4 Coping with the coronavirus (COVID-19)

Resources from Ndau indigenous religion

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Introduction

The global pandemic of the coronavirus (COVID-19) has shaken the world in a devastating way. This is so tragic to Africa in particular, given that the continent had not yet completely ridden the tide of the HIV and AIDS. Indeed, Africa has not tasted the luxury of rest. Dube (2003:85) presents metaphorically the unfortunate story of Africa where she says,

Only yesterday did we leave the delivery room, smiling with a new born baby: a free and independent Africa...And just as we began to smile, watching this child lift its foot to take its first step as an independent being...bang! Another oppressor struck Africa: HIV/AIDS!

Africa had almost begun to take stock of her success over HIV and AIDS when her space is intruded yet again by a ruthless novel coronavirus (COVID-19) that has compelled governments across the world to put their countries or parts thereof on lockdown where people are encouraged to remain indoors to stop the spread of the disease in the absence of a vaccine. On a positive note though, the contagious disease has not been as virulent with Africa as it has been with the global north, a feat that has found no clear explanation from health scientists, at least for now. One of the opinions that have been thrown around is that the continent is under-reporting the pandemic's statistical information owing to her incapacity to roll out massive testing to ascertain the levels of infection due, largely to poverty and lack of political will. Miller *et al.* (2020:1) opine that the impact of the disease is different in different countries. They attribute these differences to differences in cultural norms, mitigation efforts, and health infrastructure. The government of Zimbabwe in line with global trends put the country under an initial 21-day lockdown from 30 March 2020. The lockdown has since seen two two-week extensions that were followed by an indefinite extension with a fortnight review intervals announced on 16 May 2020. The government has also come up with a litany of statutory instruments that are intended to enforce the lockdown regulations.

Religions have been taken unawares by this unprecedented development forcing them to search deeper into their resources in order to remain relevant to their followers. It is a fact that these religions will emerge from this phase renewed. The most disturbing trait of the COVID-19 pandemic is that its major route of transmission, that is contact, is the mainstay of religious practices. Indigenous religions of Africa, for example, have been aptly described as religions that are based on relationships (Taringa 2014, Dube 2009, 2006, Cox 2007, Mbiti 1969). It is this social dimension; these relationships that COVID-19 pandemic has subjected to a big test of the times. The question that I seek to answer in this chapter is: What preventive and containment strategies can the Ndaun indigenous religio-cultural resources proffer in mitigating COVID-19 pandemic? To achieve this objective, I explore strengths and challenges of the Ndaun indigenous beliefs and practices in the context of the standard COVID-19 health measures and protocols. Given the diversity within African religio-cultures, my focus is primarily on Ndaun indigenous religion of Zimbabwe. I use “religio-cultures” here for the simple reason that “religion and culture are so intertwined throughout Africa that it is impossible to speak of one without the other” (Thomas 2015:7).

Theoretical framework

In this chapter, I employ spiritual capital theory. Ganiel (2009) tells us that at times the terms “religious capital” and “spiritual capital” are often conflated and seem to mean the same while at other times scholars draw distinctions between them. Çarkoğlu (2008) distinguishes the two differentiating between them by stressing that religious capital produces exclusivist ‘bonding’ identities within a group or individuals, while spiritual capital is a ‘bridging’ resource between groups or individuals that inspires people to act to help others beyond their immediate comfort zone. He distinguishes them by drawing an analogous relationship with Putnam’s (2000) bonding and bridging social capital. Putnam defines social capital in terms of networks of relationships within (bonding social capital) and between (bridging social capital) groups and individuals. This denotes that the theory has its roots in the development of the concept of ‘social capital’. Çarkoğlu’s view is in tandem with the understanding that spirituality goes beyond the usual limits of organised religion, which makes it less binding but more amenable to human transformation. Spiritual capital concretizes a family-like atmosphere that provides spiritual strength and bonding that generates social capital (Haynes 2007). Thus, spiritual capital is an important source for social capital. The theory was utilised in this article to enable an appreciation of how the Ndaun invoke their spiritual capital enshrined in their notion of collective existence to provide a framework for solidarity and active compassion.

Methodology

The chapter is an empirical qualitative phenomenological study that seeks to access the meaning embedded in the religious activities of the Ndaus in the context of COVID-19 through audio and chat messages shared via WhatsApp. WhatsApp is a social media micro blogging site that is reasonably cheaper particularly to populations residing in rural areas compared to other social media platforms such as Facebook, Tweeter, Instagram and many others. I also employed telephone interviews with some key informants who had no access to WhatsApp. I found these methods to be compliant with the WHO COVID-19 recommended means of communication in the spirit of social or physical distancing. I purposefully sampled adult male and female participants on the basis of my knowledge of the population to provide the best information to address the purpose of the research. I did not include the actual sample size deliberately, opting to rely on the principle of theoretical saturation, that is, the point when new data no longer brought additional insights to the research question (Mack *et al.* 2005). The rationale for choosing the Ndaus is based on my cultural setting; I am Ndaus myself. Mack *et al.* (2005) stress that in qualitative research, researchers who possess a solid base of cultural awareness stand a better chance of gaining the confidence of the communities under study. This is particularly important for this research where data were retrieved via social media platforms that have the propensity to increase informant fears and suspicions. I was cautious also of the fact that familiarity with the researched community may lead to biases in data gathered. To guard against biases, I committed myself faithfully to the phenomenology of religion's methodological principle of *epoché* that calls for the bracketing of preconceived ideas about the phenomena researched (Chitando *et al.* 2013). Second, my interest on the Ndaus is also driven by the fact that Ndaus culture is transboundary, one of the characteristics that pose challenges to mitigatory efforts against COVID-19. It is therefore interesting to find out how the Ndaus, in their geo-political and cultural locatedness mobilize their religio-cultural resources to respond to the dreaded COVID-19 pandemic.

