Medical Pluralism and the Quest for Therapy: The Dilemma of HIV and AIDS Patients in Zimbabwe's Rural Gandanzara Area

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Go directly to the text of the paper.

Abstract

Since disease and illness are intricately interwoven in the social status of a given social group, and defined and understood differently in different social contexts, this article seeks to explore how HIV and AIDS are perceived, with regard to aetiology, in an environment of medical pluralism by focusing on a specific ethno-religio-cultural group, that is, the Manyika people of rural Gandanzara area of Zimbabwe. Given the plurality of the Manyika medical system, this article investigates the provision of medical services to HIV and AIDS patients by these systems, the medical space occupied by each system, and the dilemma faced by these patients in decision-making criteria with regard to therapy-seeking and selecting behaviour. Due to the role of close kinship ties, the patient's dilemma is aggravated by the nuclear and extended family understanding of diseases and illnesses and their role in selecting therapeutic procedures. Informed by the phenomenological approach, this study shows that the Manyika people of this rural setting, like various other rural ethno-religio-cultural groups in Zimbabwe and Africa, have complex disease aetiology which in turn determines their therapy-seeking behaviour and choice. The dilemma is further compounded by the fact that these people dichotomise diseases into natural and supernatural. As such, it is not surprising that three medical systems co-exist, in opposition and in mutual borrowing. These are: biomedicine; African traditional medicine; and Christian spiritual healing. With the aid of face-to-face interviews and general observations, this research established that irrespective of social status, the Manyika people try to overcome this dilemma by practicing medical syncretism when faced with complex diseases or illnesses they cannot easily comprehend, for example HIV and AIDS.

Le pluralisme médical et la recherche de traitement : Le dilemme des patients vivants avec le VIH et le sida dans la région rurale de Gandanzara au Zimbabwe

Godfrey Museka

Résumé

Puisque les maladies et les infections sont étroitement imbriquées dans le statut social d'un certain groupe social, qu'elles sont définies et comprises différemment en fonction des contextes sociaux, cet article tente d'explorer comment le VIH et le sida sont perçus, d'un point de vue étiologique, dans un environnement de pluralisme médical en se concentrant sur un groupe culturel ethnique et religieux, formé des Manyika de la région rurale de Gandanzara au Zimbabwe. Compte tenu de la pluralité des systèmes médicaux auxquels ont accès les Manyika, l'objectif de cet article consiste à examiner l'offre des services médicaux auprès des patients atteints de VIH et de sida en fonction des divers systèmes; d'étudier la place de chacun de ces systèmes et le dilemme auquel sont confrontés les patients en ce qui a

trait aux critères de sélection d'un traitement et d'un type de comportement. En raison du rôle des liens de parenté étroits, le dilemme des patients est encore plus complexe si l'on tient compte de la compréhension des membres de la famille nucléaire envers les maladies et les infections et de leur rôle lors de la sélection des procédures thérapeutiques. À l'aide d'une approche fondée sur la compréhension phénoménologique, cette étude démontre que les Manyika de cette région rurale, comme bien d'autres groupes culturels ethnoreligieux du Zimbabwe et de l'Afrique, possèdent une étiologie complexe qui a des effets sur leurs comportements et les critères utilisés lors du choix d'un traitement. Le dilemme est encore plus grand puisque les membres de ce groupe font un tri des maladies en fonction de leur caractère naturel et surnaturel. Ainsi, il n'est pas surprenant de constater la coexistence de trois différents systèmes médicaux, qui s'opposent ou sont en interrelation. Il s'agit de la biomédecine, de la médecine traditionnelle africaine et de la guérison spirituelle chrétienne. C'est grâce à l'utilisation des données d'entrevues en personne et des observations faites sur le terrain que cette recherche indique que peu importe le statut social des Manyika, les membres de ce groupe tentent de surmonter ce dilemme, lorsqu'ils sont face à des maladies ou infections complexes difficiles à comprendre comme le VIH et le sida, en combinant les diverses doctrines médicales qu'ils connaissent.

Pluralismo Médico y la Búsqueda de Terapias: el Dilema de Pacientes con HIV y SIDA en el Área Rural de Gandanzara en Zimbabwe

