

# **Indigenous basils for women ailments: A case of women in Chivi Central District of Masvingo Province, Zimbabwe**

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## **Abstract**

This paper focuses on the types of indigenous basils common among Shona women in Chivi Central District of Masvingo Province, Zimbabwe. The research looks at the nature of these belief systems which are common in the area and how they relate to women ailments in the society and the paper seeks to come up with an interpretation for the prevailing situation. Benefits of these MIKS among the selected community are also sought, together with the challenges posed by the phenomena. This study used two theories which are the Afrocentric theory and the Africana Womanism theory. The study employs the qualitative paradigm and uses open ended interviews with fifteen women from Chivi Central District, to solicit for information. Findings of this study show that in Chivi Central, elderly women are well versed with medicines for most common women diseases. The women are knowledgeable and are assisting fellow women with herbs in the community. The study concludes by highlighting ways of making sure that these IKS are not only for the elderly but are shared across all age groups for the benefit of every member and all generations, for the development of the society. The study, thus, calls for all women, regardless of age, to share this precious knowledge for the benefit of everyone in the society. This study proposes that all women regardless of age should share precious knowledge for the benefit society and the nation at large and should be used to generate income for women.

**Keywords:** Indigenous knowledge systems, women ailments, Afrocentrism, Africana Womanism

## **Introduction**

The fundamental life pattern of the people in Chivi Central, and of women in particular, is greatly centred on the medicinal indigenous knowledge system. These people value ethnobotanical knowledge which they mostly inherited from their ancestors. Traditionally, the Shona people in Zimbabwe, according to Christin, (2014) were relying on hunting and gathering of different herbs for their livelihood exploiting their wild material resources for food, and medicine. But women were responsible for the health of female family members and society at large. It was every woman's responsibility. Their way of life changed with time due to a number of factors which include acculturation, climate change (Kaya & Seleti, 2014; Christin, 2014). There are threats to both tangible and intangible heritage of which medicinal plants are one (cultural change) in Zimbabwe, Chivi Central included, mainly because of the influence of globalization (Kaya & Seleti, 2014). Cox (2000) states that the relationship between oral traditions which traditional healers used to have and the plants is at greater risk of elimination than the plant life. New religions are the ones that teach the rural converts (especially the youth) to abandon the use of medicinal plant recipes, arguing that the occult powers of magical and medicinal plants are thinly veiled manifestations of paganism (Voeks, 1997). The culture of depending on medicinal plants for medication which people used to have seems to be dying, mainly because of new religion and lack of interest among the present generation to assimilate and pass on the medicinal plant legacy of the previous generations.

## **Background to the Study**

Chivi is an area in Region five of Zimbabwe's natural farming regions, with extremely high temperatures and very low rainfall, which pose a threat to the lives of both people and animals (Mapara 2009). These Chivi Central people are Karanga speaking. ChiKaranga is a ChiShona dialect spoken in Masvingo Province in areas like Bikita, Zaka, Gutu, Chivi, Mberengwa, Mwenezi, Zvishavane, Chirumhanzi (Gondo, Mamvura, Mufure & Ziobwa, 2013). These areas have their sub-dialects too and the Chivi Central people, where the research was carried out, speak a sub-dialect called ChiMhari. This ChiMhari as a sub-dialect makes them different from other dialects like ChiDuma, ChiJena, ChiGova and ChiGovera in the province. These Karanga people of Chivi Central understand the value of

their environment and have some knowledge of what is in it. Their ancestors lived on the land and the medical plants they used grew on the land, hence the people of Chivi respect and value land a lot, Gondo et al. 2013. Ikeke (2013) states that things like trees, shrubs and plants are useful to both people and animals in that area.

The people of Chivi Central have a lot of challenges in accessing health care facilities, mainly because of their geographical location. The main roads that access Chivi Rural Hospital in the north, the Chifedza Clinic in the west, as well as the Chishave Clinic in the east, are in a bad state, which forces the Chivi Central people to resort to their indigenous knowledge systems for most of their medicinal needs. These people do not get enough produce from their fields because of low rainfall in the area. Their main source of income is fishing and irrigation farming from the newly-constructed government dam (Bindamombe). The income they get is not enough to cover their medical expenses at local clinics. The other issue is the cost and unavailability of these Western medicines in local clinics makes women in Chivi Central resort to the use of herbs for almost all health issues. According to Hlathwayo (2017), traditional medicine can be used every time as long as it is available, adaptable, acceptable and affordable.

