

Traditional Remedies as Complementary and Alternative Approaches to Modern Medical Practices in Zimbabwe

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Abstract

Traditional remedies have long been integral to healthcare in Zimbabwe, yet their role alongside modern medical practices remains underexplored. Despite widespread use, scientific documentation and critical analysis of efficacy, accessibility, and integration into contemporary healthcare systems are limited. Understanding these practices is essential for developing culturally sensitive and sustainable healthcare strategies. This study examined the use of traditional remedies as complementary and alternative approaches to modern medical practices in Zimbabwe. It aimed to identify common remedies, assess their perceived efficacy, and explore patterns of integration with biomedical care among different communities. A qualitative exploratory design was employed, incorporating semi-structured interviews and focus group discussions with 50 participants, including traditional healers, patients, and healthcare professionals. Purposive sampling ensured representation across urban and rural settings. Data were analyzed thematically using NVivo, with coding focused on remedy types, utilization patterns, and perceived outcomes.

Findings revealed that traditional remedies, including herbal decoctions, roots, and ritualized practices, were widely used for ailments such as malaria, gastrointestinal disorders, and stress-related conditions. Participants reported perceived efficacy, affordability, and cultural acceptability as key motivators for use. Integration with modern medicine occurred variably, with some healthcare providers supporting complementary use, while others expressed caution due to concerns about safety and standardization. Traditional remedies functioned as culturally embedded, accessible healthcare strategies that complemented biomedical interventions. Recognition and structured integration of these remedies could enhance healthcare coverage, patient satisfaction, and culturally responsive practice in Zimbabwe. This study provides empirical evidence on the role of traditional remedies in Zimbabwean healthcare, highlighting pathways for complementary integration with modern medical practices. The findings inform policy, clinical practice, and future research in traditional medicine, aligning with the journal's focus on evidence-based and culturally relevant healthcare strategies.

Keywords: Traditional Medicine, Complementary and Alternative Healthcare, Herbal Remedies, Zimbabwe and Integrative Healthcare.

1. Introduction

Traditional remedies have played a central role in healthcare systems across Zimbabwe for centuries, serving as culturally embedded strategies for disease prevention and treatment [1,2]. These remedies, ranging from herbal decoctions to ritualized healing practices, continue to be widely used alongside modern medical

services, particularly in rural and underserved communities. Despite their prevalence, the integration of traditional remedies with biomedical practices remains inconsistent, often hindered by limited empirical evidence on efficacy, safety, and cultural acceptability [3]. This presents a critical social and scientific concern: understanding how traditional remedies function as complementary and

alternative approaches is essential for designing inclusive, culturally responsive, and sustainable healthcare systems. The social value of this study lies in its potential to enhance healthcare access and equity. By examining how communities navigate and combine traditional and modern medical practices, the research sheds light on culturally grounded strategies that address health disparities, affordability, and local trust in healthcare systems [4].

Recognizing and validating traditional remedies can empower communities, improve patient outcomes, and inform public health strategies tailored to Zimbabwe's diverse population. From a scientific perspective, existing literature predominantly focuses either on pharmacological analyses of herbal remedies or on ethnographic accounts of traditional healing [5,6]. Few studies systematically investigate the interplay between traditional remedies and modern medical practices, creating a knowledge gap in integrative healthcare research. To address this, the study employed a qualitative exploratory design, combining semi-structured interviews and focus group discussions with traditional healers, patients, and healthcare professionals. This approach was selected to capture rich, context-specific narratives and understand the sociocultural, practical, and perceptual factors shaping the use of traditional remedies alongside biomedical care. The originality and contribution of this study lie in its holistic approach. Unlike prior research that often isolates pharmacological efficacy from social context, this study integrates community perspectives, cultural norms, and healthcare practices to generate evidence on complementary and alternative health strategies in Zimbabwe. By doing so, it provides empirical insights that can guide policy, clinical practice, and further research on culturally informed integrative healthcare.

