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Research Article


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ABSTRACT

HIV and AIDS pandemic have wrecked havoc among humankind. They have caused a plethora of problems to the chagrin of humanity as humans fail to find a permanent panacea to the deadly diseases thereby prompting them to experiment in different ways in a bid to curtail their adverse impact on mankind. This has caused a review of different people’s cultural practices such as living styles, medicinal practices, beliefs and faiths, marriage practices among others as well as different people’s perceptions of the pandemic. In the struggle it has emerged that there are some western cultural views and practices that are given precedence over Shona and at large African cultural practices as these are negatively portrayed. This results in the infantilisation of the indigenous knowledge systems (I.K.S.) of the Shona which were core to their survival as a people in pre-colonial times. Consequently, the Shona indigenous knowledge systems have been fossilized, marginalized and pushed to the periphery as western cultural practices are given primacy in the struggle. The primacy given or accorded Euro-American cultures is in this paper regarded as cultural imperialism as this is to the detriment of the Shona indigenous knowledge systems that are gradually distorted and destroyed. Therefore it is within the ambit of this paper to argue that, the fight against HIV and AIDS have resulted in cultural imperialism, the agents being HIV and AIDS and their attendant western-oriented practices, beliefs and faiths that go along with its prevention and cure. The paper further posits that the Shona indigenous knowledge systems are also a formidable force to reckon with in the fight against HIV and AIDS and should be roped in, so as to give this struggle a real global perspective. It asserts the primacy of the Shona indigenous knowledge systems in this struggle as they appear to be more effective and life-oriented when compared with those from the West.

Keywords: Indigenous knowledge systems, globalization, imperialism, HIV and AIDS, feminism.

INTRODUCTION

In the history of mankind, there are a number of diseases that have depleted its population such as influenza, smallpox, malaria, sleeping sickness and measles. However, medicines for these have been secured and are now controllable, but HIV and AIDS for the past three decades have posed a major threat to the survival of mankind. Many resources have been mobilized and channeled in the fight against the disease with no apparent cure having been realized. In the concerted struggle, many stakeholders have been involved such as governments, civil leaders, pressure groups, Non-Governmental Organisations (henceforth NGOS), medical and scientific research institutions. These varied participants employ different western approaches in the fight and dissemination of information on the disease. It is evident that western cultural practices, concepts of medicine and worldview are given primacy and priority over the Shona that are devalued and marginalized. This then results in cultural imperialism as the stronger western culture takes precedence over the weaker one, the Shona culture. In this regard, this causes contemporary primitivisation of the Shona indigenous knowledge systems as Thomas (1994:17) comments: “... rather, like the capital-1 imperialism which Rhodes, Buchan and Milner championed, contemporary primitivism is diffused through consumer culture and a variety of class and interest groups” as evidenced in the refusal by westerners to acknowledge the Shona indigenous knowledge systems in the fight against HIV and AIDS.
The argument posits that ideologies never die, but like the HIV virus, mutate. Colonialism, a facet of imperialism has raised its ugly head in developing countries as neo-colonialism and imperialism still, which once mutated to internationalisation has since evolved to globalisation. All these refer to one and the same thing, the dominance of the West over the weaker states in whatever form. This fact is supported by Gjellerup (2000) and quoted by Ruzzier et al. (2006:2) who asserts that:

Internationalisation is a symptom for the geographical expansion of economic activities over a national country’s border. The term started to be used when the phenomenon gradually replaced imperialism as the dominant organisation principle framing cross-border interaction between market economies starting in the 1920s. The economic internationalisation process accelerated in the post-second-world war era and appeared unrivalled until the early 1970s, when a new phenomenon of globalisation started to emerge.