The knowledge systems in this area are seen in different dimensions, which include some agriculture, medicine, security, botany, zoology, craft skills, and linguistics (Mapara, 2009). The indigenous knowledge systems for Africans, and Zimbabweans in particular, as seen being practiced by the Chivi Central residents, have their roots in the experiences of local people. Thus, the Chivi Central people have their own great knowledge on herbs which they use to cure women-related ailments, just like what the Chipinge people do to the Shupa concept which will be briefly explained later. The Chivi Central community, especially women, treasure this knowledge so much that they speak highly about it and trust it more than visiting the local hospitals. These women view their IKS as their diplomas and degrees; they are their total education. This is a patriarchal community which is typically known for assigning gender roles to both men and women, regardless of age. As a result, their medicinal indigenous knowledge for women and children is totally women's business, while other diseases are taken care of by men.

## **Literature review**

Indigenous Knowledge Systems are defined by several scholars such as Mapara (2009), who defines them as local knowledge that is unique to a given culture or society. To him, these are knowledge forms that have failed to die regardless of the British racial and colonial onslaught that they have suffered at the hands of Western imperialism and arrogance. According to Altieri (1995), cited in Mapara (2009), IKS are forms of knowledge that have originated locally and naturally, hence their link to the communities that produce them. They can be referred to as the understandings, skills and philosophies developed by societies which they use for interaction with their natural environments. Thus, we can regard IKS as knowledge/local science of the indigenous people in a certain area which they have benefited from for a long time. Such knowledge is important to a culture's language, systems of classification, resource use practices, social interactions, ritual and spirituality (Dzenga, 2017).

Emeagwali (2016) points out that African Traditional Medicine (ATM) is holistic since it makes attempts to go beyond the boundaries of the physical body into the spiritual. He contrasts the two types of medicine by pointing out that bio-medicine is mechanistically derived from the germ theory of disease while, on the other hand, ATM can be classified as mind-body medicine. The indigenous people of Africa have contributed greatly to the medical field. In her paper, Emeagwali (2016) acknowledges that Western pharmaceutical companies often send their agents to tap the medical knowledge of Africa's traditional pharmacologists. Africans have benefited from plants such as the African willow (South Africa), the hoodia plant Namibia and iboga (Gabon and Cameroon) to treat ailments such as cancer, obesity and drug addiction. The World Health Organisation (WHO) has acknowledged these contributions. The United Nations Conference on Environment and Development (UNCED) in its Political Declaration and Plan of Implementation at the Johannesburg Summit in 2002, also acknowledged the contribution of IKS to the medical field.

Women in general do face distinctive health issues. From puberty, women do go through different stages at menopause which deals with hormonal fluctuations, monthly menses, ovulation, pregnancy, and lactation. These challenges affect women's ability to do their day to day work, causing depression and anxiety. According to Emeagwali (2016), women may suffer from pre-menstrual or menopausal tensions, including irritability, mood swings,

bloating, breast tenderness, uterine discomfort, headache, nausea, insomnia and general malaise. Some of them deal with uterine fibroids, breast and ovarian cysts, yeast infections, cervical dysplasia, vaginal dryness, and incontinence. Breast cancer is a distressing illness for women. World-wide, a lot of women die from breast cancer every year. Many of them suffer the effects of disfiguring surgery, chemotherapy, and radiation. As they grow old, women are warned to guard against diseases like osteoporosis, or the thinning and weakening of their bones, heart disease and coronary risk factors like obesity, diabetes and hypertension, though these can also affect men. Traditionally, women believe that their birth right is surely good health: hale hearts, strong bones, strength and vitality. This is what they are taught by their elders as they grow up (Muchabayana, 2017). What they need is just some tried, true, safe and simple traditional ways to nourish themselves, ease their pains, daily discomforts that can help them guard against, and therefore prevent, serious, life threatening disease as what their ancestors used to do before the coming of the white man. This study is taken from the herbalist's point of view, and from what women in Chivi Central said, hence will share some of the herbs that were found to be invaluable by women of Chivi central's personal journey toward their health and well-being.

