the participants identified themselves as Christians. She would laugh much to the embarrassment of the other women. I later discovered through her that she is a traditional healer and some of the women in the group were her regular clients who sought her assistance for various ailments, love portions and indigenous herbal medicines taken as body tonic. Mbuya Mhlanga thus remarked;


The white people brought Christianity and people were converted, but those converted can never let go of our indigenous beliefs and practices. If you see these women adorned in their uniforms for mothers’ union and you hear them singing, preaching and dancing, one would think that surely the heavens are going to come down here on earth! But the moment they become sick, have marital problems or fall pregnant, they come running to me to get herbal medicines. Those who classify themselves as Christians are the ones who are always seeking help from traditional healers. It is difficult to understand them. But for us, we have nothing to hide, we tell the truth unlike hiding under the pretense of being Christians.

The narrative by Mbuya Mhlanga reflects the ongoing tension between Christian religion and indigenous culture. Nasimiyu-Wasike558 argues that even though African societies have gone through socio-economic changes, old religion and philosophical presuppositions remain in

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557 Informal conversation with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
the subconscious. Nasimiyu-Wasike\textsuperscript{559} further points out that theological circles are attempting to integrate the Christian message and the African culture. She further raises the issue of inculturation which is the conversion to the Christian gospel within one’s cultural context\textsuperscript{560}. Inculturation presents a holistic way of conversion that enhances the already good traits in one’s culture whilst on the other hand transforming those which are harmful to be life-giving\textsuperscript{561}. Drawing from the above narrative, it is evident that inculturation is missing in theological circles within indigenous communities.

4.7 Chapter summary

This chapter explored the socio-economic and demographic characteristics from the cultural perspective of the research participants, the Ndau people of Chipinge, south-eastern Zimbabwe. It sought to obtain the cultural connotations attached to the variables of age, marital status, religious affiliation, educational levels and employment status. This chapter highlighted that demographic variables are culture and context specific with different connotations attached to them. The following chapter focuses on the perceptions of Ndau women with regard to IKS on pregnancy and childbirth.

\textsuperscript{559} Ibid. 115.
\textsuperscript{560} Ibid. 115.
\textsuperscript{561} Ibid. 115.
CHAPTER FIVE
The historical origins of Ndau cosmology and belief systems

5.1 Introduction
The previous chapter focused on the demographic characteristics of the research participants from a cultural perspective. The chapter highlighted the importance of paying attention to the cultural significance of demographic information in relation to the research problem as a way of decolonising indigenous research methods. In order to understand and appreciate the historical impact of colonialism on the Ndau indigenous beliefs and practices on pregnancy and childbirth, there is need to make a critical historical analysis of the Ndau cosmological belief systems before and after colonialism. This creates the basis for re-covering, re-awakening and the re-claiming of the Ndau indigenous ways of knowing and knowledge production. The chapter looks at the following aspects: the history of the Ndau people of south-eastern Zimbabwe, Ndau cosmology, Ndau markers of identity, Ndau indigenous mode of dressing, scarification, body art and markings, identity through song and dance and agency of Ndau women in enculturating identities through raising children.

5.2 The Ndau people of Zimbabwe
According to Maposa\textsuperscript{562}, major complexities of tribal identity abound throughout Africa, partly due to colonial and political domination. This is true as tracing the history and origin of the Ndau has many complexities due to the limited written genealogy about this tribe. Available information through interviews conducted with the elderly among the Ndau is inadequate as it begins with the period of the Gaza Nguni invasion in the eighteenth century. Much of the history before then is deficient. In the absence of the much needed information required to give a clear articulation of the chronological history and origins of the Ndau, this section will focus on Ndau origins from the time of the Gaza Nguni settlement in the eastern highlands of Zimbabwe which is home to the Ndau ethnic group.

Historically, there were two major ethnic groups in Zimbabwe, the Shona and the Ndebele. The Shona are by far the largest ethnic group comprising 65\% of the total population, the

Ndebele 20% and other minority groups account for 15%. However, Shona was considered the main ethnic language with various dialects comprising *Karanga, Zezuru, Korekore, Manyika and Ndau*. The term Shona came into being around the 1920’s after the Southern Rhodesian government instituted a study on the amalgamation of different dialects. The need for the unification of the various dialects began with the missionaries who wanted a universal language to spread the gospel. Before the call for the unification, major languages were studied and written according to their geographic locations. Each mission station had its own mode of writing. This varying orthography caused chaos and misunderstanding among the missionaries who then advocated for a unified language in order to translate the Bible.

A commission, led by the linguist Clement Doke was tasked with unifying the different dialects which were coded according to notable similarities in the spoken languages. This gave birth to Shona and Ndebele being recognised as the two major indigenous languages. The above mentioned recommended Shona as the official name for the various dialects found in Southern Rhodesia. However, in a report published in 1931, the linguist expressed the predicament the committee was faced with in finding a unifying name for the different dialects. Doke reported:

> It has been widely felt that the name “Shona” is inaccurate and unworthy, that it is not the true name of any of the peoples whom we propose to group under the term “Shona-speaking people”, and further that it lies under a strong suspicion of being a name given in contempt the enemies of the ethnic groups. It is pretty certainly a foreign name and as such is very likely to be uncomplimentary.

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566 Ibid. 36.
567 Ibid. 36.
569 Ibid. 78.
The ambiguous Shona name remained in use until the year 2013 when the government of Zimbabwe, through its amended constitution defined 16 official languages as formally recognised in Zimbabwe. It was clearly articulated in Doke’s report that the people in Southern Rhodesia (modern day Zimbabwe) did not embrace the name Shona as their tribal name but they preferred to be addressed by the names of their own ethnic groups. This was a reflection of the disdain associated with the blanket term “Shona”. Doke argued that the ‘Shona’ were not agreeable with the name assigned to them partly because it lacked the various tribal distinctions and was simply imposed on them. Additionally, the etymology of the name was unclear. It is believed the name Shona was first used in the 1930’s by the Nguni/Ndebele people in reference to the Rozvi people. The term was derogatory and it referred to *sine* or *tine*, dirt. However, in contemporary Zimbabwe, the term Shona has been generally accepted and no longer carries the connotation of insult. On passing Shona as the unifying name for the different dialects, Doke further reported:

> Therefore, with certain reluctance, we recommend the name Shona for the unified language, while we would be quite ready to accept any more worthy alternative.

Ethnic groups that spoke minority languages were therefore lumped into a unified group and their ethic identities were passed over. In 1928, the government of Southern Rhodesia accepted Shona as an official language and together with Ndebele; they became the two major official indigenous languages in Zimbabwe. Consequently, both Shona and Ndebele became part of the educational curriculum. As a result, the field of education in Zimbabwe adopted Shona and Ndebele as the officially recognised indigenous languages which were part of the educational curriculum for primary and secondary education. School children from other minority languages therefore adopt either Shona or Ndebele which are part of the school curriculum.

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571 Ibid. 79.
572 Ibid. 78.
573 Ibid. 79.
574 Tafara Mufanechiya and Albert Mufanechiya, Teaching ChiShona in Zimbabwe, 37.
The Ndau have a distinct dialect that is different from those lumped into the Shona group. This distinctiveness is also noted from the Doke report;

A distinctive type of vocabulary marks the Ndau group and there appears to be greater divergence here from typical Shona than with any of the four groups, Korekore, Zezuru, Karanga or Manyika\(^{575}\).

Drawing from the interviews conducted during the field research, there are many differences between the Shona and the Ndau. The beliefs and practices of the Ndau and the Shona are disparate. Classifying the Ndau and the Shona under the same indigenous group was a prejudice to their cultural and cosmological beliefs and practices. According to MacGonagle\(^{576}\), Ndau speakers were identified as Ndau even before the onslaught of colonialism around the nineteenth century. This is also confirmed by Perman\(^{577}\) who points out that the elderly people among the Ndau do not categorise themselves as being part the Shona people. Whilst the younger generation identifies itself as both Ndau and Shona, the elderly are cognisant of the unmistakably divergent beliefs and practices between these two indigenous ethnic groups. The classification of the Ndau as a sub-ethnic group of the Shona emanated from the influence of the Nguni domination for both ethnic groups\(^{578}\).

Missionaries in the 20\(^{th}\) century distorted and interfered with the history and tradition of the African people by fixing ethnic boundaries\(^{579}\). They drew language borders and demarcated dialect territories to carry out their missionary work without the consent of the local people. “Throughout Africa, language became central to European definition of people, people and nation”\(^{580}\). Needless to say, the current constitution of Zimbabwe\(^{581}\) amended the languages as follows;

The following languages, namely, Chewa, Chibarwe, English, Kalanga, Koisan, Nambya, Ndau, Ndebele, Shangani, Shona, Sign language, Sotho,
Swahili, Tonga, Tswana, Venda, and Xhosa, are officially recognised languages of Zimbabwe. The constitution further specifies that the State must promote and advance the use of all languages used in Zimbabwe as well as creating the development of these particular languages. However, to date, the school curriculum on languages is under English, Shona and Ndebele. This means that immense progress on the part of the State, in fulfilment of its constitutional obligation, is needed to adjust the school curriculum to include all the languages that are officially recognised by the government of Zimbabwe. It took over thirty-three years post-independence to de-colonise the inaccurate classification of the unified tribal dialects in the now independent Zimbabwe. Additionally, the majority of the school curriculum under ethnic languages is dominated by Shona followed by Ndebele. Whilst there have been greater strides in recognising all the ethnic languages in Zimbabwe, there still remains a wide gap in developing curriculum around these various dialects. Muyambo and Maposa argue that scholarship about the Ndau ethnic group has been silent for a long time and very minimal ethnographic studies have been done about the Ndau people in comparison to other Shona speaking people such as the Karanga, Zezuru, Manyika and Korekore. In response to this observation, more research on the Ndau people is needed in order to gain more insight into the Ndau people of south-eastern Zimbabwe.

The ethnic groups previously classified under Shona are believed to have emanated from the rich agricultural and Bantu settlements along the Limpopo River around the 15th century. Due to the political disturbances that besieged the area around the 17th century, groups of the Rozvi people migrated southward. Another group is known to have settled in the south-eastern part and these people are believed to be the founders of the Ndau dynasties. According to Rennie, the historical origins of the Ndau is traced from an earlier settlement

582 Ibid. 2013
583 Ibid. 2013
586 Ibid. 6.
587 Ibid. 6.
in the Eastern Highlands of the now Zimbabwe by the Mbire empire which fled from the power of the Rozvi dynasty. The Mbire Empire was spread across Zimbabwe and Mozambique. Precise known history of the Ndau people is linked with the invasions of the Gaza-Nguni from the Zulu people of Shaka. The Nguni and the Ndau had similar religious beliefs and worldviews.

The identity of the Ndau is associated with the Gaza-Nguni who forced their tribal identities on their conquered subjects. As a result, the Ndau men also assimilated the identity of their conquerors. Whilst the assimilation was common among the men and women of the Ndau, it is reported that Ndau men assumed the Gaza-Nguni identities on a larger scale compared to the women. Ndau men learnt and adopted the language of the invaders. They also assumed their body markers of identity inclusive of piercing their ears. The Ndau men served in the conqueror’s armies. Ndau clan names were therefore transformed into the closest Gaza-Nguni equivalents. The assimilation of Nguni identities is evidenced through many Ndau surnames such as Hlatshwayo, Mhlanga, Sithole, Dhliwayo, Ntuli, Mtetwa and many others. However, it should be noted that there was an element of acculturation between the Gaza-Nguni and the Ndau culture. The invading Gaza-Nguni are reported to have used Ndau traditional drums, pots as well as Ndau methods of healing. The Ndau also influenced the language and culture of the Gaza-Nguni through intermarriages.

Similar to the complexity surrounding the origin of the Ndau clan, the origin of the Ndau name is also shrouded in its own intricacies and the derivation of the term Ndau is imprecise. As a result, there are many variations as to how the Ndau clan name was constructed. According to Rennie the Ndau name was given by the Gaza-Nguni as a constant reminder of the Ndau’s subordinate position to the Nguni. It was believed the Ndau people were in fear of the invaders and this was evidenced by their submissive salutations to them. However, this understanding was unsubstantiated by the Ndau elders I conversed with during my field research.

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591 Ibid. 101.
592 Ibid. 101.
593 Ibid. 97.
595 Ibid. 155.
The word Ndau means place. One of the elders I spoke to mentioned that when the Ndau people settled in the south-eastern highlands of Zimbabwe, they exclaimed *indau yedu!* (this is our place!), hence the birth of the Ndau as a clan name\(^\text{596}\). It is also believed that the Ndau name was coined from the word *ndauwe*, which is a common mode of greeting among the Ndau people. *Ndauwe* is also uttered when announcing one’s presence in someone else’s homestead. Visitors to a homestead respectfully announce their presence by calling out *ndauwe*\(^\text{597}\).

### 5.3 Ndau cosmology

The religious life of the Ndau consists of the intertwined relationship between the living and the dead\(^\text{598}\). The spiritual and the physical world interrelate with each other\(^\text{599}\). However, the spirits of the dead dominate Ndau cosmology\(^\text{600}\). Ancestors are invoked only within private familial ceremonies. The community at large is controlled and guided by territorial spirits which are considered the real owners of the land\(^\text{601}\). These territorial spirits are the spirits of deceased tribal rulers mostly from the lineage of the chiefs in a particular village.

Ndau cosmology is also marked by music and dance. “Music and dance are the universal languages of the spirit, communicating its poetry through celebration, ritual, and initiation and healing”\(^\text{602}\). Indeed, among the Ndau every ceremony, be it a death ceremony, a wedding or a ceremony to observe a certain ritual, is accompanied by music and dance. The type of music, the African drums (referred to as *ngoma* in Ndau) and dance indicate the type of ceremony taking place. Moreover, in the day to day lives of the Ndau, music and dance are regarded as teaching aids. According to Doumbia and Doumbia\(^\text{603}\), through music and dance, stories of our history and the purpose of our lives are told. Music and dance are also recognised as healing therapies. Doumbia and Doumbia argue that those who are ill can be

\(^{596}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.

\(^{597}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.

\(^{598}\) Tony Perman, *Awakening Spirits*, 63.


\(^{600}\) Tony Perman, *Awakening Spirits*, 263.

\(^{601}\) Hubert Bucher, *Spirits and Power: An analysis of Shona cosmology*. (Cape town: Oxford University, 1980).

\(^{602}\) Adama Doumbia and Naomi Doumbia, *The way of the elders*, 96.

\(^{603}\) Adama Doumbia and Naomi Doumbia, *The way of the elders*, 96.
healed through music and dance as these “invite the presence of certain spirits that help those among us who are ill”\textsuperscript{604}.

Similarly, Mbuya Mwadaingei\textsuperscript{605} indicated that during the period of pregnancy and childbirth among the Ndau, the ceremonies and rituals undertaken are marked by song and dance. She further explained that the first ritual that is observed during pregnancy is that of formally informing the vadzimu/family ancestors of the pregnancy and to request them to look after both the mother and child during that period\textsuperscript{606}. This was supported by Mbuya Kushekwa\textsuperscript{607} who explained that the husband’s family was tasked with preparing a ceremony with lots of traditional beer and accompanied by singing and dancing as they celebrated the gift of new life. She continued explaining that the pregnant woman was requested to partake in the singing and dancing\textsuperscript{608}. One of the common songs sung at such a ritual ceremony contain the following lyrics; \textit{Chidoko chimurya ndega, chookura chode vakuru…}\textsuperscript{609}. This is literally translated to mean that the husband and his wife privately enjoy sexual intercourse but when pregnancy occurs, the guidance of the elders is always needed.

\textbf{5.4 Ndau markers of identity}

The Ndau held various markers of identity to distinguish themselves from other ethnic groups. These markers of identity were either cultural materials and/or adornments that held a special meaning to the Ndau culture and visible to other people\textsuperscript{610}. The Ndau identified and distinguished themselves through their mode of dress, body art in the form of tattoos and scarification. This section has been included in the study as a prelude to a deeper understanding of the perceptions of Ndau women with regard to indigenous ways of managing pregnancy and childbirth. Furthermore, the section is an attempt to recover the pre-colonial Ndau history and ways of life.

\textsuperscript{604} Adama Doumbia and Naomi Doumbia, The way of the elders, 96.
\textsuperscript{605} Interview with Mbuya Mwadaingei, Sakunje Village, 21 April 2015.
\textsuperscript{606} Interview with Mbuya Mwadaingei, Sakunje Village, 21 April 2015.
\textsuperscript{607} Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
\textsuperscript{608} Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
\textsuperscript{609} Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
\textsuperscript{610} Elizabeth MacGonagle, Crafting Identity in Zimbabwe and Mozambique, 71.
5.4.1 Ndau indigenous mode of dressing

According to a study by MacGonagle\(^6\), the Ndau also displayed their wealth and status in society through their dress and ornaments\(^7\). It is reported that as early as the 15\(^{th}\)-17\(^{th}\) century, the Ndau were involved in cotton production from which they made cloth and dyed it with colour made from boiled tree leaves, bark and roots as well as mud from freshwater rivers\(^8\). MacGonagle\(^9\) further reports that in the Zamuchiya area, the first cloth used there was red, black or white. It is also reported that the first cloth was brought to Chikore Mission from Portuguese traders in the Bwanyi coast\(^10\). Chikore and Zamuchiya are among the field research contexts for this particular study. MacGonagle\(^11\) further reports that apart from cloth, animal skins and bark from certain trees were also used for dressing. Additionally, the Ndau also wove cloth from strings of trees and this type of clothing was referred to as *maswa*\(^12\). Processed animal skins known as *njobo* or *muhizo* were also used for dressing\(^13\).

This was confirmed by Mbuya Dhlakama who also added that two pieces of *njobo*, one for the back and the other for the front and tied together with bark string constituted the dressing for men whilst women had a skirt sewn together using string from the bark of trees\(^14\). Mbuya Dhlakama also pointed out that Ndau women also wore animal skin from cows. Shoes were also made using the animal skins\(^15\).

Mbuya Nyabanga\(^16\) explained that the most distinct dressing for Ndau women was the *chichakati* or *chikisa*, a traditional skirt that swirled as one walked and was worn with pride as it enhanced the beauty of the women. The *chichakati/chikisa* was made from heavy cotton material with a number of coloured stripes and made into a skirt with a lot of gathers making it bulk and bouncy. The *chichakati* was adorned with beautiful beads and they were varying decorations depending on the economic ability of the woman to further prettify this mode of dressing\(^17\). Mbuya Nyabanga further expressed that the upper body was draped with cloth that was worn across the breasts. Beads were also draped over the upper body in various

\(^{6}\) Elizabeth MacGonagle, Crafting Identity in Zimbabwe and Mozambique, 71.
\(^{7}\) Ibid. 71.
\(^{8}\) Ibid. 72.
\(^{9}\) Ibid. 72.
\(^{10}\) Ibid. 72.
\(^{11}\) Ibid. 72.
\(^{12}\) Ibid. 72.
\(^{13}\) Ibid. 72.
\(^{14}\) Interview with Mbuya Dhlakama, Sakuinje Village, 23 April 2015.
\(^{15}\) Interview with Mbuya Dhlakama, Sakuinje Village, 23 April 2015.
\(^{16}\) Elizabeth MacGonagle, Crafting Identity in Zimbabwe and Mozambique, 72.
\(^{17}\) Interview with Mbuya Nyabanga, Manzvire Village, 12 November 2014.
\(^{18}\) Interview with Mbuya Nyabanga, Manzvire Village, 12 November 2014.
designs. Author MacGonagle writing on the Ndua people, noted that most women did not cover their upper bodies until after marriage where they would cover their breasts with cloth. The women also wore beads as head bands and anklets. Even with the emergency of modernity and its mode of dressing, the older Ndua took time to adapt to the new changes. Mbuya Dhlakama thus lamented;


Modernity immensely disrupted our ways of life. Long back, a Ndua woman was easily distinguishable because of her mode of dressing. Now we all dress in the modern way and we all look alike. As such, we can no longer distinguish who is either Ndua or Zezuru. We used to be so proud of our mode of dressing with our zvichakati as women. When one wore chichakati, it would dance as she walked and she would feel that she was a real woman. Our mode of dress gave us pride and joy and uplifted our esteem as women. It also made us attractive in the eyes of our husbands. It was like dancing seductively for him while we moved around our homestead carrying out our daily household chores. Because of its design, it suited everyone nicely as it hid your figure. Now these modern clothes are even displaying our shapeless bodies! We lament as we are only left with

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623 Interview with Mbuya Nyabanga, Manzvire Village, 12 November 2014.
624 Elizabeth MacGonagle, Crafting Identity in Zimbabwe and Mozambique, 72.
625 Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
memories! We cannot do anything to recover our mode of dressing, and besides you can’t even find the *chichakati* easily, our kids do not even know what it is!

Jewellery in the form of bead necklaces, bracelets, anklets, earrings and head bands was worn by women to enhance their exquisiteness\(^{626}\).

The Ndua indigenous mode of dressing began to fade from the nineteenth century onwards when they began to adopt the European mode of dressing due to the influence of the British colonialists\(^{627}\). By the twentieth century, most people within Ndua communities were influenced by the American board missionaries who had established their mission stations in Mt. Selinda and Chikore\(^{628}\). The missionaries’ European mode of dressing was deemed more decent and acceptable and was enforced on many of the Christian converts and their families. With time, the Ndua indigenous mode of dressing vanished into oblivion and there only remained very few traces of the type of dressing that signified the Ndua clan. However, despite the adapting to the European mode of dressing, an Ndua woman is expected to dress in a dignified manner. A married woman is encouraged to wear clothing that covers her arms and is long enough to cover her knees. In communal areas, free flowing clothing is encouraged as it is deemed unmannered for a married woman to wear tight fitting clothing that reveal the shape of her husband’s ‘assets’ to the whole world. It is also believed to be unrespectable for married women to wear trousers, unlike the young girls who are tolerated. A married woman visiting her in-laws is expected to cover her head with a *doek* (head covering cloth) and to wrap herself with a long free flowing wrapper cloth as a sign of respect and dignity. Similarly, when women attend funerals, they cover their heads and put on wrappers. Men are expected to dress decently and to avoid tight fitting trousers that display their “bulge”. Older men are sceptical of wearing shorts and in some circles, it is unexpected for a married man to wear short trousers.

5.4.2 Scarification, body art and markings

Whilst scarification, body art and markings were a distinct marker of identity for the Ndua, they primarily were rites of passage into adulthood. Both Ndua men and women had different

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\(^{626}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.

\(^{627}\) Marshal Maposa, A loud silence, 155

\(^{628}\) Marshal Maposa, A loud silence, 155.
body markers symbolising their adulthood as well as their *Ndauness*\(^{629}\). The rite of passage from girlhood to womanhood was marked by tattoos in the form of *pika*\(^{630}\). The beginning of the menstrual cycle for a girl was an indication that she has matured and is a woman\(^{631}\). It was at this stage that the young woman was taught about womanhood. Most of the lessons were concerned with warning her against having sex as she would fall pregnant\(^{632}\). It is also at this stage that mothers strive to keep their daughters close as well as endeavouring to monitor most of their movements lest they misbehaved which would disgrace the family\(^{633}\). The young woman was also taught about her personal hygiene and her participation in household chores meant for women. The mother made sure that the young woman was able to run the home which included cooking, cleaning, laundry, gardening and various other chores\(^{634}\). In most households, a ceremony was usually conducted to mark the coming of age for the young girl.

The parents of the girl also had to take part in rituals performed during the maturation ceremony. These rituals included consuming traditional herbal concoctions meant to protect the parents lest the daughters indulge in sex before marriage, which was believed to cause health problems for the parents\(^{635}\). It was during this ceremony that the young woman was marked with *pika* which then served as a visible sign indicating the girl had come of age\(^{636}\). *Pika* can aptly be described as tattoos. Small sharp pins or needles were used to pierce the skin on the forehead, the cheeks, and the arms. After the skin was pierced in the form of small circle and still fresh, black charcoals were rubbed into the wounds. Each *pika* had about three or five circles made into a design. When the pricked skin healed, there would remain dark circles made into designs which were the *pika*\(^{637}\). It is therefore notable that *pika* markings had a threefold purpose. They served as a rite of passage that marked transition from girlhood to womanhood; they served as Ndau markers of identity; and they also served as a mode of beautification for women. Ndau women were thus easily distinguishable by their *pika* markings. In some cases, some women had *pika* on the stomach which was

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\(^{629}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{630}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{631}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{632}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{633}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{634}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{635}\) Interview with Mbuya Dhakama, Sakuinje Village, 23 April 2015.
\(^{636}\) Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
\(^{637}\) Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
designed like a belt around the waist. In this case, the *pika* went beyond beautifying the woman to enhancing pleasure during lovemaking. The *pika* felt like bumps to the touch and the rhythm of lovemaking would be enhanced by the *pika*. In a research done by MacGonagle, her participants expressed that the practice of *pika* was “done for our men” and “done to attract men”. In addition to *pika*, some Ndau women also pierced their ears and adorned them with earrings. These piercings were slightly bigger than the modern piercing for wearing earrings. The piercing was a big hole in the earlobe.

Whilst *pika* were Ndau markers of identity for women, the men equally had their own markers. Ndau men were easily distinguishable by their large holes pierced in their earlobes. The study by MacGonagle indicate that ear piercing among the Ndau men began in the nineteenth century after the Ndau territory was invaded by the Gaza-Nguni and it was a sign of subjugation. However, with the passage of time, the Ndau adopted ear piercing as a sign of being Ndau and it then served as a rite of passage from boyhood to manhood. It became a distinguishable sign that signified the coming of age for young Ndau men. It also marked as the commencement stage of courtship for men and for one to be seriously considered by women, the ears had to be pierced. Thus MacGonagle points out that ear piercing during the nineteenth and twentieth century had “important gendered and shifting meanings” among the Ndau. The practice that was a sign of subjugation was positively converted to a marker of Ndau identity. On the other hand, *pika* was a gendered practice that proclaimed the “standard of beauty and attractiveness” for Ndau women as well as an assertion of ethnic boundaries.

However, the practice of *pika* and ear piercing diminished and eventually faded away with the coming of missionaries. Mbuya Nyabanga, an elderly participant narrated that body marks were regarded as heathen and satanic by the missionaries. As a result, those who

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638 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
639 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
640 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
641 Elizabeth MacGonagle, Crafting Identity in Zimbabwe and Mozambique, 75.
642 Ibid. 74.
643 Ibid. 74.
644 Ibid. 75.
645 Ibid. 72
646 Ibid. 72.
647 Ibid. 80.
648 Interview with Mbuya Nyabanga, Mariya, 12 November 2014.
converted to Christianity were not allowed to have *pika* and ear piercings. Since the marks of *pika* and ear piercing were irreversible, the converts were denied from giving these identity markers to their children. A new generation thus emerged and the Ndau markers of identity began to diminish and eventually disappeared into oblivion.

5.4.3 **Muchongoyo; marking Ndau identity through song and dance**

Music and dance are part and parcel of Ndau indigenous beliefs and practices. Almost every ceremony, be it joyous or sad is accompanied with music and dance. The type of music and dance for each occasion defines the aura of the ceremony. In times of grief and despondency, the dance and music are more sombre whereas for happy occasions, they are livelier and much energy is exerted by the dancers. The Ndau of south-eastern Zimbabwe have immense pride in *muchongoyo*, which is a dance accompanied by music, drums and rhythmic acrobatic dances by male participants. At least two to four females form part of the dance group and they provide the melodious sounds for the dance. The dance group also comprise two drummers. The *muchongoyo* dancers all move synchronically as they dance with mastered skillfulness and footwork. It is a dance that requires physical fitness. Perman\(^649\) notes that the energy the dancers exert in stomping the ground during dance is relative to one’s physical strength. The most accomplished dancers apply a number of tactics but at the same time maintaining the rhythm of the dance. During the early 1980’s, *muchongoyo* was performed as a community entertainment dance. Courtship also took place during the *muchongoyo* dance festivities. Mbuya Nyabanga\(^650\), one of the study participants pointed out that the dancers who exuded a lot of artistry during the dance were the most favoured by the girls. So as much as the dancers were entertaining, they also exhibited their prowess as men through dance.

*Muchongoyo* is a distinct Ndau dance and is not performed by any of the other indigenous ethnic groups in Zimbabwe. Because of its distinctiveness, it also serves as a marker of identity for the Ndau of south-eastern Zimbabwe. It is believed that this vigorous acrobatic style traditional dance was patented by the South African Nguni warriors who invaded the Ndau homeland around the nineteenth century\(^651\). The Nguni warriors performed this type of dance as part of their isometrics for military training. Despite the fact that the Nguni subdued the Ndau people and forced them to adapt their beliefs and practices, instead of wallowing in

\(^{649}\) Tony Perman, *The Ethics of Ndau Performance*, 247.

\(^{650}\) Interview with Mbuya Nyabanga, Mariya, 12 November 2014.

\(^{651}\) Ibid. 247.
self-pity in such difficult situations of being forced to embrace another’s culture, the Ndau positively espoused this type of dance, gave it a name and made it unique and thus served as a marker of identity up to the present day.

The Ndau people adopted muchongoyo as part of entertainment performed during important ceremonies or rituals. Presently, muchongoyo is performed at important and special functions inclusive of weddings, parties, ceremonies for installing chiefs, rainmaking rituals, school events mostly in Chipinge district (homeland to the Ndau) and other similar gatherings of the Ndau. Like any other form of indigenous beliefs and practices, Christian converts were discouraged from participating in muchongoyo dance as it was regarded as heathen. However, in order to preserve this unique dance, most primary schools in Chipinge partake in muchongoyo dance competitions. This competition aspect, especially in primary school in and around Chipinge, is indicative of the infinite desire to preserve this indigenous Ndau dance from extinction.

Presently, the muchongoyo dance is a bone of contention among Ndau Christians. The missionary’s abhorrence and misapprehension of muchongoyo dance has been adopted by many Ndau Christians who associate it with ancestral veneration which is considered heathen by most contemporary Christians. Therefore, muchongoyo is seldom regarded as a pure form of entertainment.

5.5 Agency of Ndau women in enculturating identities through raising children

Within the Ndau ethnic group, women were regarded as homemakers and were also assigned the main responsibility of raising children. This responsibility consigned to women as mothers, aunts and grandmothers gave them the space to inculcate their ethnic religious beliefs and practices to the young ones. Ndau women regarded the homestead as a safe space for crafting Ndau identities among the young ones. Women served and still serve as household advisors inculcating the ways of life to the young ones. During the period of the Gaza-Nguni invasions which resulted in intermarriages between the invaders and the local Ndau women, the women served as custodians of the Ndau culture. They taught the young
ones about their ethnic beliefs and practices thereby reproducing the Ndau identities that were supplant ed by the Gaza-Nguni invaders.652

The Ndau women “raised their children within a certain cultural and linguistic framework that shaped identity formation”653. The agency of Ndau women in enculturating identities through raising children brings to the fore the gist of African feminism which is, contrary to other types of feminisms, proactive as compared to being reactive.654 This is aptly described by Nnaemeka who through her theory of nego-feminism argues that African feminism “knows when, where and how to detonate patriarchal landmines; it also knows when, where, and how to go around patriarchal landmines”655. In this case, the Ndau women whose culture and identity was disrupted by the Nguni invaders managed through the intermarriage and within their safe space of the home, to enculturate their indigenous culture to their children who were the future.