In this paper cultural imperialism is regarded as an act of imposing one culture on the other, whether directly or subtly. As long as a foreign culture is given precedence over the indigenous culture, even in the struggle against a world pandemic like HIV and AIDS, it is still cultural imperialism. The western world has managed to portray cultural imperialism, now globalisation as enlightenment. Their continued presence in many developing communities has always been couched in terms of humanitarianism. Such an explanation as Ani (1994:154) argues, “…represents the hypothetical semantics demanded by the commitment to a view of the culture as superior.” These semantics continue to shadow the Shona indigenous knowledge systems in the fight against the pandemic. The minds of African people are still crowded with the image of Europeans as superior beings. This is a condition that locks our will and freezes our spirit force (Ani 1994:700). It is in the spirit of cultural emancipation and transcendence that this paper seeks to give agency to the Shona indigenous knowledge systems in the fight against the disease and disentangle it from the debilitating tentacles of western cultural imperialism camouflaging as globalisation.

The continued primitivisation of the Shona indigenous knowledge systems such as its marriage practices, i.e. polygamy, traditional medical practices and even dietary practices and the exaltation of western practices is evidence of continued cultural imperialism. The Eurocentric cultural matrix has been observed to express the omniscience of its approaches, cultural practices and faiths and dietary practices among others. Thomas (1994:37) observes, “…their approaches fix on negativity and the effacement of native agency to the same disabling extent.” It is this negativity that is inherent in the western approach towards the Shona indigenous knowledge systems that has prompted the researchers to view the fight against HIV and AIDS in the context of cultural imperialism. People tend to view the pandemic in terms of its devastation of humanity and never in terms of its cultural destruction, or how it influences people’s perceptions of themselves, their values and indigenous knowledge systems. This is enshrined in a people’s culture, which is a way people live and perceive the world around them. This way of situating the present should suggest that relations of cultural colonialism are no more easily shrugged than the economic entanglements that continue to structure a deeply asymmetrical world economy (Thomas, 1994:10). This shows that colonialism is still present albeit through other subtle means which are less violent. As Thomas (1994:1) asserts further:

The colonialism that is still with us is expressed in a plethora of crude and subtler acts, nasty jokes and pervasive inequalities, but is perhaps most conspicuous in the frequent military assault against Third World states or groups within them, acts that aim to preserve spheres of influence, apparent political quiet and conditions that favour investment.

The continued presence of America and Europe on the African socio-political and economic scene is testimony of how the West employs different strategies as a way of preserving the so-called spheres of influence. The western world continues to occupy the centre stage and appropriates the power to determine the way in which the struggle against the pandemic should be executed. They choose the welfare recipients, what is supposed to be taught and how, values to be strengthened and to be discouraged from their cultural perspective and never from the Shona perspective. Whoever gets their assistance should acquiesce to their perspective in the fight against the pandemic. The western views are taken as sacrosanct and infallible. If ever the Shona want to involve their own approaches enshrined in their indigenous knowledge systems they should be approved by the West first. To make matters worse, those of us in the medical field are on the forefront of denying Shona initiatives buoyancy and agency. Any maneuvers in that regard are confronted with profound resistance and many defaming comments resulting in the fossilization of the Shona indigenous knowledge systems. Homi Bhabha (in Thomas, 1994:39) regards this as, “…a form of governmentality that in marking out a ‘subject nation,’ appropriates, directs, and dominates its various spheres of activity.” All this amounts to power in the western cultural matrix, for, “in fact, power produces; it produces reality; it produces domains of objects and rituals of truth” (Thomas, 1994:41). Thus the western machinations in the
effort to denigrate the Shona cultural values and objectifying them as unfit for consideration has impeded efforts by the Shona people to fight the pandemic in their own ways. The Shona cultural space is continuously appropriated to the detriment of its very existence. It is therefore of paramount importance to interrogate the fight against HIV and AIDS as another form of cultural imperialism, so that the Shona people will have to revisit their own indigenous knowledge systems in confronting the pandemic. The Shona, of course, should do this, in collaboration with other people but not wholesale self-denial, as is the case right now. It should be noted that the loss of one’s indigenous knowledge systems is a loss of one’s identity and an acknowledgement of his lack of worthiness in a world presumed to be culturally global.