### **Statement of the Problem**

IKS and herbs in particular has become a contentious issue among the scholars in recent times in Zimbabwe. According to Hlathwayo (2017), herbs as traditional medicine can be used every time as long as it is available, adaptable, acceptable and affordable. Hence the incorporation of herbs into the health sector. As this transformation takes place, the need to assess knowledge and uses of herbs by local people. No research known to us has been conducted on the types of herbs for women ailments. It is against this background the study investigates the herbs used by women to treat women ailments with the view to establish herbs and the women ailment it treats. The study sort to find out the name of the herb, the women ailment it treats, the method used to extract it and how is it known. The study was guided by the following questions: *What types of herbs are known by Chivi central women that can be used to cure women ailments? Which women's diseases do these herbs heal? How are they known by local people? and How do women pass on this knowledge to the next generations?*

### **Theoretical Framework**

This study on the Indigenous Knowledge Systems for women ailments in Chivi Central is guided by two theories, mainly the Afrocentric theory and Africana Womanism. According to Asante (2015), Afrocentric theory puts emphasis on African people and their phenomena, placing great emphasis on the self-definition of Africans and everything that is African, their belief system included. The theory accepts all that is African, advocating for African values, especially those values which define Africans as a people. To scholars like Furusa (2002), this theory is viewed as the worldview and philosophy of life for Africans because it describes the way Africans view life. The theory stresses the value of African culture and heritage. According to Asante (2015), Africans should disencumber themselves from viewing the world using Western spectacles. They must use African lenses to identify African problems and use African solutions to solve these African problems, hence the need for putting African perspectives at the center stage in all issues concerning African cultural, social, political and economic lives (Asante, 2015). This study on indigenous knowledge systems for women diseases in Chivi Central is informed by this theory. Indigenous Knowledge Systems fall under the belief system of the people of Zimbabwe in all provinces but this study is focusing on Masvingo Provinces only, and Chivi Central in particular.

Africana Womanism, propounded by Cleona Hudson-Weems, is another theory that also informs this study. Aldridge, in Hudson-Weems (2004), defines an African womanist as one who is a self-namer and self-definer, who is family-centred, with a strong grounding in sisterhood, positive male-female relationship as foundations for the survival of African people and humankind. Other qualities of the theory used in this study include being strong, having flexible roles, being spiritual, respectful to elders, adaptable, mothering and nurturing. The theory becomes relevant in the research study in the analysis of IKS, particularly when it focuses on the plants used by women in the selected district to cure women-related diseases. The Chivi Central women have managed to rename themselves by taking it upon themselves to help women both local and outsiders with different ailments. They have shown some degree of acumen-ship in that they can help women who are suffering from different diseases, even those life-threatening ones like cancer, without the assistance of men (Hudson, 2004). They use spiritual powers to identify, extract and administer the herbs. Working together as women of different age groups respecting their elders' knowledge reflects the concept of sisterhood. They go together in the bush then elders teach and direct the younger ones to extract and collect the selected herbs. They are motherly and their spirit

of mother-nurturing helps in the preservation of their environment. This study on Indigenous Knowledge Systems for women diseases in Chivi Central is informed by these aspects of this theory.