What is coronavirus (COVID-19)?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease that later came to be known as COVID-19. So, COVID-19 is the communicable or infectious disease caused by the recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, Hubei Province, China in December 2019,

hence the 19 to indicate year of discovery (Miller *et al.* 2020, WHO 2020). COVID-19 often causes fear and uncertainty to people since the disease is new and there are no scientifically known treatment or vaccine.

Symptoms and modes of transmission of COVID-19

Symptoms of COVID-19 are similar to other types of illness such as flu that people usually do not take seriously, thus not detected or seek treatment before critical time (MoHCC 2020). The most common symptoms of COVID-19 are fever, difficulty in breathing and dry cough. Some patients may have aches and pains, tiredness, nasal congestion, runny nose, sore throat or diarrhoea. These symptoms are usually mild and begin gradually. Some people are asymptomatic; they become infected, but do not develop any symptoms and do not feel unwell. Such people have a strong immune system that successfully fights the coronavirus. Those people transmit the virus to others unknowingly. Their status can only be detected through testing. Most people, about 80%, recover from the disease without needing special attention (WHO 2020). Anyone can be infected with COVID-19, but older people and those with underlying medical conditions such as asthma, high blood pressure, heart problems or diabetes are more likely to develop serious illness. Children and young people can be infected and develop serious illness. Although serious illness in young people is less likely, they can spread the disease to others. COVID-19 is primarily transmitted through contact with respiratory droplets from infected persons and by contact with contaminated objects and surfaces.

Global response to coronavirus

It is important to outline what the World Health Organization (WHO) recommends as ways of curtailing the spread of coronavirus since these recommendations will provide a platform for assessing the Ndau indigenous religion's competence or lack of it against coronavirus. WHO has come up with a raft of behaviour change strategies that have drastically changed the social landscape in an unprecedented way that they have been befittingly labelled the 'new normal'. Below are some of the strategies that nation-states' ministries of health, following the WHO guidelines, are campaigning for:

- People should avoid contact with anyone, especially if they have cold or flu-like symptoms by practising physical distancing of at least one metre.
- Cover mouth and nose when coughing or sneezing into your elbow or use a tissue and discard it into a bin with lid straight away.
- Avoid touching eyes, nose and mouth.
- Wash hands with water and soap regularly for at least 20 seconds.

- Self-isolate for 14 days if you have come from a country with case or have been in proximity to those with COVID-19.
- Use a mask when feeding or caring for the sick.
- Avoid travelling to countries, cities or local areas where COVID-19 is spreading.

A brief social history of the Ndaue people of south-eastern Zimbabwe

The present day Ndaue people live in the vast region that comprises the south-eastern parts of Zimbabwe, specifically Chimanimani and Chipinge Districts of Manicaland Province, sprawling into the central and western parts of Mozambique (Dube 2017). The Chipinge district has seven Ndaue chiefdoms, namely Garahwa, Gwenzi, Mpungu, Mahenye, Mapungwana, Musikavanhu, and Mutema while the Chimanimani area is home to five Ndaue chiefdoms that include Chikukwa, Ndima, Mutambara, Muusha, and Ngorima (Sithole 2018). Most of the Ndaue chiefs' jurisdictions stride the international border for example, the first six Chipinge and the first two Chimanimani chiefs above in the same manner that their Mozambican counterparts do, a typical example being chief Macuiana (Portuguese).

Herbst (1989) cited by Konyana (2018:52), avers that the Ndaue community is quite expanse and always refers to some group of people separated by the colonial borderline between Zimbabwe and Mozambique. He further posits that before the partition of Africa, eastern Zimbabwe and south-western Mozambique were part of the precolonial Zimbabwe Plateau that was occupied by the Shona people of various ethnic languages, including the Ndaue. Beach (1980:34) says that the Ndaue is linked together by the bonds of intermarriages between families of different totems, the distinct Ndaue dialect and the cultural beliefs and practices which they have always shared. Patricio (2011, 2010) and MacGonagle (2007) have shown that for many centuries, the Ndaue have remained undisturbed by the border. They have maintained close links and are united in all spheres of social, economic and political lives to the extent that they are identified as one large community that extends from one country to the other across the international boundary. Patricio (2011:678) succinctly expresses this situation as follows:

So the Ndaue of Mozambique continue to cross the border like they did in the past and go to Zimbabwe to visit their family, to consult healers and traditional authorities, to go to school and to take part in ceremonies. It seems these people do not feel the impact of the international boundary demarcation in the daily lives-not in colonial times, not even today.

