

**APPROACHES TO MANAGEMENT AND TREATMENT OF NHOVA AMONG  
INDIGENOUS PRACTITIONERS AND SELECTED CHRISTIAN CHURCHES**

BY NOLIA FADZAI GOVERE

A dissertation submitted to the Department of African Languages and Culture of the Midlands  
State University in Partial Fulfilment of the Requirements for the degree of Bachelor of Arts  
Honours degree in African Languages and Culture.

Supervisor Dr C. TEMBO

MAY 2016

**Declaration form**

I declare that “*Approaches to management and treatment of Nhova among indigenous practitioners and selected Christian churches*” is my own work and it has not been submitted before any degree or examination in any other university. I declare that all sources I have used or quoted have been indicated and acknowledged as complete references. I authorize the Midlands State University to lend this dissertation to other institutions or individuals for scholarly research.

GOVERE NOLIA. F

MAY 2016

SIGNATURE.....

DATE.....

**Approval form**

The undersigned certify that they have read and recommended to Midlands State University for the acceptance of a research project entitled: *“Approaches to management and treatment of Nhova among indigenous practitioners and selected Christian churches”* Submitted by Govere Nolia F in partial fulfilment of the requirements for the degree of Bachelor of Arts Honours in African Languages and Culture.

Supervisor.....

Internal Marker.....

External Assessor.....

## **Abstract**

The study focuses on the different approaches used by indigenous practitioners, Johane Masowe church and AFM in the management and treatment of *nhova* in Zvishavane. It is a comparative study that seeks to impact and interrogate the convergences and divergences among the Christian churches and indigenous practitioners. The study was guided by Afrocentricity particularly Karenga (1993)'s ideas on multiculturalism. Utilising interviews questionnaires and focus group discussions, the study established that there are several approaches used by both Christian churches and indigenous practitioners. These include salt, cooking oil, soil, indigenous herbs, *Maduma* (waist and neck strings) and *Muteuro* (prayer). The study establishes convergences between indigenous practitioners and Johane Masowe since both make use of, salt, cooking oil and *maduma*. AFM presented a different scenario because they believe in Jesus Christ as a healer, have faith in the power of prayer to heal every disease and going to hospital. The research therefore presents a case where there is critical need to respect differences.

## **Dedication**

This dissertation is dedicated to the much-loved husband J Nzvimba for his love and support.

## **Acknowledgements**

It is frequently said that “no man is an island unto himself” hence this major undertaking and compilation of this dissertation could have never been a success without reference to the work, contribution, encouragement and support of many individuals. Essentially, my heartfelt appreciation goes to my supervisor Dr C. Tembo whose constructive input, guidance, patience and inspiration has made this task possible. To the lecturers in the Department of African Languages I thank you all for the support. Special thanks also goes to all those who partake during the data collection process. I also wish to express profound appreciation to my family members for their support and encouragement. Special mention goes to Mr and Mrs W Govere I say thank you for your love and support; I pray that Lord will never overlook your efforts towards my welfare. Above all, this dissertation works for the adoration of the sovereign Lord.

## Table of Contents

|   |      |
|---|------|
| Declaration form .....  | i    |
| Approval form.....  | ii   |
| Abstract .....  | iii  |
| Dedication .....  | iv   |
| Acknowledgements.....   | v    |
| List of tables.....   | viii |
| CHAPTER ONE: INTRODUCTION.....  | 1    |
| 1.1 Area of investigation.....  | 1    |
| 1.2 Background of the study .....   | 1    |
| 1.3 Statement of the problem.....   | 2    |
| 1.4 Research Objectives.....  | 2    |
| 1.5 Research Questions.....   | 2    |
| 1.6 Justification of the research .....   | 3    |
| 1.7 Theoretical Framework.....  | 3    |
| 1.8 Research Methodology .....  | 4    |
| 1.8.1 Primary sources.....  | 5    |
| 1.8.2 Questionnaires.....   | 5    |
| 1.8.3 Interviews.....   | 5    |
| 1.8.4 Focus Group Discussions.....  | 6    |
| 1.8.5 Secondary sources.....  | 6    |
| 1.9 Literature review .....   | 6    |
| 1.10 Delimitation of the study .....  | 14   |
| 1.11 Limitations of the study .....   | 14   |
| 1.12 Definition of key terms.....   | 14   |
| 1.13 Organisation of the study.....   | 15   |
| CHAPTER TWO: THE CONCEPT OF MULTICULTURALISM.....                                       | 16   |
| 2.1 Introduction.....   | 16   |
| 2.2 Scholarly views on Multiculturalism: Towards a definition.....                      | 16   |
| 2.3 Management of <i>nhova</i> in the context of a multicultural world.....             | 19   |
| 2.4 Conclusion .....  | 20   |
| CHAPTER THREE: INDIGENOUS METHODS OF MANAGING AND TREATING<br>NHOVA IN ZVISHAVANE ..... | 21   |
| 3.1 Introduction.....   | 21   |
| 3.2 Indigenous practitioners' understanding of <i>Nhova</i> .....                       | 21   |

|  |           |
|--|-----------|
| 3.3 Approaches used by indigenous practitioners in treating and managing <i>Nhova</i> .....  | 23        |
| 3.3.1 The use of salt in treating and managing <i>Nhova</i> .....  | 23        |
| 3.3.2 The use of cooking oil in the management and treatment of <i>Nhova</i> .....   | 25        |
| 3.3.3 The use of <i>Maduma</i> in the management and treatment of <i>Nhova</i> .....   | 26        |
| 3.3.4 Indigenous herbs and the treatment and management of <i>Nhova</i> .....  | 28        |
| 3.3.5 The use of soil in the management and treatment of <i>Nhova</i> .....  | 30        |
| 3.4 Conclusion .....   | 31        |
| <b>CHAPTER FOUR: A COMPARATIVE ANALYSIS OF CHRISTIAN AND INDIGENOUS APPROACHES ON THE TREATMENT AND MANAGEMENT OF <i>NHOVA</i></b> ..... | <b>33</b> |
| 4.1 Introduction.....  | 33        |
| 4.2 The Johane Masowe’s perception and approaches to management and treatment of <i>Nhova</i> .....                                      | 33        |
| 4.2.1 The use of salt and cooking oil .....  | 34        |
| 4.2.2 Muteuro and the treatment and management of <i>Nhova</i> .....   | 36        |
| 4.2.2.1 <i>Nhombo</i> (anointed stones).....   | 36        |
| 4.2.2.2 The importance of Leaves of the Hissing tree and <i>Maduma</i> in the management and treatment of <i>Nhova</i> .....             | 38        |
| 4.3 The concept of <i>Nhova</i> and the approaches used to manage and treat in AFM in Zimbabwe .....                                     | 40        |
| 4.4 Conclusion .....   | 44        |
| <b>CHAPTER FIVE: CONCLUSION.....</b>   | <b>45</b> |
| <b>REFERENCES .....</b>  | <b>48</b> |
| <b>APPENDICES.....</b>   | <b>50</b> |
| Appendix one-Questionnaire guide for academics .....   | 50        |
| Appendix two-Interview guide for indigenous practitioners in Zvishavane .....  | 53        |
| Appendix three- Interview guide for members of the Johanne Masowe church .....   | 54        |
| Appendix four- Interview guide of AFM church members .....   | 55        |



## LIST OF TABLES

|   |    |
|---|----|
| Table 3.1 Views from participants on the use of salt in management and treatment of <i>nhova</i><br>..... | 24 |
| Table 3.2 People’s perceptions regarding the use of herbs on <i>nhova</i> .....                           | 29 |
| Table 4.1 Explanations on the use of anointed stones in treating and managing <i>nhova</i><br>.....       | 37 |

# CHAPTER ONE

## INTRODUCTION

### 1.1 Area of investigation

The study is in the area of culture and adopts a comparative approach in its focus on approaches to the treatment and management of *nhova* (fontanelle) among AFM, Johane Masowe and indigenous practitioners in Zvishavane. The study explicates the divergences and convergences of AFM, Johane Masowe and indigenous practitioners in search for African renaissance. Inspired by Afrocentricity the study establishes that approaches used include salt, cooking oil, soil, indigenous herbs, *Maduma* (neck and waist strings) and *Muteuro* (prayer) which will be inform of anointed stones (*Nhombo*) or leaves of the hissing tree.

### 1.2 Background of the study

The study focuses on the approaches to treatment and management of *Nhova* (fontanelle) among members of the Johane Masowe Apostolic Church, the Apostolic Faith Mission in Zimbabwe (AFM) and indigenous practitioners in Zvishavane. The management and treatment of *Nhova* (fontanelle) is not clear how the Zimbabwean society respond to the cause. In the media reports of May 2016 (Herald, daily news, Zimbabwe 24 Seven News, Chronicle, ZI Entertainment), there has risen a debate and controversy on the treatment of *Nhova* where the issue is centred on the musician Alick Macheso's method of *kutara*, where he uses his manhood to treat his child of fontanelle. Macheso said that, the method he used is called "kutara" to the fontanelle of his child and the method involves a father sliding his manhood from the face, left ear, right ear and the back of the head to the middle of the head. Macheso's approach of using his manhood on his child is seen as dangerous, retrogressive, diabolic and child abuse hence other people believe that *kutara* should be prohibited, discouraged or criminalized. Therefore it is clear that conflict is among the Christian beliefs and indigenous ways of managing *Nhova* (fontanelle) and as a result there is chaos and disorder in the society as to which way to use in managing *Nhova* (fontanelle) and therefore the conflicts in society has warranty an investigation of how the different groups of people in Zvishavane manage *Nhova* comparing and contrasting the different approaches they use.

The general lack of relevant information on the approaches to management of *Nhova* (fontanelle) in Zimbabwe has been singled out as a major barrier to the implementation of

comprehensive approaches and management programmes and policies for informed decision making and it has caused havoc in the society. Therefore it is against this background that the study explores the similarities and differences in the approaches on the treatment and management of *Nhova* (fontanelle) among Christian churches and the indigenous practitioners, going against the notion of chaos that has resulted from the way Macheso treat his child *Nhova* (fontanelle) in a way to achieve harmony among Zimbabweans to accept their differences towards the rebirth of African culture.

### **1.3 Statement of the problem**

The treatment and management of *Nhova* (fontanelle) among the Zimbabwean society has sparked a lot of debate. In recent reports in the media, there has been controversy on the treatment of *Nhova* (fontanelle) where forth the friction of *Nhova* (fontanelle) is amongst the Christian values and the indigenous practises of different cultures, (Herald, 2015 Nehanda radio on the 6<sup>th</sup> of May 2014, Zimbabwe 24 Seven News Of 06 May 2014, Chronicle Of 06 May 2016, ZI Entertainment, 06 May And 02 May 2014). The indigenous approaches have been described as backward, uncivilised, diabolic, dangerous, and creating opportunities for child abuse and should be criminalised. The general lack of relevant information on the best approaches to treatment and management of *nhova* (fontanelle) in Zimbabwe has been singled out as a major force of conflicts between the church and indigenous practitioners and as a result there are conflicts in the society on how *nhova* (fontanelle) is supposed to be treated and managed.

### **1.4 Research Objectives**

The research seeks to achieve the following specific objectives:

- to expose and interrogate the approaches to treatment and management of *Nhova* (fontanelle) among indigenous practitioners and selected Christian churches in the search for sustainable renaissance.
- to expound on the divergences and convergences in the management and treatment of *Nhova* among the Christian church members and indigenous practitioners.

### **1.5 Research Questions**

The research is guided by the following research questions:

- In what way do indigenous practitioners in Zvishavane treat and manage Nhova (fontanelle)
- How does the Johane Masowe church and AFM treat and manage Nhova (fontanelle) in Zimbabwe?
- What are the convergences and divergences between Johane Masowe, AFM and indigenous practitioners on the management and treatment of Nhova (fontanelle).
- What should be done to improve and avoid cultural friction on the treatment and management of Nhova (fontanelle) among the Zimbabwean people?

### **1.6 Justification of the study**

There is scant literature on how nhova (fontanelle) should be treated and managed in Zimbabwe from an African point of view; most scholars look on Nhova from a medical perspective. The present study is an effort towards critical dialogue on Nhova (fontanelle). It is anticipated that the study is a huge contribution to extant literature on *Nhova*. This type of analysis informs members of the community, churches, government and indigenous practitioners in the cultural divide on how *Nhova* (fontanelle) is treated and managed. There is havoc in the Zimbabwean society on how *Nhova* is supposed to be treated and this is a result of cultural differences in the society between the indigenous practices and Christian approaches on the treatment and management of Nhova (fontanelle). The choice of the Apostolic Faith Mission in Zimbabwe (AFM) has been occasioned by the fact that it is a Pentecostal church which is against the indigenous practices and therefore they believe in Jesus Christ as the healer through prayer and in going to the hospital and see indigenous approaches as superstition. Johanne Masowe Chishanu has been selected in this study because it looks like a hybrid of Christianity and ATR at the same time and is more influenced by indigenous practices of managing illness and at the same time preserving the Christian values. The Zvishavane community has been chosen because it is full of mixed ethnic groups who have different explanations on *nhova* and have different approaches to manage it. The study is critical today when renaissance is topical issue in academic circles.

### **1.7 Theoretical Framework**

This study is influenced by Afrocentricity which was propounded by Asante (1987). The theory explains that Africans have been taken off of their cultural footing and have existed primarily on the periphery of Europe. The theory is relevant to the study in the sense that the

Zimbabwean people have been dismembered from their philosophy of life and have made to believe that practicing indigenous practices is diabolic, superstition and backward therefore they tend to negate their culture. This study adopts the concept of multiculturalism by Karenga (1993) who argues that multiculturalism is rooted in mutual respect for each people and culture, common recognition that human diversity is human richness that is respect for human person in all her or his diversity. *Nhova* (fontanelle) is a serious illness in the Zimbabwean society therefore people have different ways of managing it either from a Christian perspective or indigenous ways. Therefore there is need to accept human diversity rather than taking other practices as diabolic or superstition and others as prestigious because each and every people have a right to speak their own cultural truth and their uniqueness in the management of *Nhova* (fontanelle). Hence the existence of many cultures in the management on *nhova* in the Zimbabwean Shona society must not create havoc and conflicts in the society but it must mark the human richness of African people in managing different illness.

