

**THE INTERACTION OF AFRICAN TRADITIONAL  
RELIGIO-MEDICAL PRACTICE AND  
WESTERN HEALING METHODS**

by

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**Submitted in partial fulfilment of the  
requirements for the degree  
Doctor of Philosophy  
in the School of Religion and Culture  
at the University of Durban-Westville**

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## **DECLARATION**

The Registrar (Academic)  
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Dear Sir

I, Sitembile Alfred Mthomtsasa Mcetywa hereby declare that the dissertation entitled "The Interaction between African Traditional Religio-Medical Practice and Western Healing Methods" is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other University.

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**Signature**

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**Date**

## **DEDICATION**

I dedicate this work to my entire family: to mother, MaNyawuza and my three wives MaLuthuli, MaNyathi and MaDeyi whose constant support, encouragement and willingness I appreciate.

To my nine daughters and five sons who have had to sacrifice so much by forfeiting the demands that children normally make on their fathers, I say a very deep appreciative thank you.

## **ABSTRACT**

The aim of this thesis is to assess the nature of African Traditional healing system with special reference to Mpondo culture. It is a case study of the Mpondo people of the Eastern Cape. The focus of the study was on the historical facts, the cultural background, the religious experiences and the traditional healing system of this people.

Stimulated by the fact that Mpondo people appear to be a marginalized group, undermined and sometimes sidelined, the research seeks to set the record straight. A lack of documented information about this people is the major contributing factor to their lost identity. This stems from the fact that very little has been written about them. Even when such writings are found, they often contain distorted information. In some books, they are mistakenly represented as amaXhosa or a Xhosa sub-group. They are mostly regarded as having no culture, no language or identity. In terms of language, isiXhosa is taught at schools in Mpondoland.

This research is an attempt to raise awareness about the reality of the situation of the Mpondo people. Without this knowledge, the Mpondo people can not regain their lost identity, people-hood, humanity and dignity. Through this knowledge, a dehumanised people can fight for their rights. AmaMpondo need to rediscover the spirit of Africanness, so that they know that they belong to Africa. As T Mbeki puts it, Africa needs to be refounded as a space that is centred neither on the market nor on the fortress,

but rather on what geographer Paul Wheatley called, its “ceremonial complex” (Mbeki, T., 20 in Chidester).

The Mpondo people were primarily dehumanised by the Cape Colonial government. Pre-colonial Mpondo culture and its post-colonial history was examined. Dehumanising factors among Mpondo came in the form of labels and insults. Their religion was referred to as “pagan” whilst they were at times called “kaffirs”, a Malaysian term meaning a non-believer. Now is the time for the revival of the Mpondo as a people of Africa, ‘for a country that frowns on its culture by calling us savage and barbarians is a lost country’ (Mutwa, p 22, Sunday Tribune, 16-July 2000).

This research sought to investigate the means and ways of restoring the lost dignity of the Mpondo people. In chapter two and three, a survey of Mpondo culture, their world view their religion and their identification of diseases and their treatment was made. Out of this survey it has been indicated that not all was destroyed by the encroachment of the western civilization. “Christianity and western medicine functioned as a secularising ferment in Africa, dethroned the traditional healer, replacing witchcraft, causation with medical history and introducing modern hygiene” (Jansen G.) Mpondo people still practise and believe in their healing system. This shows that although the foundations have been shaken, the base on which to rebuild its culture is still firm. What is now needed is to resist all forms of cultural expression.

Sound reconstruction and reconciliation is the end goal of the research. Cultural reconstruction is the basis for sound reconciliation. Because the forces that be, broke the basis of a reconciled and organised society, there is a need to commence with the reconstruction of the people's culture. Cultural reconstruction becomes central particularly in a country which is threatened by social evils, such as a high crime rate, poverty, incurable or death threatening diseases such as HIV/AIDS and unemployment. Without reconciling the people with their culture and African Traditional Religion, any attempt to solve the above mentioned problems may not be easily achieved. Such a construction should not be confused with what Chidester calls "the construction of an inventory of African traditional religion which recalls colonial efforts to create systematic boundaries within which African populations were contained. Enclosed within a stable secure and unchanging religious system" (Chidester 2000 : 15).

The point at issue here is the reconstruction of a people's culture, based on its natural dignity. Such reconstruction should aim at the international marketing of the people's culture. The thesis is a pointer to the seriousness of the demand for the speedy reconstruction of religion and medical practice. "The time is past when western medicine was the much praised vehicle for the propagation of the gospel to foreign cultures – missionaries are the heavy artillery of the missionary army" (Walls 1982 : 22).

Healing and African Traditional Religion should be a base of such a reconstruction process. First and foremost, African Traditional Religious researchers who are adherents and practice the religion, should take a lead in such a process. This refers to the people

on the ground who must be directly be involved. For, “the non-western voices have not spoken or intervened in this debate” (Jansen G : 09).

This may sound racial or ethnic, but the fact of the matter is that most of the time, the people on the ground have not as yet surfaced, conscientised and organised as a religious group. What is needed is the democratisation of all cultural councils so that more funds are generated for the development of African Traditional Religion standards. It should be taught at schools. More air time on radio and television stations should also be allocated to African Traditional Religion. As in the rest of sub-Saharan Africa, studies of the recent democratisation wave have so far tended to limit themselves to the role of the churches and to the lesser extent to Islamic communities. ATR has not received the attention it deserves (Schoffleers : 405).

The reconstruction of African Traditional Religion and African Traditional Healing systems are the only positive step towards the proper representation of African culture. This will contribute to the recent efforts to positively represent the traditional religious heritages of South Africa. If it is motivated by Christian acculturation or even Africanist revitalization, the process runs the risk of perpetuating the colonial legacy to the extent that it repeats the inventory approached or abstracts the mentality of ‘ubuntu’ or African humanity, from political, social and economic relations (Chidester : 2000 : 15).

Formations such as the NACATR (National Council of African Traditional Religion) and THO (Traditional Healers Organization) are in line with the promotion of African culture

based on religion and healing just as the constitution of South Africa demands. “The primary objects of the commission for the promotion and protection of the rights of cultural religious and linguistic communities are (a) to promote and respect the rights of cultural religious and linguistic communities, (b) to promote and develop peace, friendship, humanity, tolerance, national unity among religious and linguistic communities on the basis of equality, non-discrimination and freedom of association, and (c) to recommend the establishment or recognition in accordance with national legislation of a cultural or other council or councils for a community or communities in South Africa (The Constitution of the Republic of South Africa 1996 Chapter 9 : 101).



## **PREFACE**

This study provides an overview of African Traditional Religion and the Mpondo healing system. A comparative historical approach and hermeneutical analysis of data has used.

The study commences with an overview of the historical penetration of western civilization and Christianity in South Africa. It seeks to show the way in which it has changed African society, how it has introduced universalist concepts into a particular society and inculcated a new attitude and outlook on African ways of life. The investigation shows how Christianity and the western medical system or conventional healing system have exerted a constant influence on traditional culture and what the forms and institutions were through which that influence has been exerted.

The “Introduction” points the reader to the connection that exists between the concepts of African Traditional Religion and its healing system. Each chapter of this dissertation is not complete in itself and cannot be read in isolation from the others. There are cross references to other chapters where areas of study overlap. The introduction to each chapter sketches the problems and indicates what answers have been suggested. This thesis seeks to be a tool by which the damage and the disaster caused by the interaction between western medical practice and ATR can be measured and assessed. Finally out of this, a problem solving mechanism can be outlined with the view of implementation.

## **ACKNOWLEDGEMENT**

My deepest and sincere appreciation is expressed from the bottom of my heart for having achieved and completed this task set before me. I am thankful to my first promoter Dr T Naidoo for his encouragement from the very outset and his persistent interest in my progress. His brotherly love has been a source of strength and inspiration.

The late Prof Bongani Mazibuko, my second promoter, I wish to thank for his tireless dedication to guide me towards restructuring this thesis - also for the friendliness and hospitality during my visit and discussion of my work.

I thank Prof P Kumar, the Head of the Department of Science of Religion for his assistance to upgrade and develop my work to a required standard.

I also thank Dr C Kwenda for the interest in, reading, and further restructuring of my work, enabling me to complete this task.

Prof I A Phiri, the Director of the School of Religion and Culture, also encouraged me and assisted in the improvement of my thesis. Comments of interested readers of my draft thesis were of great encouragement. The government archives staff of Cape Town, Pretoria, Pietermaritzburg I thank for their supportive understanding and help to have access to the most important sources of information. I also acknowledge the financial

assistance I was given by the University of Durban-Westville. The people I interviewed I thank for their patience and willingness to listen and answer questions I asked.

A word of thanks also goes to Dr Smit who assisted me in the professional finalisation of my thesis.

Finally, to my mother MaNyawuza Mcetywa who timeously and constantly has been a source of inspiration even when things seemed to be turning against me and the pressure was “really on”.

## LIST OF ABBREVIATIONS

ATR	-	African Traditional Religion
ANC	-	African National Congress
AIC	-	African Independent Churches
HIV	-	Humane Immune Virus
AIDS	-	Acquired Immune Deficiency Syndrome
WHO	-	World Health Organization
UNAIDS	-	United Nation Acquired Immune Deficiency Syndrome
NP	-	National Party
DEIC	-	Dutch East India Company
NGK	-	Nederduitse Gereformeerde Kerk
DRC	-	Dutch Reformed Church
RCC	-	Roman Catholic Church
JTSA	-	Journal of Theology for Southern Africa
PANSALB	-	Pan South African Language Board
TB	-	Tuberculosis
STD	-	Sexually Transmitted Diseases
RNA	-	Ribo Nuclear Acid
IPHN	-	International Poverty Health Network
NACOSA	-	National Convention of AIDS of South Africa
KZN	-	KwaZulu Natal
AAP	-	Aids Action Plan
GAAP	-	Government Aids Action Plan
IDC	-	Inter-departmental Committee
AMF	-	Aids Media Forum
IMC	-	Inter Ministerial Committee
WAD	-	World Aids Day
TAC	-	Treatment Action Committee
PROMETRA	-	Association for the Promotion of Traditional Medicine
SAMDC	-	South African Medical and Dental Council
USA	-	United States of America
SAMJ	-	South African Medical Journal
MASA	-	Medical Association of South Africa
UNITRA	-	University of Transkei
SMA	-	Southern Medical Association
PDA	-	Parental Drug Abuse
NGO	-	Non-Governmental Organisation
HST	-	Health System Trust
IMF	-	International Monetary Fund
PAAP	-	Presidential Aids Advisory Panel
UNDPHD	-	United Nations Development Health Department

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# CHAPTER ONE

## INTRODUCTION

Before any judgement is passed on the cause of a problem in any given situation, various questions about it should have been answered satisfactorily. The problem to be addressed in this thesis is the nature of the interaction of two healing systems. This interaction emanates from the clash of two cultures, namely, African culture and Western culture. A clash of cultures occurs when both cultures appear to be strong enough to stand on their own and therefore resist each other. Acculturation and assimilation then fail to materialize. In such a situation, there can be no common meeting point, no compromise, no toleration nor compatibility. In this chapter, the purpose of this study is discussed. Then, the relevance of the study and the methodology to be used in the research are detailed.

### **1.1 The purpose of the thesis**

The focus of this thesis is to firstly identify the problem of interaction as experienced by the Mpondo people of South Africa. The Mpondo people in the districts of Lusikisiki Ngqeleni, Lobode (Port St Johns), Flagstaff (Bizana) and Ntabankulu have been extensively studied by the researcher (Mcetywa 1998). The people of these districts have strong ties with African indigenous culture although influence of Western civilization and Christianity is increasing. This is where the problem lies.



A brief historical overview of the Mpondo people is provided. This study also highlights the socio-political problems of the Mpondo people which have emanated from racial laws and discrimination during the colonial and apartheid eras. The underlying intention of the thesis is to explore and explain certain controversial areas and problematic situations experienced in the field of health by the Mpondo people.

The overall aim is to map the similarities and differences between African traditional medical practice and health services rendered by Western orientated health centres such as hospitals, clinics and surgeries among Mpondo people. Finally some suggestions and possible solutions for the problems raised may facilitate the simultaneous and mutually beneficial functioning of these two healing systems.

## **1.2 Relevance of the study**

The first difficulty the world from outside Africa experienced in Africa, was to understand the African peoples and their cultures. The result was that the culture of these indigenous peoples was not correctly understood. Where this misinterpretation occurred hostility and suspicion emerged. The relevance of the study derive from this complex situation.

In order to assess the nature of the interaction of the Mpondo culture and Western civilization, as well as the problems caused by the mutual hostility that emerged between the two interacting cultures, one needs to identify and analyse the primary areas which

lead to the misunderstanding. The hypothesis is that this lies in the area of healing systems. Misunderstanding occurred because African medical practice, based on African traditional religion, was never taken seriously by Western and Christianity. Western medical centres in Mpondoland were designed and planned according to Western standards. Indigenous medical practices were overlooked by the Western medical practitioners when the health system of Mpondoland was planned. In substantiation E B Idowu wrote:

The world still has to be convinced that there is indigenous religion of African and that by right it deserves the name of religion. Those who are organising societies and congresses or conferences with particular reference to the history or even phenomenology of religion have always regarded African traditional religion as of little account except where they choose to deal with it as an illustration of what is (Idowu 1973 : 1).

Any healing system and religious movement can only be understood within their historical and cultural context. No religious movement is static. There is always a dynamic interaction between healing systems, religious movements as well as their social and political milieu. This study seeks to address this complex phenomenon.

### **1.3 Methodology**

No single methodological approach can be used in a study of this nature. The complexity of the study therefore necessitates a multi-disciplinary methodological approach. Three methodological approaches have been used. They derive from phenomenology, historical description and comparative historical hermeneutics.

### **1.3.1 Phenomenology**

In phenomenology, the investigation of the object of study should avoid being influenced by the investigating subject. The object of study should be observed and studied as it reveals itself to be.

Secondly, in the study of religion, phenomenology applies a specific principle called 'bracketing'. By this is meant an approach which demands from the investigator that his or her presuppositions should not influence data.. Findings should also remain open for further development and investigation (King 1983 : 39-59).

The investigator is, therefore, expected to be a participant observer in the object of study. The investigator should be able to see, participate and then assess. In this study, the collected information will be used to determine the nature of interaction in the field of medical practice between the Mpondo people and western healing. The basic goal is to suggest solutions that may lead to a mutually beneficial appreciation of the two healing systems.

### **1.3.2 History**

Another method of research to be followed is that of historical description. In this method, the researcher consults various historical resources in order to gain the necessary information concerning particular historical events. Sources of information for history

range from written records to oral tradition. The emphasis here is on religious history, that is, “history in its religious dimensions” (Biachi 1985 : 58).