## **Methodology**

This study used a qualitative research design to understand the medicinal herbs peculiar to women herbalists in Chivi Central District. The qualitative design, as stated by Holloway (1997), paved the way for women of different age groups to make sense of their experiences and environment. Use of the qualitative design facilitated the analysis of the social practices and relationships among women herbalists in Chivi Central and their knowledge in the identification and use of traditional medicinal herbs from the participants' points of view. This also enabled the researcher to understand how women herbalists in Chivi Central district use herbs to treat women's diseases. (Denzin & Lincoln, 2008; Cohen, Manion & Morrison, 2007). The qualitative research design also is in tandem with the two theories used (Afrocentric theory and Africana Womanism) which guide this research, as both theories put more emphasis on the importance of social context and wholeness that allow individuals to be studied connected to their interactions and relationships with other people (Fine & Gordon, 1989). The design facilitated an in-depth mapping of different herbs that women in Chivi Central use. According to Frisby, Maguire and Reid (2009), qualitative research exposes voices which are often silenced. In this case, it enables women in Chivi Central, who are known to have been subordinated and marginalized by men from knowledge construction, to freely air out their knowledge on important and useful herbs. Purposive and judgmental sampling was used to identify women participants for the study. The sample was selected based on the judgment of the researcher, targeting women who were aged sixty-five (65) years and above, those between fifty (50) and sixty-four (64) years, and those below fifty (50) years of age. These age groups were selected because the researcher considered women of these age groups to be old enough to know the traditional medicinal herbs which are useful in women's lives. A total of fifteen participants (five above sixty-five, five between fifty and sixty-four and five below fifty, all women, were interviewed. Data were collected between October and December 2020 during COVID 19 lock down period, through in-depth unstructured interviews which allowed the participants to freely express their thoughts, feelings and experiences. The unstructured interviews were suitable for this study because the researcher was able to seek clarifications from the participants, thereby giving women

participants some freedom and opportunities to articulate their subjective experiences on these herbs (Cohen et al., 2007). Participants were able to voice their experiences freely, hence decreasing the power differences between the researcher and the participants. As a result, what people know about medicinal herbs tends to differ from place to place. People believe that this knowledge is not transferable because it is that knowledge which is linked to the communities that produce them. This research study looks at this knowledge through the gender and age lenses. According to Mapara (2009), Indigenous Knowledge Systems were tested in the rigorous laboratory of survival thereby becoming safe and free to be used.

### **Results and discussion**

The women in Chivi Central understand their environment spiritually. This gave them a great knowledge of plants in their area, which can prevent and cure different diseases. Women in Zimbabwe, and those in Chivi Central in particular, realize that plants are of great value for them. They know which plants provide medicines for the health care of their community. Both men and women in this district are often engaged in activities like cattle herding, food gathering, firewood gathering, herbs collection, agriculture and fishing. These activities often expose them to herbs which can be used for the treatment of a wide range of diseases. The Women's knowledge on herbs was found to be vast. The nurturing nature aspect of Africana Womanism towards the plant kingdom is what these women in Chivi Central have. They have seen the usefulness of certain plant species for their health and life. They identify themselves by the indigenous knowledge they hold, though they work together with their men, hence are able to live in harmony with both men and their environment (Chirimuuta, Gudhlanga & Bhukuvhani, 2012). The fact that they work together as women of different age groups reveals their strong bond of sisterhood. One elderly woman said, "*Vamwene vanotarisi gwa kudzidzisa muroora wavo mishonga yese ine chekuita nehutano hwemhuri zvikuru sei nehutano hwemadzimai.*" (Mother-in-law is expected to teach her own daughter-in-law all herbs related to the primary family health care especially those to do with women ailments.

Women of different age groups were the main participants in the study. They responded to the questions regarding medicinal indigenous knowledge systems for women diseases. Face-to-face interviews were used to gather information with elderly people who the researcher thought were custodians of Medicinal indigenous knowledge systems on women's diseases in

Chivi Central. Women in this district were encouraged by older women to visit traditional healers and herbalists whenever they fell sick. The World Bank (2006:2) in Muyambo (2018) stated that elderly women have “considerable knowledge and experience related to all aspects of maternal and child development, and that they have a strong commitment to promoting the well-being of children and their families.

### **Types of herbs and diseases they treat**

Pfeiffer (2000), and Howard (2003), cited in Muyambo (2018) concur that people give names to plants and also learn about the properties of these plants that are highly visible, familiar and accessible to them. This research revealed that women in different villages in this district operate according to their ages in different spaces like rivers, mountains and forests as they endorse the discrepancies in their knowledge on herbs. This research established that medicinal herbs knowledge in Chivi Central is gendered and age-related.

The table below shows the medicinal herbs commonly used by women in Chivi Central to treat different women's diseases. The information in the table was gathered from interviews conducted with the participants.