Therefore in order to appreciate *Nhova* people must understand the philosophy of life of the Johanne Masowe church, AFM and indigenous practitioners rather than arbitrating each practice basing on one's practice, so that people live together in state of managed chaos and stable confusion, hence the rebirth of African culture. Zimbabweans must not remain married to the interpretations of alien theories on the ways of managing *Nhova* (fontanelle) but they must stand up and re-define themselves against the European interpretations about their culture.

## **1.8 Research Methodology**

In an effort to answer all the research questions, the researcher collected both primary and secondary data using the qualitative approach. The study provides understanding of the approaches to treatment and management of *Nhova* (fontanelle) among members of the Johane Masowe Apostolic Church, the Apostolic Faith Mission in Zimbabwe and indigenous practitioners in Zvishavane. Qualitative research design provides a lot of answers and allows description from the respondent's point of view and it allows the researcher to produce data that is contextual, descriptive, in depth and rich in detail.

### **1.8.1 Primary sources**

The primary sources of the research are the Zvishavane community, the selected Christian churches that is the Apostolic Faith Mission in Zimbabwe and Johanne Masowe. A number of research instruments were developed to facilitate the conduct of the research. The researcher adopted questionnaires, interviews and group discussions in the collection of primary data. The idea of soliciting information from both key informants and local communities helped to balance views of both church groups and the indigenous practitioners.

### **1.8.2 Questionnaires**

The researcher gathered data using questionnaire and the researcher use both open ended and closed questions for the purpose of obtaining short and straight answers and also for respondents to further clarify their responses. Bell (1993) questionnaires are a set of questions with the appropriate questions on specific subject. Open ended questions on the questionnaire enabled respondents to speak out their views, and experiences with regard to the treatment and management of Nhova. The questionnaires were given to selected students and lecturers in the field of culture, and a total number of twenty questionnaires were distributed and ten respondents fill in and send back the questionnaires. This sample was chosen by the fact that the participants were the ones who were able to provide relevant information under study.

### **1.8.3 Interviews**

The researcher carry out interviews through asking questions from AFM pastors, AFM church members, Johane Masowe prophets and church members, mothers, family elders and community elders in Zvishavane community. The interviews were carried out in two ways, face to face and phone call interviews and a total number of twenty informants were interviewed. For the face to face interviews the researcher set up the interview dates, venue and time and the researcher interviewed selected informants and this sample was chosen by the fact that they were the ones who were able to give relevant information to the study.. Further this method also ensured that the respondents properly understood by repeating or rephrasing the questions. Interviews with key informants were to complement the questionnaires and cross checking the validity of the information to be gathered.

#### **1.8.4 Focus Group Discussions**

Focus group discussions are also called focus group interviews, interviewing five or more interviewees who have something in common in terms of cultural beliefs, status, occupation and many others. Tuckman (1978) argues that, focus group discussions are conducted by people from six to fifteen. A group of six members of the AFM church and six members of Johane Masowe were interviewed separately on the approaches they use to treat and manage Nhova among children. This arrangement was done for the purpose of identifying the different approaches on the management of Nhova and how AFM members view the methods used in Johane Masowe and vice versa. This increased the reliability and complemented data collected through interviews and questionnaires since collective views involving attitudes, perceptions, ideas and feelings were captured. This was also done to minimize bias in data collected from the key informants and to observe how people view the approaches used by others in managing and treating Nhova .

#### **1.8.5 Secondary sources**

The secondary sources in this study were the existing studies on Nhova (fontanelle) management in Zimbabwe. The approach allowed the researcher to observe and explore issues concerning the treatment and management of Nhova giving a clear understanding of the phenomena and recommending possible solutions. The researcher used documentary analysis method for collecting secondary data, thus relevant secondary sources on literature such as books, journals, articles and published dissertations. These sources were important in the sense that they helped the researcher to find the possible solutions to the problem and the gaps that invited scholarly attention.

### **1.9 Literature review**

Literature is crucial and it encourages debate on different issues. The review of related literature in the management of Nhova (fontanelle) among the African Christians and the indigenous practitioners take into account the different schools of thought, views and opinions on the management of Nhova (fontanelle) and how the Zimbabweans have been treating the subject. The researcher takes into account the different world views of the church and indigenous practitioners. Ani (1997) argues that world view refers to the way in which people make sense of their surroundings and it is related to religion and every worldview

generates a set of metaphysical definitions and can only be understood and explained using those definitions as reference points.

Ani (1997) in the book, *Let the circle be unbroken*, argues that:

Black people have the wisdom of traditional African medicine and their knowledge of the properties and healing powers of herbs and roots is extensive. It is not to be found in books neither it is only privy to a few educated professionals..... Every mother knows what to do for her child's colds, cuts, fevers or rashes. She knows who to ask if she encounters anything more serious...African knowledge must not strip away.

She further argues that it is through ritual that the unexplainable is understood, that chaos is made to be ordered within the logic of tradition of child treatment. It is through ritual that people are able to explain the causes of illness, avoid, dealt with and overcome it. However societies differ in the cultural divide and as for other churches like AFM, the argument is that everything they do should have a reference from the bible and every illness should be prayed for by the pastor before the child is referred to hospital for medical treatments. This has presented a challenge to the Zimbabwean society of today especially the treatment of Nhova (fontanelle) where mothers address the situation in silence, because they know it's a serious problem among children. The research explores the different approaches used in the Zvishavane community to treat and manage Nhova. Indigenous approaches are taken as diabolic, backward and uncivilized and it is doubted successful in helping people to overcome a variety of illnesses and people need to consult modern Western medicines in case of any illness, but in Zvishavane people make use of indigenous approaches in Nhova because they believe it's a serious illness that can be caused by evil spirits and need rituals for the explanations of the disease rather than going to hospital without knowing the cause. Therefore the research explains the different approaches by the church and African indigenous practitioners in search of African rebirth.

Karenga (1993:46) in the book, *Introduction to black studies*, has this to say:

Multiculturalism can be defined as thought and practice rooted in and reflective of several basic commitments:1) mutual respect for each people and culture,2) common recognition that the challenge is not simply to tolerate it but to embrace and build on it,3)mutual recognition that...society nor the world is a finished white product but rather an ongoing multicultural project and that each people has both the right and responsibility to speak its own special truth and make its own unique contribution to the forward flow of social and human history and 4)mutual commitment to an



ongoing search for common ground in the midst of diversity necessary to build a just and good society and a peaceful and freedom respecting world.

Karenga argues that there should be respect to one's culture. He tried to address the challenge where a dominant and superior group dictates and its culture prevails at the expense of a smaller minority group. The Zvishavane community have different beliefs and practises on the treatment and management of Nhova (fontanelle) which this study tries to explain in a comparative approach. Since Zvishavane is a multicultural society there is need of freedom to express one's culture, for example in the case of fontanelle management, cultural groups whether the church or indigenous practitioners should be given a chance to speak their cultural truth and their uniqueness. Though a society can be in a position to accept cultural differences, Karenga highlights the concept of capacity building as a way of embracing the differences. He is of the opinion that the minor should also be viewed as a unique and important group in any society. As highlighted in the problem statement, there is havoc in Zimbabwe because people have different views on the concept of Nhova which most of them appear to be based on cultural differences and lack of mutual respect, hence people should value and accept human diversity. Furthermore, Karenga is of the opinion that colonialization has brought total change and societies should accept change as globalisation and not take that change as something that distinguishes civilised from uncivilised on different cultural practices. The debate on cultural differences cannot be reached unless societies respect other people's cultures. If mutual respect continues to lack, a world full of conflicts and chaos is certain and other cultures would be seen as being inhuman yet its lack of recognition. Therefore this study is important because will become a basis for mutual understanding between different ethnic groups in Zvishavane on the management and treatment of *nhova*.

Chavunduka (1986) in a study, *Christianity, African religion and African medicine* argues that a large number of Africans continued to use indigenous healers, even as these healers were being maligned and abused by the whites, both in rural and urban centres. Thus in the colonial era Zimbabweans were forced to negate their religion. The research therefore explicate the different approaches by the Zimbabwean society in the treatment and management of Nhova (fontanelle) and the beliefs on the subject and what makes Christians continue to consult indigenous practitioners even when they were discouraged to and at the same time going to hospitals. Moreso, Chavunduka, (1986) argues that those Africans who consider themselves 'Westernised' and therefore 'civilised' tend to consult with Western medical practitioners during the day and with African traditional healers at night when people

cannot see them. This is caused by Christian teachings which is against indigenous ways of healing for example in Pentecostal churches like AFM, as a result there is dual membership by the Zvishavane community because there is something that is common among the two worldviews. Chavunduka has taken the general overview of how indigenous healing is perceived by Christian churches, hence this study is of variance in the sense that the researcher look specifically on how Nhova (fontanelle) is being managed and treated by the church and the indigenous practitioners and the friction that has risen due to these differences. The research also explicates the convergences and divergences between the two and this will be done in search for African renaissance.

Shoko (2007) in a study, *Karanga indigenous religion in Zimbabwe*, argues that:

The illness called Nhova (fontanelle) is a serious one amongst the Karanga people, particularly children. Chepamusoro (that which is on top of the head) is due to malicious witches who interfere with the human head. As a result, the Karanga apply different medicines on the delicate part to combat this illness and is done after a ritual...Nhova is a dreaded disease in the Karanga communities. As a result, parents seek powerful protective medicines for their young children.

The study was limited to the karanga ethnic group but the present transcends ethnic boundaries. Health and illness in the African worldview is not just physical conditions, but it can either be linked to spiritual world. Zvishavane community Nhova is not limited to the physical factors only but they believe it a health disorder that can either be caused by spiritual factors which need to be dealt with, therefore they engage in different approaches which are there either to manage or treat the subject. The AFM church's perception of Nhova (fontanelle), is based on the western views which views it as a mere dehydration and can be treated and managed through the use of oral rehydration but the challenge is that some of the people make use of both the hospital and traditional healers and in some cases the child is prayed for by the pastor before going to the hospital. Hence one can note that Zimbabweans must not ignore their indigenous practices that help them in dealing with some illness that they encounter in their everyday lives.

Gudhlanga and Makaudze (2012) in a study, *Indigenous knowledge systems: Confirming a legacy of civilisation and culture on the African continent*, argues that:

Midwives, popularly known as vanambuya in Shona society also dealt with Nhova, chipande, Chepamusoro (depressed fontanel). They gave the babies herbs which would enable them to drink more water and milk and hence would not suffer from dehydration. Even if the fontanel was depressed vanambuya could treat that using

herbs. Also of importance in traditional medicine is the traditional healer or the n'anga... apart from prescribing medicines, traditional medical practitioners also diagnose the cause of the illness and try to find solutions to the problem.

This means that midwives and traditional healers play a crucial role in the treatment and management of Nhova among the shona people. The People in Zvishavane believe that their wellbeing depends on their relationships with spirit guardians and also the Zimbabwean churches believe in the divine intervention of the Holy Spirit in case of different illness. As a result Zimbabweans tend to consult western medicines, indigenous medicines at the same time preserving Christian values, when they encounter different illness. The study is different from the ideas of Gudhlanga and Makaudze in the sense that it compares and contrasts the different approaches of the church, and indigenous practitioners in managing Nhova and the conflicts that has risen due to their differences since Zimbabwe is a multicultural society.

Villiers and Ledwaba (2003) in a study *Traditional healers and paediatric care*, argues that:

Most black people believe that a child must be treated for *hlogwana* by a traditional healer. Hlogwana ya kapele literally refers to a small head and the anterior fontanelle. Children younger than 12 months of age in particular are considered to be vulnerable to hlogwana. It is believed that there are two types: a child showing signs of dehydration is said to be suffering from small hlogwana, while signs of meningitis or redness (haemangiomas) at the nape of the neck are interpreted as big hlogwana. Thema refers to neck retraction, and it is said that if a previously normal child suddenly develops retraction of the neck, the child will probably die. Big hlogwana and thema are usually considered to be synonymous; if not treated it is thought that the redness will spread forward to the anterior fontanelle and the child will die.

This clearly means that many Africans have different perceptions about the causes, treatment and management of different illness especially Nhova. Zvishavane community believes that, a child is vulnerable and is likely to suffer from Nhova (fontanelle) due to evil spirits. It is clear that although Western healing is effective in treating many illnesses, indigenous healing seems to be superior to Western healing in the treatment of serious illness especially Nhova. This research is a detailed description of the different approaches by the Zimbabwean society in the treatment and management of fontanelle. Villiers and Ledwaba focuses on the management of Nhova in south Africa hence culture differs in the cultural divide this research explicate the different approaches in the management of Nhova in Zimbabwean churches that is, Johanne Masowe, apostolic faith mission in Zimbabwe and the indigenous practitioners in the Zvishavane community.

Sadomba and Zinyemba (2014) in a study entitled, *Socio-cultural Foundations of Caregiver*, argues that the mother's mother and father's mother had a role in the treatment and management of Nhova. They further argued that:

The caregiver (mother) is trained the medicines for kurapira and these medicines are meant to protect the child from evil spirits or prevent problems associated with the fontanel...they are given traditional herbs of *kurapira* and were taught how to administer them by their mothers during the first births when they were under kusungira prenatal care..... Father's mother, "The vamwene, playing the traditional role, strictly examines the illness of the child to satisfy themselves about the exact illness of the child. At times, they end up not going to the hospital at all because vamwene knows how to handle the condition. For example, they handle cases like (Nhova) fontanel problems which used to be recognized as chipande; that's how the vamwene function. They know a variety of child illnesses, because they have seen them before and can recognise them where they see them again.

