

Harnessing indigenous knowledge systems in managing the covid-19 pandemic in Zimbabwe

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ABSTRACT

The covid-19 pandemic has led to various impacts on the health, economy and social well-being of people, globally. As no cure is yet to be found for the disease, the world can only rely on vaccines to contain its spread. What is disturbing though is that some of these vaccines have been received with much scepticism by some people. There have been various controversies, and conspiracy theories, pertaining to vaccines as there are suspicions that the availed vaccines will further spread the disease as a deliberate way of exterminating humanity. As such, some people are naturally hesitant to take the vaccines. Instead of taking the vaccines, some people have since turned to indigenous remedies based on Indigenous Knowledge Systems (IKS) in a bid to boost their immune systems, as well as to curb the effects brought by the covid-19 pandemic. Despite the fact that some people in Africa in general, and Zimbabwe in particular, have turned to IKS, its efficacy has generated a lot of controversy due to the enduring nature of coloniality of power, and knowledge, which has always denigrated African healing systems, and elevated western scientific medicines. This paper illuminates on the greater capability with which IKS can combat, manage and alleviate the impact of the covid-19 pandemic in Zimbabwe. We consider this against the backdrop of a collapsed healthcare system in the country exacerbated by a serious brain drain because of poor working conditions. The argument is that herbal medicines are the backbone of poorly resourced healthcare systems, including those in Zimbabwe. If indigenous healing interventions have been used in communities for centuries in the past to treat various ailments, it is our conviction that these can still be useful today. Due to mobility challenges emanating from the covid-19 induced lockdowns, this study is qualitative wherein data was collected through desktop research coupled with intermittent telephonic and face-to-face interviews.

KEYWORDS

Indigenous Knowledge Systems, covid-19, pandemic, vaccine

1. Introduction

The outbreak of the covid-19 pandemic at the close of the second decade of the 21st century has greatly shaken communities globally, with Africa in general, and Zimbabwe in particular, not being spared by the scourge. The pandemic has affected many countries regardless of their economic status. This has induced a high level of anxiety and vigilance among people as they try to harness the 'elephant in the cupboard'.

The covid-19 pandemic has consumed many souls the world over, and still has the velocity to continue causing havoc. Covid-19 was declared a global pandemic by the World Health Organisation on the 30th of January 2020, and by the 11th of March 2020, it had cruised across the globe (WHO, 2020). Initially, the countries intensively affected by covid-19 were Italy, USA, Brazil and the UK (WHO, 2020). The pandemic further moved into the African continent, affecting Zimbabwe in the process. In response, Zimbabwe, like other countries, closed its schools on the 24th of March 2020, and by the 30th of March 2020, the country was under lockdown (Mangiza & Chakawa, 2021). Thereafter, the lockdowns were subsequently reviewed, and periodically extended, with accompanying relaxed or tightened measures depending with the situation on the ground.

It is, however, disheartening to contemplate that there is still no cure for this unwanted 'visitor'. Mechanisms such as national lockdowns, closure of borders, putting on of face masks, maintenance of social distance, hand sanitization and use of medical equipment such as ventilators have been embraced to ease the spread and venom of the pandemic in many countries. The use of vaccines has not brought any permanent solutions either, as some people, including those in Zimbabwe, remain sceptical about taking the jabs, and the covid-19 virus continues to mutate into different variants. While developed nations have taken advantage of their technological advancement to manufacture some personal protective equipment, and to fully equip their hospitals for their citizens, most developing countries seem to be at the crossroads due to weak economies and collapsed health delivery systems.

Zimbabwe is one country in Africa whose economic status has reduced its capacity to combat the effects of the pandemic, a situation which has been exacerbated by a serious brain drain in the health delivery care system. Adopting the 'one-size-fits-all' strategy from the developed countries may not be the best way forward, especially for Third World countries such as Zimbabwe, and others whose economies are struggling and lacking the capacity to import adequate Personal Protective Equipment (PPEs), and vaccines.