Table 1. Types of herbs and the ailment they treat

Name Of Herb	Ailment Treated	Qualities Of The Herb
Muvengahonye (entire plant i.e leaves, bark, roots)	Birth-giving wounds and sexually transmitted diseases	Very itchy when placed on the affected area and sour
Mubvumaropa (bark)	Menstrual cycle (jeko)	Taste sweet
Murumanyama (roots)	Stomach-ache (chibereko) and sexually transmitted diseases (STIs)	Very sour
Ndove yenzou (Elephant dung)	difficult births spiritual strength also Enabling easy delivery	
Jekacheka (entire plant)	Period pains (Jeko) avenging spirits	Mild Has a strong scent
Mufandichimuka (entire plant)	difficult births, and Enabling easy delivery	Mild Sour
Nhanzva (trunk) plant)	Enabling easy delivery and constipation after giving birth	Slippery Mild

	colds, difficult births,	
	Healing fractured/dislocated bones during delivery, Enabling easy delivery and constipation after giving birth	Has strong thin branches Slippery
Mupfura (Amarula) (barks, fruits, leaves and roots)	Reduces openings after delivery, keeps body warm, stomach pain, keeps backside intact, ngumbani after delivery	Tastes mild Has strong thin branches
Guniti (trunk and bark)	Safeguards against evil spirits during birth	Has a very strong smell when burnt Tastes mild
Mudenshashindi (bark and roots)	Breast cancer (Gomarara rezamu)	Taste sour Tastes vinegary Tastes mild
Mutahwe (leaves)	Easy delivery during birth, health pregnancy, skin protection for the unborn child,	Slippery Taste mild Taste sour Tastes vinegary

The results shown in the table above indicated that women displayed detailed knowledge about medicinal herbs which treat various women ailments. These ailments include, diarrhoea, headaches, chest pains, back ache (musana), breast cancer (gomarara rezamu), openings after delivery, body temperature, pain during sex, stomach pain, intactness of the backside, ngumbani after delivery, stomach-ache, STIs, dislocations during giving birth, period pains (Jeko), birth giving wounds, and dehydration. They mentioned several trees and plants as their sources of medicines for curing these diseases. For example, they gave Mupfura (Amarula) which is very common in the area, as a great benefit to women. Its barks were said to cure a lot of ailments such as yellow fever on infants, birth related rashes on the mother's side soon after giving birth. The bark's powder can be used for after-birth stomach pains, and the cleaning of the womb. One elderly interviewee said,

*“Mwana wese kuno kwedu achangozvarwa anotofanira kuti agezeswa mumvura inenge yakaiswa makwande emupfura kudzivirira chirwere cheyellow fever. Amai vake vofanirwawo kugarira mvura ine makwande iwaya zvekare kuti nyama dzavo dzidzokedzane.”* (An infant need to be bathed using water which is mixed with mupfura barks to protect the infant from yellow fever. The mother should also birth with water mixed with mupfura barks as a way of tightening her birth canal which usually gets loose during giving birth.)

They also stated that *ruzangaruvire*, which is a sweet potato-like plant (tuber), is a remedy to all mothers soon after giving birth. Muyambo (2018), in his thesis on *Bota reshupa*, demonstrated how the Ndaou women are vital in matters of health, family care, their culture and situation. According to him, this *bota reshupa* is a herbal porridge prepared using a concoction of traditional herbs soaked in plain water. The watery substance, which must be in a calabash, will then be mixed with millet or rapoko to prepare the porridge. He also established that women in Zimbabwe, and the Ndaou women in particular, are the chief chefs of indigenous herbal medicine, especially herbs which treat infants and women's diseases. The Ndaou women are known to be the masters and custodians of the *Shupa*. He also noted that although the Ndaou women were the custodians of the *Shupa* practice, they worked together with the Ndaou men. Muyambo (2015) also revealed that both men and women can collect the herbs together but it is the women who will then prepare the concoction. Bogossi et al. (2000) say that elderly women in Brazil achieve considerable community prestige as a result of their healing abilities. Women in Chivi, especially the older women, represent the primary healthcare providers for the family and the community, a situation that prevails in many other regions in the developing world (Nyawa & Voeks, 2001). The results of this study reflect how medicinal indigenous knowledge systems are used in Chivi Central to treat women-related diseases.