Indigenous medical systems include not only traditional healers, but also the popular knowledge of local populations, known as domestic medicine or home remedies. Most literature on treatment of illness concentrated on the knowledge of traditional healers and largely overlooks the contribution of the knowledge of women, family elders or community elders on the concept of Nhova among children. These people contribute much on the management and treatment of Nhova because they have the knowledge of the approaches used because they have seen these problems before and have dealt with them severally. Indigenous practitioners can easily recognise Nhova on children and give the young ones advice on what they should do. Most of the methods are there to manage, known as *kurapira*, hence one can note that the African worldview has preventative measures on Nhova it does not wait for the problem to attack the child first and they also deal with the problem if it affects the child. This research therefore shows these practices in a comparative approach.

Recent media reports in the Herald of (Zimpapers: Herald of 22 May 2015) under the title "Macheso admits using manhood on child" provide an interesting debate on the management of Nhova (fontanelle) among the different groups in Zimbabwe. The reports had been centred upon a Zimbabwean sungura musician Aleck Macheso, who sparked debate over the way he treated his children for sunken fontanelle using the method known as *kutara*. This issue gave a series of commentary from the Christian churches, traditional leaders, the Government, Health practitioners. There are different opinions on Nhova (fontanelle) management that is between the churches and indigenous practitioners. Chavhunduka (2001) argues that the

westernization of the African continent resulted in many Africans becoming Christians not by choice but by force, and most of the people became married to European ideas leaving their own culture. Zimbabweans were made to believe that it is backward and diabolic to practice their cultural ways of managing diseases from an African perspective. This forced conversion of Zimbabweans did not make them completely abandon their indigenous methods of managing diseases especially the people in Zvishavane but they end up utilising the services of both the indigenous and Western health care systems. It is an exploration of whose ideas people are basing on and influenced by and the conflicts that has risen due to these differences in values. Therefore the researcher analyse the different approaches in treatment and management of Nhova (fontanelle). Inspired by the Sankofan approach the researcher reassure people to go back to their history and take what is good for the use in the present day society thus African renaissance rather than viewing the indigenous methods as diabolic basing on western ideologies.

Chikwanha wrote in Daily news 12 May 2014 on the public discussion under the topic “Macheso saga triggers debate” the publisher takes different views from different stakeholders. The debate is between the indigenous and Christian beliefs on the treating and management of Nhova. Deputy Minister of Health Paul Chimedza said there was nothing mystical about sunken Nhova (fontanelle) as they could easily be treated at local clinics and it is caused by dehydration and can be easily treated by oral rehydration methods. Traditional healers, on the other hand prescribe certain herbs to treat the condition while some apostolic sects rub salt inside the baby’s mouth. Nyaradzo Gumbonzvanda, a human rights activist said the traditional methods as the one described by Macheso of *kutara* which involves exposing one’s genitals to a baby were akin to child abuse and such practices like “*kutara*” should be prohibited, discouraged or criminalized, “If a child has Nhova (collapsed or bulged), the kid should go to hospital. Many stakeholders have commented on Macheso’s way of treating Nhova (fontanelle). Mokgobi (2002) argues that illness and healthcare systems in any society whether traditional or western are closely connected to the culture or worldview of those society, it is culture dependent. This clearly means that every society has its own way of treating Nhova (fontanelle) and it creates conflicts when one construction is said to be better than the other. In this case many people are blaming Macheso’s way as archaic, diabolic, child abuse basing on Christian values and western ideas. Hence, this study compares indigenous and Christian approaches to Nhova (fontanelle) management in a way to obtain cultural consensus in the differences since culture is relative.

Zim eye 8th April 2015 under the title “Penis Concoction: Macheso In Trouble as Child’s Belly Swells” is of the view that, Sungura maestro Alick Macheso is set for trouble with local and foreign police authorities over the “abominable” act he performed on his child as the singer’s son’s health has since drastically deteriorated after the man inserted his manhood on him. The argument is that Child Protection in Zimbabwe should take action against Alick Macheso because he used a treatment known in Shona culture as *kutara* for treating the sunken *Nhova* (fontanelle) on the child and the approach is said to cause negative effects on the child’s health. Macheso could end up being put on travel sanctions or arrested under allegations of child abuse and he may find himself not being able to enter the UK. Morekwa (2004) argues that there is interchange of indigenous healing, modern medicine and Christian healing and the three are used altogether today in Africa and each method has its own way of treating sickness and illness though they differ in some cases. Zimbabweans specifically people in Zvishavane are using these different approaches to manage different illness and the approaches are successful. There is westernisation of Zimbabwe in the sense that Macheso is judged using foreign theories and going to UK is taken as something that is more important than for one to practise his or her own culture. The goal in Africa is not to quarrel; culture is an ordered behaviour therefore the point is to search for harmonious link rather than judging each other. Zimbabweans are using alien theories to solve the Zimbabwean issues and at the end African renaissance can be impossible because of these cultural conflicts. Therefore Zimbabweans must stand up to redefine themselves from an African point of view not judging each other’s culture from a European point of view. Ani (1997) support this idea arguing that as Africans we must take our cultural forms more seriously and learn to reject alien interpretations of their significance and build on our strengths that most often lie on our uniqueness.

This research is different in many dimensions from the previously conducted researches on the same subject as shown by the literature review in this section. The previously conducted researches were explaining the general ways of how the church and traditional treat different illness in Zimbabwe and other parts of the African continent therefore different countries have different cultural structures and these situations changes unpredictably over time, thus compromising the likelihood of the outcome of similar results. This study explains the divergences and convergences of approaches used by Johanne Masowe, Apostolic faith

mission in Zimbabwe and indigenous practitioners to manage and treat Nhova (fontanelle).

### **1.10 Delimitation of the study**

The study is in the area of culture and adopts a comparative approach in its focus on approaches to the treatment and management of Nhova (fontanelle) among AFM, Johane Masowe and indigenous practitioners in Zvishavane community. It is not feasible to use the entire Zimbabwean population in the research study; therefore the target population of this study was the members of the Johane Masowe Apostolic Church, the Apostolic Faith Mission and indigenous practitioners within Zvishavane community. This study is inspired by Afrocentricity adopting Karenga (1993)'s ideas on multiculturalism where he talks of respecting and recognizing cultural diversity giving each people a chance to speak their cultural truth. The study make use of questionnaires, interviews and focus group discussions to collect primary data and the researcher also make use of existing studies on Nhova , thus relevant secondary sources such as books, journals, articles and published dissertations.

### **1.11 Limitations of the study**

During data collection on the approaches used to manage and treat *Nhova* among indigenous practitioners, Johane Masowe and AFM church in Zvishavane, and the researcher had a problem of trying to gather the views of indigenous practitioners and members of the Johane Masowe church on *Nhova* . They were withholding information because they were in fear to be known that they are in indigenous ways of *Nhova* because those who do are being labelled as witches by other people who believe the methods are backward, uncivilised and diabolic. Facing that challenge the researcher had to explain to the informants that the information will be handled confidentially for academic purposes and after that some of the informants feel free to participate. This proved to be functional and the researcher ended up getting twenty participants who offered to participate in the research endeavour. However, because of this reason the target number of thirty participants among indigenous practitioners and Johane Masowe members was not scored because some of them refused to participate. Also some students did not return questionnaires and this affected the study.

## **1.12 Definition of key terms**

### ***Nhova* (fontanelle)**

A fontanel is what is commonly referred to as a soft spot on an infant's head, (Murray and Chavunduka 1986). *Nhova* is a dreaded disease in the Karanga communities. As a result, parents seek powerful protective medicines for their young children.

### **Approaches**

These are the methods used either by indigenous practitioners or Christian churches to manage or treat *nhova* (fontanelle)

### **Indigenous practitioners**

These are the people that subscribe to indigenous methods of managing and treating *nhova* and these include the mothers, family elders, community elders, midwives or traditional healers.

## **1.13 Organisation of the study**

The study is in five chapters. The first chapter is the introduction of the study and it contains the focus of the study, background, objectives of the study the theoretical framework and how data was collected gathered. In chapter 2 the study focuses on the concept of multiculturalism, the scholarly definitions, how people are managing and treating *Nhova* in a multicultural world and lastly adopts one scholarly definition of multiculturalism to be used in the study. In chapter 3, the researcher explains the different indigenous approaches used to manage and treat *Nhova* in Zvishavane. In Chapter 4 of the study, the researcher compares and contrasts the approaches used to manage and treat *Nhova* in AFM, Johane Masowe and indigenous practitioners in Zvishavane. Lastly in chapter 5 the researcher concludes the study discussing the research findings and recommends people to value and accept cultural diversity in the management of *nhova*.



## CHAPTER TWO

### THE CONCEPT OF MULTICULTURALISM

#### 2.1 Introduction

The previous chapter was a general introduction to the research. This chapter explains the concept of multiculturalism, the different scholarly views in the definition of multiculturalism and management of *nhova* in the context of a multicultural world like Zimbabwe exposing gaps that this study wants to fill. The chapter provides an in-depth discussion of the concept of multiculturalism. It is critical to the judgements raised in subsequent chapters.

#### 2.2 Scholarly views on Multiculturalism: Towards a definition

The definition of multiculturalism is complex therefore it depends upon the content in which it is discussed. The cultures may differ from linguistic, religious and or other cultural diversity. The aim of this section is to discuss the different scholarly views on what is multiculturalism and at the end adopts a single definition of multiculturalism from an African point of view which will then shape the study. The adopted definition therefore locates the research within the context of the African perspective which aims to unite people in their differences and value cultural diversity in the management of *nhova* (fontanelle) in Zimbabwe since it is culture specific.

Karenga (1993:46) in a study, *Introduction to black studies*, has this to say:

Multiculturalism can be defined as thought and practice rooted in and reflective of several basic commitments: 1) mutual respect for each people and culture, 2) common recognition that the challenge is not simply to tolerate it but to embrace and build on it, 3) mutual recognition that...society nor the world is a finished white product but rather an ongoing multicultural project and that each people has both the right and responsibility to speak its own special truth and make its own unique contribution to the forward flow of social and human history and 4) mutual commitment to an ongoing search for common ground in the midst of diversity necessary to build a just and good society and a peaceful and freedom respecting world.

Karenga argues that there should be respect to one's culture. There is a challenge in Zimbabwe where a dominant and superior group dictates that their cultural practices prevail at the expense of a smaller minority group, but the minor group should also be viewed as a unique and important in any society. The scholar is of the view that everyone should have freedom to express their culture which in the case of fontanelle management would be found

to be very relevant. Societies in Zimbabwe have different beliefs and practises which this study will try to verify and identify the level of adoption in management and treatment of fontanelle. As highlighted in the problem statement, people have different views which most of them appear to be based on cultural differences and lack of mutual respect. Colonialization has brought total change and societies should understand that the agenda of the whites is to divide people so that they see their culture as uncivilised and theirs as prestigious. Even though globalisation, modernisation and Christianity have taken a centre stage and created a new globally accepted way of life, the culture of African societies should still remain recognised and future generations are expected to learn something important from it. The debate on cultural differences cannot be reached unless societies respect other people's cultures. Karenga argues that if mutual respect continues to lack, a world full of conflict is certain and other cultures would be seen as being inhuman yet its lack of recognition. He stressed the issue of recognition to all cultural setups. This study has therefore come at a right time, where facts need to be verified on the ground and views of different societies be incorporated in the management and treatment of fontanelle. The research will become a basis for mutual understanding between different Shona groups in Zimbabwe and a foundation for policy development in Zimbabwe.

Muchenje (2012) postulates that, multiculturalism is the recognition of society's cultural diversity coupled with efforts to promote the equality of all cultural traditions. This means that all cultures should be taken as equal and valid and no culture should be taken to be more superior to the other. Multiculturalism is a right to a difference. The concept of multiculturalism also refers to the presence of many cultures in society and these cultures co-exist in a supportive and encouraging environment. This clearly means that multiculturalism is a situation where different groups in society maintain their distinctive cultures and at the same time live peacefully within the same society. Therefore since Zimbabwe in particular Zvishavane community is a multicultural society with people of different ethnic groups who manage Nhova in different ways there is need to value those difference so that people live peacefully rather than creating conflicts on the basis of cultural difference.

Rosado (1996) is of the view that, Multiculturalism is a system of beliefs and behaviours that recognizes and respects the presence of all diverse groups in an organization or society, acknowledges and values their socio-cultural differences, and encourages and enables their continued contribution within an inclusive cultural context which empowers all within the a

society. The idea is to empower those differences in the management of Nhova not judging each culture as backward and viewing other people as civilised because they negate their culture and become married to European ideas.

Berkes (2010) Multiculturalism provides a political framework for social equality and cultural differences as for substantial elements of social order, offers strategic guiding principles to rethink redefine and resolves racial and ethnic differences. It considers all ethnic and cultural groups equal and it claims that every individual has the right to associate and identify with the culture of their choice, and yet fully benefit from the opportunities of economic and social equality. No cultural entity has the right to be privileged over another, since they enrich society, all of them should be respected and supported. Therefore multiculturalism means that there should be social equality and it is against the notion of dominant and popular culture according to this scholar, every cultural practice is equal to the other.

Heckman (1993) multiculturalism is tolerance towards others; as friendly and supportive behaviour toward; as a liberal and democratic attitude which is based among other things on learning from the errors and fatal consequences of independence, dogmatism, and ethnic intolerance. It is an interpretation of the concept of culture that there are no "pure," original cultures. In this sense, the cultures of different groups on the management of Nhova should be seen as opportunities for the enrichment of one's own culture. Therefore it is against ethnocentrism, so as to enable societal and state integration and stability. Multiculturalism refers to the general notion that group differences should be the basis for mutual respect and that these differences should be valued.