Konyana's (2018:55) observation aptly summarises the situation of the Ndaue when he says that, "[T]he Ndaue people have had uninterrupted *de facto* dual citizenship status of being Zimbabweans as well as being Mozambicans."

The name Nda

Sithole (2018:5) notes the obscurity of the history and etymology of the term Nda as an ethnic label. There are various theories propounded to disentangle this Gordian knot. One of the theories suffices for the purpose of this chapter. The theory contends that the term was originally used as “an exclamation of deference” by Nda speakers (Sithole *ibid*). The theory avers that the term was conferred on the Nda by outsiders that include traders in acknowledgement of the hospitality, friendliness and respectfulness of the local people. Sithole (2018:5) aptly expresses it as follows:

Nda people follow ‘unique’ customs especially greeting forms as well as a generally respectful conduct. The Ndau are believed to be a culturally ‘down-to-earth’ people governed by high standards of morality, humility and excellence. This is encapsulated in the phrase ‘Ndauwe’ which implies that ‘We salute you!’ This is an expression of friendliness and utmost humility. The essence of being Nda was communicated through showing respect to elders and visitors (Kuhlonipha). It appears that the Nda identity predicates itself on common behavioural and sociocultural values such as humility and morality...

MacGonagle (2007:548) concurs with Sithole where she says that ‘Nda’, “was a nickname used by others in the 19th century to describe the people who said, ‘Ndau-wee. Ndau-wee’ as their customary unassuming greeting when they entered a homestead or received any strangers in their homesteads. This chapter focused on three chiefdoms in Chipinge, chiefs Mapungwana, Musikavanhu, and Gwenzi. These areas were chosen on the basis of the authors’ familiarity with the places which enabled them to get informant consent without hassles.

Nda family institution

The Nda notion of the *mphuri* (family) is an all-embracing phenomenon expressed through a web of relationships that goes beyond the living beings. It is rather a cosmic totality that includes the living, the living-dead, the unborn, the flora and the fauna, and the rest of other inanimate elements comprising the environment (Sipeyiye 2020). The Nda *mphuri* is best described as referring to the whole clan. According to Rusinga and Maposa (2010:47), members of African families strive as far as possible to stay together in the same community, especially in rural areas. This is also true of the Nda who cherish greatly the value of unity and communal existence. This interconnectedness is best explained by the Nda concept of *Ukama* (kinship/relatedness) that Murove (2009) refers to as ‘communal ethic’. *Ukama* (kinship/relatedness) expresses the interconnectedness and interdependence of the human and non-human within their environment. Konyana

(2018:57) maintains that *Ukama* is the concept which touches on the family relatedness and communal belonging which has kept the Ndaau family much the same as it was before colonisation. The Ndaau family is patriarchal. The most senior male member, in most cases the grandfather (*baba akuru*) is the revered head of the extended or connected family. He is the family leader whose major role is to advise the family on all matters of life and more importantly to connect the family with its ancestral spirits or the spirit elders (*midzimu*). Pfukwa (2001) cited by Konyana (2018:57), holds that the Ndaau refer the family grandfather as “the great one” (*Musharukwa*) in reference to his central role as the family advisor and rapporteur between the living and the living-dead. Rusinga and Maposa (2010:18) posit that the Ndaau people in general value blood relatedness to the extent that most of them strive to remain attached to their extended family members despite relocation and migration in pursuit of greener pastures. Gelfand (1973:105) explains that “the urge to live together is not something that took its effect, or was imposed, only with the beginning of colonization. It is traditional and the connection is that it is a survival strategy imperative of the culture.” This suggests that the communal ethic of *ukama* inspires the Ndaau to live close to each other and share everything, their blessings and sorrows.

Ndaau beliefs and practices

At the core of the Ndaau indigenous beliefs and cultural practices is the belief in ancestral spirits or spirit elders or guardian spirits (*midzimu*) that are connected with the spirit world (Pfukwa 2001). The spirit world is fashioned in a way that reflects how the society is structured. In the Ndaau chiefdoms, the chief, is at the top. He is approached through a mediator and only in cases of emergency is he addressed directly. Requests to the chief go through a process known as *kushuma* (protocols), the role that junior members in the spirit world perform. *Musikavanthu* (Creator of human beings) or *Marure* (The Creator) is at the apex of the hierarchy of the spiritual world followed by the royal ancestral spirits down to the level of the family in a way that mirrors the hierarchy of power present in the Ndaau society. *Musikavanthu* or *Marure* is not perturbed by the petitions of the people; rather the family and territorial spirits are the busiest of the constituents of the spirit world. Among the Ndaau, as in most African societies, ancestral spirits are the kingpin of the society. They influence the activities and lives of the living descendants of their community. The notion of ancestral spirits expresses the common African idea of the increased power of the dead in their role as the guardians of the land and the people (Schoffeleers 1979). The Ndaau believe that ancestral spirits are at their best when they have been accorded proper funeral rites by their living descendants, which include decent burial and traditional ceremonies in their honour. As a result, the Ndaau always make sure that they occasionally hold ceremonies to appease their ancestors at all the times. This feature of the Ndaau belief system compels them to come

together and share in all their problems and difficulties because they ought to constantly consult the *midzimu* together for solutions to social problems including appeasement, if need be, of the angered spirit elders (Konyana 2018).