5.6 Chapter summary
In this chapter, I gave a critical historical analysis of the Ndau cosmological belief systems in order to understand the Ndau ways of life giving rise to their ways of knowing and knowledge production. The chapter highlighted Ndau markers of identity through mode of dressing; scarification, body art and markings; and muchongoyo dance. The chapter also discussed the agency of the Ndau women in enculturating Ndau identities through raising children. In responding to the central research question: How is indigenous knowledge on pregnancy and childbirth produced, managed and preserved for posterity among the Ndau of Zimbabwe?, the following chapter presents the study findings on the production and management of pregnancy and childbirth among the Ndau which is articulated through beliefs and practices informing this period.

652 Elizabeth MacGonagle, Crafting Identity in Zimbabwe and Mozambique, 99.
653 Ibid. 99.
655 Ibid. 378.
CHAPTER SIX

Ndau indigenous beliefs and practices on pregnancy and childbirth

6.1 Introduction

In the introductory chapters, it was indicated that the global diversity of knowledge systems is due to communities living in different ecological and cultural settings. This has determined their ways of knowing, knowledge production and value systems. Moreover, these indigenous knowledge systems have gone through different historical periods and experiences which have also influenced their salient features to date. It is on the basis of this consideration that research on knowledge systems should be culturally and ecologically specific because knowledge is place-based and historically constructed. This is based on the argument that the dominance of Eurocentrism in universalising knowledge experiences tend to neglect the historical experiences and the impact of colonialism on African women, hence limiting the global sharing of cultural practices and experience overtime in the global pool of knowledge.

This chapter on the presentation and analysis of data is guided by the Afrocentric and Postcolonial African Feminism conceptual frameworks. These conceptual frameworks are characterised by positioning African ideals at the centre of analysis involving African culture and behaviour. The conceptual frameworks reflect the agency of the African people in responding to phenomena based on their cultural and human interests. They are further characterised by promoting self-reliance, encouraging African people to be creative using local resources for their daily survival, and affirming the holistic aspects of African indigenous culture. Re-interpreting harmful and oppressive beliefs and practices to be life-giving and holistic as well as re-interpreting the old and promoting the good are characteristic of the two conceptual frameworks. The recognition of the African woman as an active participant in all aspects of life for survival is also characteristic of the Afrocentric and Postcolonial African Feminism conceptual frameworks. These attributes are made explicit in the agency of the Ndau women of south-eastern Zimbabwe in managing pregnancy and childbirth from their own cultural perspective using their own indigenous mechanisms.

This chapter is a response to the first and third sub-questions respectively: What are the beliefs and practices informing pregnancy and childbirth among the Ndau of Zimbabwe? and How is IK on pregnancy and childbirth produced and managed within Ndau traditional
society? The chapter intends to contribute to the global pool of knowledge by sharing the experiences of the Ndau women of south-eastern Zimbabwe on their beliefs and practices on pregnancy and childbirth. The chapter also makes extensive use of participants’ narratives in their indigenous language thereby positioning them as central in the research as well as making their voices to be heard in the process of knowledge production.

6.2 Ndau indigenous beliefs and practices on pregnancy and childbirth

Indigenous knowledge (IK) on pregnancy and childbirth is produced and managed through beliefs and practices that inform this particular period. These beliefs and practices are unique to a particular culture, are mostly drawn from the expertise of the elderly, and are passed from generation to generation. Most of these beliefs and practices are accompanied by rituals for protection, purification or as a rite of passage. The generated knowledge arising from the beliefs and practices informing pregnancy and childbirth among the Ndau is dynamic as it is continually influenced by internal creative experimentation as well as contact with external systems.

The management of pregnancy and childbirth is an important component of primary and family health care and is a special domain of Ndau women. In this regard, women as mothers, grandmothers, wives, sisters or daughters often represent the first line of family health care inclusive of indigenous modes of managing pregnancy and childbirth. In the Ndau society, it is deemed a necessity for every woman to be fertile and to produce both sons and daughters to continue with the family lineage. Similarly, findings from a study done by Ngomane and Mulaudzi indicate that falling pregnant is an accomplishment and the woman who does so considers herself to have fulfilled family and societal expectations.

The importance of procreation among the Ndau was demonstrated by the fact that the period of pregnancy and childbirth is marked by a myriad of beliefs and practices accompanied by rituals that ensure the safety of both mother and child. Certain rites and rituals are observed and carried out during this period. Ndau senior women are tasked with the responsibility of nurturing the pregnancy and childbirth process of the younger women placed under their care.

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and guidance. Mbuya Maposa explained that the rites and rituals accompanying this period commence during the third month of pregnancy and are concluded after birth when the child develops his/her first teeth. She further explained that among the Ndau, a new-born is regarded as fully human and recognisable by the ancestors after developing first teeth. The following are the Ndau sequential beliefs and practices informing the period of pregnancy through to childbirth: *mataguta muriwo* (formal announcement of pregnancy within the husband’s family), *masungiro* (informing the in-laws – [wife’s family] of the pregnancy), *masuwo* (indigenous modes of ANC), the process of giving birth, *kuanwisa* (breastfeeding), *kurapa chipande* (treating the fontanelle), *kurashe chikumvu* (disposing the umbilical cord and the placenta), *kududze zina* (name giving ceremony) and the last process of *kuarika* (ceremony conducted after the infant starts teething and marks the last rite of pregnancy and childbirth).

### 6.2.1 Mataguta Muriwo

Among the Ndau, first time pregnancy was announced through the *mataguta muriwo* ritual. *Mataguta muriwo* literally means ‘I have been fed with enough relish and now I am full’. *Mataguta muriwo* was and remains the Ndau subtle way of announcing one’s pregnancy to the family elders. According to Ndau indigenous beliefs and practices, a daughter-in-law announces *mataguta muriwo* after missing her menses for three to four consecutive months and the common expected signs of pregnancy begin to show. As explained by Mbuya Garahwa, the common signs of pregnancy recognised by the Ndau are morning sickness, darkening of the nipples and the line below the navel, food cravings and sudden disdain for people or things that were once one’s favourite. A first time pregnant woman can also undertake a medical or traditional examination from a trusted senior female relative to confirm the pregnancy. Thereafter, the pregnant woman was/is expected to announce *mataguta muriwo* and the announcement and accompanying ritual is done for every first pregnancy only. Mbuya Maposa indicated that upon confirming the pregnancy, the pregnant woman approached her youngest sister-in-law or aunt with a small amount of money (referred to as *songo* in Ndau), mealie-meal in a reed basket, a hen and a white cloth.

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658 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
659 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
660 Interview with Mbuya Garahwa, Mariya, 14 November 2014.
661 Interview with Mbuya Garahwa, Mariya, 14 November 2014.
662 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
The pregnant woman then covered herself with the white cloth and lay prostrate before her marital aunt as she announced *mataguta muriwo*. Mbuya Maposa\textsuperscript{663} explained that the *muriwo* (relish) referred herein is what the husband supplied - his sperms. She further expounded that *mataguta muriwo* was a respective way of announcing that a husband has done well in his expected duties and this resulted in pregnancy\textsuperscript{664}. Since pregnancy is a result of sexual intercourse which is considered a taboo subject, the Ndau make use of euphemisms to relay or discuss such ‘sensitive’ issues. Hence *mataguta muriwo* was a subtle way of announcing the results of one’s lovemaking to the family. In other Ndau families, the person who presides over the formal announcement of *mataguta muriwo* is the one whom the pregnant woman and her delegation first approached during the *kuwe zano* ritual which acquaints the daughter-in-law with her in-laws family traditions.

Further drawing from the narratives of the study participants, the message about the pregnancy was then passed around following the important hierarchy of the family. Mbuya Nyabanga\textsuperscript{665} elaborated that after all the important people in the family were made aware of the new development of pregnancy, all the daughters-in-law of the family, guided by the eldest aunt, took the basket of mealie-meal, the small token of money and the hen, presented them to their mother-in-law whilst lying prostrate before her and the eldest announced *taguta muriwo*. She further explained that thereafter the mother-in-law would then inform her husband and his brothers and this signalled the end of the announcement\textsuperscript{666}. Mbuya Mazibiye\textsuperscript{667} presented a new dimension whereby other families now accept the token for the announcement in just the form of money. However, she stressed that the announcement was never made without an accompanying token and that lying prostrate on the ground was a sign of humility and respect for the elders\textsuperscript{668}. The practice of *mataguta muriwo* has largely diminished partly due to the current socio-economic and globalised environment which has resulted in family disintegration whereby the younger generations are separated from their paternal homes for sustained periods. However, other families have kept this practice alive.

\textsuperscript{663} Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
\textsuperscript{664} Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
\textsuperscript{665} Interview with Mbuya Nyabanga, Mariya, 12 November 2014.
\textsuperscript{666} Interview with Mbuya Nyabanga, Mariya, 12 November 2014.
\textsuperscript{667} Interview with Mbuya Mazibiye, Chinaa Village, 09 March 2015
\textsuperscript{668} Interview with Mbuya Mazibiye, Chinaa Village, 09 March 2015.
The elderly participants expressed that *mataguta mutiwo* was a joyous moment that carried the important message of announcing pregnancy. According to Ndau customs, after this announcement was made, the whole family tasked itself with preparing for the celebratory ceremony that was also meant to inform the ancestors of the new development of pregnancy within the family and to invoke them to protect the pregnant woman during the course of her pregnancy through to childbirth. It was and is believed that a pregnant woman requires protection from the living dead to see her through the period of pregnancy which is considered a delicate period bedevilled with many ills and evil spiritual forces.

Most Ndau rituals are accompanied by traditional beer. Mbuya Kushekwa explained that with *mataguta mutiwo*, the family members contributed to the brewing of traditional beer which was used to inform the ancestors and to invoke them to be protective of the pregnancy. The process of brewing beer began with all family members contributing the grain (millet or sorghum) used to brew the beer and other requirements for the ceremony as a way of showing their gratitude that the family was being multiplied. Mbuya Kushekwa further expounded that the grain was then soaked for about three days or until the grains started shooting following which the beer was made and would be left for close to a week to allow it to mature. Traditional beer is an important symbol that accompanies most of the Ndau rituals. The importance of traditional beer is reiterated by Mbiti who explains that beer symbolises friendship, communion, oneness and acceptability and is an accompaniment for indigenous ceremonies, festivals and covenant-making rituals.

The *mataguta mutiwo* celebrations began with a private family ceremony whereby the brewed beer was offered to the ancestors first and to the family elders for blessings and protection of the pregnancy. Thereafter, family and close friends gathered for the celebrations that were accompanied by feasting, drinking the traditional beer, singing and dancing. Secrecy surrounding early pregnancy is confirmed by Ngomane and Mulaudzi who allude that pregnancy is kept confidential until after the ancestors and close family members are informed. The authors further state that thereafter a sacrificial animal is offered to the

669 Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
670 Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
671 Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
ancestors to invoke them to ensure a safe motherhood. Among the Ndau, ancestors are invoked with libation/traditional beer.

Mbuya Choitemwari explained that most of the attendees at the mataguta muriwo ceremony were old and respected women, known as the masungukati/the wisdom holders. These old women are the ones most conversant with Ndau traditional rites and rituals on pregnancy and childbirth. Mbuya Choitemwari continued explaining that during the ceremony, the old women would grind some charcoal which were mixed with the froth from the brewed beer. The paste was then used to draw marks on the face and belly of the pregnant woman who was expected to be topless during the ceremony to flaunt her protruding pregnancy. The rest of the women attendees sang and ululated whilst the pregnant woman danced in gyration proudly showing off her mark of fertility to the gathered crowd.

A special meal with chicken was prepared for the older women. Lots of traditional eats and drinks accompanied the ceremony. Family and friends ate, sang and danced. It was a joyous occasion that pronounced the growth and continuation of the family lineage. Mataguta muriwo was a ceremony that celebrated the gift of fertility. It was a celebration of the answered prayers of both families for the children to procreate and bear children to continue with the family lineage. The pregnant makoti/daughter-in-law was the centre of attention on this joyous occasion.

However, Mbuya Tauzeni clarified that whilst families celebrated mataguta muriwo with a feast, other families preferred to keep it secret and hidden from the outside world. She pointed out that either way, it was, and still is, mandatory for the elders of the family to inform their ancestors or to seek divine guidance from God, depending on one’s religious beliefs, of any pregnancy in the family since the pregnant woman and the foetus are believed

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674 Ibid. 4.
675 Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
676 Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
677 Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
678 Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
679 Interview with Mbuya Choitemwari, Mariya Village, 09 April 2015.
680 Interview with Mbuya Tauzeni, Mariya Village, 06 April 2015.
to be prone to attacks from evil forces\textsuperscript{681}. The Almighty God and the ancestors are invoked to protect both the pregnant woman and the foetus until childbirth\textsuperscript{682}.

Drawing from most of the narratives from the research participants, it was during the ceremony of \textit{mataguta muriwo} that the \textit{masungukati}/the knowledgeable elderly women acquainted the pregnant woman with all the beliefs and practices related to pregnancy and childbirth\textsuperscript{683}. In addition, the pregnant woman was also familiarised with the appropriate diet to follow\textsuperscript{684}. During this ceremony, the pregnant woman was advised on the types of food to take in moderation and those to eat as much as she could\textsuperscript{685}. It was during this period that the pregnant woman was also made aware of all the taboos and behavioural precautions associated with pregnancy and childbirth. Writing from the context of Zimbabwe, Mutambirwa expresses that elderly family members were also tasked with the responsibility of preparing the pregnant woman and her husband for spiritual, social and physical parenthood\textsuperscript{686}.

The \textit{mataguta muriwo} ceremony officialised the formal recognition of a daughter-in-law’s first pregnancy\textsuperscript{687}. After this ceremony, the family made concerted efforts to care for the pregnant woman\textsuperscript{688}. Her household chores were drastically reduced and the elders continuously made sure the pregnancy progressed well without any complications\textsuperscript{689}. Presently, every pregnant woman is expected to go to the hospital around the third trimester to be tested for HIV and AIDS as well as to have a gynaecological examination\textsuperscript{690}.

The importance of the \textit{mataguta muriwo} ceremony was emphasised by an elderly participant, Mbuya Muusha\textsuperscript{691} who remarked;

\textsuperscript{681} Interview with Mbuya Tauzeni, Mariya Village, 06 April 2015. 
\textsuperscript{682} Interview with Mbuya Tauzeni, Mariya Village, 06 April 2015. 
\textsuperscript{683} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{684} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{685} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{686} Jane Mutambirwa, Pregnancy, Childbirth, Mother and Child Care, 279. 
\textsuperscript{687} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{688} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{689} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{690} Manzvire FGDs, Manzvire Village, 18 November 2014. 
\textsuperscript{691} Interview with Mbuya Muusha, Chinaa village, 06 May 2015.
On the day of the occasion, the daughter-in-law is expected to dance half naked, exposing her newly protruding belly and there will be a lot of dancing, singing and ululating. This is what used to happen and it was such a joyous occasion because it was a sign of the woman’s fertility and that she was a suitable daughter-in-law who was fertile and hence would increase her husband’s clan through child-bearing. There was nothing sinister about the pregnant woman dancing half naked because back then, everything was done in appreciation of the ancestors and for the good of the family. Unlike now, you can’t tell your daughter-in-law to partake in such a ceremony and to dance half-naked; she will report you to the police for abuse! Our culture has gone to the dogs! These youngsters just want to follow the modern ways of doing things with no benefit at all. If you ask what they learn from what they are emulating, they do not even know they just follow blindly like little puppies!

This participant, Mbuya Muusha also inquired whether I would also adhere to the old age customary practice of celebrating fertility and dancing half naked for the family. In my response to her, I explained that culture is dynamic and a lot has changed. Our mode of dressing has also been influenced by modernity. Back then it was easier to dance half naked as Ndau women’s traditional dress code for unmarried women did not cover much of the
upper body. The feminist theologian, Kanyoro\textsuperscript{692} rightly affirms this by arguing that within the African context, rites of passage accompanying pregnancy, childbirth etc. were performed as affirmation of individuals within a religious and cultural setting. According to Kanyoro, rites were regarded as community-building and were never meant to diminish the personality or dignity of any persons taking part in them\textsuperscript{693}. She succinctly explains;

Cultural practices were like the rituals and creeds which identified members of the community. These creeds were also the threads that connected people and gave them hope and heritage. In these practices, one found the oral constitution which everyone in the community understood and was committed to be judged by\textsuperscript{694}.

Nonetheless, this incident prompted me to do a self-introspection of how far I would go to embrace my own indigenous beliefs and practices. Was this research a project for the sole purpose of attaining my doctorate or was it also an opportune experience to learn and embrace my Ndau cultural beliefs and practices? This research has brought to the fore a number of new beliefs and practices I was unacquainted with. And as such, as a woman who is also searching for a sense of belonging, I need time to come to terms with my own indigenous beliefs and practices but bearing in mind and according to the words of Musimbi Kanyoro, “culture is a double-edged sword”\textsuperscript{695}. It can be holistic and life-giving while on the other hand it can be oppressive and harmful. As a young African woman and an academic, I have come to realise the importance of being rooted in my African ancestries and identity whilst cognisant of the fact that I should be bold enough to speak against oppressive and harmful beliefs and practices as well as injustices that are detrimental to the health and well-being of the African woman whilst on the other hand embracing and promoting that which is holistic and life-giving.


\textsuperscript{693} Ibid. 60.

\textsuperscript{694} Ibid. 60-61.

\textsuperscript{695} Ibid. 61
Although the *mataguta muriwo* ritual has been affected by modernity, some families still adhere to this practice. One of the participants recalled the period she was a new bride and fell pregnant with her first child;


Despite some families doing away with the traditional ways of announcing one’s pregnancy, the family I am married into is very strict and they observe all the traditional rites to the letter. When I got pregnant for the first time, I informed the youngest aunt who is my husband’s sister who was still staying with my in-laws. She took me to her elder sister who stayed quite some distance from my in-laws homestead. Mind you, we had to walk for a long distance. The sister then took us to the other sister and all in all we went to six homesteads the same day. It was so hectic and my feet were swelling. That was about eighteen years ago. However, even now, every new bride in the family follows the same procedure.

Whilst this indigenous practice has either been remodelled or done away with, some families have kept respect for their indigenous beliefs and practices. In the wake of modern forms of communication, other families still insist on observing the *mataguta muriwo* ritual. This continues to serve as a way of preserving Ndau indigenous beliefs and practices. Over the years and in the midst of modernisation, the Ndau have continuously defended most of their cultural heritage.

\(^\text{696}\) Interview with Mai Dhliwayo, Zamuchiya, 17 October 2014.
6.2.1.1 Modernisation of indigenous beliefs and practices on pregnancy and childbirth

The indigenous mode of *mataguta muriwo* has been Christianised and modernised and is now being celebrated through baby showers and baby welcome parties that are prevalent in most communities in Zimbabwe. Whilst the traditional *mataguta muriwo* ceremonial practice has greatly diminished, a new model of celebrating fertility is now expressed through baby shower and baby welcome celebrations that have become common practice in both urban and communal communities. The concept of baby showers is aptly expounded by Fischer and Gainer\(^697\) who describe it as a rite of passage associated with childbirth. It is evident from the study by these authors that baby showers were practised as early as the 1950’s in Western cultures as a way of assisting pregnant women transition to motherhood\(^698\). Locating the practice of baby showers within African contexts, it is evident this is a borrowed tradition from the Western countries. Nonetheless, baby showers have been integrated into Ndau communities and serve as an acceptable substitute for the indigenous practice of *mataguta muriwo*.

The above mentioned study by Fischer and Gainer brings forth three themes generated from the practice of baby showers; female solidarity, loss of independence and expertise of motherhood\(^699\). Female solidarity is characterised by the giving of gifts to the expecting mother by the community of relatives and friends. Loss of independence signifies the pregnant woman’s loss of autonomy as she adopts a new role of motherhood whereby the baby will depend upon the mother and she in turn depends upon the family and community as she transitions into motherhood\(^700\). Expertise of motherhood is the receipt of crucial knowledge pertaining to motherhood from other women friends and relatives\(^701\). During the baby shower celebrations, women who have already transitioned into motherhood indoctrinate the expecting woman with the special behavioural traits associated with motherhood\(^702\).

\(^698\)Ibid. 321.
\(^699\)Ibid. 321.
\(^700\)Ibid. 321.
\(^701\)Ibid. 321.
\(^702\)Ibid. 321.
Among the Ndau, the adopted baby shower party is normally held during the last month of pregnancy whilst the baby welcome is held during the first month of birth. In these parties or celebrations, invited friends and relatives bring gifts for the baby. These gifts are mostly in the form of baby clothing; baby utensils or in monetary form. Organisers of the party, in consultation with the mother, advise the attendees the colours for the shower party. These colours are an indication of the sex of the baby. Others prefer to keep the sex of the expected child a secret hence they ask their friends and family to bring gifts bearing unisex colours; those which can be worn by either sex. Fischer and Gainer\textsuperscript{703} indicate that the choice of gifts at baby showers are not randomly given but are a choice selection meant to instruct the expecting mother on the necessities for a new born. The shower parties are attended by mature women; mostly the married and those of the marriageable age and these women are tasked with equipping the expecting mother with knowledge and skills pertaining to motherhood.

In some of the baby shower celebrations, the expecting mother dresses up but leaves her pregnant belly open. Alternatively, she can dress in a transparent top that exposes her pregnant belly. Close friends mark her face and belly with lipstick. This practice of exposing the belly and body markings is similar to that done for the mataguta muriwo. Whilst the baby shower and baby welcome parties are meant for blessing the expecting woman and the expected or the new born with gifts, it is also regarded as an opportune time for counselling the expecting or new mother or how to take care of her new-born whilst adhering to her other duties as a wife and homemaker. A respected and elderly woman is chosen as the official guest speaker to offer advice to the new mother. Additionally, every attendee presents her gift and offers a piece of advice to the new mother as well. Similar to mataguta muriwo celebrations, these parties are also accompanied by feasting, music and dance.

In recent times, more and more women are opting for baby welcome parties as compared to baby showers. The rationale behind this shift is the commonly held scepticism that surrounds pregnancy and childbirth. According to Ndau customs, it is not advisable for a pregnant woman to be in close contact with a lot of people during her last month of pregnancy\textsuperscript{704}. This was confirmed by Mbuya Mandhlazi who explained that this was done to avoid evil spells or

\textsuperscript{703}Eileen Fischer and Brenda Gainer, Baby Showers, A Rite of Passage in Transition, 321.
\textsuperscript{704}Interview with Mai Mapungwana, Zamuchiya, 23 October 2014.
curses that may lead to miscarriages or birth defects\textsuperscript{705}. The fear of witchcraft and evil spells is common among pregnant women. Mai Sithole, a younger participant remarked;

\begin{quote}
Madzisahwira andaishanda navo vakaronga kundiitira surprise baby shower. Lucky rendakaita umweni wendainase kupindirana nye wakandibhuira. Takapedza vhiki reshe teinamata nekutsanya kuti mweya mutsvene vapindire ndengaa ye kuti auzii zvinoronga vantu. Vamweni vanouya koodakara newe nemwoyo weshe kubeni vamweni vanenge vane zvizato zvavo. Mwari vakandigonera\textsuperscript{706}.
\end{quote}

My work colleagues organised a surprise baby shower for me. Luckily, one of my close friends and colleague told me of the arrangement. We spent the whole week before the party praying and fasting for the intervention of the Holy Spirit. Some people genuinely come to celebrate with you while others have their hidden agendas. God protected me.

The fear expressed by Mai Sithole was brought to the fore by Mbuya Gurai\textsuperscript{707} who pointed out that during these parties, people with evil intents may cast an evil spell, curse or ‘tie’ the womb of the pregnant woman leading to severe complications during childbirth. Fear of bewitchment during pregnancy is also reported in the Zambian context by Maimbolwa\textsuperscript{708} who noted that a pregnant woman was not allowed to reveal the onset of her labour pains but was allowed to notify a closest relative. In this study, it is believed that if other people became aware of the onset of labour, they would bewitch the pregnant woman resulting in complications during delivery\textsuperscript{709}. Therefore, the modern Ndau context consider baby welcome parties safer than baby showers. However, during both parties, a very close friend or maternal aunt monitors the pregnant woman or the mother of the baby taking care of what she eats and makes sure people do not touch her belly in case of a pregnancy\textsuperscript{710}.

\textsuperscript{705} Interview with Mbuya Mandhlazi, Manzvire Village, 05 November 2014.
\textsuperscript{706} Interview with Mai Sithole, Chikore Mission, 13 March 2015.
\textsuperscript{707} Interview with Mbuya Gurai, Manzvire Village, 09 November 2015.
\textsuperscript{708} Margaret C. Maimbolwa et al., Cultural Childbirth Practices and Beliefs in Zambia, 267.
\textsuperscript{709} Ibid. 267.
\textsuperscript{710} Interview with Mbuya Mlambo, Chikore Mission, 13 March 2015.
Similarly, Robinson⁷¹¹ speaks of the Afrocentric baby showers and/or African-centred spiritual baby showers. These are celebrations done after the birth of the baby and are based on some African cultures that forbid the celebration of a baby before it is born⁷¹². According to Robinson⁷¹³, Afrocentric baby showers are an embodiment of spiritual unity between the mother and child with their family and the wider community. However, elsewhere in Somalia, there are no taboos attached to celebrating a baby before it is born⁷¹⁴. In the South African context, the Zulu people decorate the birthing room with beads and artwork⁷¹⁵. Through this practice, it is believed that the baby will embrace and internalise the beauty of the room⁷¹⁶.

Drawing from the practice of baby showers and baby welcome parties, the *mataguta muriwo* ritual has been kept alive, albeit in a different form, hence maintaining the celebrations for the gift of fertility. These celebrations have also demystified some of the beliefs associated with preparing cloths for a new born baby. The act of buying baby clothes before it is born was traditionally regarded as taboo. This arose from the understanding that pregnancy was a delicate issue that could either result in life or death. Previously, according to Ndau customs, if a pregnant woman bought clothing for her unborn baby and for some reason the baby dies, those clothes could not be kept for the next pregnancy but had to be given away or disposed together with the dead infant. A handful of napkins and a baby wrapper were considered enough preparation for welcoming a baby into the world. Baby clothes were bought after the baby was born. This was explained by Mbuya Chakahwara;

> *Zvinyari zvoitwa mazuvano kozi tengai zviro zvefuture kuzadza bhokisi rese. Pataibereka mwana waipombwa njejira rimwe kufisha nyama yake moenda musango mobure tambo yemupure motsenga motokosha momuise muchiuno, muhuro nemumaoko nemumurenje guvu rova kana zvadarozvo mozozvidambura pamunorasa guvhu morasa nezvitambo zvacho⁷¹⁷.*

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⁷¹² Ibid. 4.
⁷¹³ Ibid. 4.
⁷¹⁴ Ibid. 4.
⁷¹⁵ Ibid. 4.
⁷¹⁶ Ibid. 4.
⁷¹⁷ Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
Even now this culture of hoarding baby clothes before birth….we never did that! After giving birth, a baby would be wrapped in a single cloth to hide its flesh, and then we would make some stringed cord from a certain tree (mupure) and tie it on the baby’s neck, waist, wrist and legs. These were then taken off after the umbilical cord stump fell off and were disposed of together.

The same findings were echoed in a study carried out in Northern Thailand\textsuperscript{718} which revealed similar beliefs of not preparing baby clothes before birth. Liamputtong \textit{et al.},\textsuperscript{719} noted that advance preparation was believed to result in the death of the unborn child. The authors further state that although the Chiang Mai people would buy clothes for an expecting female relative, they would only give them after the baby was born and were absolutely sure it was alive\textsuperscript{720}. However, some of the research participants in the Liamputtong \textit{et al.},\textsuperscript{721} study pointed out that this practice was not practical hence they would prepare a few baby’s clothes in secrecy. The argument behind this secrecy and going against their traditional beliefs was the challenge the women were faced with after giving birth and not having a single piece of clothing for their baby\textsuperscript{722}. This study by Liamputtong \textit{et al.}, brings to the fore the realisation that at times women incorporate cultural knowledge when it is practicable and suitable for their daily living situations\textsuperscript{723}. Nevertheless, in the light of modernity, it has become common practice to have a substantial amount of baby clothing in preparation for childbirth. Nowadays, a pregnant woman is expected to show her preparedness to be a mother by preparing beforehand, a few of the provisions required for the expected baby.

Through the modernised versions of \textit{mataguta muriwo}, the gift of fertility is celebrated with family and friends. However, whilst \textit{mataguta muriwo} was celebrated for the first pregnancy only; the baby shower or baby welcome celebrations are done for every pregnancy or birth. The baby shower and welcome parties are therefore a clear indication of the agency of African women in catering for the needs and well-being of the other as well as paying

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\textsuperscript{718}Pranee Liamputtong \textit{et al.}, “Traditional beliefs about pregnancy and childbirth among women from Chiang Mai, Northen Thailand”. \textit{Midwifery} 21 (2005): 144.
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\begin{flushright}
\textsuperscript{719}Ibid. 144.
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\textsuperscript{720}Ibid. 144.
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\textsuperscript{721}Ibid. 144.
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\textsuperscript{722}Ibid. 145.
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\textsuperscript{723}Ibid. 145.
\end{flushright}
reverence to their culture and tradition in different forms. The economic burden of catering for the necessities required for a new born is shared by friends and family. According to Fischer and Gainer⁷²⁴ “gifts serve an economic purpose but at the same time serve to reinforce the new mother’s dependence on a community of other women”. Among the Ndau, the baby shower and welcome parties are more of female solidarity in the journey of motherhood. The Ubuntu philosophy which epitomises the unity of being in African societies is constantly evoked as Ndau women find context relevant ways to celebrate the gift of fertility.