Conversely, dependency on donations from the developed countries also puts the country's citizens at greater risk and in a condition of uncertainty. In this regard, the study argues that the use of Indigenous Knowledge Systems (IKS) as a resource can go a long way in dealing with the covid-19 pandemic, or other respiratory-related diseases in Zimbabwe. After all, researches carried out by several scholars, and the WHO in the last two decades demonstrate that between 80 to 90 per cent of the people in the African continent, for various reasons, depend on traditional medicines to meet their health care needs (Maroyi, 2013; Dandara, 2020). There has been raging debate on IKS and development in the last four decades as decolonisation in the African continent came to a close.

Today, there seem to be a growing realisation among scholars across the academic divide that IKS has a potential to significantly contribute to the improvement of people's livelihoods and sustainable development. It is in the light of the above that the study demonstrates how indigenous remedies can be used to deal with the covid-19 pandemic in Zimbabwe.

Since the covid-19 pandemic is an emerging trend, examining how IKS can be used to combat it considerably contributes to this sprawling discourse on the pandemic which has caught the world by storm. Indeed, it is no exaggeration to say that 'foolish is the doctor who despises traditional remedies.'

We argue that traditional remedies can be of great importance in managing and alleviating the impact of covid-19. Traditional medicines, which have been at the heart of most Zimbabwean communities since time immemorial, if properly harnessed, can bring hope for the people of Zimbabwe.

By the end of 2021, the world was still battling the pandemic as most people

continued to lose their lives, income, as well as freedom of movement, and Zimbabwe was not an exception. There is no doubt that people's livelihoods were seriously affected as economic activities, be it in the agricultural, manufacturing or informal sectors were moderated as a result of mobility restrictions triggered by the lockdowns. Thus, given the aforesaid background, this study explores how IKS can be harnessed in order to alleviate the impact of covid-19 on the Zimbabwean populace. This is in view of the fact that the country's public health delivery system is highly fragile and appears ill prepared to deal with the pandemic as a result of decades long decay due to neglect (Zimbabwe Peace Project, 2021).

2. Methodology

This study is a product of a qualitative research design. A holistic approach was used to obtain data from a number of sources which include both primary and secondary sources. Employed primary sources include interviews conducted with selected Zimbabweans from all walks of life. Some of the interviewed members had experience in the use of IKS especially traditional medicines, prior to and during the covid-19 era, while others were observers who testified to the healing properties of traditional medicines for those infected with covid-19.

Data was also collected through the use of documents since both historical and contemporary documents are a rich source of data for social research (Punch, 1998). Thus, books, journal articles and the online sources were probed for data considered relevant and crucial in shaping this study. The study also benefited from the media, which has been active in disseminating information about the pandemic and some possible mitigation measures. Collaboratively, the above sources provided rich data for this study.

3. Understanding Indigenous knowledge systems

Since the dawn of time, local communities across the globe, particularly in the developing world have relied on Indigenous Knowledge Systems (IKS) to deal with an array of livelihood challenges. In the last few decades, there has been a growing realisation that scientific interventions alone cannot adequately deal with contemporary agrarian, environmental, climatic and medical challenges, among others. The concept of Indigenous Knowledge (IK) has in the recent past pre-occupied the minds of academics, development practitioners and some policy makers who are of the conviction that it can play an integral role in addressing multiple challenges confronted by rural communities in developing countries (Mapfumo et al., 2015; Moonga & Chitambo, 2010; Mafongoya & Ajayi, 2017).

Today, even scientists acknowledge that the local people have successfully managed their environments for generations, with minimal damage to local ecologies. Some situations cannot be adequately dealt with through modern scientific interventions but demand the use of simple technologies and procedures (Matowanyika, 1994). There is a growing realisation that indigenous knowledge has the potential to provide a potent basis for managing resources and dealing with other livelihood challenges in the quest to achieve sustainable development. Besides being culturally bound, IKS has been found to be socially desirable and economically affordable (Matowanyika, 1994). In this regard, tapping from IK can significantly enhance the understanding of local conditions with the potential to proffer a conducive context for activities designed to assist communities.

IKS relates to knowledge developed within indigenous societies before the advent and influence of Modern Scientific Knowledge Systems (MSKS). It is knowledge which has been developed outside the formal education system by communities to enable those communities survive in their given environments (Maunganidze, 2016). One can also comfortably refer to it as 'traditional knowledge' since it is deeply rooted

in what indigenous people do and what they have known, and done for generations without the influence of western cultures (Eyong, 2007).