Mesic (2004) argues that multiculturalism is a system of rights and obligations which protects the integrity of the individual while recognising that individuality is formed in a variety of social and cultural contexts. This definition rests on suggestions for solving basic contradictions between individual rights and the protection of collective identities. Multiculturalism should be conceived as a set of norms or principles that uphold the right of all individuals to equal access and ability to participate in social, cultural, economic and political life.

Therefore this study adopts the definition of Multiculturalism from Karenga (1993) which stresses for mutual respect for each people and culture, avoiding cultural conflicts so as to have a peaceful society. Therefore since Zimbabwe is a multicultural society where there is existence of many cultures on the treatment and management of *nhova* (fontanelle), there is need to respect those differences by either borrowing or choose to ignore rather than judging each other using own culture.

### **2.3 Management of *nhova* in the context of a multicultural world**

Cultural diversity is often a synonym for multiculturalism which means acknowledging that society is made up of interest groups who are often distinct and these distinct groups include cultural groups or religious groups. Zimbabwe is a multicultural society therefore, People have different beliefs and explanations on the reasons associated with *nhova* basing on different worldviews. In a multicultural world management of *nhova* is culture specific therefore the idea is not to emphasise on the differences but to accept those differences either by borrowing from those cultural practices or choose to ignore than to judge others. The Zimbabwean society is dynamic and variable because of the different traditional beliefs, origins and doctrines of churches, and because of the different systems in which people believe in. Different people have different opinions and beliefs on the causes of *Nhova* (fontanelle); others link the problem to spirituality and others to medical. Individuals have different beliefs and explanations as to what causes *nhova* and have different ways of dealing with the subject. Others believe that children are vulnerable to *nhova* and therefore sometimes they prevent it before it affects the child and this is called “*kurapira*” and in some instances they deal with the problem after it affects the child and this is done in different ways due to the differences in cultural beliefs.

Others also make use of the mixture of salt, lemon and cooking oil which is rubbed inside the child’s mouth. Also other people in Zvishavane make use of maduma and soil to manage and treat *nhova* . Others give the child herbs which enable the child to drink more water and milk to avoid dehydration and others make use of herbs which is mixed to guard against evil spirits. Therefore it is clear that the Zimbabwean society is a multicultural society which deals with the subject of *nhova* differently due to cultural diversity and it is according to Karenga that the society must value those differences through recognition of the differences rather than creating chaos, havoc or conflicts because of these differences in the management of *nhova* (fontanelle). There is also need to understand that for Zimbabwe to be an ordered

society where people has the freedom to express their cultural practices or to speak their own cultural truth through the management and treatment of *nhova* (fontanelle) there is need to move away from the European interpretation of the Zimbabwean culture as superstition and diabolic but people should value their differences and accept those differences either by borrowing or ignoring.

## **2.4 Conclusion**

From the discussion above, it is apparent that many studies on multiculturalism have been carried out in different countries and by different scholars. The concept of multiculturalism have been highlighted and the differences that exist in attending to life issues by different cultural societies. The gap has also been shown which needs to be verified and discussed that there are conflicts in the Zimbabwean society due to the differences in the management of *nhova* . It is clear that multiculturalism means recognition of cultural diversity, hence there is need to value the differences in cultures in the management of *nhova* in Zimbabwe among Christian churches and indigenous practitioners. It is against universalism with its focus on acceptance and respect of the other regardless of differences.

## CHAPTER THREE

### INDIGENOUS METHODS OF MANAGING AND TREATING *NHOVA* IN ZVISHAVANE

#### 3.1 Introduction

This chapter explains the different indigenous approaches on the management and treatment of *nhova* that are used by mothers, family elders, community elders and traditional healers in Zvishavane community. The aim of the chapter is to explain how this group of people understands *nhova* and believe to be the cause of the subject among children explicating the methods used that is explaining the importance of salt, cooking oil, herbs and *maduma* in the management and treatment of *nhova* in Zvishavane.

#### 3.2 Indigenous practitioners' understanding of *Nhova*

Zvishavane community have different explanations and beliefs on the existence of *nhova* and the causes of the illness. They believe that *nhova* is a serious illness among children and it is triggered when the child breath too much air and coldness whilst others link it to evil forces. The elderly in Zvishavane are of the opinion that *nhova* is new in the Shona setting and it has emerged due to the introduction of modern contraceptives of child spacing thus where women were giving birth to weak children who can be easily affected by *nhova* . Therefore the other reason for *nhova* is the use of modern contraceptives. This is supported by Machinga (2011), who is of the view that, in Shona culture diseases are considered to have physical, mental, social, spiritual, and supernatural causes therefore the approach of cure should go beyond physical symptoms in order to address social and spiritual causes of illness also. Hence in Zvishavane *nhova* is either associated to physical or spiritual causes.

Furthermore, Machinga (2011) argues that despite the presence of western-style medical systems and Christian faith healing approaches, visiting the traditional healers for treatment is common in the traditional Shona culture and most Zimbabwean Families visit the traditional healers in search of a holistic and complete cure that is physically and spiritually. In Zvishavane traditional healers are in four different types: the diviner, who diagnose the problem; the herbalist, who prescribes and treats sicknesses; the traditional midwife; and the exorcist, whose roles are to help people from evil spirits that may in any way cause *Nhova* among children. They have the knowledge of herbs and roots that can prevent or cure diseases. The findings are supported by Machinga (2011) who further argued that in the

Shona tradition there is a proverb which says, “Something has killed the owl; it cannot just be the wind.” This means that, apart from the observable signs, there are always some underlying and unforeseen causes of disease and misfortune. Hence, in cases of *nhova* people engage in rituals in order to get the explanations of the physical suffering. The traditional Shona healing practices help people identify and address the root and source of their suffering, thereby freeing patients from being trapped in sicknesses and health and healing practices are addresses according to all these causes.

The Zvishavane community believes that QKRYID(fontanelle) can be seen in different ways and usually the elderly can tell that its *nhova* without any investigation. The symptoms diagnosed by elders or special diagnosticians include; the child vomit after sucking milk from the mother, sometimes the child refuses to suck milk and becomes weak, stomach complications and the eyes may turn white, a child can develop sores on the upper part of the mouth. When these symptoms are positively interpreted, treatment then follows. The other explanations is that *nhova* can be prevented so that when a child met others whom are well equipped with herbs may be affected as a result they tend to manage *nhova* before the child mix with other children of the same age and these methods are known as *kurapira* . Different ethnic groups in Zvishavane explain *nhova* in different ways and have different ways of dealing with the subject, others said *nhova* can widely open and thus when it is said *yadzika* and it needs *kukwidzwa* Sometimes it closes up and in some cases it will beat normally and it can be in the stomach or any body parts where it cannot easily be identified and this is a serious illness among children. A child can die because *nhova* it is a passage where air circulates in the body of the child, so if it does not function well the child may end up not able to breathe well which leads to different symptoms of the illness.

This understanding of the causes of serious illness shapes the nature of therapy to be used so often others always prevent the illness before it affects the child. Healing from an African worldview is the knowledge and practices of diagnosing the cause of the problem and after that the aim is to prevent and eliminate the causes of the illness. Hence in Zvishavane the approaches used on *nhova* are preventative measures and at the same time can be used to treat the subject if it has affected the child. Therefore healing is a religious matter that had to be dealt with in a religious manner; hence it becomes a holistic and transformative process of restoring health.

### **3.3 Approaches used by indigenous practitioners in treating and managing *Nhova***

This section discusses the different methods used in managing and treating *nhova* by the mothers, traditional healers, family elders, midwives and community elders in the Zvishavane community. Some of the methods used are unique to a specific group of practitioners for example the use of herbs is specific to traditional healers and midwives because they are the ones who are aware of using them in a positive way and other methods are universal to all the indigenous practitioners. Material used in this paper has been collected through face to face and telephone interviews of family elders, community elders, mothers in Zvishavane. The idea around the methods is to comprehend spiritual, psychological and physical aspects of the illness. These approaches are also grounded on the fact that children are vulnerable and can be easily affected by *nhova*. The healing methods are largely discussed below.

#### **3.3.1 The use of salt in treating and managing *Nhova***

In Zvishavane community *nhova* is a serious illness among children and because of that they make use of powerful protective methods to manage or treat the illness. Salt is crucial in the management and treatment of *nhova*. They use salt because they have a belief that it plays a critical role in the spiritual and physical world. Salt is said to be rubbed in the upper part of the mouth (*kukwidzwa nhova*), under foot, in the armpit, on the back and on head (*panhongonya*). Sometimes it is mixed with cooking oil or it will be mixed with water. Since the child's skin will be still tender they believe that the sour of salt make *nhova* uncomfortable in the child's body and by the fact that salt is rubbed on all parts that it can reside it becomes uncomfortable and leaves the child's body because it cannot reside on a sour place but in case of *kurapira* salt act as a mechanism to guard children against evil spirits hence it will not enter the child's body. The Zvishavane community is worried about the total healing of the child, healing which is holistic. Mokgobi (2012) supports this idea saying traditional healing stretches from treating illnesses with herbs to spiritual treatment it is holistic in its approach and embodies the collective wisdom of indigenous knowledge handed down over many generations. This is some of the views the researcher has find out from the informants on the use of salt on *nhova*.



Table 3.1 Views from participants on the use of salt in management and treatment of Nhova

| Respondent | View   |
|------------|--|
| 1          | <p>0000REDWVLUDFKDLRSDYLQKXLQHJHYLQHPZHDHWVYLQD<br/> 0000REDWVLUD NNDNDWD JDUDUZD ULQHJHY UDNDGLYLULUD P<br/> YDNDQDNDNDQDNKZDPNDND</p> <p>(Salt is important on issues to do with evil spirits it helps in drawing out the split that hinders the child to breath well and that affects the child to suck milk well.)</p>   |
| 2          | <p>0000RJRQD NXKDQGLVZD NXZLD SDVL SHWVRNNDSDZD<br/> SDQKRQRQD NNDSD PDURQGD DQRJRQD NXWD PNDQZD PHPZ<br/> NDQDDIQRVYDVKRYNNDLNRQHUZLQHPZHDHWVYLQD</p> <p>(Salt is used to rub under foot, in armpits, on top of the head and healing the sores that can develop on the upper part of the mouth of the child but fontanelle has nothing to do with evil spirits, it is just dehydration.)</p>  |
| 3          | <p>0000REDWVLUDNWLNDQIKRYLQHPZHDHWVYLQDPNDWLQREI<br/> NWLSDQRNZLZDSHVHSHKRYLDWDGHNNDGLNDQDPKXLULPHPZD<br/> REYD DED NDQD LVDWL DYDSR KDLRNZDQLVL NXLQGD QHN<br/> SDFKLYDYD</p> <p>(Salt helps in cases where the fontanelle has to do with evil spirits , it makes fontanelle to be uncomfortable in the child's body and then leave the body but if it has not yet affected the child it will not be able to enter the child's body because the passage that it can use will be sour)</p> |

Whilst others connect salt with evil spirits among Zvishavane ethnic groups others refuse that salt plays a role in the management and treatment of *nhova* and explain salt from a medical point of view at the same time disregarding its effectiveness on evil spirits. The problem is that they believe in the use of salt in many parts of the body which will not develop sores and the question that may arise is that if salt does not have any impact on spiritual world why it is used in armpits, under feet and on top of the heard where there sores cannot develop. Few respondents interpreted indigenous methods in positive terms but however from the bulk of the explanations, indigenous methods are interpreted in medical terms and others viewed as diabolic.

This showed that most people remain ignorant to some of the methods of healing used by indigenous practitioners in Zvishavane. They make use of salt but not knowing the essence of those methods from an African point of view but they end up explaining the approaches from a Christian or medical point of view. This is because people remain ignorant to question elders of the reasons associated with some methods used because they were made to believe

that *nhova* has nothing to do with evil spirits and those who do are not civilized and they are backward. Christianity and European ideas have devastated the cultural beliefs of Zvishavane people such as the management and treatment of *nhova* using salt, their interpretations of the methods are biased towards Christianity and medical interpretations. Pentecostal churches in Zvishavane like AFM teach people to disregard the way of living which is a setback of African culture in this regard the researcher noted that these Pentecostal churches are undermining local people's indigenous cultural practice of treating and managing *nhova*. This is supported by Chavhunduka (2001) who argued that Christian missionaries tried to destroy the African religion but they failed and they viewed it as childish religion full of black magic, sorcery and witchcraft full of superstition. Hence it is clear that no matter how some Christian churches tried to undermine and forbid indigenous practises they still persist and people still go to consult in case of any illness especially *nhova* among children. Therefore Christian churches need to value and accept human diversity in the treatment of *nhova* rather than judging each practise as archaic.