**6.2.2 Masungiro**

After the *mataguta muriwo* ceremony, the in-laws made arrangements for *masungiro*; a ritual that is aimed at formally informing the family of the daughter-in-law of her pregnancy as well as prompting them to appeal to their ancestors to protect their daughter during her period of pregnancy⁷²⁵. Writing from the context of the Shona people of Zimbabwe, Mutambirwa⁷²⁶ defines *masungiro* as a “ceremony that spiritually binds the two families and their ancestors to the couple’s marriage”. Among the Ndau, the aunties (husband’s sisters and senior aunts who are sisters of the father-in-law) preside over the *masungiro* ceremony⁷²⁷. Mbuya Kushekwa⁷²⁸ explained that the aunties from the husband’s family take with them two chickens, a cock and a hen, some mealie-meal in a small reed basket and a small amount of money and together with their sister-in-law, they embark on the journey to formally notify the other family of the pregnancy. In this day and age, it is deemed more respectable to take goats to the in-laws instead of chickens as it portrays a better economic status of the family and is a sign their daughter is well looked after⁷²⁹. In this respect, the aunties take with them two goats, one male and one female, some mealie-meal, a belt for the father and a *zambia* /tying cloth for the mother. Upon arrival, the pregnant daughter does not enter her family compound; instead she remains hidden at a distance. The aunties would lay out the belt and the string or tying cloth on the main entrance of their in-laws house⁷³⁰. The father is then required to come out of the house first and crosses over the belt and the string or cloth,

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⁷²⁴ Eileen Fischer and Brenda Gainer, Baby Showers, A Rite of Passage in Transition, 321.
⁷²⁵ Interview with Mbuya Gurai, Manzvire Village, 09 November 2014.
⁷²⁶ Jane Mutambirwa, Pregnancy, Childbirth, Mother and Child Care, 279.
⁷²⁷ Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
⁷²⁸ Interview with Mbuya Chirandu, Chinaa Village, 13 May 2015.
⁷³⁰ Interview with Mbuya Chirandu, Chinaa Village, 13 May 2015.
the mother follows suit. On their way back into the house, the father picks the belt and ties it around his waist and the mother does the same with her cloth\textsuperscript{731}. After the crossing of the items, the pregnant daughter is now allowed into the family compound. The \textit{masungiro} ritual was clearly expounded by Mbuya Mutape;

\begin{quote}
\end{quote}

Nowadays, the husband’s family takes with them two goats for the ritual, one male and one female, if they can’t afford the goats, then chickens are used. The male goat or chicken is slaughtered and eaten while the female is kept by the mother so it can breed more. However, this is an influx of borrowed traditions, instead of a simple string and a spear, now people have to provide goats, those living in cities will even demand a suit and a costume for the pregnant woman’s parents, but this is not our Ndau tradition. If the in-laws are very traditional, they would prepare traditional medicines, normally they would use the \textit{dambachiira}, a plant that is boiled and the parents and pregnant daughter would drink the boiled mixture. This

\textsuperscript{731} Interview with Mbuya Chirandu, Chinoa Village, 13 May 2015.
\textsuperscript{732} Interview with Mbuya Mutape, Zamuchiya Village, 16 October 2014
was to prevent the parents from breaking their back (*kuguka musana*). However some families prepare the *damachiira* mixture and give it to their daughters whilst they are still with them, before marriage so that when the daughters eventually get pregnant the parents will not break their backs. A delegation of females accompanies you to your parent’s home together with a cloth which will be placed on your mother’s doorstep. Your mother will then pass over the cloth, picks it up and ties it on her waist, even in the modern day; the *masungiro* ritual is still done.

Mbuya Mutape further explained that the formal discussions were made, the parents of the pregnant woman performed their family rituals to inform their ancestors of their daughter’s pregnancy thereby requesting the ancestors for guidance throughout the entire phase of pregnancy until she safely delivers her baby\(^\text{733}\). The goat for the father will be slaughtered and used as relish for the gathering whilst the mother keeps her goat so it can breed more goats. The female goat kept for breeding is a symbol of the continued fertility of the pregnant woman. The same applies if chickens were used as token. The cock is slaughtered and served as part of the meal whilst the mother keeps the hen for breeding\(^\text{734}\). After the ritual, the daughter-in-law and the aunties return to their home.

Among other ethnic peoples in Zimbabwe, and most notably the Shona, *masungiro* is done in the last trimester of pregnancy and the pregnant woman remains at her parents’ home until she delivers. The daughter-in-law is handed over to her family until she gives birth and another ritual will be done to accompany the new mother back to her marital home. This is supported by Mutambirwa\(^\text{735}\) who points out that after the *masungiro* ceremony, the first time pregnant woman is handed over to her family to be physically, socially and spiritually prepared for childbirth.

*Masungiro* ritual is done because it is believed that if a daughter gets pregnant and she meets with her parents before this ritual is done, she will break their backs – that is parents will suffer from unexplained back pain. Mbuya Mhlanga\(^\text{736}\) explained that the *masungiro* ritual is

\(^{733}\text{Interview with Mbuya Mutape, Zamuchiya Village, 16 October 2014.}\)
\(^{734}\text{Interview with Mbuya Munsha, Chinaa Village, 06 May 2015.}\)
\(^{735}\text{Jane Mutambirwa, Pregnancy, Childbirth, Mother and Child Care, 279.}\)
\(^{736}\text{Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014}\)
twofold, it can be performed during pregnancy and even before that because it is believed that when a daughter starts having sex and comes into contact with her parents, vanoguke mishana - they will have unexplainable illness of the back. Masungiro is deemed to safeguard the parents from such a predicament. However, among the Ndu people, the masungiro ritual is only performed for unions that are formally recognised and where lobola/bride price has been paid.

The oldest participant, Mbuya Dhlakama\textsuperscript{737} explained that traditionally the father used a spear instead of a belt for the masungiro ritual. The spear was spread across the doorway for the father to cross over. The spear was a revered symbol of manhood and was inherited by the eldest son upon the death of the father\textsuperscript{738}. It also served as a weapon for ensuring the safety of the family\textsuperscript{739}. Modernity and the Christian religion have altered the way of life of the indigenous people and likewise, the symbols for most of the rituals.

Kuguka musana/illness of the back was believed to be common among the Ndu and other peoples in Zimbabwe. It was believed to occur when unmarried daughters engaged in premarital sex, a practice regarded as taboo and shameful\textsuperscript{740}. In a bid to safeguard themselves against kuguka musana, Mbuya Mhlanga\textsuperscript{741} indicated that parents with daughters performed the ritual of the coming of age when the girls began to menstruate. During this ritual, certain herbs which were believed to be an antidote for kuguke musana were mixed with food that was consumed by both the parents and the girl children\textsuperscript{742}. Accordingly, this practice is part of the masungiro ritual.

Another elderly participant, Mbuya Chakahwara\textsuperscript{743} clarified that for the masungiro ritual, if the mother of the pregnant woman is deceased, a member from the mother’s family performs the ritual. She further explained that according to Ndu indigenous culture, if a mother dies, soon after the burial the husband’s family can ask for a female relative referred to as sara pavana (one who remains to take care of the children) or chimutsa mapfihwa (one who

\textsuperscript{737} Interview with Mbuya Dhlakama, Sakuinje Village, 23 April 2015. 
\textsuperscript{738} Interview with Mbuya Dhlakama, Sakuinje Village, 23 April 2015. 
\textsuperscript{739} Interview with Mbuya Dhlakama, Sakuinje Village, 23 April 2015. 
\textsuperscript{740} Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014. 
\textsuperscript{741} Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014. 
\textsuperscript{742} Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014. 
\textsuperscript{743} Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
revives the cooking stones) from the wife’s family. Usually, the wife’s family responds by assigning a mature female relative to take the role of being a mother to the deceased’s family. This relative may or may not stay with the assigned family but is always there whenever the deceased’s children are in need of motherly advice. Traditionally, the practice of *chimutsa mapfiwa* was done whereby the husband who had properly married was given another wife. However, with the advent of HIV and AIDS, the practice of *chimutsa mapfiwa* has diminished and is discouraged in many Ndau circles. Alternatively, the deceased husband can identify an unmarried female from the late wife’s family and court her leading to marriage. This is highly encouraged as it is believed that the late wife’s relative will be able to look after the deceased’s children well as compared to an outsider who might ill-treat the children. In other cases, if the husband is well-off, the deceased wife’s relatives can insist on getting him another wife from the deceased family so as to protect the assets the deceased contributed to the family. The *masungiro* ritual has remained a common practice even in the face of modernity.

### 6.2.3 Masuwo

*Masuwo* are an essential element that constitutes the Ndau practices for managing pregnancy and childbirth. They refer to the physical and spiritual preparation of the pregnant woman for childbirth. They are also a measure of protection against unforeseen eventualities that might result in loss of the baby or the life of the mother. Indigenous herbal medicines are an integral part of *masuwo*. These indigenous herbal medicines are in the form of the ingestible and the non-ingestible. The *masuwo* for protection against evil forces are taken as ingestible whilst *masuwo* for widening the birth canal are taken as both ingestible and non-ingestible.

Mutambira, writing from the context of the Shona in Chikwaka village of Zimbabwe, describes *masuwo* as birth canal relaxants which are believed to increase pelvic joint mobility in preparation for childbirth. She explains that among the Shona, *masuwo* are prescribed for a primigravida/first time pregnant woman. Consequent use of *masuwo* is adopted by women with a narrow birth canal opening commonly referred to as *mabhonzo echirume* (literally

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744 Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
745 Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
746 Jane Mutambirwa, Pregnancy and Childcare, 282.
747 Ibid. 282.
translated as male bone structure). Mutambirwa identifies the Aloe plant as a common massaging herb for relaxing vaginal muscles.

Research participants indicated that in Nda indigenous culture, every pregnant woman is expected to have a safe birthing process and the health of both mother and child are of great concern. One of the TBAs, Mbuya Kudzionera pointed out that complicated births are undesirable and are attributed to a number of causations ranging from perceived acts of witchcraft and unacceptable behaviour by the pregnant woman.

Mbuya Kudzionera duly explained that Nda indigenous culture deems it pertinent for a primigravida to take masuwo in her last trimester of pregnancy. Among the Nda, the mother-in-law is responsible for the supply and preparation of the indigenous herbal medicines for masuwo. During this initiation period for masuwo, the daughter-in-law is expected to learn as much as she can since she will be expected to cater for herself for any subsequent pregnancies. In this regard, she has to take note of the varying types of indigenous herbal medicines prescribed for masuwo. However, Mbuya Mhlanga clarified that in rare cases, masuwo are outsourced from local specialists and in such situations it becomes impossible for the pregnant woman to take note of the composition of the herbal concoctions administered to her since herbalists do not divulge the type of herbs they administer. This is a strategy used to retain their expertise and to ensure they are always called upon during times of pregnancy.

In such a scenario, the pregnant woman will be allowed to outsource her own traditional medicines for masuwo for any subsequent pregnancies. However, it is regarded a great honour if the daughter’s in-law keeps relying on her elderly female in-laws for assistance with masuwo during pregnancy. Sustained reliance on the expertise of the in-laws during times of pregnancy and childbirth is a sign of respect and appreciation for the in-laws’ family.

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748 Ibid. 282.
749 Ibid. 282.
750 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
751 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
752 Interview with Mai Sigauke, Zamuchiya, 16 October 2014.
753 Interview with Mai Sigauke, Zamuchiya, 16 October 2014.
754 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
755 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
756 Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
traditions. As such, the elderly female in-laws are at liberty to share their deep secrets with their daughter-in-law. However, if masuwo concoctions are prescribed by a family member, the herbal composition is made known to the pregnant daughter-in-law future use.

6.2.3.1 Indigenous ingestible and non-ingestible herbal medicines for masuwo

The indigenous herbal medicines for masuwo come in the form of the ingestible and the non-ingestible. The most common ingestible medicine for masuwo among the Ndau is the demamhandwe. This plant was mentioned by all of the research participants as the most effective indigenous remedy for masuwo. The demamhandwe is a wild plant that grows throughout the year although it is at its peak during the rainy season. Its roots are bulbs resembling potatoes. It is these bulbs that are boiled in water and the concoction is consumed three times a day; in the morning, afternoon and evening. Because of the nasty taste of the boiled plant bulbs, the concoction is at times mixed with mahewu (a traditional drink made from ground sorghum and mealie-meal porridge). It is strongly held that if the mixture is taken consistently during the last trimester of pregnancy, a smooth delivery without the extension of the birth canal is guaranteed. The use and effectiveness of demamhandwe was confirmed by Mbuya Maposa who explained;


Common among the Ndau is the demamhandwe, I have never heard of any side effects or complaints arising from the use of this medicine. It is a plant with legumes like sweet potatoes. The potatoes are boiled in water and then

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757 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
the water is cooled and drunk twice a day. More boiled water can be added into the mixture. This is harmless to the baby. As the mixture is drunk, the birth canal will be widening. During all my pregnancies, I took the demamhandwe. My first child weighed about 3.8kg on birth and because I had prepared my birth canal well, I did not have any stitches added and the birth was smooth, this followed with all my subsequent pregnancies. Even if you go to the hospital, though not medically allowed, the nurses will ask if you have prepared your baby’s path.

Similarly, Mbuya Mutape expounded on the use of demamhandwe for widening the birth canal;

*Kana waguma pamwedzi wechinonwe wakadzitwara unosisa kutanga kunasira nzira kuti mwana azobude zvakanaka uye kuti newe mai usanyanyorwadziwa. KuChindau kunonyanyoshandiswa demamhandwe; nemidzi yemurovahanga. Midzi dzemitombo iyi dzinonwiwa kuvhure nzira nekunasire chipande chemwana achiri mundani.*

When you reach the seventh month of your pregnancy, you have to start preparing the way for the baby and to ensure a smooth delivery. In Ndau culture, we normally use demamhandwe and the roots of murovahanga. These roots are drunk to widen the birth canal and to treat the baby’s fontanelle before it is born.

The *demamhandwe* plant is believed to aid in cervical ripening and dilation, relaxation of the birth canal, protection against perineal tearing and treating the fetal fontanelle. All the TBAs in the study confirmed the efficacy of the plant and cited that no harmful effects have been reported to result from its use. Whilst there are a number of other ingestible herbal medicines for masuwo, the *demamhandwe* is the most commonly used by Ndau women and its efficacy for masuwo was confirmed by the majority of the research participants.

Apart from the demamhandwe, elephant dung is also used as a birth canal relaxant, although is not as popular as the former. The elephant dung is soaked in warm water which is then

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758 Interview with Mbuya Mutape, Zamuchiya, 18 October 2014.
cooled and is drunk two to three times a day. One of the younger participants, Mai Mapungwana indicated that she used elephant dung for masuwo;

Pandakakumbira mushonga wemmasuwo, mazvarira angu vakandipa matsvina enzou. Vakanditi ndimanyike mumvura ndopota ndichinwa katatu pazuva kuti ndisazotutsirwa mastitches pakubara. Mvura yacho yaunonwa inenge isina taste. Asi pakubara ndakatutsirwa mastitches mazvarira angu vakati ndine ngazi yakashata yakaramba kuashira mutombo. Asi pendakazobara kechipiri ngazi yangu yakaashira mushonga andizozi kututsirwa mastitches.\(^{759}\)

When I requested for masuwo medicines from my mother-in-law, she gave me elephant dung and instructed me to soak it in water and then to take the mixture three times a day to avoid perineal tearing during birth. The mixture from the elephant dung is tasteless. Unfortunately my birth canal was extended when I gave birth. My mother-in-law told me that I have bad blood which failed to absorb the medicines I was taking. However, when I gave birth for the second time, my blood accepted the medicines and my birth canal was not extended.

Non-ingestible herbs for masuwo come in the form of the massaging and squatting over the smoke of burnt herbs. The massaging herbs come in various types though the most common and safer one is the okra. Research participants indicated that different types of okra are used for masuwo because of their slippery nature. Mbuya Chomusaida\(^{760}\) explained that the okra is first crushed and then soaked in water. When the water becomes slimy, it is then rubbed on the opening of the vagina with a fist on a daily basis from the seventh or eighth month of pregnancy until the opening is wide enough for a clenched fist to go through\(^{761}\). It is believed that if a clenched fist goes through the vagina, no extra stitches would be added during labour and delivery time\(^{762}\). The clenched fist is equated to the head of a new born baby\(^{763}\). The

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\(^{759}\) Interview with Mai Mapungwana, Zamuchiya, 23 October 2016.

\(^{760}\) Interview with Mbuya Chomusaida, Mariya Village, 09 April 2015.

\(^{761}\) Interview with Mbuya Chomusaida, Mariya Village, 09 April 2015.

\(^{762}\) Interview with Mbuya Simango, Shekwa Village, 12 March 2015.

\(^{763}\) Interview with Mbuya Simango, Shekwa Village, 12 March 2015.
method of using okra is now highly recognised for its safety. The use of okra for widening the birth canal is becoming more popular since some traditional medicines orally taken through drinking are being discouraged. Hence, Mbuya Kudzionera, a TBA pointed out;


We encourage the use of indigenous medicines for masuwo as well as this mode of using okra to ensure the birth canal is properly widened. Nowadays some traditional medicines taken orally through drinking are being discouraged, some people tend to overdose and this can cause harm to the baby and then people will say the indigenous medicines are harmful yet some people mix these with other herbs and they also get medicines from unreliable sources in the form of hawkers and bogus traditional healers who are after money. It is these people who tarnish our medicines. If only our daughters would get medicines from their trusted sources mostly family members because they would never prescribe something that is harmful. So it’s better for pregnant women far away from home to use the okra method, it’s far much safer with no side effects.

The second type of the non-ingestible herbal medicines used for masuwo is the elephant dung. Mbuya Mutape, explained that the elephant consumes a lot of different plants hence its dung is believed to contain such. The elephant dung is believed to be an effective birth

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764 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
765 Interview with Mbuya Kudzionera, Chinna Village, 09 May 2015.
766 Interview with Mbuya Mutape, Zamuchiyi, 16 October 2014.
canal relaxant. Elephant dung is easily obtainable from traditional markets or from traditional healers. Residents of Zamuchiya mentioned random occurrences of elephant invasions in their area thereby making it easier to obtain elephant dung. The elephant dung is burnt with hot coals and the pregnant woman using it for *masuwo* squats over the smoke channelling it into her vagina. This was explained by one of the younger participants, Mai Dhliwayo;


*Masuwo* can be widened by squatting over the burning smoke of elephant dung. To do this, you place dry elephant dung on a broken clay pot and hot coals are spread over the dung. As soon as it starts to produce smoke, you cover yourself with a cloth and then squat over the smoke making sure you channel it into your vagina. However, this method is now being discouraged as it is believed to be harmful to both baby and mother.

Of interest was the participants’ consideration for safer *masuwo*. Whilst the use of squatting over elephant dung smoke was mentioned, most of the participants expressed their contempt for this particular method due to its perceived harmful effects. Those women who had used this method indicated it was a once off method. The women further indicated that they do not encourage using this method for *masuwo*. Only one woman indicated that she used the elephant dung method for her two pregnancies. During a casual discussion about the elephant dung method with my mother, she lamented that whoever introduced that method was evil. She jokingly remarked that apart from the woman’s vaginal lips being swollen from the heat of the smoke, the baby would be born intoxicated as well! Afterwards she remarked that as women we should always opt for what is best for our health and desist from adopting practices that are detrimental to our well-being. This sentiment reflects that more women are aptly becoming aware of the importance of adopting healthy lifestyles and embracing indigenous beliefs and practices that are only life-giving. Accordingly, the World Health

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767 Interview with Mai Dhliwayo, Zamuchiya, 17 October 2014.
Organization project on Making Pregnancy Safer\textsuperscript{768}, childbearing women require a continuum of care in order to certify positive health outcomes for themselves and their new born children. However, the continuum of care begins with the pregnant woman and her family in their own private space\textsuperscript{769}. This entails that pregnant women must practice holistic self-care and prevention of harmful practices during pregnancy.

6.2.3.2 Indigenous Ndau beliefs and practices associated with masuwo

There are certain precepts that must be observed during the period of masuwo. This applies to both the ingestible and the non-ingestible. Mbuya Chotiemwari explained that the principal edict is to keep the masuwo concoctions in privacy. They should be concealed from everyone including the family members and are only exposed to the one prescribing and administering them and the one who partakes of them\textsuperscript{770}. This is done based on the belief that exposure will render the masuwo powerless. In addition, masuwo concoctions are kept in privacy as a measure to safeguard the pregnant woman from those who might have hidden agendas meant to harm her. Mbuya Kudzionera\textsuperscript{771} remarked that if masuwo are kept anyhow, it becomes easy for those with evil demeanours to tamper with the concoctions. Safely hiding masuwo guarantees the safety of both the pregnant woman and the unborn child\textsuperscript{772}. Even the husband is not allowed to see the masuwo and the pregnant woman also takes masuwo in privacy.

Secondly, when a pregnant woman begins taking masuwo, she is expected to abstain from sexual intercourse\textsuperscript{773}. Most of the participants pointed out that it is taboo to have sexual intercourse whilst taking masuwo. On probing why sexual intercourse with one’s own husband was considered taboo when taking masuwo, conflicting responses were rendered. The elderly participants in the age group of 60 years and above maintained that it rendered the medicinal concoctions ineffective since they would mix with the husband’s semen. Sexual abstinence during masuwo is confirmed in Mutambirwa’s\textsuperscript{774} article which cites that women taking masuwo are advised against sexual intercourse as it is believed to counter the effects of the birth canal relaxants.

\textsuperscript{768} Making Pregnancy Safer: The Critical Role of the Skilled Attendant. A Joint Statement by WHO, ICM, and FIGO, Department of Reproductive Health and Research. (Geneva; WHO, 2004):1
\textsuperscript{769} Ibid. 1.
\textsuperscript{770} Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\textsuperscript{771} Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\textsuperscript{772} Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\textsuperscript{773} Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\textsuperscript{774} Jane Mutambirwa, Pregnancy, Childbirth, Mother and Child Care, 282.
However, one of the research participants contended that sexual relations were not taboo during *masuwo* but an old age traditional belief that was part of being hygienic especially towards the delivery period. She expounded that if the pregnant woman continued with sexual intercourse, when giving birth, the crown of the child will be full of the father’s discharge. This was viewed as undesirable especially in the case of a home birth whereby the local traditional birth attendants did not possess gloves to wear and thus protect themselves when assisting with the birthing process. It was considered an embarrassment for other women to come into contact with another man’s discharge apart from that of their husbands. Mbuya Mutape concurred with this line of thinking. She pointed out:

*Apana zvinoera kuata nemwamuna panguva yemasuwo. Mamweni madzimai vanorekera asi vanwenni vanoramba veisangana pabonde kusvika pakubara and kana vane nyoka yakanaka mwana anobuda akachena asi kana nyoka ine huchapa mwana anobuda soro reshe rakati purepure kuchena hurume zvababa, kana zvadaro zvinodhanisa and vanokubatsira kusununguka kungave kumhatso kana kuchibhedlera avadakari ndizvo sakei zveikurudzirwa kuti madzimai asasaate nevamuna kana vatanga masuwo!*  

As far as I know, having intercourse while taking *masuwo* is not taboo at all. Some women choose to abstain whilst others continue having sex. If your womb/uterus is smart, there won’t be any father’s discharge visible but if your womb is untidy, it is the discharge that greets the birth attendants! So to avoid such messy situations which are considered embarrassing, pregnant women are generally encouraged to abstain mostly around the seventh month of pregnancy when they begin taking *masuwo*.

One of the younger participants, Mai Dhliwayo confessed how embarrassed she was when she gave birth:

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775 Interview with Mbuya Chinungu, Shekwa Village 10 March 2015.
776 Interview with Mbuya Chinungu, Shekwa Village 10 March 2015.
777 Interview with Mbuya Chinungu, Shekwa Village 10 March 2015.
778 Interview with Mbuya Mutape, Chinhanga Village, 18 October 2014.

When I was in the last month of my pregnancy, my husband took me to the city where he worked so I could deliver in the big city hospitals. On the day I gave birth, I remember feeling awkward in the morning and there was no-one to advise me it was the onset of labour pains. I felt like I wanted to have sex. I actually forced my husband to have sex with me and he found it odd since I had never initiated sex in our marriage. Little did I know that it was the onset of labour pains. It was only after my water broke that we both realised I was in labour and my husband called an ambulance to take me to hospital. When I gave birth, one of the elderly midwives jokingly remarked that for my next birth I should take a bath and properly clean my vagina before coming to hospital because they were greeted by the husband’s discharge which was all over the birth canal. I did not understand why it was so because I thought after my water broke, the discharge must have been washed off. This conversation with the midwife was so embarrassing.

Similarly, McPherson780, in a study on women and childbirth, identifies the white stuff on new born babies as vernix caseosa. The results of McPherson’s study, whilst carried out in

779 Interview with Mai Dhlwayo, Zamuchiya, 17 October 2014.
Papua New Guinea, resonates with the above narrative from the research participants for this study. Drawing from responses from her participants, McPherson\textsuperscript{781} explains that when a baby is born smeared with vernix caseosa, the mother is accused of having failed to abstain and is blamed for having liked too much sexual intercourse during pregnancy. The vernix caseosa is reviewed as repulsive as it is believed to be coagulated semen\textsuperscript{782}. If a baby is born covered with vernix caseosa, the birth attendants would quickly wipe it off to avoid the perceived “contaminating effects (to mother and child) inherent in it”\textsuperscript{783}. Furthermore, McPherson succinctly explains that since the female body is structured in such a way that there is a connection between the womb and the breast, it is believed that semen can enter and pollute breastmilk\textsuperscript{784}.

Additionally, a deeper analysis of the reasons behind sexual abstinence during the last trimester of pregnancy unveiled some incisive rationalisations behind this particular practice. According to a Western biomedical perspective, sexual abstinence during the last trimester of pregnancy is medically encouraged as it is beneficial to the mother and the unborn child. In this case, sexual abstinence is believed to reduce the incidence of bacterial infections of fetal membranes and its associated complications which include premature rupture of membranes, premature labour, increased incidence of abruptio placentae and increased perinatal mortality rate\textsuperscript{785}. This biomedical analysis serves to reinforce the importance of the wisdom behind certain indigenous beliefs and practices. The insistence on sexual abstinence during the last trimester of pregnancy among the Ndau is therefore a significant practice aimed at safeguarding the health and well-being of both mother and child.

Further drawing from the narratives of the participants, one of the principal reasons for the promotion of masuwo is to avoid perineal tearing and to improve the safety and delivery during the birthing process. Research participants described perineal tearing as undesirable and an act that every woman ought to avoid at all costs. According to the research participants, perineal tearing enlarges the vagina. The research participants cited that the vagina expands during childbirth and is expected to contract after childbirth. However, with

\begin{itemize}
  \item \textsuperscript{781} Ibid. 129.
  \item \textsuperscript{782} Ibid. 129.
  \item \textsuperscript{783} Ibid. 129.
  \item \textsuperscript{784} Ibid. 129.
  \item \textsuperscript{785} J. V. Larsen \textit{et al.}, “The Zulu traditional birth attendant: an evaluation of her attitudes and techniques and their implications for health education”. \textit{South African Medical Journal} 63(1983): 543
\end{itemize}
perineal tearing the vagina may not fully contract unless the tearing is properly attended to. Masuwo are therefore undertaken in order to widen the birth canal and thereby avoid perineal tearing. The participants further noted that a naturally widened birth canal without tearing is easy to heal and to contract after childbirth. One of the participants explained that during the process of childbirth, if the birth canal is not wide enough for the baby’s head to pass through, widening is done by tearing with a scissors. She further explained that after giving birth, the tearing is clinically sutured if the birth is done at the hospital. The participant further expounded that in rural communities characterised by lack of gynaecologists and experienced midwives, the state registered nurses (SRN with no training in midwifery) assist with childbirth. As a result, they widen the birth canal but without proper knowledge of how wide it should be. At times after this widening procedure, the SRN are unable to suture resulting in one remaining with an enlarged vaginal opening which is then expected to contract to its original size. In such happens, the woman upon discharge from hospital, must inform her elders. The elderly women in the family will then prepare herbs for her to soak in so she can tighten her vagina. This should be done as early as possible while the vaginal muscles are considered tender and are able to contract with the use of herbs. Mbuya Chinungu explained that if the process of tightening the vagina after birth is delayed and the perineal tearing heals, there is the risk of being stuck with a large vaginal opening.

One of the research participants expressed that a tight vagina improves sexual relations between husband and wife. In line with this thinking, a study by Zierler on participants, sex and HIV noted that her participants expressed that a tight vagina is believed to heighten sexual pleasure. These sentiments were equally expressed in a thesis by Hlatywayo who pointed out that married women “employ survival strategies to ensure they remain their husband’s favourite” in terms of sexual performance and satisfaction. Hlatywayo pointed out that married women employ these survival strategies in order to ensure their matrimonial

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786 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
787 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
788 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
789 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
790 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
791 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
792 Interview with Mai Sithole, Chikore Mission, 13 March 2015.
794 Anniegrace Hlatywayo, From the marriage Bed to the Graveyard, 27.
795 Anniegrace Hlatywayo, From the marriage Bed to the Graveyard, 27.
bed is not defied as well as safeguarding the sacrosanctity of their marriage. In continuance, Hlatywayo argued that women therefore carry the responsibility of ensuring that the vagina does not remain too loose after giving birth as this will affect their sex life. As a result, some women would often overlook the undesirable side effects of traditional intravaginal practices since the overriding concern is to preserve their husband’s sexual affections.

In one of the interviews, Mai Sithole spoke of the importance of maintaining a tight vagina after birth in order to ensure her sex life remains unchanged;

Because of the many stories about having a loose vagina and failing to sexually satisfy the husband after giving birth, I opted for a caesarean birth. I am so glad I had older sisters who shared their stories with me. I was so stressed hearing the many stories of how one’s sex life changed after giving birth. When I got married, I recalled these stories. I am glad I made a wise choice and opted for a caesarean birth. It was a surprise to my in-laws because caesarean birth is not a choice but is performed on participants with medical/health complications. Here in the communal areas if you are

798 Anniegrace Hlatywayo, From the marriage Bed to the Graveyard, 27.
799 Anniegrace Hlatywayo, From the Marriage Bed to the Graveyard, 27.
800 Interview with Mai Sithole, Chikore Mission, 13 March 2015.
educated and have a job then you have some autonomy over some decisions. My vagina is as tight as that of a virgin and I have a fantastic sex life with my husband. If he engages in extra-marital sexual relations, it has nothing to do with my sexual performance because I always make sure I perform well in bed, and I always leave him drained and satisfied.

Whilst Mai Sithole supposedly “safeguarded” her sexual life by opting for a caesarean birth in a bid to ensure her vagina remained tight after giving birth, Mai Mwatipedza bemoaned that she has to be content with a loose vagina after her third pregnancy. She lamented:

I have three children. I have always used *demamhwande* for *masuwo*. After giving birth to the first two children, I would just sit in cold water with loads of coarse salt to tighten my vagina and I never had any problems with my sex life. But as for my third born child, the midwife who attended me extended my birth canal by tearing it with a scissors. She gave me four stitches after delivery to close the tearing. I would then sit in cold water with a lot of coarse salt to tighten my vagina, I started the day after giving birth but surprisingly my vagina remained loose. I think the tearing was huge and the midwife did not give me enough stitches to cover the tearing. My sex life has since changed and I feel so inadequate and it’s like I am half a woman. I used to squeeze my husband to stimulate ejaculation during lovemaking but now I can’t do it. My husband used to boast of how I sexually satisfied him but now it’s a thing of the past. I don’t know what to do any more. A friend of mine I shared this with told me she had the same problem and she went to her gynaecologist and she got additional stitches to her loose vagina and she was sorted out. But she lives in the city and here in the communal areas, it is never heard of to go back to the clinic and request the midwives to add stitches to tighten the vagina. I am in such a fix, I don’t know what to do anymore. I have tried using different herbs but to no avail. Sometimes during sex my vagina makes strange sounds and I know it irritates us both. I told my husband I should go to the city to get myself sorted out but he dismissed the whole idea. I don’t know what to do anymore.

The importance of *masuwo* was reiterated by Mbuya Tauzeni;

*Masuwo akakosha kuti paumenge wabara, auchekwi saka ayzizonsi kuti uzdzoke. Hino ukaita zvekuturwa nechigero chironda chakona chinotoda vasharukwa vanonase kuziya mitombo yekuti nyamadzo dzikase dzabatana,*

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801 Interview with Mai Mwatipedza, Zamuchiya, 24 October 2014.
Masuwo are so important because during the birthing process you won’t have perineal tearing, neither is your birth canal clinically extended by cutting so it will be easy for your vagina to tighten again. If your birth canal is widened by tearing, you will need help from seasoned and well-informed elders to prescribe herbs to tighten your vagina, if you act foolishly you remain with a large vagina which will be like a gourd with a large opening. If this happens, it’s unfortunate. During intercourse, the husband will feel like he is plunging into a large gourd and it will be so undesirable. Sometimes there will be noise coming from down there during sex and it will be so irritating and embarrassing as well. So I think it’s better to adhere to our traditional practices so we can keep our marriages intact. Men are quick to look for other women to satisfy their sexual urges if things are not okay in the home. Men love a tight vagina and they like it when their penis is squeezed by your vagina, but if it’s like a large gourd, where is the pleasure?