Debates on the perceived origins of the virus are varied. Ahl (2007:17) has established that the first recorded case of the virus was in the United States of America in 1981 in homosexual men. UNICEF (2001:7) also has evidence to the effect that the first case of the infection dates back to 1959, in a sailor in Manchester, England, who died of the disease now called AIDS, a fact that shows that the origin of the pandemic, like imperialism is in the West. Grand et al. (2010:8) argues: “the spread of the virus to Zimbabwe has been facilitated by urbanization and cheap travel by people from and to the west, thereby increasing the potential for cross-cultural and interracial sex by people from different continents.” This has resulted in blame shifting on the origins of the disease as Panos, (cited in Grand et al., 2010:10) has established that worldwide AIDS is being blamed on gays or on drug addicts, or on blacks. According to his findings, Britain has blamed African students; the United States of America, Haitians; Africa, Europeans; Japan, foreigners while the French have heaped the blame on Arab immigrants. This has amounted to the politicization of the pandemic. Africa has suffered from high infections and casualties and this has led to the perception that Africans are sexually immoral and their cultural practices generally propagate the spread of HIV and AIDS among them. This then prompted the westerners to peddle their cultural values as the best and urging the Shona to accept them as the panacea to the pandemic, yet, as has been established above, the origin of the HIV virus, like imperialism in Zimbabwe, has been in the West.

Indigenous knowledge systems and HIV and AIDS

Indigenous knowledge is that knowledge, whose origin is hard to tell, passed orally from one generation to the other and in the pre-colonial era acted as a guide on how people lived. This knowledge included among other things the people’s way of living, their religious marriage practices and ways of relating amongst themselves and how they handled ailments. This indigenous knowledge provided checks and balances on human behaviour as it was the real essence of living among the people. Basically life among the Shona could rightly be said to have been indigenous knowledge passed on from one generation to the other orally and acted as a social check on wayward behaviour.

The Shona are people residing in Zimbabwe in the Mashonaland region, Masvingo, Midlands and Manicaland provinces. They constitute the major component of the Zimbabwean population. The Shona had their own traditional ways of dealing with problems that arose in their day-to-day lives. Some of these are still applicable in modern times despite the deep entrenchment of the western culture and its counterpart, Christianity. Christianity has proved to be a formidable partner of western imperialism since the colonial era, when Europe out of ravenous greedy extended its debilitating tentacles into the so-called new-found lands. These indigenous knowledge systems would ensure the survival of the Shona people.

In the advent of diseases and other misfortunes the Shona used to consult their traditional medical practitioners (n’angas) or spirit mediums (masvikiro) who would give them advice and guidance on how to deal with the problem. There were also herbalists who had the knowledge of different herbs to cure different ailments. These would then use their knowledge to address the problem, as some were capable of seeing things in the spirit world. There are some diseases such as cancer that cannot be cured in the western scientific methods but some Shona traditional medical practitioners can treat and cure it even today. It is these medical practitioners who have come up with an array of herbs and concoctions of drugs that they claim can help to treat some of the HIV and AIDS symptoms, but to their chagrin, these have not been given the benefit of the doubt and have been summarily dismissed. The argument by both local scientists and doctors is that they were not properly tested according to western standards therefore are not worthy to be taken seriously in this struggle. What is evident is that, even our local western trained medical personnel instead of taking the initiative of assessing the worthiness of these drugs just jump on the bandwagon of dismissing them as ineffective or a lie from the traditional medical practitioners. This has been evidenced by the sacking of a resident traditional healer at The Great Zimbabwe Monuments by the authorities at the monuments for appearing in a local press claiming to have had the cure for the pandemic. The Zimbabwean government appears to be in support of this as it is not giving adequate support to the Zimbabwe National Traditional Healers Association (ZINATHA) in its researches on the pandemic. The association has been given a government media blackout since its founder member, Professor Gordon Chavhunduka made public his membership to the opposition Movement for Democratic Change (MDC) party (The Standard, 2007).
There are a number of efforts that have proved helpful as evidenced by the testimony of HIV/AIDS patients who have used these herbs in the treatment of HIV/AIDS symptoms. The following table shows some of the Shona discoveries:

<table>
<thead>
<tr>
<th>English name</th>
<th>Shona name</th>
<th>Botanical name</th>
<th>Type of ailment</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grountnut shells</td>
<td>Mateko enzungu</td>
<td>Arachis hypogaea</td>
<td>Herpes</td>
<td>Burnt and pointed to fine ash and spread on affected area</td>
</tr>
<tr>
<td>Buffalo thorn</td>
<td>Muchecheni</td>
<td>Ziziphus mucronata</td>
<td>Boils</td>
<td>Pounded and pasted on boils</td>
</tr>
<tr>
<td></td>
<td>Munhengeni</td>
<td></td>
<td>STD: syphilis or gonorrhoea</td>
<td>Pounded and mixed with water then taken orally</td>
</tr>
<tr>
<td>Aloe</td>
<td>Dhorofiyo</td>
<td>Aloe vera</td>
<td>Herpes</td>
<td>Pound and spread on affected area</td>
</tr>
<tr>
<td>Caps figtree</td>
<td>Muonde</td>
<td>Ficus capensis</td>
<td>Warts</td>
<td>Take the unripe fruit and smear the white mucus that comes out of it in affected areas.</td>
</tr>
</tbody>
</table>

These efforts and discoveries by the Shona traditional medical practitioners have been disregarded in favour of only Anti-retroviral Drugs (ARVS), which are western in origin and therefore the only good drugs that can ameliorate the impact of the pandemic on humanity. When a people’s attempts to salvage themselves from a pandemic are met with ridicule and denigration by other cultures and the owners of that discovery do not stand by their own, they are victims of cultural imperialism. The logical thing to do is to bring your own to the world arena and share your discoveries and humanity at large will benefit.

Religious beliefs have also been observed to be an impediment to the successful selling out of these indigenous efforts. Due to the colonial encounter, many Shona people have dual faiths, that is, the African traditional religion and Christianity. They devoutly follow both. During the day they exude Christian virtues and deride their culture but at night they clandestinely follow it. They consult spirit mediums and traditional medical practitioners when vexed with problems that are social, spiritual or physical. However, the Christian beliefs discourage the use of traditional medicines as heathen and fetishism. Consulting the spirit mediums and traditional medical practitioners may also result in one being ex-communicated from the church (Interview with Pastor Mudonhi Goredema of the Apostolic Faith Church in Buhera). This therefore has dealt a deadly blow to the Shona cultural psyche and they no longer have confidence in their indigenous technologies. According to Ani (1994:155), “the concept of ‘heathen’ is perhaps potentially more debilitating as it is more rapidly adopted by the oppressed herself and incorporated into her own self-image.” The Shona people seem to have accepted the infantilisation of their culture and this is even evident among their think tanks that are always parroting the western approach without giving agency to their own local initiatives. One may be forced to believe that our scientists may have been brainwashed such that they do not seek to find the efficacy of their own people’s initiatives in the fight against the HIV and AIDS pandemic. Many people have perished and they could have found reprieve from the local medicines, which are readily accessible. Thus, the failure to harness one’s indigenous knowledge systems can cost one’s dear life.