### **Who are the herbalists in Chivi Central?**

This research study established that women in Chivi Central are major agents in primary health care for women. In contrast with other beliefs in most societies in Zimbabwe where women play secondary roles in the home, Chivi Central women are seen to be very active in issues regarding the healthcare of women through their detailed knowledge on medicinal herbs that can be used to treat women-related diseases. Kanjere, Thaba and Teffo (2011) believe that women, especially rural ones, are negatively affected by prejudices because most men in such areas claim to be staunch custodians of culture. From the interviews carried out in this study, it was evident that Chivi Central women are very active when it comes to the use of herbs in treating various women's ailments. Swai (2010) concurs with this idea when he argues that women occupy a special place in the improvement and promotion of health care services, mainly because of their participation in, and management of, different health care activities that affect the families. Thus, the women in Chivi Central can be referred to as

health care workers due to their experience in dealing with herbs which treat women ailments within their society and not, by formal training per se. Heferran (2008) argues that although rural women are often presented as silent, absent and under-appreciated, they probably represent the world's most powerful untapped natural resource, and they are more than ever before a key to world stability and understanding. The interviews revealed that most of the herbs which are known by women in Chivi Central are for women's lives in general. They get these herbs from their local bushes and gardens. A young mother of two said, *Tinowana mishonga yedu yese musango iro uye kumapindu ari pedo*. Chavhunduka (1998) also supported this when he said that most traditional herbs are from either tree barks, roots or leaves. This was also confirmed by some of the interviewees when they were explaining how to prepare concoctions for some of the diseases. One elderly woman said, *tinonyanya kushandisa makwati emiti, midzi, uye mashizha pakurapa*. (We normally use tree barks, roots and leaves). Another one said, *midzi nemashizha zvinondishandira nokuti zvinopa muto wakawanda unodiwa pakurapa*. (root and leaves produce enough juice needed for treatment).

A total of fifteen women were interviewed, with five of them being of the age above sixty-five, five were between fifty and sixty-four years and the last five were below the age of fifty years. During the interview sessions, it was evident that women above the age of sixty-five displayed vast knowledge about medicinal herbs compared to other age groups. One elderly woman interviewee had this to say, *"Ini ndini muti ndinonyanya kuziva nezvemiti inorapa zvakasiyana-siyana zvokuti murume wangu anotorapa achishandisa zvandinomupa."* (I am the one who is most knowledgeable on herbs to the extent that my husband uses my herbs to heal people.) According to Momsen (2004), the journeys that men and women often took to different spaces, their familiarity with nature is bound to vary. People give names to, and learn about, the properties of plants that are highly visible, familiar and accessible to them (Kainer & Duryea, 1992; Pfeiffer, 2000; Howard, 2003).

These women gave Murumanyama tree as a major herb which they use to treat sexually transmitted diseases and several women ailments. On the use of this tree one interviewee, a seventy-year-old herbalist has this to say, *"Uyu muti wandinonyanya kushandisa unobatsira madzimai akawanda muno pakurapa zvirwere zvizhinji zvinowanikwa pamadzimai zvakanyanya."* (This popular herb which I use most, helps a lot of women in our community to treat several women's diseases). Most families in this district have more than one wife per

family (polygamous set-ups) and so chances of females contracting different diseases are high (Muchabayana, 2017). These people do practice the inheritance of the deceased's spouse. They believe that marriage is for life and hence even after death the surviving spouse should not yearn for love (Muchabayana, 2017). It is against this background that most of the women interviewees claimed to have knowledge about herbs which treat different women's diseases as a way of stabilizing their families.

Women interviewees also indicated that they have full medicinal herbs to heal ailments which usually affect them as women. They knew most medical herbs which help pregnant women during and after birth. One elderly herbalist interviewee said, "*Ini ndinoziva mishonga inodiwa nevakadzi vakazvitakura kunyanya uye kuvuchika.*" (I am well versed with herbs for pregnant women and those that can help them get pregnant (conceive). She also added that these herbs could be accessed in the surrounding area and most of them are used daily as vegetables by the community. The society believes in large families and to these women it is the duty of the woman to see to it that her home has many children. The older women would then look for different herbs to help married women to conceive and to change the sex of the child in the womb as a way of increasing large families. Voeks (1996) seems to concur with what the interviewee said when he said that among women, such knowledge on herbs generally derives from more anthropogenic landscapes, ecosystems with ecological properties and patterns of cognitive accessibility that are often under the control of human habitat alteration. Another elderly woman interviewee said, "*Ini mishonga yandinoziva zvakanyanya ndeye kusuka chibereko. Handina wandinopa asingatsike kana anosara nehunye.*" (I am knowledgeable on herbs that can clean the womb. I have never failed on this). A young mother who was conceived after treated by this elderly woman said, "*Ndakaita makore matatu ndisina mwana asi pandakangoshandisa mushonga wambuya ndakabva ndatsika.*" (After three years without a child, I used grandmother's medication, and conceived).

