

ROLE OF TRADITIONAL HEALERS IN THE PRESERVATION OF INDIGENOUS MEDICAL KNOWLEDGE: A CASE STUDY OF CHIBOMBO DISTRICT, ZAMBIA

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Abstract

Culture signifies the customs, language, ceremonies, Indigenous Medical Knowledge (IMK) and other material objects of a tribe. These and many other features are a representation of identity for many Zambian communities. IMK practices are skills inherent by certain individuals in a tribal grouping who are chosen by the spirits (gods) or trained by those who practice. This intrinsic skill is in danger of diminishing as a result of modern medication. This article attempts to understand the role of traditional healers (also known as asing'anga in local language) in preservation of IMK in Chibombo District of Zambia. In so doing, the paper examined methods of preservation used by asing'anga and the challenges faced. Using hermeneutic phenomenology and linear snowball sampling, findings revealed that preservation was done through training. The study found unwillingness, expiration and spirituality as challenges in the process of preserving IMK. The study recommended that Lenje Cultural Association consider documenting and disseminating information to the local people through showcasing what is available in the Mukuni Culture Village Museum and Library. This was seen as a way through which many youths would be encouraged to appreciate the indigenous values in their culture.

Keywords: *Indigenous Knowledge, Medical Knowledge, Asing'anga, Preservation*

1.0 INTRODUCTION

The practice of Indigenous Medical Knowledge (IMK) by asing'anga in Zambia is a legalized matter. There are four categories of asing'anga namely diviners, spiritualists, herbalists and midwiferies. All activities pertaining to their practices are regulated and protected by Traditional Health Practitioners Association of Zambia (THPAZ) formed in 1967 under the British Act and the new 2016 Act. Therefore, the association registers and issue certificates to asing'anga who are practicing in different part of the country. The use of IMK is promoted by local people who rely so much on indigenous knowledge to make their decisions on various aspects of their lives. This is related to activities such

as growing of food, preservation and preparation of food, medicines as well as their roles in society as males and females. However, IMK is in danger of diminishing because of modern medical facilities and yet there are inadequate efforts from national and organizational institutions to capture this knowledge. This study investigated the preservation measures employed by asing'anga in order to preserve IMK. The paper outlines prevalence of IMK in Southern Africa in the background, the research methodology used, findings and discussion and finally the conclusion.

IMK has existed since the beginning of humanity as Mawere (2014) observed that this knowledge has survived the test of time and history. He further adds that the tacit nature of IMK is intergenerational thus; it is passed by word of mouth from generation to generation by the custodians who hold it such as the elders in society. However, this knowledge is in danger of obliteration as its custodians die and those that remain do not have the whole story or look down upon IMK as backward and also view it as the knowledge of the poor and illiterate; an effect of colonialism that necessitated the adoption of a different way of knowing that devalued most of the IMK present in communities (Makinde and Shorunke, 2013). The colonizer asserts that just like Indigenous Knowledge, traditional medicine does not undergo rigorous testing hence raising a great deal of suspicion. This has been influenced by western knowledge system which is built upon the idea of positivism where truth is established by logical, scientific or mathematical testing (Agrawal, 1995). But Kaniki and Mphahlele (2002) argue that IMK represent the beliefs of a community based on its culture and religion; thus, respect of deities and the conviction that ancestors are the community's intercessors with God, if not gods in their own right (Kaniki and Mphahlele, 2002).

On the other hand, knowledge preservation denotes the protection or the keeping safe of knowledge, especially indigenous knowledge, from being lost to future generations. Kaniki and Mphahlele (2002) assert that indigenous knowledge is mostly passed on by word of mouth. Additionally, arguments may arise because of the perceived fact that preservation is what has necessitated the human race to survive, adapt and adjust over generations. It is also safe to say that people acquire and transfer knowledge with preservation in mind (Maluleka, 2017). However, the ongoing introduction of new technologies put its preservation at greater risk.