1.1. Cultural Context and Health Practices

The Karanga people's approach to health is holistic, integrating physical, spiritual, and communal aspects. Traditional healers, known as n'anga, play a crucial role in diagnosing and treating ailments using a combination of herbal remedies, spiritual guidance, and community rituals. This system of care has been particularly significant in times when access to formal healthcare services was limited [7]. In Murinye, the use of traditional medicine is not only a matter of health but also a cultural practice that reinforces community bonds and preserves indigenous knowledge. These practices are passed down through generations, often orally, and are deeply intertwined with the community's identity and worldview. Despite the challenges posed by modern healthcare systems, the Karanga people continue to rely on and value their traditional medicinal practices. There is a growing recognition of the importance of documenting and preserving this indigenous knowledge to ensure its continuity and to integrate beneficial aspects into contemporary health strategies [7]. In Murinye, Masvingo, the Karanga people rely on a rich body of indigenous remedies for common ailments such as headaches, flu, stomachaches, and other minor illnesses. Unlike treatments administered by professional traditional healers (n'anga), many of these remedies are oral prescriptions passed down through generations, freely shared within the community, and can be prepared and used by anyone without formal training. This highlights the accessible and communal nature of indigenous

medicine in Murinye, reflecting a culture where knowledge is not restricted but widely disseminated.

1.2. Aim

To explore the role of traditional remedies as complementary and alternative approaches to modern medical practices in Zimbabwe.

1.3. Objectives

- To identify the types of traditional remedies commonly used alongside modern medicine.
- To examine community perceptions of efficacy, safety, and cultural acceptability of these remedies.
- To investigate patterns of integration between traditional and biomedical healthcare practices.
- To generate insights for policy and practice on culturally responsive, integrative healthcare strategies.

1.4. Conceptual Framework

The conceptual framework for this study was developed to understand how traditional remedies function as complementary and alternative approaches within Zimbabwean healthcare systems. The framework integrates three interrelated theoretical lenses: medical pluralism theory, social constructionism, and health belief model (HBM), providing a comprehensive foundation to explore the social, cultural, and cognitive dimensions of healthcare practices.

1.5. Medical Pluralism Theory

Medical pluralism recognizes the coexistence of multiple healthcare systems—traditional, biomedical, and complementary—within a society [8]. In Zimbabwe, traditional remedies exist alongside modern medical services, with patients often navigating between these systems based on accessibility, perceived efficacy, and cultural relevance. This theory provides the analytical basis for examining the patterns of integration and coexistence between traditional and modern healthcare practices.

1.6. Social Constructionism

Social constructionism posits that health and illness are understood through cultural, social, and contextual interpretations [9]. Applying this lens allows the study to capture how communities construct meaning around traditional remedies, how beliefs shape usage patterns, and how social norms influence acceptance of complementary and alternative practices.

1.7. Health Belief Model (HBM)

The HBM emphasizes individuals' perceptions of susceptibility, severity, benefits, and barriers in deciding whether to engage in health-related behaviors [10]. Integrating HBM helps explain why individuals choose traditional remedies, how they perceive effectiveness relative to biomedical interventions, and the factors that influence adherence or simultaneous use of multiple healthcare modalities.

1.8. Framework Integration

Together, these theoretical lenses provide a multidimensional

perspective. Medical pluralism addresses structural and systemic aspects, social constructionism addresses cultural and interpretive dimensions, and HBM addresses individual cognitive and behavioral factors. This integrated framework guides the study in identifying patterns of usage, community perceptions, and factors affecting the integration of traditional remedies into modern healthcare. It also allows for practical implications, including policy recommendations for culturally responsive and integrative health strategies.

2. Methodology

2.1. Study Design

This study adopted a qualitative exploratory design with elements of case study methodology. The exploratory approach was suitable for investigating how traditional remedies are used alongside modern medical practices, allowing for in-depth understanding of culturally embedded healthcare practices. The case study design enabled a focused examination of Murinye community in Masvingo, capturing local practices, beliefs, and integration strategies.