Indigenous communities and Coronavirus (COVID-19)

The United Nations Department of Economic and Social Affairs (2020) notes that the coronavirus poses a grave health threat to indigenous communities worldwide. This is so because even before the outbreak of the pandemic, most indigenous communities already faced challenges of food insecurity, poor communication technologies, poor access to healthcare, high rates of diseases, lack of access to essential services, sanitation and other key preventive measures such as clean water, soap, and disinfectants. Cotacachi and Grigera (2020) concur when they say that standard health protocols for hand washing and disinfection are difficult to follow in such a situation. In some cases, indigenous people face stigma and discrimination even when they are able to access healthcare services. It has also been observed that indigenous peoples' lifestyles are a source of their resilience, and can also pose a threat in preventing communicable diseases in general and coronavirus in particular (United Nations Department of Economic and Social Affairs 2020). Regular traditional gatherings for religio-cultural ceremonies to mark special events, and multi-generational housing are the hall mark of indigenous communities that put indigenous peoples and their families especially the elderly at risk of contracting coronavirus. Cotacachi and Grigera (2020) express it aptly when they say that "implementing isolation and social distancing protocols is challenging when family and community structures are intrinsically collective and strongly socially cohesive." The situation of indigenous women, who are often the main providers of food and nutrition to their families, is even graver. To this effect, calls have been made to make sure that "immediate health responses to address the worldwide emergency should be differentiated and prioritise indigenous peoples as a high risk epidemiological population" (Cotacachi and Grigera 2020). Regardless, it has also been observed that indigenous communities are seeking their own solutions to combat the threat of COVID-19 pandemic. They are taking action and employing their indigenous knowledge and practices such as voluntary isolation and sealing off their territories as well as preventive measures in their own language (United Nations Department of Economic and Social Affairs 2020).

Ndau indigenous responses to COVID-19: challenges and promises

In this section, I present and analyse findings on the Ndau indigenous responses to coronavirus. I took cognisance of areas that need reflection for

improvement and those that provide potential sites for improved responses to the pandemic. My key respondents were coded to ensure confidentiality. I used numbers instead of their real names so that they remain anonymous. Many respondents shared a common puzzle about the coronavirus pandemic. They have never met anyone suffering from the disease. The handling and management of the disease emphasise individual rights and privacy at the expense of the community. Respondent 1 has this to say:

Atisati tachiziya kuti tizoona kuti marwarire akhona akadini. Atisati tamboona wachirwara. Chichi chokuzwira mumphepo kuti munthu wabatwa ndicho unokotsora, kufemera mudenga nekuvhara miro. Hezvinonga zvekunyepa kee, pane wakambozvionawo ere? Azvina kutodzana nezvemagandanga epaWhatsApp ayani ere? (We have not yet known the disease for us to establish the pattern of sickness. We have never seen anyone suffering from it. We just hear about it in the news where it is said that a person who has contracted it, coughs, has short breathing and congestion of the nose. It may appear as lies, has anyone ever seen this? Is it not the same with those stories about terrorists that once appeared on WhatsApp?)

Respondent 3 echoed the same sentiments metaphorically when they said:

Kana mhondoro ikafungidzirwa kuti iri kuhamba muntharaunda vaisa vanoungana vototorosa matsiko kuti vabate gwinyiso kuti ndizvo ere kana kuti idede. Zvinoita kuti vave nekuzwisisa kwakakwana kuitira kuti dantho reshe ravachatora mukuteera nekurwisa chikara ringe rine unyanzvi negwinyiso rekuti vanonyisa (If the community suspects a threat of a prancing lion in their neighbourhood, men come together and study trails to ascertain whether it is really a lion or that it is just a baboon. It ensures certainty so that any move they take in tracking and attacking it be informed by dexterity, tact and a strong conviction that they would emerge victorious).

The views of the two respondents above show that indigenous communities' responses to the challenge of coronavirus are often thwarted by lack of knowledge of the identity of the invisible enemy that they are supposed to combat. This situation has a tendency of making the COVID-19 a distant myth that has remote chances of being part of their lived experiences. This is also compounded by the fact that the disease has a foreign origin and could therefore remain a foreign disease. This scenario negatively impacts on the uptake of preventive measures. For example, one respondent was subjected to a humiliating experience on her way to the family nutritional garden when a group of locals jeered at her just for masking. The group shouted at her, "*Kwai chati chaauno ere, kusiri kuda zviro!*" (Has it (coronavirus) ever been recorded here or you just want things!) She was blamed for allegedly

being overzealous and she felt stigmatized and discriminated against just for her caution consciousness. Mobilizing cultural resources may be a challenge if the nature of the disease is unknown. This is in line with Konyana (2014:125) who avers that the Ndaу believe that all illnesses and diseases can be overcome for as long as the source of the illness is identified.