Such cultural depravity among the enlightened leads the Shona people into cultural oblivion, for their mentality is anti-progress. As Samuel Akapapot (in Chinweizu et al., 1980:120) would suffice to say, “there are many graduates with illiterate ideas as there are many graduates with progressive ideas.” The educated elites or those trained in western type of medicine are dealing a dangerous blow to the Shona indigenous knowledge systems save for a few whose efforts still face the wrath of the West and their local hangers-on. Ani (1994:5) persuades us to believe that “culture is ideological since it possesses the force and power to direct activity, to mould personalities, and to pattern behaviour.” This cultural imperialism has spread its devastating tentacles into our universities, colleges and schools where the HIV and AIDS curricula is western in both content teaching approaches and does not embrace the Shona indigenous knowledge systems. These educational institutions are still imperialist greenhouses that further entrench the neo-colonial agenda of controlling the perceived weaker states this time through the HIV and AIDS pandemic. For, from these ivory towers or citadel of knowledge we hear the so-called technocrats
unashamedly denouncing the Shona indigenous initiatives in the struggle. We should be aware of the fact that
development in this world is not linear, but should be perceived from multiple perspectives. Embracing western
standards of living wholly at the expense of those of the Shona is tantamount to saying the Shona did not have a
philosophy of living before the advent of colonialism, which is false. The Shona had checks and balances that
regulated human behavior and if these had been adhered to religiously, the contracting and spread of the pandemic
among them could have been minimized tremendously.

After realizing that force and direct involvement during the colonial era was costly and perilous as evidenced
by the nationalist struggles fought, the colonialists opted for indirect involvement through the so-called humanitarian
efforts. They donate drugs such as ARVS, supplementary feeds and educational material espousing their views and
beliefs in the fight against the pandemic. This ensures them perpetual control and maintains the Shona people as
canon fodder for the imperialists. Ani (1994:62) emphasizes: “the phenomenon of cultural imperialism, if it is to be
distinguished from its strictly militaristic, political and economic components, is that which strikes the ‘deathblow’ at a
people’s ability to resist aggression.” Therefore, if people choose to disregard their own survival strategies for those
of others, they become exposed to great danger and benefit of agency and creative energy, which ensures group
survival. The logical thing to do is to harness one’s cultural values and technologies with those from elsewhere but
not a wholesale denial of one’s cultural means of survival. A people become exposed to all sorts of cultural
infiltrations which consequently leads to cultural decomposition.

The Shona marriage practices and HIV/AIDS

In the unfettered struggle against the pandemic, Shona marriage practices have come under the spotlight. These
practices have been mainly negatively portrayed and discouraged as potential conduits of HIV/AIDS spreading. It
appears to be a deliberate strategy by the western world to discourage Shona marriage practices and encourage
those of their own. The Shona people through their culture respected and deified the marriage institution. This was
not only common among the Shona alone but among all Africans as Mbiti (1975:104) explains:

It is believed by many African scientists that from the very beginning of human life, God commanded or taught people
to get married and bear children. Therefore marriage is looked upon as a sacred duty which every normal person
must perform, failure to do so means in effect stopping the flow of life through the individual, and hence the
diminishing of mankind upon the earth.

It is therefore upon this philosophy of life that the Shona people encourage marriage among themselves. In
the Shona culture, from birth a child is prepared through secular observances, socialization and other rites of
passage for that inevitability. There are some Shona marriage practices that have been discouraged and some have
almost become extinct due to western views peddled concerning them. However, these kept society intact and
minimized immorality among the Shona people.

Among the Shona a man is permitted to marry as many wives as he can afford and is expected to remain
faithful to all of them. In turn all his wives are also expected to maintain fidelity to him. Nothing should be kept as a
secret in the polygamous marriage. All wives are fully recognized and should have equal access to their husband. If
a man chooses to marry another wife, he should inform those already married to him about his intention. This means
there were no secrets or the privatization of affairs as found in this modern era of ‘small houses’, which is literally
having illicit private affairs outside formal marriages. The danger of the ‘one man one wife’ gospel/slogan of the
western Christian church is that, it has led to the mushrooming of ‘small houses’ as men do not want to be seen
going against the grain by marrying more than one wife. This is also a common phenomenon in the western world
where men have multiple affairs outside marriage. The Christian Church discourages polygamy especially those with
their parentage from Europe, although some indigenous ones like some apostolic sects encourage polygamy. Naturally
women are more than men therefore to cater for all women’s sexual needs polygamy should be permitted
(Grand and Mazuru, 2010). For, when a woman becomes a ‘small house’ her fidelity to one man becomes
questionable and this leads to multiple relationships that contribute to the spread of the pandemic. Thus, instead of
discouraging polygamy, the view of the researchers is that it should be encouraged and faithfulness adhered to in it.