### **Where do they get the herbs?**

One of the women interviewees who has spiritual powers said, "*Mishonga mizhinji tinoiratidzwa kuhope kazhinji kana pachinge paita dambudziko munharaunda, semazuva ano kusina zvifambiso zvekutakura atumbwa kuenda kuchipatara*". (We are told most herbs

through dreams whenever we have problems in the community like these days we are facing transport problems to carry pregnant women to the clinic). This shows that the women in this district believe in spiritual power and hence their confirmation to the spirituality aspect of the theory used in this study (Africana Womanism). The theory avows that women possess spiritual powers which they use to assist their communities.

Another herbalist hinted that she got most of her herbs from the main local rivers (Tugwane River and Tugwi River). She said, “*Ini ndine shavi renjuzu saka ndinoshandisa mishonga yandinotora munizi nhatu dzinoti Runde kumaodzanyeba uko, Tungwane pachidyavasikana apa uye Tugwi kumabvazuva uko,*” (I have the mermaid spirit, so I use herbs from these three river, Runde river in the south, Tugwane here and Tugwi in the east). The elderly herbalist said she used mermaid powers but refused to disclose the type of herbs and what ailment they cure saying that it’s not permissible. This is in line with what Logan and Dixon, cited in Voeks (2007) said, seeming to agree with these female interviewees when they say that local herbalists get herbs from undisturbed nature, a plant kingdom under the influence of mostly natural ecological processes.

All of the fifteen women participants in this study revealed that their knowledge about the medicinal value of some herbs for women diseases, ranging from headaches to most serious diseases. However, women above the age of sixty-five demonstrated great knowledge of how some of these herbs can be used to treat multiple diseases. Two out of the five women below the age of forty said they only knew herbs like *mupfura* and *soso* which they grew up seeing their parents applying on them. The results show that the herbal knowledge which these women from different age groups had from the local flora tend to grow as more women are being married in the family, increasing their responsibilities (Gwekwerere, 2017). It is also evident, from the results, that some women accumulate this knowledge of nature more rapidly throughout their lives as they grow old and take up family responsibilities. Thus, in old age, women know much more about the medicinal properties of plants for different illnesses. This is in line with what we have in our Shona culture, that wisdom comes with age and our elders are *zvipangamazano* (knowledgeable).

All the participants presented deep knowledge on plant medicine and they even went on to mention the various ailments cured by these herbs. Their knowledge centred very much on

diseases which normally attack married women. Younger women, for example, clearly stated that they knew very little about herbs which women used to cure diseases affecting pregnant women. This was surprising because the older women demonstrated that the herbal knowledge which they exhibited was purely from folklore or are spiritually related, because as the researcher noted, some of them personally displayed some spiritual signs and facial expressions which they say give them signals of where and how to identify the herbs.

Two elderly participants in the age group between fifty and sixty years of age provided valuable information on the use of medicinal herbs in the Shona society. One of them said,

*“Mukadzi woga woga muChiShona anotarisirwa kuziva imwe midzi yekudziisa muviri wake kuti asaite zvirwere zvechikadzi.”* (Every woman in the Shona society is expected to know some herbs which can cure women ailment).

Begossi et al. (2002) and Heckler (2002) concur that women know a great number of medicinal species and older women indicated that knowledge on herbs is usually a preserve of the aged in their society. The research study established that women at child bearing ages have very little ideas of herbs which cure women diseases. However, it was found out that this knowledge increased as they grow older, from their interaction with elder women in their homes and also from their increasing responsibilities.