As observed above, the Ndaу indigenous religio-culture is about collective existence based on a strong web of relationships, which has a high likelihood of posing a great challenge to the practice of self-isolating and social or physical distancing. Respondents admitted that the coronavirus pandemic has indeed caused panic across the world and disturbed lifestyles, and the Ndaу have also been affected. Respondent 4 maintains that:

Kubvira kudhaya nakudhaya vaNdaу tine ukama hunotambarara kubatanidza vanthu vakawanda vari jinga remuZimbabwe neMozambique. Midiro yedu nechianthu chedu cheshe zvinotibatanidza. Anyari matenda nemarufu emene tinotoonera nekubatira pamwepo ngekuti tine mazwisiro ekuti denda rinothywa kuwandirwa. Zviro zvinorema kuti veukama vakorere kuhanira zviitiko zvakadai. Hino dika tika remukuhlana unoronzwa uyu ratishatira. (Since time immemorial the Ndaу have shared closely knit kinship that spread over the Zimbabwean side of the border and beyond into Mozambique. Our social and religio-cultural ceremonies and other practices bring us together. Even cases of illness and deaths are events that bring out the best of our oneness as they bring us together because we believe that illnesses fear solidarity of purpose. It is very difficult for the kin to fail to attend such important occasions. Now the threat of coronavirus that is talked about has been a big problem for us).

The views of the respondent above confirm Patricio (2011), MacGonagle (2007) and Konyana's (2018) findings that the Ndaу have for a long time maintained close links and are united in all spheres of social, economic and political life to the extent that they are identified as one large community that strides the international border. In short, the vast region is home to the Ndaу. The lockdown regulations of staying home, self-isolating and social distancing have proved unworkable as they run against the self-consciousness of the Ndaу. This is in line with Cotacachi and Grigera (2020) who aver that implementing isolation and social distancing protocols is challenging when community structures are intrinsically collective and strongly socially cohesive. Among the Ndaу the elderly, the age group that is vulnerable to COVID-19, are the indispensable pillars of authority and heads of the extended families and therefore difficult to isolate even when the virus causes serious threats to their lives. The collective existence has also inspired returnees from epicentres of coronavirus to skip the quarantine camps and take refuge in the comfort of the family. There are numerous reasons for this practice, but the motivating factor behind the Ndaу is the warm reception

proffered by the family institution, the danger of spreading the disease notwithstanding. One respondent stressed that *veukama hwake vanomuika kuti asaenda kunoronzwayo kwavanofanira kungwarirwa* (relatives hide their kin so that they do not go to the places that they are supposed to be kept).

In cases of illness and death rituals such as *doro rekufa* ceremony (traditional beer to mourn the dead) and *tvisia* (home bringing ceremony) that bring the members of the Ndau kinship web together, the respondents agree that the *nyanga* (traditional healer) plays a central role, to establish the cause of illness and to provide guidance on process of conducting the rituals, respectively. Besides, these ceremonies bringing a number of people together, the practices of the *nyanga* equally have high chances of exposing their consulting patients and themselves to the virus. Respondent 2 explains that:

Pakuhamba panobviswa songo remunoshuma ndiro mubati wemushando. Songo iri rinoashidzwa kuna nyamakumbi unozogumisa kuna chiremba. Chiremba ndiro raanoshuma ndiro kumagwasha anomuitira mushando. Pari pakutsvake chakarya munthu, wabatwa ngehakata unobatiswa mphete yakaotsirirwa ngetunzi kutenda ndaa. Hino mukuashidzana ashidzananwo mukuhlana unopinda ndimwo. (When consulting a traditional healer, a consulting team produces a token, that is, a gesture to officially announce their mission. The token follows protocols from the assistant of the healer to the traditional healer. The traditional healer uses the same token to communicate the presence and mission of the visitors to the spiritual powers that they use in their trade. In the case of finding a culprit over death, the guilt is obliged to accept responsibility by receiving a token possessed by the death-causing spirit. The method of transferring the spirit onto the token is through a breath or cough).

Dube (2006:142) observes almost the same divination procedure in the Setswana culture where,

the diviner-healer begins by handing the divining set to the concerned person, to blow his or her breath on the set, and in so doing write his or her story on the set, which is then read communally by the diviner-healer, the consulting patient, and the accompanying relatives.

The divining set and the token money have the risk of transmitting the virus to the *nyanga* and its clients. According to WHO guidelines, the traditional healer is at risk of contracting and transmitting the virus. They should avoid prescribing any medicines and putting people and oneself at risk. This is echoed by a ZINATHA official who urged,

Traditional healers and prophets to stop lying that they can cure coronavirus. Instead of exposing themselves while performing their prangs,

they should stay indoors and observe the 21 day nationwide lockdown decree, while praying to god and ancestors to help us discover a cure for this disease.

(Mafirakureva 2020)

These messages, noble as they are, run against the worldview of the Ndaau where the traditional healer is the fulcrum of their indigenous health delivery system (Konyana 2018). Ironically, the same official confirms that, “traditional healers have herbs that can boost the immune system and we urge people to eat traditional foods, lots of fruits, and drink warm water...” (Mafirakureva 2020).

