

Nature's Aphrodisiacs: Indigenous Herbs for Sexual Stimulation and Fertility Enhancement for Consumption by Health Tourists in Zimbabwe

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Abstract

In Zimbabwe, health tourism for the sake of gaining access to herbal substances for sexual stimulation and fertility enhancement is both undocumented and shrouded in mystical beliefs. Despite increased global fascination with traditional medicine, not much is known about the nature of the tourist traffic whose main purpose of travel is the consumption of these indigenous herbal substances for sexual stimulation and fertility enhancement. As a result, the commercial potential of indigenous sexual stimulants and fertility enhancement herbs remains uncharted both for health tourism and the health sector in general in Zimbabwe. This study departed from the conjecture that the dynamics of the consumption of traditional herbal substances for sexual stimulation and fertility enhancement by health tourists in Zimbabwe is understudied and untheorized despite the sector being a multi-billion investment in the global market. Premised on phenomenological approaches, in-depth interviews with herbalists and health tourists were purposively sampled. Mashonaland West province was used as the case study. Data was analyzed and presented thematically. The study adopted The Health Belief Model as the overarching theory to understand the phenomenon under study fully. Findings indicated that a variety of herbs are available on the herbal market for consumption by health tourists. However, the sector remains without a regulating framework and is highly underdeveloped. As a result, the industry remains trivialized, overlooked, and underestimated, and its contribution to the overall economy continues to be insignificant. However, the products available are priced at a shelf life afforded by almost everybody, hence explaining the wide use of this sector's products. Of concern, the industry was found to be dominated by herbalists who are less versed in the practice posing cytotoxic consequences. There is a need to scientifically assess traditional herbal medicines for sexual stimulation and fertility enhancement to test myths associated with consumption.

Keywords: *Medical Tourism, Health Tourism, Indigenous Herbs, Sexual Stimulants and, Fertility enhancers,*

1. Introduction

In recent years, there has been a growing interest among health tourists in Zimbabwe seeking natural remedies for sexual stimulation and fertility enhancement. Indigenous herbs play a vital role in traditional medicine, offering a rich array of therapeutic properties. This manuscript explores the variety of these herbs available in the herbal market, highlighting their traditional uses, pharmacological potential, and cultural significance. The variety of indigenous herbs for sexual stimulation and fertility enhancement that are available on the herbal market for

the consumption of health tourists has remained both undocumented and shrouded in mythical beliefs. Generally, Zimbabwe remains a “black box”. Consequentially, the potential for the commercialization of these herbal substances for sexual stimulation and fertility enhancement has remained uncharted and under-theorized both for health tourism development and the health sector in general. By documenting these indigenous resources, we aim to enhance our understanding of their contributions to reproductive health and support sustainable practices within the herbal tourism sector. Through this exploration, we underscore the importance of preserving traditional knowledge while addressing the contemporary needs of health-conscious visitors.

2. Literature Review

2.1 Indigenous Fertility Enhancement Consumption

The search for medical intervention to curb infertility is an old custom. Statistically, reproduction is said to be the second most prevalent healthcare concern on the African continent (Kamatenesi-Mugisha & Oryem-Origa, 2005). However, existing studies based on traditional medicine do not articulate clearly health tourism for the sake of gaining access to traditional herbal sexual stimulants and fertility enhancers, this form of tourism remains uncharted. The search for substances to enhance sexual performance and fertility is a common phenomenon locally and internationally. In Zimbabwe, a number of people travel long distances in search of indigenous sexual stimulants and fertility enhancers.

The majority of the studies in existence deal with high-tech reproductive assistance that is said to be costly emotionally and financially (Ried & Stuart, 2011). The rate, frequency, and intensity of this form of health travel remain unknown as well as the successes of the traditional herbal substances sought by the health tourists as an intervention. Thus, commercial potential of fertility enhancement herbs remains uncharted both for health tourism and the health sector in general in Zimbabwe. As a result, health tourism for the sake of gaining access to herbal substances for use as sexual stimulants and fertility enhancers remains both undocumented and shrouded in myths.

Sexual stimulants also known as aphrodisiacs are preparations used for increasing sexual pleasure during sexual intercourse, (Abdullah & Tukur, 2013, Garba et al., 2013, Chauhan et al., 2014; Kanyanga et al., 2016). To get an appreciation of how traditional sexual stimulants have become central to this study, there is a need to review their impact on consumption in health tourism.

2.1.1 Indigenous Sexual Stimulant Consumption

Sexual stimulants also known as aphrodisiacs are preparations used for increasing sexual pleasure during sexual intercourse (Abdullahi & Tukur, 2013; Ameh et al., 2013; Chauhan et al., 2014; Cimanga Kanyanga et al., 2016). Sexual stimulants have been known to stimulate travel, especially for those suffering from sexual dysfunction. However, in the Zimbabwean context due to the absence of studies and databases, this movement has remained uncharted for health tourism development.

Success rates, frequency, and dosages used remain just guesstimates. The role of Indigenous sexual stimulants in stimulating health tourism travel remains under-explored in the Zimbabwean context. This study is mainly concerned with traditional herbal substances for sexual stimulation and fertility enhancement. Despite evidence of widespread use of traditional medicine in Zimbabwe (see Nkatazo, 2010; Maroyi, 2013; Mangudya, 2014), travel specifically motivated by the desire to consume traditional herbal substances for Indigenous sexual stimulants remains outside the scope of studies.

Globally, statistics show that problems of erectile dysfunction have been on the rise. The travel by health tourists in search of traditional herbal substances for sexual stimulation is motivated by problems associated with sexual

dysfunction. In order to understand the nexus between this travel and motivation, an appreciation of sexual dysfunction as a motivator is necessary.

2.1.2 Sexual Dysfunction and the Consumption of Indigenous Herbal Substances

Globally people have become health conscious, Katalin, (2009). Health tourists have been known to travel in search of alternatives that satisfy their health needs. Sexual stimulants have been known to stimulate travel. Sexual dysfunction is defined by Kanyanga et al, (2016) and Abdullar & Tukur, (2013) as the “persistent or recurring problems during any stage of the sexual response that prevents the individual or couple from experiencing satisfaction from sexual activity and causes stress”. Erectile dysfunction is not the only reason one consumes these sexual stimulants, some do just to boost the pleasure they derive from sexual intercourse. Kanyanga et al., (2016), argues that sexual dysfunction is the major reason men turn to the use of sexual stimulants. Nevertheless, the scholar's assertion that erectile dysfunction is the reason why men turn to sexual stimulants is contestable as it overlooks the fact that not only men are the sole consumers of sexual stimulants, but women also.