In this circumstance, preservation is used to signify the management of indigenous knowledge through the use of both traditional methods such as oral traditions, folklores and other traditional technological method. Modern methods of preservation were used to signify preservation of indigenous knowledge by codifying, documenting and digitizing it. Numerous indigenous knowledge proponents agree that indigenous communities have had their methods and tools of managing and preserving indigenous knowledge such as oral tradition, apprenticeship, artefacts, spirituality, food and seed drying systems; agricultural management technologies such as permaculture and folklores (Stevens, 2008).

This article is an extract from a study that sought to investigate the acquisition, transfer and preservation of Indigenous Knowledge by Traditional Healers in Chibombo District of Zambia. The author makes a case on the need to preserve and promote IMK. Chibombo district of Zambia is located in Central Province and shares boundaries with Chisamba, Kabwe, Kapiri Mposhi, Lusaka, Mumbwa, Ngabwe and Shibuyunji districts. The area has an estimated population of 224,215 as recorded by the Central Statistical

Office (CSO, 2010). The district still recognizes a traditional hierarchy of leadership hence falls under the control of a Chief and many Headmen/women who look after the smaller constituent villages. In addition, the area sits between 27 and 29 degrees GMT, hence receiving between 800 and 1,200 millimetres of rainfall every rainy season making it a farming district with a mixture of commercial and peasant farmers where cotton, maize and wheat are grown on a large scale with fishing in the Lukanga Swamps and livestock rearing being the mainstay of the local people's livelihoods (Daily Mail, 2014).

Traditional healers in Chibombo have a responsibility of practising a spiritual undertaking called Mooba. This is performed during healing sessions for the sick, funerals, harvest time as well as during installation of new traditional leaders (UNESCO, 2017). The practice shows that while many illnesses requiring modern treatment are rampant, some spiritual suspected illnesses require indigenous practises to administer the traditional medicine because modern medication and modern experts may have no idea and capacity to treat such illnesses. However, the district still face a number of health challenges such as inadequate health facilities, shortages of personnel, lack of equipment, stock out of drugs and low budgetary allocation which hampers delivery of primary health care. In addition, physical and economic barriers are major obstacles which people face in accessing primary health care facilities and services (Shikabi, 2013).

2.0 LITERATURE REVIEW

Several studies have been conducted in relation to the preservation of Indigenous Knowledge. Biyela (2016) conducted a study in Dlangubo Village, South Africa, on management and preservation of indigenous knowledge. The study's findings showed that the community preserved IK by using artifacts and memory. Furthermore, it was noted that several preservation techniques, such as the cultivation of drying seeds and plants and the usage of granaries, had collapsed or were gradually collapsing. After talking with those who kept cattle, it became clear that while they were still aware of traditional medicinal plants and the kinds of illnesses they could treat, they were no longer in use.

In order to ascertain the IK of traditional medical practitioners in the treatment of sickle cell anemia in South-Western Nigeria, Olatokun (2010) carried out a study. It was discovered that information about conventional medical practices is passed down verbally and through word of mouth from one generation to the next. It is clear from the studies above that numerous methods are used to preserve IK. While both studies indicate efforts for IK preservation, a discrepancy exist in the methods used.

Herman (2013) also carried out research on the transmission and conservation of IK in Botswana and Tanzania's declining bio-cultural environments. The results highlight the need of helping those with special abilities or innate gifts such as traditional healers, rainmakers, and diviners to impart their knowledge to scholars and the next generation in order to thoroughly record their abilities for use in the future. Herman also emphasized the importance of including the knowledge in educational systems as a means of keeping it alive for future generations.

A similar case of the Ugandans living in the Kaliro district revealed that they are tired of using outdated methods to preserve traditional food plants for future generations, as well as outdated methods for preparing other traditional foods (Tabuti, 2004). It is clear

from the study that IK is diminishing because of an increase in barriers that affect its transmission between and within community members.