In the historical method of research, all sources of information, both primary and secondary, are examined. In such a procedure, research sources such as government archives, church archives, and cultural works are consulted. For obtaining primary and undocumented information, interviews are conducted and people who are sources of oral tradition are consulted. The data collected is interpreted in order to simplify it, “to disclose their meaning for us today” (Braaten 1968 : 139).

### **1.3.3 Comparative historical hermeneutics**

This method is a three-in-one approach. Firstly, it seeks to compare. Secondly, it analyses historical facts. Finally, it interprets the facts as clarified by Kwamukwami: “the happenings of today the part of the formation of history. Our daily activities are in the process of making history” (Kwamukwami 1988 : 63).

In most cases, hermeneutics is a method used by the investigator to inquire into basic principles with a view to understanding historical records or facts. “Hermeneutics embraces both the methodological rules to be applied in exegesis as well as the epistemological presumptions of historical understanding” (Braaten 1968 : 132).

Using the comparative historical hermeneutics methods will involve a comparison of the data collected concerning African traditional religio-medical practice and western healing methods.

#### **1.3.4 The structure of the thesis**

The focus of this thesis is to surface the problems experienced by the Mpondo people in this medical practice. Although the various healing systems and medical practices are hostile, interactionary, and conflicting in the whole of South Africa, the Mpondo people have been selected for the case study. The point of emphasis is on how the African traditional healing system has been interpreted and undermined by both the Cape colonial government and the Apartheid regime linked with Western civilization and Christianity. Central to the thesis is to explain to the readers the health system amongst the Mpondo people.

This study is divided into Ten Chapters.

Chapter one is the “Introduction”. It considers the contribution the study seeks to make. It also analyses the relevance of the study. Secondly, the methods of data collection are outlined. Thirdly, methodologies applied in the research and interpretation process are given.

Chapter two addresses the historical background of the Mpondo people. Of great importance, is the geographic position of the people. To support this, a political map is provided. Also relevant to this study is the analytic explanation of the history of the Mpondo Kingdom. Its division and resistance since the time of the Cape Colonial government's domination until annexation in 1894 are addressed. It was after this year that the Mpondo cultural breakdown commenced as colonization began to make inroads in this kingdom.

Chapter three analyzes the influence of Christianity and Western civilization through mission health centres and mission schools in Mpondoland. The approach is historical, tracing the Cape Colonial government's rule and the arrival of missionaries. It surveys the ways in which the church as a state organ operated.

The depth of the danger and impact of the encroachment of Western and Christian influence on Mpondo culture, religious healing system and the position of workers in the Christian mission hospitals and clinics are detailed too. Finally, a better working proposal to ease the conditions in these work centres and schools is suggested.

Chapter four focuses on the Mpondo world view and its cultural traits. Given the fact that an African traditional healing system is basically cultural and the cultural nature of the interaction between the two cultures in Mpondoland, our emphasis on the Mpondo language as an expression of the culture of the people. Types of evil spirits, the concept of being, and Mpondo mythologies are addressed.

An analysis of these three Mpondo cultural traits have been made in order to portray the danger and harm caused by the language, religion and world view barriers in the event of interaction of the two cultures. The intention is to show that the lesser the cultural barriers are, the lesser the cultural hostilities and conflict will be. This means, amongst other things, that there is a need for cultural knowledge to flow between the two cultures in coexistence viz. African culture and Western culture.

The emphasis of chapter five is mainly on the worship and religio-healing system of the Mpondo people. Since worshipping and healing are intertwined, it becomes imperative to deal with these two aspects of African Traditional Religion simultaneously. These two aspects of African Traditional Religion will be dealt with in the perspective of their resistance to the encroachment of Western civilization, Christianity and Western medical practice.

Central in the discussion of worship and Mpondo healing, is the description of the remaining Mpondo religious festival called ingxwela, which has both worship and healing effect. The role of the ancestors in the worship, as well as in healing, are analysed. The link between the different specialist doctors, types of diviners (anagqirha), medical practitioners and the ancestors are highlighted.

Chapter six is fully dedicated to the exploration and explanation of the healing and treatment methods used by Mpondo people. Without a clear understanding of the Mpondo healing methods and the diseases, their treatment and causes, there can be no

hope for cooperation mutual understanding and respect between the two interacting cultures.

The names of the diseases are fully explained. The causes and the treatment of diseases by Mpondo medical practitioners are also analysed. The relation between diseases as a physical anomaly of the human body and the spiritual implementation involved in the healing system of a human being are also attended to.

In addition, the problem of interacting cultures, the treatment and curing of diseases are dealt with. The different levels of understanding between the patients and the medical practitioners caused by the cultural diversity are also looked into. On the whole, the purpose is to limit the hostility and conflict within the medical practice in Mpondoland. It is only through an improved level of understanding and respect of each other's culture that a better quality of health service can be rendered to the people. Some people die because they resist African traditional medicine as it is undermined, insulted and despised as dirty, deadly and damaging instead of necessary for healing. Consequently, the people on the ground find themselves caught up in the cross-fire. At times, people refuse to be treated by the Western medical practitioners as they are suspicious of them. They regard them as weak, ineffective and irrelevant to their traditional diseases.

Chapter seven, deals with the methods applied to boost economy and sexual life among Mpondo people. Economic life and sex life are closely related issues.



Both of them are central in the day to day life of the people. In order to be economically viable, a family or community must be sexually active. These two aspects of culture complement each other.

The reason of tackling these two issues concurrently, derives from their interlocking condition. The soil is a source of life for agriculture housing and clothing purposes. As such the control of rain, hailstorm, agricultural production, live stock, seeds, etc. becomes important. A good economic base needs a strong family and a big number of off-spring. For this reason, Mpondo people are always concerned about family growth and strength. Some anti-social sexual behaviours are always discouraged and abhorred. eg. homosexuality and bisexuality.

Chapter eight considers the prevalence of HIV/AIDS. The focus is on the relationship between some African diseases closely related to HIV/AIDS and STD's. The argument is not about proving the existence of HIV/AIDS as well as its causes but about the myth of the incurable nature of the diseases. Also, the research for failure to treat HIV/AIDS is outlined and possible solutions suggested.

Very crucial to this controversial disease, is its threat to Africa. As an African traditional religious researcher and adherent, it is disturbing to note that African traditional healing experts were not consulted on this issue. As such, the current approach is not holistic.

The recent debates around the causes of HIV/AIDS by orthodox scientists and dissident scientists are highlighted. Several suggested resolutions at the 13<sup>th</sup> Durban International HIV/AIDS conference are reviewed.

Central, in chapter nine, is the Mpondo people's belief in witchcraft. We seek to assess and measure the contribution it has made to divide the Mpondo community. It also shows the conflict caused by the influence of Christianity and Western civilization as imposed on Mpondo people by the Cape Colonial government and the apartheid regime.

The belief in witchcraft is still rife amongst the Mpondo, despite the fact that the government and the Christian churches have tried to stamp it out. Experiences of hostilities amongst community members have been identified as common in the Western medical centres. This chapter offers a picture of a society where the belief is accepted and measures of control are applied. It is not the intention of this chapter to promote primitive approaches of treatment of the offenders, but to suggest some solutions to this problem.

In chapter ten, the solutions of the problems that have been discussed in the whole thesis are considered. Although here and there in the various chapters and sections of this thesis, solutions have been given to some problems, the final solutions and challenges of the people of Mpondoland and the entire South Africa are outlined. The hope is that through the research, other people would come up with some other strategies other than these suggested here to speed up the process of change in this regard.

## CHAPTER TWO

### The Historical background of the Mpondo people 800-1994

#### 2.1 Introduction

The aim of this chapter is to provide an overview of the history of the Mpondo people (800.1994). The origin of the Mpondo people as well as their *locus standi* and the geographic boundaries of their land are considered. The intention of this analysis is to locate exactly where interaction between the Mpondo and western culture came about. The impact of the colonial and apartheid regimes on Mpondo culture after annexation is discussed too.

#### 2.2 The origin of the Mpondo people

The Mpondo people are a sub-group directly linked to Ntu. “South eastern Bantu came from a locality on or near the west coast of Africa, so that their route of migration lay across that of the south central tribes on their southwards journey down the central plateau” (Theal 1919 : 19).

This conclusion is reached largely on the fact that,

when in 1498 the first Portuguese fleet crossed the Indian Ocean it touched the mouth of the Limpopo River. In this group of sailors there was a man by the name of Martin Affonso who could speak several western African coast dialects. It was through this man that most of the information was gathered about Mpondo people (Theal 1919 : 19).

About the fifteenth century a great devastating group known as Amazimba pushed a great number of tribes away from the Atlantic Ocean coast towards Tete and the lower Zambezi River. Amongst them was a group known as the AbaMbo. This title usually refers to amaSwazi amaMpondo, amaBhaca amaZulu and amaThonga.

According to Theal: the “amaThonga group moved to eastern coast before the Mpondo, Thembu and Xhosa moved to South of Umzimvubu about the fifteenth century” (Theal 1919 : 25). Bryant is of the similar opinion that, “about 1900 AD southern Bantu were already divided into three groups namely: ‘Nguni, Vambe (sic) (likely to mean AbaMbo) Karanga and Thonga’. From Ntungwa came Xhosa, Zulu and Thembu. The house of Mbo gave birth to amaSwazi, amaBhele, amaNdwandwe and amaMpondo” (Bryant 1917 : 15).

The first group to move southwards were the Mpondo. More or less the same time the Mtungwa of Nguni followed on the same way dispersing southwards. In 1593 a ship named Alberto wrecked near Port St Johns, that is near the Mzimvubu River mouth. The survivors of this ship reported that on the coast of Mpondoland they noticed that Mpondo people were already living in that area (Kriege 1917 : 15).

In 1600 the Mpondo people were already living in the area of the upper Umzimvubu River called Dedesi. This is the area near the present town of Mt Fletcher.

Another shipwreck of 1686 (February) occurred. This was a ship called ‘The Stavenisse’. Once more the survivors of this ship reported that on their way to Cape Town from Port St Johns they met some black people called Mpondo on the Coast and inland (Interview: Manona 1997).

There is also strong evidence that these people were Mpondo living in a place called Dedeni on the Indian Ocean coastal area of Lusikisiki and Port St Johns. This land was even acknowledged by King Tshaka who sent Chief Dingana and Mhlangana to attack the Mpondo people in 1828.

According to available genealogies, the common patriarch of a number of the Nguni tribe was Sibiside who had three sons Dlamini, Mkhize and Njanya. The first two founded tribes bearing their names and established their own Kingdoms. Njanya had five sons, the twins Mpondomse and Mpondo and three sons Qwathi, Cwerha and Xesibe, all of whom founded their distinctive nations (Mcetywa 1998 : 15).

### **2.3 The geographic boundaries of the Mpondo Kingdom**

Between the tenth and thirteenth centuries, the Mpondo people had already moved from Lubhelu in the Nyanza region which is located in the Great Lakes region to South of the Limpopo River (Ndamase 1924 : 13).

The land of the Mpondo people stretched from the Tukela River (Tugela sic) on the northern side to Mbhashe River (Bashe). On the western side, the boundary was the Drakensberg, also called Khahlamba or Ulundi Mountains. The eastern border was and is still unchanged - the Indian Ocean. Confirming this, Monica Wilson has this to say:



There are about nine Kings who were buried near the Tukela River from King Mpondo to King Msiza. King Ncindise was buried between the Mzimkulu and Mthamvuna Rivers. Between the Mzimvubu and Mthamvuna Rivers, King Tahle was buried.

Changes had occurred from time to time due to border disputes, growth of the nation and imperial or colonial expansionism. The first change of the boundary occurred in the 1820's. This was when the northern border changed from being the Tukela River to the Mzimkhulu River (Umzimkulu sic). The change was brought about by British colonial and imperial expansion as well as by King Tshaka's nation building wars. In substantiation, Clarke has written thus:

During the time of King Tshaka's imperial wars the land between the Tugela, Mngeni and Umzimkulu River became depopulated. King Tshaka gave the country from the Umvoti to Umzimkulu Rivers to Farewell and his party in 1823 (Clarke 1927 : 100).

The third boundary change occurred in the 1830s. The southern boundary was changed from being the Mbashe (Bashe) River to the Mtata (Umtata) River. Apparently, the cause of the change was the growth of the nation and vassal chiefs. This was the time of King Faku's rule who tried to secure these boundaries by signing a treaty with the British Colonial power in 1844.

The British recognized the Mpondo Kingdom under Faku 1824-67 as the only substantial state in the independent area that lay across the Kei between the Drakensberg and the ocean. Port St Johns was the only significant stop for coastal trading ships between the Cape Colony and Natal. So from 1844, despite a brief attempt by High Commissioner Harry Smith to annex it in 1850 Pondoland was an independent treaty state tied by formal treaty with Britain (Pearse 1982 : 16).

The fourth boundary change occurred in 1878 on the northern side of the Mpondo Kingdom. This aimed at the destruction of the Mpondo Kingdom as a unity. Sir Theophilus Shepstone, High Commissioner in the Natal Colony, negotiated the boundary change from being the Mzimkulu River in the north where the town of Port Shepstone is presently situated, to the Mthamvuna River further south. The influence of the British missionaries was always exerted. In these negotiations Rev. Jenkins of Mfundisweni missionary station of the Methodist Church was in the forefront.

The new boundary was decided upon in a big meeting convened by the Cape Colonial government at Mfundisweni mission. It was attended by Jojo, Mqikela, Ndamase in 1872. In 1878 Mthamvuna became a new boundary for the Kingdom of Pondoland (Bluebook : 1888 : 19).

The fifth change of the boundary occurred in 1976. This was the era of the National Party's apartheid regime of separate development. The area affected fell under the Mpondo Kingdom and is composed of three districts namely Matatiel, Kokstad and Umzimkulu. The boundary for these districts is the upper Mzimkulu River. These three districts always remained under the Cape Colony but later, the N P government introduced the homeland system by which two of them were incorporated into Natal. These two were Matatiel and Kokstad. The main purpose was racial, in that the whites in these areas did not want to be ruled by a black leader.

In 1994 the people of Mpondoland demanded the restoration of the incorporated land into Natal particularly Kokstad and Matatiel. The African National Congress (ANC) led delegation demanded the land from the National government and declared that: the land



of the people should be restored without negotiations because it was incorporated through National government declaration (Silangwe : ANC Chairperson Lusikisiki - Region 1995).

