Tackling Human Infertility:
Zimbabwe’s Shona Traditional and Contemporary Approaches

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Abstract
The cornerstone of the Shona society from the traditional to present times was the family which was ‘grown’ through marriage and procreation. It was a great achievement for every couple to have children. Where this expectation was not realized the Shona had strategies for investigating the cause of the infertility and finding solutions to the problem. Following their cultural beliefs and practices they solved the problems of infertility using their traditionally prescribed solutions such as herbal treatment, ancestral rituals, spiritual cleansing, surrogate husbands or replacement wives. The women were always at the receiving end of ridicule or punishment for infertility, even where they were not to blame. The contemporary Shona society has undergone some transformation due to modernization and industrialization and now has options for dealing with infertility, such as the western medical approaches and faith healing. The paper concludes by noting that despite developments occurring in the contemporary society, women are still blamed for infertility and there is need to address this. Families and communities are encouraged to find and use medical and health knowledge. They are encouraged not to rely on traditional knowledge alone but to analyse all other available knowledge so as to use the best.

Key words: infertility, Shona society, approaches, Zimbabwe, traditional, contemporary, ethnographic,

Introduction
The family in the Shona traditional society was (and still is) the cornerstone of that society. It was created through marriage and the procreation of children (Runganga, et al, 2001 and Gelfand, 1979). This position remains today. Marriage was (and still is) considered to be the sacred backbone of social life and is also considered as the foundation of the family (Atta-Alla, 2008:120-121). Problems arose/arise when, after marriage and living together as husband and wife, a couple could/cannot have children. A woman was expected to fall pregnant at least within four to six months of staying with the husband. Failure to conceive within this period was an indication that something was not well in the new household and this called for efforts by the couple’s family (on the husband’s side) and the in-laws (wife’s side) to find help for the family to deal with the problem of ‘ungomwa’ infertility.

The importance of fertility
Fertility enables a couple to bring forth children. Children in the Shona society give the women status and respect as the fruit of their womb helps to grow the family. Women give the children status when they are required to claim or ascend to a traditional social position like becoming a chief. Infertility deprives the affected couples of these benefits (Runganga, et al 2001, Mazarire, 2003 and Meekers, 1993). In the traditional Shona society couples without children were regarded as children all their lives as they were regarded as needing care unto old age (Gelfand, 1979 and Runganga, et al, 2001). Folkvord et al (2005) note that in contemporary Zimbabwe male infertility is a significant medical and psychological problem requiring attention.

Infertility
The Macmillan English Dictionary for Advanced Learners (2009) defines infertility as ‘someone’s lack of the physical ability to have children’. The Shona traditional and modern definitions of infertility concur with this English definition. Infertility had and still has a big impact on the Shona family. It is viewed negatively as a threat to the family survival, a threat to the family name and
community continuity (Runganga, et al, 2001). Faced with this threat, efforts were made to find the causes and to resolve them and possibly restore fertility in the couple. Various methods were applied to solve the problem.

**Methodology**
This was an ethnological study done with and on eight adult workers at the School of Social Work in Harare who came from different Shona dialect provinces in Zimbabwe (group interviews/focus group discussions done in the staff common room during tea and lunch breaks) and in-depth interviews in the community with five elderly key informants (four females and one male) from Nyandoro village in rural Marondera District in Mashonaland East with knowledge and information on the issues around human infertility in the traditional Shona society in Zimbabwe. In addition, in-depth interviews were also done with one traditional doctor and one faith healer. Relevant literature with information on infertility was reviewed and used in the study. The information reviewed included journal articles, books and articles from newspapers covering current issues on infertility.

**Ethnological research**
The ethnological approach was chosen/used in this study because it enables a researcher to collect, interpret and utilize knowledge and make generalizations about human behaviour considered to be universally true by people within that culture (Friedman et al, 2012; Benard, 2012 and Whitehead, 2005). This approach also allows the use of emic and etic approaches of understanding behaviour. Friedman et al (2012) and Harris (1976) note that emic accounts refer to the behaviour or belief in terms of conscious or unconscious meaning to the person within a culture. An etic account is the description of behavior or belief by a social analyst or scientific observer noting what can be applied across cultures in a neutral non biased way (Whitehead, 2005; Benard, 2002 and Harris, 1976). Through doing field studies, ethnography promotes the achievement of emic validity by being with the people being studied and understanding their lives and views in depth and it allows use of an open minded or unbiased interpretation of the observed phenomenon (Benard, 2002).