Maluleka (2017) added that barriers to preserve IK have been necessitated by inadequate documentation and the secrecy of custodians of IK. Some of the latter, especially traditional healers despise to disclose their IK on healing to strangers and to some members of their families. In Kaliro District of Uganda, some healers refused to make known their curative secrets to their daughters fearing that the latter would share the secrets with the families that marry them. Over time, IK fades away when its custodians die or migrate before their IK has been adequately transferred or documented. At present, much documentation of IK has been undertaken, especially in the domains of traditional medicine and traditional foods. However, many aspects of IK that includes the spiritual aspects remain undocumented (Maluleka, 2017; Tabuti et al, 2004; Mvula, 2021).

2.1 Conceptual Framework

The study utilised the SECI model is presented in four stages as proposed by Nonaka and Takeuchi. The four stages are Socialization, Externalization, Combination and Internalization. The socialization stage comprises tacit knowledge, which is deeply rooted in the experiences, traditions, and culture of a community. The Socialization phase of the SECI model emphasizes the sharing of tacit knowledge through direct interaction, storytelling, and shared experiences. This aligns well with Indigenous communities' oral traditions and communal learning processes. Externalization refers to the transmission of indigenous knowledge typically takes the form of narratives, myths, and legends. The process of translating implicit knowledge into explicit representations, such as words, symbols, or diagrams, is known as the Externalization phase of the SECI model. Indigenous knowledge can be more easily documented, shared, and preserved by externalizing it into storytelling styles.

Indigenous knowledge is frequently dispersed over several fields, including spirituality, medicine, and agriculture. The SECI model's Combination phase entails combining several explicit knowledge sources to produce fresh ideas and insights. This makes it possible to incorporate indigenous knowledge with contemporary methods or scientific discoveries without compromising its authenticity. Indigenous communities often strive to maintain their cultural identity and adapt to changing circumstances. The Internalization phase of the SECI model emphasizes the absorption of explicit knowledge back into tacit knowledge through individual or collective learning processes. This enables Indigenous communities to internalize external knowledge while preserving their core values, beliefs, and ways of knowing.

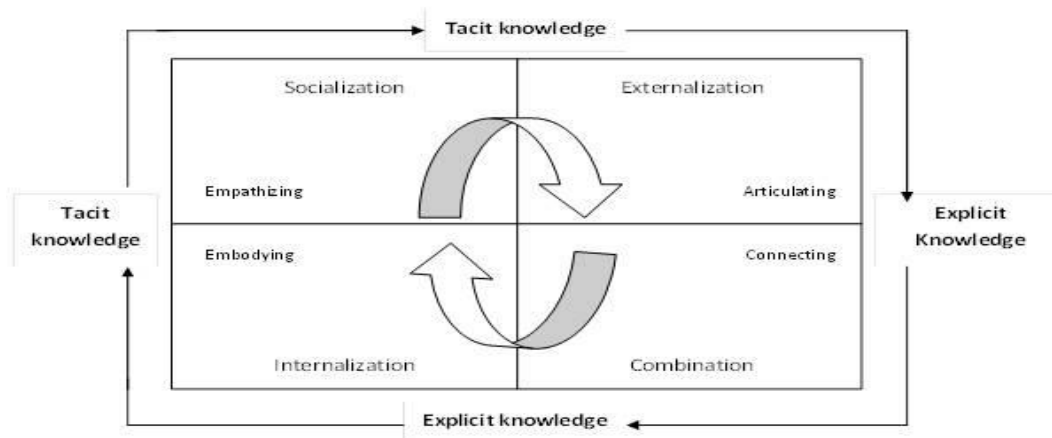


Figure 1: SECI model.

(Source: Nonaka & Takeuchi, 1995)

3.0 METHODOLOGY

The study employed hermeneutic phenomenology as it investigated structures of experience of texts whether public, private in the form of art or other material forms (Grbich, 2007). 29 Asing'anga registered with the Traditional Health Practitioners Association of Zambia (THPAZ) participated in the study from Chibombo District. Data were collected using a semi-structured interview guide through face-to-face interviews which were conducted in different settings, thus part of the interviews was conducted at the home of the participants and the other was conducted from the practising offices at a date and time determined by them. The interview guides were translated into Lenje and Nyanja languages to suit the language they understood well and location. The study utilized linear snowball sampling. Thus, all participants were located through referral by the interviewed Asing'anga and so on.