However, challenges notwithstanding, Ndaau religio-cultural beliefs and practices possess rich sites for mobilising formidable responses to COVID-19 pandemic. As Chitando (2007a:50) observed, “African Traditional Religions swing into action whenever life-threatening forces besiege individuals, families or the community. They demonstrate a sense of urgency.” The Ndaau are not an exception. They are on record for their tact in transforming dehumanizing experiences into a community-serving heritage. Hlatywayo (2017) posits that the Ndaau were successful in transforming the oppressive Nguni ear-piercing practice for men meant to express their subject status into a rite of passage for Ndaau men. They also transformed the Nguni dance, *muchongoyo*, into their own cultural heritage. The Ndaau invoke their spiritual capital enshrined in their notion of collective existence that provides a framework for solidarity and active compassion. Respondent 2 holds that there is nothing new about most WHO guidelines. For example, with regard to social or physical distancing, they had this to say:

VaNdaau avazi kumbovheya vashandisa njira yekuchingamidzana veiqheburana nyara kana kukwambatirana. Zvakazouya kubudikidza ngechikora. Vanthu veichingamidzana veukama zviya vanonga vakataraukirana, umweni akaqochocha iyo umweni apo. Vaisa ndivo vanoqochocha madzimai anogwadama kana kuita chibondokoto. Pari pokuti vanthu vasangana panjira vanotherukirana, votekesana, vaisa veichaya paditi ngenyara. Madzimai anoembera asi veichingamidza vaisa vanonga veidzasa madhoyo nekuembera. Kazhinjitu amutoningirani muhope. (The Ndaau have never used handshakes and hugs in their greeting protocols. All this came with the school system. When relatives are exchanging greetings, men squat and women touch the ground with their folded knees, allowing a respectable space between them. If people meet along the path, they both step aside on either side of the path and exchange greetings. In a man to man greetings, either man beat their chests with their right hand in rhythmic manner as they exchange greetings. In a man to woman situation, the man claps their hands while women cross their cupped palms as they clap in rhythmic manner lowering their knees in the process. Usually, the interactants avoid looking into each other's face).

MacGonagle (2007:56) concurs when she maintains that each clan had its own particular greeting that involved a customary clapping of hands and these salutations have changed little over time. When men clap they place their palms together so that their fingers are in front. Women cross their palms as they clap...While speaking to the king, they clapped their hands, in the customary manner of greeting...Rather than clapping, in some areas today women perform a courteous lowering of their body when they encounter men.” According to the respondent, it is worth noting that offering a handshake to a chief, whether at a ritual occasion or just ordinary social life, is punishable by a fine. It is believed to be undermining the authority of the chief.

One respondent explained the avoidance of handshakes in a separate cultural setting of Nda funeral wakes. They say that:

Mukugara kwevaNdau, parufu apasaibatanwa mazicho. Zviro zvaitoita chihlamariso pakutanga zveitobva ngekune imweni mihlobo. Vaiuya kookhuza vaitoguma veichaya chiriro, vari pamuzi patamikiwa paya vovadairawo chiriro chiya. Vanokhuza ava vaichigara pashi vakati taraukei kwaakuchibvunza mahambire ezvakaita. Vana vadoko nevabva zero avasaikweder padhuze, vaitozwi vaende kumizi yehama dziri padhuze kusina rufu. Vasharuka ndivo vainingirana nezveshe zvinoitikapo. Zvinonga zvaitirwa kuti vana vadoko vasaziya kufa kwemunthu. (In the Nda culture, handshakes were unknown at funerals. This was a surprising practice at first coming from other ethnic groups. Members of the community who came to express their condolences were often led by women wailing at the top of their voices, which was reciprocated by the bereaved at the homestead. Instead of offering handshakes, they would sit down apart, express their heartfelt condolences for the loss and finally, made an inquiry into the cause of the death. Children, including adolescents were not welcome at a funeral. Those from the bereaved family would be sent to homes of relatives in the neighbourhood away from death. Adults would handle everything that was involved. I think it was done to avoid exposing children to death and dying).

The Nda customary greetings and conduct at funerals imply that implementing social distancing through avoidance of handshake and hugs in line with the COVID-19 preventive measures, is never a problem. In fact, it is a revival of their culture and its elevation to an international scene. To the Nda, some of the WHO and health experts’ recommended methods of greetings such as using the elbow or feet are cumbersome compared to their cultural way that had for long maintained avoidance of contact. Again, the call to limit numbers at funerals dovetails with the indigenous Nda conduct of funeral. The Nda customary greetings and funeral protocols are cultural resources that can be exploited to reinforce responses to the COVID-19 pandemic. Thus, I agree with Cotacachi and Grigera (2020)

who hold, “that COVID-19 disproportionately affects indigenous peoples. This presents a major health challenge requiring immediate responses that account for indigenous peoples’ diverse cultural and linguistic contexts.” Once the health guidelines are repackaged in local cultural resources, indigenous communities are bound to find them convenient to their health and well-being.