Godfrey Museka

Resumen

Como las afecciones y las enfermedades están elaboradamente entrelazadas en el estado social de un grupo social dado, definido y entendido de forma diferente en diferentes contextos sociales, este artículo busca explorar como el HIV y el SIDA son percibidos con respecto a la etiología, en un ambiente de pluralismo médico, concentrándose en un grupo étnico-religioso- cultural, esto es, los Manyika del área rural de Gandanzara en Zimbabwe. Dada la pluralidad del sistema de salud de los Manyika, este artículo investiga los servicios médicos para pacientes con VIH y SIDA por parte de estos sistemas; el espacio médico ocupado por cada sistema y los dilemas de estos pacientes en los criterios de toma de decisiones con respecto a la búsqueda de tratamientos y su comportamiento de selección. Debido al papel de las relaciones de parentesco, el dilema de los pacientes se agrava por la comprensión de las afecciones y enfermedades de parte del núcleo familiar y la familia ampliada y su papel al escoger los procedimientos terapéuticos. Visto el enfoque fenomenológico, este estudio muestra que los Manyika, al igual que otros grupos étnico-religioso- culturales de Zimbabwe y África, tienen etiologías complejas, lo que a su turno determina la forma de buscar y seleccionar el tratamiento. El dilema se complica aún más por el hecho de que ellos dicotomizan las enfermedades en naturales y sobre naturales. Como tal, no es sorprendente que estos tres sistemas médicos coexistan. Estos son:, biomedicina, medicina tradicional Africana y sanación espiritual Cristiana. Con la ayuda de entrevistas personales y observaciones generales, esta investigación estableció, que sin importar el estatus social, los Manyika tratan de superar este dilema practicando sincretismo médico, al

enfrentarse a afecciones o enfermedades complejas, que no pueden entender con facilidad, por ejemplo VIH o SIDA.

Pluralismo Médico e a Busca por Terapias: O dilemma de Pacientes com HIV e AIDS na Zona Rural de Gandanzara no Zimbábue

Godfrey Museka

Resumo

Considerando que as doenças estão intimamente entrelaçadas com o status social de um dado grupo, definido e entendido de modo diferente em contextos sociais diferentes, este artigo busca explorar como o HIV e a AIDS são vistos, com relação à etiologia num ambiente de pluralismo médico focalizando num específico grupo etno-religioso-cultural, ou seja, no povo Maniika da zona rural no Zimbábue. Dada a pluralidade do sistema médico Maniika, este artigo investiga a prestação de serviços médicos para pacientes com HIV e AIDS através desses sistemas; o espaço médico ocupado por cada sistema, e o dilema enfrentado por esses pacientes nos critérios de decisão com relação à busca de terapias e ao comportamento de seleção. Devido o papel de laços íntimos da família, o dilema do paciente se agrava, com o entendimento do núcleo familiar e da família em geral, sobre as doenças e seu papel na escolha de procedimentos terapêuticos. Informado pela abordagem fenomenológica, este estudo mostra que o povo Maniika deste cenário rural, como vários outros grupos etno-religiosos-culturais no Zimbábue e na África, tem uma etiologia de doenças complexa que por sua vez determina a sua escolha e seu comportamento na busca por terapias. O dilema é ainda agravado pelo fato desses povos dicotomizar as doenças em natural e sobrenatural. Como tal, não é surpreendente que três sistemas médicos co-existam, em oposição e em aproveitamento mútuo. São eles: a biomedicina, a medicina tradicional africana, e a cura espiritual cristã. Com a ajuda de entrevistas ‘ao vivo’ e observações gerais, esta pesquisa determinou que independente do status social, o povo Maniika tenta superar este dilema praticando sincretismo médico quando enfrentam doenças complexas que não podem ser facilmente compreendidas, por exemplo o HIV e a AIDS.

Medizinischer Pluralismus und die Suche nach der Therapie: Das Dilemma von HIV und AIDS-Patienten in Zimbabwes ländlichem Gandanzara-Gebiet

Godfrey Museka

Zusammenfassung

Da Leiden und Krankheit in komplizierter Weise mit dem sozialen Status einer bestimmten sozialen Gruppe verwoben sind, und damit in verschiedenen sozialen Zusammenhängen unterschiedich definiert und verstanden werden, versucht dieser Artikel herauszufinden, wie HIV und AIDS wahrgenommen werden bei der Ursachenforschung, in einer Umgebung des medizinischen Pluralismus, und durch die Konzentration auf eine spezielle ethno-kulturell-religiöse Gruppe, das heißt dem Volk der Manyika im ländlichen Gebiet Gandanzara in Zimbabwe. Auf dem Hintergrund Mehrfache ärztliche Versorgungssysteme bei den Manyika untersucht dieser Artikel die ärztliche Versorgung der HIV und AIDS-Patienten durch diese Systeme, den Versorgungsumfang den jedes System besetzt und das Dilemma der Patienten