4.0 RESULTS

4.1 Method of Preservation of Indigenous Medical Knowledge by Traditional Healers

In an attempt to keep the unique practice of traditional healing, the majority of the healers preserved the knowledge through training interested individuals as well as relatives. One healer said:

I am training my grandchildren to make sure that this knowledge remains when I am no more. I believe that the knowledge should always be passed on to continue helping those in need within our villages and beyond.

Another healer added:

I have been training my children for the past 2 years. I have witnessed them administer herbs to different patients with different illnesses. I know that even if I am no more today, they will continue practising what they were trained in. Due to the negative perception of the practice from our society, I have not engaged non-relatives in the training even though most of them have shown interest.

One more participant recounted:

I am training my wife who has now become my assistant. She knows everything because I have engaged her in every process of healing. I also tried to engage my children in the same but they seem not to be interested. In times when we go into the wild for days with my wife to dig the roots and other herbs, our children usually remove the poster for my advertisement.

4.2 Challenges During Preservation of Indigenous Medical Knowledge

The study found that the current environment seemed to be contributing to most healers abandoning or refusing to take up practicing roles.

One healer narrated that:

Most of the people are not willing to learn or be trained in this practice; this can be observed from how fast they forget when we teach them. For instance, I have ten children and I have trained all of them, unfortunately only four have mastered and seem interested.

Another healer said,

Those I have trained already reveal challenges of failing to recognize some of the trees we used to create certain herbs from. Further, most individuals are unwilling to take up our role when we are no more.

The second challenge recorded was expiration. One healer [TH:02] stressed that:

The herbs lose power if kept for a long time without being used or administered to any patient. This is determined on where such herbs are kept. So in short the temperature plays a role in either preserving or expiring herbs.

The third challenge established in this study was spirituality. A healer [TH:26], who got the knowledge through visions and dreams narrated:

The fact that I got the healing powers from ancestral spirits, transferring and preserving is quite challenging because for me to know the ailment a patient is suffering from and what I should administer to them, I need to be possessed by the spirits.

5.0 DISCUSSION

Research findings showed that majority of traditional healers were training their families and other interested individuals as a way of preserving the knowledge. The methodologies implored in the process of training involved demonstration (23), documentation (05) as well as mastering (1). These findings infer into a number of things about knowledge preservation. The first process on one hand revealed that trainers demonstrated and engaged interested trainees to acquire the knowledge for continuity sake. On the other hand, healers also exchanged such knowledge among themselves as a way of passing on new skills and practices at individual level. At communal gathering, healers were called upon to demonstrate the value of their skills in preserving and protecting communal events such as traditional ceremonies, through such many healers acquired and in the same vain shared new knowledge and skills for preservation.

As noted by one of the healers in the study, new knowledge was passed to him on how to administer one herb in different ways to treat more than one ailment. A study by Olatokun (2010) aimed at revealing indigenous knowledge of traditional medical practitioners in the treatment of sickle cell anaemia in South-western Nigeria found that knowledge of traditional medical practice was orally preserved and transmitted by word of mouth from generation to generation. Olatokun's study compliment the findings from this study in that the method of knowledge preservation used is similar and this can be attributed to the fact that most African communities use informal means as a way of training (inculcating skills) the young ones.

The second process showed that in some cases the trainees were given books bearing a list of herbs and the ailments they heal. Such books could have been passed on to many healers from the actual owners to promote continuity and preservation of such knowledge. In the same way, it was revealed that some trainees opted to recording down what seemed challenging to master, for instance adding papers with a name of an ailment in a bottle containing herbs for easy identification. Key informant further alluded that one way through which such knowledge were preserved was by documentation and making available the knowledge to the community through the library space provided by the council.