Erectile dysfunction has resulted in health tourists traveling across the globe for the purpose of gaining access to medical interventions. However, very little is known concerning the herbal medicine used for sexual stimulation, the dosage, the frequency of uptake, the indigenous herbal plant, shelf life, dosage, results of consumption (success rates and psychosocial impacts) and the general demographic profiles of the health tourists who consume these traditional herbal substances for sexual stimulation and fertility enhancement despite studies by such scholars as (Maroyi, 2011, 2013; Ojekale et al., 2015). Questions still remain on the nature of the tourist traffic whose purpose of travel is the desire to gain access to traditional herbal medicine for sexual stimulation and fertility enhancement. As a result, the commercial potential of sexual and fertility enhancement herbs remains an uncharted territory both for health tourism and the health sector specifically in Zimbabwe.

The search for substances to enhance sexual performance and fertility is a common phenomenon locally and internationally. For centuries gone by, men have sought to enhance their sexual prowess with the assistance of a variety of herbal substances. Wendt, (2012), says that this presence market opportunities for entrepreneurs to invest in medical tourism. However, the policymakers, health specialists, and the public at large are concerned with finding answers to the questions of safety, efficacy, quality, regulation, accessibility, conservation, and the further development of traditional medicine into mainstream allopathic medicine practice (WHO, 2005). In Zimbabwe, though the use of traditional medicine remains on the rise, it remains untested and its use not monitored, hence identification and integration of the safest and efficacy traditional therapies into mainstream medicinal practice remains difficult.

2.1.3 Value Chain and Traditional Medicine

The value chain concept is defined as all the activities that are done to bring a product from the conception stage to the market (Chopra & Meindl, 2004). The present value chain in most developing countries is characterized by herbalists and traditional healers who are also the gatherers and collectors of the herbal plants and mostly dispense it in its crude form (Hishe et al., 2016; Shinwari & Qaiser, 2011). There is another set of players that are mushrooming, that of vendors who purchase traditional herbal medicines from traditional herbalists for marketing to interested health tourists. To reduce the cost of the value chain, some sections of the producers and marketers (vendors), have both integrated their activities downstream and upstream respectively. However, much worry rests on the upstream integration by the vendors as they lack the knowledge which McCormick & Schmitz, (2001) posit that knowledge is the less visible structure of the value chain that parallels the material flow.

Questions still remain unanswered on the levels of knowledge possessed by these actors concerning their products. This scenario is further amplified by the lack of a guiding policy and enforced monitoring in the case of Zimbabwe. There is limited knowledge on how those in the value chain of traditional medical practice package, price and market their products. Packaging plays a pivotal role as an extrinsic factor in shaping perception and attitude (Ampuero & Vila, 2006; Grunert, Bredahl, & Brunsø, 2004). It remains to be known how packaging and pricing shapes and influence the perceptions and attitude of the health tourists who consume these herbal substances in Zimbabwe. The way the health tourists who consume these herbal medicines for sexual stimulation and fertility enhancer make their purchases remains unknown.

The global market for traditional medicine is expanding at the rate of 15-20 % per annum (Subrat, 2002). In Zimbabwe there is little official data available on the traditional medicine supply chain and also there are no firms in the line of production of traditional medicine and this provides a challenge as it leads to a dearth of available data or inventory. This lack of data among developing nations invalidates the statistics presented by Subrat, (2002). Data capturing is problematic among the developing nations as they lack the necessary equipment to monitor and capture the data as well as capable manpower.

Zimbabwe is rich in flora hence has a rich source of herbal medicines. Zimbabwe as said by Maroyi, (2013), is home to 500 known plant types. However, there is limited knowledge on how those in the value chain of traditional medical practice (dispensing traditional sexual stimulants and fertility enhancers) package their products, market their wares, come up with pricing strategies and strategies to compete with the modern drugs such as the blue pills. There is a lot that is missing in terms of pharmacological knowledge on traditional medicine concerning sexual stimulants and fertility enhancers, issues of knowledge on the pharmacological content of the herbs, dual role played by the herbs, knowledge on dosage quantity, frequency and monitoring.

2.2 Theoretical underpinnings of the study

This study finds anchorage in several theories such as the Theory of Planned Behavior (TPB), Dramaturgy Theory (DT), Psychosocial Theory (FPS), Expectancy Theory (ET), Stakeholder Theory (ST), and Impression Management Theory (IMT). These theories afford us different lenses that help us to interpret and understand phenomena under study as we try to ascribe meaning to reality. Although each of these theories has explanatory validity in the proposed study.

3. Methodology

The study, conducted in Mashonaland West Province, Zimbabwe, employed a qualitative research design to explore a variety of Indigenous herbs for sexual stimulation and fertility enhancement that are available on the herbal market for the consumption of health tourists in Zimbabwe. Semi-structured interview guides were developed and administered to traditional herbal medicine practitioners of Mashonaland West province with its 6 districts (namely Chegutu, Hurungwe, Kadoma, Kariba, Makonde and Zvimba) and health tourists (those who consume the traditional medicine for sexual stimulation and fertility enhancement). The interview guide included open-ended questions for randomly selected 50 individual respondents. A total of two focus group discussions, each with 8 discussants, were also facilitated using a discussion guide that encouraged participants to share their experiences and perspectives on the traditional herbal sexual stimulants and fertility enhancers. The sampling technique was deemed most convenient as it allowed the researcher to directly select knowledgeable participants (Mezmir, 2020). The study adopted the saturation point principle. The saturation point principle is most ideal in cases where the sample size is unknown (Divan et al., 2017). In line with the literature, 50 respondents in all were deemed to be an adequate sample size (see Maree, 2012; Bryman & Bell., 2018). Of these respondents, 25 of them were herbalists representing the supply side of the industry. In terms of sampling, purposive sampling was

used though unlimited in terms of numbers from the onset. The interview data were collected as part of the first author’s fieldwork for her MPhil thesis at Chinhoyi University of Technology titled, “Health Tourism and Appropriation of Indigenous Sexual Stimulants and Fertility Enhancers in Zimbabwe.” The fieldwork was conducted and transcribed verbatim between January and May 2023. The data were then analyzed using thematic analysis to identify recurring patterns and themes related to mask consumption, meaning, and identity (Braun & Clarke, 2014). Multiple data collection methods, such as individual interviews, focus group discussions, and observation, were used to triangulate the findings. Individual interviews captured personal perspectives on the traditional herbal sexual stimulants and fertility enhancers phenomenon, and observations helped enrich and cross-check the data collected through the interviews. Focus groups offered a unique opportunity to explore shared meanings, social dynamics, and group consensus around a particular theme (Friese, 2019). The three techniques reinforced each other to capture an in-depth picture of the phenomenon under study (Asiamah et al., 2017).

4. Results

The study specifically focused on types of indigenous herbs, product branding in herbal medicine, sources of the herbs, preparation, and dispensing of herbs, diagnosis and treatment, and profile of the industry. The major research question for this chapter was: Which indigenous herbal sexual stimulants and fertility enhancers are available on the herbal market for consumption by health tourists under health tourism in Zimbabwe?