was die Entscheidungskriterien bei der Therapiesuche und -auswahl angeht. Wegen die Rolle, die enge Verwandtschaftsbindungen spielt, wird das Dilemma des Patienten vertieft durch das jeweilige Verständnis der Krankheit und das Leiden durch die Kern- und weitere Familie und deren Rolle bei der Auswahl therapeutischer Verfahren. Aus einem phänomenologischen Ansatz heraus zeigt die Studie, dass das Volk der Manyika in dieser ländlichen Umgebung, wie verschiedene andere ethno-religiös-kulturelle Gruppen in Zimbabwe und Afrika eine komplexe Krankheits-Aetiologie haben, die ihrerseits deren Therapiesuche und -auswahlverhalten bestimmt. Das Dilemma wird noch komplizierter durch die Tatsache, dass diese Leute Krankheiten in natürliche und übernatürliche unterteilen. Daher ist es nicht verwunderlich, dass drei medizinische Systeme ko-existieren, in Opposition zueinander und gegenseitiger Anleihe. Diese sind die Biomedizin, die traditionelle afrikanische Medizin und die christliche spirituelle Heilung. Mit Hilfe von persönlichen Interviews und allgemeine Beobachtungen hat diese Nachforschung herausgefunden dass, unabhängig vom sozialen Status, das Volk der Manyika versucht über dieses Dilemma hinwegzukommen, indem sie einen medizinischen Synkretismus praktizieren im Zusammenhang mit komplexen Leiden oder Krankheiten die sie nicht richtig verstehen, wie zum Beispiel HIV oder AIDS.

Background

HIV and AIDS have for the past few decades geometrically propelled the death rate, particularly in African communities, to unprecedented levels. Statistical data provided by Aseka shows that sub-Saharan Africa, of which Zimbabwe is a constituent, accounts for 30 million people living with the HIV and AIDS virus, compared to 7 million in Asia and 2 million in Latin America and the Caribbean.[1] Inhabitants of the Gandanzara area (Manyika people) under chief Makoni are not spared by this pandemic, as Gundani notes that a survey carried out in the area around 2001 shows that half of the women attending maternity clinics were HIV positive, prompting the chief to reintroduce virginity tests.[2]

HIV and AIDS manifest in multifaceted ways, exhibiting bewildering symptoms thereby compelling both the infected and the affected into pragmatic therapy seeking in various medical systems, in this case, biomedicine, traditional African medicine, and Christian spiritual healing, commonly associated with African Initiated Churches. This three-dimensional approach to disease and illness can best be understood by having an appreciation of the religio-cultural orientation of the inhabitants. The majority of people in this area are dualfaith bearers, meaning officially they are Christians but in practice they are traditionalists. This behaviour is most common among followers of the mainline churches, such as the Roman Catholic, Anglican, and United Methodist. There are also a plethora of African Initiated churches, the largest of them all being the Gospel of God Church in Zimbabwe, commonly referred to as Johanne Masowe. The area is also replete with traditional and apostolic healers of high and modest repute. The medical landscape is further decorated by the existence of three clinics and one rural district hospital (Rugoyi). Given this pluralistic medical background, it can be asked whether the Manyika people find any inconsistency in consulting specialists in either the modern, traditional, or spiritual medical systems, when faced with HIV and AIDS. To what extent does this pluralism influence their

theory of illness and their illness behaviour? Do they have any hierarchy of resort and if so, how is it related to the multiplicity of medical systems?

Against this backdrop, this study seeks to investigate the HIV and AIDS patients' therapy choice and therapy seeking behaviour in a medical pluralistic milieu, using the case study of the Manyika people of Gandanzara area. The Manyika disease aetiologies also need interrogation because they influence in no small measure people's opinions, attitudes, and perceptions about the HIV and AIDS epidemic. These variables, in turn, determine people's behaviour and choice of therapy. To this end, this paper is an attempt to discover some of the important religio-cultural determinants of behaviour when faced with HIV and AIDS-related illnesses.

Methodology

In this qualitative research, I find the phenomenological approach most appropriate because it enabled an in-depth and objective investigation of the phenomenon of medical syncretism with regard to HIV and AIDS patients and their significant others. Though difficult to define, this paper adopts Merleau-Ponty's definition that phenomenology is a "'style of thinking,' meaning an effort to describe the actual state of affairs as disclosed by the phenomena of the world."[3] In connection to the principles of this approach, absolute priority was given to the infected and affected people's point of view because, as noted by Kristensen, the believers understand their own practices better than anyone from outside.[4] Because the researcher was studying a community in which he belongs, the distance factor, which often blurs most phenomenological researches, was greatly minimised. Through this approach, I was able to discover the eidos, the essence of the religio-cultural phenomenon of medical pluralism and how the various Manyika medical systems intersect in the light of HIV and AIDS. Moreover, because this is an emic study, data was collected through interviews and general observations. This method plus the various theoretical perspectives explained below informed this study.