In most cases these are practices that evolved through trial and error in many facets of people's lives and have proved to be flexible enough to cope with change within a given community. Concurringly, Berkes (2017) has it that IKS entails the construction of knowledge, skills, innovation, wisdom, teaching, experiences, language and insights of people produced and reproduced over a long period of time. In the same vein, Chanza (2014) states that IK depicts the knowledge, skills, practices and technologies of local indigenous people, accumulated through observations and experiments done over succeeding generations (Mafongoya et al., 2017). IK has been variously termed by different scholars as traditional knowledge, indigenous knowledge, indigenous science or ethnoscience, local knowledge, popular knowledge, folk knowledge, among others (Dove, 2006; Mafongoya & Ajayi, 2017).

Although these terms may appear to have different connotations, the common thread is that they share consistent meanings. As Sillitoe (1998, p.223) argues, that the lack of harmony in terminology "intimates the flux that characterises this fast-moving and exciting field in development practice." IK is neither static nor rigid as it is flexible enough to be able to incorporate insights and skills from other knowledge systems (Guchteneire et al., 2010). For instance, a study carried out in Zimbabwe clearly demonstrated that IKS can be easily transferred and adapted by other communities and can effectively improve interventions at the local level (Mavhura et al., 2013).

IKS has been transmitted within the context of a particular community from generation to generation through cultural transmission since this knowledge is not universal among African communities. It is collectively owned by members of a particular community, and it becomes that community's social capital. This knowledge form "is based on facts that are known or learnt from experience or acquired through observation and practice, and is handed down from generation to generation" (Mafongoya & Ajayi, 2017, p.16). IK is transmitted formally and informally among different communities through oral traditions, social encounters and ritual practices, among other activities (Bruchac, 2014). This knowledge form has for a long period, been linked to rural areas since these are the custodians of the cultures and customs of a given community (Maunganidze, 2016). It has also been treated as an integral part of the poor people and communities' strategies for survival (Maunganidze, 2016).

However, as communities have become complex, indigenous knowledge has come to influence even those communities which are not rural. Therefore, knowledge developed and used in Africa over generations is that community's Indigenous Knowledge System. This is also true of knowledge developed by the local communities in Zimbabwe. African communities in Zimbabwe have relied on IK to deal with different livelihood challenges such as biodiversity conservation, agriculture, human and animal wellness, since immemorial times. With regards to healthcare, which indeed is the subject of this discussion, traditional healers have often been regarded as the first and last line of defence against the most contagious diseases that affect the people in Zimbabwe (Muguti, 2016). In Zimbabwe, many people, especially the older generation have maintained the use of traditional medicines, especially, because they understand the culture and their value more than the younger generations. Traditional medicines are not necessarily administered by traditional healers but can be administered at household level by non-practitioners (Muguti, 2016).

Like elsewhere in the developing world, the native people in Zimbabwe have a long-standing relationship with the environment. There is no doubt that there is a strong interdependence between human beings and their environment which makes the two inseparable. In fact, the close relationship between people and the environment forms an important foundation for the organisation of indigenous knowledge. Indeed, there is no doubt that many communities easily identify with IK systems embedded in their culture which enables them to live in harmony with the environment. The environment is important in securing, especially, herbal and medicinal plants for community development (Maunganidze, 2016).

Whilst IKS is a valuable social capital for local communities, it has suffered marginalisation and exclusion from the mainstream development discourses. IKS,

which has been passed on from one generation to the next and ensured the wellbeing of people by fulfilling different livelihood challenges, is gradually disappearing as foreign development concepts, which in some instances has proved to be unsustainable in taking centre stage. As Mafongoya and Ajayi (2017, p.29) observe that “the tragedy of the disappearance of this knowledge is obvious to the local indigenous communities, and the implications for others can be detrimental when local skills, teachings and expertise are lost”. Marginalisation of IKS has mainly been due to the growth and spread of Christianity and the adoption of western science and culture, yet it is the foundation upon which local communities are made and continue to make determinations about local issues (Tharakan, 2017).