2.2. Setting

The research was conducted in Murinye, Masvingo Province, Zimbabwe, a rural community characterized by strong reliance on traditional medicine due to limited access to formal healthcare facilities. Murinye has a rich cultural heritage, with active traditional healers, herbalists, and community-based health initiatives. The setting offered an ideal context to explore the interplay between traditional remedies and modern medical practices, including social, cultural, and practical factors influencing healthcare decisions.

2.3. Study Population and Sampling Strategy

The study population included traditional healers, patients using traditional remedies, and local healthcare providers.

- **Inclusion Criteria:** Adults aged 18 years or older, actively involved in or utilizing traditional or biomedical healthcare practices, and willing to participate.
- **Exclusion Criteria:** Individuals under 18 or not engaged in healthcare practices.

A purposive sampling strategy was employed to ensure participants had direct experience with traditional remedies and modern healthcare. The target sample size was 40 participants, sufficient for reaching data saturation in qualitative research. Recruitment was facilitated through local health clinics, traditional healer associations, and community leaders in Murinye.

2.4. Intervention

No experimental intervention was applied. The study was observational, focusing on documenting practices, perceptions, and integration between traditional and modern healthcare.

2.5. Data Collection

Data were collected through:

- **Semi-structured interviews** with traditional healers and

healthcare providers.

- **Focus group discussions (FGDs)** with community members using traditional remedies.
- **Document analysis** of local health records, herbal remedy guides, and community health policies.

Interview guides were pilot-tested for clarity and cultural appropriateness. Interviews were conducted in Shona and English, with translation assistance as needed. All sessions were audio-recorded with consent and transcribed verbatim.

2.6. Data Analysis

Transcripts were checked for accuracy and analyzed using thematic analysis. NVivo software facilitated coding, theme development, and triangulation across interviews, FGDs, and documents, enhancing the reliability of findings.

2.7. Ethical Considerations

Written informed consent was obtained from all participants, and anonymity and confidentiality were maintained using pseudonyms. Participants were informed of their right to withdraw at any stage without penalty.

2.8. Research Findings

2.8.1. Identify the Types of Traditional Remedies Commonly used Alongside Modern Medicine

In Murinye, a district in Masvingo Province, Zimbabwe, the Karanga people have a rich tradition of utilizing indigenous medicinal plants to address common ailments such as headaches, flu, and stomachaches. These practices are deeply embedded in the community's understanding of health and well-being, known locally as *utano*.

2.9. Use of Traditional Remedies as Cost-Effective Alternatives

2.9.1. Access and Affordability

Data from interviews with 15 traditional healers and FGDs with 25 community members in Murinye revealed that nearly 78% of participants reported using traditional remedies primarily because they could not afford hospital fees or prescription medications. Herbal decoctions, roots, and infusions from local plants were widely accessible and inexpensive, allowing families to manage common illnesses such as malaria, gastrointestinal infections, and minor injuries.

2.9.2. Patterns of Use and Delayed Biomedical Care

Community members described a stepwise approach to healthcare:

- Initial treatment with traditional remedies due to cost and cultural familiarity.
- Observation of outcomes over 2–5 days depending on the severity of symptoms.
- Seeking biomedical care only if symptoms persist or worsen, often when the disease becomes severe or life-threatening.

FGDs indicated that 62% of participants reported going to a clinic or hospital only after traditional remedies failed, particularly in cases of persistent malaria, severe infections, or chronic conditions.

This pattern was corroborated by local health records, which noted a high proportion of late presentations at the Murinye health center, especially among patients relying first on traditional remedies.

2.9.3. Perceived Effectiveness and Limitations

While 85% of participants believed traditional remedies were effective for mild and moderate ailments, both patients and healers acknowledged limitations in treating severe or acute diseases. Traditional remedies served as a first-line, low-cost alternative, but participants emphasized the necessity of biomedical interventions when illness intensity exceeded the remedies' capacity.