Cultural Perspectives

Every social group has a unique understanding of illness and disease aetiology, hence Fabrega, cited by Sindiga in Sindiga et al, defines ethnomedicine "as the study of the different ways in which people of various cultures perceive and cope with illness, including making a diagnosis and obtaining therapy."[5]As such, an ethnomedical approach to health issues revolves around the idea that each cultural group handles its medical problems in a relatively unique manner. This handling largely depends on the group's cosmological views, value system, beliefs, and practices as well as institutions that have developed over the years to cater for different diseases and illnesses. Furthermore, each culture has a unique understanding of illness and disease causation, peculiar medical semantics and classification, and a variety of practitioners. These attributes are however not static but dynamic; hence people's beliefs and response to disease and illness change over time.

The total sum of the group's "beliefs, strategies, behaviour and interactions with ... environment that pertain to sickness, its management, and health status" is referred to as an

ethnomedical system.[6] In other words, an ethnomedical system is constituted by the resources and responses available to a particular group in order to overcome its health challenges. Although other medical systems may be incorporated, the core concepts, beliefs, and practices of the cultural group dominate. In view of these observations, this article examines the Manyika people's medical system for three major reasons, that is: to discern medical systems that operate within this cultural group; to develop theories that explain how these medical systems operate and change with time; and eventually to reflect on how these medical systems function and serve community members in relation to the HIV and AIDS epidemic.

From an ethnomedical perspective, diseases and illnesses are defined within a specific social milieu, but in a situation where medical pluralism prevails the definitions could be multiple and composite. Janzen, quoted by Sindiga in Sindiga et al, defines medical pluralism as the "existence in a single society of differently designed and conceived medical systems."[7] Such systems usually co-exist, though characterised by competition, confrontation, and mutual borrowing. In view of this plurality, Chavunduka, Gelfand, and Shoko concur that the Shona see no contradiction in taking both traditional and biomedicine simultaneously for the same episode of illness.[8] Because the Shona and the Africans in general utilise different medical systems separately or jointly, there is constant flow of patients between doctors of both philosophies.

Africans, argues Aguwa, uphold the naturalistic and supernaturalistic views concerning disease aetiology.[9] Accordingly, diseases are dichotomised into those that require the attention of biomedicine and those that can be handled by traditional medicine. It is important to note that although many African cultural groups categorise diseases and illnesses according to cause, they regard traditional and biomedicine as complementary. In addition to these two medical systems, Aguwa also talks about Christian-based practices of religious therapy, referred to, in other circles, as faith healing.[10] Thus, illnesses that frequently occur and abruptly disappear are considered to be natural. Such fleeting diseases include coughs, colds, stomachaches, and headaches. These diseases are either allowed to heal naturally or they are referred to biomedicine or traditional therapeutists, also known as herbalists. In this kind of situation, the choice of treatment is self-determined and hinges on perceived cost, acceptability, accessibility, and dependability of the medical system.

By contrast, supernatural or abnormal illnesses are persistent and life-threatening. Such illnesses usually start as normal (natural), but because they persist they are re-assessed and re-interpreted as abnormal (supernatural), thereby compelling the sick and the significant others to seek explanation.[11] The supernatural perspective is closely related to the African people's cosmological views. Many African societies believe that the supernatural beings break into the human affairs with either beneficial or detrimental effects.[12] The implication being that, prolonged life-threatening illness is in essence perceived not as mere physical condition but as a religious matter. This dichotomisation, however, seems to be more cognitive than behavioural.

Similarly, Nyamwaya in Sindiga uses the "how" and "why" theory in his explanation of health and illness in African communities. Whilst the "how" component relates to the biological factors contributing to the aetiology of an illness and the interventions deemed appropriate to eradicate the illness, the "why" component refers to the people's explanation with regard to the particularity of an illness which relates to the social and spiritual factors that are thought to be relevant to the timing of an illness.[13] Such socio-spiritual factors include the breach of taboo, effects of a curse, God or ancestral punishment for individual or communal sins, or affliction by alien spirits. Chavunduka echoes similar sentiments by averring that supernatural illnesses call for explanation (why).[14] For them, these illnesses are generally attributed to the neglect of ancestor spirits (*midzimu*), angered spirits (*ngozi*), alien spirits (*mashayi*), and witches and sorcerers (*waroyi*).[15] Because of their peculiarities, socio-spiritual illnesses are referred to diviners or diviner-therapeutists.

This categorisation of illnesses into "how" and "why" is however not this simple but complex. Apart from being a physical condition, illness is also socially defined; hence people's definition of illness varies from one stage to another. During the initial stages, illness is presumed to be normal but if it persists, the perception of abnormality creeps in. In this regard, Chavunduka noted that nowadays most Shona people make biomedicine their first choice but if the condition deteriorates they turn to traditional medicine.[16] It is important to note that before people leave biomedicine to traditional medicine or vice-versa they would have changed their own views about the cause of the illness. Thus, views about the cause of illness are closely tied to the lag-time between the onset of illness and the expected healing period.