### **3.3.2 The use of cooking oil in the management and treatment of *nhova***

Cooking oil is used by indigenous practitioners in Zvishavane to manage and treat *nhova*. It is used to make the child stable and not to be anxious and screaming because in some cases the child will be scared (*kuvhumuka*). Warm cooking oil is mixed with salt and it is given to the child to drink, rub him or her under foot, armpits, or on top of the head (*panhongonya*) this is usually done by mothers who got the advice from the family elders, community elders or midwives whilst the mother is still pregnant. Cooking oil is either mixed with salt or indigenous herbs prescribed by the indigenous traditional healer. Cooking oil is also used because it softens the upper top of the head, the upper part of the mouth or any other part where *nhova* can reside and this will make *nhova* easily leave the child's body either through vomiting (*kurutsa garahwa*) or through stomach pains (*kuchaya*). Sadomba and Zinyemba (2014) support this idea arguing that, mothers are responsible for the general upbringing of the child and looks after the child on daily basis and a lot of what she does in child care and illness management is based on specific teachings about child care from family and community elders. Mothers in Zvishavane goes through *kusungira* ritual to their family where they got teachings from family elders, community elders or midwives relating to the health of the child including the issue of *nhova*. The health of the children is very important in every African society just like in Zvishavane, and because of this mothers do not want to lose their children therefore they try any means necessary to keep them health. Most of the

mothers in Zvishavane usually manage and treat their children alone without consulting anyone because they will be well equipped with the information on the approaches from the kusungira ritual. Though others believe in cooking oil as a mechanism to manage and treat nhova in Zvishavane others disagree with the concept, they view the methods as backward and archaic. This is supported by one of the informants who say:

1KRYD LQRNRQHUZD QHNXDDPZLVD PZDQD YDNDQDQD N NXKDD PYKD  
 PXXLUL YHPDIWD LQLUD GDN DUH GLVLQJDEDWVLUL NKKLSWDUD QRWRZDN  
 HQGD QHPZDQD QRPXD PYKD DNDZDQGNXKDLNZNZHPYKD PXXLUL  
 PHPZDQD

(Nhova is caused when the mother is not exclusively breast feeding the child and dehydration the use of cooking oil has nothing to do with Nhova, those practices are backward, the explanation at hospitals is that it is dehydration the child need more water)

This clearly shows that this participant has received the European interpretation of what is African religion and become married to medical methods of healing illness at the end she is viewing indigenous methods as something that marks the backwardness of people and she is urging people to believe that *nhova* is just dehydration and the only way to deal with *nhova* is to go to clinic. What is confusing about medical explanations on *nhova* is that, when the child is born mothers are advised not to give the child water for a certain period nearly two months but when the child suffer from *nhova* they say its dehydration, with this confusion people pursue powerful protective methods to manage and treat their children fontanelle. Most people in Zvishavane make use of cooking oil, roots, herbs in managing and treating *nhova* because they believe that in some instances witches can manipulate that part (*panhongonya*) to kill the child and these methods act as a way of protecting the child against evil spirits. This clearly shows that Zvishavane community has different ethnic groups who have different explanations on *nhova*, hence those differences must not be taken as something that mark chaos in the society and where people can judge each other basing on one's culture but people must understand that *nhova* is culture specific and those cultural differences must be valued and accepted as richness of African culture in dealing with illness.

### 3.3.3 The use of *Maduma* in the management and treatment of Nhova

**0 DGKD** (neck and waist strings) is one of the approaches used to manage and treat Nhova in Zvishavane. It is used to protect the child from evil spirits and those strings will be having herbs that will be tied on them either by traditional healers or midwives. Maduma are tied on

the child's waist or on neck and the herbs that are tied are usually extracted from the leaves, barks or roots of different trees prescribed by the traditional healer or midwives who know different herbs and their uses. This method is a preventative measure in the Zvishavane community because it is usually used to manage nhova among children. This is supported by Chimhanda (2013), who argued that the Shona subscribes to holistic healing in which God, ancestors and QDQJDV(traditional healers) are the key players and healing from physical and psychosomatic illnesses is very important because of the Shona's chronic fear of witches and sorcery. The Zvishavane community had a strong belief that nhova has to do with evil spirits and this is a measure to counter and to protect the child from any forces that can cause nhova spiritually. This is further supported by Shoko (2007) who argues that the most popular preventive medicine for spiritually influenced chronic illnesses and diseases is a type of plant known as chifumuro (exposer) which has the connotation of exposing (kufumura). The underlying belief in the use of this plant is that it will expose the nature of the illness and disease and neutralize its effects upon the child. Most informants on the use of maduma on child treatment on nhova says that chifumuro root is tied onto a fiber or a string prepared from the bark of a tree that has been recommended by a certain indigenous practitioner after diagnosing the illness then the string is tied around the neck or waist. Whereas other people believe in the power of maduma to manage and treat nhova some people disagree with the concept they believe that nhova is caused when a child breath too much air, those who use neck and waist strings are evil their child tend to affect the ones who have not been managed of nhova . From this understanding, the use of maduma is seen as diabolical and this might be a result of Christian gospels who says indigenous ways of managing diseases its witchcraft. One of the commenters on Macheso's issue of Kutara as an approach to nhova by the name Ujeni (Zimpapers: Herald of 22 May 2015) has this to say:

Call it what you want Macheso, that's perverted!! How do you even get your manhood close to your child! Ndo mishonga yemari iyi! Mapurisa, heyo evidence, its time we took child abuse seriously! After all what is Nhova ? It's simply dehydration, that's what causes a child's fontanel to collapse. DISGUSTING!!

Macheso is seen as someone who has deviated or revolting from the norm and the method he use is seen as child abuse and as witchcraft for one to get money by using his child, the commenter believes that nhova is just dehydration. The question that may arise is that whose and what law that Macheso is said to have been deviated. Therefore it is clear that people are judging indigenous methods of managing illness using European theories. Hence

the researcher is of the view that since management of nhova is culture specific people need to be grounded in their African culture and value their differences rather than judging each other basing on European ideas. Therefore one can note that the Zvishavane people need to respect and recognize cultural differences instead of blaming or judging each cultural practice as backward and uncivilized.

### **3.3.4 Indigenous herbs and the treatment and management of *Nhova***

The people in Zvishavane also make use of indigenous herbs on the management and treatment of nhova . The herbs can either be leaves, bucks and roots of a certain tree which are taken and grinded mixed with water and it can be given to the child to drink that water or it can be rubbed on top of the head, under foot, in armpits and on the back and this is said to be done to prevent or to treat when the subject has already affected the child. The use of herbs is believed to protect the child from evil spirits and casting away if it has already affected the child. Zvishavane community is aware of the implications of the illness among children therefore they subscribe to powerful methods to protect children and the disease is treated by varied. In most cases traditional healers make use of rituals where the root cause of wellness or ill health is explained in metaphysical terms. Ani (1997) supports this idea arguing that Black people have the wisdom of traditional African medicine and their knowledge of the properties and healing powers of herbs and roots is extensive and it is through ritual that the unexplainable is understood. The ritual is meant to invoke the guardian ancestor spirits to therapeutic action and once the ritual is performed in accordance with the diviner's instructions, then, the herbs will be effective.

Shoko (2007) explains that leaves of the mubvamaropa (bloodletting tree) are burnt. The ashes are mixed with fat obtained from the seeds of the mufute (castor oil shrub). The mixture of the ashes and oil is then rubbed onto the affected part of the head and health is restored. The explanation by Shoko was found valid in the Zvishavane community, being among one of the ways in which the traditional healers treat nhova in children. The gap in the central upper head should be a normal, neither too wide nor too narrow, since malicious beings can manipulate it. When the gap is abnormally wide, herbs and roots are taken and systematically pounded and are mixed with water and the mixture is then mixed until foam is produced then it will be rubbed on the child's head (panhongonya) of the child using the stirring stick. The rubbing of the foam is not done haphazardly it is rubbed from the sides of the head towards 'nhongonya' (centre of the head) and it is usually done after a ritual has been carried out.

After this process, the child will be healed because the gap narrows to a normal one. Therefore in almost every village in Zvishavane there are different indigenous practitioners who can either prevent or treat nhova . The sole purpose of the protective ritual is to prevent the evil forces by eliminating the causes of illness and disease from the homestead. On the below table are the different views from the informants on the use of herbs in the management and treatment of nhova in the Zvishavane community.

Table 3.2 People’s perceptions regarding the use of herbs on Nhova

| Respondent | View   |
|------------|--|
| 1          | <p>0LGL PLVKRQJD HXRRL N QGLR LQRNDQJDQLVD YDQD YDQHQJH<br/> NNDGLUZD IKRYD N LQLUD GPNDUH NZHWH PDKDQRKXI<br/> YDQJRGLGPN&amp;DL</p> <p>(Herbs are used by witches and this is the method which will affect other children who may not be prevented for Nhova and it’s a backward method which cannot be used in this era where people are educated.)</p>   |
| 2          | <p>1KRYD N&amp;KDLNZD NZHPY&amp;D P&amp;XLUL QLUD HN&amp;DSD N&amp;D PZD<br/> PY&amp;DDNDZDQGDQHP&amp;DNDNZHWHN&amp;ZHUD&amp;KLN&amp;XDGPZDQDQH<br/> LVLQJDEDWVLUG&amp;D&amp;DUEIG&amp;DLVKDQGLVZDQDQDVHN&amp;XHG&amp;GR</p> <p>(Fontanelle is just dehydration and the only way to treat is to give the child more water and breastfeed the child not injuring the child with herbs that does not help, those ways are archaic which were used by our fore fathers.)</p>  |
| 3          | <p>0LGL LQRVKDQGLVZD KDLQD YHXRRL PNDWL KRQJ&amp;YD&amp;H&amp;VKDQ<br/> PLGL N&amp;XDGPQD DVL N&amp;DQD PLGL LQRVKDQGLVZD QGH&amp; N&amp;K&amp;H<br/> YDQDN&amp;YDN&amp;ZH&amp;D&amp;HULPDQHN&amp;WL YDQD YDQRJRQDN&amp;JRNDQJDQL<br/> SDQKRQRQD SDQH&amp;SIDNSIDYD YHN&amp;WL YDURL YDQRJRQD N&amp;D<br/> YDNDLS&amp; LGJLQRN&amp;ZD&amp;VDQJDQLVZD QHPY&amp;D I&amp;R UDFKR QGRUL<br/> SDQKRQRQDPKDSZSD&amp;VLSHPDN&amp;R&amp;N&amp;ZDPY&amp;DD&amp;FKR</p> <p>(The herbs that are used are not diabolic, yes in some instances other people may use herbs to harm each other but in fontanelle management it is used to guard children from evil spirits because children may be harmed because that that part will be tender and witches can manipulate that part for evil. Those herbs grinded and mixed with water and the form is rubbed on top of the head, in armpits, under feet and he or she is given that water to drink)</p> |

Other informants support the use of herbs on the treatment of nhova whereas others view the method as diabolic and archaic. This has posed a serious problem of cultural conflict in the Zvishavane community where others makes use of indigenous herbs to manage and treat nhova and others say its diabolic, nhova is dehydration that can be dealt with using oral dehydration methods and to breast feed the child. Indigenous practitioners receive allegations of being witches but other interviewees explains that, it is true that some people can use

herbs for bad, to harm people but herbs can be used for example, driving out evil spirits and heal people from different illness. The study has also established that most people in Zvishavane community make use of indigenous methods of managing and treating *nhova* but they don't want to be known that they practise those methods in fear of being disregarded in society and to be labelled witches. This is also found on one of the commenter on Macheso's issue of kutara on managing his child's *nhova* by the name Berto (Zimpapers: Herald of 22 May 2015) says:

Flabbergasting, Archaic, Notorious, Unpalatable, Diabolic in the worst degree to Macheso's way of treating *Nhova*, *nhova* is a result of shortage of fluids in the child's body, just suckling the baby & giving clean warm water prevents *Nhova* for good. In the name of civilization, Macheso's & those who support him, pliz, Jesus is available 24/7 for you to save you.

This clearly depicts that most people in Zimbabwe has a colonized mind, they believe that practicing indigenous methods of managing and treating *nhova* is lack of civilisation. This is similar to most of Zvishavane people it seems they have accepted western domination of their cultures and they point those who are still in indigenous ways as witches, backward and needs to be civilised. Therefore one can note that, in the midst of these differences in explanations of *nhova*, people must understand that it is western domination of African cultures and their argument is that people must be enlightened negating their old practices in order for them to be civilised. Zvishavane people and Zimbabwe at large must rise and fight against the western interpretation of their cultures and accepts their differences so that the society will be an ordered one because the aim of whites is to create disorder among Africans but each people must be given both the right and responsibility to speak its own special truth and make its own unique contribution to the forward flow of social and human history.

### **3.3.5 The use of soil in the management and treatment of *Nhova***

Soil is essential in the treatment and management of *nhova* in the Zvishavane community. The soil is taken where most people walk at and it is mixed with water then the child is given to drink the water. This method is mostly used to prevent *nhova* whilst it has not affected the child. In some instances when the child travels to a new place on the arrival soil on that place is taken and put in water for the child to drink. This is done that in any case there are evil spirits the child will be protected by his or ancestors from the land of distance relatives or in case there will be a children of the same age who had been prevented of *nhova*. The purpose of soil in *nhova* is to prevent that which is associated with evil spirits and the use of soil is

effective because the ancestors (*varipasi*) will be the guardian of the child from any other evil forces that may hinder his or her physical healthy. Besides *nhova* when entering alien territory, the Zvishavane ethnic groups have the ritual of *kunanzva vhu* (lick the soil) so as to redeem oneself from alien spirits. The ritual of *kutora vhu* (*mudzimu*) applies when one moves place to settle somewhere, that is, soil is taken from ancestral graves so that *varipasi* will not leave nor forsake him or her. Just like in *nhova*, soil is used to invoke ancestors to guard the children against alien spirits that can in any way try to hinder the health of the child. This is mostly done by mothers of the child or any family elder or any other indigenous practitioner most of the people are aware of this method of preventing *nhova*. This is supported by Chimhanda (2013) who argues that the Shona land is familial, communal, sacred, liturgical, life-giving, healing and eschatological. Among the Zvishavane community, *ivhu* (soil) is not just used for farming, but represents the understanding of ancestors as guardians of the land. A few informants in Zvishavane were found different in their views on the use of salt, one of the participants said:

*Ivhu ndinoziva kuti rinoshandiswa zvakaipa zveuroyi, rinogona kutorwa kukuvadza munhu kana zvimwe zvakashata. Mwana anongoda mvura nemukaka chete kana aita Nhova hazvidi ivhu.*

(What I known is that, soil is linked to witchcraft and it can be used to harm a person. The child only needs water and breast milk if he or she have fontanelle problem, soil does not have any impact)

Zvishavane people are much aware of the methods of preventing and treating *nhova* but some of the things they use they do not know the reasons associated with them they just use the methods because they have been told to do so by their elders. Some of them they withhold the information they do not want to be known that they know much about indigenous methods they pretend not to know because they think those ways are backward but they just use them in silence. Whilst others do not know the reason associated with the soil and others withhold information others disregard the methods and view this approach as witchcraft. This clearly depicts that the Zvishavane community has different ethnic groups who have different approaches to manage and treat *Nhova*; therefore people in Zvishavane must focus on accepting and respecting cultural diversity on the management and treatment of *nhova*.