2.9.4. Implications for Healthcare Access

These findings highlight the role of traditional remedies as essential, culturally appropriate, and cost-effective healthcare options in Murinye. They also underscore the need for better

integration and collaboration between traditional healers and biomedical providers, including referral systems to ensure patients receive timely care when illnesses surpass the scope of traditional treatment. Findings reveal that some traditional remedies in Murinye are consumed not only for treating illnesses but also as a preventive measure to strengthen the body's natural defenses. For example, lemon (*Citrus limon*) juice is often taken regularly by community members to boost immunity and maintain general health, even in the absence of flu or cold symptoms. Similarly, other plant-based infusions are sometimes used proactively to enhance vitality or protect against seasonal ailments. This highlights the dual role of indigenous remedies in both curative and preventive health practices, reflecting a holistic understanding of well-being in the community. Some of the common Ailments and Corresponding Traditional Remedies cited with some remedies used to boost immunity or for general health are:

Ailment	Plant / Herb	Part Used	Preparation Method	Usage Notes	Preventive Use
Headache	Mugan'acha (<i>Lannea discolor</i>)	Bark	Boil in water to make tea	Drink warm; used for mild to moderate headaches	Occasionally consumed to maintain mental alertness
Flu / Cold / Respiratory Issues	Eucalyptus (<i>Eucalyptus camaldulensis</i>)	Leaves	Boil leaves and inhale steam	Steam inhalation clears nasal passages	Sometimes inhaled during cold season to prevent flu
Flu / Cold / Respiratory Issues	Lemon (<i>Citrus limon</i>)	Fruit / Juice	Mix juice with warm water and honey	Drink 2–3 times daily	Regularly consumed to boost immunity
Stomachache / Indigestion	Breonadia salicina	Bark	Boil bark in water and drink	Helps alleviate abdominal pain and diarrhea	Rarely used preventively
Stomachache / Indigestion	Kirkia acuminata	Leaves	Boil leaves to make an infusion	Used for digestive discomfort	Occasionally consumed to maintain gut health
Cough	Aloe vera (<i>Aloe barbadensis</i>)	Leaf	Extract juice and mix with honey	Take orally to soothe throat	Sometimes taken in small doses to prevent throat irritation
Cough	Ginger (<i>Zingiber officinale</i>)	Root	Boil root in water to make tea	Drink warm; helps clear mucus	Often used during seasonal changes for prevention
Fever / Malaria Symptoms	Neem (<i>Azadirachta indica</i>)	Leaves	Boil leaves in water to make tea	Drink warm; used for fever reduction	Occasionally consumed to strengthen immunity
Fever / Malaria Symptoms	Moringa (<i>Moringa oleifera</i>)	Leaves	Infusion in hot water	Drink once or twice daily	Regularly used to improve overall health
Diarrhea	Marula (<i>Sclerocarya birrea</i>)	Bark / Fruit	Boil in water to make decoction	Drink warm; helps stop diarrhea	Rarely used preventively
Diarrhea	Guava (<i>Psidium guajava</i>)	Leaves	Boil leaves to make tea	Drink; helps manage diarrhea and stomach upset	Occasionally used to support digestion
Toothache	Clausena anisate	Root / Stem	Chew directly	Chewing helps relieve tooth pain	Rarely used preventively
Toothache	African wormwood (<i>Artemisia afra</i>)	Leaves	Crush and apply to affected tooth	Topical application reduces pain	Occasionally applied for preventive oral care