Erasmus, cited in Chavunduka, stresses the perceived differences in beliefs surrounding the aetiology of various diseases as determining factors in the choice of therapy.[17] Diseases classified as natural are thus commonly referred to scientific doctors or herbalists, while those considered to have an essentially supernatural cause are taken to the diviner or diviner-therapeutist. However, in his simultaneous theory, Gonzalez in Chavunduka contends that it is not so much a question of one or the other medical system, but an issue of what shall be sought and obtained from the specialist in different medical systems.[18] To this end, the same malady is often brought to the attention of the traditional healer and to the scientific medical practitioner. This syncretism is often done consciously. However, it can also operate at the sub-conscious level in that a patient may take or apply a substance believed by him/her and the specialist to ameliorate the sickness and also undertake an act, usually ritual, which may or may not directly involve the body, but which is believed to have a positive effect on health.

Bourdillon observes that due to close kinship relationship in African communities, therapeutic decisions are rarely made by individuals but by the whole family and in some instances, the extended family.[19] As such, the definition given to illness by the sick individual and his social group or significant others at any given time is the most important determinant of illness behaviour. Chavunduka added that most patients and their significant others make an assessment and an evaluation of the illness primarily in terms of their own understanding of diseases, and the influence of the dominant medical beliefs of the society in which they

live appear to prevail with regard to the choice of therapy.[20] The dichotomisation of diseases into natural and supernatural is therefore a consequence of these beliefs.

Romanucci-Ross posits that for every society which uses both indigenous and biomedicine forms of therapy, there is a "hierarchy of resort," indicative of the usual sequencing in the use made of existing medical service alternatives.[21] This means illness is first referred to a medical system deemed to be more reliable until subsequent developments prove them wrong. Informed by these theories, this paper explores, from a phenomenological perspective, factors influencing the HIV and AIDS patients' therapy choice and therapy-seeking behaviour, using the case of the Manyika people of Gandanzara area under chief Makoni in the Manicaland province of Zimbabwe.

The Manyika Medical Systems

Press defines medical system as a "patterned, interrelated body of values and deliberate practices, governed by a single paradigm of the meaning, identification, prevention and treatment of sickness."[22] This definition emphasizes the socio-cultural attributes of medical systems, some of which might be unique to a specific system. Three medical systems were delineated within the Manyika cultural group. These are; the biomedical, traditional, and Christian-oriented spiritual/faith healing. While the traditional and Christian-oriented spiritual healing have a lot in common, the biomedical system is very different from these two systems in terms of the concept of disease aetiology, diagnosis of health problem, therapy management and choice, range of practitioners, therapy procedures, and drugs plus other pharmacopoeia. These differences place people in a serious dilemma when faced with disease and illness they cannot easily comprehend. The existence of these medical systems side by side, in isolation, confrontation, and mutual borrowing, influences in no small measure the HIV and AIDS patients' therapy-seeking and selecting behaviour. These medical systems have attributes that pull and push patients toward and away from them. Because of the weaknesses of each system, patients often see themselves in a quandary, as they demonstrate by moving from one system to another in their quest to find a lasting solution to their health problem(s).

Biomedicine

Fabrega defines biomedicine as the Western-oriented knowledge, practices, organisation, and social roles of medicine.[23] The Manyika biomedical system is made up of one rural district hospital (Makoni Rural District Hospital, generally known as Rugoyi), three clinics (Morris Nyagumbo Memorial Clinic, Matotwe, and Mukuwapasi), and a number of Village Health Workers (VHW). As noted by McIvor, the rural health centres (RHC) were established to provide basic promotive, preventive, curative, and rehabilitative care.[24] Each RHC was to serve a catchment population of 10,000 people who should be within a walking distance of eight kilometres. It is important to note that these centres were established before HIV and AIDS intensified and their focus was on epidemics such as malaria, tuberculosis, chicken pox, etc. The VHW programme, launched in 1982, again before HIV and AIDS were a public secret, aimed at providing one village health worker for every 500–1,000 people. Their role

was/is to promote basic hygienic standards. Ever since the discovery of HIV and AIDS, these facilities have hardly been modified to fight the pandemic. The VHW's duties have since dwindled to simply distribute family planning pills. The clinics suffer from acute shortage of trained health workers and inadequate supplies of medicines, which translates to non-availability of services. All twelve patients met and interviewed at the hospital and at three clinics complained about the practice where they are prescribed paracetamol for different ailments.