Also associated with polygamy is the issue of wife inheritance (nhaka), which modernity generally views as a
highway to HIV and AIDS contraction. The West argues that wife-inheritance exposes the man or the women to the
virus. The encouragement that should be given is that the parties concerned should undergo HIV testing and know
each other’s status before being involved. The practice was meant to have the needs of the remaining spouse
catered for and that he or she is not involved in promiscuous relationships. This has become anathema in modern
days because of cultural imperialism that discourages the practice. The West encourages its own values and these
have proven to be anti-Shona and at large anti-African in perspective.

The West in its spirit of cultural annexation has continued on its warpath unabated. It is dissuading the
Shona from practising some time-tested practices that maintained the moral fibre of their society, such as,
condoms yet acknowledging that they are not a hundred percent effective and abstinence is articulated as a
in curbing the spread of HIV/AIDS. The West encourages the use of contraceptives such as male and female
virginity tests and those who are found to be chaste are rewarded for that (Manica Post, 2009). This goes a long way
western cultural practices on the Shona, Chief Mutasa of Manicaland Province in Zimbabwe has reintroduced
pregnancies, HIV and AIDS, infectious and unstable marriages due to lack of chastity. On realizing the impact of
western cultural practices on the Shona, Chief Mutasa of Manicaland Province in Zimbabwe has reintroduced
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in curbing the spread of HIV/AIDS. The West encourages the use of contraceptives such as male and female
condoms yet acknowledging that they are not a hundred percent effective and abstinence is articulated as a
incurable. The culture of wanton sexual engagement is typically of the West where morality has been relegated to
the periphery and immorality is eulogized as the paragon of virtue. Sex, which among the Shona had been primarily
for procreation is now for personal physical gratification as many youths now engage in it before marriage as is
common in Western countries (Bohannan, 1985). This is exposing most Zimbabwean youths to premature deaths
due to HIV and AIDS as evidenced by the fall of the life-span of the Zimbabwean people to as low as twenty five
years in 2009 (The Standard, 2009). Since the Western forms of prevention are not a hundred percent wall-proof
against the pandemic, why not rope in the Shona indigenous knowledge systems which are more life-oriented?
Cohabitation has become another thorny issue as youngsters stay with their partners as if they are married
when they are actually not. This has been exacerbated by the age of majority act, which is also a western invention.
The youths who have aged eighteen engage in whatever pleases them without even consulting their parents or
elders. Familial bonds have been destroyed because of this law. Children are now disobedient to their parents and
control over them is becoming almost impossible. The youths are now subscribing to western values at the detriment
of their Shona values. For, in the western culture when a child reaches the age of majority is free to move out of the
family and start his or her own life without parental or elderly interference. This is manifesting in the behaviour,
values and attitudes that the Shona youths now espouse even the older people. Many Shona people are slowly and
gradually suffering a cultural death as evidenced by their continuous malleability to western cultural practices.
Therefore there is no nexus of interests and worldview between the children and their parents.
Wade (1985:6) rightly defines culture as “a process that gives people a general design for living and patterns
for interpreting their reality.” This has made the Shona youths and their elders at large gullible consumers of western
culture in the name of progressiveness resulting in marriage instability, waning of trust in families. Cohabitation has
become the norm as according to the western, global culture marriage is an issue between two consenting adults.
This exposes the woman to divorce anytime the partner deems fit and the same applies for them. So these
unsanctioned marriages of convenience approved by the West instead of being liberating are actually oppressive and
have sentence many unsuspecting women to death by exposure to the HIV virus.
The Shona people condemn homosexuality as it is an alien practice among them. They view this practice as
a possible origin of the HIV and AIDS as cited in Panos (1988). Some churches notably the Anglican Church have
actually solemnised gay marriages. This is anathema to the Shona people yet they are being forced to accept it as
something normal. Some Human rights activists who are donor funded by the West even want these to be
recognized constitutionally. This shows the extent to which western cultural imperialism is going in the name of
globalisation and human rights protectionism. It still remains to be seen how Zimbabweans are going to fare on this
one at this defining moment. So the tendency of proselytizing as ‘universal’ that which is culturally specific to the
West is another form of cultural imperialism.

