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LEMBA/REMBE INDIGENOUS KNOWLEDGE AND PRACTICE'S CONTRIBUTION TO COMMUNITY HEALTH AND WELLBEING IN ZIMBABWE AND OTHER PARTS OF AFRICA

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ABSTRACT

In the national museum in Harare, Zimbabwe, there is a Ngoma lungundu (Venda language) or Ngoma inotinhira (Shona language). It is believed to be a replica of biblical Noah's ark of the covenant. Also called the 'drum that thunders', it is a rare wooden artefact carbon-dated to have been made about 700 years ago. It seems, its survival for about seven centuries, is evidence of the resilience of its custodians the Lemba (also known as vaRemba) people's indigenous knowledge and practices. The pillars of their culture are dietary standards, health behaviours and a Remba education system. Remba people's health, education, economic and social care practices are contributing in significant ways to Zimbabwean and African society today. This is a transdisciplinary paper looking closely on the contribution of the Lemba indigenous knowledge to health in Zimbabwe and possibly in the southern African region. We analysed traditional knowledge and practices instilled into their Lemba everydayness relating to healthy life styles and identified 10 aspects that contribute to physical, mental and social health and wellbeing.

KEY TERMS: Lemba, Remba, health, wellbeing, indigenous, ubuntu/unhu, Zimbabwe, Africa

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This article appeared in a special issue of the African Journal of Social Work (AJSW) titled Ubuntu Social Work. The special issue focused on short articles that advanced the theory and practice of ubuntu in social work. In the special issue, these definitions were used:

- *Ubuntu refers to a collection of values and practices that black people of Africa or of African origin view as making people true and full human beings. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing – a true and full individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world.*
- *Ubuntu social work refers to social work that is theoretically, pedagogically and practically grounded in ubuntu.*
- *The term ubuntu is expressed differently in several African communities and languages but all referring to the same thing. In Angola, it is known as gimuntu, Botswana (muthu), Burkina Faso (maaya), Burundi (ubuntu), Cameroon (bato), Congo (bantu), Congo Democratic Republic (bomoto/bantu), Cote d'Ivoire (maaya), Equatorial Guinea (maaya), Guinea (maaya), Gambia (maaya), Ghana (biako ye), Kenya (utu/munto/mondo), Liberia (maaya), Malawi (umunthu), Mali (maaya/hadama de ya), Mozambique (vumuntu), Namibia (omundu), Nigeria (mutunchi/iwa/agwa), Rwanda (bantu), Sierra Leone (maaya), South Africa (ubuntu/botho), Tanzania (utu/obuntu/bumuntu), Uganda (obuntu), Zambia (umunthu/ubuntu) and Zimbabwe (hunhu/unhu/botho/ubuntu). It is also found in other Bantu countries not mentioned here.*

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INTRODUCTION AND BRIEF BACKGROUND

In the national museum in Harare, Zimbabwe, there is a *Ngoma lungundu* (Venda language) or *Ngoma inotinhira* (Shona language). It is believed to be a replica of biblical Noah's ark of the covenant (Le Roux, 2009). Also known as the 'drum that thunders', it is a rare wooden artefact carbon-dated to have been made about 700 years ago. It seems, its survival for about seven centuries, evidences the resilience of its custodians, the Lemba (also known as *vaRemba*) people's indigenous knowledge and practices. The pillars of their culture are the religious laws (based on a lost book of law that was drilled in the heads of the forbearers), trading life, codes of dietary standards, health behaviours, strong kinship ties, appointed times, and traditional education system (Wuriga, 2012). The Lemba people's health, education, economic and social care practices are contributing in significant ways to Zimbabwean and African society today.

The Lemba people are known by different names in different places where they lived and continue to live. Among the Venda speaking people the Lemba are known as *vhaLemba* or *vhaShavhi*; among the northern Sothos they are known as *maLepa*, and among the Nguni languages (Ndebele, Zulu, Xhosa, etc), they are known as the *baLemba*. In Zimbabwe, among the Shona group of languages that in most cases replace "R" for "L", they are known as *vaRemba*. They are also referred to as *vaMwenye* or *vaShavi*. In this article the names Lemba and Remba are used interchangeably.