In Zimbabwe, the local people have relied on IKS to deal with many livelihood challenges since the earliest times. The practice of using African Indigenous Medicine (AIM) to combat ailments is one area that has survived the test of time (Maunganidze, 2016). Despite the fact that AIM has not been formally integrated in the healthcare system in Zimbabwe, many people across the country continue to rely on traditional medicines to meet their primary healthcare needs. The failure to officially integrate traditional medicine with the modern healthcare system has been a result of the inferiorisation and denigration of IKS emanating from the effects of close to a century colonisation of the country. As such, people have a divergence of views towards the practice of AIM and this has created conflict in society among those who attach value to it and those who do not. Nonetheless, at the global stage, the World Health Organisation (WHO) has been playing an instrumental role in encouraging governments to embrace and integrate traditional medicines in their healthcare systems (WHO, 2020).

In Zimbabwe, the covid-19 pandemic hit the country at a time when it (the country) was least prepared to deal with a pandemic of a severe magnitude due to the ‘sorry’ state of the country’s health delivery system following years of neglect. As the covid-19 pandemic continued to cause havoc among communities, there appeared to be an increase in the use of traditional remedies among Zimbabweans as the local inhabitants strived to contain the pandemic. In this regard, any sustainable healthcare initiative in Zimbabwe should incorporate the use of traditional medicine, an IK form which has been the bedrock of African healthcare system since the earliest times. Indeed, there is no doubt that AIM will continue to play an important role in meeting the peoples’ healthcare needs for the foreseeable future. As Mafongoya and Ajayi (2017, p.41) rightly argue:

While this does not imply that IKS is superior to formal scientific knowledge, it is important to know that understanding IK can help to determine whether or not external scientific alternatives are appropriate or how they can be adapted or integrated with IK for greater impact. It will be by comparing and integrating scientific knowledge and IKS that the most appropriate solutions will be found for developmental problems.

4. IKS & Covid-19 alleviation

The onset of the covid-19 pandemic in Zimbabwe and the challenges it has created has ignited fierce debate among citizens as to whether the country will be overwhelmed by the pandemic or not given the struggling economy and a collapsed healthcare system. Zimbabwe, like many African countries, is characterised by a deteriorating health infrastructure and facilities, and a worsening epidemiological profile due to years of neglect (Dandara et al., 2021). This resulted in the country failing to provide enough medical services to those affected by the diseases in general and the covid-19 pandemic in particular. In the face of an underperforming economy the country lacks the capacity to manufacture or import critical medical equipment to mitigate the spread of the pandemic (Afrobarometer, 29 October 2021).

Furthermore, the importation of covid-19 vaccines was piecemeal as the country largely relies on donations from China, India and Russia (Reuters, 2021). While donations may have been well received by the government and other stakeholders, some sections of the society doubted the efficacy of the donated medicines. This created a scenario in which people were not sure whether they had to embrace the medicines or not.

Faced with a situation in which the pandemic was rapidly spreading, lack of

confidence in the efficacy of some donated vaccines due conspiracy theories that continued to dominate the people's minds; traditional medicines found willing takers among ordinary Zimbabweans as they had been used to deal with epidemics of almost similar proportions in the past. For instance, some informants highlighted that traditional herbal remedies have been effectively used to combat opportunistic infections associated with HIV and AIDS. In the same vein, there is no doubt that traditional remedies could be relied upon in alleviating the challenges posed by covid-19. This is especially true in a situation where the pandemic unfolded during a global lockdown situation and the cost of importing appropriate medical equipment were prohibitive in a contrived economy.

Besides, due to the socio-economic and political challenges facing the country, the majority of the people have a low income per capita, including those who are gainfully employed and therefore cannot access private health services (Chitsamatanga & Malinga, 2021). This then render the reliance on traditional medicine, which is a long-standing indigenous knowledge form, a viable alternative option in battling the covid-19 pandemic and other ailments.