The language of Educators and the School’s Curriculum
The teaching of HIV and AIDS has been largely dominated by the West, which dictates what is suitable and
unsuitable to teach. A close study of the materials used in the dissemination of HIV and AIDS information shows that
they contain western ideas on the disease, which are supposed to be taken hook and sinker by anyone who wishes
to get aid from western governments. Through their aid grants the Euro-Americans have managed to maintain
presences in different corners of the world. The western oriented approach in the teaching of the pandemic has
demystified and devalued certain Shona cultural practices. The discussion of sex between a parent and his or her
children was unheard of in the Shona culture. It was the domain of aunts, uncles and grandparents but now that is
encouraged by westerners as a way of empowering the youths from childhood. The communal approach in the
upbringing of a child is no longer upheld and children are no longer regulated by members of the community in which they grow up.

The calibre of the HIV and AIDS educators of today is highly questionable as evidenced by the number of cases that are being brought before the courts of school teachers having raped their pupils. Sex has become a topic even to primary school pupils whose cognitive development is still eager to experiment in many ways. Topics of this nature to pupils of a tender age may lead them to experiment by engaging in unprotected sexual practices thereby putting themselves at the risk of contracting the deadly disease.

Societal taboos applied checks and balances on the Shona people in pre-colonial societies. Sex before marriage was tabooed and talking about it was a preserve of those authorized to do so by society on its behalf only to the deserving. One was not supposed to get sexually involved with someone’s wife as it was tantamount to murder. Expressions such as ‘mukadzi womumwe ndiambuya’ (someone’s wife is like your mother-in-law) means that it is anathema to get sexually involved with someone’s wife and it is equivalent to having sexual intercourse with your wife’s brother’s spouse. Such taboos cultivated a spirit of respect, which would then ameliorate the prevalence of sexual immorality among married people.

In the teaching of the pandemic, there is less cognisance given to the Shona values and world-view. Sex is taken as an ordinary thing one would do as long as he or she uses protection. Abstinence is mentioned but not much emphasized. In the school, the teacher is the aunt or uncle where the teaching on the pandemic is divorced from much moral teaching. In the Shona culture, moral uprightness is highly regarded and is seen as an insurance against the vagaries of life. Immorality is perceived as the harbinger of untold misery on those who stray from the time-tested moral teachings. Therefore, the wanton disregard of a Shona oriented approach in preference of a western one is a clear signal of cultural imperialism.

Feminism and Men in the Struggle against HIV and AIDS

Feminism has taken the Shona and at large African women by storm. It has created disharmony among men and women as it is proving to be incompatible with the Shona cultural worldview pertaining male and female relationships. Feminism as a theory has a thrust, which seeks to address the perceived gender imbalances between men and women. This is a European construct championed by western women who wish to universalize their plight and the Shona women have embraced and adopted it without much critical thinking. The feminist approach has proven to be destructive as it hits hard those things that used to maintain the family together. In the spirit of personal liberation many women divorced and the marriage institution has been left shaken and disintegrated.