4.1 Types of indigenous herbs

In the face of troubled masculinity, indigenous herbal concoctions have commonly been constructed by health tourists and practitioners alike as pills for masculinity repair or reconstruction. This growing fascination with sexuality and potency seems to have given rise to the existence of a traditional herbal market for indigenous sexual stimulants and fertility enhancers. Field findings in this study reveal that Mashonaland West Province in Zimbabwe is endowed with a strong culture of indigenous herbal medicine usage for primary healthcare. This is reflected in the diversity of plants used for medicinal purposes as well as their wide range of medicinal applications. In-depth interviews conducted established a variety of indigenous herbal remedies at the disposal of health tourists for sexual stimulation and fertility enhancement in the province. Table1 presents the plant species, their botanical names, indigenous names, plant parts used, and their preparation and administration.

Table 1: Types of Indigenous Herbs

Plant Species	Botanical Name	Indigenous Name	Plant Used	Uses	Preparation & Administration
Albizia antunesiana	<i>Fabaceae</i>	Muriranyenze	Root	-Infertility in women -Aphrodisiac	Crushed, mixed with hot water, concoction administered orally
Bridelia Carhartica	<i>Euphorbiaceae</i>	Mutsvoritsvoto	Root	-Infertility in men	Crushed, mixed with hot water, concoction administered orally
Diospyros lycioides	<i>Ebenaceae</i>	Musumadombo	Root	-Infertility in women	Crushed, mixed with hot water, concoction administered orally
Ekebergia	<i>Maliaceae</i>	Mudyavarungu	Bark	-Infertility in	Crushed, mixed with hot water, concoction

benguelensis				men	administered orally
Pterocarpus angolensis	<i>Fabacea</i>	Mubvamaropa	Root	-Infertility women	Crushed, mixed with hot water, concoction administered orally
Rhus Longipes	<i>Anarcadiaceae</i>	Musokosiana	Root	-Infertility women	Crushed, mixed with hot water, concoction administered orally
Strychnos cocculoides	<i>Loganiaceae</i>	Muzumwi	Root	-Infertility men -Aphrodisiac	Crushed, mixed with hot water, concoction administered orally
Ziziphus mucronata Wild	<i>Phamnaceae</i>	Muchecheni	Root	-Infertility women	Crushed, mixed with hot water, concoction administered orally
Ximenia americana	<i>Olacaceae</i>	Munhengeni	Root	-Aphrodisiac	Crushed, mixed with hot water, concoction administered orally

Zimbabwe is home to a diverse group of indigenous medicinal plants (see Kazembe, 2007; Maroyi, 2013; Shoko, 2017). Traditional herbal practitioners in Zimbabwe have been identifying, experimenting, and using these diversified herbal substances to treat patients for millennia. More than ten plant species useful in managing various fertility and sexual stimulation problems were established in Mashonaland West Province. The largest proportion of medicinal plants established belonged to the family *fabacea* with three plant species. Maroyi (2013) posits that the *fabaceae* family has the highest diversity of species used in herbal medicine probably because these are large families characterized by several species. Field trips with herbalists were undertaken to the sites where they harvested plants they used as traditional medicine for sexual stimulation and fertility enhancement. The herbalists helped to identify the herbs used.

The findings indicate that indigenous herbal products for sexual stimulation and fertility enhancement are subject to product branding. Symbolism is used to convey vivid images of efficacy and to provide seals of authenticity to the products. The next section specifically focuses on product branding in herbal medicine for sexual stimulation and fertility enhancement.

4.2 Product branding in herbal medicine

The basis of nomenclature embraced by herbal practitioners in herbal product branding has further added to the mystery surrounding their practice. Brand names offer a unique identity image to a given product which can quickly be projected and identified by potential tourists (Chikafu et al, 2014). Universally branding has been touted as a shrewd market positioning strategy used to increase the visibility of company products. This section establishes the nature of branding employed to market products that are meant to solve problems of sexual impotency.

The mobilizing power of an established name is not lost on traditional herbal practitioners. Symbols in different religions are used as vehicles of communication and public control. Equally so, traditional herbal practitioners use symbols in naming and marketing their products. Products are branded in such a way as to escalate private symbols into public symbols. Firth (1971) regards public symbols as those symbols that are understood by members of the public. Symbolism in product branding makes claims by association. The assignment of meanings to symbols gives symbols what Firth (1971) regards as “mobilizing efficacy” due to their central cultural position. Field findings seem to indicate that branding in traditional herbal products exploits established images and reputations of existing products as a means to communicate and control their market:

“Wekudziisa muviri pakusangana nana baba unonzi ka Sugar”¹ (Herbalist)

“Chimbambaira Chamambo unoita kuti kana munhu ma sperms ake ari week aite jacked up, anowedzera nguva baba namai vachitamba”² (Herbalist)

Findings from the field revealed that when people have a positive experience with a brand, they are more likely to buy that product or service again than competing brands. However, the branding of these various products seems to leave no room for health tourists to understand that full restoration of health is a matter of luck and chance as there might be complications leading to disappointment. This general disposition of the practitioners was captured by two herbalists in Chegutu (one of the districts in the province under study) who used catchy and fancy phrases to secure the attention of health tourists. This can best be captured in the voice of one herbalist who boasted that:

“Mishonga yedu yepabonde inogona kukupai ma sperms ane simba uye kuimisa kusvika wapera shungu”³ (herbalist)

The statement on the package also makes an interesting claim of “up to six rounds”. This could be seen as a belief system at work. Icek Ajzen (1985) in the Theory of Planned Behavior said belief systems are usually the invisible force behind one’s behavior. The belief system here seems to be used to stimulate demand for a product. The branding seems to make a populist claim that one gets restored health after consumption. Brand names such as AK 47, Drunken Master, *Musvirandada*⁴, *Razorwire*, *Mukandamhiri*⁵, *Mukwapuranyini*⁶, *Muchemedzambuya*⁷, *Furama*,⁸ *Muvhumurakwayedza*⁹, *Mherepamubhedha*¹⁰, *Mudanhatsindi*¹¹, *Dambarefu*¹² and *Mukatigare*¹³ provide a tip of the iceberg. However, there seems to be no correlation between claims and reality as claims of efficacy should be supported by voices of health tourists. Health tourists showed mixed levels of satisfaction and acceptance whilst the incidence of medical complications with herbal remedies for sexual stimulation and fertility enhancement remain unknown.

¹ The one to warm the body during sex with men is called Sugar

² A bomb for the king, it makes someone with weak sperms to become jagged up, it also increases the time one takes during sex.

³ Our sex enhancers give you more sperm power and an erection that can outlast your desire.