Information was collected on the following five main themes: causes of infertility, signs and symptoms of infertility, period of determining existence of infertility from the time of first sexual contact, reactions to infertility by males and females, and solutions to infertility.

**Study findings**
The in-depth interviews with the five elderly key informants in Nyandoro village informed the researcher that infertility in traditional Shona society had a variety of causes and solutions. The main causes included:

*Calling by ancestral spirits*
One cause was that if one was called by the ancestral spirits to become a medium they were in some cases not allowed to have children so as to enable them to devote their time to the service of the spirits.

*Witchcraft*
Witchcraft was another cause cited. Witches were believed to have powers to stop a person from having children or make unborn babies develop abnormally, so they were born with deformities in their reproductive systems. This rendered them infertile.

*Family misfortune called ‘jambwa’*
If a family had a misfortune called ‘jambwa’ which was due to an avenging spirit called ngozi, members of that family could suffer from infertility even if there was nothing biologically wrong with the affected family members.

*Evil spirits*
Sometimes an evil witch spirit (usually that of a grandmother ‘ambuya’) wanted to be accepted to work through a person, usually a female relative, it would make that female infertile until the female accepted to be the host or homwe to carry out the evil deeds.

*Weak male sperm or weak female reproductive system*
Traditionally it was also recognized that at times the sperm of the male or the reproductive system of the female were weak and this also resulted in failure to have children. The elderly informants expressed disquiet over contemporary societal approaches to life including cultural value erosion, fast foods and drugs medicines which they believe contribute to contemporary infertility and /or the birth of weakling babies.

**Signs and symptoms of infertility**
The elderly informants noted that in traditional society infertility was recognized through several ways which included:

*Low sperm count* - this was detected when boys were taken by uncles and grandfathers to bath at the river where they were asked to masturbate while the uncles assessed the sperm for density and quality.

*Lack of interest in the opposite sex* – males and females who showed no interest in interacting with the opposite sex usually had problems of infertility.

*Delayed or lack of ovulation among women* – this was a sign that fertility and child bearing would be a problem.

**Determining the existence of a fertility problem**
In traditional society it was expected that within three months of a woman having sex with a man she should become pregnant. If pregnancy did not happen within this period the couple began to worry and start searching for causes and solutions to the problem.

**Reactions to infertility**
Infertility elicited a number of reactions in the traditional Shona society. The main ones included seeking for the cause and solutions. Usually women were blamed for infertility and some men returned the ‘barren’ woman to her family and demanded the return of the ‘roora’ or bride price paid. At times the ‘barren’ women remarried and had children, showing that often women were blamed before adequate research was done to establish the truth about a problem. Some women were known to have committed suicide to avoid the prospect of enduring a lifelong experience of disrespect and ridicule for being childless.

**Solutions for infertility in traditional society**
The elderly informants explained that when one was called by the ancestors to serve them they had no choice but to accept the call. Rejection of the call was known to result in terminal illness and death. If one was bewitched a traditional doctor (n’anga) was approach to divine and treat the problem and they were known to do their healing very well. Cases of jambwa were referred to the n’anga for guidance. The solution was to pay reparation to the family of the wronged spirit (kuripa ngozi). Where infertility occurred due to blockage by a witch spirit seeking acceptance, two options were open, first, the affected person could accept the demands of the spirit and do the required rituals. The problem was known to just disappear. This acceptance was done privately as no one wanted to be known to be witch. The second option was to engage a n’anga specialized in cleansing rituals to rid the affected person of the spirit of witchcraft.

Where the sperm count was found to be low or poor, herbal treatment was provided to strengthen the back ‘mushonga wekusimbisa musana’. A raw egg was also used to test if the person was fertile or not. One was asked to drink the contents of a raw egg, if one was fertile they would not vomit. Vomiting indicated that one had a serious infertility problem.

Another solution involved social organization. If a woman was infertile, her family could provide her husband with another girl to bear children on behalf of the infertile sister or aunt. If the family did not have a girl to give it was compelled to take back their daughter and refund the son-in-law’s bride price, the roora. If the man was infertile, the man’s family, usually the man’s mother would secretly organize a surrogate husband (usually the man’s brother) to impregnate the wife. The children born belonged to the infertile man.
Focus Group discussions with workers at the School of Social Work

Findings from the focus group discussion with the workers at the School of Social Work were that causes of infertility ranged from traditional/cultural causes to modern day causes. The workers noted that traditionally people called to be spirit mediums did not usually have children. They also noted that continuing beliefs and practices in traditional cultural mores were retrogressive as they prevented men from understanding that it is not always that women are to blame for infertility. Witchcraft and sorcery, spirit possession, birth defects, taking traditional drugs like mbanje/marijuana, backyard abortions, engagement in some occupation like driving long distance haulage trucks, graders for mining, earth movement works alongside taking modern drugs that inhibit sexual desires among men. They also noted that the spread of sexually transmitted diseases including HIV/AIDS as contributing towards human infertility.