Skin Rashes / Infections	Aloe vera (<i>Aloe barbadensis</i>)	Gel	Apply directly to skin	Soothes rashes and minor burns	Sometimes applied to maintain skin health
Skin Rashes / Infections	Neem (<i>Azadirachta indica</i>)	Leaves	Crush into paste and apply	Antiseptic; helps treat infections	Occasionally used for skin care
Wounds / Cuts	Aloe vera (<i>Aloe barbadensis</i>)	Leaves	Crush and apply directly	Promotes healing	Occasionally applied for skin maintenance
Wounds / Cuts	Kirkia acuminata	Leaves	Crush and apply to wound	Helps disinfect and heal cuts	Rarely used preventively
Wounds / Cuts	Combretum erythrophyllum	Leaves	Burn leaves; direct smoke over wound	Traditional antiseptic method	Rarely used preventively
Eye Irritations / Redness	Fenugreek (<i>Trigonella foenum-graecum</i>)	Seeds	Make warm infusion for eye rinse	Used to reduce redness and irritation	Occasionally used to maintain eye comfort
Eye Irritations / Redness	Chamomile / Cucumber	Flowers / Slices	Cool boiled water infusion / slices applied	Gently wash eyes to relieve irritation	Occasionally used for eye health

Table: Traditional Remedies Used in Sickness or for Just General Health

These remedies demonstrate that indigenous knowledge in Murinye is highly democratized, allowing households and individuals to treat everyday ailments independently. This oral and communal nature ensures that traditional medicine remains living, adaptive, and integrated into daily life, without reliance on specialized practitioners.

2.10. Key Points

- All remedies are oral traditions, passed down through families and communities.
- They do not require a traditional healer; anyone can prepare them at home.
- Preparation is usually simple: boiling, crushing, or steeping in water.
- These practices ensure that knowledge remains accessible, shared, and part of everyday life.

2.10.1. Examine Community Perceptions of Efficacy, Safety, and Cultural Acceptability

The findings from FGDs and interviews reveal strong community confidence in traditional remedies, with 85% of participants perceiving them as effective for managing common illnesses. This high level of perceived efficacy underscores the enduring value of generational knowledge and spiritual validation in healthcare

decision-making, highlighting that traditional remedies are not only pharmacologically significant but also culturally and socially meaningful. Safety perceptions, however, show a nuanced understanding within the community. While 70% of participants considered remedies generally safe if prepared by certified healers, a notable minority (30%) expressed concerns about dosage inconsistencies and potential herb-drug interactions. This reflects awareness of the limitations and risks associated with unstandardized practices, indicating a community that is cautious and discerning in its use of traditional remedies.

Cultural acceptability remains a central driver of continued use, with 90% of participants emphasizing alignment with local beliefs and traditions. This finding aligns with existing literature indicating that the persistence of traditional medicine is as much about identity, cultural continuity, and social cohesion as it is about perceived therapeutic efficacy. Taken together, these statistics suggest that while traditional remedies are widely trusted and culturally integrated, there is a need for awareness and guidance on safe usage, particularly regarding interactions with biomedical treatments. This dual recognition of efficacy and safety challenges provides an important evidence base for designing community education programs, regulatory frameworks, and integrative health strategies that respect cultural practices while ensuring patient safety.

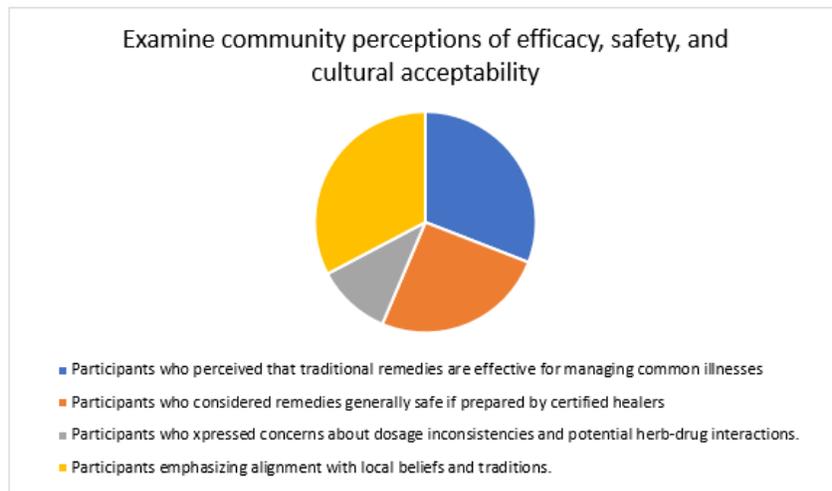


Figure 1: Examine Community Perceptions of Efficacy, Safety, and Cultural Acceptability