These sentiments were equally expressed by most of the elderly participants. However, the younger women participants felt that tradition stifled them. On one hand there was pressure for them to produce heirs for the family whilst on the other hand, they were supposed to continue sexually pleasing their husbands and their vaginas had to remain like those of

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802 Interview with Mbuya Tauzeni, Mariya Village, 06 April 2015.
803 Zamuchiya FGDs, 30 October 2014.
women who had never given birth before\textsuperscript{804}. These two were contradictory but had to be upheld by one person. In response to this outcry, the elders pointed out the need to adhere to masuwo which had minimum risk of enlarging the vagina as well as making use of vaginal tightening herbs after birth\textsuperscript{805}. However, the younger women argued that there was the risk of vaginal cancer and other infections that resulted from using traditional medicines as vaginal herbs\textsuperscript{806}. One of the elderly participants thus remarked;

\textit{Izvo zvirwere zvazotanga nyamashi kudaya kwashe inga zvisiriyopi. Isusu inga tisingaemeri kuti tirware. Vasharuka vedu vaigara veitipa mitombo yekuti timwe saka zvona zvaana cancerzvo inga tisingazvizii. Yona cancer taiti imota kwainge kune mutombo wetaigara teitonwa kuti tisaite mamota. Kunnyazi zvineizvi munhu akaite mota akakasirirwa kupiwa mutombo isati yaparara inopera. Shandisai mitombo yamunoronzerwa ngaasharuka haiwa kungopuwa nevanhu vesheveshe igwinyiso zvinokona kumushatira.}\textsuperscript{807}

Have all these diseases you speak of started now and they weren’t there before? For us, we never waited for sickness or disease to befall us. Our elders constantly gave us traditional herbs and medicines that we consumed and they kept us healthy. We did not worry about diseases like cancer. Even so, we knew cancer as the disease of large boils and we used to drink medicines to safeguard ourselves from contracting cancer. Even now, if the cancer is detected at an early stage, traditional medicines can be prescribed and it will disappear. Make use of the medicines prescribed by your elders, don’t just get them from anyone otherwise it is true there might be harmful effects!

The importance of masuwo was thus summed up by Mbuya Muusha\textsuperscript{808}, a TBA, who argued that even though most of the indigenous beliefs and practices are rarely taken into

\textsuperscript{804} Zamuchiya FGDs, 30 October 2014. \\
\textsuperscript{805} Zamuchiya FGDs, 30 October 2014. \\
\textsuperscript{806} Zamuchiya FGDs, 30 October 2014. \\
\textsuperscript{807} Zamuchiya FGDs, 30 October 2014. \\
\textsuperscript{808} Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
consideration, *masuwo* is one practice that should not be cast-off. She further argued that nowadays most of the young mothers are having caesarean births or their birth canals are medically extended during labour and delivery because they would not have done *masuwo*. Whilst this participant indicated that other indigenous practices on pregnancy and childbirth can be ignored, *masuwo* was essentially for the well-being of the woman after childbirth. In addition, she expressed that for all her eleven pregnancies, her birth canal was never medically extended and she boasted of never having any complications during labour and delivery because she faithfully adhered to *masuwo*. Mbuya Muusha further expressed that it is good to encourage young mothers to continue with sexual relations even during masuwo in order to keep bonding with their husbands.

The use of indigenous herbal medicines on pregnancy and childbirth is confirmed by Varga and Veale who noted its common use throughout the world and is notable in countries inclusive of Australia, China, Japan, India, North and South America. Similarly, evidence of the use of herbal medicines on pregnancy and childbirth has been reported in sub-Saharan Africa. Findings from a study conducted by Kaido *et al.*, in South Africa indicated that pregnant women use traditional herbal remedies as antenatal medications to induce labour, expel the placenta and prevent post-partum haemorrhage. The same findings on indigenous herbal medicines on pregnancy and childbirth are also reported by Morris and Mdlalose who noted that Zulu women of South Africa make use of *Isihlambezo*, a mixture of liquid indigenous herbal concoctions to facilitate quick uncomplicated labour.

In another South African study conducted by van de Kooi and Theobold, the researchers cited that the Tswana women use the *kgaba* remedy which is a mixture of plant and minerals taken in the third trimester of pregnancy and is used to stimulate a smooth delivery and

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809 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
810 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
811 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
812 Christine A. Varga and D. J. H. Veale, Isihlambezo; Utilisation Patterns and Potential Health Effects, 911.
816 Rolanda van de Kooi, R. and Sally Theobald, Traditional medicine in late pregnancy, 15
prevent complications during labour. In the Zambian context, *nselezy* and *mulolo* are herbal medicines used to widen the birth canal. Elsewhere, in Western Uganda, herbal medicines from the *Tricholomataceae* family are used to induce labour. Zaizuma *et al.*, report that in Malaysia, pregnant women use *Kacip Fatimah/Labisia pumila* to induce and facilitate a smooth delivery and as a postpartum medicine. This evidence reflect the prevalent use of indigenous herbal medicines for managing pregnancy and childbirth. Additionally, the evidence reveals that adherence to indigenous beliefs and practices informing pregnancy and childbirth have not diminished in the context of the bio-medicalisation of ANC.

However, I believe that the overriding concern that women must take into account is the consideration of what happens in the process of tightening the vagina. How safe are the herbs that are used for tightening the vagina? Are these herbs not exposing women to the risk of cervical cancers and other diseases of the female reproductive system? Therefore, this is another issue that requires further research as well as educating and empowering women on safer reproductive health models. The cultural tradition that posits sex as designed to pleasure men and the expectations placed on women to fulfil their marital duty of sexually pleasing their husbands continues to be a challenge to the health and well-being of women. Women are therefore caught between two cultural dictates; to conceive and give birth while on the other hand their vaginas are expected to remain tight like those of women who have never given birth.

Musimbi Kanyoro, an African feminist theologian, argues that harmful traditional practices are passed on as cultural values, and women as custodians of culture, are concerned with preserving them at the detriment of their well-being. In this regard, postcolonial African feminists argue for cultural transformation whereby women are viewed first as human as opposed to sexual beings. These views are evident in my own work on the vulnerability of married women in the marriage institution and their vulnerability to HIV infection.

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821 Ibid. 15.
823 Anniegrace Hlatywayo, From the Marriage Bed to the Graveyard, 63.
proposed the adoption of an authentic sexual ethic that advances an egalitarian sexual relationship within marital unions. This authentic sexual ethic is characterised by the virtue of chastity whereby sexuality is viewed as positive and all-inclusive. This entails recognising sexuality in relational terms.

6.2.4 The birthing process
The process of giving birth has gone through numerous changes. Mbuya Nyabanga explained that within the early Ndeu communities, a pregnant woman was expected to give birth at her in-laws homestead. This was confirmed by Mbuya Kushekwa who pointed out that the mother-in-law or the senior aunties were responsible for the birthing process. She proceeded to explain that if the mother-in-law was not comfortable or less experienced in the process, she would enlist the help of an experienced and trusted midwife or traditional birth attendant to guide the birthing process. Another participant, Mbuya Mwadaingei pointed out that the birthing process was carried out in the pregnant woman’s sleeping hut where the seeds for the expected baby were sown. Preparations which included cleaning the sleeping hut, clean cloths for the delivery process and clean fresh water and necessary herbs were prepared in advance at the on-set of labour pains.

Mbuya Mhlanga, one of the TBAs among the participants described the process of giving birth. She explained that at the on-set of labour pains, the person acting as the midwife would check the frequency of the contractions as well as the size of the birth canal. A physical examination was done. The midwife or birth attendant requested the pregnant woman to lie on her back with her legs wide open as she then measured the birth canal opening with her fist. If the opening was able to accommodate the fist, the attendant was assured of an easy birth. The attendant also examined the position of the baby. Apart from these physical examinations, the woman who was about to go into labour was asked if she had any

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824 Ibid. 63.
825 Ibid. 65.
826 Interview with Mbuya Nyabanga, Manzvire Village, 12 November 2014.
827 Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
828 Interview with Mbuya Kushekwa, Mariya Village, 07 April 2015.
829 Interview with Mbuya Mwadaingei, Sakuinje Village, 21 April 2015.
830 Interview with Mbuya Kudzionera, Chinua Village, 09 May 2015.
831 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
832 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
833 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
834 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
confessions to make before giving birth. It was commonly held that if a pregnant woman had extra-marital sexual relations, was involved in witchcraft or any undesirable behaviour like stealing; the labour process would be long and complicated. A confession was believed to untie mweya nemamhepo (evil spirits) that would complicate the labour process. The effect of extra-marital sexual relations on the birthing process applied to both the husband and wife. Similarly, Mbuya Muusha reiterated that it was also regarded taboo for the husband to have extra-marital sexual relations whilst the wife was pregnant. Therefore, at the onset of labour pains, the husband’s aunt was tasked with asking the husband to confess of any wrongdoings before the wife went into full labour.

Mbuya Muusha explained the childbirth process;


Long back, people did not go to hospital. They gave birth at home. The midwife was responsible for instructing the pregnant woman on the correct birthing position. It was mostly common for the woman in labour to lean against a mortar with her legs wide open. On instruction to push, if the baby moved back and forth, it was a sign that the woman did not take medicines for masuwo; her birth canal was not enlarged. In such a scenario, the

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835 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
836 Interview with Mbuya Mhlanga, Zamuchiya, 21 October 2014.
837 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
838 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
839 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
840 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
midwife or the assistant would break a clay pot, smear egg paste on the birth canal and they would widen the canal using the broken piece of the clay point. It was a very painful procedure. By the time the woman gave birth she would have already endured immense and excruciating pain. Now with hospital births, they extend the birth canal by cutting with a scissors and they would use stitches to close the extended opening. The woman was then taught to use coarse salt and warm water to tighten the extended birth canal.

The above narration indicated that there was an option for either a hospital or home birth brings to the fore the prevalence of pluralistic health care systems; the traditional and the biomedical. Mbuya Muusha clarified that the process of giving birth at the local clinics and hospitals began as long back as the 1960’s though it was not mandatory. However, elderly participants noted that home births were more preferable. In contrast, the younger participants argued that the elderly preferred home births because they wanted to monitor the proceedings thereby making sure the daughters-in-law did not confess to any misdeeds. The elderly participants pointed out the challenges that were associated with homebirths. They explained that homebirths were desirable when there was harmony and mutual respect between the in-laws and the daughter-in-law. Another participant, Mbuya Ndangana expressed that a lot of young women lost their lives on the mortar during childbirth because instead of getting support, the in-laws were more concerned about the purity of their daughter-in-law. In such cases, the birthing woman was forced to push and to have a quick and safe delivery yet she may not have been strong enough to do so. According to Mbuya Chinungu, instead of getting support during childbirth, some daughters-in-law were treated callously. On the other hand, some families preferred home births with the assistance of skilled birth attendants and the support of the family whilst for others home birth was the

841 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
842 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
843 Zamuchiya FGDs, 30 October 2014.
844 Zamuchiya FGDs, 30 October 2014.
845 Zamuchiya FGDs, 30 October 2014.
846 Interview with Mbuya Ndangana, Mariya Village, 06 April 2015.
847 Interview with Mbuya Ndangana, Mariya Village, 06 April 2015.
848 Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
only alternative due to the high costs associated with ANC and maternity fees charged by the clinics and hospitals\textsuperscript{849}.

The practice of giving birth at home has greatly diminished as women are in search of better alternatives for giving birth. The traditional leaders in communal areas, acting on the advice from the Ministry of Health, have abolished home births. This was expressed by research participants though they cited that regardless of this directive, homebirths are still common albeit at a very low scale. In a bid to enforce hospital births which are deemed safer, every home birth is considered a punishable offence whereby a certain sum of money is paid to the local headman. This was explained by Mai Sigauke;

\begin{quote}
\end{quote}

There is a new regulation which requires all babies to be delivered at a clinic or hospital. If you have a home birth, you pay the local headman a goat and when you go to the clinic to obtain a birth record you pay US$10-20. If you have complications during home delivery and you are taken to a hospital or clinic, you will be ill-treated because they say you thought you can do it at home so continue from where you left. It is therefore better to follow what is required now.

Mai Sigauke continued explaining that the promotion and inclination towards hospital birth has also been necessitated by the HIV and AIDS epidemic and the requirements that every pregnant woman has to be tested for the human immuno virus prior to giving birth in order to avoid mother to child transmission\textsuperscript{851}. However, this promotion and inclination towards hospital births for people residing in communal areas has its own challenges which are a

\textsuperscript{849} Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
\textsuperscript{850} Interview with Mai Sigauke, Zamuchiya, 16 October 2014.
\textsuperscript{851} Interview with Mbuya Chinungu, Shekwa Village10 March 2015.
result of the costs associated with such. Hospitals in Zimbabwe charge a nominal fee upon registering for ANC and an additional fee for hospitalisation during the period of childbirth. With the current harsh economic climate in Zimbabwe, sometimes hospital patients are required to pay for amenities provided at the hospital inclusive of medicines, sanitary pads, etc.

### 6.2.5 Disposing the placenta

According to Ndau belief systems, the placenta signifies fertility. In this regard, extreme care is paid to its disposal after childbirth in order to preserve fertility. The placenta is usually buried in a designated place near the homestead. Study findings indicated varying methods of disposing the placenta depending on family tradition. Two methods were commonly cited; burying the placenta in a fertile field belonging to the woman who has given birth and burying the placenta in a small grave in the family burial site. Mbuya Simango explained that when the person connected to the placenta dies, he or she is expected to be buried at the exact site as the placenta, marking the final connection in death.

Special care is taken when disposing the placenta to avoid people with evil intents from unearthing it and using it to tie the womb of the woman thereby making her infertile. Before the placenta is disposed, small pieces are dried and ground to a fine powder which is used as herbal medicine for increased fertility. The powder is believed to boost fertility hence it can also be used by other women struggling to fall pregnant. Mbuya Kudzionera further explained that the placental powder is believed to protect the new-born from certain illness. The powder is mixed with mealie-meal porridge and fed to the baby to safeguard him or her against illness. The powder is also believed to promote longevity.

The ritualistic disposal of the placenta is observed by some families who have designated burial sites whilst others do not place any importance but ensure it is disposed of through burying it in a field or behind the mother’s hut. If birth was given at a clinic or hospital, the medical staff disposes the placenta through incineration. However, women who are

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852 Interview with Mbuya Simango, Shekwa Village, 12 March 2015.
853 Interview with Mai Mapungwana, Zamuchiya, 23 October 2014.
854 Interview with Mbuya Kudzionera, Chinna Village, 09 May 2015.
855 Interview with Mbuya Kudzionera, Chinna Village, 09 May 2015.
856 Interview with Mbuya Chinungu, Shekwa Village,10 March 2015.
conservative request for the placenta to enable them to carry out the correct rituals associated with its disposal. Mbuya Chinungu indicated that a request to release the placenta can be made with the hospital authorities;

_Ukabarira kuchipatara unokona kuti ndipei chinyaukuru kuti uzochitsira pashi waa kumuzi asi pamweni anambuya nyamukuta vanokona kuramba vanoti chinopishwa pona pachibhedhlerapo_858.

If you give birth at the hospital, you may request to keep the placenta so you can bury it at home. However, some midwives are rude, they refuse to release the placenta to you; they tell you that it will be incinerated at the hospital.

According to this participant, the request to have the placenta released was neither honoured nor denied. The denial by hospital staff to release the placenta upon request is in direct conflict with indigenous beliefs and practices that inform pregnancy and childbirth. The lack of cultural sensitivity displayed by biomedical health personnel has been cited as one of the reasons for the preference for indigenous ANC as well as home births.

Placental disposal after childbirth is common in African communities and elsewhere in the world. Among the Mpondo of South Africa, a clod of earth is placed on the placenta and the two are crushed together with a stone using the right hand until the placenta cannot be distinguished from the mixture859. Thereafter, the woman who gave birth digs a hole and buries the mixture at night away from the prying eyes of those who might harbour evil intents860. Among the Tonga people of Zambia, the placenta is buried under the _mupundu_ tree861. The fertility of the _mupundu_ tree is related to the perceived fertility of the woman hence burying the placenta under the _mupundu_ tree is a way of evoking the spirit world that is revered through nature to bless the womb of the woman to continue being fruitful as the

858 Interview with Mbuya Chinungu, Shekwa Village 10 March 2015.
mupundu tree\textsuperscript{862}. In the context of Kenya, among the Luo people, the placenta of a baby girl is buried on the left-hand side of its mother’s house whilst that of the boy is buried on the right-hand side\textsuperscript{863}. According to Luo cosmological and symbolic beliefs, the left-hand side represents impermanency and vulnerability and it is associated with girls who are viewed as impermanent tribal members who will separate from their families through marriage\textsuperscript{864}. The right-hand side signifies permanency and authority and is associated with boys who continue with the patriarchal authority of the family\textsuperscript{865}. A study of traditional practices in India report burying the placenta to keep enemies or evil spirits from seizing it and influencing the well-being and longevity of the child\textsuperscript{866}.

\textbf{6.2.6 Kuanwisa/Breastfeeding}

According to Ndau culture, a baby should be able to suckle and breastfeed soon after birth. In earlier Ndau traditional societies when childbirth was done in the home, a woman was quickly cleaned up after delivery. Thereafter, the family would gather in the birthing hut and the midwife would instruct the woman who had just given birth to breastfeed the baby\textsuperscript{867}. The baby was expected to suckle both breasts. A successful breastfeeding was a joyous moment for the family as it was an indication that the daughter-in-law was pure. Loud ululations and singing signalled the family’s joy for the birth of the child and the purity of the mother. Whilst ululations, song and even dance accompanied successful breastfeeding after childbirth; a baby’s failure to suckle spelt disaster for the mother\textsuperscript{868}. The baby’s failure to suckle was an indication that the mother was impure\textsuperscript{869}. In such a scenario, the mother was required to confess her misdeeds in order to feed and save her baby. It was commonly held that a baby’s refusal to suckle was attributed to two main reasons. It was either a result of its mother’s infidelity or involvement in acts of witchcraft. This was elaborated by Mbuya Mtetwa\textsuperscript{870} who pointed out;

\textsuperscript{862} Ibid. 65.
\textsuperscript{864} Ibid. 61.
\textsuperscript{865} Ibid. 61.
\textsuperscript{867} Interview with Mbuya Mtetwa, Shekwa Village, 09 March 2015.
\textsuperscript{868} Interview with Mbuya Mtetwa, Shekwa Village, 09 March 2015.
\textsuperscript{869} Interview with Mbuya Mtetwa, Shekwa Village, 09 March 2015.
\textsuperscript{870} Interview with Mbuya Mtetwa, Shekwa Village, 09 March 2015.
According to Ndau traditional culture, a woman was requested to breastfeed and for the baby to suckle from both breasts soon after birth. All the elders will be gathered in the birthing hut and you will unknowingly be under examination. If the baby suckles the women would ululate and; if the baby refused to suckle, the woman would be ordered to confess if she slept with another man besides her husband. If the reason was not a result of adultery but connected to evil spirits or witchcraft, a traditional healer would be called to purify the woman and to enable the baby to breastfeed.

Another participant pointed out that the in-laws looked forward to their daughters-in-law getting pregnant and giving birth. If the family was suspicious of their daughter-in-law, they would insist on her breastfeeding the baby soon after giving birth. She remarked that at times the woman was not even given time to compose herself after the labour pains but was practically forced to breastfeed before she was even cleaned up. She further pointed out that at times the baby was still too weak to suckle and it needed time to adjust to its new environs before a nipple was forced into the tiny mouth. Similarly, Mbuya Mwahlupa indicated that some daughters-in-law were accused of being impure and sent back to their parents because their infants would have refused to breastfeed soon after birth. In extreme cases, harsh measures were employed in order to force a mother whose baby refused to suckle to confess of any evil misdeeds she might have done during the course of her pregnancy. Some of the harsh measures employed were elaborated by Mbuya Kudzionera.

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871 Interview with Mai Chirandu, Chinaa Village, 13 May 2015.
872 Interview with Mai Chirandu, Chinaa Village, 13 May 2015.
873 Interview with Mai Chirandu, Chinaa Village, 13 May 2015.
874 Interview with Mbuya Mwahlupa, Chinaa Village, 07 May 2015.
875 Interview with Mbuya Mwahlupa, Chinaa Village, 07 May 2015.
876 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
If you did something wrong or evil at your in-laws, the baby would refuse to suckle. If you stole, committed adultery or engaged in acts of witchcraft, the baby would not suckle unless you confessed your misdeeds. Long back if a mother refused to confess, the elders would take a cloth, dip it in paraffin, tie it on one of the fingers and then set it alight to instil fear that would lead to a confession. This was a bad practice.

However, Mbuya Muusha\textsuperscript{877} explained that before chastising the mother for impurity, responsible elders would check the state of the baby to determine if the refusal to suckle was a result of a medical problem. Her views were confirmed by Mbuya Chinungu who explained;

\textit{Kana mwana azvarwa anedambudziko rinoita kuti akorere kuamwa zvinotoonekwa nekuti kana achitadza kuyamwa rurimi rwake rwunenge rusingasimuki. Kuti zvakadaro anotoendeswa kuchibhedhlera koorapiwa\textsuperscript{878}.}

The elders were able to tell if the failure to suckle was a health problem on the part of the baby. If the baby had a problem, its tongue would be stuck to the bottom jaw and the baby was unable to move it. In this case, the baby was taken to the hospital for treatment.

A close examination of the practice of breastfeeding soon after giving birth revealed very crucial underlying motives. Even though the reasons for such were not made transparent to every new mother, breastfeeding within the first hour of giving birth carries important health connotations. This was duly explained by Mbuya Maposa;

\textsuperscript{877} Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
\textsuperscript{878} Interview with Mbuya Chinungu, Shekwa Village, 10 March 2015.
Zvinobatsira kuti mwana aphanira kunwa mukaka wamai wekutanga. Apafaniri kupera hour, ungononoka kusvika pa 30minutes. Mukaka uyu unenge uchakaita yellow unonzi wakakosha nekuti unobatsira kudzivirira zvirwere nekuvaka muviri wemwana. Kudaya kwaizi uchangobva kubara usati wageza kozi yamwisa mwana. Inga tisingaziyi reason yakona asi zvineizvi chingegi chave kuti udza kukosha kwemukaka iwoyo wekutanga pasati papera kana hour saka besides kuda kuona kuti mwana anoyamwa ere vasharuka vaiziyawo kukosha kwekunwa mukaka wekutanga iwoyo.

It is very helpful for a new born to take its mother’s first milk. An hour should not elapse before the baby is breastfed. A mother can delay up to thirty minutes. This milk will be yellowish and is important as it will shield the new baby from contracting diseases and it is also good for body building. We did not know of this importance but now with modernity, we are aware of the importance of the mother’s milk that have to be consumed by the new baby within the first hour of birth. Yes, besides our elders wanting to make sure the baby suckles, they also knew of the importance of breastfeeding within the first hour of giving birth.

Judging from all the rejoinders from the participants with respect to the importance of breastfeeding soon after giving birth, it was evident that the importance of the baby consuming colostrum was of utmost importance. The elders were aptly aware of the nutritional and immunological benefits associated with the baby breastfeeding the new-born within the first hour of birth. The thick yellowish milk that is produced soon after giving birth is medically termed colostrum. Colostrum is valuable to the newborn so much that it is also referred to as “Liquid Gold”. Colostrum is rich in energy and it contains added proteins (lactalbumins, lactoglobulins and immunoglobulins), fats, minerals (iron, magnesium and sodium) as well as a multiple of vitamins. It comprises up to five times a higher

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879 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
881 Ibid. 46.
882 Ibid. 46.
concentration of water soluble vitamins than normal milk\textsuperscript{883}. These vitamins are essential to the growth and development of the baby. Therefore colostrum has been found to be more nutritious than normal milk. A vital component of colostrum is that it contains maternal antibodies that shield the newborn from disease during the early stages of its lifecycle\textsuperscript{884}. The immunoglobulins present in colostrum decrease rapidly after birth hence it should be consumed at most within twenty-four hours after birth\textsuperscript{885}. Ideally, a new born should consume fifty percent of the colostrum within the first six hours of birth. The new born receives ten percent of its body weight through colostrum\textsuperscript{886}. Colostrum also acts as laxative for the new born; new-borns that do not receive colostrum are believed to have difficulty in emptying the intestines of dead cells and the remains of amniotic fluid swallowed whilst still in the womb\textsuperscript{887}. This therefore explains the elders’ hidden motives behind certifying that a baby be breastfed from within the first hour of birth.

In Ndau circles, elders rarely explain the underlying reasons for most of the beliefs and practices that have to be adhered to as this is deemed to be tantamount to losing their position as \textit{masungukati}/wisdom holders. They issue directives on what has to be done and how to do it. The younger generation is taught to unquestioningly accept the commands of the elders. Besides, the common adage that wisdom is power is commonly held. Hence, the lack of a proper justification for the underlying reason of breastfeeding within the first hour of giving birth. In the case of participants, most of the underlying reasons for Ndau indigenous traditions are fully expounded to them when they graduate to the status of being grandmothers. The information is shared so they can teach their daughters-in-law the beliefs and practices to be observed. At this stage, the mother-in-law also relinquishes her status as mother to the important title of grandmother. She now qualifies to acquire and impart family values, beliefs and practices to her daughters-in-law and other family members. In social circles around the community, she is no longer addressed as Mrs/mother but assumes the important title of grandmother. Grandmother is a revered title that is carried with pride as it denotes the continued gift of fecundity in the family lineage. It also signifies that the parents

\textsuperscript{883} Ibid. 46. 
\textsuperscript{884} Ibid. 46. 
\textsuperscript{885} Ibid. 47. 
\textsuperscript{886} Ibid. 47. 
\textsuperscript{887} Ibid. 47.
have been reincarnated through their grandchildren who would customarily carry their grandparent’s names.

6.2.7 Kurapa Chipande/Treating the fontanelle

The fontanelle is given utmost attention in babies as it was believed if left untreated, it gave rise to serious health challenges that may result in death of the new born. The Ndau observe various ways of treating the fontanelle. These alternative ways were explained by Mbuya Dhlakama;

Vamweni vanoshandisa ngazi yamai inenge yeubuda vachabve kubara. Vanonokora ngazi voisa pachikumwe chidoko moisa four corners kuti nhova isazonyanyofamba nemusoro kana kukosoresa kana kushandisa chombo chababa kukwidza nacho four corners dzenhowa. Chero mwana akazvarwa akarereka mutsipa anototsamiriswa chombo chababa kuti atwasanuke nekuti anozokura akapusa.

Others would use the mother’s blood from her after birth bleeding to treat the fontanelle. They would take the blood using the little finger and then smear it inwardly on the baby’s head in four corners towards the fontanelle. This was done to prevent the fontanelle from growing outward as well as to treat the baby from the disease of coughing. Others treated the fontanelle using the father’s weapon (penis). The father moves his weapon inwardly in four corners towards the fontanelle. The father’s weapon is also used in cases where a new born keeps tilting its neck to one side. The father moves his weapon on the baby’s neck to straighten the neck thus preventing the baby from growing up as a coward due to the tilted neck.

On the other hand, some women took steps to treat the baby’s fontanelle even before it was born. This was expressed by Mai Mwadaingei;

888 Interview with Mbuya Dhlakama, Sakuinje Village, 23 April 2015.
889 Interview with mai Mwadaingei, Zamuchiya, 27 October 2014.
Some women consume herbal medicines for treating the baby’s fontanelle while still pregnant. However, other women choose to seek assistance from local senior women known to be experts for treating the fontanelle. These senior women use herbs that they rub on the fontanelle. However, for all my children, I never had any problems with their fontanelle hence I did not seek any treatment.

Treatment for the baby’s fontanelle is at times done concurrently with masuwo. The herbs and medicines for masuwo and for treating the fontanelle are consumed together. This was considered a way of ensuring that the mother would not have to contend with seeking treatment for any challenges associated with the baby’s fontanelle once it is born. This practice is still common among the Ndau.

6.2.8 Kurashe Chikumvu/Disposing the umbilical cord stump

According to Ndau customs, a newborn is kept indoors and away from the public until after the umbilical cord stump falls off. Due care and attention is paid to the new-born’s umbilical cord stump, ensuring that it dries up properly. Umbilical cord stump care was duly explained by Mbuya Mtetwa;

Chikumvu kudara vaitora muhlaba, chimbowa chiye chinobaya vopiswa wosungira pachichira, mangawanani ega ega mai vanosvina mukaka vosanganisa nemushonga uye vapiswa zvoiswa pachikumvu, zvaitswa kuti guvu riwe uye paoma. Kana chadonha makoti votaura kuti chawa chikumvu vanhu votopururudza kuti mwana  wedu ave munhu zvonzi saka unopuwa pfihwa wotsa pasi woisa pfihwa, iko zvino  chikawa vokandira mutoilet.

890 Interview with Mai Sigauke, Zamuchiya, 16 October 2014.
891 Interview with Mai Sigauke, Zamuchiya, 16 October 2014.
Back then, the elders used *muhlaba* which was burnt to make ashes which were then tied to a clean piece of cloth. Every day, the mother of the newborn would squeeze drops of milk which she mixed with the ashes and would then squeeze the mixture on the baby’s umbilical cord stump. This helped it to dry and fall off. After it fell off, the elders were informed of the development which was received with joyful ululations. The mother of the child was then given a cooking stone which was to be recognised as the mark of the disposal of the fallen umbilical cord stump. A small hole was dug near the cooking place to bury the umbilical cord stump and then it was covered with the cooking stone. However, nowadays, other families throw away the umbilical cord stump in the toilet.

Her views were reiterated by Mbuya Kudzionera participant who explained;

> Chikumvu chemwana achiraswi chinoshumira kuna mazvarira kuti mwana abude mumhatso vokuudza pekuisa uye paunoisa ipapo ndipo unozoisa zvikumvu zvese. Mhatso dzemadisa idzi unototsvaga pakona pekutsira wotoseta apazoonekwi, mhatso dzazvino unokona kutotsira kuseri kwemhatso kana pasi pemuti uri pasinde nemhatso\(^{892}\).

The baby’s umbilical cord stump is not disposed anyhow. You have to formally inform your mother-in-law who will instruct you on how and where to bury it as well as arranging for the ceremony to take the baby out of the house for the first time. The place you bury your first baby’s umbilical cord stump serves as the burial place for all your subsequent babies’ umbilical cord stumps. In traditional mud huts, you can dig a small space to bury the umbilical cord stump then you polish the house with cow dung to cover it. In case of the modern brick and cement houses, you can bury the umbilical cord stump behind the house or under a tree near the compound.