Self-isolation and quarantine among the Ndaou are not a new phenomenon. Respondent 3 says:

Kune matenda anoti wamarwara unotogariswa mumbatso mwako wega. Kana zvoonyanyisa zviya mutenda unoakirwa kamuchacha kake ega ngekubanze kwechianze. Zvakaita biriripiri, mai vemwana ndivo vega vanotenderwa kumuona nekumupa chikafu ngekuti rinoera. Rikadarikirwa mwanawo unofa. Mai nababa vanotoenda pachizilo munguwa yakonayo. Kwozotiwo reshe dendanje, kana ratora nguwa yakareba zvisisna shwiro, mutenda unobekwa mumuchacha kubanze kwemuzi kwakasitika zvekuti kuvazhinji kunonga kweizwi wakambohamba. Asi panonga pane nyanga nevashomani veukama vasingafungidzirwi uroyi, vanonga veimuhloya nekuona kuti wakangwaririka. (There are some diseases that cause the patient to be quarantined to their own house. When the situation deteriorates, the patient is moved to a makeshift shelter often constructed at the margins of the homestead. For example, measles, the mother of the patient is the only person allowed to nurse them because there are a number of taboos involved. If the patient is exposed to the general public they are bound to die. Parents of the patient suspend sexual intercourse for that period for it has adverse effect on the patient. Generally, any prolonged illness warrants isolation from the public. The public is told that the person had gone on a journey. A traditional healer and a few selected elderly members of the family who are not suspected of witchcraft, monitor the proceedings to ensure uninterrupted care).

Konyana (2014) concurs when he points out that,

the *nyanga* consulted before and during the construction of the *muchacha* becomes the administrator of the ill person’s delicate welfare. They advise the council of family elders on how to prepare the patient’s food while they are solely responsible for the preparation of the daily doses of traditional medicines. At the *muchacha* visitors are strictly vetted and approved by the *nyanga*.

The Ndaou quarantine system utilizes their spiritual capital that inspires the social and cultural structures of the family that do not remove the patient from the company and love of the family. Çarkoğlu (2008) posits that spiritual capital is a bridging resource between groups or individuals that inspires people to act to help others beyond their immediate comfort zone.

In Zimbabwe, quarantine centres for COVID-19 patients have been criticised for a number of reasons including overcrowding, lack of food and lack of constant monitoring from health personnel to the extent that the critics have dubbed them incubatory sites for the disease (Frey 2020). Integrating indigenous quarantine systems into the health care delivery system holds a potential for improved responses to the COVID-19 pandemic.

Responding to the question on the competence of traditional healers in dealing with coronavirus, respondent 1 maintains that:

Kune matenda akawanda angahluya nyanga, asi azvironzi kuti ap-ana nachimwe chevanokona kuita ndiwo matendawo. Kubvira kudhaya nyanga ndidzo dzaidetsera vanthu pamahlupeko anochekuita nezvehlonzi yevanhu. Ukazwa zvinobhuyiwa ngedenda remukuhlana riri zvakada kutodzana nemaitiro eamweni matenda akadai ngekukotsora, chifuwa nekuzarirwa. Zveshe zvitenda izvi nyanga dzinodetsera. Kunyari nechemazuwa ano chiya anditi dzine madetserero adzo anonyaradza kupanda kwemwiri. (There are so many types of diseases that may challenge the competence of traditional healers, but that does not mean that they cannot do anything about them. Since time immemorial, traditional healers have rendered services for any health challenges. If you listen to what is said about coronavirus, it has symptoms that are almost similar to other types of diseases such as flu, chest pains and asthma. A traditional healer assists in all these types of diseases. Even with HIV and AIDS traditional healers have fared well in providing palliative herbal concoctions).

The sentiments of the respondent means that traditional healers have the confidence of indigenous communities in matters of health. This means that they are an indispensable constituency that has to be included in any efforts that are meant to come up with preventive and containment strategies for any health crisis. It is for this reason that there are calls for a multi-sectorial approach to coronavirus that involves biomedical practitioners, public health practitioners and traditional healers. This is a practical approach that takes cognisance of the indigenous communities' worldviews that prioritize their traditional pharmacology for any ailment. What is pertinent at the moment is not to discourage traditional healers, but to roll out programmes that educate them on the best practices that are COVID-19 compliant when conducting their business just like what was done in Zimbabwe with HIV and AIDS.

Besides dealing with direct effects of COVID-19, Ndaу spiritual capital addresses indirect challenges that have a lasting effect on efforts to contain the health crisis. For instance, the threat of coronavirus comes fast on the heels of the devastating trails of cyclone Idai in early 2019. The natural disaster has had adverse effects on the Ndaу communities' yields thereby compromising to some extent, the Ndaу responses to food insecurity. The

COVID-19 pandemic takes advantage of such compromised socio-economic safety nets. However, the spiritual capital of the Ndaus that informs their collective existence provides a framework for solidarity and active compassion that abhors indifference to the challenges of fellow human beings. Behaving otherwise, ultimately denies one's own humanity. A lot of sharing of food stuffs and ideas on dealing with respiratory diseases is common as families show great determination to pull through in the likelihood of an outbreak. The Ndaus' collective existence inspires compassion that invariably "translates into activism for the human rights of the infected and the affected" (I am indebted to Chitando (2007a:60) for the phrase).