The Mpondo Kingdom was weakened because of the scramble between the Colonial government, the National Party (NP) and the Mpondo nationals. However, the Mpondo people survived and resisted the threat of disunity for a fairly long time. They were helped by their geographic position, that is, the huge mountains on the western side, the Indian Ocean, huge forests and big rivers which served as a protection during war times. They were also united and were not exposed to feuds and internal power or land struggles. Simon van der Stel, a commander of the Dutch East India Company (DEIC), made this observation when he interviewed the survivors of the Stavenisse ship wreck

it would be impossible to buy slaves there, for they would not part with their children or any of their connection for anything in the world, leaving one another with a most remarkable strength of affection. Revenge has little or no swag amongst them, as they are obliged to submit their disputes to the King who after having the parties, gives sentence on the spot to which all parties submit without a murmur. The Kings are much respected and beloved by their subjects (Cooper 1996 : 21).

#### **2.4 The annexation of the Mpondo Kingdom**

From the 1830's-1890's the Mpondo Kingdom became a centre of attraction to British and German Colonial powers. During this period, and even before, the missionary pioneers and traders were already deployed in this area. Central to the policy of imperialism was the use of missionaries' influence to soften the traditional leaders under

the pretext of spreading the word of God. The colonial traders facilitated the process of colonialization, as they flooded the market with western goods, attire and food.

To implement the British policy of colonization, Christian missionary stations were opened across the country. One was established at Buntingville in Ngqeleni district named after Rev. Bunting in 1833. Another station was established in 1845 at Mfundisweni in the district of Flagstaff under Rev. T Jenkins. Both of them were Methodist Church mission stations. These two were the first and they were to be followed by many especially after annexation. Whilst these mission stations were basically established for religious service, they appear to have been political centres for the colonial government. Their Christian influence was also slowly making an impact even amongst the members of the royal families. This occurred in King Faku's great place. In support of this statement, Callaway has this to say:

King Faku the most important of all Pondo Kings, his father King Ngqungqushe died in the battle against the Bomvana in 1867. Faku's mother, Makhulu appears to have been Christianized even before the Rev. Thomas Jenkin's arrival in Pondoland in 1833 (Callaway 1939 : 29).

The pressure for annexation became strong during King Faku's rule (1822-67). Due to his skillful management of affairs, this failed to materialize. To avoid annexation and confrontation King Faku opted for a treaty signed between him and Governor Maitland in 1844. In this way Mpondo sovereignty was guaranteed. This treaty also guaranteed the safety of the British subjects in the Kingdom i.e. the missionaries and the traders. These are the people who were already owning land in Mpondoland. For example, some

farmers and traders were already living in Port St Johns at the mouth of the the Mzimvubu River where ships were using the harbour on the estuary of the river. King Faku had allowed some British immigrants to settle at Port St Johns near Mzimvubu River (Mcetywa 1998 : 18).

Still in pursuit of the plot to annex the Mpondo Kingdom, the Cape colonial power resorted to the divide and rule policy. This policy was even further accelerated by the rumours that German colonists were in search of land in Mpondo Kingdom. The Pondo remained a united nation. British intrigue broke this unity. They had rumours that that area was to be annexed by Germany (Blue Book 1887).

The British Colonial Government wished to take land from the Mpondo. They succeeded to do so by dividing the Kingdom into two. King Mqikela, the son of King Faku, resisted this during his time. But Chief Nqwiliso the son of Chief Ndamase of Nyandeni, the second house of Faku, was influenced by the Cape Colonial government to break away from King Mqikela.

Nqwiliso succeeded Ndamase as Chief and the British promised him his own Kingdom and monthly stipend if he got the land from him though it was not his aim to alienate and in the process divided the Kingdom between two houses, Qaukeni and Nyandeni ruled by Mqikela and Nqwiliso (Mcetywa 1998 : 18).

Averting British colonial expansionism and imperialism, King Mqikela sought German protection. He sent his Prime Minister, Chief Mdlangaso to negotiate the buying of guns from German ships at Grossvenor harbour at the Msikaba River.

In turn, the Germans were also given land on the coast of the Indian Ocean for development. However, this never materialized as the seeds of division were spread between King Sigcawu, the son of King Mqikela, and Chief Mdlangaso by the British missionary named Rev. P Hargreaves.

The missionary stationed at Mfundisweni mission was always well informed about Mpondo royal affairs. Working as a Cape colonial government agent in Mpondoland he used the small rift and misunderstanding between King Sgcawu and the influential well educated Chief Mdlangaso which stemmed from the appointment of King Sigcawu, to the throne at the death of his father. King Sigcawu became the choice of Queen Masarhill who was the senior wife who did not give birth to the heir. As a result she appointed Prince Sigcawu who was born out of wedlock by the King.

King Sigcawu was made to believe that Chief Mdlangaso was challenging his legitimacy as a King, since he was born out of wedlock and conspiring to become King himself (Mcetywa, 1998 : 18).

Conspiracy triumphed and war broke out in 1890-1893 between King Sigcawu and Chief Madlangaso's followers. The Cape colonial government intervened in the war under the pretext of protecting the British subjects. Pretending to sympathize with the King they offered to raid Chief Mdlangaso and treat him as a fugitive and a rebel.

The Cape Colony troops were deployed in Mpondoland. Chief Mdlangaso was driven away from his Sihlonyaneni headquarters in Flagstaff district and was driven across the

Mthamvuna River. As the war continued Natal Colony felt threatened by the situation in Mpondoland for it was believed that Mdlangaso's subjects were raiding cattle in Natal.

In 1892 he was arrested and detained in Kokstad. He was charged of disturbing the peace. After his release he was banished to Boschskloof farm in Kokstad farm area and not allowed to enter the Mpondo Kingdom without permission. Later he was released from Boschkloof farm and banished to Ntabankulu (Kokstad Advertiser 4 May 1892).

With the defeat of Chief Mdlangaso who was a well balanced Mpondo statesman, a diplomat and a politician, the nation remained more divided and weak. The Cape Colonial government ordered the annexation of the Mpondo Kingdom as they knew that such an action would not be challenged militarily nor diplomatically.

It was at this point there having in the meantime been another change of government in England that Rhodes took action and decided to annex Pondoland peacefully if possibly, by force if necessary. At the end diplomacy triumphed and the annexation was carried into effect in 1894 without the firing of a single shot (Brownlee 1977 : 134).



## **2.5 Conclusion**

In conclusion, the history of the Mpondo people as outlined above displays the strong peoplehood, and unity that survived for centuries through testing times. As such their social system defended their identity as they were threatened by foreign colonial powers. The respect of their traditional leaders based on their cultural bond helped them to remain a people with land, language, traditional healing system and traditional religion despite all the atrocities they experienced through land dispossession and annexation. In the following chapters the question of Mpondo culture, its nature and outside influences will be dealt with in the context of their interaction with outside cultural forces after annexation.

# **CHAPTER THREE**

## **THE INFLUENCE OF CHRISTIANITY AND WESTERN CIVILIZATION IN MISSION HEALTH CENTRES AND MISSION SCHOOLS IN MPONDOLAND**

### **3.1 Introduction**

When the early missionaries and the colonists arrived in Mpondoland in the 1830s, they brought about the political, economic and social problems which greatly affected the culture of the Mpondo people in their African traditional religion and African traditional healing system. The weakened culture contributed to the loss of knowledge about various African traditional methods of healing. This chapter illustrates how the colonial and apartheid regimes divided and damaged Mpondo culture. With the emergence of missionary schools and health centers, African culture was weakened. As a result the interaction of the two different cultures occurred in schools and in hospitals. The African traditional healing system was sidelined and undermined.

### **3.2 The Christian and Western civilization influence on Mpondo people during the time of the Cape Colonial Government (1800s-1950s)**

#### **3.2.1 The Church's influence on the Mpondo People**

The infiltration of Christian teaching and Western civilization in African Traditional Religion and healing systems became more pronounced when the former sought to



subjugate the latter. The use of holy scripture in the church, schools, hospitals as well as other government run institutions became prevalent. The condemnation of African traditional healing systems became the main target of attack. Converted Mpondo people were forced to stop practising their culture for it was condemned as barbaric. They were also forced to do away with their traditional ways of life, their food, attire, customs and religion. Endorsing this point, Oosthuizen had this to say: "The church permeated practically every sphere of traditional African life and large numbers were converted to Christianity...Christianity is part and parcel of the white man's culture" (Oosthuizen 1961 : 108).

Most of the church's teachings were meant to encourage and facilitate the encroachment of Western civilization on African culture. To be civilized meant denouncing all the African traditional standards, values and norms. As such, African ways of life amongst the converted Mpondo people was reduced to nothing. Tempels, emphasizing this point, wrote thus;

we have had the idea that we stood before them as adults before the newly born. In our mission, to educate and to civilize we believed that we started with a 'tabula rasa', though we also believed that we had to clear the ground of some worthless notions, to lay foundations in a bare soil. We were quite sure that we should give short shrift to stupid customs, vain beliefs as being quite ridiculous and devoid of all sound sense (Tempels 1956 : 111).

### **3.2.2 The Christian influence at schools**

The system of education for Mpondo people was designed in such a way that all their cultural values and norms were undermined. Mission and government schools were run in Western style. Such schools were Palmerton, Buntingville and Mfundisweni. Teachers were not employed if they were not full members of the church of a certain denomination. The reason for this was that the teacher was expected to teach as well as to preach the word of God at school (Minutes of conference: United Methodist Church of S.A., 1988). The pupils or students were expected to be developed mentally, physically as well as spiritually. Basically, the purpose was to undermine African culture as this had nothing to do with what was taught at school. The idea behind this was to introduce or create a new culture amongst Mpondo.

It seems clear that important as it is for the cultural background of the Bantu to be taken in consideration, a modernization of his culture, along the lines of the Western cultural tradition and the best it contains is inevitable (Duminy 1969 : 150).

Expected from the teachers was their full participation in the church service particularly in mission or church schools. They were expected to propagate Christian values and norms at the expense of African traditional culture.

They believed that it was possible by education to build a new world - a world that no man had yet dreamed of. Virtue and excellence were based on education (Waterink 1963 : 809).

For colonists and missionaries everything needed to be restructured. In schools, traditional attire was strictly prohibited. Only Western health education was and is still taught in schools and at health centres. African traditional methods of healing, first aid, and health care were not taught nor promoted. Most of the African medical practitioners who are trained in Western or Christian medical schools, though they have knowledge about African traditional healing systems, could not talk or even suggest to their patients alternatives. This is the case with medical students, student nurses, psychiatrists, radiographers, physiotherapists, dentists, psychologists, midwives, etc. Even though they were sometimes drawn from rural areas, well equipped with African traditional healing knowledge, once they are at the western health centres, their mind-set changes. Those who were not as yet changed in their minds about African traditional healing systems, were scolded and threatened whenever they were found or met. As Butler puts it:

Learners are not as a rule given an opportunity to do things for themselves. They are told or made to feel that their opinions are worthless, that they should follow, not lead, listen and remember, not to work things out for themselves (Butler, 1961 : 119).

### **3.2.3 The influence of Christianity in hospitals**

The intervention of colonial power accompanied by Western civilization and Christian teaching entrenched the colonial power and policies whilst African traditional communities were further divided and dismantled. Health centres such as hospitals and clinics were built by missionaries and the medical staff working in these centres were

mainly drawn from Christian converts and church leaders such as priests and nuns. In these health centres Christianity was the only religion that enjoyed respect.

Next to nothing is known of the role played by African Traditional Religion. As in the rest of sub Sahara, African studies of the recent democratisation wave have so far tended to limit themselves to the role of the churches (Schoffeleers 1986 : 407).

It is this kind of interaction between these two traditions that caused a lot of tension and conflict in most African societies. This has caused psychological tension, misunderstanding, mistrust and fear amongst African communities. It has also led to many avoidable deaths of people in hospitals, clinics and surgeries. Such deaths usually occur because there is no cooperation between Western healers and African Traditional healers. The point which was missed by the early Western medical practitioners and missionaries is emphasized by Taylor when he said that:

Our first task in approaching another people, another culture, another religion is to take off our shoes, for this place we are approaching is holy. Else we may find ourselves treading on man's dreams. More serious still we may forget that God was here before our arrival (Taylor 1963 : 10).

It was this serious omission that contributed to greater misunderstanding which later destroyed what should have been a great achievement for the African people. The basic aim was to serve the community of African people whose culture was not well known. This led to the introduction of health centres for Africans e.g. The Holy Cross and St Barnabas Hospitals, without taking into consideration that there were already existing health centres run by African traditional healers known as amaxhwele and amagqirha i.e.

doctors and diviners. The African traditional healers were undermined most probably for economic reasons, different worldviews and religious differences. That they were distanced from health work was caused by the fear of competition and economic monopoly. One of the basic aims of establishing hospitals, clinics and surgeries was to create job opportunities for the unemployed. On the other hand these health centres were built for humanitarian reasons. Explaining this Mahatma Gandhi once indicated that:

I hold that proselytisation under the cloak of humanitarian work is to say the least unhealthy....Christianity as it is, preached today has a commercial aspect. Not unless you isolate the proselytising aspect from education and medical institution are they of any worth (Wilson 1963 : 45).

Early missionaries and health workers have claimed that the whole work rendered by Western health institutions is to help society. Most unfortunately the society these institutions sought to help was not properly consulted with the view of cooperation and understanding because Mpondo people were undermined. Confirming this the church law about the tenants says that,

the tenants shall become and remain a member adherent of a Christian church – shall not bring or make, brew or distil any intoxicating liquors of any kind upon the said farm, nor observe any Heathen custom (The Methodist Church of S.A. : Laws and Discipline Appendix ix 1932 : 383).

The reason for this was to undermine Mpondo culture. In most cases decisions were unilateral. The approach was rather wrong as it is top-down, yet, the correct one is from the bottom to the top. This means that missionaries and health workers should have approached the African Traditional health workers before they started operating in these societies. Consequently the basic goals and intentions were never attained. Instead,

African traditional healing methods and Western medical practices remained parallel interacting with some negativity.

### **3.3 The impact of Christianity and Western Civilization on the Mpondo people during the apartheid regime (1961-1990)**

The influence of Christianity and Western civilization became strong in Mpondoland during the apartheid regime. The schools formerly run by the missionaries were placed under state control in preparation for separate development.

By 1960 an elaborate scaffolding for the majestic new edifice of separate development had been erected, the architects of this grand design seem to have been sincere men possessed of quasi-religious visions. The ideology of apartheid was battered by an enormous amount of theological, philosophical, sociological, anthropological and political writings all arguing, for the validity of the Afrikaner secular faith (Majorie and Hope 1966 : 34).