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\(^{892}\) Interview with Mbuya Kudzionera, Chinara Village, 09 May 2015.
Mai Chirandu similarly expressed;

*Chikumvu chaizo wa tave kumhatso chotsirwa pachituka chichiri chidoko panezvekuchena zvemajuru, asi unotanga wabvuira vasharuka vepamuzi kuti chikumvu chawa vona vochikuronzera kuti tsira pakati. Wataura zvekuti chikumvu chawa vanobva vauya kuchizoburitsa mwana pabanze. Asati abuda mumhatso mwana hembe dzake adzinanikwi pabanze and mvura yaanogezeswa aingoraswi inodirwa pasi mbichana mbichana hanzi mukati kupe munorasa muviri wemwana. Pakabuda ipapa ndipo panodudzwa zina, panotoitwa mabiko mwamuna anotouraya mbudzi vasharuka vochidudza zina*. 893

Mostly, the baby’s umbilical cord stump fell off at home long after being discharged from the hospital. After it fell off, it was buried on a small anthill where there were some nymphs. However, one had to first inform the family elders that the baby’s umbilical cord stump had fallen off and they gave specific advice on where to bury it. After that, the elders would arrange for the baby to be taken out of the house for the first time. But it should be noted that before the child was taken out of the house, his/her clothes were only hung indoors away from direct sunlight. Even the bathing water for the baby was disposed of by gently splashing it on the ground. Throwing away the bath water was not allowed as it was believed to be splashing off or throwing away the baby’s health and well-being. The day the baby was taken out of the house marked the name giving ceremony which was accompanied by a feast. The husband provided a goat for the feast and then the elders presided over the naming ceremony.

Methods of disposing the umbilical cord stump differed with families. Traditionally, some families used to dig a small hole under the place where the water gourd was kept in the mother’s traditional round mud kitchen. The huge water gourd was rarely moved unless it was being cleaned. However, this method is no longer common as most people are now building their homes using bricks and cement hence the flooring cannot be dug for the purpose of burying the umbilical cord stump. One of the participants remarked;

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893 Interview with Mai Chirandu, Chinaa Village, 13 March 2015.
Nowadays when the umbilical cord falls off, it is sewn on a piece of cloth and made into a cord that is tied around the baby waist. This is believed to protect the baby from diseases and evil spirits. The corded cloth is tied to the waist until it falls off on its own. Burying the umbilical cord stump under the water gourd is no longer possible because of the current modern way in which houses are constructed.

However, some families do not attach any significance to disposing the umbilical cord stump. It is disposed by throwing it in the toilet. A younger participant, Mai Mwatipedza thus commented:

"Kwandakaroorwa kana chikumvu chawa chinoraswa kana mutoilet achina mutemo asi kana mwana ode kubuda kubanze, mbuya vakaashira ndivo vanoudzwa kuti mwana chikumvu chawa votora voburitsa pabanze."

My marital family does not place any importance on the disposing of the umbilical cord stump. When the umbilical cord stump drops off, it is thrown away in the toilet. However, the granny who stood as the midwife is informed that the umbilical cord stump has fallen off and then she informs the family to prepare the ceremony for taking the baby out. The midwife is the one who presides over the ceremony.

In cases where the umbilical cord stump is buried, it is of utmost importance to note where the designated burial place is since all subsequent umbilical cord stumps have to be buried at the same spot. However one of the participants expressed that she preferred to make a cord

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894 Interview with Mai Dhliwayo, Zamuchiya, 17 October 2014.
895 Interview with Mai Mwatipedza, Zamuchiya, 24 October 2015.
for tying in the waist of the child rather than burying the umbilical cord stump. She explained thus;

*Isusu takaaka dzona mhatso dzechingezi saka kutsira pabanze unotya kuti dzimweni nguva chinotetwa nembwa kana zvimweni zvipuka kubeni azvisisi kuitika saka ndakatooona kuti kuchinasira wesungira muchiuno memwana ngatei zviri nani.Chikanyawa ndisingachioni chinenge chakafishiridzwa ngemucheka*\(^{896}\).

We built this modern house and I was sceptical about burying the umbilical cord stump outside in case it was scrapped by dogs or other animals, something that is considered a bad omen for the child. I prefer to wrap it into a cloth which will be made into a cord that is tied around the baby’s waist or wrist. Even if it falls off without my knowledge, I know it is protected since the umbilical cord stump will be covered by the sewn cloth.

Such is the importance of the umbilical cord stump that in some families, even if babies are born far away from home, the parents are mandated to inform the family elders that the umbilical cord stump has fallen off following which they are instructed on how to dispose it. Families that are conservative insist that the umbilical cord stump is safely kept so it can be brought back to be disposed of/buried at the ancestral home. One of the participants had this to say of her marital family:

*Mumuzi mwendakarooorwa vanokoshesha kurashe chikumvu. Kuti une mwana mucheche, chikumvu chawa unotobhuira vasharuka vepamuzi. Pana anababamakuru vari mhiri vamweni vari joni. Vakatobhuirwa kuti azvina ndaa kuti muri pari, kana chikumvu chawa vanotofona kushuma vasharuka vobhuirwa kuti chengetai mozotipa pamunouya kanyi. Vakanyazouya mwana atokura, chikumvu vanotouya nacho vopa vasharuka. Kutanga chikumvu chaitsirwa pachikuva mukichi asi zvinoizvi tinotsira pasuwo rekicht\(^{897}\).*

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896 Interview with Mai Sithole, Chikore Mission, 13 March 2015.
897 Interview with Mai Mwatipedza, Zamuchiya, 24 October 2014.
My matrimonial family places much emphasis on disposing the umbilical cord stump. If you have a baby, when the umbilical cord stump drops off, you inform the family elders. I have brothers-in-law who are in the diaspora. They were told that irrespective of where they are located, if the umbilical cord stump falls off, they have to inform the elders and they will be told to keep it and present it to the elders on their next visit home. Even if they come back home when the child is all grown up, they have to present the umbilical cord stump to the family elders. When I first came into the family, we disposed the umbilical cord stump by burying it at the altar in our traditional kitchens but now we bury it at the kitchen doorstep.

The falling off and burial of the umbilical cord stump marks the end to the period of solace for the mother and child. A ceremony is arranged to present the baby to the wider family and the community at large. This baby’s coming out also signals the shaving off of the baby’s first hair and the name giving ceremony.

**6.2.9 Kududze Zina: The name giving process**

The Ndau society places much significance and reverence to the naming of a child. The process of naming a child is a rite of passage accompanied by its own specifications. Whilst every human being is entitled to a name for the purpose of identity, the process of bestowing a name on a new born child is a spiritual process. There are cultural connotations linked to the process of name giving. At most, name giving is done in consultation with the family and/or with a traditional healer. A name carries spiritual, psychological and physical connotations hence due consideration is taken before a child is named. According to Kanyoro names are not only given as a way of preserving family genealogies but they serve as a measure to uphold moral cohesion within communities.

The ritual for *kududze zina*/naming giving process in Ndau indigenous culture is known as *doro remusere*. Close family members would gather for this occasion often accompanied

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901 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
by the brewing of traditional beer that is used as a libation to the ancestors. Before the name giving ceremony, the paternal grandmother or aunt shaved the baby of the hair he/she was born with. The baby is then bathed with oils and dressed in new clothes. The person who acted as the birth-attendant or the great paternal aunt was responsible for bringing the baby out of the birthing hut for the first time and presenting it to the wider family. This coming-out of the baby was greeted with song, dance and ululations. It was during this presentation that relatives also hinted on the appearance of the baby as resembling some family members and thereby indirectly implied names befitting it. Other families would have agreed on a name soon after the birth of the child and it was made known to the whole family during the ceremony.

Whilst some babies were named after the grandparents or their ancestors, at times circumstances surrounding the behaviour of the mother and how she acted during pregnancy and childbirth were also considered during the name giving ceremony. The personality and behaviour of a daughter-in-law was taken into consideration. A well-cultured daughter-in-law was deemed to produce a well-cultured offspring who deserved to carry the important names of the family elders. In this regard, the Ndau define a well-cultured daughter-in-law as one who is respectful of the family elders and traditions; respectful to the community at large; respectful of all persons irrespective of their class or socio-economic status; one is patient, hardworking, and well organised in everything she does. Ndau elders were sceptical about giving important names to a child born of a woman deemed to be ill-mannered as it was believed her flawed character could be passed to her offspring. In this case, names that describe the mother’s ill-character were bestowed upon the child. Drawing from literature, Kanyoro also alerts us to the fact that not everybody is named. Precisely, murderers, thieves and those who do not behave according to the community’s ethos are named after. Their names are best forgotten as a way of casting away their undesirable persona to the society.

902 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
903 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
904 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
905 Interview with Mbuya Kudzionera, Chinhoo Village, 09 May 2015.
907 Ibid. 69.
According to Ndau indigenous cultural naming practices, the first born child of the eldest son in the family is named after the grandfather for a male child and after the eldest aunt (grandfather’s sister) for a female child. In very few cases, if the first child of the eldest son is born female, the baby maybe named after her grandmother. Names are given from the child’s paternal family. The grandmother has the honour of naming her brother’s daughters after her. Following this practice of naming, young parents rarely had the prospect of naming their own children; neither were they consulted on the appropriateness of the chosen name for their baby.

Like all the other indigenous beliefs and practices accompanying pregnancy and childbirth, some families have done away with the ritual whilst others still adhere to it. In some instances, the indigenous cultural practice of the name-giving ceremony has been remodelled to conform to one’s religious beliefs. Since the Christian tradition in Zimbabwe and elsewhere, forbids rituals that are associated with traditional brewing of beer, most of the indigenous ceremonies have been ‘Christianised’, hence, no traditional beer is used. Furthermore, to avoid negotiating the contestation between religion and culture, parents are naming their children without a special ceremony being held.

However, due to cultural disintegration, an increasing number of young parents are opting to name their own children. One of the participants had this to say;


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908 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
Despite people lamenting the cultural breakdown of the naming practice, it is also such a huge relief that parents are now allowed to name their own children. The naming rite was often a difficult period for young couples back then. This is so because parents had no say in the naming of their children, it was a family affair and in our Nda culture, it is the paternal aunt who presides over the naming ritual. The paternal aunt also carried the right to either consult with her brothers (the child’s paternal grandfathers) or she would give the name herself more especially if the baby was a girl. In many instances, aunties were quick to give their own names to their nieces and those of their sisters. This was particularly challenging if the aunt was a difficult person because of our belief that if a child is named after someone, they are most likely to assume the same personality and other characteristics of the person they are named after. So if the aunt was divorced, or a single parent, spiritually that connection is passed to the niece named after the aunt. You could also glimpse some characteristics and traits that resemble the aunt as the child grew up. In worst scenarios, the naming ritual was determined by family circumstances. In this regard, some names were a reflection of nasty experiences, jealousy, and hatred resulting from bad family relations. Some names were given as a means of settling scores and differences and the innocent child being named was thus burdened with such. As the children grew up, they were ridiculed by others; they were even uncomfortable to say out their names in public.

 Whilst this participant marvelled at the prospect of parents naming their own children, another elderly participant lamented at the current naming procedures and also what she perceived to be ‘senseless’ names being given to children;

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909 Interview with Mai Mwatipedza, Zamuchiya, 24 October 2014.
The Ndau procedure for naming a new born child was an important ritual whereby preparations were made in advance. However, because of the breakup of our cultural practices, names are just given anyhow. Some parents even name their child before he/she is born! This was taboo! The naming process was a family event and was highly revered. A name is not just a name but carries important connotations. It must be given with proper care because it dictates the life and destiny of the child. Nowadays, our children are giving their children foreign names with no meaning and any bearing to our own culture. You hear someone called Beyoncé and you ask the meaning of that name and you are not given any explanation apart from Beyoncé being a popular singer. What then Beyoncé has to do with your child, what is it you want to pass to your child? Remember names are spiritual. Traditionally, before a name was given, the elders of the family would consult their ancestors and possibly a traditional healer for a suitable

910 Interview with Mbuya Simango, Shekwa Village, 12 March 2015.
name. Some ancestors are reborn through the young ones and they want their names to be revived. If a young one has been earmarked to carry an ancestral name and this is not observed, that child will have a difficult life filled with sickness and misfortunes. If a child was given a wrong name, the child would cry non-stop. If you are not conversant with the Ndau culture, you would assume the child is sick, you take him/her to hospital and you are told all is well but the crying does not stop. In such scenarios, the elders of the family would consult with traditional healers and a proper name is given. It is therefore only proper for the young generation to take due consideration when naming their children. Yes, we understand times have changed, but the changes to the names given to children should also be meaningful.

However, traditionally recognised name giving procedures were eroded by colonialism. Fitzpatrick rightly points out that “inhumane and unjust systems of slavery and colonialism” disrupted African names as well as the African naming practice. Additionally, the early missionaries also assigned Christian names to their new converts. These names had no spiritual or psychological meaning to their bearers.

6.2.9.1 Common Ndau names

As mentioned in the earlier sections, many factors were considered when bestowing a name to a baby child. The relationship of the mother and her in-laws played a big role in determining the choice of name/s given to her baby. However, at times, circumstances prevailing during the time of birth also detected the type of name/s a baby was given. In cases of polygamous marriages, children were sometimes given names that were meant to be a message or warning to another member of the family. Sometimes names denoted the joys and pains the family was going through. Either way, once the elders bestowed a name upon a child, it became the officially recognised name. Below is a common list of Ndau names that are/were given according to certain circumstances.


912 These names were gathered from informal conversations with some of the inhabitants of Shekwa, Chinana and Zamuchiya villages.
Table 6.1 List of common Ndu names given to children

<table>
<thead>
<tr>
<th>Name</th>
<th>Literal translation and meanings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teramai</td>
<td>Be still/calm. An encouragement to be still/calm in the midst of difficult situations.</td>
</tr>
<tr>
<td>Garaimwatsa</td>
<td>Dig in advance. Name given in situations where there are recurring deaths in the family. Garaimatswa is to say let a grave always be ready.</td>
</tr>
<tr>
<td>Mwahlupa</td>
<td>Troublesome. Mostly given as a way of convening a message to those who are troubling either the parents or family of the named child. The name simply means you are troubling us.</td>
</tr>
<tr>
<td>Hamwaimboti</td>
<td>You used to say. An indication that you used to say something but now the tables have turned, the situation is now the opposite.</td>
</tr>
<tr>
<td>Kudzionera</td>
<td>Fend for yourself. Mostly given in situations of difficulty whereby the family strives to fend for itself without assistance from other people.</td>
</tr>
<tr>
<td>Mwatipedza</td>
<td>You have wiped/finished us. Mostly given in situations where there is recurring deaths. This is a simple message to say you have wiped us all.</td>
</tr>
<tr>
<td>Mwadaingei</td>
<td>Why have you done this? A plea or the search for answers to challenging situations.</td>
</tr>
<tr>
<td>Angirai</td>
<td>Keep on doing. This name can either mean continue doing that which is good or bad, depending on the circumstances surrounding the name giving.</td>
</tr>
<tr>
<td>Panganai</td>
<td>Advise each other. An exhortation to advise each other in order to live in harmony.</td>
</tr>
<tr>
<td>Mucharemba</td>
<td>You shall tire. A message to say even if you continue doing that which you are doing, you will eventually get tired of doing it.</td>
</tr>
<tr>
<td>Pedzanai</td>
<td>Finish each other. Given in situations of recurring deaths and family members are suspected of being the reasons behinds the deaths.</td>
</tr>
<tr>
<td>Chakanyuka</td>
<td>That which sprang up. Name given in situations whereby a couple gets a child after hope has been lost.</td>
</tr>
</tbody>
</table>
6.2.9.2 Current trends in name giving

The global village we now live in has had a major impact on the name giving rituals in most African communities. According to Chitando, “Contemporary naming trends in Zimbabwe show a marked rise in vernacular names laden with Christian themes. The use of theophoric names by young African Christians demonstrates their vitality of Christianity as infinitely culturally translatable”. Instead of being laden with Christian and foreign names that have foreign and detached meanings to the African people and their worldview, vernacular names laden with Christian themes are on the rise in Zimbabwe. Below is a short list of the new trend of names.

Table 6.2 Current trends in name giving

<table>
<thead>
<tr>
<th>Name</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atipaishe</td>
<td>God has given us (in this case God has given us a child)</td>
</tr>
<tr>
<td>Atidaishe</td>
<td>God has loved us</td>
</tr>
<tr>
<td>Kudzaishe</td>
<td>Exalt/adores the Lord</td>
</tr>
<tr>
<td>Ngonidzashe</td>
<td>The mercy of God</td>
</tr>
<tr>
<td>Nyashadzaishe</td>
<td>The grace of God</td>
</tr>
<tr>
<td>Tafadzwanashe</td>
<td>God has made us happy</td>
</tr>
<tr>
<td>Tadiwanashe</td>
<td>We have been loved by God</td>
</tr>
<tr>
<td>Tapiwanashe</td>
<td>We have been given by God</td>
</tr>
<tr>
<td>Tinashe</td>
<td>God is with us</td>
</tr>
<tr>
<td>Tatendaishe</td>
<td>We give thanks to God</td>
</tr>
<tr>
<td>Ropafadzo</td>
<td>The blessings of God</td>
</tr>
<tr>
<td>Ruvarashe</td>
<td>God’s flower</td>
</tr>
</tbody>
</table>

914 These are common Christian names which I picked from the congregants of the United Church of Christ in Zimbabwe, Harare circuits. Ndau people comprise almost ninety percent of the membership of these churches.
6.2.10 Kuarika/Teething

*Kuarika* marks the last of the ceremonial rituals observed from the time a woman becomes pregnant through to giving birth together with the rites and rituals that include the baby. According to Ndau customs, the period of pregnancy through to childbirth is concluded after the baby develops his/her first teeth. In Ndau indigenous culture, a baby is expected to start developing teeth from the lower jaw. It was an absolute taboo and a very bad omen for a baby to start teething from the upper jaw. Teething was a rite of passage that propelled the baby from being a *buri* hole to a full human being. Before the teething, a new born was not considered fully human but was regarded as an incomplete soul. In this regard, if a baby died before teething, its body was either buried near a stream or anywhere in the forest and the grave was not marked or protected. With passage of time, the burial site was totally unrecognisable and it vanished into oblivion just like the incomplete soul of the dead infant. However, if a new-born died after teething, it was laid together with the ancestors. Mbuya Maposa fully expounded on this belief:

*KuChiNdau mwana akabuda mazino zvinoshumwa, kutohambisa pamuzipo kuti mwana waarika. Kushuma kuti mwana waarika kunodiwa kuitire kuziya kuti mwana akarwara akashayika anotozoobikirwa doro rekuja nekuti paChindau kana mwana aarika anenge apinda mudzinza, ave kutokoshwa semunhu wese wemudzinza, akafa anotoradzika pane madzitateguru ake. Kana asati ave nemazino anonzi iburi chero akafa anogona kunzi avigwe musango kana pedyo nerwizi.*

In Ndau culture, when a baby starts teething, a formal announcement through the family procedure of hierarchy is made. It is very important to make known that the baby has started teething in case the baby falls sick and dies, all the burial rites including the brewing of beer will be observed for the baby and who will also be laid down with his/her ancestors because teething denotes that the baby is now fully human. If a baby dies before

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915 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
916 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
917 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
918 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
919 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
teething, it can be buried by a stream or anywhere in the forest. It will be considered *buri* hole meaning it is an empty shell that is not yet fully human.

When a new-born started teething, the mother took with her a token in the form of a hen and some mealie meal in a small reed basket and the hierarchy of formal announcements in the family was followed to alert the elders that the baby had begun teething\(^\text{920}\). Upon receiving the news, the elders would call for a family gathering. As much as the gathering was to celebrate this rite of passage, it was also done to inspect whether the baby had properly started teething. In this regard, not only was the teething of the baby of utmost importance among the Ndau, but the way the baby started teething was equally significant\(^\text{921}\). Mbuya Chakahwara\(^\text{922}\) explained the process of announcing the baby’s teething to the family elders;

> Wazvara mwana, kana abuda mazino, ukatoona kuti zino ratoti nyetu, haufaniri kutangirwa nevępamba kuona kuti mwana ane mazino, ukazviona wotomukira wobata chimari chako panyara auendi usina wotaura kune mudoko woendesa mari yako kusvika kweKupedzisira vana mbuya vozotaurira vanababa kuti mwana waarika vochiti chiuyai nemwana wacho wochivapa vozotarisa. Vanotarisa kuti atanga kubuda ekubani here kana edera, ekubani ndiwo avanodakarira, ndivo anotodiwa, saka kana wapedza izvozvo zvinenge zvatorawo pastage yekuti mwana.

As soon as your new born started showing signs of teething, you would wake up early in the morning with your token in the form of a small amount of money and follow the family hierarchy in announcing that the baby had started teething. You should be the first person to discern that your baby had started teething; no one should have noticed it before you. After the hierarchy was observed and word had reached the grandmothers who then informed the male elders of the family, the family then gathered together and the mother was requested to present the child to the elders who then inspected whether the baby started to teeth from the lower or the upper jaw.

\(^\text{920}\) Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
\(^\text{921}\) Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
\(^\text{922}\) Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
The baby was expected to start teething from the lower jaw. This marked the last stage of the rites and rituals observed from pregnancy through to childbirth.

The importance of the teething process among the Ndau was further spelt out by Mbuya Muusha who expounded on the joys associated with a baby teething from the lower jaw and the travails that followed teething from the upper jaw;

Kana mwana achtobuda mazino, vaitaura kunavanambuya kuti mwana waarika vana mbuya voombera vopururudza. Hino kudaya vaikoshesha kuti mazino abuda ndeepari, kudera here kana kubani. Rikabuda ngedera vaienda kundotsveta mwana wakona mudziya.

When a baby started teething, the mother would inform the senior participants who responded by ululating in joy. Back then, the elders would check whether the baby started teething from the lower or the upper jaw. If the baby started teething from the upper jaw, he/she would be taken and dropped in the river.

I did not comprehend what Mbuya Muusha meant when she said the dropped the baby in the river I asked her to clarify on the significance of dropping the baby in the river. She despondently clarified;

Kutotsveta mudziya kuti afe! Zvaitorwadza yaamho saka uri mai waitoti kana wabara mwana ave nemwedzi mirongomina waitoti koo kukwiza dera kuti mazino asatange kubuda kutange ekubani. Kana mwana atanga kubuda mazino edera vaiti iduramwa; vaiti washaisha dzinza redu. Asi ndinogonda apana zvazvaiita asi vasharuka vaita washaisha dzinza.

They would throw the baby into river to die! It was very painful so as a mother with a new born, as soon as your baby reached about four months,
you would start massaging and pressing the upper jaw to delay the teething process. This was a way of ensuring the lower teeth developed first. A baby who developed upper teeth first was regarded as *duramwa* (bad omen) and the elders believed such a baby desecrated the family lineage and ought to die. I didn’t think that there was any effect if a baby developed the upper teeth first, but those were the customs that were followed in order to preserve the sacrosanctity of the family lineage.

I further queried whether there were no rituals done to purify a baby who would have developed the upper teeth first. Mbuya Muusha explained that it was the tradition that was followed during those earlier years. However, with the passage of time, such harmful practices have been abandoned.\(^{925}\)

In contrast, another participant, Mbuya Kudzionera\(^ {926}\) explained that if a baby first developed the upper teeth, the family would consult with a traditional healer to determine what needed to be done. In such cases, though very rare, traditional medicines were prescribed for both the baby and the mother\(^ {927}\). Apart from being a bad omen, it was believed that a bite from such a baby resulted in a wound that would take long to heal as well as bringing bad luck to the one who was bitten.\(^ {928}\) Traditional medicines were prescribed to reverse the ill effects of having developed the upper teeth first.\(^ {929}\)

Whereas the drastic measures that were previously taken for babies who started teething from the upper jaw have been done away with, people residing in both rural communities and in the city still seek help from traditional healers to reverse the bad omen attached to it. During an informal conversation, one of my friends remarked;

> My second son started teething from the upper jaw. I got so worried. Since I live in the city, I could not consult with the elders in case they would have prescribed traditional medicines which are against my Christian beliefs, so I

\(^ {925}\) Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
\(^ {926}\) Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\(^ {927}\) Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\(^ {928}\) Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
\(^ {929}\) Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
took my son to the doctor who informed me that there was no medical harm or effect. The doctor noticed my discomfort and opted to take out the upper teeth but I thought of the pain my baby would go through and I just left it like that. However, the whole issue affected me psychological …because we grew up hearing that a child must start teething from the bottom jaw and it is taboo for a child to start teething from the upper jaw. Now, with my own son’s upper teeth developing first, I got so confused. As much as I tried to brush off the whole issue as irrelevant, there was uneasiness at the back of my mind because I know it is not common for a baby to start teething from the upper jaw930.

6.3 Taboos, dietary, and behavioural precautions associated with pregnancy and childbirth

Apart from the rites and rituals accompanying the period of pregnancy and childbirth, a pregnant woman was expected to conform to certain behavioural traits and precautions as well as respecting the taboos associated with this phase of her life.

6.3.1 Taboos associated with pregnancy and childbirth

“Taboos are prohibitions or restrictions imposed on certain actions or words by social custom”931. Accordingly, these prohibitions or restrictions offer a complex understanding of phenomena within particular communities932. They are regarded as manifestations of the sacred and are intended to shield communities from threats to the cosmic order and to correct any disturbances of its order933. Certain taboos are observed during pregnancy and childbirth. Among the Ndau, not many taboos were mentioned with regard to the period of pregnancy through to childhood. However, the majority of the participants mentioned sexual intercourse from the last trimester through to six weeks after pregnancy as taboo. Whilst the reasons behind sexual abstinence during this period are highly debatable, the period of abstinence is still observed by many. Whereas other pregnant women can choose to continue with sexual activities until the last two weeks to pregnancy, abstinence after childbirth is no exception.

930 Informal conversation with Mbuya Dube, Harare, 14 August 2015.
932 Ibid. 130.
According to the elderly participants, abstinence after childbirth used to stretch to a period of three months. However, young parents who cannot abstain for a longer period of time are encouraged to abstain for six weeks after childbirth and thereafter resume their vaginal penetrative sex. One of the research participants, Mbuya Kudzionera bemoaned the loss of traditional values;

*Vanasikana vedu vadoko vatosangana pabode vachabve kubara, asi vangadiniwo? Vakaramba mwamuna oti ndodii zvadarozve obude kubanze. Saka vanasikana vototenda kuata nemwamuna kubeni zvinoshaisha utano. Zvona zvekuteedzera chingezi izvi zvinoita kuti vakase kufa, vana vanorya nyama mbishi ubvubvu usati wapera kubuda. Isusu taibikira amuna edu teitoata pasina chetinoita asi mhatso dzairamba dzakaema*.934

Our daughters are ready to have sex soon after birth…..but what can they do? If she do not consent to sex, the husband will accuse her of failing to meet his sexual needs and will go elsewhere to have sex. Our daughters give in to the demands of our sons but our sons’ demand are detrimental to their own well-being…..all these modern lifestyles shorten their lifespan…they are busy eating raw meat….they have sex before the pre-pregnancy discharge (*ubvubvu*) was finished. For us, we were content with cooking for our husbands, enjoying each other’s company and sleeping soundly without intercourse but still maintaining a happy relationship.

It was also considered taboo to prepare meals for the husband and the family before the afterbirth menstrual bleeding ceased. One of the elderly participants marvelled at how things have changed for the better935. She pointed out that long back, all these taboos seemed to hold true, but nowadays the young seem unaffected. She however pointed out that a woman who had just given birth was considered unclean and hence unworthy to prepare food for the family, especially the husband936. If the wife made food for the husband during her unclean period, the husband was believed to suffer from *nhetemwa*, uncontrollable body shaking or

934 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
935 Response from FGD1, Zamuchiya, 30 October 2014.
936 Response from FGD1, Zamuchiya, 30 October 2014.
tremors or nyoka yemuchiuno/serious pains around the waist. If this happened, the wife was castigated for being careless and inconsiderate of the health and well-being of her husband.

6.3.2 Dietary and behavioural precautions

A pregnant Ndau woman is expected to follow a rich and healthy diet for her well-being and that of the foetus. During the mataguta muriwo ceremony, the pregnant woman is familiarised with the appropriate diet to follow during pregnancy and the breastfeeding period. The common diet during pregnancy includes lots of dried and fresh vegetables. The common and seasonal green vegetables are the pumpkin leaves/palmate; okra, spinach and other varieties of leafy green vegetables. Apart from okra being a healthy, it is believed to increase the mucous needed for the smooth passage of the baby during childbirth. This is reiterated by Mutambirwa who points out that okra contains a high mucin content which is believed to increase the laxity of the birth canal resulting in an easy delivery. Dried fish, meat and eggs are included as part of the healthy diet during pregnancy. The pregnant woman is also expected to include lots of water and traditional mahewu (a traditional drink made from maize flour and dried processed sorghum) as part of her diet. Unhealthy fatty foods are discouraged. They are associated with the excessive production of vernix caseosa which is believed to cause “a delayed drying and dropping of the umbilical cord stump after delivery”.

Similarly, the period of pregnancy is also informed by certain behavioural precautions. A pregnant woman is expected to conduct herself responsibly. This includes the right use of words, the right manners and a good and sound relationship with the family and community at large. She is advised to desist from being spiteful and to limit her number of visits especially when her pregnancy begins to show. She is advised to avoid diverging paths as this is believed to lead to a breach.

A nursing mother is not allowed to drop her breastmilk on the penis of her baby boy. It is believed that if the baby’s penis comes in contact with the mother’s breastmilk, this could result in sexual malfunction in the later years of the boy’s life. During breastfeeding, a mother is therefore expected to cover her son’s penis to avoid the occurrence of such a

937 Jane Mutambirwa, Pregnancy, Childbirth, Mother and Child Care, 279.
938 Ibid. 279.
mishap. Contrary to this belief, if the baby is a girl, the mother is expected to squeeze a tiny drop of her breastmilk into the baby’s vagina. This is believed to quench sexual desire as the baby matures into a young woman. The drop of the mother’s milk is believed to restrain the girl child from being sexually active thereby avoiding premarital sexual relations. When a young woman is known for having pre-marital sexual relations in local communities, it is common to hear people say that the mother did not ‘treat’ her daughter; meaning she did not drop her breastmilk on her daughter’s vagina when she was still a baby. The mother is blamed for her daughter’s behaviour. This particular belief and practice reflects the unequal socio-cultural expectations for the boy and the girl child from any early age. Due precaution is paid to the boy child to ensure the future exercise of his manhood whilst the same precaution is taken to stifle the sexual desires of the girl child. The young male baby is protected from future failure to perform sexually whilst the young baby girl is suppressed.

6.4 Discussion of findings
This section discusses themes arising from the study findings. Of special note is the importance of marriage and procreation among the Ndu of south-eastern Zimbabwe. The discussions focuses the importance of rituals, beliefs and practices in producing indigenous knowledge for managing pregnancy and childbirth; the role of mothers-in-law in the care and management of pregnancy and childbirth; use of indigenous herbal medicines as part of childbirth preparedness; and the lack of male involvement in the period of pregnancy through to childbirth.

6.4.1 The Importance of marriage and procreation among the Ndu
Among the Ndu of Zimbabwe, marriage and procreation are an integral part of being human and the two are regarded as intertwined. This understanding is described by Mbiti\(^939\) who posits that marriage and procreation within African communities are a unity. The two are viewed as inseparable, hence a marriage without procreation is deemed incomplete and a failure. Furthermore, the Ndu regard childlessness as ill-fated. As such, indigenous Ndu culture defines women according to their biological status. A woman who bears children is epitomised as a ‘real woman’, more so one who bears sons to continue with the genealogical

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\(^{939}\) John S. Mbiti, African Religion and Philosophy, 133.
lineage. The importance of procreation is reiterated by Oduyoye940 who asserts that a good life is characterised by fruitfulness which represents the immortality of humankind, the continued existence of the clan and the reincarnation of ancestors.