⁴ I will have sex when I want

⁵ Throwing across the valley

⁶ Vaginal intercourse very hard

⁷ Making grandmother cry

⁸ Bend dog style

⁹ Removing male genitalia from genitalia at dawn

¹⁰ Coos and woes in bed

¹¹ Have sex the squirrel style

¹² Long play

¹³ Work up and stay

“Vanodzoka vachicomplainer variko”¹⁴(herbalist)

“Vamwe vanofarira midzi vanoti ndo iri strong”¹⁵(herbalist)

“Mumwe anogona kuita rash nawo, mumwe anoti haana zvaunomuita”¹⁶(herbalist)

“Mushonga yechivanhu haina maside effects”¹⁷(herbalist)

“Pakambouya munhu anaga ane problem ye low sperm count takangotora miti yese ndobva tatraya , vakazodzoka vachitenda”¹⁸ (herbalist)

Herbal medicines for sexual stimulation and fertility enhancement seem to be tailor made to cause mental re-adjustment to tourists through promises of an authentic experience. The brands seem to be branded in such a way so as to shape health tourists perception. Perceptions shape attitudes and according to Chaniotakis et al., (2010) attitudes influence purchase intentions. Thus perception forms impressions about a product and therefore shapes the purchase decision making process of the health tourists. The quest for an authentic experience has long been regarded as central to modern societies and has become “a major selling point” in health tourism.

4.3.1 AK 47

The Russian made AK47 is a legendary weapon in guerrilla warfare globally. Brand names offer a unique identity image to a given product which can quickly be projected and identified by potential tourists (Chikafu et al, 2014). AK 47 one of the traditional herbal medicine for sexual stimulation derives its name from the legendary AK-47 also called the Kalashnikov Model 1947, a Soviet firearm. The firearm is well known for reliability in war. An AK47 has a cyclic firing rate of 600 rounds per minute and statistically a quarter of a million people are gunned down by an AK-47 every year, in terms of durability it can have a service life of anywhere from 20 to 40 years, and is relatively cheap to buy (see Encyclopaedia Britannica, 2010; Ethan, 2011; Kushner, 2007; Slater, 2013).

This could best be captured in the voices of the herbalists presented below:

“AK 47 ndopfuti papfuti-ndiyo yakaita kuti Zimbabwe iwane independence bvunzai vose vakarwa hondo. Pachawo ipfuti.”¹⁹(herbalist)

“Mushandiro wawo same same ne AK 47”²⁰(herbalist)

“Hapana asingazive nezve AK 47 saka tichishandisa zita racho”²¹(herbalist)

Seemingly, the various views seem to agree that the form of branding used makes claims of efficacy by association. The herbal product has its potency equated to the AK 47. The AK 47 is a public symbol. From the

¹⁴ Those who come back complaining are there.

¹⁵ Some love roots, they say they are the ones which are strong.

¹⁶ Some may develop rash whilst others say they experience nothing.

¹⁷ Traditional herbs have no side effects

¹⁸ There once came somebody with a problem of low sperm count, we took all the medicines and mixed them and tried, he came back to say thank you.

¹⁹ A K 47 is a gun amongst guns-its the one which brought about Zimbabwe’s independence just ask anyone who fought in the war. This herb is a gun

²⁰ How it works is equivalent to an AK 47.

²¹ Everyone knows about the AK 47, that’s why we use the name.

views expressed above one may perceive intimate sexual relations as akin to a war zone, one which is a must-win for men and this victory seemingly can only be delivered by an AK7 or the medicine similar to it in attributes.

Claims by some respondents bordered on extremities for example herbalists described the AK 47 medicine as:

*“Ichi chakaipa, chinolodha murume, ibazooka, rinoita imire zvisina akaona uye rokupa six rounds”.*²²
(herbalist)

The AK 47 is presented here as a destroyer. Even though the firearm is said to have become a universal icon of revolutionary upheaval (see Slatter, 2013), equating the power of the herbal product to a bazooka is nothing short of assurance to the end user that the product is authentic and achieves its intended purpose of fertility and libido enhancement. A bazooka is well known for its destruction. Thus, the connotation of destruction signifies man's destructive capacity in bed after taking the bazooka to heighten sexual ecstasy. Thus, symbolism seems to be used to make claims of efficacy.

4.3.2 Drunken Master

Marketing in itself is an art. Study results also reveal that herbalists have perfected the art of exploiting the popularity of movies as a marketing strategy. The Drunken Master herb for sexual stimulation is a good example. The Drunken Master (*Zui Quan*, Chinese for drunken fist) is a Chinese Karate masterpiece of 1978 by Jack Chan. The movie was a box office masterpiece countless sequels and rip-offs have sprung out of this film's success (Ebert, 2000; The Movie Review, 2018). Seemingly, the branding of the herb appears to make claims of being able to rectify clinical problems of erectile dysfunction. Thus, one may say symbolism as a marketing strategy has worked well in elevating sales for herbal practitioners.

The findings indicate that sexual partners, specifically males desire to be in control, to gain the praise of their spouses. They desire to become masters of their sexual destinies. Thus, there seems to be a ploy by herbalists to exploit this weakness in man. Literature posits that since time immemorial societies have always been patriarchal (Sultana, 2012). Biblical verses also cite man as having complete dominion over their women (see Ephesians 5. Verse 22-24; 1st Corinthians 14 from verse 32). The movie when juxtaposed with traditional herbal medicine consumption seems to highlight that naturally one cannot perform. Enhancers are necessary if one wants to move from the ordinary to extra ordinary. How one becomes a master when drunk becomes a mystery when drunk. Thus, herbalists seem not only to exploit the popularity of the movie but also the insinuated messages hidden in the name.

4.3.3 Dambarefu (Long play)

The pursuit of sexual pleasure is a key motivating factor in sexual activity. Many things can stand in the way of sexual orgasms and enjoyment. Chief among them being premature ejaculation (see Lara et al., 2015; Pakpour et al., 2016; Pakpour, Yekaninejad, Zeidi, & Burri, 2012; Peterson, Pirritano, Christensen, & Schmidt, 2008). It seems the herb Dambarefu was branded to attract such kind of a market (those affected by premature ejaculation). The general feelings expressed by the respondents regarding the branding of the herb were captured in the following responses:

²² Its deadly, an incredible man loader bazooka super erector that can drive you up to six rounds.

“Kana waunwa unomira kwenguva refu, chero uka ejaculator inoramba yakamira, unotora nguva yakareba, unotogona kutorova dambarefu”²³(health tourist)

“Unoita urove nguva refu”²⁴(health tourist)

Unopa simba uye unoita nguva refu”²⁵(health tourist)

Sezita racho, haumire kana watanga”²⁶(health tourist)

As the name *dambarefu* suggests, one is promised instant relief from problems of premature ejaculation. The general sentiments expressed seem to point to sexual play that may go on all night long. On the contrary, empirical research has it that normal sex lasts 4 to 5 minutes on average (Kinsey, 1948). It seems the herb is made with a defined market in mind. However, some claims bordered on extremities for example a respondent who said “...you won't stop once you start”. This could have been just a strategy of the herbalists to convince health tourists to buy. Brands by their nature make promises and customers are enticed by the promises made. Whether the herbs can deliver the promise, is for the market to say. Health tourists highlighted that through the consumption of these sexual stimulants, they have been able to perform beyond their potential. These sentiments could generally be captured in the voice of one health tourist who said:

“Paunorova those herbs unonyatsonzwa kugutsa umwe wako, kana wanwa inomira kwenguva refu, chero uka ejaculator inoramba yakamira, inotora nguva yakareba, unotogona kutorova dambarefu”.²⁷(health tourist)

Thus, there seem to be some semblance of truth in what the brand promises and what it delivers as captured in the voice above.