There was now a clear demarcation between the education designed for blacks and the one for whites. Teachers were no longer recruited by the missionaries. The idea behind this was to undermine all the colonial related rules at schools with its liberal laws. "Missionaries were agents of conquest - indeed of cultural imperialism" (Majorie and Hope 1966 : 21). Conflicting ideas between the Boers and the Britons are glaring as the latter sought to display white supremacy from all walks of life. The Cape Colonial power on the other hand was not prepared to see its authority and power being watered down and undermined. Afrikaans and English were made the mediums of instruction in all government schools. Afrikaans was also made the second official language. As a result of this there emerged serious cultural paradoxes among the Mpondo people.

Propagation of Christian principles at school continued with the view to undermine and suppress African culture and prevent political activity. The apartheid system was justified by the holy scripture hence the Boers regarded themselves as the chosen nation by God:

as a rallying cry of the NGK theologians is typical: 'we believe that God...has made merciful provision for our choice remains that of rather perishing on the way of obedience than to melt into the non-whites to forfeit our identity and our calling' (Majorie and Hope 1983 : 30).

They believed that their duty was to save blacks in Mpondoland from the bondage of sin, darkness, barbarism and backwardness. The teaching of Christianity became compulsory. Schools opened and closed only by Christian prayers. All teachers were forced to lead prayers in the morning at assembly and after schools in their classes. Students and pupils were obliged to carry out the instructions from the government. The apartheid regime, at its height promoted white supremacy in all walks of life. Referring to the Boer republic, Robinson and Ghalagher wrote thus:

they dedicated their republic to the conservation of white supremacy in church and state of true burglar-like freedom, equality and fraternity. The church likewise clung to the harsh Calvinist orthodoxy of the seventeenth century unmellowed by the liberal theology of later times (Robinson and Callagher 1961 : 64).

Common in most government schools, and in the state aided Dutch Reformed Church (DRC) schools were the preaching of salvation theology that emphasized the concept of being saved. In this theology, the basic aim was to brainwash students, to do away with political activities and to do away with African culture. For instance, brewing of Mpondo

traditional beer and all African cultural activities were condemned. Yet, the Mpondo people were expected to respond to the call of African identity as Arnold stated::

on the whole, a country in Africa in which the majority of the people are Africans must inevitably exhibit African values and be truly African in style (Arnold in Millard 1987 : 20).

Some Pentecostalist churches emerged in 1960 and influenced teachers. Division and interaction occurred at home and at school as the Pentecostalist teachers and students refused to respect the African culture as they were expected to by their parents.

In most of the health centres in Mpondoland, Christian education and Western or conventional healing systems took a strong foothold during the apartheid regime. Mission hospitals formerly owned and ran by the missionaries either under the London Missionary Society, The Dutch Reformed Church (DRC) or the Roman Catholic Church (RCC) were now jointly controlled by the state and the church, for both the state and the church had similar interest as missionary societies were engaged in a subtle competing for the souls of the heathen (Majorie and Hope 1983 : 20).

The Dutch Reformed Church as a state church competed with the English and the Roman Catholic Church for colonial gains in Mpondoland. As such a chain of mission hospitals were built on humanitarian grounds across Mpondoland. In Ngqeleni district, Canzibe Hospital was built in the 1960's. Three others followed about the same time in Port St Johns, Silimela, Ntabankulu, Siphethu and in Lusikisiki (Bambisana). These hospitals were competing with the two Anglican Church Hospitals namely St Barnabas in Libode



district and the Holy Cross mission hospitals in Lusikisiki district together with one Roman Catholic Church hospital called St Elizabeth. In Bizana, another Roman Catholic Church Hospital was also built, namely St Patric (Pondoland Report, Cape Town, Archives, 1965 : 160).

Service rendered in these hospitals was on racial lines as blacks were treated in separate wards, with a different quality of service in terms of medical apparatus, food and treatment. Even at surgeries and clinics, services were rendered along racial lines. Treatment of patients was not equal as black hospitals were of a lower rank as compared to white hospitals (Interview, Zwelifile : 1999).

During the era of apartheid, hostility was very sharp in hospitals, for Blacks suffered double embarrassment. Firstly, they were hated because of their colour. Secondly, they were ill treated because of their beliefs, norms and values based on their African traditional healing system with its emphasis on African spirituality which

is also expressed in the relationship between illness, misfortune and sin. Here sin is not taken in the Biblical meaning but associated with violation against taboos and disrespect of the ancestors (In Lartey et al 1994 : 18-27).

Greatly hated was their strong belief in witchcraft. Some Mpondo patients were sometimes reluctant to go to hospital for they were always criticized and attacked by the hospital staff for their beliefs in the existence of witches and wizards. At times the hospital staff would fight and scold the Mpondo patients for their delay in visiting hospitals when sick. It used to be worse if they noticed that a patient had visited the

African traditional doctor first before going to the surgery or the hospital. If they have noticed some sacrification of the body or face as means of treatment that would be a very serious problem for the patient. At the expense of the patients' life, these interactions occurred and the patients got hurt in the cross fire (Interview, Mqhanqala : 1999).

However, the last decade has witnessed many remarkable changes in economic development, in social, economic and political spheres of life, and perceptions of religion, as Bleeker stated:

so too the field of science of religion cannot be excluded from this great exercise. The problem at stake is that whereas religious pluralism is an undeniable fact in the growing world community we have to ponder the means and methods of increasing the mutual understanding between religion and forms of beliefs and accept them as cultural co-existence (Bleeker, 1975 : 3).

There are already some indicators pointing towards a new political dispensation to remove all discriminatory laws and avoid all forms of social interaction in this country.

As such these misconceptions about ATR will be cleared as it is really

surprising to note that despite the traditionalism in conventional medical practice there is a great prejudice and misconception about ATR. Most of the conventional medical practitioners scorn and look down upon African Traditional Religion. The African Traditional Religion is regarded as unscientific yet there are certain similarities between traditional and conventional medical practice and charity - both relate to the supernatural (Mhlaba Sunday Times Magazine 1993 : 14).

These imbalances were later to have an impact on the life of Mpondo people who were regarded as second class citizens.

many Africans who became Christians found it difficult to abandon their religion and medicine completely. Christian conversion was therefore shallow: it did not always change the African people's understanding of life and their relationship to their ancestral spirits and God (Chavinduka 1999 : 05).

Seeds of division were sown in these health centres. A patient suffering from a disease not known to Western medical practitioners was not to be listened to when he or she requested to be sent to an African traditional healer. African traditional healers could not go or visit their patients in these health centres, e.g. an African traditional healer by the name of Malandela has been taken to St Elizabeth Hospital for treatment as he was involved in a car accident. Having noticed that he was not improving he requested his relative to bring his medical mixture from home. When the Superintendent noticed that Malandela was using his own medical mixtures, he was expelled from hospital (Interview June 1998 : Nompendulo Ndzzonya) (Interview, 1998). This is a clear indication that interaction and hostility towards African traditional healing systems is still rife in hospitals. As such, this is a challenge to the stakeholders in the field of medicine and religion to stamp out this abhorable practice, for the patients found themselves in trouble. They become victims of the prevailing circumstances.

### **3.4 The Christian influence on the African Traditional Healing System**

The deepening of the influence of Christianity among the Mpondo weakened the African Traditional Religion, and a new type of religious group, called Abathandazeli, emerged.

### **3.4.1 The Rise of the Abathandazeli Healer Group**

#### **3.4.2 Introduction**

Closely linked to African traditional healing is the concept of abathandazeli. Basically, this concept stems from the fact that religion and healing are intertwined. The term ukuthandaza is a Mpondo verb which means 'to pray'. The noun is abathandazeli meaning those who have the power to pray for others. Therefore, abathandazeli are a group of healers who believe in the strength of prayer in healing. The faith healers are well organised groups of health workers based on a church formation. They form part of the churches known as African Independent Churches (AIC) i.e. Amaziyoni.

western therapy is not sufficiently concerned with or cognizant of evil forces as a very potent reality in the patient's life. There is a general lack on the part of missionaries in Africa's life to accommodate medical treatment accordingly. There seemed to be much that these historical mission churches in Africa can learn from AICs as far as healing and culture is concerned (Ngewu1992 : 48).

#### **3.4.3 The origin**

The concept abathandazeli emerged with the Christian orientated African traditional healers who found it difficult to work as an independent traditional healer and be a devout Christian at the same time. These people amongst the Mpondo formed their own separatist churches under the auspices of the Zionists. They are healers and use prayers in their healing system. Their method of healing is first and foremost traditionally African in outlook and yet overtly Christian in method.

The Zionist Abathandazeli originated in the United States of America. The Mpondo people working in the mines in Johannesburg came across this group of Zionists.

the Zionist movement founded in 1904 has even stronger American connections than the Ethiopian; for its roots lie in the Christian Apostolic Church in Zion emanating from Zion City, Illinois. The Zionists have retained some elements of traditional African pagans together with a rather Pentecostalist type of Christianity similar to that of store front church in the USA (Majorie and Hope 1983 : 192).

The abathandazeli are like faith healers in their use of the Bible and prayers yet they are diviners or amagqirha in many ways. As diviners they are able to diagnose the cause of illness and explain the need of African traditional religious prayers in the form of a ritual. Use of strong medicine is common amongst them. Like diviners they evoke the spirits of the ancestors through drumming, dancing and the clapping of hands while singing. At times they speak in tongues whilst falling in the trance. They can even smell out people in possession of evil spirits such as sorcerers and witches or wizards.

Another group of abathandazeli are like faith healers for they insist on the use of prayers, water mixed with salt and other Western orientated disinfectants such as jeyes fluid, candle light, woolen ropes etc. This group is against the use of African healing system,

remarkable parallels exist between Western and African healing systems in such alternative categories as herbalist, holistic medicine naturopathy and faith healing (Editor : Readers Digest 1992 : 346).

Amongst them are those who diagnose but cannot engage themselves in witch-hunt and beliefs in ancestors, as they are more pro-west and the Christianity than African Traditional Religion. They are like the faith healers and psychological healers.

The influence of Christianity on traditional Mpondo people was marked by the conversion of many Mpondo people either to mainline Christian churches or to African Independent Churches (AICs). Some of the AICs originated as a pro-African traditional medical healing practice, while many mainline churches were anti ATR and healing.

the missionaries, through the medium of church services, schools and hospitals in which Christian teaching is given and through the example of their own lives seek to convert the Mpondo to the Christian faith (Pauw 1936 : 349).

African society was gradually weakened by the growth of Western civilization and Christianity. African Traditional Religion and African healing methods were greatly affected.

acceptance of the missionary teaching involves adherence to certain doctrines, the joining of church and the observance of certain rules of behaviour upon the keeping of which membership of that church is conditional. Many ideas relating to the ancestors and to the magic are retained by Christians. The result is a curious conglomeration of beliefs (Pauw 1936 : 389).

Faith healing emerged. It appeared to be a conglomeration of beliefs held by different cultural groups. The Africans called it Abathandazeli. The African felt threatened by the foreign religion.

that Christianity is in some measure a disintegrating force in the tribal community cannot be denied. It tends to weaken the ancestor cult which makes for family solidarity (Pauw 1936 : 355).

As a religion, Christianity as a religion had no reason whatsoever to deny African Traditional Religion medical practice proper recognition and equal status. The emergence of this new form of religious medical practice, that is, faith healing, proved to be a practical example of unity between the two i.e. religion and African healing. This was the case even with Western communities.

the very same belief and practices - same in principle, if not in detail - were an integral part of the European civilization of our own ancestors. Right down into modern times, the belief in witchcraft was not felt to be in conflict with Christianity. It was shared and acted on by learned and unlearned alike - by priest and doctor by burgher in town by judge and magistrate no less than the private burgher in towns or the peasant of the country side (Hoernle in Schapera 1937 : 221).

Be that as it may, belief in witchcraft continued within the mainline churches. Those converted to Christian churches were not allowed to respond to the African Traditional Religion call of divination i.e. Amagqirha. The people within the church who happened to be identifiable as Amagqirha i.e. witch doctors, were referred to as possessed by the evil spirit, called umtshologu and thus were condemned by the church authorities. Some of them were even excommunicated. The belief in witchcraft triumphed within the mainline churches, despite the fact that it was condemned.

Church splits subsequently emerged, because many African people were not happy about the lifestyle, music, attire, worship, ritual and the approach used by the white-led

churches. Consequently, a group of African Independent Churches emerged as an answer to the demand to address their socio-cultural, religious, economic and political needs.

The African Independent Churches were an answer to the call of major African groups who realized that the missionary-based churches were not interested in addressing African problems. Actually, the AICs became the religio-social and politico-economic home as well as a solution to the physical, spiritual and mental suffering emerging from witchcraft related diseases. The spiritually oppressed, marginalized and sidelined found their home in the AICs. In these churches the whole body of the human being, its problems and needs, are addressed without prejudices. For these churches understand that:

the traditional system often involves the manipulation of symbols or magic and that this can be a very important factor in our lives. If we can claim to be scientific and simply discuss all traditional magic as evil, we are going to miss out some of its benefit. It is important that we try to understand how magic works and when it works and in what circumstances it becomes dangerous as to be avoided (Bourdillon 1993 : 112).

Among these churches, a group of healers known as Abathandazeli, a type of faith healer grew fast. Much as they were Christians, they used many African religious skills when healing and diagnosing the cause of sickness or bad omens. They brought some elements of African religion and healing systems into the Christian church.



## **Conclusion**

The truth about African traditional healing is that it is nothing but a healing skill similar in many ways to other healing methods found in other cultures. For this reason, there is a need to improve and uplift the standards and practice of this system. There is a need for proper implementation of the skills of healing possessed by the African traditional healers. There is a need therefore, for a commitment on the part of the entire nation to relocate the African traditional healing method to its rightful place.

Despite the fact that African Traditional Religion has suffered a great deal of seclusion and segregation as it was never recognized by the Colonial and the apartheid regimes, it has survived. The practice is still fresh in the mind of the Mpondo people. This study has proved that the state education system and health systems intended to subjugate African Traditional Religious healing system. The state education system and health system should be employed to revitalize African Traditional Religion and African traditional healing systems. The base for this is the constitution of this country as quoted in the abstract..

In the following chapters the strength of African Traditional Religion, based on their worldview, philosophy of life, types of evil spirits, and methodology will be detailed. These are the main areas of conflict and misunderstanding in the interaction of Christian or Western medical practice and Mpondo culture.

## CHAPTER FOUR

### THE MPONDO WORLD VIEW

#### 4.1 Introduction

As is the case with the rest of African peoples, the Mpondo have a belief system derived from the nature, structure, organisation and interaction of human beings in the world. Such interaction constitutes their worldview - which seeks to answer some relevant questions about their relationship with the world within which they live. Thus, the worldview remains their basis of analysis of things and their environment such as health, religion and culture.