Drawing from the perspective of the African feminists in responding to theological debates on childless women in Africa, Oduyoye941 raises what she terms the ‘child factor’ which reflects the religio-cultural expectations of women as centred around biological reproduction. Through the child factor, Oduyoye reveals three defining religio-cultural identities assigned to African women:

Central to the narratives of women’s lives is the importance of biological reproduction, central to the spirituality that is developed for women is their role in relation to children, family, and community, central to women’s identity is their healthy biological functioning942.

Drawing from these insights, biological reproduction is positioned as the emblem of being a real woman in African culture. This implies that barren and childless women are regarded as incomplete or societal misfits. Oduyoye943 points out that a childless marriage is like unpaid labour. Further drawing from the lens of Postcolonial African Feminism, African women are viewed beyond their biological status and are regarded as human beings first before any status is assigned to them. The biological classification of women is an oppressive aspect of indigenous culture and as such, there is need to re-interpret and transform this aspect in order to promote the humanity and dignity of all women, whether they have children or not.

941 Ibid. 107.
942 Ibid. 107.
943 Mercy Amba Oduyoye, A Coming Home to Myself, 113.
6.4.2 Importance of beliefs, practices and rituals in the production and management of pregnancy and childbirth among the Ndau of Zimbabwe

Whilst pregnancy and childbirth are biological events, the accompanying experience is socially constructed and informed by beliefs, practices and perceptions of one’s culture\(^\text{944}\). The beliefs and practices maybe observed by the woman and the wider family\(^\text{945}\). The meaning of pregnancy and childbirth is appropriately summarised by Lefkarites who points out:

> Childbirth is a significant human experience; its social meaning is shaped by culture in which the birthing women live. Cultures throughout the world express the meaning of childbirth through different beliefs, customs and practice. These diverse cultural interpretations are part of a larger integrated system of beliefs concerning men, women, family, community, nature, religious, and the supernatural powers\(^\text{946}\).

Among the Chiang Mai women of Thailand, pregnant women are prohibited from carrying out rigorous work\(^\text{947}\). Interestingly, sexual intercourse is classified under rigorous work hence women are encouraged to abstain from it\(^\text{948}\). Women from this study indicated that whilst they endeavoured to avoid sexual intercourse, their husbands also feared having intercourse with them during pregnancy\(^\text{949}\).

In a bid to promote the fullness of life and to supress unfavourable practices, evidence from Ndau women reflect modification of certain beliefs and practices on pregnancy and childbirth. For example, some of the elderly women encouraged sexual relations during the period of *masuwo* which is normally regarded as taboo. These elderly women indicated they first observed the rule of abstinence for their early pregnancies but continued to have sex for consequent pregnancies whilst taking *masuwo* and there were no ill-effects resulting from such. Modification of unfavourable indigenous beliefs and practices informing pregnancy and childbirth is pertinent in order to promote the fullness of life for childbearing women and to

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\(^{944}\) Pranee Liamputtong \textit{et al.}, “Traditional Belief about Pregnancy and Childbirth among Women from Chiang mai, Northern Thailand”, \textit{Midwifery} 21 (2005):140.

\(^{945}\) Ibid. 140.


\(^{947}\) Ibid. 140.

\(^{948}\) Ibid. 140.

\(^{949}\) Ibid. 140.
respect their dignity as persons. As such, Liamputtong et al.\textsuperscript{950} argue that women adhere to certain beliefs and practices, if they see their relevance in their pregnancies. These observations were made explicit in the current study where most of the participants encouraged the practice of \textit{masuwo} based on their experiences of safe and uncomplicated delivery with very minimal perineal tearing which is considered undesirable among the Ndau. In Liamputtong’s \textit{et al.},\textsuperscript{951} study, an example of cultural modification is noted with regard to taboo of attending a funeral whilst pregnant. In responding to this taboo, women from this study indicated they tied a brooch to their lower abdomen to counterbalance the ill-effects of a funeral on pregnancy\textsuperscript{952}.

Rituals represent one of the most important elements in African traditional religion. Edet points out that rituals are means by which humanity is able to “control, construct, order, fashion or create a way to be fully human”\textsuperscript{953}. They serve as a means to communicate a religious language through word, symbol and action\textsuperscript{954}. Rituals are invoked for protection and purification and also serve as rites of passage. They particularly accompany birth, puberty, marriage and death\textsuperscript{955}. As such, the period of pregnancy and childbirth is informed by a multitude of rituals for both protection and purification. Rituals are deeply embedded in the beliefs and practices of African indigenous ways of life. Correspondingly, the African feminist theologian, Oduyoye\textsuperscript{956} rightly notes that most African societies have more rituals for women than their male counterparts.

In this regard, Edet\textsuperscript{957} raises three pertinent questions with regard to the practice of rituals. Firstly, she questions whether rituals serve to oppress or promote the welfare of women; secondly, what are the negative and positive points presented by rituals and lastly; how has Christianity affected the practice of rituals\textsuperscript{958}. In response and drawing from the responses of

\textsuperscript{950} Pranee Liamputtong et al., Traditional Beliefs about Pregnancy and Childbirth, 149.
\textsuperscript{951} Ibid. 149.
\textsuperscript{952} Ibid. 149.
\textsuperscript{954} Edison Mhaka, “Rituals and Taboos Related to Death as Repositories of Traditional African Philosophical Ideas: Evidence from the Karanga of Zimbabwe”, \textit{Academic Research International} 5, no. 4 (2014): 374.
\textsuperscript{955} Ibid. 374.
\textsuperscript{956} Mercy Amba Oduyoye, Women and Ritual in Africa, 16.
\textsuperscript{957} Rosemary, N. Edet, Christianity and African Women’s Rituals, 32.
\textsuperscript{958} Ibid. 32.
the research participants, there are rituals that serve to promote the welfare of women and accordingly, there are rituals that are oppressive and harmful to women.

Similarly, Edet\textsuperscript{959} argues that rituals possess both negative and positive aspects which either harm or advance the welfare of women. In relating to rituals performed for childbirth, Edet\textsuperscript{960} points out that some of the rituals performed assign a sense of impurity and guilt to the act of giving life. However, she does not specify the type of rituals that render one to be impure after giving birth. Similarly, among the Ndau, menstrual blood was regarded impure hence a woman who had just given birth was not allowed to be in continuous contact with family members. She was not allowed to cook and was expected to abstain from sexual intercourse for an estimated period of six months after which she was considered ritually pure. In this regard, ritual impurity associated with childbirth contradicts the gift of life rendered. Instead of the woman who has just given birth to be given time to cherish her accomplishment, she was saddled with cultural practices that regulated her femininity.

Responses from the study participants indicate that among the Ndau, the impurity ritual associated with menstruation has been affected by modernity. Most young working couples migrate to the city and are often on their own hence observing menstrual impurity proves difficult as the woman has to take care of the household. In addition, the study participants pointed out that the use of sanitary pads for managing menstruation has improved women’s hygienic standards and lessened the taboos associated with menstruation blood for women. The observance of the impurity rituals is in direct contrast with the project of both the Afrocentric and the postcolonial African feminism conceptual frameworks which seek to advance the totality of human experience and revers women and their responsibility for nurturing human life.

In this regard, Oduyoye\textsuperscript{961} asserts that these multiple rituals for women are an indication of their spiritual strength hence measures through endless rituals are construed to subdue the strength innate in women. In advancing her argument, Oduyoye\textsuperscript{962} states that most African traditional religions have positioned procreation as central to the lives of women, hence their

\textsuperscript{959} Ibid. 32.
\textsuperscript{960} Ibid. 32.
\textsuperscript{961} Ibid. 16.
\textsuperscript{962} Ibid. 17.
lives are continuously regulated by a number of taboos and rituals meant to ensure they are kept safe and healthy for procreation. According to Odunoye, women’s status is regulated by their biology, hence negatively reflecting that their sole purpose is to procreate. Odunoye’s arguments suggest respecting the autonomy and rights of the African woman. Drawing from the lenses of African feminism, Steady argues for complementarity and the totality of human existence following which sex roles are believed to enhance sexual autonomy and co-operation between men and women. In further advancing the tenets of African feminism, I am of the view that since the role of women as nurturers of life is important, and therefore rituals informing pregnancy and childbirth should be life-giving and concerned with promoting the welfare of women.

On the other hand, Edet points out the positive state of rituals whereby they serve as occasions of thanksgiving, joy, celebration, and those connected to pregnancy and childbirth grants the mother a ‘sense of accomplishment and inclusiveness’. However, rituals have also been affected by modernity whereas in some African communities, they have been surpassed by Christianity. Whilst Edet alludes to the religious pluralism whereby other communities carry out both the Christian and African indigenous rites, Christianity does not have rituals that accompany pregnancy and childbirth. This view is advanced by Enzer-Probst who notes the lack of pre-birth rituals in orthodox churches. This author notes the presence of baptism and initiation rites after delivery where the centre of attention is the baby with disregard to the woman. Enzer-Probst further notes that the church has failed in accommodating pregnant women before or after birth. Women’s personal experiences of pregnancy, the emotions they go through and the social changes they encounter in their new status as mothers is not accommodated by the liturgy of the church. As a result, Enzer-Probst argues that a lacuna exists in pastoral care and theological training on pastors. The author acknowledges that rituals accompanying pregnancy and childbirth are found in folk

963 Ibid. 17.
964 Filomina Chioma Steady, African Feminism, A Worldwide Perspective, 8.
966 Ibid. 44.
968 Ibid. 185.
969 Ibid. 185.
970 Ibid. 185.
tradition\textsuperscript{971}. The church’s shortcoming in meeting the needs of pregnant women is the reason why women in indigenous communities oscillate between Christian and indigenous practices.

Among the Ndau, the period of pregnancy through to childbirth is accompanied by a multitude of rituals. However, these are meant to ensure the safety of both mother and child. Narratives from the participants reflected the promotion of rituals that are life giving. Alternate ways of navigating around oppressive rituals have been put in place. For example with regard to the taboo that prohibits attending to family needs such as cooking whilst still bleeding after childbirth until one was pronounced ritually clean after six months, participants indicated the use of certain herbs to counter act the effects that might occur if one tends for the family whilst still bleeding. In this regard, the ritual for menstrual purity can be done as early as six weeks after childbirth. On the other hand, other participants indicated that some of the taboos and accompanying rituals associated with menstrual bleeding were associated with hygienic measures. However, in these modern times where women have advanced their hygienic standards and with availability of sanitary pads, Ndau women are able to navigate around some of the oppressive prohibitions and their accompanying rituals.

In summation, rituals are central to the indigenous African ways of life. They serve as markers of rites of passage. Through rituals, ancestors are invoked to render protection and guidance. They regulate the rhythm of African ways of life for most indigenous communities. It therefore becomes the onus of societies to embrace rituals that are life-giving and to disregard those that are oppressive.

6.4.3 The role of mothers-in-law (MIL) in the care and management of pregnancy and childbirth among the Ndau of Zimbabwe

Pregnancy and childbirth is the private domain of women among the Ndau. Unlike other peoples in Zimbabwe whereby a married pregnant woman is sent back to her parents in the last trimester through masungiro for delivery\textsuperscript{972}, the Ndau daughter-in-law (DIL) delivers at her in-laws family. As such, the MIL, supported by her other elderly women within the family (i.e. the MIL’s sisters-in-law and wives to the brothers of the MIL’s husband), are responsible for supporting and managing the pregnancy. As drawn from the research

\textsuperscript{971} Ibid. 185.
\textsuperscript{972} Jane Mutambirwa, Pregnancy, Childbirth, Mother and Child Care, 279.
participants from the current study, responsibilities of the MIL in managing the pregnancy of the DIL are manifold. Included in these responsibilities are the prescription and preparation of indigenous herbal medicines used on pregnancy and childbirth, offers social support to the DIL, physically and spiritually prepares the DIL for childbirth, enlists the support of a TBA if needed and ensures the DIL adheres to all the beliefs and practices associated with pregnancy and childbirth according to the family traditions.

According to the Ndau culture, the MIL has a respected and important role to play in the hierarchy of the family. Having sons with wives elevates her status as she moves from being a mother and assumes the important title of grandmother. Among the Ndau, the title of grandmother is full of connotations. It represents a woman’s achievement of having fulfilled the socio-cultural and/or religo-cultural expectations of being a mother, bearing sons to continue with the genealogical lineage. Additionally, the MIL also exercises control over the family resources. In some households, the DIL relies on the MIL for financial support.

Research participants from the study, both the old and the young, expressed the need for good relations between MIL and DIL. The participants indicated that strained relations have a bad impact on the DIL since the MIL is the primary support and resource person within the family. Good relations impact positively for the welfare of the DIL especially during the periods of pregnancy and childbirth as she is assured of the MIL’s full support. The importance of good relations was reiterated by the study participants who argued that bad relations between MIL and DIL often resulted in the DIL losing her children during childbirth which is presided over by the MIL. The importance of good relations between MIL and DIL were also cited in a study done by Simkhada et al., in Nepal where participants also expressed that a good relationship between MIL and DIL is essential during pregnancy. This study also reflected that the MIL’s past experiences of pregnancy and childbirth had a direct influence on the DIL. If the MIL did not utilise ANC, she in turn discouraged the DIL from utilising it; if her MIL was harsh on her, she inflicted the same behaviour on her DIL.

974 Ibid. 4.
975 Ibid. 4.
Narratives from DIL in Simkhada et al.,\textsuperscript{976} study indicated some of the MIL prioritised household work over the health and well-being of the DIL.

The MIL’s past experiences of childbirth were also evident in the current study. One of the research participants pointed out that her MIL prescribed elephant dung for \textit{masuwo} instead of the common demamhandwe used among the Ndau. Despite her discomfort around this type of \textit{masuwo} procedure, the DIL consented and had to endure the discomfort in respect of her MIL and to establish good relations so as to ensure a safe pregnancy and delivery with the full support of the MIL. This alerts us to the notion of power relations among the MIL and the DIL.

Among the Ndau, the MIL is directly responsible for the care and management of pregnancy and childbirth for the family DIL. She represents the first line of support and is the resource person for indigenous primary health care. In the context of Zimbabwe, research on this subject is lacking. This was be attributed to the understanding that in most ethnic peoples, the mother of the DIL is prepares her daughter for pregnancy beginning from the last trimester when the DIL is sent back to her parents for childbirth.

\textbf{6.4.4 Use of indigenous herbal medicines on pregnancy and childbirth as part of childbirth preparedness}

The use of indigenous herbal medicines is common among the Ndau and it constitutes an important dimension in the management of pregnancy and childbirth. The use of indigenous herbal medicines for managing pregnancy and childbirth is dominant and more defined than antenatal care. Participant’s narratives reflected the centrality of indigenous herbal medicines and the benefits accruing from their use. The safety and efficacy of these indigenous herbal medicines was confirmed by the elderly participants’ experience of using and prescribing them to other women.

Drawing from the data generated from the field research, indigenous herbal medicines are commonly used during the last trimester of pregnancy. They are used for the purposes of cervical ripening and dilation, widening the birth canal, safeguarding against perineal tearing during childbirth, strengthening the pregnancy, hence safeguarding against spontaneous
abortions and complicated deliveries and protection against *mamhepo* (misfortunes attributed by evil spirits). Indigenous herbal medicines are also prescribed early in the first trimester to strengthen the pregnancy thereby safeguarding against spontaneous abortions. The prescription of indigenous herbal medicines during the last trimester of pregnancy is part of the *masuwo* ritual that is meant to physically prepare the pregnant woman for childbirth. Whilst childbirth can be seen as a natural process, perineal tearing and caesarean births are considered unfortunate and undesirable hence the need to take masuwo to prepare the baby’s path in advance. The notion of motherhood and the strength of a woman among the Ndau is explicitly reflected through a natural and uncomplicated labour with minimal perineal tearing.

The use of indigenous herbal medicines is common among the Ndau because of what Nyinam\(^{977}\) terms the four attributes of indigenous medical systems which are availability, accessibility, acceptability and adaptability. I propose to add a fifth ‘A’ which is affordability, an important and overriding factor in the utilisation of indigenous medical systems. In this regard, indigenous herbal medicines utilised by the Ndau are readily available and acceptable within the community. Most of the herbal medicines are readily available within the family and the community. Even in the event that the medicines are outsourced, they are always affordable. Most indigenous healers within the Ndau community do not place a monetary value on their medicines, and as such, a token is given as appreciation for the services rendered. This is also expressed by Appiah-Kubi\(^{978}\) who notes that indigenous healers are readily available in communities and the ‘good ones’ do not charge for their services. However, clients make a pledge to handsomely reward the service provider after the success of the rendered services\(^{979}\). On the other hand, Appiah-Kubi\(^{980}\) further states that biomedical health service exist for those who can afford to utilise them, and mostly it is the urban dwellers where medical facilities are properly equipped, hence clients will receive value for their money.


\(^{979}\) Ibid. 96.

\(^{980}\) Ibid. 96.
Indigenous herbal medicines for the management of pregnancy and childbirth are utilised for their holistic nature. They cater for the social, psychological and spiritual dimensions of health and well-being. Nyamwaya⁹⁸¹, researching on African indigenous medicines, cites that health care goes beyond biological restoration, but equally encompasses the social and the spiritual aspect as in need of healing as well. Additionally, Nyamwaya⁹⁸² points out that indigenous concept of health are communal, a patient in need of health care is never left alone to cope with her/his condition but the family and community render their full support. This supporting literature therefore, reflects the common and continuous use of indigenous herbal medicines among the Ndau. As such, this also reflects the Afrocentric idea whereby the Ndau community makes use of its own cultural elements and creativeness in using locally available resources to promote the health and well-being of women during the period of pregnancy and childbirth. The Afrocentric idea is further advanced by the promotion of self-reliance and strong bonds of togetherness among the Ndau community in managing pregnancy and childbirth.

### 6.4.5 Lack of male involvement in the management of pregnancy and childbirth

Among the Ndau society of south-eastern Zimbabwe, pregnancy and childbirth is regarded as the domain of women. Data generated from the participants through FGDS and in-depth interviews did not indicate male involvement in pregnancy and childbirth. In a study by Kakaire et al.,⁹⁸³, on male involvement in birth preparedness, the authors observe that in sub-Saharan Africa, pregnancy and childbirth is viewed as women issues. The authors further note that in some of the communities, it is ‘unthinkable’ for men to accompany their women to the labour room for delivery⁹⁸⁴.

In a similar study undertaken by Kaye et al.,⁹⁸⁵ on male involvement during pregnancy and childbirth in the context of Uganda, the authors note that men expressed an interest in supporting their wives during pregnancy and childbirth. They mention several factors as barriers to male involvement in supporting their wives during pregnancy. These are inclusive of lack of clearly defined roles, exclusion and alienation from the hospital environment and

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⁹⁸² Ibid. 10.
⁹⁸⁴ Ibid. 2.
socio-cultural constraints\textsuperscript{986}. Whilst modern societal expectations encourage male involvement in pregnancy, cultural values of societies still view pregnancy as the domain of women. Men’s properly defined responsibility in issues relating to pregnancy and childbirth is financial providence. Most of the research participants, in their narratives, did not speak of much of male involvement during pregnancy and child. Accordingly, among the Ndau, most of the rituals accompanying pregnancy and childbirth are presided over by women. Drawing from this practice, it would seem that it is women who construct the accompanying rituals as well as enforcing them. Such practices therefore, alienate men being actively involved in supporting their partners during pregnancy and childbirth. Drawing for the conceptual frameworks for the study, which recognise the complementarity of both sexes, it is therefore important for the Ndau and other African communities to redefine pregnancy and childbirth so that the accompanying beliefs, practices and rituals accommodate men.

6.5 Chapter summary

The chapter was a response to the first and third sub-questions guiding the study. The first sub-question was: \textit{What are the beliefs and practices informing pregnancy and childbirth among the Ndau of Zimbabwe?} The third sub-question answered in this chapter was: \textit{How is IK on pregnancy and childbirth produced and managed within Ndau traditional society?} In response to these two sub-questions, the chapter highlighted that IK on pregnancy and childbirth is produced through everyday experiences, rituals and ceremonies, and beliefs and practices informing this particular period. The chapter presented various beliefs and practices performed during pregnancy through to childbirth; \textit{mataguta muriwo, masungiro, masuwo}, the birthing process, \textit{kuanwisa, kurapa chipande, kurashe chikumvu and kududze zina}. Among the Ndau of Zimbabwe, IK on managing pregnancy and childbirth is produced through the observance of these beliefs and practices. The chapter included a section on the discussion of the findings where dominant themes arising from the research were discussed. The next chapter presents the knowledge and perceptions of Ndau women with regard to indigenous beliefs and practices for managing pregnancy and childbirth.

\textsuperscript{986} Ibid. 3.
CHAPTER SEVEN

Knowledge and perceptions of Ndau women with regard to indigenous beliefs and practices on pregnancy and childbirth

7.1 Introduction

The previous chapter gave an extensive discussion on the beliefs and practices on pregnancy and childbirth among the Ndau of Zimbabwe, as a way of positioning the centrality of the agency of the Ndau women in responding to phenomena through their own cultural and human interest. The current chapter reflects the receptivity of IKS for managing pregnancy and childbirth. This receptivity in the midst of modernity as well as the medicalization of antenatal care reflects the agency of Ndau women in re-claiming and re-storing indigenous modes of managing pregnancy and childbirth, and their ability to re-interpret and transform harmful aspects to be life-giving. This chapter therefore explores the perceptions of Ndau women on indigenous beliefs and practices on pregnancy and childbirth. Through the lens of Afrocentricity and Postcolonial African Feminism, the chapter explores how Ndau women respond to Western hegemony and Christianity and their heritage within African culture, in relation to the management of pregnancy and childbirth. The chapter also explores how the Ndau women have been able to deal with religio-cultural issues whereby Christianity subjugates and marginalises the African woman and her cultural heritage.

7.2 Perceptions of the Ndau with regard to indigenous beliefs and practices on pregnancy and childbirth

Data from the research participants indicated that indigenous modes of managing pregnancy and childbirth are embedded in Ndau culture. The research participants expressed that the experience of pregnancy and childbirth is based on the social construction of one’s cultural norms. Hence, the period is informed by a number of rituals which are meant to protect both the mother and child as well as ensuring a safe delivery. However, due to modernity and medicalisation of childbirth, various social constructions of pregnancy and childbirth have been affected. Notwithstanding this, participants pointed out that they are important aspects of managing pregnancy that have withstood the various challenges and ought to be adhered to by Ndau pregnant women. The most important is adherence to the masuwo practice. The majority of the participants stressed the significance of masuwo during pregnancy which was singled out as the Ndau practice that every pregnant woman was expected to observe
irrespective of one’s context. However, the participants were aware of differing religious beliefs that impacted on how *masuwo* is carried out. Therefore, they argued that pregnant women are encouraged to observe masuwo according to their religious dictates.

Some of the study participants, particularly the age group of thirty years and below indicated that most of the indigenous beliefs and practices informing pregnancy and childbirth must be discarded as they regard this period as a natural process that requires no interventions for childbirth to take place. Mai Mapungwana reiterated;

> *Imwe mitemo yeChindau inofanira kuregedzwa. Pamwana wangu wekutanga ndakateedzera zvese zvakaronzwa, ndikashandisa madisa enzou kutononera chiushi cheipinda kunasire masuwo asi pakubara ndakatutsirwa mastitches vakati soro remwana rakakurisa. Mitombo yacho inoshanda kune vamweni asi kune vamweni inoramba saka ngazvichingorekerwa.*

I think most of these indigenous beliefs and practices must be phased out. During my first pregnancy, I followed everything according to instruction. I also used elephant dung for *masuwo*. You burn it and then you squat over the burning dung making sure the smoke goes into the vagina. I did that and my private parts got swollen and sometimes I would cry because of the pain. When I went to the hospital to deliver, my birth canal was extended; they said my baby’s head was too big. Besides, the use of indigenous herbs works for others and fails to have any effect on others so some of these practices must be phased out.

I probed the participant as to why she believed some of the indigenous beliefs and practices must be phased out, yet she had believed and practised such? If some of the beliefs and practices are phased out based on her opinion, what happens to those who still believe and embrace those beliefs and practices without any reservations? She thus responded;

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987 Interview with Mai Mapungwana, Zamuchiya, 23 October 2014.
Nyaya iri apa ndeyekuti at that time taibelieva kuti zvinoshanda ini ndakaita masuwo kusvika chibhakera chavo kupinda muprivate part yangu chichibuda l was 18 when l had my first pregnancy but pandakazvarwa ndakachekwa zvichinzi nzira yemwana idiki saka zvinetasa kunzwisisa asi ndinoti hygene ngaikurudzirwe kuti vanhu vasabatire zvivhere zvakawanda uye kubvisa zvemishonga yekupisira kuprivate part kune nyama iri tender kutozvirambidza988.

The issue is that when you are pregnant, you believe in the efficacy of whatever you are told. I did the masuwo practice until my whole fist was able to go in and out of my private parts (vagina). I was 18 years old when I had my first pregnancy, but when I gave birth they had to cut to enlarge my birth canal. The midwife at the hospital told me that my birth canal was too small so it was so difficult to understand. However, I strongly advocate for ensuring hygiene on the part of the midwives to avoid contracting diseases as well as doing away with those herbs like squatting over smoke because the vagina has very tender flesh, this must be banned.

On whether the participant would pass the Ndau indigenous beliefs and practices to her own daughters and nieces, she responded;

Handifungi kudaro because l went through a lot of emotional and physical pain, imagine kupinza chibhakera chese kuvagina uchizora sipo and uchinwa mishonga inovava, zvairwadza, handifungi kuti ndikamboudza vanasikana vangu dzidziso yakadaro989.

I doubt very much because I went through a lot of physical and emotional pain. Imagine inserting your full clenched fist rubbed with washing soap into your vagina, drinking bitter herbal medicines! It was so painful that I don’t think I can pass that information to my daughters.

988 Interview with Mai Sithole, Chikore Mission, 13 March 2015.
989 Interview with Mai Sithole, Chikore Mission, 13 March 2015.
On further probing the participant, I enquired whether following the modern ways of giving birth in a hospital absolved pregnant women from the pains of childbirth. She argued:

Zvekuhospital zvinorwadza panguva yedelivery iyoyo whereas zvechindau from the time yaunoita nhumbu, unotanga kupiwa mitemo yakawandisa yezvinofanira kuitwa nezvisingabvumidzwe. Unenge uchinwisa mishonga yakawanda yakasiyana siyana inenge ichivava. Uyezve kana une nhumbu pamwe chikafu chaunenge uchifairira asi ukatevedzera zvetsika dzedu pane zvaunobvumirwa kudya nezvimwe zvaunorambidzwa. Ini ndaitonzwi inwa mushonga unenge wakagadzirwa nemadhodhi enzou, waishata asi ukarutsa unonzi inwa futi. Saka ukangosiyana nezvekutevedzera zveChiNdau chedu wozongoenda kuhospital kunozvara unongorwadziwa panguva iyoyo chedu but ukada kutevedzera zvetsika izvi kubva paunongoita nhumbu mitemo yacho haipere and inoshungurudza!990

If you disregard our indigenous practices and follow the modern ways, you only feel pain during the time of delivery. However, if you follow the indigenous practices, from the time you become pregnant, you are subjected to a lot of rules and regulations as well as drinking bitter herbs. Furthermore, when you are pregnant, there are certain types of food that you crave for, but you are not given any choice because culturally there are types of food a pregnant woman has to consume and there are others that are forbidden during the period of pregnancy. I was made to drink a concoction made from elephant dung, it tasted awful, and if you vomited you were forced to drink it again. However, should you disregard everything and then go to hospital for delivery, if it is a normal birth, you only endure the pain during the delivery process otherwise the Ndau beliefs and practices on pregnancy and childbirth are so stressful.

In contrast, the elderly participants argued for the need to adhere to one’s indigenous beliefs and practices on pregnancy and childbirth in order to protect both mother and child during

990 Interview with Mai Sithole, Chikore Mission, 13 March 2015.
pregnancy, and to respect the traditions of one’s matrimonial family. Mbuya Mtetwa had this to say;

Aiwa, ngazviitwe, nekuti vanhu vakatongwara vangaite kuti hazvisisna basa vachiita nerweseri asi zvakanaka kuti zvingoitwa pachena kuti zvinhu zvakanaka izvi iwewe ukazvitevedzera hazvitakurwi mumonarch suitcase or paperbag ndezvekutongoita kuchengetedza mwana wako nehukama hwako nemhuri yekwvakaroorwa saka zvakanaka kuzvitevedzera uyezve ini ndinotodzidiza vana vangu kuti zvavaroorwa pamusha pevaridzi hauna kuroorwa nemurume wako chete asi kuti vanhu vese varipo vanhu vako iwe uri wavo saka munotofanira kushandira pamwe chete uye nekutevedzera tsika dzavo.991

Our beliefs and practices must be adhered to. For those who are clever, they can publicly say these indigenous beliefs and practices are obsolete, but ironically, they practice them away from the public eye. It is also good to be open and adhere to your indigenous beliefs and practices. Besides, it’s not something that you move around with in a suitcase or paper bag. They are beliefs and practices that you just adhere to so that you can protect your new-borns and your children. I always tell my married daughters that you are not married to your husband only, but to his wider family so they have to adhere to their in-laws’ traditions.

In this regard, pregnancy is not a personal event, but the wider family is involved. The pregnancy is said to belong to the in-laws’ family. As a result, the in-laws are the decision-makers with regard to beliefs and practices to be followed during the period of pregnancy. Among the Ndau, a daughter-in-law is expected to adopt her in-laws beliefs and practices.992 A daughter in-law who adheres to her in-laws’ beliefs and practices receives full support from the family.993

991 Interview with Mbuya Mtetwa, Chikore Mission, 9 March 2015.
992 Interview with Mbuya Mtetwa, Chikore Mission, 9 March 2015.
993 Interview with Mai Mapungwana, Zamuchiya, 23 October 2014.
Whilst it might be argued that the reproductive autonomy of the pregnant woman is lost because she is expected to adhere to her in-laws’ cultural dictates during pregnancy, the right to control one’s reproductive right is linked to the African indigenous philosophy of Ubuntu. Drawing from the Afrocentric perspective, centrality of community and the unity of being are central tenets in indigenous African communities. Accordingly, within these communities one’s health and well-being is a community affair. This understanding was highlighted by Mbuya Gurai\textsuperscript{994} who reiterated that following the beliefs and practices of the family you are married into builds a strong and happy relationship and guarantees full support during the period of pregnancy and childbirth.

7.3 Pluralistic health care systems

Responses from the research participants also indicated the co-existence and concurrent use of indigenous and biomedical practices and practitioners resulting in pluralistic health care systems for antenatal health care. However, evidence from the generated data indicates that utilisation of biomedical services was done to conform to the requirements of registering for a hospital birth which has become mandatory in Zimbabwe. In this regard, the majority of the participants indicated that they only registered at the hospital during the last trimester despite the expected procedure of registering during the first trimester of pregnancy for ANC. The act of registering at hospitals is in conformity with hospital rules and regulations as well as to avoid excessive formalities associated with admission at the time of giving birth. High costs associated with biomedical ANC and the presence of male nurses and gynaecologists were cited among factors that hindered pregnant women from making full utilisation of biomedical health services during pregnancy.