As alluded to earlier on, it should be appreciated that the use of local knowledge, especially in the treatment and possible prevention of diseases is not a new phenomenon in Africa in general and Zimbabwean societies in particular. For decades, IKS has been utilised to treat ailments and diseases in both humans and animals. Among the Shona in Zimbabwe, for instance, traditional herbal medicines have historically been used in the treatment of diseases such as cancer, colds, malaria, nausea, depression and insomnia, among others. Zimbabweans especially those in rural areas have relied on traditional medicine since immemorial times for the cure and prevention of ailments. About 80% of the world's population also relies on traditional medicines for primary health care needs (Muguti, 2016).

Using African Indigenous Medicines (AIM) has been described by the World Health Organisation (WHO) as one of the surest alternative means to achieve a total health care of the world's population (Antwi-Baffour, 2014). IKS, therefore, becomes a necessity given the scenario in Zimbabwe where modern medicines are very expensive and beyond the reach of many; where inflation is rampant, and where the majority of the people live below the poverty datum line. The scarcity of basic medicines in hospitals and clinics, especially at a time when the country is grappling with a pandemic, has made an already bad situation worse. This, in the end, makes traditional medicines which are culture-bound, readily accessible in communities, affordable and effective; which is an attractive preference for many ordinary Zimbabweans.

Covid-19 shares many characteristics with other respiratory diseases that have been known to the African people for some time. These include common cold or flu, with the inclusion of some respiratory symptoms such as dry cough, fever and shortness of breath, of which severe forms can lead to death (Chitsamatanga & Malinga, 2021). This entailed that people could use indigenous knowledge remedies to deal with the covid-19 pandemic in a similar way they dealt with other diseases with similar symptoms in the past to avert the loss of precious lives. These remedies, as highlighted above, have the advantage that they are the most affordable and easily accessible source of treatment, especially for poorly resourced countries like Zimbabwe. They are also more acceptable from a cultural point of view.

In Zimbabwe, as the covid-19 pandemic was unfolding, people did not waste time seeking alternative local remedies anchored on IKS in fighting the spread of the pandemic. Thus, out of need, necessity and convenience, traditional medicine was subscribed to as an alternative. Instead of reporting cases of covid-19 to modern medical facilities, urbanites flocked to their rural homes where use of traditional medicines was common. Rural homes also became a space for self-quarantining by those who suspected to have been infected by the covid-19 virus wherein traditional medical remedies were taken for quick recovery. Different herbal remedies were used to deal with the pandemic. Among the widely used herbs were a shrub called *muruguru* (*Carisa edulis*) and a tree called *Mukute* (*Syzygium cordatum*) (Murape, 2021). For the *muruguru* shrub, its roots are extracted, soaked in water over night and the treated water is consumed the following day in the morning and in the evening before going to bed until the illness has subsided (Murape, 2021). As for the

Mukute tree, its barks are extracted, soaked in water and administered in similar fashion to the *muruguru* shrub.

Traditionally, these herbs had been long used to treat coughs, chest pains, pneumonia and tuberculosis, but were then used by people to alleviate them against covid-19 given the similar symptoms. Pertaining to the effectiveness of these herbs, one informant testified that her grandfather who had covid-19 symptoms recovered after taking the *muruguru* concoction (Ziso, 2021). What is also significant is that even doctors and nurses in the public and private institutions encouraged people to use traditional remedies.

Some herbs such as the *muvhinji* (*Euclecrispa*) have been used as an antibiotic since it also treats coughs and flu like symptoms. The other commonly used herb in Zimbabwe is the *zumbani* shrub (*Lippia javaniaca*). The leaves and twigs of this shrub are boiled and the solution is taken for cough and cold alleviation. While there is no 'scientific proof' at the time of writing that *zumbani* can cure covid-19, health experts believe that its respiratory healing properties may have provided relief in handling certain covid-19 cases (Anadolu Agency, 2021). An informant in Mhondoro, Nyamweda village, alluded to the fact that her aunt and uncle whom she was staying with 'miraculously' recovered from covid-19 after taking the juice made from the *zumbani* shrub's leaves and twigs (Rugare, 2021). *Zumbani* is widely used by people across the country and beyond, with some enterprising people even earning a living through selling it.