For the purpose of this research, the Mpondo have been studied closely and their worldview has been investigated. In many ways, it resembles many other world views of the people in the world. As such it cannot be undermined or marginalized. An important point is argued for by Lang for global cultural toleration saying that:

all peoples notoriously tell the same myth, fairy tales, fables and improper stories, repeat the same proverbs, are amused by the analogous, religious rites and mysteries (Lang 1901 : 623).

## **4.2 The understanding of people's a world view**

To Mpondo people, understanding of a worldview has a uniting and binding force. It makes the people know their historical background, their present dialogues and future possibilities. Such a knowledge equips the people with the skills and abilities to control their environment, to deal with their social, political, economic and religious problems.

Writing about the peoples' worldview Uchedo maintained that:

world view helps the people to understand how they evaluate life, and a peoples' evaluation of life both temporal and non-temporal provides them with a character for action, a guide to behaviour (Uchedo 1965 : 11).

Such an understanding can alter some stereotypical attitudes about African culture, particularly the Mpondo people. Most of the time, Mpondo people have been referred to as backward and barbaric. The main point of emphasis is to suggest that, because of their worldview, their culture is static. Yet,

a hypothetically primitive condition corresponds in a considerable degree to modern savage tables who in spite of their differences and distance....seem to remain of an early state of the human race at large (Taylor 1871 : 1-16).

## **4.3 The characteristics of the Mpondo world view**

AmaMpondo believe that there is a visible and an invisible world. A visible world refers to earth where people are located. An invisible realm is the abode of super natural beings. It is divided into two sections. There is the realm which is the dwelling place of



creation which is believed to be located somewhere in the sky. Secondly, there is an invisible world, an under world, and a spirit land which is regarded as the dwelling of the ancestors and the spirits. These spirits are said to be located somewhere in the ground.

Both worlds are interlinked. African beliefs see no wall of demarcation between the two worlds. “The two realms shade into each other. One could even say that to a certain extent, the two worlds overlap. One is the carbon copy of the other (Metuh-Ikeng 1981 : 62).

On the Mpondo worldview is a dichotomy and a clear-cut distinction between sacred and evil, material and spiritual although it is not interpreted in the same way as with other religions eg. Christianity and Judaism etc. Asserting this, Taylor explains thus, “not only is there less separation between subject and object, between self and non-self, but fundamentally, all things share the same nature and the same interaction one upon another....the living, the dead” (Taylor 1969 : 64).

Apart from the fact that the Mpondo have a general worldview which they share with the rest of Africa, they also form part of the Southern Bantu speaking peoples with whom they share the same worldview. To them, there are four categories in their hierarchy of beings, namely the Supreme Beings, Spirit forces, ancestors and magical forces (see the diagrammatic representation above).

at the apex was the Supreme God, on one side of the triangle, were the nature gods, and on the other side the ancestors, while at the base were the lower magical powers (Smith 1950 : 84).

#### **4.4 The Mpondo world view and the concept of Being**

Central to the Mpondo worldview is the concept of being, i.e. ubuntu. This philosophy is based on Ntu whom they believe is one of high vital force, life or strength. No being is completely static not even a stone or a piece of metal. According to Tempels

muntu (zulu) a person, signifies a vital force endowed with intelligence and will, while Bintu signifies living force not endowed with reason (Metuh-Ikeng 1950 : 76).

This is in line with African history which traces Africans as originated from the east of central Africa. Their patriarch is regarded as Ntu. In this sense Ntu is a forefather of all the people, particularly those in Africa. Explaining this more clearly is a Mpondo term 'umntu' which means a person with life in its fullness. A Mpondo would say, for instance, figuratively, you are just a person just because you are walking or talking, breathing, yet you are not, i.e. Ungumntu ukuphila (Interview : Maduna 1999 : December).

Basically, the meaning of this is, that a being, that does not act, is non-being. It does not exist. Secondly being is alive, it is seen as a person rather than a thing.

Being is capable of being strengthened or weakened through interaction with other beings. Beings maintain an intimate ontological relationship and constantly

interact with one another, transcending mechanical, chemical and psychological interactions (Tempels 1969 : 13).

In nature, everything is seen to be endowed with vital force. As part of Bantu, the Mpondo have a strong belief in the existence of a certain force in every creation, animate and inanimate. This indicates that the whole of nature is intertwined. Nothing exists in isolation. Beings in the world are linked by a network of relationships. “No being is an island nor is a being a juxtaposition of independent forces each operating on its own” (Metuh-Ikeng 1950 : 76).

Nothing moves in the universe without influencing others by its movement. The world of forces is held like a spiders web of which no single thread can be caused to vibrate without shaking the whole network like a spiders web (Tempels 1969 : 60).

Whether the philosophy of Ntu is displaying the Mpondo worldview or not, the fact of the matter is that Mpondo people share the same understanding with the rest of Africa. In various respects Africans have common features culturally, religiously, and socially. Yet, there are glaring variations among them. Ntu philosophy among the Mpondo people serves as a uniting force. Directly linked to this, is the concept of ubuntu which refers to various Mpondo values such as goodness, humility, humanity, humbleness, people hood, respect, love, approachability, appreciability, lowness, weakness, kindness, humanitarianism, peacefulness, and forgiveness.

A resolution was once taken in 1967, that’s what we think is important in our attitude to life, culture and our heritage. In choosing Ntu, we have taken it as a philosophy which covers all Africa. Most of the ideas which reflect the African

art of living are contained in the Ntu philosophy (Secretarius Pro-Non-Christians Vatican 1969).

Although the Mpondo do not distinguish between 'muntu' and Bintu as Metuh-Ikeng stated earlier, the concept of 'ubuntu' embraces everything that is good. Popular among Mpondo people is the traditional religious law which says, "Umntu ngumntu ngabantu" meaning that no person can survive alone. Either by means of spiritual, physical or material life, assistance is ever needed and rendered where necessary and when possible among people. Such an assistance is usually governed by the law of vital force, 'ubuntu', as explained above.

If a Mpondo is unable to render humanitarian services based on ordinary physical energy or ability or power of mind, a vital force can be tapped elsewhere to be utilized where needed. There is a power latent in minerals, vegetables, operatives, in humanity and animals. This power is a valid dynamism animation (Jahn 1961 : 100).

Ubuntu is a dynamic vital force and also a flexible utility force. In most daily activities of people this force is always needed or used. It is used in medicine, healing, and magic power. For, in Ubuntu, one recognizes the existence of a Super Natural Being in its fullness in full expression. "Ubuntu" was not just a state of mind, it was engineered into the very texture of social life (Mcetywa 1998 : 10).

The main objective of an African is to live a life in harmony with humanity and with nature.



Man strives to be in harmony with God, the deities and his fellowmen both living and dead. He feels himself in intimate rapport and tries to maintain harmonious relationship with the animal, vegetable and other elements and phenomena in the universe. For him, the first evil is disintegration for this would spell disaster both for himself and his immediate world. The ideal thing is integration, communion and harmony. Man must constantly consult oracles and divination to assure himself that he is in right relationship with all the forces in his world. He must frequently engage in rituals to re-enforce his communion with the forces or repair any interruption that may have occurred (Metuh-Ikeng 1950 : 70).

When ubuntu has been pursued and followed as it demands, happiness is the result.

A point of emphasis in this philosophy of Ntuism is the anthropocentric attitude among the Mpondo which is marked by their opposition to evil spirits. The notion of the Mpondoland worldview on evil spirits will be discussed in the following pages of this chapter.

## **4.5 The existence of evil spirits**

### **4.5.1 Introduction**

In their quest for the good, the Mpondo people are also concerned about the control and combat of evil spirits. For,

a man's well being consists rather in keeping in harmony with the cosmic totality when things go well with him, he knows he is at peace and there can be no greater good, then that if things go wrong then somewhere he has fallen out of step (Taylor 1963 : 62).

To the Mpondo the concept evil includes both physical and moral evils. The former is concerned with any misfortune or anti-social behaviour which befalls an individual or

community while the latter is any voluntary anti-social behaviour or any infringement of the decrees of God, the deities or the ancestors.

The term agents of evil, in the sense it is used, has applied both to events of physical evil as well as beings who incite people to do moral evil. However in African beliefs the emphasis is on beings who cause physical evil (Metuh-Ikeng 1950 : 161).

The Mpondo worldview is based on the existence of numerous mystical agencies. These are always suspected of causing misfortunes.

Among these people, evil spirits, witches or sorcerers, may also be attributed to the evil eye, broken taboos, perjured oaths, or even to the Super Natural Being, the deities, or ancestors (Metuh-Ikeng 1950 : 161).

#### **4.5.2 Types of evil spirit**

##### **4.5.2.1 The wrath of the ancestors**

According to the Mpondo worldview, two types of worldview are enlisted. Difference is made between the evil spirits that cause disaster (i.e. umoya ombi) and the misfortune that is caused by the wrath of the ancestors (ingqumbo yezinyanya). The Supernatural Being is not always directly linked to such calamities because of the respect attributed to Him as already discussed. That is why such calamities are referred to as the wrath of the ancestors.

The Super Natural Being and the ancestor's relationship with being are like that of a father to his children. Like fathers, they punish, protect and reward. That they allow

misfortune to occur (punishing), does not necessarily mean that they are intrinsically evil. Most of the time, their punishments take the form of natural disasters such as rain, drought (imbalela), hailstorm (isichotho), thunderstorm (isitshi), thunder (ukududuma), tornado (inkranyamba), etc. Some calamities can take the form of accidents (ingozi) and other sickness.

Those struck down by lightning are not honoured because God is believed to have punished them for their sins. Similarly ancestors as dead fathers are still regarded as members of their human families and work for their welfare. Thus, the deities and ancestors like the Supreme Being, even where they bring misfortunes are believed to act morally and fight for moral causes (Metuh-Ikeng 1950 : 163).

How these sicknesses, misfortunes and death are controlled will be dealt with in Chapter Five.

#### **4.5.2.2 The evil spirit**

Besides the wrath of the ancestors, misfortunes are also caused by the evil spirits. There are many types of evil spirit which are basically man-made and controlled. Some of them are meant for both good and evil. But others are specifically meant for evil and witchcraft.

Among different African peoples are found other spirits, which are believed to be inherently evil. Some of these are discarnate human spirits. Others are non-human spirits (Metuh-Ikeng, 1950 : 166).

#### **4.5.2.3 Evil spirits specifically used for witchcraft**

The dwarf, that is uThokolotshe, is an evil spirit specifically meant for witchcraft.

Another one is impundulu. Both of them are discussed in Chapter Five.

#### **4.5.2.4 Evil spirits meant for good and evil**

Mpondo people have both sorcerers and witches and are both regarded as unjust and evil.

As with the spirit agencies of misfortune some human agencies are evil, or basically good and just and others are regarded as fundamentally evil. Protective medicines and charms are good medicine but bad medicines can be abused by sorcerers to obtain their wicked and anti-social ends. Similarly, oaths, ordeals and oracles are good but they can bring devastating consequences to perjurers. (Wilson 1971 : 30).

Among the Mpondo people, types of evil spirits are usually linked to witchcraft. Such evil spirits or evil agencies are ichanti, intlwathi and umamlambo and all of them are a magical snake. These are discussed in detail in Chapter Five. There are also amafufunyana, sometimes called izizwe, amagobongo, intshologu which are discarnate human spirits. For the purpose of this study only the three mentioned above will be discussed.

The evil agencies mentioned above are a work of witches and sorcerers i.e. abathakathi. The action of dealing with witchcraft ubuthi is called ukuthakatha. The act of witchcraft or sorcery is having one name according to Mpondo terminology, that is ubuthi or

ukuthakatha. Parrinder points out that some South African peoples have one word which they use for both witches and sorcerers (Parrinder 1962 : 123).

People dealing with witchcraft and sorcery are also skilled in handling magic powers amalumbo. In fact, in popular usage, witchcraft and sorcery and magical practice are used interchangeably (Metuh-Ikeng 1950 : 169).

The people who are neither sorcerers nor witches use these evil spirits for good purposes. For example, the magical snakes mentioned above are discussed in Chapter Five where it is shown what good purposes they are used for.

#### **4.5.2.4.1 Amafufunyane or Izizwe**

A man-made evil spirit is called amafufunyane or izizwe. These are magically talking as a person's spirits. They usually talk inside the person they have been applied to.

The manufacturer of izizwe mixes the soil and the ants from various graves with some magical herbs called amakhubalo. The ants are extracted from the graves through use of an attractive bone of a wild animal which is usually placed on the grave at night to attract the ants. The magician later collects the ants that have swamped the bone and put it in the magical mixture. The ants and the soil from the grave are believed to have some remnants of the flesh and the spirit force of the diseased. In this the spirits of the dead

person is magically transferred to speak inside the targeted person (Zanagela, Interview, 2000).

Hence, the magical spirit is derived from different graves of different people from different nationalities i.e. izizwe. The name izizwe means nations. Here it is used rather figuratively for it signifies that the spirits are a composition of different nationalities. It may be that the ants and soil used come from an Indian, Arab, European, Chinese or African grave. This means that the amafufunyane or izizwe usually work as a collective or a group. As Metuh-Ikeng stated, “many evil spirits are believed to go in groups and launch their attack on human beings in groups (Metuh-Ikeng 1950 : 167).

The purpose for use is to make one insane or to kill someone. The good use is for lovemaking and for marriage purposes. In Chapter Five this is explained under the heading Ukuphosa-Love charm medication.

#### **4.5.2.4.2 Amagobongo**

Another evil spirit common among the Mpondo people is amagobongo. In most cases these evil spirits are applied to people who are undergoing divination training. They are human spirits that behave like an ancestor guiding and speaking inside the ithwasa diviner trainee.

When a person is sick and is taken to a diviner for diagnosis, the diagnostic diviner may discover that the patient is suffering from a sickness caused by an evil agent sent by a witch such as impudulu or Thikoloshe. Such sicknesses usually make one mad or cause one to be afraid. These are explained in Chapter Five (Setuntsa, Interview, 1998).

Instead of healing the sickness, the diviner may choose to change the killer familiar to an evil spirit for Ukuthwasa-divination called amagobongo. This evil spirit is made of magical herbs called amakhubalo together with claws of a fowl and the soil from the graves. As such these evil spirits will behave as if they are ancestors of the diviner-trainee, ithwasa. When they want to express themselves in a person they can make him or her fall into a trance as if he or she is possessed by the real ancestral spirit (Zintongeni, Interview, 1999).

The good use for the amagobongo evil spirit is to work for an income rather than causing harm. However, it is a bad practise for the person who may not succeed, may become an artificial diviner. Thus, disastrous effects ensue. Sometimes they are used when a trainer diagnostician becomes jealous of his trainee diviner's skills and gifts in divination.