Indigenous methods for ANC were cited as holistic as they provided both spiritual and physical remedies for pregnancy thereby fulfilling local cultural ways of making sense of pregnancy. Faith healing is also used as an alternative for ANC. It plays a pivotal role in the lives of Christians during pregnancy as it is “believed to stabilize the pregnancy especially during the most perceived vulnerable period of the first trimester”\textsuperscript{995}. Faith healing is believed to offer an assurance of protection against perceived beliefs that position pregnancy

\textsuperscript{994} Interview with Mbuya Gurai. Mariya, 9 November 2014.
\textsuperscript{995} Thubelihle Mathole \textit{et al.}, “A Qualitative Study of Women’s Perspectives of ANC in a Rural Area of Zimbabwe”. \textit{Midwifery} 20 (2004): 127.
as most vulnerable to evil attack during the first trimester\textsuperscript{996}. Mathole points out that the extensive use of indigenous remedies and faith healing during pregnancy and childbirth has attributed to decreased bio-medical ANC\textsuperscript{997}.

Responses from the participants indicated the concurrent use of plural health methods for ANC. The Ndau indigenous community views the adoption of other modes of ANC as complimentary and not antagonistic towards other forms of health care as is the case with biomedical health care which castigates indigenous forms of health care.

7.4 Importance of good hygienic practices for ANC

Participants stressed the importance of improving hygienic standards by TBAs especially when they examine the progress of masuwvo. This examination is normally done by the TBA inserting her clenched fist into the vaginal opening in order to ascertain whether the birth canal is wide enough to allow the easy passage of the foetus. One of the participants therefore expressed the importance of maintaining good hygiene practices including the washing and sanitising of hands before physical examination. She therefore pointed out;

\begin{quote}
Zvakakosha kudzidzisa vanambuya nyamukuta hygiene like using gloves and washing hands because mazuvano zvirwere zvawandisa pamwe ivo vanotokupa chirwere kubva kunyara dzavo\textsuperscript{998}.
\end{quote}

It is important to encourage TBAs to improve on hygienic standards like using gloves and washing their hands because nowadays there are a lot of diseases, one can be infected with germs from their hands.

Hand wash is considered a very vital aspect of health care. Hand hygiene is known to reduce infections and to enhance patient safety\textsuperscript{999}. Handwashing with soap and water has always been considered a measure of personal hygiene. The connection between handwashing and the spread of disease was only discovered two centuries ago\textsuperscript{1000}. In order to avoid the

\textsuperscript{996} Ibid. 127-8.
\textsuperscript{997} Ibid. 127-8.
\textsuperscript{998} Interview with Mai Sithole, Chikore Mission, 13 March 2015.
\textsuperscript{999} Didier Pittet and Liam Donaldson. “Clean Care is Safer Care: The First Global Challenge of the WHO World Alliance for Patient Safety”. \textit{Infection Control and Hospital Epidemiology} 26, no. 11 (2005): 891.
\textsuperscript{1000} Challenge, First Global Patient Safety. “ WHO Guidelines on Hand Hygiene in Health Care”, 30
transmission of bacteria, proper hand wash procedures involve the use of water and soap or disinfectants\textsuperscript{1001}. Therefore, proper hand wash procedures are encouraged during medical or traditional examination of patients.

Whilst this participant was worried about the health of pregnant women during the examinations by TBAs, improved hygienic standards are also a requisite in order to protect the TBAs themselves from being infected through contact with blood and/or vaginal fluids. Another participant pointed out that experienced TBAs make use of certain herbs that serve as disinfectants and are used to wash the hands and lower arms of the TBAs before they carry out their examinations. The participant, Mai Sithole\textsuperscript{1002} mentioned that clean environments are to be considered as part of maintaining good hygienic standards. She further proposed that in case of homebirths, the pregnant woman and her family should be encouraged to make advance preparations towards labour\textsuperscript{1003}. This is inclusive of cleaning the birthing hut, providing clean cloths and water, new razor blades or scissors and latex gloves\textsuperscript{1004}.

7.5 Christian onslaught on indigenous ways of life

Participants bemoaned that their conversion to Christianity meant publicly renouncing their indigenous beliefs and practices which are considered to be heathen. Participants indicated that they are caught between the binary of religion and culture. On the one hand, they are expected to abide by their Christian precepts whilst on the other hand, they feel incomplete without adhering to certain aspects of their indigenous beliefs and practices especially those informing the period of pregnancy and childbirth. Conversion to Christianity meant renouncing their indigenous religious beliefs. However, some of the participants indicated that certain beliefs and practices informing the period of pregnancy and childbirth have nothing to do with one’s religious affiliation, but have to be followed for the health and safety of both mother and child during this period. Mbuya Chakahwara pointed out;

\textit{Tsika nemitemo yedu yeChindau aina ndaa kuti uripari kana kuti unonamata ere. Mukadzi weshe kana adzitwara patori nezvimweni zvetsika}

\textsuperscript{1001} Challenge, Who Guidelines on Hand Hygiene, 30.
\textsuperscript{1002} Interview with Mai Sithole, Chikore Mission, 13 March 2015.
\textsuperscript{1003} Interview with Mai Sithole, Chikore Mission, 13 March 2015.
\textsuperscript{1004} Interview with Mai Sithole, Chikore Mission, 13 March 2015.
No matter where you are or what your religious affiliation is, a pregnant woman adheres to a certain percentage of indigenous rites and practices associated with pregnancy and childbirth. Some of these rites have been modernised. African people who are practising Christianity can partake in these modernised rites, thus absolving themselves from the guilt of adhering to African indigenous religious practices that are castigated by Christianity.

It was also evident from most participants that Christian dictates forbade them from practising African indigenous rites. Mbuya Mwahlupa\textsuperscript{1006} pointed out that as a result, people practise African indigenous beliefs and practices ‘nicodemously’. They act as Christians by day and adherents of African traditional religion by night. The same trend is noted in a study carried out by Mutambirwa\textsuperscript{1007} who observed that Westernised and Christianised people in Zimbabwe experience conflict over the use of indigenous herbal medicines. As a result, those who opt to make use of indigenous herbal medicines do it in privacy.

Some of the research participants indicated that they privately adhere to certain aspects of indigenous beliefs and practices during the period of pregnancy. However, they register their pregnancies at local clinics or hospitals for delivery purposes. One of the participants, Mbuya Mwahlupa\textsuperscript{1008} pointed out that it was somewhat easier for women residing in rural settings to circumnavigate around their indigenous and Christian beliefs. This is made possible because the homesteads are dispersed and not clustered together like the houses in the cities. The separation of homesteads in communal areas accords families the ability to conduct indigenous rites within the confines and privacy of their homesteads\textsuperscript{1009}.
Whilst some participants indicated that indigenous rites can be followed in the privacy of one’s homestead, those staying in the mission stations are forbidden to participate in indigenous rituals or ceremonies. Additionally, Christians are forbidden from brewing traditional beer which is always an accompaniment to traditional rituals or ceremonies and is used to invoke the ancestors and to call for their blessings. Invoking ancestral spirits is regarded as evil and ancestors are viewed as demonic spirits. It is believed that the dead know nothing, this is in contrast with African indigenous belief systems.

In Christian circles, women are taught that pregnancy is a natural process, therefore the birth canal naturally widens during childbirth. One of the participants argued this was the reason most young mothers suffer from perineal tearing and some undergo caesarean births due to the absence of masuwo. Another participant indicated Christian adherents were encouraged to use holy water and anointing oils to ward off evil spirits during pregnancy. The castigation of indigenous beliefs and practices in Christian circles has led to the diminishing of public acknowledgement of indigenous beliefs and practices.

7.6 Power during pregnancy and childbirth

Selin and Stone raise the important discussion regarding the notion of power during pregnancy. They interrogate who controls pregnancy and childbirth; is it the hospital, doctor, or the mother-in-law? Among the Ndau, management of pregnancy and childbirth fall under the purview of the mother-in-law and it is regarded a must to guide a first time pregnant daughter-in-law. A degree of autonomy is granted for subsequent pregnancies. However, this is dependent on the assessment of the family elders on how the daughter-in-law conducted herself during the first pregnancy. In the absence of a mother-in-law, the eldest aunt assumes the role of advisor during the period of pregnancy. This extent of power assumed by the mother-in-law as advisor during pregnancy was explained by one of the participants;

Inga ndisina simba. Apana chandaitendedzwa kuita kunyazi ndini ndainge nemimba. Mazvarira angu ndivo vaindironzera chikafu chekurya, ngubo dzandaisisa kugcoka, tsika dzekuteedzera nemitombo yekunwa. Zvese ndivo

1010 Refer to Ecclesiastes Chapter 9 verse 5.
1011 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
1012 Interview with Mbuya Mutape, Zamuchiya, 18 October 2014.
vaindironzera apana zvandaidziitira. Pane chikafu chendaitoda asi ndairambidzwa. Ndaida kuitawo zvandaifunga kuti zvakandinakira ndakadzitwara asi kwaizi unoteedzera zvepamuzi pano1014.

I was totally powerless. I had no say whatsoever but I was the one carrying the pregnancy. My mother-in-law determined the food I had to eat, the clothes to wear, the behaviour I had to assume, the herbal medicines I had to take...virtually everything was determined for me. I had cravings, I wanted to enjoy my first pregnancy and decide what was best for me, but I was told I had to conform to the family’s tradition.

Mai Mapungwana expressed her frustrations over the loss of autonomy during pregnancy. Her feelings were shared by Mai Dhliwayo1015 who reiterated on the difficulty of exercising autonomy when one resides in the rural communes and is surrounded by family and community sages. These sages task themselves with ensuring that the pregnant woman adheres to family beliefs and practices informing the period of pregnancy and childbirth. However, in contrast to the frustrations over the loss of autonomy during pregnancy, another participant expressed her appreciation for the support rendered by the wider family during the period of pregnancy and childbirth;

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1014 Interview with Mai Mapungwana, Zamuchiya, 23 October 2014.
1015 Interview with Mai Dhliwayo, Zamuchiya, 17 October 2014.
If you live in the communal areas, surrounded by elders and specialists as well as gatekeepers of our traditions, it is most likely that you will embrace most of the beliefs and practices informing pregnancy and childbirth. The elders surrounding you will ensure that you adhere to all the rites and rituals related to pregnancy and childbirth. These are inclusive of observing the taboos, the do’s and don’ts; the types of food to be eaten during pregnancy and those to be avoided. Basically, everything is regulated by the elders whose intention is ensuring that you have a safe and healthy delivery. Everyone fusses over you. You are constantly monitored to ensure the pregnancy is progressing well without any anomalies. The beauty of adhering to our indigenous beliefs and practices is that you get maximum support from the family and the elders throughout the course of your pregnancy.

However, in some settings, family support during pregnancy is conditional. It is reliant on the pregnant woman’s relationship with her in-laws and her adherence to the family’s beliefs and practices. One of the elderly participants explained that before a daughter is sent to her in-laws, her mother and paternal aunts instruct her on how to conduct herself and to adopt her in-laws family traditions. In Ndau circles, when a marriage takes place, the new daughter-in-law, on her first morning at her in-laws, has to perform the *kuwe zano* ritual. *Kuwe zano* is literally translated as seeking for wisdom. This rite initiates the new daughter-in-law into the family structure and traditions; she is instructed on how things are done, taboos, rituals and behavioural conduct expected of her. It is during this ritual that the daughter-in-law is instructed on the procedures to follow when she conceives. Hence, when she gets pregnant and does not request for the *mataguta muriwo* ritual, the family does not involve itself with her pregnancy. Mbuya Kudzionera thus pointed out:

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1016 Interview with Mai Dhliwayo, Zamuchiya, 17 October 2014.  
1017 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.  
1018 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.  
1019 Interview with Mbuya Kudzionera, Chinaa Village, 09 May 2015.
You can only assist a daughter-in-law if she asks for advice, if she comes to my home and does not inquire about the family’s tradition, I also keep quiet and will just watch her.

Supporting these findings are authors Green et al.\textsuperscript{1021}, who highlight the influence of mothers-in-law over most aspects of their daughters’-in-law, especially on issues of pregnancy and childbirth, and on the subsequent grandchildren. Their findings are also consistent with those of Simkhada et al.\textsuperscript{1022}, whose study on the role of mothers-in-law in decision making argue that mothers-in-law are important members of the family hierarchy, their role and influence as decision-makers is often unchallenged. As such, these authors contend that mothers-in-law exercise power and control over the family’s resources and subordinate members inclusive of daughters-in-law. Therefore, a good relationship between daughter-in-law and mother-in-law is essential.

Further drawing from the field research for the study, Mbuya Chinungu\textsuperscript{1023} stressed the importance of good relations between daughter-in-law and mother-in-law in order to ensure that during pregnancy and childbirth, the daughter-in-law received proper care and guidance. According to Mbuya Chinungu\textsuperscript{1024}, bad relations often resulted in spontaneous abortions and stillbirths. She thus lamented;

\begin{quote}
Kazhinji mazvarira ndivo vaiashira mwana. Hino kuti mainge musikazwani zvakanaka, vana veshe vaiperera paduri. Pedzezvo kozi unorowa, unopedza kuuraya vana. Saka paisisa kuita ukama zvakanaka\textsuperscript{1025}.
\end{quote}

\textsuperscript{1020} Interview with Mbuya Kudzionera, Chinda Village, 09 May 2015.
\textsuperscript{1023} Interview with Mbuya Chinungu, Shekwa Village10 March 2015.
\textsuperscript{1024} Interview with Mbuya Chinungu, Shekwa Village10 March 2015.
\textsuperscript{1025} Interview with Mbuya Chinungu, Shekwa Village10 March 2015.
In the majority of cases, the mother-in-law presided over giving birth. If the relations were sour, the daughter-in-law would lose all her children during childbirth, after which she was blamed for the deaths and labelled a witch who killed her own children during childbirth. It was therefore important to maintain good relations.

Whilst among the Ndau, the mother-in-law is the guardian during pregnancy, among the Mpondo community of South Africa, only the pregnant woman attends to all birthing preparations, and no other female, including the mother-in-law, is to be trusted and allowed to be involved in matters concerning the pregnancy. The pregnant woman assumes full responsibility for her condition to the extent of preparing the place of birth which is behind the door of the kitchen hut and consequently giving birth by herself. A birth attendant is called to help in case of delayed labour or complications during delivery. The strong fear of witchcraft embedded in the cultural beliefs of the Mpondo community alienates pregnancy from being a socio-cultural event that receives support from the family and community.

A mother-in-law’s perception and experience of pregnancy and childbirth also bears a direct influence on how she manages her daughter-in-law’s pregnancy and childbirth. In a study carried out by Simkhada et al., one of the participants pointed out that her mother-in-law forbade her to go for ANC at the hospital stating that in her days, they never went for antenatal examination and all her children are all fine; the daughter-in-law’s husband included. In context of the study by Simkhada et al., mothers-in-law tended to prioritise housework over ANC arguing that pregnancy is a natural process that does not require medical care. Simkhada et al., further notes that in other cases, the mother-in-law exercised the very treatment she received from her own mother-in-law to her daughter-in-law.

Whilst daughters-in-law are positioned as the subordinates in terms of their relationship with mothers-in-law, the discourse between dominant and subordinate groups operate on two

1029 Ibid. 5.
1030 Ibid. 5
1031 Ibid. 5
levels; the public transcript and the hidden transcript. The public transcript is an open interaction between the dominant and the subordinate. It is more of a public performance undertaken by the subordinate; mostly born out of fear and is shaped to appeal to the expectations of the powerful. It is a covert response that is veiled; it is also subtle for fear of the ensuing consequences should the dominant discover they had been misled into believing the dominated are obedient yet they are not. This discourse between the dominant and the subordinate was brought to the fore by one of the participants who pointed out that her mother-in-law was harsh and authoritarian and her decisions were never opposed as doing so resulted in undesirable conflicts. In order to maintain good relations, the participant indicated that she would agree to everything her mother-in-law instructed. The participant mentioned that during her pregnancy, her mother-in-law would give her a variety of herbs to make into concoctions for masuwo. As she was familiar with the demamhandwe that is common among the Ndau, she never used the herbs but would tell her mother-in-law how helpful the herbs were. The public transcript alerts us to the dynamics surrounding power relations and to the fact that a public transcript is not the whole story; it merely serves to conceal the real feelings of the dominated and consent is a tactic employed by the powerless to escape the wrath of the dominant. This participant sourced for demamhandwe which she used in her own private and safe space. This indicates that not all dominated groups of people accept their situation of subjugation, hence they devise survival strategies aimed at ensuring that they continue to survive under their adverse conditions as well as striving to restore their dignity as human beings.

7.7 Benefits derived from utilising IK on pregnancy and childbirth

Several reasons were cited as benefits emanating from utilising IK during pregnancy and childbirth. IK beliefs and practices informing pregnancy and childbirth are regarded as holistic approaches to ANC. They offer protection to both mother and child against perceived dangers associated with the natural and supernatural worlds. Fear of misfortunes during pregnancy and childbirth is minimised as IK models offer protection against such. One of the participants, Mbuya Chakahwara argued that IK models of ANC offer privacy and women

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1033 Ibid. 2.
1034 Interview with Mai Mwatipedza, Zamuchiya, 24 October 2014.
1035 James C. Scott, Domination and the Arts of Resistance, 3.
1036 Interview with Mbuya Chakahwara, Chinana Village, 07 May 2015.
centred care as opposed to biomedical ANC where women may be attended to by male nurses and gynaecologists. Most of the research participants spoke of cultural boundaries where it is taboo for another man to see their genitalia hence the need for cultural sensitivity from the biomedical perspective. Mbuya Chakahwara further argued that IK models for ANC incorporate medicinal herbs that strengthen pregnancy against spontaneous abortions and still births. The holistic nature of IK models on pregnancy and childbirth are preferred due to their ability to meet all the social and spiritual needs of pregnancy.

Due to the costs associated with bio-medical antenatal health services, women in rural communities find it economical to utilise indigenous modes of ANC. Appiah-Kubi points out that modern medical services are mostly accessed by urban dwellers who can afford to pay the costs involved. In addition, medical facilities in urban areas are better equipped than those in rural settings. Good advances Appiah-Kubi’s argument on the poor rural infrastructure by arguing that medical personnel prefer to work in urban areas which are better equipped. This results in shortage of critical professional medical staff for rural clinics and hospitals. Additionally, biomedical health service in rural communities are “thinly scattered”, hence it becomes a challenge for the majority of the rural populace to access them as this would involve transport costs.

7.8 Chapter summary

This chapter sought to respond to the central research question of the study by addressing the second sub-question: What are the perceptions of Ndau women with regard to IK for managing pregnancy and childbirth? In answering this question, the chapter presented the responses of the research participants with regard to their perceptions on the utilisation of IK for managing pregnancy and childbirth. The chapter reflects the receptivity of indigenous beliefs and practices in managing pregnancy and childbirth in the wake of modernity and medicalisation of antenatal care. The receptiveness of IK in managing pregnancy and

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1037 Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
1038 Interview with Mbuya Chakahwara, Chinaa Village, 07 May 2015.
1042 Ibid. 9
1043 Ibid. 9.
childbirth dispels Western subjugation of African indigenous belief systems. The chapter also reflected the agency of Ndau women in re-claiming and re-storing their indigenous modes of managing pregnancy and childbirth and their ability to re-interpret and transform harmful aspects to be life-giving.

Further, arising from the participants’ responses were themes centering on the need to maintain high standards of hygiene for ANC, the presence of pluralistic health care systems among the Ndau women, and the effects of Christianity on Ndau women’s indigenous ways of life. The need for intensive research on the pharmacological properties of common herbal medicines for ANC was cited as important by the participants as a way of improving positive health outcomes for pregnant women. The benefits accruing from the utilisation of IK models on pregnancy and childbirth were also discussed in this chapter. The next chapter discusses ways of preserving IK on pregnancy and childbirth for posterity. The chapter also offers the concluding remarks for the study, highlighting its contextual, theoretical and methodological contribution to the global pool of knowledge.
CHAPTER EIGHT

Preserving indigenous knowledge on pregnancy and childbirth for posterity

8.1 Introduction
Managing and preserving indigenous knowledge (IK) is critical as it ensures the prolongation of communities and their knowledge systems. This chapter is a response to the fourth and last sub-question of the study: How is IK on pregnancy and childbirth preserved and passed from one generation to another? In responding to this sub-question, this chapter explores the mechanisms used by the Ndau to preserve IK for posterity. The chapter identifies certain beliefs and practices that serve as mechanisms for passing IK from one generation to another. The chapter also discusses the challenges associated with managing and preserving IK in the current context of modernisation characterised by rural-urban migration and the emergence and incessant use of highly developed information technological advancements. The need to conform to the current context of technological advancement in order to pass IK to the younger generation thereby preserving it for posterity is also highlighted.

8.2 Managing and preserving IK on pregnancy and childbirth
IK is not acquired in the formal settings, and is mostly orally transmitted. They are passed from generation to generation through various forms depending on community norms. Sithole\textsuperscript{1044} asserts that the most common ways of managing and preserving IK are through family histories, taboos, symbols and myths or legends. They are also disseminated and preserved through rituals, song and dance, festivals, proverbs, folklore, drama and role-play\textsuperscript{1045}. Among the Ndau people, IK on pregnancy and childbirth is managed and preserved through the guidance provided by the elderly women within families and the community. These women, commonly referred to as masungukati/wisdom holders, act as managers and custodians of Ndau indigenous beliefs and practices. Within family structures, the mother-in-law or the oldest paternal aunt assumes this role. IK is preserved through rituals, folklore, proverbs and song and dance.


Among the Ndau people, the period of pregnancy through to childbirth carried the largest number of rituals compared to other events in the life of indigenous people. As such, the management and preservation of these rituals is essential. The Ndau have their own methods of preserving IK on pregnancy and childbirth. According to the participants, when a woman is formally married and is brought to her in-laws home, she performs the kuwe zano (literally translated as humbly seeking for advice with regards to the family's tradition) ritual. The kuwe zano ritual is only performed for formalised marriage unions and it is done soon after the conclusion of the traditional marriage rites. The first morning before the sun rises, the daughter-in-law, together with her paternal aunts and sisters, perform the kuwe zano ritual. They take with them a white cloth, a small wooden plate and a small token of money to present to the paternal aunts from the in-laws family in their request to be acquainted with the family traditions/kuwe zano.

During the ritual, the daughter-in-law is covered with a white cloth. The covering is a sign of humility and the white cloth represents the purity of the daughter-in-law. It is during this ritual that the daughter-in-law is acquainted with the family’s beliefs and practices, including those to be followed during pregnancy through to childbirth. Whilst not every detail pertaining to pregnancy and childbirth is given at this moment, the daughter-in-law, if and when she falls pregnant, is advised to inform her in-laws through the mataguta muriwo ceremony. It is through the mataguta muriwo ceremony that detailed information on pregnancy and childbirth is availed. The kuwe zano and mataguta muriwo ceremonies are the two most effective strategies of managing and passing on of IK on pregnancy and childbirth among the Ndau. However, due to the aforementioned challenge of family disintegration, these rituals may not be performed. In view of these challenges, there is need to look at alternate ways of managing and preserving IK for posterity.

8.3 Managing and preserving IK through documentation

 Whilst IK is gaining attention within academic circles and its value is appreciated more widely, IK itself is gradually diminishing. In this regard, Ngulube et al., call for the immediate documentation of IK in order to preserve it for future generations. The call for IK documentation is most exigent in the wake of several factors leading to the diminishing of

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preserving IK for posterity. Since IK is passed orally from generation to generation, disintegration of indigenous family structures due to modernisation and socio-economic factors have impacted heavily on the transmission and circulation of IK within indigenous communities. Ngulube et al.,\textsuperscript{1047} identify three factors that have led to the disintegration of indigenous knowledge systems. They argue that families are now disconnected due to socio-economic and political factors and as such there is limited time for interaction to pass IK from one generation to another\textsuperscript{1048}. Secondly, basic primary and secondary curricula within schools in sub-Saharan Africa contain very minimal aspects of IK due to former colonial bigotry towards IK\textsuperscript{1049}. Most educational curricula, even in the context of Zimbabwe, are based on colonial educational systems whereby legitimate knowledge is Western scientific knowledge. Thirdly, Ngulube et al.,\textsuperscript{1050} contend that generation gaps within communities have led to reduced trust and belief in IK among the younger generations. This may be attributed to modernisation though information technology which has exposed the younger generation to various cultural beliefs and practices resulting in cultural influx. Participants lamented on the effect of modernisation on managing and preserving IK. This was expressed by one of the participants;

\textit{Tsika dzedu dzopera kufa azvichadakadzi. Takakura takagwinya tine untu hwakanaka nekuti taiteedzera tsika dzedu. Hino zvineizyi chirungu ndoochoteedzerwa, atichakoni kubvuira vana vedu ngezvetsika dzedu. Asi atisisi kuremba, ngatirambe teivambaira nekukurudzira tsika dzakanaka kuti dzirambe dzeiteedzwa.}\textsuperscript{1051}

Our indigenous culture is dying a natural death, and it is saddening. We grew up well-mannered and physically strong because we adhered to our own indigenous ways of living. Nowadays, we are saying modernity has taken over and we are not passing on what we learnt from our elders to our own children, we just let them follow the modern ways. However, we should not tire, we should continuously talk to our own children about our

\textsuperscript{1047} Ibid. 264.
\textsuperscript{1048} Ibid. 264.
\textsuperscript{1049} Ibid. 264.
\textsuperscript{1050} Ibid. 264.
\textsuperscript{1051} Interview with Mbuya Mwahlupa, Chinaa village, 07 May 2015.
own indigenous ways of life and we should continue to encourage those beliefs and practices that are not detrimental to one’s life.

In order to manage and preserve IK for posterity, rural communities are calling for the documentation of indigenous knowledge. Family disintegration was cited as the major stumbling block to passing on IK to the younger generations who are expected to carry it forward to future generations. One of the participants thus remarked;

Zvamurikuita zvona izvi zvekunyora ndizvo zvingashanda mazuwano nekuti nguva yekugare pashe teipanga vana apana vazara kumataundi kumishando isu tiri uno kumakanyi. Nguva yekuonana ishomani yaamho1052.

The route you are taking of documenting IK is the best in the current context whereby our children have flocked to the cities in search of employment. We no longer have time to sit down with our children to teach them our indigenous ways of life. They are in the cities and we are here in the communal area and the time to meet is very limited.

The elderly participants lamented loss of time and space to sit down with the young generation to impart the values and traditions of Ndau culture and to advise them to treasure and pass them to their future generations. This was further reiterated by another participant;

Tinofanira kuchengetedza tsika dzedu dzakanaka, kuti vadoko vakadziteedzera tsika dzedu hadzizofi. Ndinogonda kuti mabuku akawanda akanyorwa netsika dzakasiyanasiyana sezamurikuda kuiti izvi. Saka vadoko vakaerengera zvakanyorwa vanokona kudakadzwa ndizvo votozviteedzera kubvani chiNdau chedu choenderera mberi1053.

We should strive to promote those life-giving practices. Therefore, if the younger generations task themselves with continuing with them then we are

1052 Interview with Mbuya Maposa, Shekwa Village, 10 March 2015.
1053 Interview with Mbuya Chinungu, Shekwa Village 10 March 2015.
able to preserve our culture. I am sure that there are a lot of books written about various traditions and culture just like you intend doing, so if the young people read them and are motivated to take a step and adopt some of the practices, then we will keep our tradition alive.

The participants pointed out that the younger generation is now interested in reading and they adopt whatever they find appealing from their readings.

The call for the documentation of IK on pregnancy and childbirth in order to preserve it for posterity was expressed by most of the research participants. Mbuya Muusha expressed this need;


We constantly talk to the young ones about our traditions and culture and I believe that is a way of preserving our heritage. We did not learn what we know from books and nothing is written. We pass on by word of mouth and through practice as well as the young ones observing what the elders do and in that way they also learn by themselves. Most of our elders are illiterate, they cannot read and write that is why there is no written record. I believe that with you, the young generations who are getting educated, it’s better to write things down like you are doing so that we preserve them. Nowadays because of distance, aunties and grandmothers are failing to assume their

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1054 Interview with Mbuya Muusha, Chinaa Village, 06 May 2015.
roles of guardians and advisors to the young ones, there is not enough time
to sit down with the young ones and to teach them about our traditions.
Moreover, the young ones are more into reading so maybe if our indigenous
beliefs and practices are written down, they might adopt them just like they
do to whatever other things they read from books.

These narratives reflect that the elders within rural communities are aptly aware of the need
to document IK in order to avail it to the current younger generations and even those beyond.
The participants’ responses indicated both the young and old are conscious of the fact that the
oral preservation of IK is becoming inadequate in the current context where the younger
generation spends most of its time in institutions of learning during the period marked for
rites of passage into adulthood. The documentation of IK becomes a vital strategy for passing
it to the younger generations.

The documentation of IK is significant in that it protects IK from bio-piracy and other forms
of abuse\textsuperscript{1055}. It “provides evidence that local communities are the owners of a complex and
highly developed knowledge system”\textsuperscript{1056}. Whilst the call for the documentation of IK is
worthwhile, there are challenges associated with such. One of the major challenges is the
individualistic nature of IK. IK is communicated orally from a parent to a child or ancestors
communicating through dreams\textsuperscript{1057}. As such, this revealed knowledge comes in
“incomprehensible knowledge that is understood by the recipient only” hence it becomes
difficult to document\textsuperscript{1058}. This call for community relevant ways to preserve such knowledge
for posterity. Additionally, the concept that recognises knowledge as power affects the
dissemination of IK for documentation. Knowledge holders are reluctant to share valuable IK
as it serves as a source of honour and income hence it is often guarded jealously and not
easily disseminated\textsuperscript{1059}. Another hindrance is the suspicion over documentation of IK that

\textsuperscript{1056} Ibid. 3.
\textsuperscript{1057} Ibid. 7.
\textsuperscript{1058} Omawumi O. Makinde and Oludare A. Shorunke. Exploiting the values of indigenous knowledge in
attaining sustainable development in Nigeria: The place of the library. Edited by Karim Traore, Mobolanle
Sotunsu and Akinloye Ojo. Expressions of Indigenous and Local Knowledge in Africa and its Diaspora. (U.K:
\textsuperscript{1059} Ibid. 7.
entails sharing family or community information with the outside world, hence depriving community members of the claim to power over such knowledge\textsuperscript{1060}.

The important aspect of copyright and intellectual property rights with regard to the documentation needs due consideration. Before documenting IK, there is need to have patented copyright and intellectual property rights in place to protect IK from abuse. However, the issue of intellectual property rights has its own challenges. Because IK is in the public domain of the community, the communality of knowledge is a challenge to developing patents since no single person can be identified as the inventor\textsuperscript{1061}. Further, complications arise when IK is used by other communities across the world. In view of the above challenges and others, \textit{sui generis} forms of intellectual property such as community based rights are considered an alternate strategy that ensures equitable benefit sharing within communities in cases of documented or registered forms of IK\textsuperscript{1062}.