4.3.4 Razor Wire

Long before the advent of the razor wire, pastures used to be open lands. However, this law of the open range was brought to an end by the invention of the razor wire (Carlson, 2013). The term "razor wire", through long usage, has generally been used to describe barbed tape products. The razor wire is used to fence private property and keep intruders out. Seemingly, the herbal product razor wire, borrows heavily from this narrative. The product seem to make claims of efficacy (sexual satisfaction). The branding seems to insinuate claims of dependability and durability. Even though, research findings indicate a spectrum of views, the general feeling regarding the herb seems to indicate that the herb provides strong libido, and provides energetic sex. It provides a cutting edge to love making. A razor is sharp and is used to fence. The consumption of this herb seem to point out that the herb allows a man to please his spouse that she won't find any reason to seek sexual gratification from outside.

4.3.5 Mukandamhiri (Throwing across)

Statistically, reproduction is said to be the second most prevalent healthcare concern on the African continent (see Kamatenesi-Mugisha & Oryem-Origa, 2005). For most couples, inability to have a child is a tragedy and most of

²³ If you take it, it would be erect for a long time, even if you ejaculate it would continue to be erect, it takes a long time, you may even perform for a long time.

²⁴ Makes you perform for a long time.

²⁵ It gives power and makes one perform for a long time.

²⁶ Like the name you won't stop when you start.

²⁷ When you take those herbs you will that indeed you have satisfied your partner, if you take them you would get an erection for a long time, even if you ejaculate it would continue to be erect, it becomes erect for a long time, you may even do long play sex.

them use both traditional medicine and modern therapies as treatment (Nantia et al., 2009). Field findings reveal that the search for substances to enhance fertility is a common phenomenon locally and internationally. It seems the *Mukandamhiri* herb was branded with this market in mind. Literally translated *Mukandamhiri* means “throwing across”. The literal translation seems to hint at failure to conceive as a result of low sperm count and weak libido. The name of the herb seems to make claims of potency through empowering individuals with extra powers to perform beyond expectation (*kukanda mhiri*- throwing across). The herbs seem to make claims that it can overcome problems of infertility.

4.3.6 Mukwapuranyini (Smacking the Vagina)

No pride beats that of a man’s need to satisfy his sexual partner. The masculinity quest to prove sexual prowess by men in a bid to satisfy their women has been in existence since time immemorial. *Mukwapuranyini* is one such herb said to be packaged to satisfy such desires. However, the name seems to suggest scenes of sexual violence (*kukwapura*-slapping/hitting). The name seems to project images of the violation of women’s private parts. Imagery is used to protect the potency of the herb. The respondents highlighted that in general, the herb stimulates sexual appetite. They highlighted the herb simply restores one’s manhood. Thus, one may conclude that the herb allows one to perform better, promoting hard and long sex as one health tourist expressed.

4.3.7 Mukatigare (Lets wake up and stay awake)

The high incidence of sexual inadequacy in males has led to the development of different treatment options. *Mukatigare* is one such herb that is available on the herbal market for consumption by health tourists. The name seems to be pregnant with promise. The nomenclature seems to promise “a busy night” for the consumers. It claims that once consumed one will not be able to sleep all night satisfying sexual desires. The general feeling of the respondents was captured by two respondents who said:

“*Varume vese vakaroora varikumhanyira mushonga uyu nokuti unoumbiridza nokusimbisa pabonde*”.²⁸
(herbalist)

“*Vose vanotenda kuti unoita kuti vapedze husiku hwese uye vanoramba vachidzoka kuzotsvaga umwe*”.²⁹ (herbalist)

One may observe that what is common in the findings above is a sign of efficacy as return business signifies product satisfaction. Nevertheless, claims of staying awake all night were not corroborated by health tourists who consumed the herb. Thus, one may say the nomenclature used in branding the product is a marketing strategy by the herbal practitioners. The potential promised in the name may be the reason married men purchase the herb.

4.3.8 Muchemedzambuya (Making a grandmother cry)

Crying is a typically human form of emotional expression (Bylsma, Vingerhoets, & Rottenberg, 2008; Vingerhoets, Bylsma, & Rottenberg, 2009; Vingerhoets, Cornelius, Van Heck, & Becht, 2000; Hendriks, Nelson, Cornelius, & Vingerhoets, 2008). Tears are shed for a wide variety of reasons, but mainly in situations characterized by experiences of happiness and tender feelings (Darwin, 1965; Tan & Farija, 1996), loss, conflicts,

²⁸ Married men are in a rush to get this herb because it boots their virility and makes them perform better.

²⁹ They all testify that it makes them last the whole night and always come back asking for more.

and perceived inadequacy (Vingerhoets, Boelhouwer, Van Tilburg, & Van Heck, 2001). Crying in African traditions is very symbolic, as it acts as an important signal meant to trigger assistance and closeness with others.

One may conclude that the *muchemedzambuya* sexual stimulant herb was branded with this symbolic interpretation in mind. Findings revealed that married men frequent traditional herbal markets to purchase the aphrodisiac called *muchemedzambuya*. *Muchemedzambuya* when translated means “making a grandmother moan”, was found to be popular with men as an aphrodisiac. Findings reveal that the herb boosts virility and makes men perform better in bed. The herbalists purport that the herb increases/enlarges the penis and increases sexual appetite. Seemingly as suggested by the name, the herb claims to provide pleasurable sex. Moaning suggests pleasure, and grandmother means it can work across all age groups.

The increased sexual performance is assumed to make women “cry with joy” as the majority of respondents highlighted. Thus, in this way crying can be said to symbolize excessive happiness. One may conclude that crying is regarded as emotional expressiveness that, like other forms of expressiveness, is influenced by cultural norms prescribing how, when, and where it is appropriate to express emotions. When perceived from the cultural dimension, the significance of women crying during sex ceases to be directly related to the efficacy of the *muchemedzambuya* herb. Culture directs “when, where, and how to cry”. However, this belief is not shared among the different global cultures as Borgguist (1906:180) posits that “tears are more frequently shed among the lower races of mankind than among civilized people” (Ekman, 1973; Matsumoto, 1989).