They noted that in the contemporary modern industrialized society it was not easy to detect signs and symptoms of infertility as the delay in having children could be explained in a number of ways, like pursuing careers or technical training, trying to save resources to build houses or business to safeguard their income security. It was also noted that it was not easy to understand if not having children among some men and women these days was due to their sexual orientation, a case reported was that of gays and lesbians who do not have the societal space to openly make their sexual orientation known.

The group concurred with the views of the elderly key informants on the three months maximum period of detecting if there was a fertility problem when a couple lives together as husband and wife. They however noted that nowadays it was tricky because if a woman wished to remain in a relationship knowing that her partner had a fertility problem, she might have an extramarital relationship to get pregnant. With regard to reaction to infertility the workers noted that nowadays people react in a number of ways including: having extramarital affairs to get children, divorcing the ‘barren’ women, rape, child sexual abuse and engaging in rituals and herbal treatment to boost sexual prowess.

On solutions to the problem of infertility the workers noted that while there were some situations which could be best served through traditional solutions, the contemporary society had and offered many options which could ease the problem of infertility. Traditional solutions for causes like the avenging spirits were noted as requiring to be used since no other effective solutions were known. Other solutions noted included avoiding risky sexual practices that might lead to contraction of sexually transmitted infections, avoiding taking drugs and illicit brews like ‘zed’ which might affect fertility, working in occupations where health and safety standards are adhered to (like agricultural and some industrial operations that use or work with toxic substances) and consulting contemporary medical specialists.

In-depth Interview with the Traditional Doctor

The traditional doctor’s views on the causes, signs and symptoms, period of determining the existence of a fertility problem on a married couple and reactions to infertility were similar to those presented by the elderly from the village in Marondera District. On the reactions to infertility the traditional doctor indicated that often they have to deal with clients who ask them at times for odd services like being asked by clients to link them with people who could make them conceive. On the solutions to infertility, the doctor was emphatic that on anything to do with spirits and traditional rituals, they alone could handle the issues. The traditional doctor also acknowledged the role of western medicines in dealing with fertility, such as where surgical procedures are required.

The interview with the Faith Healer

The Faith healer led a Christian religious congregation and indicated that they welcomed people of all faiths, creeds and backgrounds. They diagnosed people’s problems, including issues of infertility from a spiritual point of view. While their views concurred with those of the elderly villagers, the faith healer emphasized that they were able to deal with any human problem through prayers and the power of the holy spirit. According to their doctrine any one had the potential to overcome any problem if they had faith and are prepared to repent and follow the rules of the church. The faith healer noted that
there were many cases of people who had infertility problems which they took to many healers without getting the solutions they wanted. Later when they went to the faith healer their infertility problems were solved.

**Review of literature on contemporary medical views on infertility**

The review of literature on the western medical view provided the contemporary medical opinion on the problem of infertility. On the causes of infertility, it was noted that infertility in humans was caused by a several factors (Mayo Clinic Staff, 2011). In males it was noted that the factors might include:

- **Deficiencies in semen** - (semen quality is often used a surrogate measure of male fecundity). Abnormal sperm production was explained to be caused by problems like undescended testicles and/or genetic defects.
- **Repeated Sexually transmitted Infections** – might affect sperm production functions.
- **Sperm delivery problems** – these could be due to sexual problems like premature ejaculation or dyspareunia (painful intercourse), health problems such as retrograde ejaculation, genetic diseases like cystic fibrosis and structural problems such as blockage of the part of the testicle that contains sperm (epididymis).
- **General health and lifestyles** – one’s general health has a bearing on fertility, for instance, if one’s nutrition is poor, they are obese, use alcohol, tobacco and drugs, their fertility might be compromised.
- **Overexposure to certain environmental factors** - such as pesticides and other chemicals, heat (like in saunas and hot tubs), radiation and chemotherapy. This could impair sperm production and affect fertility.
- **Damage due to cancer and its treatment** - where radiation or chemotherapy treatment is closer to the testicles, sperm production might be affected. Removal of one or both testicles due to cancer might affect fertility as well.