Traditionally traders (*vashavi*), or medicine people (*varapi*), the Remba are a group of people found in Southern Africa who have an established indigenous culture. Remba people are found in large numbers in Zimbabwe in areas like Mberengwa, Masvingo, Buhera, Hwedza, Chitsungo, Gokwe and Hurungwe and in South Africa but also in Botswana, Zambia, Congo, Mozambique, Malawi and Tanzania (Henry-Count, 2015; Shumba and Lubombo, 2017). In total, they are estimated to number about 50 000 - 100 000 although this could be a very conservative estimate. Present day Remba people pride themselves as maintainers of culture, keepers of health, productive farmers, hardworking employees or enterprising business people (Wuriga, 2012). Their way of life resembles Jewish and Middle Eastern traditions in several aspects, as well as African aspects of *unhu* or *ubuntu*. The Lemba merged these different aspects to come up with a unique indigenous identity.

The traditional call by elders to Lemba communities to observe sacred times, practice passage of age rituals, and to live a life that was rather not common to their neighbours indicated that they had a different way of looking at life in general as humankind and in particular as a Lemba community. This made the Lemba to be such a conspicuous lot that pulled attention of an observant eye, and critical mind with regards, to their origins, cultural values and their influence to society (Wuriga, 2012).

This paper sets out to put up an argument that the Lemba people's lifestyle contributed to health education, economic, and social care practices to Zimbabwean society then and today. An analysis of documents and interview records, revealed that Lemba people have indigenous practices that they have maintained for generations that contribute physical, mental and social health and wellbeing. The authors analysed these practices and categorised them into 10 aspects. These are discussed below.

ASPECTS OF REMBA INDIGENOUS KNOWLEDGE AND PRACTICES THAT CONTRIBUTE TO HEALTH PROMOTION

Like all communities of traditional Africa, Lemba had indigenous means and ways of ensuring good health, including but not limited to health of the head, the internal organs, limbs, body sides, and genitalia. They were also concerned with the environment in which people live, the food they eat and psychological health. After looking closely at Lemba indigenous practices, we identified 10 aspects that contribute to physical, mental and social health and wellbeing. These are discussed below.

Sexual health through *dzingiso* (male circumcision)

Dzingiso is the surgical removal of the fore of skin that covers the head of the male sexual organ or genitalia – the foreskin. It prevents the sexual organ from getting infected with virus, germs and bacteria that could be available through sexual intercourse or from the environment. For the Remba, *dzingiso* has always been part of their tradition (Wuriga, 2012). Ancestral wisdom that has been used to promote people's health was discredited by medical scientists who designed the Zimbabwean health system at colonisation in 1890 but this did not stop the practice of *dzingiso* (Shumba and Lubombo 2017). Instead, *dzingiso* moved from the home to hidden places like forests, rivers or mountains. It should be noted that besides the Remba, *dzingiso* is also practiced by the Venda, Xhosa, Chewa and other tribes.

Researches support that male circumcision reduces the incidence of Sexually Transmitted Infections (STIs) such as Syphilis, Herpes Simplex Virus 2 (HSV-2), Genital Ulcer Disease (GUD) among men, and bacterial vaginosis, trichomonias and bacterial vaginosis in their female partners (WHO, 2017, Hove et al, 2019). WHO has recommended circumcision of both adults and infants (WHO/UNAIDS, 2007). In 2009, the Government of Zimbabwe adopted *dzingiso* or *checheudzo*, after medical science research showed that it reduces risk of HIV infection by 60% (WHO, 2017; Mavhu et al, 2012). A major program was rolled out across the country in 2009. In terms of HIV, infection risk is reduced by 60%. In 2014, ZAC targeted to increase medical male voluntary circumcisions and over a million men were circumcised by 2017 (Henri-Count, 2015; WHO, 2017). Part of the strategy was to promote Remba circumcisions and this strategy has continued to this day although Remba people prefer non-hospital-based circumcisions to allow them to provide holistic health that includes health education and initiation into adulthood (Hove et al, 2019). Some Remba were circumcised in medical facilities before they engaged in their indigenous circumcision camp while Remba trained medical personnel also helped with circumcisions. In the process, indigenous Remba *nyamukanga* (the surgeons who circumcise) improved their methods by using disposable surgical instruments, protective gear and medicine to reduce pain and facilitate faster healing.