\subsection*{8.4 Managing and preserving IK through archiving}

As a measure to manage and preserve IK for posterity, archiving is considered an alternate way of preserving IK. Ngulube \textit{et al.},\textsuperscript{1063} argue that the “management of IK should take centre stage in the archive”. In the context of Zimbabwe, archiving of IK for preservation is still lacking. This shortcoming may be attributed to the current archiving systems which are based on Western epistemologies, which conceptualise archives as, “static documents that emanate from the conduct of business”, and these are recognisably preserved for posterity\textsuperscript{1064}. Ngulube \textit{et al.},\textsuperscript{1065} point out that IK was considered for archiving if it was in written official record. The inability to archive IK due to its oral form reflects the inadequacy of Western ways of archiving and their failure to accommodate the oral traditions of the local indigenous people.

\begin{thebibliography}{9}
\bibitem{1060} Ibid. 7.
\bibitem{1062} Ibid. 4.
\bibitem{1063} Patrick Ngulube \textit{et al.}, The Role of Archives in Preserving IKS, 261.
\bibitem{1064} Ibid. 261.
\bibitem{1065} Ibid. 261.
\end{thebibliography}
In this regard, Ngulube et al.\textsuperscript{1066} call for a new paradigm shift to deconstruct the “colonial stereotypes” in instituting archives. This entails the reconfiguring of current archival systems to accommodate IK\textsuperscript{1067}. The reconfiguration should commensurate with suitable strategies for various indigenous communities to preserve their local IK for posterity. Therefore, there is “need to develop models for preserving IK on the basis of an archival theory rooted in indigenous realities”\textsuperscript{1068}. Libraries and national museums in Zimbabwe and elsewhere are called upon to devise suitable strategies to archive IK as a way of managing and preserving it for posterity.

8.5 Managing and preserving IK through information technology

In the current context characterised by technological advancement, there is need to document and record IK in conformity with current technological structures. Indigenous communities make use of oral communication and hands-on experience to disseminate and preserve IK\textsuperscript{1069}. The younger generation, which is the recipient of IK is spending most of their time in educational institutions and employment organisations which are mostly informed by Western ways and characterised by highly developed information technology systems. In addition, the young generation makes use of social media and mobile technologies to gather information. In order to attract the attention of the younger generation and to motivate them to tap into local IK, there is need to manage and disseminate information through the most common forms of information technology.

Owing et al.\textsuperscript{1070} advocate for the use of social media through YouTube, Facebook, Google Documents, Twitter and other modes to disseminate IK. These forms of social media are more appealing and common among the younger generations. The strategy of using social media for disseminating IK will, to a certain extent, override the misconception by the young generation that IK is outdated and primitive. Furthermore, Owing et al.\textsuperscript{1071}, argue;

\footnotesize{\textsuperscript{1066} Ibid. 263.  
\textsuperscript{1067} Ibid. 264.  
\textsuperscript{1068} Ibid. 262.  
\textsuperscript{1069} Sylvia A. Owing, Khanjan Mehta and Audrey N. Maretzki, “The Use of Social Media Technologies to Create, Preserve, and Disseminate Indigenous Knowledge and Skills to Communities in East Africa”. Journal of Communication 8 (2014): 239  
\textsuperscript{1070} Ibid. 239.  
\textsuperscript{1071} Ibid. 236.}
Rapid increasing use of social media and mobile technologies creates opportunities to form local and international partnerships that can facilitate the process of creating, managing, preserving, and sharing of knowledge and skills that are unique to communities in Africa.

According to Saurombe\textsuperscript{1072}, it is worthwhile to compare other international best practices utilised for the protection of IK. Beginning in the year 2005, the South Asian Association for Regional Cooperation (SAARC) for South Asian countries initiated a digital library for the region’s traditional knowledge. They also developed policy measures to protect such knowledge from misappropriation through commercial patents\textsuperscript{1073}.

8.6 Managing and preserving IK through policy formulation and IK centres (IKCs)

Whilst other countries in sub-Saharan Africa have established IKS policy frameworks and have procedures in place for the production, management and preservation of IKS, Zimbabwe is still lagging behind. South Africa is the country that has made the greatest strides towards managing and preserving IK in Southern Africa and in Africa as a whole. In 2004, the Department of Science and Technology (DST) finalised an IKS national policy which was approved by the government in the same year\textsuperscript{1074}. This development heralded a significant breakthrough in the development, promotion and protection of IKS in South Africa\textsuperscript{1075}. Presently in South Africa, numerous institutions are implementing various programmes in response to the adoption of this policy and towards recognising the wealth of IK in all spheres of life. The South African IKS Policy Framework has received international accolades and is considered a pace setter in the protection of IK\textsuperscript{1076}.

Malawi has also made noticeable advances towards the promotion, protection and development of IKS\textsuperscript{1077}. Several ratifications towards the protection of IK have been instituted. These include the Draft Bill on Access and Benefit Sharing of Genetic Resources (2006) and the Environmental Management Act (1996) etc. It has articulately laid out

\textsuperscript{1073} Ibid. 33.
\textsuperscript{1074} Ibid. 26.
\textsuperscript{1075} Amos Saurombe, “Towards a Harmonised Protection of IKS, 33.
\textsuperscript{1076} Ibid. 27.
\textsuperscript{1077} Ibid. 27.
procedures in its National Science and Technology Policy highlighting strategic areas for research with the aim of identifying, isolating and documentary IK as well as promoting the training in IKS. Universities in Malawi are also developing and promoting IKS\textsuperscript{1078}.

In the Zimbabwean context where eighty percent of the population resides in rural communities and IK is the main driver of socio-economic sustainability, the country is still lagging behind in formulating an IK policy and framework\textsuperscript{1079}. IK is applied in the areas of agriculture, health and the environment and its popular use calls for concerted efforts from the government to promote and preserve IK through recognised formal procedures. Currently, there are small fragments of coordinated efforts of recognising the role and importance of IK in the fields of agriculture and medicine\textsuperscript{1080}. Local universities and research institutions are engaging in issues of IKS albeit at a slower and fragmented pace. In order to manage and preserve IK for posterity within Zimbabwe and other African indigenous communities, there is need for formally recognised policies, IK centres, and more concerted research on pertinent issues of IK.

8.7 Chapter summary
Based on the above discussion, failure to record IK may lead to its loss through the death of elders and traditional leaders who are the knowledge holders within African communities. It may also lead to loss of IK through deliberate or unintentional destruction. In order to manage and preserve IK for posterity, the chapter highlighted the need to document IK; the need to formulate policies for IK at national and international levels; the need to establish IK centres; the use of information technology in disseminating IK and the use of archives to preserve IK. The current context which is characterised by globalisation and high technological advancement calls for context-relevant ways of managing and preserving IK for posterity. However, oral preservation of IK remains valid in contexts where it is applicable. This study also serves as a contribution to the documentation of IK on pregnancy and childbirth and as a way of preserving Ndau indigenous beliefs and practices on pregnancy and childbirth for posterity.
CHAPTER NINE

Conclusion

9.1 Introduction

The main objective of the study was to explore the contribution of Ndau IKS on pregnancy and childbirth to the global pool of knowledge, especially to examine the way such knowledge was produced, managed and preserved for posterity. The study was based on the argument that currently the dominance of Western knowledge systems in Africa created a situation that even reproductive beliefs and practices in African local settings tend to be conceptualized from Western ways of knowing and value systems. The case study of the Ndau women of Zimbabwe reflected the agency of African women in managing pregnancy and childbirth using their own community-based knowledge systems which are culturally and ecologically relevant, affordable and sustainable. These indigenous beliefs and practices are deeply embedded in communities such that they are considered the standard of living and well-being for the local people. The following section recapitulates the study purpose and findings.

9.2 Recapitulation of study purpose and findings

Indigenous knowledge systems (IKS) have always been in existence informing the way of life of indigenous communities. As a working definition for the study, IKS refer to context-specific bodies of knowledge. These bodies of knowledge incorporate traditional values, belief systems and practices serving as practical knowledge developed under specific conditions for sustainable livelihoods of the local inhabitants of a specific geographical area. They are characterised by an unbroken continuance and are passed down from one generation to another. IKS comprise beliefs, practices, perceptions and experiences that inform the worldview of local people. Sources of IK include traditional knowledge, empirical knowledge and revealed knowledge. Traditional knowledge is knowledge passed on by elders in a community from one generation to the other. Within indigenous communities, elders carry the responsibility of educating the young – this has been evidenced in the study and Ndau senior women and grandmothers carry the important role of educating the young women on the beliefs and practices on pregnancy and childbirth. Empirical knowledge is

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1081 Marlene Brant Castellano, Updating Aboriginal Traditions of Knowledge, 23.
1082 Ibid, 23.
based on careful observation of the environment and is informed by nature, culture and the society at large and revealed knowledge is the knowledge obtained through dreams, visions and intuition\textsuperscript{1083}.

The objective of the study was to explore the indigenous knowledge, beliefs and practices on pregnancy and childbirth among the Ndau people of Zimbabwe. Therefore the key question guiding the study was: \textit{How is indigenous knowledge on pregnancy and childbirth produced, managed, and preserved for posterity among the Ndau people of Zimbabwe?} In an endeavor to answer this question, the study sought to explore firstly; Ndau indigenous knowledge systems for managing pregnancy and childbirth, secondly, the perceptions of Ndau women with regard to IK on pregnancy and childbirth, and lastly how IK on pregnancy and childbirth is preserved and passed from generation to generation among the Ndau of Zimbabwe.

The research findings also demonstrated the significance of understanding and appreciating the historical impact of colonialism on the Ndau indigenous beliefs and practices on pregnancy and childbirth. This led to a critical historical analysis of the Ndau cosmological belief systems before and after colonialism. This was important in creating the basis for recovering, re-awakening and the re-claiming of the Ndau indigenous ways of knowing and knowledge production. The following aspects were interrogated: the history of the Ndau people of south-eastern Zimbabwe, Ndau cosmology, Ndau markers of identity, Ndau indigenous mode of dressing, scarification, body art and markings, identity through song and dance and agency of Ndau women in enculturating identities through raising children.

Study findings also indicated that the observance of the beliefs and practices accompanied by rites and ceremonies informing pregnancy and childbirth serve as primary sources for the production and management of indigenous knowledge on pregnancy and childbirth among the Ndau people of Zimbabwe. The findings also reflected the important role assumed by senior women and grandmothers, regarded as custodians of Ndau indigenous culture, as knowledge holders. It is through these senior women and grandmothers that the young women are inculcated on the beliefs and practices informing pregnancy and childbirth among the Ndau. It is also through this interaction between the old and the young that some beliefs and practices are transformed to suit the current context thereby generating new knowledge.

\textsuperscript{1083} Ibid. 23.
constituents. Additionally, the influence of internal creative experimentation gives rise to the continuous generation of new knowledge. This interaction between the old and the young women serve as Ndau indigenous modes of orally preserving knowledge on pregnancy and childbirth.

Study findings revealed a number of beliefs and practices, accompanied by ritual ceremonies, as the main rudiments of knowledge production on pregnancy and childbirth among the Ndau of Zimbabwe. These include *mataguta muriwo* (formal announcement of pregnancy within the husband’s family), *masungiro* (informing the in-laws – [wife’s family] of the pregnancy), *masuwo* (indigenous modes of ANC), the process of giving birth, *kuanwisa* (breastfeeding), *kurapa chipande* (treating the fontanelle), *kurashe chikumvu* (disposing the umbilical cord and the placenta), *kududze zina* (name giving ceremony) and the last process of *kuarika* (ceremony conducted after the infant starts teething and marks the last rite of pregnancy and childbirth).

The main themes that arose from the discussion of the above rudiments include the sacredness of the marriage institution, the importance of beliefs, practices and rituals in the production and management of pregnancy and childbirth, the role of mothers-in-law in managing pregnancy and childbirth, and the extensive use of indigenous herbal medicines for antenatal care. Additionally, the study revealed that pregnancy and childbirth fall under the domain of women and socio-cultural constraints exclude male involvement in supporting their wives during pregnancy and childbirth.

On exploring the perceptions of Ndau women with regards to indigenous modes of managing pregnancy and childbirth, the study noted that most of the participants embraced indigenous modes of antenatal care due to their holistic nature that cater for the physical and spiritual aspects. Whilst the participants adopted pluralistic health care modes for managing pregnancy and childbirth, indigenous modes played a larger role. As much as the majority of the participants indicated their preference for indigenous modes of antenatal care, they were conscious of the need to disregard harmful practices, re-interpret the old and to promote holistic indigenous modes of antenatal care that promote the fullness of life for Ndau women.

Drawing from the understanding that IK is mostly in oral form and is orally passed from one generation to the next as a way of preserving it for posterity, this study recognised the need to
find alternative ways of preserving IK on pregnancy and childbirth given the disruption of traditional channels of communication due to modernisation. To date, fewer studies have paid attention to finding alternate ways of preserving IKS informing pregnancy and childbirth for posterity. Therefore, this study identified four significant ways to preserve IK for posterity; documentation, archiving, use of information technology, and the establishment of indigenous knowledge centres (IKC). The preservation of IK is essential for the prolongation of indigenous communities and their knowledge systems. The writing of this thesis focusing on the Ndau people of Zimbabwe brought to the fore their rich cultural perspectives thereby preserving them from natural loss. Very little information on this group of people is available in the academia.

In summary, this study explored the African reproductive beliefs and practices on pregnancy and childbirth from a cultural perspective, that is African local ways of knowing and value systems. The dominance of Western knowledge systems in Africa created a situation that even reproductive beliefs and practices in African local settings tend to be conceptualised values. Therefore, the study revealed the agency of Ndau women in managing pregnancy and childbirth using local-relevant and cultural-specific household and community mechanisms. Also, it brought to the fore, the essential cultural-specific aspects of producing, managing and preserving indigenous knowledge on pregnancy and childbirth, an area that has received little attention to date. The study is a call to re-cover, re-awaken, and re-claim African indigenous knowledge systems, paying particular attention to the Ndau people of Zimbabwe, thereby allowing them to regain their ways of beings, their cultural beliefs and practices, their own spirituality, and the history of their ancestors in the production, management and preservation of the knowledge, beliefs and practices informing pregnancy and childbirth.

9.3 Limitations of existing studies and theoretical frameworks

The review of existing related literature on the research problem showed that within the context of Zimbabwe, fewer studies have focused on the socio-cultural context of pregnancy and childbirth. The limited available research has tended to focus on the role of traditional birth attendants; pregnancy, childbirth and mother and child care among the indigenous people of Zimbabwe; and the use of traditional and complementary medicines during pregnancy. Concerted research focusing on producing, managing and preserving IKS on pregnancy and childbirth was still lacking. Therefore, this study endeavored to contribute to new knowledge and methodological approaches in order to fill this gap.
The study started from the theoretical premise that while it is important to acknowledge the centrality of African cultural interests in every event and analysis, as propagated by the advocates of Afrocentric paradigms, including Postcolonial African feminism, it is also crucial to recognize that we are living in a poly-epistemic world composed of different knowledge systems. People live in diverse cultural and ecological settings which influence their systems of knowing, knowledge production and value systems including social practices. This implies the existence of diversity of knowledge systems and belief systems, which necessitates the recognition of complementarity rather than competition in the global pool of knowledge. Western knowledge systems promote the idea that there is a universal world view and knowledge system thereby marginalizing other knowledge systems, especially indigenous knowledge systems.

It is on the basis of this consideration that the study used the Ndau indigenous beliefs and practices for pregnancy and childbirth to show the diversity and richness of African indigenous knowledge systems, i.e., showing the way Ndau women in their specific cultural and ecological settings in Zimbabwe, manage pregnancy and childbirth using their household and community mechanisms which are relevant to society. Their views guided the theoretical and methodological approach to this study.

This study on the Ndau beliefs and practices on pregnancy and childbirth contributes to the debate that although indigenous knowledge Systems (IKS) as a field of inquiry is a recent phenomenon, it has gained a theoretical and methodological momentum by exposing the diversity of ways of knowing and value systems existing in the life of African indigenous communities. The following section presents the relationship of the study to previous research.

9.4 Relationship of study to previous research

Whereas it is acknowledged that indigenous knowledge is place based and culturally specific, some of the findings in this study are consistent with previous research on cultural practices on pregnancy and childbirth. Whilst there is limited research on how indigenous knowledge on pregnancy and childbirth is produced, managed and preserved for posterity, components of this study inclusive of the beliefs and practices on managing pregnancy and childbirth are
compatible with other studies within the context of Africa and elsewhere. The use of masuwo for managing pregnancy and childbirth is consistent with isihlambezo1084 and kgaba1085 from the context of South Africa, mulolo and nselezy in the context of Zambia1086 and the use of Kacip Fatimah/Labisia pumila1087 in the context of Malaysia. The indigenous rite of disposing the placenta after childbirth is also reported among the Tonga of Zambia1088, the Mpondo of South Africa1089 and the Luo of Kenya1090. Writing from a biomedical perspective in a thesis titled Cultural childbirth practices, beliefs and traditions in Liberia, Jori R. Lori1091 looks at the socio-cultural context of childbirth and the practices, beliefs and tradition related to childbirth. However, the major themes arising from this study were secrecy surrounding pregnancy, and power and authority and distrust of the health care system. Issues of secrecy surrounding pregnancy for fear of bewitchment were raised by my study participants as well the issue of power and authority where the mother-in-law is tasked with the management of pregnancy through to childbirth of her daughter(s)-in-law among the Ndua of Zimbabwe. Writing from a biomedical perspective in the context of Zimbabwe, Mathole1092 focuses on the presence of pluralistic health care practices during pregnancy and childbirth and the role of traditional birth attendants, two other components that have been noted in this study. Whilst components of this study are consistent with other studies, the focus on how indigenous knowledge on pregnancy and childbirth is produced, managed and preserved for posterity enriched the originality of my study on pregnancy and childbirth from a socio-cultural perspective.

9.5 Contribution to knowledge production and methodological framework in African indigenous knowledge systems (AIKS)

The principal objective of this study was to make a significant contribution to the emerging scholarly body of knowledge on producing, managing and preserving indigenous knowledge, beliefs and practices on pregnancy and childbirth.

9.5.1 Methodological contribution

In an attempt to position the centrality of African interests in knowledge production (research), Ndu indigenous knowledge holders and practitioners, especially women, were positioned as subjects, and not as mere objects of the research. Interactive qualitative research methods such as in-depth interviews and focus group discussions were used to allow interaction between and among the knowledge holders and the researcher to interact and share experiences. The study also outlined the importance of using a postcolonial indigenous research paradigm for research on indigenous knowledge and local phenomena. This research paradigm is relevant to indigenous research as it targets local phenomena, is context sensitive and flexible in that it combines indigenous and other theories in the process of knowledge production\(^\text{1093}\). The postcolonial indigenous research paradigm enabled a clear articulation of IK that is embodied in language, stories and cultural experiences of the Ndu people. The paradigm also enabled me to give prominence to the voice of the participants thereby bringing to the fore knowledge that was previously marginalised.

The study also brought a new approach to the analysis of the socio-economic and demographic characteristics of research participants such as age groups, marital status, religious affiliation, occupational affiliation and educational levels. These have always been investigated as statistical variables without looking at their cultural significance to the research community in relation to the research problem. In the context of *Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth among the Ndu of Zimbabwe*, the socio-economic and demographic information of the research participants does not merely serve to provide information about them but endeavors to uncover the indigenous cultural meanings attached to these characteristics in the research community. As such, this study interpreted the demographic information from the Ndu cultural

\(^{1093}\) Bagele Chilisa, Indigenous Research Methodologies, 100
perspective thereby incorporating the socio-cultural and spiritual meanings attached to the variables.

9.5.2 Theoretical contribution

In a bid to promote African scholarship thereby minimising colonising epistemologies, the study made use of decolonising conceptual frameworks. The Afrocentric theoretical paradigm that positions African ideals at the centre of every analysis was adopted as the main framework for the study. Its ideals which are made explicit in its commitment to finding the African subject place, the defence of African cultural elements and the commitment to correcting the dislocations in the history of Africa positioned it as an ideal framework for the study. Through the Afrocentric lenses, the study was able to position the Ndau women as central throughout the research process thereby respecting their position as knowledge producers.

Steady\textsuperscript{1094} argues that a critical assessment of Eurocentric models when doing research with African women is essential. This emanates from the understanding that the conditions and experiences of women cannot be universalised. As such, Afrocentric feminist conceptual frameworks are most ideal when doing research with African women. In this study, I proposed the integration of Postcolonial feminism and African feminism to form Postcolonial African feminism as a theoretical underpinning for the study. Postcolonial African feminism is a decolonising conceptual framework that suspends Euro-Western conceptualisations of African phenomena. It proposes the recovery of previously marginalised indigenous cultures but at the same time being wary of romanticising these indigenous cultures as they contain both negative and positive aspects. Hence, the Postcolonial African feminism conceptual framework seeks the re-interpretation and subsequent transformation of harmful and oppressive aspects of indigenous culture with the aim of promoting the totality of human life.

9.5.3 Contextual contribution

The study offered a contextual contribution to the global knowledge economy by focusing on the Ndau women of south-eastern Zimbabwe. The Ndau is a minority group. This study

reflected the importance of Ndau women’s agency in health care through paying particular attention to managing pregnancy and childbirth using local indigenous mechanisms.

9.6 Recommendations for future research

In view of the perceived health benefits of indigenous herbal medicines for ANC, there is need for intensive research on indigenous pharmacopoeias and perceived therapeutic properties of the plants\textsuperscript{1095}. The unknown harmful properties of the herbal medicinal plants for ANC calls for a deeper investigation to promote the health and well-being of pregnant women and their babies. Additionally and according to Thwala\textsuperscript{1096} further research is needed to investigate specific traditional medicines and rituals informing pregnancy and childbirth in order to establish health benefits to the mother and child’s well-being from a bio-medical perspective. Accordingly, Kamatenesi-Mugisha and Oryem-Origa\textsuperscript{1097} rightly assert that the persistent use of herbal medicines for inducing labour is indicative that some of the plants used are potent which might lead to discovering new medicines for hastening childbirth /inducing labour. Additionally, concentrated research on indigenous herbal medicines is vital as it could lead to its formal recognition as well as the possibility of developing patents for them.

Secondly, as evidenced by the research findings, the prevalence of pluralistic health care models in the management of pregnancy and childbirth calls for cultural competency from health care service providers, particularly for antenatal care. Cultural competency can be enabled through cultural awareness and cultural sensitivity by antenatal service providers, both biomedical and indigenous practitioners, in order to promote holistic health care models for managing pregnancy and childbirth.

Thirdly, the study calls for the promotion of male involvement in the management of pregnancy and childbirth. Research findings reflected lack of clear defined roles and socio-cultural constraints as some of the factors inhibiting male involvement in the management of

\textsuperscript{1097} Maud Kamatenesi-Mugisha and Hannington Oryem-Origa. Medicinal Plants Used to Induce Labour, 1.
pregnancy and childbirth. The study recommends a redefinition of the rituals, beliefs and practices informing pregnancy and childbirth in order to accommodate male involvement.

Fourthly, pregnancy and childbirth are socially constructed events marked by a myriad of rituals, beliefs and practices. The absence of rituals for pregnancy and childbirth within the Christian church, as highlighted by the study participants, calls for Christian leaders to develop context specific liturgies that holistically cater for the religio-cultural needs of pregnant women congregants to enable them to observe rituals for pregnancy and childbirth.

Lastly, the study also recommends the need for biomedical practitioners to formally recognise local knowledge and realities related to the management of pregnancy and childbirth.
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APPENDICES
Appendix 1

27 March 2017

Mrs Annegrace Hlatywayo (207520221)
School of Religion, Philosophy & Classics
Pietermaritzburg Campus

Dear Mrs Hlatywayo

Protocol reference number: HSS/1399/014D
New Project Title: Indigenous Knowledge, Beliefs and Practices for Pregnancy and Childbirth among the Ndau People of Zimbabwe

Approval notification – Amendment Application

This letter serves to notify you that your application for an amendment dated 24 March 2017 has now been granted Full Approval as follows:

- Change in Title

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study must be reviewed and approved through an amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisors: Professor Sarojini Nadar and Professor Hassan Kaya
Cc Academic Leader Research: Professor P Denis
Cc School Administrator: Ms Catherine Murugan
Dear Participant

INFORMED CONSENT LETTER

Researcher: Anniegrace Hlatywayo  
Institution: University of KwaZulu-Natal  
Telephone Number: + 27 78 147 7143/ 00 27 79 570 9947/ + 263 779 595 974  
Email Address: hlatywaa@yahoo.co.uk

Supervisor: Prof. Sarojini Nadar  
Institution: University of KwaZulu-Natal  
Telephone Number: 00 27 33 260 7303/ 00 27 82 570 7177  
Email: Nadars@ukzn.ac.za

Co: Supervisor: Prof. Hassan Kaya  
Institution: University of KwaZulu-Natal  
Telephone Number: 00 27 33 260 7237  
Email: Kaya@ukzn.ac.za
I, Anniegrace Hlatywayo, of the University of KwaZulu-Natal, kindly invite you to participate in the research project entitled *Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth among the Ndau People of Zimbabwe*.

This research project is taken as part of the requirements of the PhD, which is undertaken through the University of KwaZulu-Natal, Gender and Religion Department. The aim of the study is to investigate how indigenous knowledge for pregnancy and childbirth is produced, managed and preserved among the Ndau people.

Participation in this research project is voluntary. You may refuse to participate or withdraw from the research project at any stage and for any reason without any form or disadvantage. There will be no monetary gain from participating in this research project. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Department of Gender and Religion, at the University of KwaZulu-Natal.

If you have any questions or concerns about participating in this study, please feel free to contact myself or my supervisor at the numbers indicated above.

It should take you between one (1) and two (2) hours to participate in the focus group interview and about one (1) hour to participate in the individual interviews. By signing this form you are agreeing to have your interview recorded.

Thank you for participating in this research project.

Yours Sincerely

…………………………………………………………………

Signature

Date

I………………………………………………………………….. hereby consent to participate in the above study.

Name:………………………………………………………….. Date:………………………..

Signature:……………………………………………………….
Appendix 3: Interviews: In-depth personal schedule of questions

RESEARCH TITLE:

Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth
among the Ndau People of Zimbabwe

1. What is your traditional understanding of pregnancy and childbirth?
2. What are your experiences of pregnancy and childbirth?
3. Are there any beliefs and practices that inform the period of pregnancy and
   childbirth in your (a) family; (b) community?
4. Did you embrace any indigenous beliefs and practices during your period of
   pregnancy and childbirth?
5. How did you come to know of these indigenous beliefs and practices?
6. Will you also pass the same knowledge on indigenous beliefs and practices
   for pregnancy and childbirth to your children?
7. Who are the sources of indigenous knowledge systems for pregnancy and
   childbirth in your family and/or community?
8. How are these beliefs and practices managed within your (a) family and (b)
   community?
9. How are they preserved within your (a) family and (b) community?
Appendix 4: Interviews: In-depth personal schedule of questions
(In Ndau)

RESEARCH TITLE:

Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth among the Ndau People of Zimbabwe

1. Chii chamunozwisisa patsika dzedu dzechidau maererano nekuzvitwara kwanamai uye kubara mwana?

2. Zvinyii zvamunokarakadza pakuzvitwara kwenyu uye kubara mwana?

3. Pane zvitendero nemaitiro/tsika dzinotevedzerwa pakudzitwara kusvika pakusununguka: (a) mumhuri mwenyu (b) munharaunda mwenyu?

4. Pane zvitendero nemaitiro/tsika dzekudhaya dzeChindau dzamwakateedzera ere panguva yamwaiinge makazvitwara nepakubereka kwenyu mwana?

5. Mwakazviziya sei zvitendero nemaitiro/tsika dzekudhaya idzi?

6. Munozodzi dzisawo ana enyu ere zvitendero nemaitiro/tsika idzi dzeChindau?

7. Ngekuri kwamunoona ruzivo rwezvekudzitwara nekubara mwana mumhuri menyu pamwe nemunharaunda mwenyu?

8. Zvitendero nemaitiro/tsika zvinoshandiswa sei (a) mumhuri mwenyu (b) munharaunda mwenyu.
9. Zvinongwarirwa sei (a) mumhuri mwenyu (b) munharunda mwenyu kuitira ramangwana?
Appendix 5: Interviews: Focus group schedule of questions

RESEARCH TITLE:

Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth among the Ndua People of Zimbabwe

10. What is your traditional understanding of pregnancy and childbirth?

11. What are the beliefs and practices that inform the period of pregnancy and childbirth within Ndua tradition?

12. How is it produced in your (a) family and (b) community?

13. How is it passed from one generation to the other?

14. How is it preserved for future generations?

15. How are these beliefs and practices managed within your (a) family and (b) community?
Appendix 6: Interviews: Focus group schedule of questions (In Ndau)

RESEARCH TITLE:

Indigenous Knowledge, Beliefs and Practices on Pregnancy and Childbirth among the Ndau People of Zimbabwe

1. Chii chamunozwisisa patsika dzedu dzeChindau maererano nekudzitwara kwanamai uye kuberekwa kwemwana.

2. Patsika dzechichidau, ngezviri zvitendero nemaitiro anokhombidza nguva yepamuiri nepanozosunungukwa mwana?

3. Tsika nezvitendero izvi zvinonasirwa sei/zvinobva kuna anani (a) mumhuri mwenyu (b) munharaunda mwenyu?

4. Zvinofundiswa sei kubva kuvasharuka kuenda kune amweni mazera?

5. Dzinongwarirwa sei kuitira vana vachazouyawo?

6. Zvitendero nemaitiro/tsika idzi dzinoshandiswa sei (a) mumhuri mwenyu (b) munharaunda mwenyu?
Appendix 7: Schedule of questions for socio-cultural demographic information

1. Age Group/Makore ekubarwa [please tick]
   18-30[ ] 30-35[ ] 40-45[ ] 45-50[ ] 50-55[ ] 55-60[ ] 60 and above[ ]

2. Is there any cultural meaning attached to age groups among the Ndau/What is the importance of age/Pane zvinokosheswa nemakore emunhu muChindau ere?
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

3. Are there any rites of passage for both men and women (what has to be done/observed at a certain age) that are observed by Ndau women/Pane mitemo kana zviteedzwa zveChindau inoenderana nemakore emunhu ere?
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

4. Are there any socio-cultural responsibilities assigned for women among the Ndau/Pane zviitwa zvinotarisirwa kuitwa nemadzimai emakore akasiyana muChindau ere?
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………

5. Marital Status: (please tick)
   Single/Kusaroorwa[ ] Married/Kuroorwa[ ] Divorced/Kurambana[ ]
   Widowed/Kufirwa[ ] Separated/Kusiyan kwenguva[ ]

6. What is the cultural significance of your status among the Ndau (i.e. if married, what does it mean to be married?)/Zvinorevei kuroorwa/kurambana/kana kufirwa paChindau?
   …………………………………………………………………………………………………………………………………………………
7. Is there any symbolism that distinguishes the married and the unmarried among the Ndau/Pane zviratidzwana zvinopaura vakaroorwa nevasina kuroorwa muChindau ere?

8. Are there rights and responsibilities for the married and the unmarried among the Ndau/Pane mishando inotariirwa kuita nevakaroorwa nevasina kuroorwa muChindau ere?

9. What is your religious affiliation/Chitendero chenyu?

10. What is your educational qualification/Makafunda zvakadini?

11. What is your occupational status/Munoita mushando wei?

(Feel free to turn overleaf for more writing space)

Thank you for taking time to participate in this research project.
## Appendix 8: Schedule of Interviews

<table>
<thead>
<tr>
<th>PARTICIPANT NAME</th>
<th>DATE OF INTERVIEW</th>
<th>PLACE OF INTERVIEW</th>
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<tbody>
<tr>
<td>Mbuya Chakahwara</td>
<td>07 May 2015</td>
<td>Chinaa Village</td>
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<td>Sakuinje Village</td>
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