**In females infertility could be due to factors that include:**

- **Damage or blockage to the fallopian tube(s)** - due to Sexually Transmitted Infections like Chlamydia.
- **Endometriosis** – this occurs when uterine tissue implants and grows outside the uterus, this affects sperm functions, egg and ovaries, the uterus and fallopian tubes.
- **Ovulation disorders** – prevent ovaries from releasing eggs (anovulation) and this may be due to injury, tumors, excessive exercise and inadequate food (starvation).
- **Medications** – some medications may cause temporary infertility, this may be restored when the medication is stopped.
- **Too much prolactin (hyperprolactinemia)** - the hormone that stimulates production of breast milk, may affect ovulation in women who are not nursing or pregnant.
- **Polycystic Ovary Syndrome (PCOS)** – this was explained as the condition in which the female body produces too much of the hormone androgen which causes ovulation problems.
- **Early menopause** – this is characterized by absence of menstruation and early depletion of ovarian follicles before reaching the age of 40 years.
- **Uterine fibroids** – these are benign tumors in the wall of the uterus common in women in the ages of 30s and 40s. These may cause infertility by blocking the fallopian tubes and interfering with proper implantation of the fertilized egg.
- **Pelvic adhesions** - these are bands of scar tissue that bind organs after surgery to remove pelvic infection, appendicitis or problems with the pelvis. Formation of scar tissue may impair fertility.
- **Thyroid problems** – disorders of the thyroid gland, where there is either too much thyroid hormone (hyperthyroidism) or too little (hypothyroidism) can interrupt the menstrual cycle and cause infertility.
- **Cancer and its treatment** – female reproductive cancers often severely affect female fertility. Both radiation and chemotherapy may affect a woman’s ability to reproduce. Chemotherapy is known to affect the reproductive function and fertility in both women and men.
Other medical conditions – like those associated with delayed puberty or amenorrhea, such as Cushing’s disease, sickle cell disease, kidney disease and diabetes are also known to affect women’s fertility.

Discussion
It can be noted that this study showed that infertility has been and continues to be an issue of concern among the Shona people of Zimbabwe. The traditional ways of tackling infertility continue to be used though continually the technological developments happening are challenging the traditional cultural practices. Other actors, like faith healers and western medical practitioners are also continually gaining acceptance. Opportunities are now available for couples with fertility problems to opt for solutions like using fertility treatments, using sperm donors (for couples with male infertility) and child adoption to build the family. On adoption, the age old cultural myth that adopted children bring misfortunes should be abandoned because for decades now no report has been made of anyone having faced the feared metaphysical problems with an adopted child.

It is also notable that in general, from the traditional times to the present, women face the blame for infertility but information in this study shows that infertility in a couple can be due to a problem with any one of them. So, when faced with this problem it is important for couples to have open minds as they seek solutions to their problem.

The causes of infertility put forward by the different respondents in this study serve to inform the Shona people (and others) of what needs to be considered when faced with a fertility problem. Many options are provided but there is need to think hard, as the Shona say ‘garai pasi mufunge’, considering the socio-economic, cultural, health and humanitarian implications before making and acting on a decision.

Conclusion and Recommendations
Shona traditional views on causes of infertility persist to the present day. Women continue to carry the primary burden and blame for infertility (in some cases they are blamed for the sex of the child – especially if it is a girl) since men can remarry or have extra-marital affairs to have children. Medical information presented in this paper shows that infertility in a couple can only be ascertained after a medical assessment. This is an important point to note. Beliefs in the metaphysical causes and solutions to infertility persist as well.

The following key issues deserve consideration when addressing the issue of infertility:
1. Encourage and engage in discussion on seeking sexual reproductive health information and general health information at family and community levels.
2. Encourage early investigation of any suspect health anomaly in the family.
3. Discuss the importance of regular health checks for breast and cervical cancers and other health conditions for girls and women. Also encourage regular general and reproductive health ‘systems’ checks on boys and men. This could help in early detection and correction of any problems.
4. While traditional and religious beliefs and practices are a reality in the Shona society, it is important to have them interface with modern scientific approaches to get the most beneficial outcome to those with infertility problems, and
5. Use of professional bodies should be promoted so that the best available services are accessed. These professional bodies could include the traditional healers’ associations (to ensure people are not cheated by quack healers), professional social workers, psychological counselors and medical counselors.

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