African womanhood has been desecrated as women refuse to fulfill their natural duties. Women perceive childbearing and marriage as oppressive and a man and his penis the ultimate oppressors. This goes against the grain of Shona cultural values, whereby men and women are held in high esteem as they form that institution called ‘musha’ (family/home). Therefore to reject marriage is like “cutting off the vital link between death and life, and destroying the buds which otherwise would sprout and grow on the human tree of life” (Mbiti, 1975:104). So for Shona feminists to discourage women to fulfill their womanly duties is just mimicking a culture that has failed to sustain its own and is looking for casualties elsewhere. Mbiti (1975:106) correctly captures the Shona and African worldview and childbearing as he articulates that;

Through marriage and childbearing, human life is preserved, propagated and perpetuated. Through them life is also deepened virtually and spread out horizontally. Therefore marriage and childbearing are the focus of life. They are at the very centre of human existence, just as man is at the very centre of the universe.

Thus, for African women to be in alliance with western women whom they do not share much in cultural and historical background is sheer evidence of the effects of cultural imperialism affecting the Shona women. Sex is regarded as only entertainment without recognizing its procreative role, which is imperative. Thus sex becomes a past activity for the unmarried women, which also facilitates the spread of the virus since they do not have committed relationships.

In the Shona culture women are highly respected as builders of homes as captured in expressions such as ‘musha mukadzi’ (a home is because of a woman). This reflects that a woman has a significant role in the Shona culture in the development of the home. A woman is not considered a junior but an equal partner and helper, although the man is the father figure. The woman can also play both roles in the absence of the man. The Shona woman is loving, caring, and compatible with her male counterpart, spiritual, nurturing and constructive among other positive attributes. These attributes are regarded by western women of the feminist ilk as being submissive and subservient to man. Male and female roles in Shona culture are complimentary and therefore the women cannot be said to be oppressed. It is this perceived oppression of Shona women by the Euro-Americans that they regard Shona men as the bringers of HIV and AIDS in the home.
The woman is portrayed as a victim of men in the pandemic. This creates family disharmony and consequently familial instability and disintegration. As a result of cultural imperialism Shona men and women cannot clearly define themselves, which weakens their resolve against other cultures. The aspects of culture are “ideology, ethos and worldview and its factors are ontology, cosmology and axiology” (Ani, 1994:4). Thus, in a bid to achieve their mission the imperialists are setting Shona men and women against each other so that they could fail to identify or locate their proper adversary and spell his proper name. HIV and AIDS are conduits for furthering and pursuing the western imperialist agenda in the neo-colonial era.  

It should also be noted that the feminists themselves do not agree in many ways. The radical feminists want the institution of marriage removed completely while the liberal ones want to co-exist with men. The Marxist feminists blame capitalism for their suffering. Black female feminists accuse white feminists for domineering the struggle for their recognition. If these feminists fail to agree on their own in many ways, how then could they be expected to be able to solve the problems bedeviling the Shona women? It would be proper for the Shona women to delve into their past, selecting those values that they feel can solve their own problems in this age of HIV and AIDS. 

CONCLUSION

The paper has established that the struggle against HIV and AIDS has proven to be a conduit through which the Euro-American cultural matrix has pervaded the Shona indigenous knowledge systems through the use of solely western techniques to combat the pandemic. These techniques have led to the fossilization and marginalization of the Shona indigenous knowledge systems which used to be the essence of life in pre-colonial times. Accordingly, primacy to western methods of curbing the pandemic at the detriment of the Shona ones results in the primitivisation and the death of other cultures that would have mattered in the struggle, thereby promoting cultural imperialism.  

It has also been established that the HIV and AIDS pandemic, like all other forms of imperialism and its agents has its origin in the West and mutation is also its basic characteristic. The Christian Church, the language of HIV and AIDS educators and feminist ideologies have been found to be some of the main movers in the destruction of the Shona indigenous knowledge systems as they are agents of western cultural imperialism. The paper argues for a blending of the Shona and other African indigenous knowledge systems with the western forms of prevention so as to give the struggle a real global perspective.

REFERENCES