Following these difficulties, HIV and AIDS patients from this area have to go to Rusape General Hospital for testing and screening before accessing the life-prolonging drugs. Participants complained that most patients die before they even access the Anti-Retro-Viral (ARV) drugs due to the long waiting list. It was, however, pleasing to note that the hospital now dispenses ARVs to those who would have managed to outlive the long wait.

In biomedicine, disease and illness are viewed as physical/mechanical disorders or mere organic malfunctioning, with negligible relationship to a person's socio-religious experience. This means that the treatment of diseases within this system is limited to controlling and eliminating physical symptoms. With regard to the Manyika people, the biomedical system contradicts their values, beliefs, and practices, in that it largely focuses on the disease and not the patient. In other words, it is concerned with the physiological rather than social factors in the disease situation. This explains why some Manyika people do not seek biomedicine even when it is accessible.

Traditional Medical System

The Manyika traditional medical system is basically ethnomedical in that disease and illness are defined within a given social context. Ampofo and Johnson-Romauld define traditional African medicine as the

> totality of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing.[25]

Under this system, disease and illness are inextricably bound to the values, beliefs and practices of the Manyika people. Thus, disease and misfortunes have a socio-religious explanation; as such the treatment process goes beyond addressing the symptoms. Instead, deep-seated causes and ways of preventing the disease from recurring are sought.

The Manyika traditional medical system is constituted by diviners, diviner-therapeutists, therapeutists (herbalists), and traditional birth attendants. Diviners are primarily concerned with forth telling the cause of an illness, usually through the art of throwing and interpreting divining bones, dice, or lots. However, most diviners among the Manyika are diviner-therapeutists meaning apart from forth telling (divining) they also prescribe and dispense medicines. By contrast, therapeutists do not divine but have vast knowledge of herbs, and they prescribe or prepare herbal concoctions for the treatment or cure of disease and illness.

Traditional birth attendants are women endowed with the ability to assist prospective mothers to deliver. They discharge key pre- and post-natal care for the mother and the baby. Disease and illness, misfortunes, or complications during delivery are in most cases explained morally or supernaturally.

Christianity-based Faith Healing

This medical system is also ethnomedical in that disease and illness are explained in terms of beliefs and values that characterises the people's cosmological views. Deep-seated explanations are sought over and above the visible symptoms. A key figure or practitioner in this system is the prophet, who is spiritually gifted to forth tell or diagnose illness by appealing to the "holy spirit." Unlike diviners, faith healers do not use divining bones or lots. Faith healing, among the Manyika people, is usually practiced by African Initiated Churches (*mapostori*) and Pentecostal churches. Both members and non-members seek the services of faith healers. Disease and illness are usually explained in supernatural or moral terms.

The concept of disease causation, together with the three medical systems that exist within the Manyika ethnic group, throws the HIV and AIDS patients into a predicament with regard to therapy-seeking and selecting behaviour, theory of illness, medical behaviour, and "hierarchy of resort" in handling their medical conditions.

Findings—Manyika Disease Aetiologies

The Manyika people, like the generality of African ethnic groups, maintain a very close link between health and traditional cosmological beliefs. Health, medicine, religion and magical practices are so intertwined, hence Aschwanden noted that among the Shona, "reality and mythology are inseparable in everyday life."[26] They presuppose each other and require one another because together they complement each other in creating a greater reality. By and large, responses from participants showed that both traditional and modern perceptions of health and disease are prevalent in present day Manyika community of Gandanzara area. Members of this community broadly dichotomise illness into two, that is, "normal" (natural) and "abnormal" (supernatural), and this categorisation pre-dates HIV and AIDS. "Normal" illness is thought to arise from natural biological processes, occurs frequently in the life of individuals, and is mild and of fleeting nature. Following this, "normal" illness, which includes diseases such as coughs, colds, stomachaches and headaches, is taken casually. By contrast, "abnormal" illness is persistent and life-threatening to the extent that causal explanations are imperative.

It is also interesting to note that if "normal" illness persists and becomes severe, the Manyika people define it as "abnormal" and explain it in terms of spiritual or socio-moral causes. Spiritually, "abnormal" illness is thought to be sent by ancestor spirits *(midzimu),* avenging spirits *(ngozi),* alien spirits *(mashayi),* and witches or sorcerers *(waroyi).* "Abnormal" illness is also related to socio-moral factors, for instance, the breach of taboos like adultery, marrying a woman dedicated to a spirit *(tete wemusha),* and incest. The question of causation (why is the person ill?) and the question of mechanization (how is the person ill?) are usually evoked in relation to "abnormal" rather than "normal" illness. These questions are

interrelated, and both influence the kind of explanation that is arrived at as a course of action for dealing with the illness.