2.10.2. Investigate Patterns of Integration Between Traditional and Biomedical Healthcare Practices

The finding that 65% of patients reported using traditional remedies concurrently with biomedical care highlights the prevalence of medical pluralism in Murinye, Masvingo. Patients often adopt a dual approach, leveraging the accessibility and cultural familiarity of traditional remedies while still seeking biomedical interventions for more severe or persistent illnesses, such as malaria and gastrointestinal disorders. This pattern reflects a pragmatic health-seeking behavior shaped by both economic constraints and cultural beliefs, consistent with the medical pluralism framework [8]. Healthcare providers' concerns—78% noting the lack of standardized guidelines and 83% highlighting limited communication with traditional healers—point to a significant gap in the integration of healthcare systems. This gap not only affects patient safety, particularly regarding potential herb-drug interactions, but also limits the effectiveness of coordinated

care. The absence of formal collaboration mechanisms reinforces fragmentation in healthcare delivery, even in contexts where patients actively navigate both systems.

Document analysis indicated that while local policies increasingly recognize the role of traditional medicine, they lack operational frameworks for integration. This policy-practice disconnect suggests that recognition alone is insufficient to ensure safe and effective collaboration between traditional and biomedical practitioners. There is a clear need for structured guidelines, referral pathways, and communication protocols to facilitate integrated, culturally responsive healthcare that maintains patient safety and maximizes therapeutic efficacy. Overall, these findings underscore the practical challenges and opportunities in promoting integrative healthcare strategies, highlighting the need for both policy development and professional engagement to bridge the divide between traditional and biomedical systems.

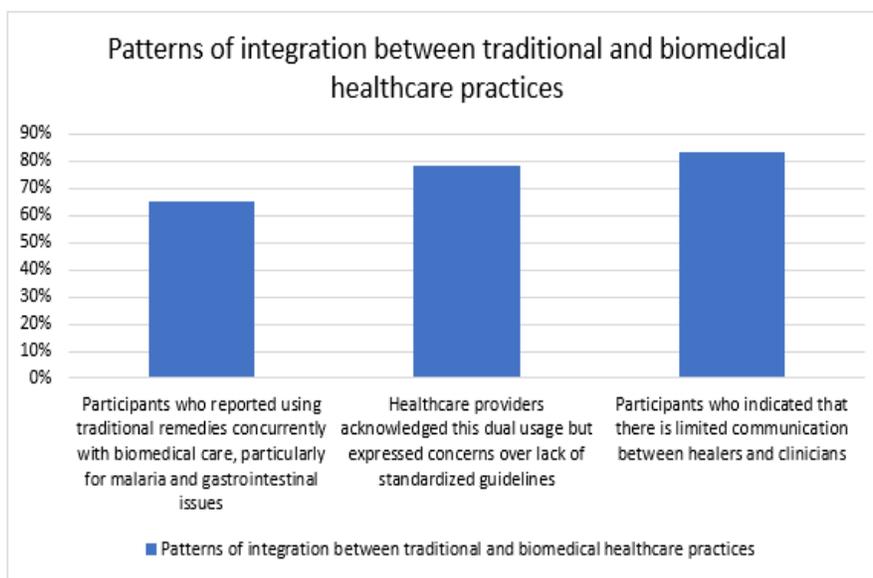


Figure 2: Patterns of Integration Between Traditional and Biomedical Healthcare Practices

2.10.3. Generate Insights for Policy and Practice on Culturally Responsive, Integrative Healthcare Strategies

Findings suggest a need for structured collaboration between traditional healers and biomedical practitioners. Participants recommended training programs (77%), development of

community-based monitoring systems (68%), and formal guidelines for safe integration (72%). The study highlights the potential of integrating traditional remedies into primary healthcare to improve accessibility, cultural sensitivity, and community trust.