Moyo, Mhloyi, Chevo, and Rusinga (2015, p.1) said “Male circumcision has witnessed a paradigm shift from being regarded as a religious and cultural practice to a global intervention strategy meant to curb transmission of HIV. This is particularly evident in sub-Saharan African countries where the HIV prevalence is greater...”. Shumba and Lubombo (2017) were worried about why Zimbabwe’s voluntary male circumcision uptake has not been as high as in Remba communities and concluded that the Remba combines the practice with other elements that are culturally acceptable such as initiation. The researchers recommended use of culturally appropriate models to promote circumcision. And they were right. The Remba ancestors, in their wisdom, knew that circumcision was a necessary (Wuringa, 2012) but painful exercise hence they introduced elements to make it culturally, socially and biologically acceptable.

There is a concern that Remba Surgeons use a single surgical knife for multiple circumcisions but this changed in the context of HIV, in the same manner hospital procedures were changed to avert risk of inspection. Surgery is now done with a different surgical tool for each person. There have also been concerns about the type of consent appropriate in Remba culture, with others arguing that it is cohesive. But consent in the Remba and African culture is not the same as consent in western culture. In line with *ubuntu*, Remba people put the family, community and spirituality at the centre of consent.

Health of internal organs through Remba diet (*chikafuremba*)

VaRemba wisdom say that germs and bacteria enter the body through contaminated food and water. As a result, they have laws to prevent diseases such as cholera, dysentery, diarrhea and abdominal pains. Examples of such laws include prohibition of eating meat from an animal that die on its own or that has not been inspected before being killed. The Remba prohibit eating from utensils that are used to prepare or store prohibited food. The Remba use the Torah as a reference point for animals or foods that should not be eaten such as pigs. Pigs can carry worms or other infections that cause diseases such as trichinosis, cysticercosis and brucellosis. This is especially so if pork is undercooked or not roasted adequately. In East Africa where the Lemba travelled before finally settling in Southern Africa, pork tapeworm results in numerous human deaths, no wonder why the Lemba avoid it altogether. Consumption of alcohol and smoking cigarettes is strictly controlled in Remba culture and in other circumstances it is banned altogether. This is done to protect internal body organs from harm.

Slaughter laws (*nyamaremba*)

Nyamaremba is prepared in the most hygienic way, and a trained and qualified slaughterer called *Mushavi* is used. One of the responsibilities of the slaughterers is to inspect animals for sickness and infection before they are killed by cutting through the throat. When slaughtering, they ensure that blood is fully drained and is not consumed. *Mushavi* is trained to select the best animal for slaughter (not too young, too old or sick), and to protect the meat from infection.

Abstinence and faithfulness

Besides circumcision already discussed, Remba people emphasize abstinence and being faithful. Together, this forms the CAF (circumcision, abstinence and faithfulness) method of sexual and reproductive health. Sexual and reproductive health education among the Remba includes teaching about abstinence, acceptable sex, hygiene,

pregnancy, child care and body maturation. Virginitly testing, was done as part of an organised sexual health education syllabus that promotes abstinence but does not include female circumcision. For males, because virginitly was hard to prove, they were required to confess their sexual encounters. Throughout life, men were asked to confess if they had sex outside marriage, otherwise they were forbidden from joining or leading ceremonies. Abstinence is one of Zimbabwe's (and indeed Africa's) key safer behaviours to prevent HIV infection, others are being faithful and correct consistent condom use, making the ABC method. Sexual abstinence is promoted as a precautionary measure to avoid unwanted pregnancies and early parenthood. Early or unwanted pregnancy has negative consequences including increasing the likelihood of abortion. Like early parenthood, early marriage can result in stress, depression or other emotional challenges. Remba culture has strategies to deal with these challenges.

Health of external body organs

Remba people are concerned with health of the body. A clean body is an essential element of good health. The traditional Lemba medical practitioners paid an intense attention to good health of the body, and this was passed from generation to generation. For example, Remba wash their face and teeth every morning and bath the whole body every day. Ideally, bathing before going to bed, before or soon after sexual intercourse is encouraged. Another example is shaving of hair to prevent parasites. Concerning the head, it was held that the head was the leading part of the body. That meant care of the brain, eyes, ears, nose, mouth, skull and neck. That was how they discovered to treat all forms of mental instability, abdominal pains from poisoning of all kinds and herbs for cleaning teeth, treating aching teeth, or removing those that show decaying symptoms. Remba believe that a health body contributes to overall health of a person.