Kufukira/kunatira (steaming) was also a widely practised traditional practice by the local indigenous people in Zimbabwe. This entailed inhaling of steam from boiled water mixed with lemon or *zumbani* while one is covered with a blanket or cloth. This is also a widespread practice among the Shona people in Masvingo province. Several teaching, non-teaching staff and students at Great Zimbabwe University (in Masvingo) confirmed that they steam at least twice a day, in the morning and evening with the rest of their family members, where practically possible. The *kufukira* sessions could be increased depending on the number of times that an individual left home and interacted with other people during the different errands.

Besides boiling *zumbani* in water, numerous other traditional herbal combinations were used in these *kufukira* sessions. Some people preferred using lemon fruits or leaves, guava leaves, mango leaves, onions, among others. These concoctions were freely shared by people at church, in bars and in other gatherings which was a clear testimony that the ordinary people had confidence in the efficacy of traditional herbal remedies (Ruramai, 2021).

In light of the above, it is clear that in the face of the covid-19 pandemic, the Zimbabwean communities, both in the rural and urban centres went back to tradition through the use of traditional medicines. Some of these medicines are today sold at street corners and open markets by the so called 'street doctors'. Most of these are seen displayed in the form of dried roots, barks, shells and many other forms. Some of these medicines, especially *Zumbani* are also widely marketed in supermarkets and some pharmacies across the country. Significant to note is that these remedies do not require the services of a traditional medical practitioner to administer them but can be self administered.

In Chipinge, where the widespread existence of traditional healers and traditional medicines is common, talk among most people in the area and in the country in general, say the use of traditional medicines to treat ailments is a common practice there. A female informant from Chipinge town testified that after testing positive to covid-19, and despite modern drugs having been prescribed to her by a medical practitioner, she preferred using traditional medicines such as gum tree and *zumbani* leaves which she used interchangeably for steaming as well as the Chinese-made 'Tsunami'. These were used in conjunction with garlic and ginger which she chewed frequently. This, for her, was a very strong pharmacy, which if used properly, she reported, could effectively neutralise the covid-19 virus (Mhlanga, 2021). Such testimonies were common among many people in the area, who always reminded one another of the importance of *kufukira/kunatira* (steaming) as both preventive and treatment measures.

Most people who would have successfully used home remedies from across the country also gave testimonies on the Zimbabwe Television Corporation TV Channel

(ZTV) about the importance and use of indigenous knowledge in combating diseases (ZBC News, 2021).

A trend we also noticed is that highly infectious diseases such as covid-19 easily spread among people who stay close to each other. In our findings there are many cases of a second spouse falling ill a few days after the first is diagnosed with Covid-19 virus. A couple in the Mutambara area of Chimanimani confessed about both of them falling ill in a space of one week apart. According to them, the wife was diagnosed with covid-19 first and got treated through the use of scientific medicines coupled with traditional ones. The traditional remedies used were *Zumbani*, *mugodo*, *ginger*, *garlic* and the Chinese 'Tsunami' as well as steaming. The husband, who developed similar signs and symptoms a few days later, did not visit any medical centre, but simply resorted to the use of traditional medicines which the wife was using, and recuperated. The man expressed confidence on the healing properties of these traditional medicines (Majonge, 2021). Some testimonies about the use of traditional medicines in the face of the pandemic are many in the area.

The above scenario is similar to that of another couple in the Mashava mining town who developed signs of the disease in a space of one week. While the husband was reluctant to get tested for fear of being quarantined in a medical facility, the wife got tested and was found to be positive to covid-19. The husband treated himself privately using the traditional medicines which included *Zumbani*, ginger, garlic and a high steaming frequency. Within a few days, both of them were back on their feet (Choga, 2021). This is one of the many cases of people who did not visit medical centres but successfully recuperated from covid-19.

In some instances, covid -19-cured patients simply viewed the disease as a type of heavy flue or cold, and not covid-19. This removed the element of panic among them when confronted by the disease. This influenced some to treat covid-19 as a 'unique cold' with much ease thus turning to traditional ways of dealing with flue. Most rural folks confessed that they have dealt with the disease as they have always dealt with flue, that is, using lemon juice, inhaling steam after boiling gum and *Zumbani* leaves; using ginger and garlic, among other known home remedies (Matsotso, 2021).