### **Herbalists’ age-groups and knowledge**

This research study also established that women of different age-groups clearly exhibit differing knowledge of their local herbs. Women in Chivi Central can identify, name and describe the medicinal properties of plant species in their locality, which they use to treat different diseases. Bogossi et al. (2000) say that elderly women in Brazil achieve considerable community prestige as a result of their healing abilities. Women in Chivi Central, and elderly women in particular, represent the primary healthcare providers for the family and the community at large, a situation that prevails in many other regions in the developing world (Nyawa & Voeks, 2001). The results of the present study largely mirror how medicinal indigenous knowledge systems are identified, gendered and used in Chivi Central District. Thus, there is division of plant knowledge by women and this is done according to age. The knowledge gap between ages grows with increase in age, to the point

that middle-aged to elderly women constitute cognitive repositories of traditional ethno-medical knowledge.

Voeks (2007) also stated that women in eastern Tanzania know more about herbaceous plants, whereas men are more knowledgeable about trees. This means that in Tanzania the IKS are gendered as what we have in most patriarchal societies where gender roles are applied in most families. This clearly reveals that women of different age-groups exhibit differing knowledge of their local herbs as they have different gender roles. This research study revealed that women of different age-groups work together in identifying, naming and using the medicinal properties of plant species through the preparation and application for women related diseases.

There is an age division of plant knowledge among the women in Chivi Central District. From the results gathered from interviews, the knowledge gap between women has reduced over the years, to the point that middle-aged to elderly women constitute cognitive repositories of traditional ethno-medical knowledge and it is the responsibility of all elderly women. It is of much interest to note that though the women in Chivi District place great importance on IKS. The Zimbabwean government is not keen to openly recognize the importance of traditional medicine in the health-care system. There is great fear that most of the herbs will go extinct. Muyambo (2018) believes that these IKS medicines are dying out along with their holders. Older women who are the custodians of herbal knowledge which can be used to treat women's diseases are dying without passing this treasurable knowledge to the current generations. On the other hand, it seems as if the youths of the new generation are not willing to take up this knowledge.

### **How women use the herbs**

On the concept of how to use the herbs, most of the interviewees stated that they mix more than one herb to come up with a particular concoction to treat a particular illness, which they refer to as being stronger. The women in the communities use the trees' roots, barks and leaves to treat different women's diseases. On the same note, Kello, Nyunja, Netondo and Onyango (2010) state that in Kenya there is a community in Mt. Egon who chew *Tangetesminuta* leaves for treatment of different ailments. The same community also boils

and drinks *Artemisia afra* leaves to treat women's cancer, while ulcers are treated by boiling and drinking the root of *Heteromorpha*. It is interesting to note that different herbs serve the same purpose in different communities. Chinsebu (2015) stated that there is some variation on the function of a particular herb according to places. In his study in Namibia, he discovered that a particular herb in one community is used to cure a different women's disease in another community. This was what this researcher discovered in Chivi Central District through interviews when a particular herb's use varies with age difference. For instance, women said that *Murumanyama* is used to treat stomach aches in infants but elderly women use it to treat sexually transmitted diseases in women as a way of stabilizing their families. They use raw roots, leaves and bark, depending on the illness. They also use mixtures of the bark and leaves if the illness takes more than three days without any visible improvement. They drink, chew and mix the concoction with food at times.

## **Conclusion**

The medicinal indigenous knowledge system in Chivi Central District in Masvingo Province is very useful and important to the local people. The source of these IKS can be attributed to the fact that women of different ages work together and this is credited a lot to the culture of women in Chivi Central District. The research revealed that women in Chivi Central District have immense knowledge about medicinal herbs, though this knowledge varies across their ages. This research study found it necessary that this knowledge be shared between men and women and within the age-groups of women too. The role of women is very important, especially within the indigenous knowledge systems, particularly in the medicinal herbs section. The fact that they are the custodians of particular important information with regard to various herbs is very important. If this knowledge can be shared throughout the ages of women so that it will benefit society at large generation after generation, it will be important. If this information can be shared, it will take along the concept of innovation in the use of these herbs, thereby benefiting the community. This study has argued that the immense knowledge on herbs from elderly women be integrated and shared by other age-groups for the benefit of the entire society. The government can also help these women to commercialize their herbs and improve their standards of living.

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