#### **4.5.2.4.3 Intshologu**

An intshologu is an evil spirit which emerges from magical snakes mentioned above and explained in Chapter Five. The magical snakes like ichanti, umamlambo and intlwathi are usually kept for boosting wealth; that is their good side. When the owner dies and

the successor fails to care for them by keeping all the taboos and the regulations, they end up moving about as wandering spirits namely intshologu. “Idowu calls them wandering spirits who specialize in the sadistic mischief of finding their way into the wombs of those who are to be born or die” (Idowu 1962 : 96-97).

In their roaming about they cause havoc, first amongst the family members and later to the entire community. A homestead or a family suffering from an intshologu may be destroyed, all their livestock may die, their children may die, and women may become barren.

#### **4.6 The Mpondo cultural background**

##### **4.6.1 Introduction**

There are various definitions of the word culture. In line with the purpose of this thesis, is the definition given by Prof I A Phiri as she wrote thus: “culture is a people’s expression of their behaviour towards one another, religious belief systems and practices, language, symbols, customs, art music etc.” (Phiri 1997 : 12).

Mpondo culture bears all the cultural traits given above. For the purpose of this study, only religious mythology and language will be discussed. This section links the Mpondo world view which is a basis of the culture with the next chapter dealing with religion and medicine. These two also form part of Mpondo culture.



#### **4.6.2 The Mpondo Language**

For better and clear understanding of the terms to be analysed in this study, it is necessary to identify and highlight some terms and sounds of IsiMpondro. Although this language was never written, it still exists as it is spoken by the people in their communities (Mcetywa 1992). This means that language continues to exist even if people speaking it cannot write it.

When you know a language you can speak and be understood by others who know that language. This means you are able to produce sounds which signify certain meanings and to understand to interpret the sounds (Formkin and Rodman 1978 : 1-2).

On their arrival, the missionaries and the colonists ignored IsiMpondro as a language and imposes the teaching of IsiXhosa at all government and mission institutions. The purpose was to facilitate the subjugation of the amaMpondo. This was further accelerated by the flooding of Mpondoland with imported Xhosa teachers, preachers and priests. Tactfully underlined by this strategy, was to divide and rule. They knew that three foreign languages namely IsiXhosa, English and Afrikaans taught at Mpondo schools would definitely have a serious impact on Mpondo culture as a basis of unity.

Consequently, confusion and conflict occurred amongst the Mpondo as they felt threatened in hospitals, clinics, surgeries, schools and churches by foreign languages imposed upon them. One Mpondo elderly lady once remarked thus:

thina maMpondo krolokro sacindrezelwa babe lungu saza sakhwitshilika kubo ngoku sizacindrezolwa baba fazi bama Xhosa balapha esibhedlela.

We Mpondo people, since we were oppressed by Whites and liberated, we are still oppressed by Xhosa women (Macabe 1998 : 06).

Though the problem is still rife, there are some indicators which are aimed at bringing about a solution to the language interaction which hinders effective health services to the Mpondo people. The government has introduced a language board called Pan South African Language Board (PANSALB) (Interview : Dr Alberts, Department of Arts and Culture, Pretoria, 1995). Its intention is to address the demands of the South African Language Act that makes all languages in this country equal. Those languages which were undermined are now taken seriously and are to be developed.

Researchers are collecting data on Mpondo language terminology for the purpose of publishing the first IsiMpondo dictionary. A project for the development of an IsiMpondo dictionary has been set up at Lusikisiki. During the time of writing of this thesis this project had already collected IsiMpondo terminology from a-i. These terms are characterized by particular Mpondo sounds e.g. “nd” is always accompanied by “r” as in isiMpondo, “nk” is always accompanied by “r” as an inkromo etc. (Interview Fiko, (LIP) IsiMpondo Language Project, Documents : 2000).

Documentation and recognition of IsiMpondo as a language will enhance the level of understanding between African Traditional healers and the western medical practitioners. Language in any society is the bridge for the flow of knowledge. There is a total lack of knowledge about what is happening amongst Mpondo traditional healers because their

language is not known. Yet, they continue doing things in their own language. Once this language is known to people other than Mpondros, working in the western medical centres, barriers of misunderstanding and hostility will be broken.

#### **4.6.3 Mpondo beliefs**

Central in the religion of Mpondo people is the belief in the existence of a Supernatural Being. There are several Mpondo names attributed to God viz. Mvelingqanji meaning the first one to appear or emerge. Mdali meaning the creator of all things. Magojela meaning the one who can reach any place. Nkrunkrulu (original Mpondro) meaning the most great. From the meaning of these terms one grasps the fact that Mpondo people are believing in one God who is supreme.

The concept of a Supernatural Being is at the very top of Mpondo worship but the names of a Supernatural Beings are always not mentioned. This is based on the reverence attached to the Supernatural Being. Most of the worship is done via the ancestors. As a result it may be deduced that Mpondo people worship the ancestors.

Belief in the existence of a Supernatural Being namely Mveli-ngqanji i.e. the first to appear, is very clear. But the belief in the existence of heaven does not exist. All what they are aware of is the sky which is taken as the abode of the Supernatural Being. “For them no one is allowed to point a finger to the sky (Interview, Nqandikokoko Nombeke, 1999 October).

Besides the respect of the sky, many places are regarded as sacred by Mpondo people. Such places are certain rivers, forests, mountains, graves, kraals, homesteads, courts, huts, etc. “If they regard certain trees, woods, mountains, roots with reverence, it is because these are abodes of spirits that were human (Smith 1950 : 84).

Also important is the notion of the external influence noticed in the use of some terms such as Thixo which is derived from a Khoi Khoi name of a God called Tiqua. The impact of Christianity and missionary teaching on Mpondo belief and knowledge of God became serious after annexation in 1894. Division of communities occurred as their traditional names of God were done away with, while others were replaced by the Christian orientated names. Such names are Somandla, i.e. almighty Sonininanini i.e. everlasting.

As a result, interaction occurred between Christianity and ATR. Institutions run by Christians became centres of attack and destruction of the Mpondo culture and their religion. This caused serious problems for the community as the members felt that their culture was threatened by the teaching of Christian values in the western health centres and schools while the African beliefs about healing was undermined and regarded as backward and barbaric. The concept of beliefs among Mpondo people is part of their culture. Sometimes it becomes difficult to separate religion from the entire culture of the people. Everybody practising African culture is fully regarded as a believer and is religious.

Thus religion permeates the whole life of human beings present and life after death. The common belief and practice among most Africans would include the religious role of ancestors, the importance of rituals and the community, the existence of mystical power which can be used to inflict good or bad on individuals and communities and the existence of sacred people, places and objects (Phiri, 1997 : 52).

#### **4.7 Mpondo Mythology : Its relation to their underworld view and cosmology**

##### **4.7.1 Introduction**

“Myth was a type of word, a discourse for making sense out of the present in terms of a primordial past (Chidester 19 : 07). Common among Mpondo people’s religious life is the use of myths to explain certain problems such as the cause of death, the origin of life and their understanding of the underworld and their cosmology.

Belief in the existence of the invisible underworld is tied up with the myth of the origin of the people. To the Mpondo, Mvelingqanji, the first to appear, is the creator of the whole universe and all that is in it. There is no explanation as how the creation process occurred.

##### **4.7.2 The creation myth**

In an attempt to explain the origin of the universe and all that is in it, two myths are still circulating among the Mpondo. There is a myth that says people emerged from the underground, from a rock or a hole. Secondly there is the myth of the reeds. This one says people emerged from under the water, or a river covered by reeds.

#### 4.7.2.1 The myth of the rock

The Mpondo has a myth which suggests that people came out of the hole in a rock. This registers the fact that, “the origin of the creative principle is wrapped in mystery. It was there at the beginning and it has always been there (Metuh-Ikeng 19 : 47). “Human beings emerged in the beginning from the hole in the ground. This emergence myth has been recorded among Mpondo” (Albert 1968 : 13). Supporting this myth Ndibaza Msunza on interview mentioned that human beings emerged from the rocks (Interview 1969 : 15 in Mcetywa 1998 : 201).

To Mpondo, people the underworld is full of life. This stems from the belief that:

Life there was understood to be ideal and desirable. It was seen as a world of mist with green fields, cattle grazing and people living in peace and harmony. In some way the life down there had control and power of the life up here above the surface of the earth (Setiloane).

The main significance of the creation stories is that people emerged from the ground. The question of how this occurred is not explained. Secondly this myth qualifies the belief that people emerged from the ground also indicating where they go to after death according African belief. It also indicates that the creation process is a unique act which can only be attributed to God and to nothing else. But it is primarily concerned with bringing things into being from no pre-existing substance (Methu-Ikeng 1987 : 50).

No exact place is pointed where this took place. There is no individual who is said to be the first to appear. The myth seeks to explain that a community of

people, wives, husbands, and children emerged. Parents came out of the hole in the ground. They came out together men with their wives, children and their animals, cattle, sheep, goats and dogs (Setiloane 17).

In order to trace the place where this hole was situated our historical records can assist us in this regard. Ndamase in his book *Ibali nentlalo yamaMpondo* says that, “AmaMpondo aphuma e Mnyanza, Igama lomzi ka Mpondo Kwakuthiwa kuse Lubhelu”. This means: “Mpondo people originated from Nyanza and the name of their home was Lubhelu” (Ndamase 1924 : 35).

The place referred to as a Nyanza is similar to the name of a province called Nyanza in Kenya of central Africa (Metuh-Ikeng 1987 : 74). In his assertion of this fact, “Livingstone maintained that divinity who is said to have led the first people out of a hole in the ground to be as far north as the lakes of central Africa” (Livingstone 1857 : 06 in Setiloane 1986 : 18).

Also observed in this myth is the Mpondo system of burial in the ground and the respect rendered to a grave. For instance, when people are buried in the grave they are made to face East. The reason for this, is that the hole from which the first people emerged was situated in the East of central Africa. The idea is that the dead are set in readiness to journey back to where all humanity has come from (Setiloane 1986 : 18).

The realization is that the deceased are embarking on a journey to the forefathers. Bidding him or her a farewell always centred around these words:

Remember us where you go, ask them to send us rain and food and grain. It was understood that the dead go to a hole that never gets filled, out of which the first inhabitants of this earth were led by Loowe (Setiloane 1986 : 19).

A strong belief among the Mpondo is that there is continuity of life after death. This stems from the fact that people came out of the hole in the ground with everything to sustain their life. It is also believed that when people are going back they must fully prepare to continue with life because they came out with animals to help them. Also, when they are buried, they go back with their arms, utensils, medicine, etc. for continuity of life in the underworld.

#### **4.7.2.2 The myth of the reeds**

Every culture has its fund of mythology. It is now commonly accepted that myth can no longer be discounted as mere fabrication of the fertile minds of primitive peoples handed down from generation to generation. In the myth there is something of a communal memory of the group as it has grappled with the question of its and all human origins, life on this earth, being (what is the human person) and even the hereafter (Setiloane 1986 : 14).

Another myth about the human being's origin is that, "human beings emerged from a bed of reeds" (Brownlee 1916 : 116). Mpondo people believe in the emergence of the people from the bed of reeds which usually grow near the river. This belief is in line with the belief that people go to the river after death. There are various reports that deceased people were thrown into a river as a kind of burial. The meaning of this is that the deceased were sent back to where they came from.



For this reason, Mpondo people believe in the sacredness of water, some rivers, and pools which are usually taken as the dwellings of the ancestral spirits. This explains why there are some religious rituals which are specifically performed near the river. Some rituals are performed for health purposes for “water symbolism is important” (Linden 1979 in Phiri 1997 : 166).

Common among amaZulu and Swazi people is a religious ritual called Umhlanga performed for girls who are of mature age. Umhlanga is a Zulu Swazi term for the reeds. This festival called Umhlanga is significant in that it is a religious festival enacting the event of the first people coming out of a bed of reeds, as related in the myth, This endorses the fact that people who came from the river where there are reeds should continue to come through birth given by the young females who are a symbol of the nation’s continuity. “At the centre of the Umhlanga ritual of the Swazi is a prayer that the ancestors who themselves came out of the bed of reeds, must continue to ensure national fertility for national growth” (Setiloane 1987 : 16).

Closely linked to this is the report which is usually made by the people who are undergoing divination training - that there is life under water. There is a saying that people are having huts, owning cattle, cooking food, making beads and ornaments under water. Also explained by this is that the river is where the ancestors are believed to be dwelling. (See p 31 Ukuthwasa ngamanzi and Ingxwala on p 20, Chapter 3).

#### 4.8 The myth of death

Explanation for the cause of human death is also given through a myth commonly known by Mpondo people. This myth was told to me by my mother when I was ten years old. She said that “the high god sent unwabu i.e. chameleon, to instruct people on earth not to die. This message was given in the presence of intulo i.e. a reptile. On the way to deliver the message, the sluggish ‘unwabu’ moved slowly but with much confidence. Taking for granted that the high god was referring to the ntulo, it moved fast to deliver the message of death to the people in a wrong way. Apparently intulo did not clearly hear what the message was about as it said “the high god said that the people must die.” By the time the sluggish unwabu came with the correct message the people were already dying (Interview Manyawuza Mactywa, 1997).

In this myth the message contained is that death is not the high god’s command. According to the Mpondo people the causes of death and death itself were supposed not to exist.

Myth generally says that death was not there at the beginning. Its arrival came much later after God’s creative act and was a result of man’s sin. Sometimes the blame is put on some other creature, but never on God (Metuh-Ikeng 1981 : 57).

Secondly the meaning contained in this myth is that the high god used to communicate with his people through creatures. After mortality had commenced the Supernatural Being communicated with humanity through amathongo i.e. ancestors.

#### 4.9 Conclusion

To conclude this chapter the Mpondo worldview has been analysed as a base of their worship and healing system. Mpondo myths have suffered great degradation and misinterpretation because of the spread of Christian teaching contained in the Bible, which was taken as more serious and godly than those of African Traditional Religion. This misinterpretation led to confusion as to which creation story is meaningful or which cause of death story is realistic. Communities with two different teachings remain divided and thus interaction ensues. This became more dangerous for health work for healing deals with the problems facing human beings in totality. Oosthuizen states that “healing and spirituality are intimately linked” (Oosthuizen 1989 : 29).

The African traditional healing system is divided into categories. The first category is that of diviners called amagqirha or izangoma. Secondly there are the medical practitioners called amaxhwele. In the next chapter an analysis of each category will be made with the view to show their relationship with the Mpondo world view, worship, ancestors and evil spirits.