A study conducted by Issa, Owoye and Awoyemi (2018) in Kwara state, Nigeria on examining the attitudes and the practice of documentation of Indigenous Knowledge by the traditional health practitioners (THP) revealed that the traditional healers believed documentation of indigenous practice in form of writing and other methods will prevent the knowledge from going into extinction. The findings from the above study compliment this study and the similarity can be attributed to the fact that healers regardless of the communities they are in have developed a desire to witness their practice live on through any means even in their absence.

The third process revealed that, on the part of the trainees observing attentively everything the healer was doing for many weeks, months or years of mastering made them a preserve of that knowledge. Among healers, some revealed that being in the presence of old men or women who had been practicing for many years was seen as an opportunity to master and copy how they practiced without their knowledge. Biyela (2016) conducted a study which looked at management and preservation of Indigenous Knowledge in Dlangubo village, South Africa. The results from the study revealed that the community used memory and artefacts to preserve indigenous knowledge. The results from Biyela's study compliment this study in that the knowledge which is past on and the ways within which the knowledge is passed require memory to be sustained and better used in the future. Another study by Herman (2013) was conducted which looked at the preservation and transmission of indigenous knowledge in diminishing bio-cultural environment in Botswana and Tanzania. The findings pointed those individuals with unique talents or natural gifts like traditional healers, rain-makers and diviners to pass on their skills to academicians and younger generations so as to have the skills well documented for future use. The study by Herman supports this study as the findings also emphasize the passing on of indigenous knowledge as a way of preserving.

Furthermore, challenges during preservation showed three patterns. The first was unwillingness; some children whose parents were healers showed no interest in learning the practice and taking up the role. Further, the study also revealed that some amongst

the relatives who showed willingness were already demonstrating signs of failing to recognize the needed herbs after spending time without practicing. A study by Tabuti et al (2004) stressed that indigenous knowledge is acquired and transferred by the willingness to verbalize and share by custodians. The authors further observed that indigenous people were not constantly willing to share this knowledge with people from outside their communities. The findings from the study above are different from those of this study. on one hand, this study indicated willingness from the knowledge custodians to share to the knowledge to the unwilling relatives while on the other hand, the above study proved the opposite as custodians were not willing to share such knowledge to any outside their communities regardless of family ties. The difference can be attributed to the values upon which both societies place on indigenous knowledge.

The second pattern was expiration. Healers revealed that some prepared herbs that were not administered for a long time expired due to change in seasons. A study by Maluleka (2017) stressed that it was ordinary knowledge that traditional healers mainly use herbs to heal different ailments and these herbs are mostly kept in huts that are cooler inside designed to keep them for longer. Maluleka added that to be able to use those herbs the healers have a way of knowing which herbs to use at the time. The study by Maluleka compliment the findings in this study as both studies show that the usage of some herbs is determined by changes in weather.

The last pattern revealed spirituality. A healer indicated that it was difficult to preserve the knowledge because the herbs and the processes of administering were revealed by the spirit and this happened only when they possess him. Thus, individuals that are called usually recognize their healing gifts through dreams and messages from ancestors are believed to be delivered to them in their sleep (Maluleka, 2017). The findings present a similar occurrence that manifests from the fact that selection of an individual to take over the practice maybe determined by the ancestral spirits and not from a practicing individual.

6.0 CONCLUSION

This paper has discussed the preservation methods used by THs for IMK. However, regardless of the available Act to promote and regulate the use of IMK, the genesis of religion had led to many Zambians demonizing the practice while secretly seeking its use in closed corridors. Therefore, there is need for our medical institutions to collaborate with IMK custodians in an effort to cub different illnesses.

6.1 Recommendations

It was suggested that community leaders in the Chibombo district consider teaching the young people in the area at ceremonial meetings about the importance of learning and maintaining indigenous customs. This was thought to be a means of lessening reluctance to share and learn. Second, it was suggested that the Lenje Cultural Association consider presenting the resources available at the Mukuni Culture Village Museum and Library in order to document and distribute information to the local population. This was thought to be a means of inspiring a large number of young people to value the indigenous ideals ingrained in their culture.

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