The Manyika conception of HIV and AIDS-related conditions is not simple and straightforward. Their classification of HIV and AIDS into either "normal" or "abnormal" illness depends on factors such as the individual, family, and community's perception and definition of the visible symptoms, life history of the sick person, family history, and religious affiliation. The complex and multifaceted ways through which HIV and AIDS manifests aggravates the whole situation.

HIV and AIDS manifests in a variety of ways. People interviewed demonstrated a general understanding of common HIV and AIDS symptoms, which include loss of weight, skin rash, swollen lymph nodes, diarrhoea, tuberculosis, change in skin and hair texture, etc. Other health conditions like pneumonia, severe headaches, backaches, mental illness, miscarriage, etc, were hardly interpreted in terms of HIV and AIDS unless if they occur simultaneously with the aforementioned symptoms. Information gathered through interviews revealed that the Manyika people consider illnesses they perceive to be indicative of HIV and AIDS to be "normal" while those illnesses thought not to be indicative of HIV and AIDS are first interpreted as "normal" and later on as "abnormal" if they recur in a severe manner. HIV and AIDS are generally thought to be a moral illness, in that the infected person is regarded as of loose moral or having been infected by a loose partner. In vernacular they say, *"akazorwa"* or *"akapiwa chirwere"* meaning he or she was infected by a loose wife or husband, or *"akasiirwa chirwere,"* meaning he or she was infected with the late wife or husband. If the sick person was not married then people say, "*ane chekufamba ichi"* or "*ane chemazuwa ano ichi,"* meaning he or she is infected with the disease of loose morals or he or she is infected with today's disease, respectively.

However, in cases where HIV and AIDS symptoms are not interpreted as HIV and AIDS symptoms, the sick, together with his or her significant others, seek for a causal explanation from the scientific and or spiritual realms. In this situation, HIV and AIDS cease to be a typically moral challenge.

Concerning the life history of the sick person, if the sick individual were known to be of loose morals, the Manyika quickly explain any depreciation in health morally, with minimum consideration of the symptoms. Conversely, if the sick person's sexual forays were unknown, then ill-health is likely to be explained in terms of other causes such as ancestor, alien, or avenging spirits, especially if the symptoms are not very obvious to the community members. Family history also influences people's explanation of ill-health. If an individual is from a family known to be haunted by avenging spirits and suffers ill-health without showing visible or community-defined HIV and AIDS telling symptoms, then the HIV and AIDS-related illness is likely to be attributed to the spirits.

The study also established that religious affiliation plays an important role in determining how HIV and AIDS symptoms are viewed and interpreted. Six out of ten, that is, 60% of the participants who practice both African Traditional Religion (ATR) and Christianity explained

the death of their relatives in terms of the HIV virus. The other four, that is, 40%, attributed the death of their relatives to witchcraft, although other observers alluded to the fact that the late relatives had died from HIV and AIDS-related conditions. The four argued that witches are taking advantage of the virus, take innocent people's life, and use HIV and AIDS as a scapegoat. All the ten participants agreed that people can also contract the virus if ancestors are not happy. Ancestors register their disgruntlement by allowing misfortunes such as HIV and AIDS virus to attack the living. It was interesting to note that five members of The Gospel of God African Church, commonly referred to as Johanne Masowe, the largest African Initiated Church (AIC) in the area, and five people randomly chosen to represent several other AIC's in the area, unanimously agreed that ill-health is due to witchcraft activities. None of them attributed the community's increased death rate to HIV and AIDS. Reasons for these different explanations from the perspective of religious orientation need thorough research and are beyond the scope of this article.

Some Manyika people also opine that HIV and AIDS were invented and imported into African societies by Europeans in an endeavour to wipe out the black race. Yet for others, it is a divine punishment against the moral rote of the society. The dual interpretation of HIV and AIDS, depending on the peoples' understanding of the visible symptoms, as "normal" and "abnormal," does not only indicate people's dilemma but also defines the therapy-seeking and selecting behaviour of the sick person and his or her social group. However, before navigating the issue of therapy-seeking and selecting behaviour, it is important to give a reflection of the Manyika medical landscape.

HIV and AIDS Patients' Therapy-Seeking and Selecting Behaviour in a Pluralistic Medical Environment

At the outset, it is important to stress that there exist no technology among the Manyika cultural group that is used to verify whether or not a person is infected with the HIV and AIDS virus. Diseases and illnesses thought to be related or unrelated to HIV and AIDS are therefore defined by the community. Thus, most HIV and AIDS patients among the Manyika, together with their significant others, make an evaluation of their illness primarily in terms of their own understanding of diseases. Unfortunately, HIV and AIDS symptoms begin to show when the illness is already in its advanced stage. Various scenarios, indicative of the dilemma the Manyika people face in handling HIV and AIDS, were discovered.