### **3.4 Conclusion**

This chapter has established that people in Zvishavane have different understanding and ways in treating and managing *nhova*. The methods used include the use of cooking oil, the use of



*maduma*, the use of herbs and the use of soil. IKRYD is treated by varied forms involving the removal of disease-causing objects and ritual acts of driving out evil spirits from the child. The methods of healing *nhova* show that the people in Zvishavane subscribe to powerful mechanisms of protecting and treating *nhova* among children. The research has also established that most people view indigenous ways of managing *nhova* as backward and lack of civilization therefore there is need for people in Zvishavane to value and accept their differences in managing and treating *nhova* and take that as human richness rather to take it as the beginning of battle against themselves. The next chapter discusses research findings on the treatment and management of *nhova* among the Johane Masowe and AFM churches in Zvishavane.

## CHAPTER FOUR

### A COMPARATIVE ANALYSIS OF CHRISTIAN AND INDIGENOUS APPROACHES ON THE TREATMENT AND MANAGEMENT OF *NHOVA*

#### 4.1 Introduction

This chapter discusses the Christian and indigenous methods used in the treatment and management of *nhova*. The goal is to compare and contrast the approaches used in AFM, Johane Masowe and indigenous practitioners in dealing with the subject and this is the chapter which demonstrate the comparative paradigm which have been adopted in this study. The Apostolic Faith Mission in Zimbabwe (AFM) have been elected by the fact that it is a Pentecostal church which is against the indigenous practices and therefore they believe in going to the hospital and believe in Jesus Christ as a healer and see traditional ways as superstition, diabolic and witchcraft while Johanne Masowe Apostolic Church in Zimbabwe is among the largest religious movements in Zimbabwe, and being among African independent churches who rise to counter missionary churches and is against western ideologies, for example they do not use the bible and believe in God in an African way of doing things and is a church which is more influenced by indigenous practices of managing and treating different illness.

#### 4.2 The Johane Masowe's perception and approaches to management and treatment of *Nhova*

The Johane Masowe Chishanu Church does not have written documents but information is just passed from generation to generation by word of mouth, this causes the history to have a lot of contradictions. Makhubele, Shirindi and Mabvurira (2015) argues that Johane Masowe Chishanu (JMC) was founded in 1931 in Southern Rhodesia, now Zimbabwe, the Johane Masowe religious group was inspired by Shonhiwa Masedza who changed his name to Johanne Masowe (John of the wilderness). His mandate was to preach to Africans (John the Baptist of Africa), he was to Africa as Jesus was to the Whites. Members of the Johane Masowe wear white robes and worship on Fridays (Chishanu), they do not read the Bible, they receive the word of God live and direct from the Holy Spirit (*Mweya*) and they believe that bible is a tool for colonial defeat and the church heavily relies on prophecy where people are told of their future, their plans, their imminent feelings and downfalls”.

In the Johane Masowe church illness is linked to the indigenous African understanding of illnesses. The church heavily relies on prophecy for the survival of families. This was also supported by Maguranyanga (2011) who argues that the Apostolic members believe that the healing powers and spiritual gifts are endowed from God/*Mweya*, and used in promoting maternal and child health, and restoring health to the sick, hence, there is strong belief in faith healing, healing rituals and prayer as well as the emphasis on the “Apostolic healthcare system. From a religious standpoint, these Apostolic churches regard themselves as Spirit-type churches *chechi dzeMweya*, and consequently base their religious beliefs and practices primarily on *Mweya* or Spirit.

In the case of the Johane Masowe Church, the spiritual realm is understood in two ways that is the Holy Spirit (*Mweya Mutsvene*) versus alien spirits (*mweya ye dzinza or mweya ye tsvina*), and the alien spirits take possession of living beings and negatively influence their health resulting in illnesses (Makhubele et al 2015). Apostolic groups are less likely to use modern healthcare services primarily because of their religious beliefs, teaching, and church regulation. From this understanding, the research has established that the religious teaching, practices, and church regulations profoundly shape health-seeking behaviour of the Johane Masowe church. The causes of *nhova* in Johane Masowe church include evil spirits, witchcraft, possession and avenging spirits while. Therefore members of the Johane Masowe mentioned evil spirits, avenging spirits, coldness and when the child breath too much air as the main cause of *nhova* among children. In this case the beliefs of Johane Masowe people shape the health that children are likely to encounter.

#### **4.2.1 The use of salt and cooking oil**

Johane Masowe church makes use of salt in the management and treatment of *nhova*. They make use of salt because they believe that *nhova* is linked to the evil spirits and salt act as a measure to eliminate those spirits and physically they believe that salt is used to heal the sores that can develop in the child’s mouth. Salt is rubbed in the upper part of the mouth (*kukwidzwa nhova*), under foot, in the armpit, on the back and on head (*panhongonya*). Sometimes it is mixed with cooking oil or it will be mixed with water and the role of salt and cooking oil is mainly explained in spiritual terms. In some cases if the child is affected by *nhova* the child will be nervous (*kuvhumuka*), uneasy, screaming and not stable and cooking oil is believed to make the child’s heart stable. Warm cooking oil is mixed with salt and it is given to the child to drink, rub under foot, armpits, or on top of the head (*panhongonya*) this

is usually done by female figure prophets or the mother will get the explanations from the prophet and sort out it alone. The use of cooking oil and salt in Johane Masowe is similar to what indigenous practitioners do because they also rub salt and cooking oil on top of the head, under foot, armpits and the children is given to drink that warm cooking oil mixed with salt. The only difference is that in some cases indigenous practitioners mix warm cooking oil with indigenous herbs while in Johane Masowe it is specifically cooking oil and salt or cooking oil only or salt only but the purpose is the same. Johane Masowe is a replica of indigenous methods of managing and treating *nhova* . Most of the Johane Masowe people who were interviewed say that they do use salt and cooking oil to treat and mange *nhova* and what they do cannot be separated from that of the indigenous practitioners, they are proud of being much into African explanations of life. One of the prophets interviewed also pose some of the problems they face in practising these methods saying:

*Tinosangana nematambudziko pakuita izvi kunyanya kubva kumapentecostal churches akaita seAFM nekuti vanoti zvatinoita its Satanism zvinokuvadza vana ko vakafa munoita sei and so on.*

(We met different problems in practising these methods from Pentecostal Churches like AFM because they link what we do to Satanism and they say that these methods harm children and what will you do if those children die and so on.)

Most Pentecostal churches like AFM judge the methods used by Johane Masowe in managing and treating *nhova* as Satanism basing on foreign allegations on African culture. The goal in Africa is not to quarrel; culture is an ordered behaviour therefore the point is to search for harmonious link rather than judging each practise as backward and others as civilised because they reject their culture. Zimbabweans are using European methods to solve the Zimbabwean issues and at the end this is where we find people going to hospital at the same time consulting indigenous healers because they come to realise that other illness such as *nhova* they are culture specific and needs the local culture to be resolved. Therefore Zimbabweans must stand up and redefine themselves from an African point of view and value their cultural differences in the management and treatment of *nhova* . Ani (1997) support this idea arguing that as Africans we must take our cultural forms more seriously and learn to reject alien interpretations of their significance and build on our strengths that most often lie on our uniqueness. Hence Zimbabweans specifically the people in Zvishavane must unite on their cultural differences because of the experiences of colonialism and the sufferings they encounter together and come to understand that the aim of western countries

is to separate a people and create chaos in the society but the Zvishavane people must enjoy togetherness.

#### **4.2.2 Muteuro and the treatment and management of Nhova**

Muteuro is a form prayer in Johane Masowe and it can be in different forms, it is done for several reasons but mostly it is a measure to guard people against evil spirits. Faith healing and healing rituals among the Johane Masowe community often associated with works of *Mweya*, prayers, sanctified (holy) water, sanctified stones (*matombo akayereswa*), leaves of the hissing tree, *Maduma (minamoto)* and all these are perceived to have healing powers or deliver healing, cleanse impurities or evil spirits, maintain and restore health of Apostolic members. Usually Muteuro is used to manage and treat diseases and in case of *nhova* children are given *muteuro* so that if it has something to do with evil spirits it will not enter the children's body and it is also a measure to treat any sickness that is caused by evil spirits. There is a widespread belief in Johane Masowe that reliance on modern medicines and healthcare services is generally associated with weak faith therefore most of the members of the Johane Masowe church use miteuro to treat and manage *nhova* and rarely use modern medicines.

##### **4.2.2.1 Nhombo (anointed stones)**

Muteuro can be in form of anointed stones and in this case these stones are given to a parent by the prophet when the child suffers from any disease and the parent may be asked to bath that *muteuro* on behalf of the child or to bath the child. The stones should never be mixed with bath soap because soap is believed or allowed to fall to the ground because the belief is that if the stone fall down it will be useless because it has to do with evil spirits. The stones are believed to guard the child from evil spirits that in anyway try to hinder his/her health and in a case where the child has already been affected it is done to cast away the evil spirits which are said to be demons in Pentecostal church. These are small stones that are given to people with problems. The number of days to bath *muteuro* should be dividable by three to represent the holy trinity (*mitumbi mitatu*), which in the Pentecostal churches it is said God in trinity, the Father, the son and the Holy Spirit. The bathing can be of the whole body or the face as directed by the prophet. The bathing should be done a number of days, as prescribed by the prophet and the number of days should be dividable by three. Johane Masowe church is much in indigenious methods of dealing with illness because indigenious methods are there to cast away the evil spirits so that a person may be freed from the bondage of illness. The

use of stones is unique to Johane Masowe church but the reason behind using stones is similar to what other churches believe, just as AFM believe in prayer and faith in God for one to be healed is the same with Johane Masowe because in both cases if one does not have faith that the supplications have heard and has been totally healed it will not work. This is some of the views from the informants on the use of anointed stones on the management and treatment of *nhova* .

Table 4.1 Explanations on the use of anointed stones in treating and managing Nhova

| Respondent | View  |
|------------|---|
| 1          | <p>.XKDQGLVZDNZHQKRPERYDNDRQHNZDNWLNWHQGDNZHYDQKN<br/>           PDWRPER DQRQJRYD FKLEDWLVR FKHWH FKLQRQJRSZD POKXN<br/>           DEDWVLUZDFKLQRSRQHVDNWHQGDHWHQGDWIKDNDQJRNRV<br/>           UWHQGRUZHNLWLOZDULDQRSRUHVD</p> <p>(The use of sanctified stones was as a result of lack of faith among people, stones are just there to help people believe in the effectiveness of the prayer and to believe that their petitions have been heard by God otherwise what is important is faith in the capacity of God to heal.)</p>   |
| 2          | <p>0DWRPER PDPDWR N NDQD DQRUZDUD DFKLHJ KDKVZL VLSF<br/>           WLQRWHQGDNLVLSRLQRUHUVVDPLQDPDWRNNDQDPKXSE<br/>           QHPDPDWRQRJRQDNKDVZBQLUDGPNVDLQDDVLDNDQDFKLUZ<br/>           FKHNKWD QHPZHD HWVYLQD NZDQD DPDL YHPZDQD YDQRUDVI<br/>           NDQD NZDYDQRIQLUD NLW QGLNR NKLNKYD PZHD HWVYLQI<br/>           NDEYDKDYLQHJHJYLFKLUHYDNKDVMDPEZDQHNVVYDJDWV<br/>           NK DEYDKDNQRZDQLNZDKSHQJHWVWLWVL</p> <p>(Anointed stones is a form of prayer and if the patient is bathing these prayers one must not make use of bathing soap because we believe that it weakens the power of prayer and if one has finished the days allocated by the prophet the stones are disposed in different ways but in case of Nhova or illness among children the mother is assigned to bath for and dispose kneeling facing to the east and throw away the stones in the west direction as a symbolism of casting away evil spirits and facing to the east is a symbolism of asking grace from God.)</p> |
| 3          | <p>1KRPERGLQRQJRPLULUDUWHQGRNODDZDULYLDYLRQQLQHGLP<br/>           -HVXGRPER LVXZHD R WLEDWVLUD NZLVLDV QHUVHQR<br/>           LGRPER UHNXDQGD VDND WLFKLVKDQGLVD PDWRPER DVL U<br/>           NODDZDUL NZHWH PDWRPER DVL PDWRPER DQRPLULUD U<br/>           PDDDZDUL ZHGGRPER UHNXDQGD QRWRUZD SDQRHUHUD PYK<br/>           WLQRYLPEDNWHNZNHPYKDKSHQX</p> <p>(Anointed stones represents the faith in God we have taken this concept from the holy spirit where the stone is used where Jesus is said to be the saving stone where we get rescue and this is found in other churches where they get reference from the bible where Jesus is a strong stone which was rejected by</p>  |

|  |   |
|--|---|
|  | people but we do not believe in stones we believe in God. Stones are there to represent our faith in God. These stones are taken on flowing water and the flawing of water means life.) |
|--|---|

Other informants who were interviewed suggested that Johane Masowe yeChishanu is not a church but a group associated with evil practices, they believe in marine spirits thus why they make use of stones and clay pots. Johane Masowe Church’s religious practices are related to those of the traditional healers which they call “witches”. They greatly oppose these practices and boldly say these are not churches they are cults, Jesus died for us all therefore there is no condemnation to those who are in him and every disease is healed in the name of Jesus and faith in Jesus as a healer, what Johane Masowe people subscribe to is backward and evil. The use of clay bowls and stones is heavily opposed by Pentecostal churches. The Masowe church members say their religious practices are an African way of worshipping God because they believe that there is the world which is unseen and people had to be protected from the unforeseen spirits that hinders children’s health. Magaya PhD Ministry leader attacked members of the Johane Masowe’s religious practices. Magaya argues that *Vapostori* do not read the bible, very rarely do they mention Jesus Christ in their teachings, they also have clay pots on their shrine and use stones for prayers and water for healing among other practices which Magaya attacked and regarded it as constituting Satanism , (Zimpapers: Herald of 12 October 2015). In his whole text, Magaya is eager to blame members of the Johane Masowe’s religious practices. This clearly depicts that there is havoc in the society due to differences in beliefs and methods of healing among Christian churches and indigenous methods, but people must bear in mind that Christianity came as an engine to dominate Africans and force them to negate their cultures therefore people must unite to fight western domination rather than taking their differences as a marker for chaos and disorder in the society.