Muyambo (2018:108) maintains that chiefs, as traditional leaders in Ndaus communities are the custodians of the communities' culture and includes the values, beliefs, practices and norms of the community. In times of social stresses that overwhelm the family institution, the Ndaus stick hopes on the judgement of their leaders and established safety nets designed to deal with disasters and stress (MacGonagle 2007:53, 67). The pivotal role of the traditional leaders that include the chiefs, headmen and village heads is crucial in managing stressful social stresses as they become a rallying point for order and common good in the community. The Ndaus are not comfortable with abandoning their ritual practices for fear of offending the spirit elders be it at family or community level. Traditional leaders also help disseminate and oversee the implementation of government policies on health in their areas of jurisdiction. The chiefs' pronouncement is not resisted because they are believed to speak on behalf of the territorial spirits; spirits of the deceased tribal rulers mostly from the lineage of the chiefs in a particular village (Hlatywayo 2017). Respondent 2 describes how their community once conducted a ritual of *kusuka mapadza* (washing hoes) guided by WHO COVID-19 guidelines. *Kusuka mapadza* is a ritual that is conducted to break the mourning period following the death of a member of the family of the tribal rulers:

Takaenda kwamambo tiri muzvigaba zviiri zvevanthu vasikadariki makumi marongomuna takasunga miromo chero ngechawaonawo zvako chinoita inyari mitsoto. Munthu weshe wakageza nyara pachigubhu giya ngesipo. Mutape vakazotanga ngekuchumaira ngendaa yedenda remukuhlana ririyo veibhuya ngenjira dzekuri vhikeya. Zvigaba zviiri zvaiyapo zvachizoitika majana ekupinda mumunda. Kwaichizwi muchigabamwo, umwe naumwe waiyuwa kandima kekushanda kasakanyauranje takataranuka. Chigaba chekutanga chapedza chotobuda chogezwa nyara kwakutoqonde kanyu. Chimweni chopindawo. (We went to the chief's home in two small groups of people not exceeding forty when combined wearing face masks of any kind even rags. Everyone washed their hands with soap and running water from a chigubhu-giya (a leg-operated system involving a five-litre container of water balancing on a rake). The traditional leader then addressed people about COVID-19 explaining

recommended ways of preventing infection. The two groups then took turns to go into the field where each one was allocated a small portion to work on respecting social distance at all times. When the first group was done, they washed their hands once again and left for home. It was now time for the second group.

The narrative above shows that the Ndau ritual activities are not suspended in the context of COVID-19 but are performed following WHO and ministry of health's guidelines under the guidance of rituals leaders. It is important to note that in the case above, the chief's role is that of balancing the indigenous religious requirement and the modern health responses to a health crisis. The adopted *chigubhu-giya* system is a sustainable interventionist strategy meant to ensure that communities prioritise hand washing amidst the challenge of shortage of water in most rural communities. Hand washing with soap is the most effective and inexpensive way to prevent diarrhoea and acute respiratory infections. Dhoba (2016:4), claims that "turning hand washing with soap at all critical times into an ingrained habit saves more lives than any single vaccine or medical intervention." Many Ndau households have installed the *chigubhu-giya* system at their homes following the embracing of the system by village health workers and traditional leadership. Those who cannot afford soap have turned to *mutombera* (fermented by-product from soaked grain) and ash. One interviewee contends that *mutombera* is an effective indigenous alternative to any commercial detergents. As said before, the chief commands the respect and confidence of their people. In this regard, traditional leaders are a deserving constituency in virus prevention and containment measures programmes in indigenous communities. They ensure the embrace of existing preventive measures as well as new indigenous initiatives. Cotacachi and Grigera (2020) could not have said it better when they opine that, "indigenous organisations and traditional indigenous authorities have representative structures at the national, subnational, and community levels each of which plays a vital role in virus prevention and containment measures."

Conclusion

In this chapter, I have shown, through the case of the Ndau people, how indigenous peoples' belief systems are both a source of their resilience and can also pose a threat in preventing and containing COVID-19 pandemic. This resonates well with the findings of Miller *et al.* (2020:1) that the impact of the disease is different in different countries. They attribute these differences to a number of factors including differences in cultural norms. It is pertinent that any declaration of war on a pandemic should take stock of local cultural resources with a view to appropriating those that can reinforce responses to the challenge and transforming the negative ones. It has also been observed that the Ndau have a penchant of reviewing their cultural resources with a

view to making them relevant to their immediate existential concerns. The Ndau notion of communal or collective existence anchored on their spiritual capital that finds expression in the institution of the extended family, has for generations proved to be an invaluable resource for building resilience in dealing with social crises or stresses. As Haynes (2007) opines, spiritual capital concretizes a family-like atmosphere that provides spiritual strength and bonding that generates social capital. The Ndau indigenous spiritual capital allays fears as well as stigma, discrimination and stereotyping of the people infected and affected by any disease, coronavirus included. Taking a cue from the Ndau communal existence, there is need to reimagine the notion of communities that respect and empower all their members to focus on community-serving behaviours as opposed to the prioritization of individual whims. It is true that the coronavirus pandemic has taken religions by surprise, but it is equally true that it has availed an opportunity for indigenous religio-cultures to retrieve the best of their practices in seeking to prevent and contain the pandemic in partnership with medical and public health practitioners.

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