## CHAPTER FIVE

### THE MPONDO WORSHIP AND HEALING SYSTEM

#### 5.1 Introduction

As part of religion, worship among the Mpondo marks the seriousness of African religion. In their worship certain months, seasons and days are observed and earmarked for special worship. On such occasions special offerings, sacrifices and devotions are made. These characteristics are also common among other religions of the world.

A religion provides definitions, principles of judgement and criteria of perception. It offers reading of the world, of history of society of time, of space, of power, of authority, of justice, and of ultimate truth (Gifford 1998 : 26).

In this chapter, both Mpondo worship and their healing system will be looked at with the view to show that these two entities are closely linked. The focus will be on the religious festivals observed during certain seasons of the year. To Mpondo people, worship is directly linked to healing for both medicine and ancestors play a major role during such occasions. In worship and healing, medical practitioners and diviners usually play a leading role. For the purpose of this study, these two issues have been investigated in order to assess the damage caused by the interaction of the two cultures among the Mpondo people. Secondly, the research seeks to gauge how much is left as a base on which to rebuild the Mpondo culture.

## 5.2 The ingxwala religious festival

Specifically observed among the Mpondo people is the African religious festival called ingxwala. This is a religious festival specially observed by the Mpondo people as part of their worship. It is usually observed during autumn and winter seasons. This festival is attended, by and large, by an entire clan.

The purpose of this festival is to pray as the terms seem to suggest. Ingxwala comes from the verb 'ukugxwala' which means in isiMpondo 'to cry'. Crying and praying are more or less similar as they both express a feeling of anguish, despair, anger, grief and joy. In this sense, ingxwala is a kind of African religious prayer to plead for unity of the nation, clan or family. It is a prayer for fertility and growth of the clan or nation. These prayers are sometimes conducted as thanks giving for good crops, harvests and stock fertility. During the ingxwala festival people also undergo religio-medical treatment for physical strength and fertility.

Ingxwala is selected as a good model of Mpondo worship. It is not only practised by Mpondo people. For instance, in northern Africa, e.g. Malawi, Ngoni people call this festival incwala. The northern Ngoni were at some stage in their past familiar with and involved in a first fruit feast (Read 1937 : 20).

Different venues for ingxwala are selected. These are usually sacred rivers, pools and the Chief's or King's homestead which are also regarded as sacred. When ingxwala is

conducted under the auspices of the clan, a senior member of the clan's homestead will be the sacred 'temple' or venue. The sacred pool or homestead and cattle kraal where the occasion takes place, is specially strengthened by religio-medical specialists for ingxwala. "The most sacred part of the ceremony is the taking of medicine by the King to strengthen both him and the whole tribe" (Kuper 1961 ; Bryant 1949 : 516).

As part of the preparation process of ingxwala, the traditional home-brewed beer is made.

This process occurs, in fact at every ancestor ritual and at every beer-drinking occasion whatever the specific purpose of the event. The rituals and beer drinks are in large part dramatizations of the people's ideology and life style and the social arrangement on which the success of local economic activity depends (Spiegel & McAllister (ed) Vol 50 : 1-2 1991 : 182).

In the olden days they would come to the Chief's kraal for the incwala ceremony (Thompson 1998 : 8).

Every man, every young bride, every carrier boy and every girl winded their way together to the regimental headquarters of their particular male folk, the boys carrying the sleeping mats and karosses of their fathers and elder brothers, the girls a food supply for at least a week (Bryant 1929 : 518).

### **5.2.1 The decline of ingxwala**

Through the spread and encroachment of Western civilization, Christianity and the Western healing system, ingxwala gradually declined. The decline of ingxwala among the Mpondo can be attributed to the interaction of ATR, the African traditional healing system and the Western healing system. "At the heart of South Africa is the story of the

sectional and racial clash based on nationalism” (Cassidy 1989 : 20). As a result, the latter sought to undermine the former.

The unity of the tribe used to be expressed in the national gatherings. Such meetings could no longer be held. Now the unity of the tribe is expressed in the national Christian convention (Fraser 1925 : 96). Ingxwala, as greater part of Mpondo culture, played a major role in keeping the nation strong and united. Culture as an institution which expressed these beliefs, values, customs, government, law courts, temples, churches, family, schools, hospitals, factories, shops, unions, and clubs binds society together and gives it a sense of identity, security and continuity (Willowbank Report 1978 : 99).

### **5.2.2 The Continuity of ingxwala**

Despite the threat posed by the Western on Mpondo culture, the ingxwala practice continued amongst certain clans every though it no longer served as a national concern. At present the practice of ingxwala is still very actively observed by amaNgcikwa and amaNtusi clans in the Lusikisiki district.

Another factor which kept the practice alive was the emergence of African Independent Churches (as already discussed in Chapter Three).. These churches saved the situation as the mainline churches were instrumental in the destruction of ingxwala. The AIC came as an alternative church which became an answer to many questions asked by Africans in the church. To them, traditional healers by contrast shares their patients’ world view and

primarily address themselves to the question of why the illness occurred (Moripe 1996 : 8).

In this way the AIC displayed a breakthrough in the long existed resistance of African culture to the Westerners. The AICs have succeeded in challenging Christianity for its foreignness. They have shown that Christianity can be expressed and meaningfully informed by the African religious cultural reality (Opoku Kofi Asare 1986 in Martey 1968 : 115).

Worship in AICs is based on ATR. Even the term *icawa* used by Mpondo and Xhosa people for Sunday worship is linked to ingxwala, incwala. The Christian name for Sunday is cawa (Xhosa) or cawe (Mpondo). It also refers to worship i.e. ukucawa. The church building is also called icawa (Xhosa) or icawe (Mpondo). Most probably, the original term was ingxwala which was misinterpreted by the early missionaries as icawa (Xhosa). This argument is based on the fact that ingxwala ceremonies were a common practice among all Nguni and Ngoni i.e. a name for Nguni in Kenya and Tanzania. For amongst the Xhosa people a similar practice called umlambo is still observed. (Interview, Khoboka 1998). There are quite a number of similarities between the Mpondo ingxwala, Xhosa umlambo and church especially the AIC.

A closer look at the AIC healing systems called faith healing 'ukuthandazela' reveals that it is simply a traditional method of healing which has been Christianized. In their perception and remedies for those who are sick or troubled, they use African herbs,



woolen ropes and isiwasho. Similarly, healing methods include ukuchela ngentelezi sprinkling with water mixed with different herbs (Mnyandu 1996 : 138).

Indications are very clear that there is a dire need for reconciliation between African religion and African healing systems and the Western healing system. There is a need to curb hostility between the two healing systems. The modern mental health medical and paramedical profession in particular, have called for more integration of the health system with the view that traditional healers have an important role to play, particularly in the fields of psychology and psychiatry (Pearse 1982 : 78 in Moripe).

### **5.3 The role of ancestors in African traditional religion**

Belief in the existence of ancestors is very strong among the Mpondo people.

African religious beliefs and practices concentrated on the role of ancestors and superhuman persons active in bestowing blessings as well as occasionally bringing misfortune to their descendants (Chidester : 03).

Ancestors are relatives who passed away yet continue to be a link between the living and the Supernatural Being. John Mbiti defines them “as the living dead” (Mbiti).

Ancestors are referred to as the living dead because they communicate with the living people daily. Communication occurs through dreams as well as through signs. It is for this reason that they are called amaThongo or Izinyanya in Isimpondro language. The term amathongo stems from a term ubuthongo which means drowsy or feel like sleeping.

The concept of AmaThongo explains that the ancestors usually appear when one is asleep.

Another term which is synonymous to amaThongo is Izinyanya. This term is derived from a Mpondo verb ukwenyanya which means to loath or detest. Therefore Izinyanya are detested persons who have passed away. As such ancestors are good spirits who are against all forms of evil.

Due to the encroachment of Western civilization and Christianity an indigenous cultures, belief in ancestors has been diluted, distorted and misinterpreted. Some called it 'ancestor worship', or demons. Others called it a religion. As a result, some Mpondo communities are divided as others continue to perform ancestor rituals while others have ceased to practice such rituals. Misinterpretation of the belief in ancestors has led to interaction and hostility among Mpondo people. In the field of health, where ancestor's rituals and medicine are intertwined, people suffer because of the interaction as some believe and others no longer believe. This is more pronounced in Western medical centres such as hospitals, surgeries and clinics, where belief in ancestors is not entertained whilst some patients attending these centres do believe.

### **5.3.1 Amakhosi - ancestral spirits**

In their order of classification, the amakhosi are classed into two, namely, the lesser and the most senior ancestral spirits. The most senior and powerful are called amandiki and

amandawu. The lesser spirits are the ordinary amakhosi, that are the closest group to the people. When amakhosi whether amandiki or amandawu reveal themselves their names can be known to the learner traditional healer. They can speak clearly in no ambiguous terms to the person concerned. They say clearly what they need or expect of the learner traditional healer.

If the stage of putting on the head-gear (a hat made of tree twigs), has come, the type of tree to be used as a hat becomes known to the learner traditional healer. The learner traditional healer, in order to be sure of the call by the ancestors, he/she constantly communicates with them through dreams. Messages of what type or colour of attire should be worn, and type or colour of the animal to be sacrificed are all channeled through dreams. Stages of development of a learner traditional healer are controlled by amakhosi or ancestor spirits. It is not the duty of the trainer traditional healer to tell what and when the next step should be but the spirit of the amakhosi should take a lead in this process.

#### **5.4 Amagqirha - Diviners**

Diviners - amagqirha are a distinct group of healers in African traditional healing systems. Amongst the Mpondo people, for example, any woman who is ill and whose illness is prolonged may learn through divination of an igqirha (i.e. diviner) or herself to feel that she is sick ukuthwasa (Hammond-Tooke 1974 : 232).

The emphasis here is on a strong link between ancestors and healers, be it a qualified doctor or diviner or a learner diviner. This link exists or is established right from the outset when divination is still in its elementary stages.

The African healing is closely allied to traditional religion and to the idea that a perpetual communication exists between the living and the spirits of departed ancestors (i.e. the living dead) (Readers Digest 1992 : 346).

Diviners are a specialist group or category which deals with the diagnosis or investigation of illness, its origin as well as its causes and who the causer is.

The traditional healer is not only expected to diagnose the malady from which the patient is suffering but should be able to decide whether or not he or she has been bewitched and if so by whom (Savory 1965 : 14).

The practice of healing is one of the highly respected vocations which is directly linked to God. The workers in this field are usually referred to as the special chosen or “called” persons. They are sacred, holy and saints for they have a duty or service scheduled and assigned to them.

## **5.5 The Mpondo healing system**

### **5.6.1 Introduction**

The traditional African approach to health and healing is closely linked to their concept of the ancestors who participated in their day to day living (Oosthuizen 1989 : 27).

Observations have been made about the Mpondo healing system and findings were that, it forms part of their broad cultural background. Talking about religion in a traditional African sense one cannot reach any conclusions without touching the healing art or health of the people. This means that there is a strong link between the Supernatural, the spirits or ancestors and the healing system. Emphasizing this point, Mbiti, wrote thus:

The spirits are the secondary citizens of the supernatural realities. There is absolutely no question that people as a whole are much aware of the reality of spirits or at least realities besides God, which fall in the supernatural realm. It is remarkable how African people so confidently address spiritual realities in many of their prayers for healing. There is virtually no barrier between the realm of man and the spiritual realm (Mbiti 1975 : 7).

First of all in life one needs to believe in the supernatural being, the giver of life. Belief means spiritual health, for life, in order to be sound, needs healing and religion. Healing, therefore, deals with physical health since both the spirit and flesh co-exist in one body.

### **5.5.2 Ukuthwasa - Calling of a learner diviner**

Divination is the work of God together with ancestors as mediators who, in turn appoint people to represent them here on earth to carry on with the work of God. Through divination the divine work of God is seen practically as practised by amagqirha diviners.

Diviners, however were sacred specialists with greater religious knowledge, power and prestige. The diviner igqirha (Xhosa), isangoma (Zulu) or ngaka (Sotho-Tswana) - was the most important sacred specialist in African traditional religion. The diviner was expert in discerning the cause of any misfortune, whether that cause was the work of witches or the wrath of ancestors. The role of the diviner was acquired by means of a special calling often suggested by the

onset of an illness thought to have been sent by the ancestors (Chidester 1992 : 08).

Divination is a kind of sacrifice, an offering of some kind by a particular individual who has been chosen by the ancestors to come forward and serve the community.

The whole question of divination (*ukuthwasa*) centres around ancestors. It is upon them to call someone to divination. A calling for divination is always clear with vivid signs, visions and symptoms. It is a demand from the ancestral power that a particular person in the family should come forward and serve the people. It can neither be reversed nor stopped nor rejected. Any kind of resistance to this demand is answered by the wrath of the ancestors which can only be lowered through appeasement and sacrifices.

Sacrifices and offerings are acts of restoring the ontological balance between God and man, the spirits and man and the departed and the living. When this balance is upset people experience misfortunes and sufferings of fear that those will come upon them. Sacrifices and offerings help at least psychologically, to restore this balance. They are also acts and occasions of making and renewing contact between god and man and the spirit and man. When the sacrifices and offerings are directed towards the departed they are symbols of fellowships a recognition that the departed are still members of their human families and tokens of respect and remembrance of the departed (Mbiti 1970 : 69).

Having managed to locate his or her doctor as well as the place of dwelling he or she is diagnosed by the qualified *igqirha* or doctor in order to find out whether the ancestor spirit is good and has properly guided him or her. The trainer doctor can now heal the *ithwasa* (learner diviner) in order to make his or her dream clear. This is what is called *ukunyuswa* '*kwethongo*', that is, arousing of the ancestral spirit so that the ancestor spirit comes closer to the learner doctor in order to guide and direct the calling process.

He is constantly groaning and appears to endure a great deal of mental as well as bodily suffering. He hears voices calling to him in the night and goes out onto the hillside in the darkness and cold. He may even see the faces of relatives long since dead. These are at first blurred, but tend to become clearer until there is no mistaking their identity (Callaway 1870 : 259).

Both the trainer diviner and the trainee should be clean. They must not indulge in any dirty and evil practice. The use of bad medicine is taboo. Indulgence in sexual activity is taboo until permission is granted via the ancestors. The killing of human beings is taboo too. The use of human flesh as a medicine is not accepted for it is a work of witches.

### **5.5.3 The methods for conducting divination**

Various forms of ancestral spirits usually conduct different processes of divination. These range from the ancestors who appear in natural spiritual form, spirits that appear in the form of an animal, e.g. tiger or snake, to spirits of ancestors dwelling in the river. All these spirits need to be clearly identified as the actual needed spirits for the guiding and the training of a learner diviner. Due to the diverse methods of divination, different specialist diviners emerge.