**4.2.2.2 The importance of Leaves of the Hissing tree and *Maduma* in the management and treatment of Nhova**

The hissing tree is a wild tree common in some parts of Zimbabwe known as *Muhacha* or *Muchakata* in Shona and *Umkhuna* in Ndebele. The leaves of this tree are used in various ways in Johane Masowe Church. When the child suffers from *nhova* the leaves are boiled and the child is given that water to drink or the mother is asked to keep them in a safe place in his/ her house. They are believed to provide a protective measure in people’s houses. The

method is said to be powerful because of the origin of the church. The belief surrounds this method is linked to the origin of the church that is when the founder Johanne Masedza had an encounter with God in Mhondoro area, the Mihacha tree helped him sing the Great Hossana Song which is like an anthem to the church. Therefore this tree is very important in this church because they believe that God can stretch his hand to the sick using this tree's buds, leaves or sticks. The hissing tree (*Muchakata*) can be used to make a very small cross that someone can hang around the neck like jewellery. Usually the use of these leaves of this tree cannot be separated from the neck and waist strings they are used together most of the times. This is believed to be protective and that nothing bad will hinder the child's health but while the leaves are important people must have faith in the capability of this method to restore or prevent illness among children. In Johane Masowe, maduma fall under Muteuro, and they cannot be separated from the leaves or sticks of the hissing tree because they are used together as a measure to manage *nhova*. The approach of using Maduma is similar to that of indigenous practitioners. The difference however is that indigenous practitioners can tie different herbs in the string but in Johane Masowe it can only be a string without anything tied and if there is something it can be leaves or sticks from the Muchakata tree but there is one common belief about these strings in Johane Masowe and indigenous methods, they all believe that they serve a purpose of guarding children from evil spirits that in any way try to hinder someone's health or success. Most informants from Johane Masowe church say that they face challenges in trying to manage and treat *nhova* using this method because they are judged by other churches as diabolic. This was also found on Macheso's issue of *kutara*. Chikwanha (2014) who says that Macheso's story on *nhova* triggers debate from different churches, government departments and individuals, one of the commenters called Nhorondo said:

The fact that we are faced with such an issue shows that we are still in the Stone Age. We need to pull some of our friends into the 21<sup>st</sup> century through massive education. Traditional leaders such as chiefs as well as political leaders like counsellors need to have workshops especially designed for them dealing with such issues.

This clearly reveals that people are viewing indigenous methods of treating and management *nhova* as backward because of the western education they have acquired and views those in indigenous methods of *nhova* not fitting in the present day society. This is the same to what people in Zvishavane view the methods of Johane Masowe as backward. This is supported by Chavunduka, (1986) who argues that those Africans who consider themselves 'Westernised' and therefore 'civilised' tend to consult with Western medical practitioners during the day



and with African traditional healers at night when people cannot see them, and this is caused by Christian teachings which is against indigenous ways of healing, as a result there is dual membership by the Zimbabweans because there is something that is common among their worldviews.

#### **4.3 The concept of *nhova* and the approaches used to manage and treat it in AFM church in Zimbabwe**

Apostolic Faith Mission in Zimbabwe (AFM) is a Pentecostal church and its origin can be traced back to Europe. Hwata (2005) argues that AFM traces its origin to the Pentecostal revival which started in 1901 at Bethel Bible School in Arkansas, Texas by Charles Parham, in South Africa it is called Apostolic Faith Mission of South Africa and was founded in 1908 and it filtered from South Africa to Zimbabwe around 1915 and it is called Apostolic Faith Mission in Zimbabwe. Pentecostalism then spread to South Africa through John G. Lake with the founding of AFM of South Africa and it filtered into Zimbabwe where in first days face resistance but when it was accepted most people left their main line churches in search of wonder works which were done there through the concept of the demonstration of power. It is clear that it is a mission church and the mission is not for African nor Zimbabweans but the mission of the original founders of the church. AFM members believe in divine healing (total healing) for every soul for any disease kindred, they believe that Christ died for us all and healing is for every child of God through faith. It is a Pentecostal church because it believes in the baptism of the Holy Spirit, speaking in tongues and divine healing. Church members are not allowed to go to consult traditional healers and the spirits of the dead. Rather, they are encouraged to be prayed for by the church elders or church pastors and to visit hospitals. The teachings of this church are against the indigenous methods of managing and diseases, they are made to believe that indigenous approaches are diabolic and superstition.

Therefore, this section serves to compare and contrast the methods used by the AFM church with the indigenous methods and also the methods used by Johane Masowe in managing and treating *nhova*. AFM in Zimbabwe being a Pentecostal church have attracted the young generation and has caused people to reject their cultural practices. The AFM church force people to stop practicing indigenous methods of healing illness regarding them as archaic, diabolic, backward and lack of civilization and many people have come to accept that as truth.

The preaching of the good works of Christ through social services such as education, western medicine and new forms of worship among others in AFM church, led to both modern religious and secular development of the Shona society. Most converts who went through mission schools of these churches they denied the indigenous practises and label those who do as witches and as people who need to be civilised through education. The members were told to reject their cultural and religious values and practices such as traditional medicine. These are completely discouraged as they were considered to be devilish and unworthy of one entering into God's kingdom. In most cases this is done without careful scrutiny of the necessity of African culture for their understanding of Christianity, hence it is looked down upon as if it had nothing to contribute in the management and treatment of *nhova* . One member of AFM in Zvishavane who was interviewed said:

*Nhova kukereke kwedu tinotenda kuti kushaya mvura mumuviri kwemwana uye tinongonzi endai kuchipatara nevana asi dzimwe nguva mwana anotanga anamatirwa naMufundisi wochoenda kuchipatara. Asi dzimwe church dzichiri kuita zvemushonga kunyanya mapositori kutorasika ikoko, nhova kushaya mvura mumuviri chete*

(Fontanelle in our church we believe that it is dehydration in the child's body and we are advised to go to hospital but in some cases pastors pray for the child and after you go to hospital, but other churches are still using juju (herbs) especially apostolic churches this is lack of knowledge, fontanelle is just lack of fluids only and nothing else)

This shows that this participant has been made to believe that practicing indigenous ways of managing *nhova* is witchcraft but what he or she forgets is that why is it that in some instances the pastor pray for the child before going to the hospital. This is because they believe that sometimes the illness might be linked to evil spirits and know that the hospital is not capable of eliminating evil spirits therefore they cast out evil spirits before going to hospital. This clearly shows that AFM, indigenous practitioners and Johane Masowe there have something there share in common but AFM members they do not want to hear that and they remain ignorant to give a close eye to some of the methods they use and those that are used in other churches and indigenous practitioners because they believe what they do is Satanism. This is supported by Nkomazana (2015) who says Pentecostal and traditional healers have striking similarities to one another they are more interested in the spiritual causes, as opposed to modern medicine, where some experiments are conducted in order to diagnose the causes of diseases. What is important for them is the supernatural power to heal the disease. They believe that behind their practice there is a supernatural power that heals all

forms of diseases. The only difference is that indigenous practitioners believe in God through ancestors whereas AFM believe in God through Jesus Christ and Johane Masowe members believes in God through the works of the holy spirit (*Mweya unoera*).

The study has established that, although indigenous beliefs and Christianity are not the same, they share major religious concerns such as the knowledge of God, spiritual existence of evil spirits. Thus, both worldviews expresses the presence of God as well as absolute human dependence on God, and acknowledging the defenselessness of humanity to both good and evil spirits. In Africa, the shameful thing about the victory of Jesus Christ at the cross over Satan and his demonic regime is that this deposed regime continues to exercise great fear and control in the lives of many African Christians. One may say that the greatest enemy of African Christianity is the apparent spiritual vulnerability in African Christians. It is a fact that a good number of African Christians feel more secure in African traditional religions than in Jesus Christ when it comes to issues that has to do with *nhova* among children. This means that the victory of Jesus Christ's death and resurrection over the devil has not extended to African Christianity because most of AFM members even when they are taught to believe that Jesus has died for us and healing is certain they still go to consult Indigenous practitioners on the management and treatment of *nhova* in silence. Thus some of them showed that they are going back to traditional forms of treating and managing *nhova* to counter the malevolent attacks and harassment by evil spirits, witchcraft and other such evil religious powers. Therefore, the researcher is of the view that AFM church must stop judging other methods used in the management and treatment of *nhova* but must accept and value those differences either by ignoring or choose to borrow because most of the members of this church tend to consult with indigenous methods after their church and hospitals has failed to give solutions to their problems.

The study has established that many AFM church members in Zvishavane are resorting to traditional means in times of misfortunes, disease, drought and family crisis such as the treatment and management of *nhova* . Though the indigenous methods has been under attack, the approaches in the management and treatment of *nhova* is still relevant to the people in Zvishavane, they still go back to seek help. The people in Zvishavane go to church but what remains is that they cannot do and survive without the spiritual guidance from indigenous practitioners. This clearly shows that there is something that these different churches and indigenous practitioners share in common that is why there is dual membership in

Zvishavane and Zimbabwe at large. There is therefore need for people to unite and fight against European allegations of what is African culture. One of the AFM pastors in the Daily News of May 2014 on Macheso's issue of *kutara*, by the name Matimba said:

While any sickness or discomfort to the body was associated with the demonic activity, it was also important to act in a responsible manner when dealing with such matters. The pastor said that while prayer was helpful, it was of utmost importance to deal with the matter using proven medical interventions which had been proven to be effective in the past. "We pray against sickness and disease but we should do so with the understanding that the devil sometimes uses human ignorance to compound situations for instance we understand that sunken fontanelles are caused by dehydration. "We must therefore look at the facts on the ground and follow medical interventions which have been informed by research"

This clearly shows that there are similarities that exist between AFM church, Johane Masowe and indigenous practitioners. It seems that the informant has accepted that *nhova* has to do with evil spirits at the same time accepting that *nhova* is just dehydration, hence the informant seems to be wavering, and he does not have a standpoint. This might be caused by Christian ideologies and education. This is also supported by Nkomazana (2015) who says that Pentecostal healing practices and traditional healers is an intimate relationship with the supernatural source of the healing power, healing is a gift of the "spirit" for both the Pentecostal and the traditional healers. For Pentecostal churches it is the power of the Holy Spirit and the name of Jesus Christ, while for the indigenous healers, it is the power of the ancestors, the supreme deity and other divinities and both Pentecostal and traditional healers believed that God's healing power extends to all diseases and infirmities. They believed that God has promised to heal all the diseases and that prayer had the power to liberate people from the bondage of sin, the power of the devil and demons.

However, there is a slight difference between the methods used in AFM, Johane Masowe and indigenous methods in the treatment and management of *nhova*. The only difference is that in AFM they only make use of prayer and believe in Jesus as a healer of all the diseases including *nhova* and proven medical treatments but Johane Masowe make use of stones, leaves of the hissing tree, maduma, salt and cooking oil and indigenous practitioners make use of herbs, salt, cooking oil, soil and *maduma* as objects only but having faith in God to heal all the diseases. This is the only difference but what these methods are used in all cases is to cast away evil spirits, demons and guard children against monovalent spirits. However, the AFM church is against these methods because they were made to believe that it is

diabolic not knowing that herbs can function differently, they can be used to harm a person and mostly can be used in good ways for example in treating diseases. Therefore these conflicts are a result of people being ignorant to give an eye to what other people do and why they use such methods, hence the people in Zvishavane must accept their differences as richness in the management and treatment of *nhova* rather than judging each other and take other people as backward, diabolic and lack of civilisation.

#### **4.4 Conclusion**

This chapter has established that the AFM church, Johane Masowe and indigenous has a slight difference in their management and treatment of *nhova* and these differences have caused chaos in the Zvishavane community where other churches are judging other churches and cultures as practising witchcraft, as diabolic and as people who are not civilised and needs enlighten. The study has found out that there is lack of acceptance of differences between the church and indigenous practitioners on the management and treatment of *nhova* in the Zvishavane community. However, there are similarities that exist between these cultures because they all believe that there is existence of evil spirits who can manipulate people and harm their health which needs to be eradicated. The people in Zvishavane are only concentrating on the differences only ignoring the point of harmonious link therefore at the end there is cultural conflict in the society where other practices are viewed as uncivilised at the expense of other cultures. Therefore, there is need for people in Zvishavane in churches and indigenous practises to search the point of their harmonious link and unite to fight against European interpretation by recognising, accepting and appreciating their differences.

## CHAPTER FIVE

### CONCLUSION

The main thrust of this study has been to expose and interrogate the approaches used to manage and treat *nhova*, comparing and contrasting the convergences and divergences that exist between the methods used by indigenous practitioners, Johane Masowe members and AFM church members. The researcher explained the conflicts that have risen due to the differences between these churches and indigenous practitioners and what people must do to avoid cultural friction. However to reach at that argument, the study had to concentrate first on the different approaches used in Johane Masowe, AFM and indigenous practitioners in Zvishavane.