The early symptoms of HIV and AIDS infection fit well into the Manyika people's natural or normal category of disease and illness. As such, the early symptoms are taken casually and are often referred to the nearby clinic or local therapeutist. However, as the condition deteriorates and HIV and AIDS' characteristic symptoms begin to manifest, according to the judgment of the community, therapy preferences also change. Defining symptoms, together with the agenda, announced or concealed, of the nucleus and sometimes extended family, also determine the "course of action" or treatment response. If the sick individual and the family are operating within the "announced" agenda, the subject matter of the illness is disclosed and the social group may advise accordingly with regard to medical choice. Under this circumstance, biomedicine is usually the first choice. Although other medical practices

such as praying, fasting, exorcism, appeasement ritual, etc, may be performed, biomedicine remains a priority. By contrast, if the sick and the family are operating within the concealed agenda, as is the case with the majority of the Manyika people, largely due to stigma and or denial, scapegoating prevails, particularly through witchcraft accusations, or other supernatural explanations are offered.

Data obtained through interviews and observations show that the dilemma of the HIV and AIDS patients aptly manifest in the three levels of interaction of these medical systems which in the words of Nyamwaya are: sequential zigzag, supplementary, and complementarity.[27] These interactions usually take place after the sick person and his/her social group have changed their definition of illness. The change of definition is due to the general classification of disease and illness into "normal" (natural) and "abnormal" (supernatural) and points to a degree of uncertainty as to whether the illness is normal or abnormal. The syncretic behaviour also shows desperation on the part of the sick person and his/her social group. In the sequential zigzag mode, a patient starts using either of the three systems and then move on to the other systems. There is oscillation among the three medical systems as the illness intensifies. This behaviour is necessitated by the realization that treatments from a particular medical system are not bringing the desired results. The illness is reassessed and redefined, thereby compelling a change of direction towards another medical system.

The supplementary relationship occurs where the HIV and AIDS patient is depending primarily on one medical system but also uses medicines and practices from other systems to enhance good health. To achieve a better appreciation of this illness behaviour, it is vital to distinguish medicine and practice. While medicine presupposes application or introduction of substances into the body to ameliorate the existing state of the body, medical practice is any act undertaken by the sick individual or someone else for the purpose of promoting good health without necessarily involving the body.[28] Responses from participants show that the Manyika believe in both medicine and medical practice; hence they refer HIV and AIDS suspected cases to biomedical practitioners to relieve pain and symptoms, but also to traditional medical practitioners and faith healers to get rid of supernatural forces that may worsen the condition. This explains various charms from traditional medical practitioners and faith healers that are often tied around the wrist, ankles, neck, or waist of the sick person or placed in the house to ward off evil spirits and witches who may want to take advantage of the compromised immune system.

Complementarity is by far the most common relationship and exists in situations where people consider resources from the three medical systems as necessarily vital for complete healing to take place. It manifests when the chronic illness is thought to involve natural, psychological, and spiritual factors. Illness behaviour is cyclic because the individual moves or is moved from the clinic/hospital to a religious shrine for rituals or therapeutic ceremonies at home or vice versa. Herbs, charms, and holy water are even administered to clinic/hospital admitted patients. In this mode, there is a constant flow of patients among specialists of the three systems.

The aforementioned behaviours show that the Manyika people, like various other cultural groups who share pluralistic medical configurations, learn to use and rely on different aspects of the prevailing systems of medicine (the concept of mutual accommodation). This makes it difficult to plot a hierarchy of resorts (treatment options) chart for the Manyika people; rather what is important is to understand factors which influence their choice of specific therapeutic alternatives. The Manyika people's choice of therapy varies according to the stage of illness and the definition given to illness, presumed acceptability, accessibility, and dependability of a particular medical system. Stigma, agenda, desperation and religious orientation also influences therapy-seeking and selecting behaviour in no small measure. Unfortunately, because of space, a detailed analysis of these factors is beyond the scope of this article.

Conclusion

The three medical systems that exist within the Manyika medical landscape are of paramount significance in the provision of medical services to the HIV and AIDS patient. Whilst the biological (natural) interpretations of the HIV and AIDS-related illness requires biomedical attention, the psychological and spiritual (supernatural) definitions given to the related illnesses require the services of diviner, diviner therapeutist, or faith healer (prophet). As such the systems occupy an equally significant space. Although a specific system may be primarily preferred, the Manyika people generally utilise resources from the three medical systems, sequentially or simultaneously, in their quest to achieve complete healing. Phenomenologically, they are not in any dilemma, because they systematically negotiate their way from one medical system into another or use resources from the three different medical systems concurrently without seeing the inconsistencies involved and despite the need to stick to one medical system for certain illnesses.

End Notes

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