However, because men have always suffered from the superiority complex, rationally they are expected to rush for anything that enhances their superiority over members of the opposite sex. However, what the respondents fail to perceive is that women crying during sex can mean a lot of things. The general belief by men as expressed by the respondents is that the bigger the weapon the more efficient it becomes. This observation was also backed by herbal practitioners who admitted that penile enlargement, vagina-tightening herbal substances, and aphrodisiac sales are booming as a result of those seeking a quick-fix solution to challenges in bed. Many of our interviewees admitted they didn’t suffer from erectile dysfunction, but only used chemical assistance to impress their partners. The general impression perceived by the respondents was that of a longing desire to go beyond “impressing” but dish out a sadistic sexual punishment.

Thus, from the general feelings expressed by respondents, one may conclude that the name *muchemedzambuya* encompasses “going beyond the norm in sexual overdrive. Thus, this can be said to be a marketing strategy that plays on the inherent male desire to dominate and impress members of the opposite sex. Crying may not only be a result of happiness but as a result of pain also. Sources of pain may be the enlarged penis or the increased libido. Grandmothers can be said to have seen it all in terms of sexual encounters that it is difficult to subjugate as they have loads of experience. The herb branding insinuates that it can make grandmothers cry. Thus, the insinuated power in the herb is a point of attraction for men.

4.3.9 Furama (Bow down)

Bowing in the African contemporary society is a sign of respect. Field findings reveal that bending is a sexual position that suggests male chauvinism. Male domination has well been articulated in literature. Thus, the branding of the herb suggests male dominance of members of the opposite sex sexually. The herb makes claims of efficacy.

4.3.10 Muvhomorakwayedza (pulling out in the morning)

Loosely translated *muvhomorakwayedza* means pulling out in the morning. The name seems to make claims that one becomes sexually efficient. The branding seems to suggest the emplacement of one’s sexual appetite. The

respondents highlighted that the herb increases sperm production, and at the same time simultaneously strengthens the sperm and activates the organs, like a bull. What seems striking is where the effect of the herb is equated to a bull. Bulls rule the kraal, sometimes kraals of the whole village. Thus, one might say that the herb is more suited to those in polygamous relationships. Dawn signifies new beginnings; hence the branding seems to signify changes in how one performs his sexual duties.

4.3.11 *Mherepamubhedha (Crying on the bed)*

This herb seems to make claims of efficacy through symbolism. Field findings reveal that the herbal dispensers claim the herb is an efficient stimulant. The underlying conviction in the use of this plant is that it will satisfy sexual partners.

4.3.12 *Mudanhatsindi (Cape ash (English) Dogplum (English), Ekebergia meyeri)*

To have context of the claims of *Mudanhatsindi* as a sexual stimulant, the voices above were used to verify the claims. The voice's experiences offer an insight into the uses of *Mudanhatsindi*. Claims of efficacy runs through most of the responses given. Some went as far as highlighting that the herb stimulates sexual desire, increases sperm production as well as improves one's sexual stamina to last longer in bed.

"Unoita kuti vanzwe kuda bonde".³⁰(herbalist)

"My brother, hapana anogona kuzvibata kana ahandisa mushonga uyu. Mushonga wacho uri so powerful zvokuti haukwanise kuzvi controller, unokutuma kuita chihure. Inini so far wandipa matambudziko, nokuti pa six months kubva ndasiyana nemudzimai wangu, ndava nemimba nhatu dzandamitisa".³¹(health tourist)

The variety in traditional herbal products may be explained by the presence of people from various ethnicities. Brand names differed across different cultural groups. The study revealed that herbal products derived from the same plant sometimes are known by different names in other parts of the country. Herbalists in efforts to boost the efficacy of their concoctions mix different medicinal plant species. The use of more than one plant species to prepare a remedy for ailments is attributed to the additive or synergistic effects that they could have during ailment treatment (Bussman & Sharon, 2006). But basically, the plants are the same. The section which follows focuses on the different herbal sources from which herbalist get their supply.

4.4 Herbal sources

The relation between man and the plant world is as old as humanity itself. Even in the era of the modern computational pharmacology approach, traditional medicinal plants still serve as an important source and as a tool to treat various ailments, particularly in developing countries (see Marinelli, 2005; IUCN, 2011). This section presents the sources of traditional herbal medicine for sexual stimulation and fertility enhancers. Field findings reveal that traditional medicinal plants form an integral part of the African healthcare system.

Global societies have long mastered the art of manipulating plants for their therapeutic benefits (see Maroyi, 2013). Study findings reveal that the majority of indigenous herbal medicines are from trees. Shrubs and trees

³⁰ It makes them want to have sex.

³¹ My brother no man can control himself when he takes this herb. The herb itself is so powerful that you lose control of yourself and it forces you to indulge into extra sex flings. It so far has given me a lot of trouble because in only six months since we got separated with my wife I am responsible for 3 pregnancies.

constitute the largest proportion of medicinal plants used in Mashonaland West Province. This could be because these growth forms are available in almost all seasons as they are relatively drought-resistant and are not affected by seasonal variations (Albuquerque, 2006). Roots, leaves, bark, seeds, fruits, and sap are the plant parts used for making herbal preparations in the province. The roots were the most frequently used followed by leaves, bark, fruit, sap, and seed. Most of the active ingredients are believed to be sequestered in the root bark rather than the woody inner part. This belief is backed by studies elsewhere which have shown that the roots and other underground parts have high concentrations of bioactive compounds (*see* Kumar et al., 2006; Ozioma & Chinwe, 2019).

Figure 1 is a photograph of a herbalist displaying his herbs for sale (mostly roots and tubers).



Source-Ancient Origins

The photograph above depicts a typical Zimbabwean marketplace for traditional herbal sexual stimulants and fertility enhancers. Most of the herbs are tubers. Traditional herbal practitioners believe that tubers and roots are the most effective in providing relief from various illnesses.

Findings reveal that traditional herbal practitioners generally used unpurified plant extracts containing several different constituents. Typically, they claim that these can work together synergistically so that the effect of the whole herb is greater than the total of the effects of its components. They also claim that toxicity is reduced when whole herbs are used instead of isolated active ingredients (“buffering”). Although two samples of a particular herbal drug may contain constituent compounds in different proportions, practitioners claim that this does not generally cause clinical problems. Several different herbs often are used together. Practitioners say that the principles of synergy and buffering apply to combinations of plants and claim that combining herbs improves efficacy and reduces adverse effects. Herb combines contrasts with conventional practice, in which polypharmacy is generally avoided whenever possible. However, the use of plants as sources for herbal practices has come into conflict with ideals of sustainability.

As more people seek traditional medication, the pressure on trees and other small plants with medicinal properties increases (Abbot, 2014). In this situation, the threat of species extinction looms large. Study findings reveal that the harvesting of plants for medicinal purposes has not been done sustainably in Mashonaland West Province. This disposition could generally be captured by one herbalist in Chinhoyi who pointed out that they now have to travel as far as Alaska or beyond as over-exploitation has robbed them of herbs in forests nearby. Thus, from a conservation point of view, one may argue that the high utilization of plant roots of medicinal plant species in Mashonaland West Province put medicinal plant species at risk because of the damages inflicted on the plant species.