This study unravelled the concept that people in Zvishavane have different methods they use in treating and managing *nhova* because they know the implications of the illness in children and they understand that it is a dreadful disease among children. This is supported by Shoko (2007) who says, *Nhova* is a dreaded disease in the Karanga communities. As a result, parents seek powerful protective medicines for their young children. The scholar was only concerned with the Karanga people, but the researcher has find out that Zvishavane is a community with mixed different groups of people but those people subscribe to powerful medicines of *nhova* because they believe that this illness is a serious problem among children. The research established that the indigenous practitioners make use of salt, cooking oil, maduma, soil and herbs to manage the subject having the belief that *nhova* is caused by evil spirits and most of their methods are there to safeguard children against evil spirits. The researcher found that Johane Masowe church is a replica of indigenous methods they believe that *nhova* has to do with evil spirits therefore the methods they use just like indigenous practitioners are meant to protect children against malevolent spirits and the methods such as the use of salt, cooking oil, *Muteuro* in form of *Nhombo* (anointed stones), *maduma* (neck and waist strings) and leaves of the hissing tree. The methods that are peculiar to Johane Masowe such as the use of *Nhombo* and the leaves of the hissing tree are believed to be powerful because of the origin of their church but other methods used in this church are similar to those of the indigenous practitioners. They have the common belief that there is existence of evil spirits and *nhova* can either be caused by evil spirits or natural causations and the spirits must be dealt with. AFM was found to be different from other

groups because they believe in prayer and Jesus Christ as a healer and in some instances the child is first prayed for by the Pastor and after then asked to go to the hospital.

Therefore, there is cultural friction in Zvishavane on management and treatment of *nhova* (fontanelle) where churches like AFM disregards other approaches used in Johane Masowe and indigenous practitioners taking the methods to be inhuman, whilst the churches like Johane Masowe members are proud to be much influenced with indigenous methods and they usually do not judge other methods as worthless. Indigenous practitioners are facing challenges of being taken as witches and what they do as inhuman; they face more rejection from Pentecostal churches like AFM. The study exposes that most AFM members disregard the methods used by indigenous practitioners and take the methods as backward and diabolic methods like using herbs and *maduma* (neck and waist strings) whilst in some cases they also make use of cooking oil and salt privately or giving medical explanations for using them and at the same time believing in the existence of evil spirits who can harm people's health and they believe in the casting away of demons to free human beings.

In this study, the researcher established that colonialism played an important role in the contribution to how the AFM church perceive indigenous methods of treating and managing *nhova* due to the fact that they view the indigenous methods as backward, superstition, diabolic and lack of civilisation. This was instilled by the Whiteman's agenda when they came to Zimbabwe to teach people to negate and despise their religion therefore it seems these Pentecostal churches have accepted this teaching and at the end they are judging other churches and indigenous practises as backward and lack of civilisation. Karenga (1993) underlies the fact that, society nor the world is a finished white product, hence people must refuse the European allegations of African religion and that accept and value each people's culture allowing them to speak their special truth and make their unique contribution on the management and treatment of *nhova* (fontanelle). This is supported by Chavhunduka (1986) who argues that, those Africans who consider themselves 'Westernised' and therefore 'civilised' tend to consult with Western medical practitioners during the day and with African traditional healers at night when people cannot see them, and this is caused by Christian teachings which is against traditional ways of healing, as a result there is dual membership by the Zimbabweans.

The researcher therefore advocates for all the churches and indigenous practises in Zimbabwe particularly people in Zvishavane to accept and value their differences in the management

and treatment of *nhova* knowing that dealing with the subject is culture specific. That is critical to renaissance of the great traditions and practices of the indigenous people. The researcher further recommends that members of AFM church and other Pentecostal churches must look on what other people do when they treat and manage *nhova* not to be ignorant on other people's approaches because there are similarities that exist between their methods and appreciate the differences that exist. They must not emphasise on the difference without considering the similarities. Ani (1997) support this idea arguing that as Africans we must take our cultural forms more seriously and learn to reject alien interpretations of their significance and build on our strengths that most often lie on our uniqueness and people must enjoy togetherness than separation.



## REFERENCES

Ani, M.1997. *Let the circle be unbroken*. New York: Nkonimfo publications.

Asante, M. K. 1987.*The Afrocentric idea*. Philadelphia: Temple University Press.

Bell, D.1993. *Doing your Research Project*. Buckingham: Open University Press.

Berkes, L.2010. The Development and Meaning of the Concept of Multiculturalism. In *international relations quarterly*, Vol. 1, 4.

Chimhanda, F.2013. Relevance of theology in relation to spirituality: An African Bantu perspective. In *Scriptura*. Vol 112, 1: 1-17.

Chavunduka, G.L. 1986. *Christianity, African religion and African medicine*. Gweru: Mambo Press.

Chavhunduka, G.L.2001. *The African Religion in Zimbabwe today*. Gweru: Mambo Press.

Gudhlanga, E.S and Makaudze, G.2012. Indigenous knowledge systems: Confirming a legacy of civilisation and culture on the African continent. In *Prime Journal of Social Science (PJSS)*. Vol 1, 4: 72-77.

Heckman, F. 1993. Multiculturalism Defined Seven Ways. In *the European Forum for Migration Studies (EFMS)*.

Hwata, B.2005. *An investigation of different phases of Pentecostal experience in the Apostolic Faith Mission (AFM)*. Published dissertation: University of South Africa.

Karenga, M. 1993. *Introduction to black studies*. Los Angeles, California: The University of Sankore Press.

Machinga, M.2011. Religion, Health, and Healing in the Traditional Shona Culture of Zimbabwe. In the *Practical Matters, Spring*. Vol 4:1-8.

Maguranyanga, B.2011. *Apostolic Religion, Health and Utilization of Maternal and Child Health Services in Zimbabwe*. UNICEF: Collaborating centre for operational research and evaluation.

Makhubele, J. C, Shirindi, L. and Mabvurira, V.2015. Healing Practices in Johane Masowe Chishanu Church: Toward Afrocentric Social Work with African Initiated Church Communities. In *Ethno Med*. Vol 9, 3: 425-434.

Makwasha, G.M. 2010. *The repression, resistance, and revival of the ancestor cult in the Shona churches of Zimbabwe: A study in the persistence of a traditional belief*. Lewiston, Newyork: The Edwin Mellen Press.

Mesic, M. 2004. *Perspectives of multiculturalism ± western and transitional countries*. Zagreb: FF Press.

Mokgobi, M.G. 2012. *Views on indigenous healing: Implications for integration of indigenous healing and Western medicine in South Africa*. Published dissertation: University of South Africa.

Morekwa, O. 2004. *The interchange, exchange and appropriation of indigenous healing, modern medicine and Christian healing in Africa today*. Published dissertation: University of South Africa.

Muchenje, F. 2012. Cultural pluralism and the quest for nation building in Africa: the rationale for multicultural education. *Journal of Sustainable Development in Africa*. Vol 14, 4.

Nkomazana, F. 2015. Similarities and Differences in the Healing Practices of Pentecostal Churches and the African Traditional Religions in Botswana. In *Journal for the Study of the Religions of Africa and its Diaspora*. Vol 1.1: 18-32.

Sadomba, W.Z. and Zinyemba, L. 2014. Socio-cultural Foundations of Caregiver Institutions: Lineage and Community Networks in Zimbabwe's Health Care System. In *Asian Journal of Humanity, Art and Literature*. Vol 1, 3.

Shoko, T. 2007. Karanga indigenous religion in Zimbabwe. In *the African journal of Traditional, complementary and alternative medicines (AJTCAM)*. Vol 4, 4:501-509.

Tuckman, B. 1978. *Conducting Educational Research*. New York: Harcourt Brace Jovanovich.

Villiers, F.P.R and Ledwaba, M. J. P. 2003. Traditional healers and paediatric care, In *SAMJ Forum*. Vol 93, 9.

Daily news 06 May 2014

Chronicle 06 May 2016

Herald 06 May 2014

Nehanda radio 06 May 2014

Zimbabwe 24 seven news 06 May 2014

Zim eye April 2015

ZI Entertainment 06 May 2014

**APPENDICES**

**Appendix One - Questionnaire guide for academics**

My name is Nolia F Govere and I am a registered student at Midlands State University doing a Bachelor of Arts in African Languages and Culture. I am carrying out a research on **the approaches to treatment and management of Nhova (fontanelle) among indigenous practitioners and selected Christian churches**. All data sources will be treated as confidential and would be used for research purposes only. The data will be reported in statistical form and no individual respondents will be identified.

**Please tick where appropriate**

1) Sex male..... Female.....

2) Age 15-30 years  31-45years

3) Where do you get most of help when preventing or treating diseases?

Local clinic  church  Community elders  Family elders  traditional healers

Other (specify).....

4) Are you aware of the development and effects of Nhova among children

5) In your own opinion what do you consider and believe to be the cause of the Nhova ?

.....  
 .....  
 .....

6) Indicate how your families have benefited from each of the following indigenous practioners and churches concerning the treatment and management of Nhova .

**Please tick**

**GE=Great Extent LE=Less Extent; NAA=Not At All**

| <b>Indigenous Practitioners and churches</b> | <b>GE</b> | <b>LE</b> | <b>NAA</b> |
|--|-----------|-----------|------------|
| 1) Traditional Healer (N'anga)               |           |           |            |
| 2) Community elders (eg nyamukuta)           |           |           |            |
| 3) Family elders (vanaMbuya, sekuru)         |           |           |            |

|  |  |  |  |
|--|--|--|--|
| 4) Mothers (vana mai)                  |  |  |  |
| 5) Clinic                              |  |  |  |
| 6) Johane Masowe church                |  |  |  |
| 7) Apostolic faith mission in Zimbabwe |  |  |  |

7) What are the different methods used by indigenous practitioners in the treatment and management of Nhova ?

**(i)**

.....  
 .....  
 .....

**(ii)**

.....  
 .....  
 .....

**(iii)**

.....  
 .....  
 .....

8) What are the different approaches used by the Johane Masowe in treating and managing Nhova ?

**(i)**

.....  
 .....  
 .....

**(ii)**

.....  
 .....  
 .....

**(iii)**

.....  
 .....  
 .....

9) What are the different approaches used by the apostolic faith mission in Zimbabwe in the treatment and management of management Nhova ?

**(i)**

.....  
.....  
.....

**(ii)**

.....  
.....  
.....

10) What are the similarities and differences between the methods used by indigenous practitioners, Johane Masowe and AFM in the treatment and management of Nhova ?

.....  
.....  
.....  
.....

11) Do you think there is cultural conflict on the management of Nhova ? Yes..... No.....

12) If yes what do you think should be done to avoid cultural conflicts between members of AFM, Johane Masowe and indigenous practitioners.

.....  
.....  
.....  
.....

## **Appendix two - Interview guide for indigenous practitioners in Zvishavane**

My name is Nolia F Govere and I am a registered student at Midlands State University doing a Bachelor of Arts in African Languages and Culture. I am carrying out a research on **the approaches to treatment and management of Nhova among indigenous practitioners and selected Christian churches**, in partial fulfilment of the course. All data sources shall remain anonymous and will be treated with utmost confidentiality. The data will be reported in statistical form and no individual respondents will be identified.

- 1) Sex: Male..... Female.....
- 2) Are you aware of the development and effects of Nhova among children?
- 3) In your own opinion what do you consider and believe to be the cause of Nhova .
- 4) What are the approaches do you use to manage and treat Nhova ?
- 5) Do you think there is a link between the methods you use to treat and manage Nhova to what Johane Masowe and the apostolic faith mission church do?
- 6) Which methods do you think are only unique to you as indigenous practitioners and not in Christian churches on the management and treatment of Nhova and what is your take on those differences.
- 7) Do you face any challenges on the methods you use to manage Nhova from other churches like Johane Masowe and AFM?
- 8) If you face any challenge, what do you think should be done to avoid those problems among your cultural practises and that of members of the apostolic faith mission church and Johane Masowe?

### **Appendix three - Interview guide for members of the Johanne Masowe church members**

My name is Nolia F Govere and I am a registered student at Midlands State University doing a Bachelor of Arts in African Languages and Culture. I am carrying out a research on **the approaches to treatment and management of Nhova (fontanelle) among indigenous practitioners and selected Christian churches**. All data sources will be treated as confidential and would be used for research purposes only.

- 1) Sex: Male..... Female.....
- 2) Is your Church aware of the development and effects of Nhova among children?
- 3) What do you consider and believe to be the cause of Nhova in Johane Masowe.
- 4) In Johane Masowe church what are the approaches you use to manage and treat Nhova ?
- 5) Which are the differences and similarities on the management and treatment of Nhova among your church, AFM and indigenous practitioners in Zvishavane?
- 6) Do you face any challenges on the methods you use to manage Nhova from other religious groups and indigenous practises?
- 7) What do you think should be done to avoid cultural conflict on the treatment and management of Nhova (fontanelle) among members of your church, apostolic faith mission church and indigenous practitioners in Zimbabwe?

#### **Appendix four - Interview guide of the Apostolic faith mission in Zimbabwe (AFM) church members**

My name is Nolia F Govere and I am a registered student at Midlands State University doing a Bachelor of Arts in African Languages and Culture. I am carrying out a research on **the approaches to treatment and management of Nhova (fontanelle) among selected Christian churches and indigenous practitioners**. All data sources will be treated as confidential and would be used for research purposes only. The data will be reported in statistical form and no individual respondents will be identified.

- 1) Sex Male..... Female.....
- 2) Is your Church aware of the development and effects of Nhova among children?
- 3) What do you consider and believe to be the cause of Nhova in apostolic church in Zimbabwe?
- 4) In your church what are the methods you use to manage and treat Nhova ?
- 5) How do you consider the indigenous practitioners and Johane Masowe methods of managing and treating Nhova ?
- 6) What are the differences and similarities on the management of Nhova among your church, Johane Masowe and indigenous practitioners?
- 7) Is there any conflicts on the methods you use to manage Nhova between your church, Johane Masowe church and indigenous practises?