5. Reflections on the use of traditional remedies

What this entails is that a lot of interventions are required from all stakeholders as a way of promoting a cause which can be a saviour to the nation. Indeed, at the height of the HIV/AIDS pandemic during the early 21st century, the WHO acknowledged that traditional medicines could be used to deal with its symptoms and also relieve pain, and opportunistic diseases, associated with it. The strong conviction is that if these medicines were used in the past, continuing to this very day, to treat various ailments, they could still be used successfully to treat covid-19. As such, the support by the government for IKS must be the first port of call. The school curriculum, from primary to tertiary level should include the teaching of IKS as the old adage emphasis 'catch them young.' Such knowledge will be preserved in posterity.

Notwithstanding efforts currently on the ground, the government must avail more funding to public institutions such as universities, polytechnics and state-owned research institutions to carry out research for the manufacturing of herbal medicines to meet local demand. This can also be done through partnering and patenting with international drug or vaccine manufacturing hubs.

Deliberate efforts should be made by all applicable stakeholders to preserve traditional knowledge which has proved to be very useful in peoples' lives and livelihoods since pre-colonial times. This can be done through documentation of traditional medical knowledge by academics, and other relevant stakeholders.

The institution of traditional healers should also be promoted by the government. Concerted efforts should also be made by all stakeholders to protect biodiversity which is a ready source of medicine for traditional remedies. These have been marginalised with some western scholars and missionaries having referred to them in the most derogatory terms such as 'witch doctors' or 'bush doctors' (Shoko, 2018).

The Zimbabwean government took a positive move when it professionalised traditional healers in 1980 through the formation of the Zimbabwe National Traditional Healers Association (ZINATHA). The move to secure their independence from the

negative perception it had got from the colonial government shows the importance of the traditional healers and their practice in the lives of the people of Zimbabwe. The association has among other aims, to promote traditional medicine and practice (Shoko, 2018). This actually entailed the promotion of IKS. Hence, the exclusion of ZINATHA from the modern medical field also means the exclusion of IKS from mainstream development and practices.

The Medicines Control Authority of Zimbabwe (MCAZ) one time warned against the use of traditional medicines with claims that the medicines were posing a serious health risk to members of the public who were using them in place of the prescribed conventional medicines (Shoko, 2018). Nonetheless, it is heartening to note that some innovation hubs, recently established by the government in the country's state universities are taking a lead role in carrying out researches in the efficacy of some selected traditional herbal remedies.

6. Conclusion

It can be observed that IKS can be harnessed in managing the covid-19 pandemic in Zimbabwe. This is possible considering the observation that the generality of the people are already some steps ahead in using traditional medicines in an atmosphere of an ailing health system, with some success stories, although this is still through trial and error. More defined policies at national level should be enacted to harness IKS. Researchers, therefore, maintain that traditional healers should be given a chance to undertake research and avail traditional medicines which can be used to combat covid-19. An integration of traditional and scientific knowledge through the field of research and laboratory testing, for precision, is a spring board towards harnessing covid-19. All this should have the blessings and support of the government in conjunction with other stake holders.

Documentation of plants used as traditional medicines should be done so that the knowledge can be preserved, while the plants utilised should be conserved so that they are used sustainably for the benefit of future generations. A dependency on the designed measures and medications from the developed countries may result in the health of the people put on the line. This is because both the country and the people cannot afford them since they are expensive, while at the same time the country is poorly resourced. Importation of the medicines and other health equipment from the developed world has its own challenges and limitations since the industrialised countries are also struggling to produce enough to meet their local demand. Successful importation means an extra financial burden on a struggling economy. A dependency on donations, likewise, may also not be the best way forward. It then becomes imperative for the country to employ other options to save its citizens from the jaws of the covid-19 pandemic.

Indigenous Knowledge Systems can bring hope to a stressed community such as the one in Zimbabwe. Traditional medicines in particular, are locally available, cheap and accessible. This would allow even the poor members of the community to access health services comfortably. We maintain that if traditional medicines have been used successfully in the past to combat various ailments, they can still be used successfully today to combat covid-19 and other ailments. For this study, IKS should be encouraged, and if harnessed properly, can bring happiness and smiles to many communities in Zimbabwe.

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