Sustainable natural resource use thinking is not exclusive to modern paradigms of Natural Resource Management (Mamimine, 1999). To ensure sustainability, field findings reveal that traditional healers are governed by certain codes of conduct. For instance, the norm rather than an exception is that where a healer requires the bark of a tree for medicine, he has to remove part of the bark on the western side of the tree and remove the next piece of bark from the eastern side. In doing so, he has to ensure that part of the bark remains on both the northern and the

southern side of the tree trunk. The myth is that if this procedure is not followed the medicine would not work. Also, some plant species besides being sources of traditional herbal medicine are regarded as sacred. Specified trees such as *Burkea Africana* and *Sclerorya* could not be tampered with. The belief was that ancestral spirits use such tree species to reach people (Tanyanyiwa & Chikwanha, 2011). Nevertheless, the internal logic of the myth is plant species conservation. A necessary myth that has sustained the herbalism practice and its sources of medicinal plants for centuries.

Medicinal plant herbs have been used to treat different ailments. However, the diagnosis and treatment procedures are as old as the practice itself. The preceding section focuses on the diagnosis and treatment in the traditional herbal medicine practice.

4.4 Diagnosis and Treatment

Diagnosis is a key part of African traditional medicine. The diagnosis and treatment of infertility and sexual stimulation problems greatly differ from modern allopathic care (see Ozioma & Chinwe, 2019). This section presents the diagnosis and treatment of infertility and sexual stimulation problems using traditional herbal medicines. This entails a systematic quest for answers to the origins (immediate cause) of a particular disease to determine, who or what caused it (efficient cause), and why it has affected a particular person at a particular time (ultimate cause).

In many traditional African religions, there is a belief in a cyclical nature of reality. Study findings reveal that in traditional African societies, many people seek out diviners regularly (see Riggs, 2006; Gottlieb, 2006). The environment and nature are infused in every aspect of traditional African religions and culture. In situations where divination is utilized, findings indicate that diagnosis may comprise a combination of observation, where the patient's physical symptoms are noted, and patient self-diagnosis, where the patient reports their problem to the herbalist. Where necessary, the impressions of other family members regarding the patient's illness were also obtained. Study findings point out that herbal practitioners use diagnostic principles that differ from those used by conventional medicine practitioners. The aim of herbal treatment is usually to produce persisting improvements in well-being. This section seeks to present how herbalists diagnose and treat patients.

Any attempt to understand the cultural factors in medicine taking should consider certain cultural principles in the delivery of health care. An important aid to understanding a community and its reaction to medical regimens is the concept of 'culture', which can be usefully defined as a system of shared understandings - understandings of what words and actions mean, of what things are really important, and how these should be expressed (see Ngata & Pomane, 1992). The study found out that cultural background and place in most cases determine methods of preparation of herbal medicines. Plant materials are used fresh or dry. Herbal practitioners usually diagnose each health problem by an interview and visual inspection of the patient. Patients are commonly interviewed for symptoms and duration of the health problem before a remedy is prescribed and administered. Most of the plants used for the above-mentioned problems had more than one therapeutic use. The *Albizia antunesiana* (*muriranyenze*) besides being used for infertility in women, its roots was also used as an aphrodisiac, and to treat diarrhea, and gonorrhea. The bark was used to deal with constipation problems. The *Cassia abbreviata* (*Muremberembe*) used as an aphrodisiac (roots) is also used as a remedy for abortion, gonorrhea, diarrhea, and constipation. In some cases, these concoctions were made from a mixture of different herbal plants.

The use of more than one plant species to prepare a remedy for ailments is attributed to the additive or synergistic effects that they could have during ailment treatment (Bussman & Sharon, 2006). Several different herbs often are used together. Practitioners say that the principles of synergy and buffering apply to combinations of plants and claim that combining herbs improves efficacy and reduces adverse effects. Scientifically, studies elsewhere

opine that the use of more than one plant species to prepare a remedy for ailments is attributed to the additive or synergistic effects that they could have during ailment treatment (Bussman & Sharon, 2006).

Herbs are prescribed to health tourists according to the nature of their problem. Each prescription has specific instructions on how to prepare the herb, the dosing regimen, and the time frame. De-concoctions were the most common method of preparation with plant parts generally prepared using hot or cold water as a solvent. De-concoctions were made by boiling medicinal plant parts for a specified period and filtering. Opaque beer products, *Maheu*, and sugarless porridge were the commonly advised solvents (for powdered products). The photograph below shows some of the products in their powdered form.

For infertility and sexual stimulation, the preparations were consumed either in the form of a drink or porridge. However, prescriptions differed from one practitioner to the other. Prescriptions differed across cultures and places. Traditional herbal practitioners reported that they prescribe different doses of remedies for different patients. In the study area, the recommended dosage differed among the traditional herbal practitioners for treating the same health problem. During the interviews and discussions, with traditional healers, they indicated that the doses for liquid preparations were prescribed and prepared through estimation in terms of a full or one-quarter of a cup, depending on age, physical condition of the patient being treated, type of illness and diagnosis of the diseases. There is no standardized measure of the dose of herbal remedies in the study area. Dosages were estimated using lids, spoons, cups, glasses, pinches, or handfuls. The amounts of remedy and prescription rates were generally dependent on the degree and duration of the ailment. The type of disease and level of its severity further decides the frequency of treatment. Lack of standardization and quality control is seen as one of the main disadvantages of traditional medicine (Bekalo et al., 2009).

Treatment types, success rates, and incidence of failure of treatment remain only guesstimates and extrapolations. However, in the absence of such clinical efficacy and safety data on these herbal medicines people remain skeptical about using them. This lack of clinical assays of traditional herbal medicine for sexual and fertility enhancement continues to hinder the full exploitation of this branch of medicine for health tourism development and medical development as people remain skeptical about consuming them.

5. Discussions

Globalization has led to the development of a culture of consumerism forcing people to travel to consume a variety of alternatives that ensure satisfaction and healthy living. It has become the mantra of today's health-conscious generation. This has seen the rise of medical tourism which is forecasted to grow at an average rate of 30-35 % per year (Deloitte, 2009; Charity et al., 2013). Globally, health tourism has become a big business, raking in billions of dollars. The health tourism industry is predicted to be the world's largest industry by 2022, while tourism will be a close second (WHO, 2010). Health tourism is on course to generate revenue in the range of US \$38-60 billion dollars annually (see Lunt, Smith, & Exworthy, 2011; Cleland et al., 2014; Hunink et al., 2014). Evidence from the study highlights that though most developed countries have embraced health tourism as a strategic product in tourism, yet very little is being undertaken in third-world countries concerning health tourism development. Very little has been done concerning traditional medicine.