Health education

VaRemba have a health education syllabus imbedded in their Remba Education System (RES). The RES has three major elements 1) the home as a classroom 2) the community as a classroom and 3) schools for boys (*ngoma*) or girls (*komba*) that teach art (poetry, performance, singing and dance), numeracy, livelihood skills, health, adulthood and leadership. In Remba culture, children are taught food laws, body health laws and natural treatment in the home. Engaging with other members of the community during work and ceremonies give Remba children an opportunity to learn more skills. When they mature, boys and girls enter Remba Schools where they learn about reproductive and sexual health. The school is an important institution in Remba culture that has health educators, trainers, *nyamukanga* and a health syllabus. Health educators and trainers in Remba culture include Elders while *nyamukanga* are specially trained for several years.

First aid and other skills for management of common conditions

Every Remba person is expected to have basic health skills such as first aid and ability to manage common conditions such fainting, bleeding, headache, stomach ache, choking, wounds and common colds. Elders will be expected to know much more including management of snake bites, coughing, boils, bile, burns, fractures and pain. More demanding or specialised skills are for *varapi*. In modern society, people are expected to have skills to attend to common emergencies as part of first aid in order to save life or to reduce further harm.

Environmental health

VaRemba people believe that the environment is important in achieving good health. For example, animals that are kept for food are to be kept in good health. Sick animals should not be slaughtered. The home, including all places used to prepare food must be kept clean. The person preparing food must have a clean face, clean hands, and clean or covered head. The knife used for killing are kept clean. The person who uses the knife must be trained to handle a very sharp knife to avoid injuries.

Providing psychosocial support to reducing violence, suicide and depression

In Remba culture, psychological and social support is provided by relatives, especially designated members of the family. Designated members include *tete* (father's sister), *sekuru* (mother's brother), grandparents, *muzukuru*

(nephew or niece) and *sahwira* (very close friend or family friend). This is on top of support provided by parents and siblings. Psychosocial support is not provided by strangers. Violence is discouraged, especially against women because it results in injuries and psychosocial malfunctioning. Conflict has to be managed properly to avoid escalation into violence. In Lemba culture, there are several ways of managing conflict. One of them is consulting any relative for help. The most important one is consulting family members who have a responsibility to manage such issues. Community and traditional leaders also deal with conflict management.

Terminal or end of life care

In Remba culture, end of life care exists. When a person becomes too sick, they are taken out of the home for specialised care. This is based on the belief that a quitter environment is good for healing, dying better or for spiritual connection.

CONCLUSIONS AND IMPLICATIONS

Deducing from the 10 aspects discussed, it could be said that Remba health is concerned with environmental, external body, the internal body, spiritual, sexual, psychological and social issues. This is total or holistic healing of the person. Holistic healing has immense benefits because it is grounded in people's ways of life and it considers the person in their context. As already said in the introductory paragraph, Remba values have survived for several years. The survival has not been easy. In Zimbabwe, for example, the major challenge was brought by colonisation by white people in 1890. The teaching of white missionaries who were part of the colonial system competed with Remba teachings but the missionaries had an upper hand because they had political support. The same happened with Remba *varapi*, and *nyamukanga*, who found it harder to outcompete their biomedical counterparts who had the full support of the political establishment. In the education front, the Remba methods, institutions and curricula were strangled by a western education system that were supported by missionaries and colonists. Remba values, knowledge and practices were stigmatised as a result despite their usefulness. In some areas, they were banned. As a result of this harsh operation environment, the Remba had to operate in secrecy. They had to use harsh methods to outcompete a colonial system that was trying hard to redefine Zimbabwean society. For example, because of new western values, some members of the Remba community did not want to go to Remba schools or to subscribe to Remba values. This was against the wisdom of the larger Remba establishment that believed their values competently addressed their health, educational, economic and social needs in a holistic, sustainable and superior way than the western system. We conclude that indigenous knowledge systems have a role to play in present day health systems, not only in Zimbabwe and Africa but globally. We recommend more and true integration of indigenous health systems with present day health systems. In our view, true integration involves using indigenous methodologies to research, teach, evaluate, practice and sustain indigenous perspectives. Indigenous perspectives should be interpreted through an indigenous lens, and if that is done, their value will be realised. Given the right environment, Remba perspectives will flourish alongside modern perspectives and continue to meaningfully contribute to society's health and wellbeing. The researchers more research and documentation of indigenous knowledge and practices. This is very important to make the practices available to policy makers, researchers, students and the community at large but also to address serious misrepresentations and distortions that often undermine indigenous systems.

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