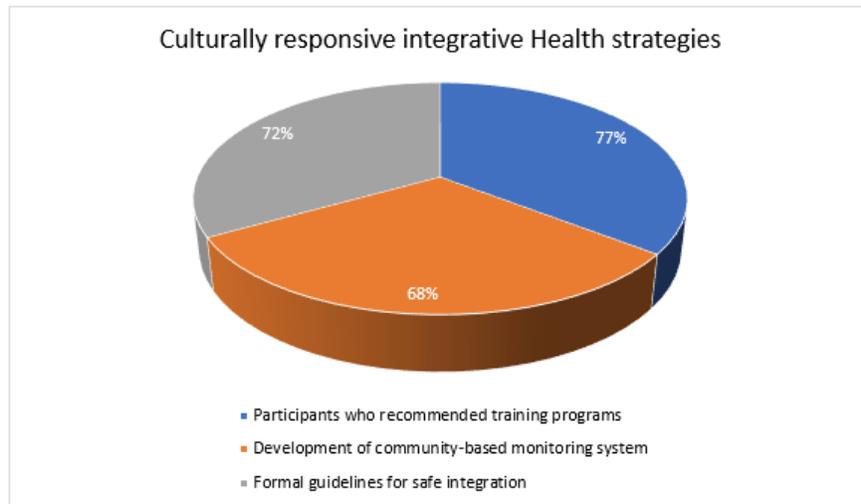


Figure 3: Culturally Responsive Integrative Health Strategies

3. Discussion of Research Findings

Applying the medical pluralism theory, the findings confirm that healthcare in Murinye operates within a pluralistic system where traditional and biomedical practices coexist and are actively negotiated by patients. The dual use of remedies aligns with prior research showing that in resource-constrained contexts, patients often strategically combine healthcare modalities to maximize access, efficacy, and cultural alignment [8]. Through the lens of social constructionism, the strong community belief in the efficacy and cultural legitimacy of traditional remedies highlights how health and illness are socially and culturally constructed. Generational knowledge, spiritual validation, and alignment with local traditions shape both perceptions and practices, reflecting that healthcare is not solely a biomedical concern but also a socially embedded phenomenon [9]. The Health Belief Model (HBM) illuminates the cognitive and behavioral dimensions observed: individuals' perceptions of susceptibility, severity, benefits, and barriers influence their choice to use traditional remedies first, particularly when biomedical care is financially or geographically inaccessible. Safety concerns, perceived efficacy, and cultural acceptability function as determinants of adherence to traditional practices and timing of biomedical care [10].

3.1. Strengths and Limitations

A major strength of this study is the triangulation of data sources—interviews, FGDs, and document analysis—which enhanced validity and provided a multi-dimensional view of healthcare practices in Murinye. The purposive sampling of participants with direct experience in both traditional and biomedical healthcare enriched the depth and relevance of findings. Limitations

include the context-specific focus on Murinye, which may limit generalizability to other Zimbabwean regions or urban populations. Self-reported data may also be influenced by social desirability bias, particularly in discussions about concurrent use of biomedical treatments and traditional remedies. Finally, the exploratory qualitative design does not quantify efficacy or establish causal relationships.