Traditional medicine over the ages has continued to play a pivotal role in healthcare. Today, as many as 80 % of the world's population still depends on traditional medicine for their primary healthcare needs (Chauhan, Sharma, Dixit, & Thakur, 2014; Folashade, Omoregie, & Ochogu, 2012; Hishe, Asfaw, & Giday, 2016). However, despite this naked potential posed by traditional medicine, modern-day medicine continues to be un-favorably disposed towards the strides it has made and dismisses it as mere quackery and superstition. Gradually there has been a paradigm shift in the realization of the potential posed by traditional medicines both to the tourism industry and

the health sector. However, even though ethno-medicine has gained a lot of recognition, especially in post-independent Zimbabwe, limited research has been undertaken on health tourism. Zimbabwe remains a 'black box' as studies remain scarce. Very little is known about the variety of indigenous herbs for sexual stimulation and fertility enhancement that are available on the herbal market for the consumption of health tourists.

5.1 Theoretical Contributions

Findings revealed that health tourism for the consumption of indigenous sexual stimulants and fertility enhancers remains under-explored and under-theorised in the Zimbabwean context. Zimbabwe as a case remains a 'black box'. As it is, there is no theory that wholly illuminates the phenomenon. Although several theories were interrogated, the majority of the theories cited fell short in scope in terms of illuminating all the phenomena under investigation. Hence, most of the theories had mid-range explanatory validity. They applied only to specific sub-themes of the study. After a critical analysis of all the 'theoretical jackets', the Health Belief Theory emerged overarching, with attributes that gives it explanatory validity to most of the major themes covered in this study.

The theory opines that the likelihood to indulge or act is dictated by an individuals' awareness and appreciation of personal susceptibility to and the perceived seriousness of affliction from a particular disease versus perceived expected benefits and expected barriers (Bartholomew et al., 2006). The utility value of the HBM to this study is assessed by interrogating the theory's basic tenets.

Although the Health Belief Model was identified as a close fit in illuminating the health tourism sector, the study requires an overarching theory, illuminating both the behaviour of health tourists as well as herbalists in order to achieve a holistic understanding of the sector. The theory asserts that personal perception is influenced by the whole range of intrapersonal factors affecting health behavior. The theory has four main constructs perceived seriousness, perceived susceptibility, perceived benefits, perceived barriers and cues to action which determine the behaviour of health tourists. The discussion below explains how the Health Belief Model illuminates the phenomenon under study.

The theory was found to offer explanatory validity in terms of understanding how personal beliefs influence health behaviour. The theory posits that individual behaviour is influenced by such aspects as personal beliefs or perceptions about an illness and the available strategies to decrease its occurrence or impact (see Hochbaum, 1958). However, the theory fails to holistically illuminate the phenomenon. One of the spheres in which the theory was found wanting was in the illumination of the traditional herbal practice itself. The basic tenets of the theory only accounts for the behaviour of health tourists in decision making, leaving a host of other areas demographic profile of health tourists, perceptions of tourists with regards to the authenticity al herbal sexual stimulants and fertility enhancers. This means that the health tourism industry mains without an over-aching theory as the HBM s only able to partially explains some of the processes of the industry.

Study findings poses questions to the value of the 'perceived threat' construct as a central indicator of behavioural motivation in the HBM. The construct posits that the perceived seriousness of an affliction forces people to seek health offering alternatives. This subjective evaluation of the perceived seriousness of an affliction was partially rejected by the findings. Rather, the findings seem to suggest that the Theory of Reasoned Action and the Theory of Planned Behaviour offer better ways of predicting health related behaviour than Health Belief Model. Empirical studies seem to share the same view (see Zimmerman & Vernberg, 1994; Taylor et al., 2007). Study findings indicated major motivating factors for health tourists travel as ranging from affordability and availability of traditional herbal medicine as well as the lack of side effects and the mythical belief of herbs as being efficacious.

Thus, study findings seem to partially speak a different language with the HBM on perceived seriousness as a construct.

Notwithstanding components like perceived barriers and demographic and socio-economic descriptors, as normally applied this model may be taken implicitly to assume that people are rational actors, driven by their conscious perceptions of the world. This may misleadingly suggest that health behaviours can always best be understood as being under volitional control, rather than in a large part determined by combinations of circumstantial reality and individuals' habitual, emotional, unconscious and/or otherwise non-rational reactions to the external world. The research provides evidence that the overall explanatory power of the HBM is limited, even simply as compared to that of alternative social cognition models such as the Theory of Reasoned Action in the consumption of traditional herbal medicine by health tourists. Perceived seriousness as a determinant of health tourists behaviour was not found to be a significant contributor to the consumption of indigenous herbal substances for sexual stimulation and fertility enhancers.

In itself the HBM cannot be used to answer questions relating to how beliefs and attitudes underpinning behavioural intentions can cost effectively be changed, or what health promotion strategies are likely to prove most productive in health gain terms. This indicates that further developments in models such as the HBM, aimed at enhancing the latter's power to predict health behaviours and also help individuals and groups to achieve desired changes in their daily lives, would be a logical step forward.

In sum, even though the theory enables us to understand the phenomenon under study, one outstanding weakness is its inability to fully account for the behaviour of the supply side of the health tourism industry. Thus, in essence the theory partially falls short in holistically illuminating the health tourism industry as it accounts only for the demand side of the sector. There remains a need for a theory that covers both the demand and supply side and interaction between these two players of the industry. Thus, the HBM can be said to be partially relevant in the study of health tourism. There remains a theoretical disjuncture in the study of travel for the consumption of traditional herbal medicine for sexual stimulation and fertility enhancers.

5.2 Practical Implications

Findings reveal that older generation which used to dominate the herbal practice are slowly fading, being replaced by the younger generation. However, knowledge of the practice seem to be fading as well as the young simply dominate the end of the value chain where they prescribe and dispense. There is need to upgrade their knowledge base and skills as well as capacitating those with the right knowledge. There is need to have training facilities, introduce technology so as to improve product and service delivery in the sector. Product and service delivery should be in line with the dynamic changes sweeping through the tourism and health industry. Such improvements would remove the fear factor and sensitise potential clients in the general populace as well as increase revenue realised from traditional herbal practice. Such developments would energise the industry, and put it in the limelight.

5.3 Limitations and Future Research Recommendations

The study established various traditional herbal medicine for sexual stimulation and fertility enhancers at the disposal of health tourists in Mashonaland West Province. Therefore, it would be prudent to systematically test these herbal substances in laboratories to dispel societal myth about them. The systematic analysis of these herbs may lead to drug discovery and development.

6. Conclusions

Mashonaland West Province in Zimbabwe is endowed with a strong culture of herbal medicine usage for primary healthcare. This is reflected in the great diversity of plants used for medicinal purposes as well as their wide range of medicinal applications. In-depth interviews conducted established a host of plant species used to manage infertility and sexual stimulation problems in the province. However, it would be prudent to systematically test these herbal substances in laboratories to dispel societal myth about them. The systematic analysis of these herbs may lead to drug discovery and development.

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