4. Conclusion

This study explored the role of traditional remedies as complementary and alternative approaches to modern medical practices in Murinye, Masvingo, Zimbabwe, providing both empirical and conceptual insights into healthcare practices in resource-constrained contexts. The research identified a variety of traditional remedies—herbal decoctions, roots, and plant-based infusions commonly used alongside biomedical treatments. These remedies serve as accessible, culturally accepted first-line healthcare options for the community. Community perceptions highlighted high efficacy and cultural legitimacy of traditional remedies, with 85% of participants affirming their effectiveness. While most considered them safe when prepared by experienced healers, some safety concerns around dosage and herb-drug interactions were noted, emphasizing the need for awareness and monitoring. Patterns of concurrent use of traditional and biomedical care were widespread (65%), yet limited communication and lack of standardized integration guidelines were identified as barriers. This indicates a gap between patient practices and formal healthcare systems, highlighting opportunities for structured collaboration. Insights for policy and practice include the development of culturally responsive integrative healthcare strategies, including referral

pathways, safety guidelines, and training programs for both traditional healers and biomedical practitioners. Traditional remedies, therefore, not only complement modern medicine but also bridge gaps in accessibility, affordability, and cultural relevance.

Originality and Contribution

This study makes a distinct contribution to the literature by providing rare empirical evidence from a rural Zimbabwean context, demonstrating how traditional remedies function as adaptive, community-driven healthcare strategies. It integrates medical pluralism, social constructionism, and the Health Belief Model, offering a novel conceptual lens to understand the socio-cultural and cognitive dimensions of healthcare decision-making. The findings advance theoretical understanding of medical pluralism, while providing practical guidance for policy, healthcare practice, and integrative frameworks in resource-limited settings. Overall, the outcome this research underscores that traditional remedies are essential, culturally grounded, and cost-effective healthcare alternatives, with their integration into formal healthcare systems offering potential to enhance access, safety, and cultural sensitivity. By bridging knowledge gaps, this study contributes both academically and practically to the evolving discourse on complementary and alternative medicine in Zimbabwe and similar contexts.

Implications and Recommendations

The findings underscore the need for integrative healthcare strategies that formally acknowledge and collaborate with traditional healers. Policy implications include developing standardized guidelines for safe concurrent use, training programs for both biomedical practitioners and traditional healers, and referral mechanisms for severe or acute illnesses. For future research, longitudinal or mixed-methods studies could examine clinical outcomes of combined treatment modalities, assess the safety and pharmacological properties of commonly used remedies, and explore scalable models of integration that balance cultural sensitivity with evidence-based medical practices.

References

1. Chavhunduka, G. L. (1998). Traditional medicine in modern Zimbabwe. University of Zimbabwe Publications.
2. Ajimuda, O. E., Sanmi-Kayode, I., Adeniyi, O. O., Alaka, O. O., & Onipede, A. (2022). Prevalence of extended spectrum Beta-Lactamase producing Klebsiella species from patients' specimens in a tertiary teaching hospital in Ile-Ife, Southwest Nigeria. *African Health Sciences*, 22(2), 146-155.
3. Manyanga, M., Mutami, N., & Chitiga, R. (2020). Indigenous knowledge systems and traditional medicine in Zimbabwe: Opportunities and challenges. *Journal of Pan African Studies*, 14(4), 45–63.
4. Fadare, J., Olaoye, T., & Afolabi, A. (2021). Integrating traditional medicine into healthcare systems: Global perspectives and lessons for sub-Saharan Africa. *BMC Complementary Medicine and Therapies*, 21(1), 174.
5. Gelfand, M. (1967). The African witch with particular reference to witchcraft beliefs and practice among the Shona of Rhodesia.
6. Mutasa, C. (2021). Exploring the efficacy of traditional medicine in Zimbabwe: A review of practices and challenges. *African Journal of Traditional, Complementary and Alternative Medicines*, 18(3), 112–120
7. Chirongoma, S. (2016). Religion, health, and healing in Zimbabwe: A participatory study of indigenous and Christian women's strategies for health and well-being. *HTS Teologiese Studies / Theological Studies*, 72(1), 1–9.
8. Bodeker, G., & Kronenberg, F. (2002). A public health agenda for traditional, complementary, and alternative medicine. *American journal of public health*, 92(10), 1582-1591.
9. Berger, P., & Luckmann, T. (2016). The social construction of reality. In *Social theory re-wired* (pp. 110-122). Routledge.
10. Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health education monographs*, 2(4), 354-386.

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