#### **5.5.3.1 Ukuthwasa Emanzini - training in the River**

The training process of ithwasa in the river or sea is called ukuthwasa ngamamzi. In this type of training the doctor trainee, ithwasa, can see through revelation (ukutyhilelwa or ukuboniswa) that she must get into the deep river pool where he/she would report back to the people after she or he has been released. The calling comes from the ancestors to the

doctor trainee. When he/she goes to the sea or river she/he is not known or seen by the people of his home.

People who have received or obtained their training in the river or deep sea, report that they usually meet people who are wearing traditional attire. In the river or sea underneath there is dry land, huts and livestock. They claim to acquire many skills through healing courses under strict supervision of elderly men and women who are believed to be ancestors of the family. Training in the river takes about six or more months (Interview Mantusi : 1999).

#### **5.5.3.2 Ukuthwasa Ngeslwani - divination through wild animals or snake**

Also common amongst trainee doctors is the training which is conducted by a spirit which comes in the form of a snake or wild animal. This usually happens at an early stage of calling. The doctor trainee would have visions of wild animals or snakes like the green mamba or big river snakes like intlwathi. Amongst animal spirits, the tiger and the leopard (ihlosi) etc. commonly appear. The appearance of a snake signifies to the doctor trainee his or her ancestor's appearance in the form of a particular snake or animal.

Amongst Mpondo and elsewhere the umshologu or ithongo ancestor spirit takes the form of a leopard, tiger, elephant, lion which usually appears to him in visions all his life and guides him to the places the spirits wish him to visit (Hunter 1936 : 32).



If a snake or animal spirit calling the doctor trainee has appeared to the doctor trainee, it becomes imperative that such an animal or snake should be looked for and be killed for the use of the doctor trainee. In this way she/he is empowered for medication and divination roles. Through the long processes of mediation and guidance by the ancestor spirit and the trainer, the trainee doctor acquires a lot of information and the skill of healing. The skin of the snake or animal spirit killed by the doctor trainee is used as his or her blanket or headgear later, after finishing the training course. It becomes a symbol of power, of defeat or success, for the trainee doctor as the skin of a spirit or animal becomes part of his or her holy attire which is used on official occasions (Manci, Interview : 1996).

#### **5.5.3.3 Ukugula or Inkathazo - sickness as a sign**

Very common amongst candidates for ukuthwasa is general sickness. People get sick and their sickness becomes difficult to heal. As such the qualified diagnostician or diviner can manage to get a clear idea of what the cause of illness is. It may be realized at last that there is no real sickness except that such a sick person is being called to join divination.

Among the Mpondo the initiate must 'ukulawula' (confess) everything he sees in his sleeping or walking dreams else he can never become well. These revelations take place during the dancing and appear to be made with tremendous effort by the patient who is often completely exhausted after he has spoken (Hoernle in Hammond-Tooke 1974 : 232).

Calling through sickness is one of the basic methods of the calling of an 'ithwasa'. In all forms of calling amathwasa claim to have been sick persons. Doctors must also identify what type of sickness that is, for many people pretend to be sick with inkathazo literally meaning 'trouble'. "Trouble", here is used figuratively to mean sickness. Sometimes when an animal or snake spirit appears to the trainee doctor, the meaning is that he or she has a court case i.e. unetyala. Figuratively speaking, ukuba netyala (i.e. to have a court case) means that one is summoned to become a doctor. As such, he/she has a court case, in that, he/she is expected to respond swiftly to the call, failing which, something very abnormal may befall him or her or the whole family (Godlwana, Interview : 1998).

Besides the natural or supernatural control of spirits, there are also spirits who are manipulated by witches and wizards. When one is said to be called to join diagnostician doctors it must be clearly verified which spirits are causing inkathazo sickness or ityala. Sometimes man-made spirits called Amagobongo are used to make people appear as if they are called. This can only be verified by a specialist doctor. Secondly, this can be justified by studying the process of calling of that particular person and the direct involvement of ancestors through their genuine guidance.

## **5.6 Types of diviners**

Diviners are specialist doctors who are diagnosticians. Their roles are to diagnose the cause of sickness. The process of diagnosis is called 'ukubhula'. Diagnosticians in African Traditional Religion systems are always specialist doctors or diviners called

amagqirha. They diagnose what kind of disease it is, who or what caused it and why there is such suffering.

The diviners or diagnosticians usually take care of their patients, for they do not only detect what the cause of illness is but also prescribe the method of healing that may be effective for that particular illness. Some illnesses in African societies are not treated physically by prescribed medicine but are healed simply by talking to ancestors (i.e. amakhosi).

Among all the Nguni people the status of a diviner is closely associated with the ancestral spirit. Not only does the vocation stem from a special calling by the ancestors, the divination itself consists of direct communion with the shades who are believed to speak through the diviner who is thus in effect a medium (Hammond-Tooke 1974 : 348).

In such cases healing is by abiding by the instruction of the diviner specialist.

Diviners are divided into several categories. These diagnosticians or diviners differ in ways or methods of calling as well as methods of diagnosis.

#### **5.6.1 Igqirha elivumisayo - singing diviner**

First of all, singing doctors invoke the ancestral spirits. They put on their traditional head gear. They smoke tobacco or dagga. Others burn incense (i.e. impepho). Some even smoke tobacco through the nose i.e. Ukugwada. When the actual diagnosis is taking place these doctors need musical accompaniment which involves the clapping of hands,

and the drumming of traditional drums called isigubhu. In response to music the doctor starts dancing. It is after the climax of the music that a doctor can begin to diagnose. This is common practise amongst the ‘ezivumisayo’ type of izanuse. Here ‘vumisa’ means “to make one sing”. These doctors always refer to their audience and the people in the process of being diagnosed enquiring whether their investigation is moving towards the right direction. This system of diagnosis is collectively known as umhlahlo, meaning to expose or open truth (Magoba Interview : 1995).

Through ukuvumusa these specialist doctors become activated by music as they get to grips with the ancestral spirits. As such, they are able to locate the problem. When the spirits are high they even fall into a trance in the process of diagnosis or of umhlahlo. At that stage they are in touch with the divination powers - that is, the ancestral spirits who guide them.

### **5.6.2 Igqirha elingavumisiyo - non-singing**

Doctors of this group do not usually take too long before they begin to diagnose. They would simply sit down touch and ask you to blow your breath into a cup or any small container full of water with some stick of matches in it. Then he/she would like to know your clan name. Having told him or her your clan name he would begin to tell your problems or cause of your problems or sickness. Whenever a diagnostician is investigating he/she refers to the ancestor for further revelation of truth needed (Makheswa Interview : 1996).

There are other doctors of the amagqirha group who diagnose through simply asking your clan name. Just by mere looking at someone, they begin to elaborate on the causes of your illness and its history. Also linked to this group are those who can diagnose the illness of the patient by only looking into the attire of the patient even if the patients are not present. They diagnose the present, past and future of the patients. Medical prescription is also given to the patients as they are diagnosed.

### **5.6.3 Igqirha lamathambo - bone hrowing diviners**

Even among this group, divination is directly guided by the supernatural power through ancestors. “Some throw bones mixed with roots and barks of certain trees and make their interpretation from the line of the bones cast on the ground” (Reader’s Digest 1992 : 346).

The bones mixed with certain traditional medicine are tossed and allowed to roll on the ground until they come to a stop. It is during this period that the message can be transmitted to the diviner. Through the power of amakhosi (the ancestral spirits), these bones on the ground are properly interpreted. Thus their position of standing and their shape make the diagnosis clear and meaningful.

#### **5.6.4 Igqirha lemilozi - ventriloquists**

Another set of doctors who specialise in divination or diagnosis are the ventriloquists, Igqirha leMilozi. Africans refer to them as imilozi. The whistling sound of the ancestor spirits called amakhosi are communication skill by the ancestors which can be interpreted by the specialist doctors (Dwebu, Interview, Umzimkulu : 1997).

The doctors in possession of imilozi, before embarking on any diagnosis process, approach and communicate with the spirits for guidance in the diagnosis process. It is up to them to allow the doctor specialist to carry on the investigation or not. The imilozi or amakhosi are capable of going far away to fetch any goods that may be lost. These may be goods removed through illicit means by the witches or wizards for their deadly purposes. Imilozi or amakhosi are invoked by the doctor specialists in order to have them coming to help him or her.

#### **5.6.5 Igqirha eliqubulayo - fast removing doctors**

Like other amagqirha doctors, these specialists depend on the ancestral powers for their work to be a success. This type of diviner has special powers to locate the cause of illness and remove very fast the causes of illness from the body. Guided by the supernatural powers channeled through the amakhosi, they simply detect, diagnose and remove the cause of illness.

Having diagnosed the exact spot where the diseases are located, the specialist doctor is able to draw out or suck out the disease with the mouth. The removal of diseases is simple and without pains, or cuts. Removed substances are poured into a container in which wet cow dung is placed. After every operation, the mouth is washed with water and he/she goes on with the process removing foreign substances from various parts of the body. This operation is called 'ukuqubula' for it is a fast action of locating and removing without making some incisions. The term here is used figuratively, for its literal meaning is to take by surprise. In this case the diseases are taken by surprise without any notice or delay. The extracts are seen by the patient (Gqobhozudlolo Interview : 1995).

#### **5.6.6 Igqirha elimbululayo – the exposing traditional healer**

The term 'ukumbulula' means making naked, to expose or unmask. In this case 'ukumbulula' means the exposition and locating of some death-causing elements or familiars that may have been placed, concealed in the hut, house, clothing, within the premises of the home. The exposure of such foreign elements require special powers of the specialist doctors. This type of specialist doctor is called Igqirha Elimbululayo (Gumede, Interview, Swaziland : 1996).

Such a specialist doctor can detect and remove the familiars found in the house. Hidden foreign elements such as familiars can cause illnesses such as madness, hysteria,

hallucination, extreme fear and death. Some specialist doctors need musical accompaniment in order to locate the cause of disease.

## **5.7 Amaxhwele - types of specialist medical practitioner**

In previous chapters it has been shown that both the medical practitioners and the diviners do handle or practise medicine. But Amagqirha have special expertise in divination which they are not allowed to share with any other person. Medical practitioners are called amaxhwele or amagqirha by Mpondo people. The term amaxhwele refers to medical practitioners only.

### **5.7.1 Ixhwele elinyangayo - general medical practitioners**

In medical practice there is specialisation and generalisation of practice. Even in the amagqirha diviner group there are specialists and generalists. These medical practitioners can manage to heal and cure various diseases, yet, there are those who can only heal certain diseases. These are referred to as specialists.

Medical practice is referred to as a healing system (ukunyanga or ukwelapha) of diseases of any nature or kind. Most of the medical practitioners (amaxhwele) are people who gained that knowledge through apprenticeship served under a qualified healer or doctor. For these services the teacher doctor receives some kind of payment in the form of money or livestock. Medical practitioners handle both the healing and deadly or



poisonous medicines. This stems from the fact that a medicine can be either used for healing or for poisonous purposes. It depends on the user of the herb or medicine. Some poisonous medicines are used for healing e.g. Cikamlilo (fire extinguisher). Even non-poisonous medicines can be dangerous if over-dosed or wrongly used e.g. swallowing a medicine which was supposed to be used externally (Mteku, Interview, Bizana : 1996).

### **5.7.2 Igqirha le Mvula - rainmakers**

Of great importance is the part of healing which is rainmaking. Rainmakers are specialist doctors whose duty it is to make rain for the community being served. Rainmaking is a great component of life in the African community. When there is a shortage of rain in a community everybody becomes restless and the need for rain becomes important. "Rain is seen as the fertilizing of the earth by the sky" (Berglund 1976 : 60). This is the time for the rainmaker specialist to show his/her expertise.

To African traditional religious people, rain is made to fall whenever there is a need. If rain has just ceased to fall during drought, means and ways of making it fall are made possible.

Firstly, the reasons for the scarcity of rain are investigated by the diagnostician specialist doctor. When the reason for lack of rain is clear the rain making specialist doctor is consulted to prepare for rain-making medication. If the cause of the lack of rain is the wrath of the ancestors an appeasement by traditional communal prayer can be held and as

such is controlled by the specialist African traditional doctor or leader. In such rituals African traditional beer is brewed and some sacrificial animals are offered on a communal basis; in a communal meal. An instance of this nature was once observed in Ntabankulu district. In 1992 Mpondoland was greatly affected by a severe drought for about fifteen months. The community of this area decided to visit a traditional rain-making doctor who ordered that a communal ritual for rain-making be organised. On the said day the specialist doctor prepared his or her special medicine for inducing the weather to be cloudy (Mahlezana, Interview, Ntabankulu : 1995).

The African traditional beer was brewed and sacrificial animals were offered by the community. The intention was to appease the ancestors so that the required rain is obtained. This occasion usually lasts the whole day. When this preparation has been thoroughly done rain falls within a short time thereafter.

Parts of certain birds, water animals, trees struck by the lightening, great spreading trees, clinging twisted stems are commonly used for rain medicine. Rain makers must spend endless efforts in obtaining the bird of the sea and one can appreciate the source of all water with the rain. This bird, together with water animals of all kinds and luscious water plants, provide the rain medicine itself. Green branches of trees which create great smoke, clouds as they burn provide the medium by which the influences rise up into the sky while powder from the branches of great spreading trees induces the clouds to spread a wide area and powder from the clinging twisted stems of climbing plants guarantee that the clouds will not drift but stay up over the area where rain is so badly needed (Schapera 1937 : 235).

Use of medicine in rain-making cannot be denied. Amongst the Mpondo people, a rainmaker from the Yalo clan, by the name of Nozihanyula, once lived in the early fifties at Mayalweni location near Qawukeni Great Place in Lusikisiki district. That she stayed

near the Great Place, indicates that the Mpondo King intended to use the Yalo clan groups expertise of rain-making.

There is a belief that some medicine include some human beings' parts. The story of the death of a Mpondo rainmaker can confirm this. The dying rainmaker is said to be taken care of and that before the actual death takes place, the throat of the rainmaker specialist is slit. The head or skull of the deceased rainmaker specialist is kept and used by the next rainmaker specialist doctor to be appointed for training (Mdzoyiya, Interview, Lusikisiki : 1994).

Rainmaking is usually practiced by a clan member, which is not actually hereditary but is regarded as one of the most important privileges and values of the clan and the entire community which the community cannot afford to part with. Its importance lies with the agricultural life of the community which marks the survival and prosperity of the entire community and the nation.

My informant explained to me the reason why this practice was done away with. He narrated that the senior son of Nozihanyula should have taken the rain-making practice after his mother but could not because he was converted to Christianity. The fear to cut the throat of the already dying rainmaker would be regarded as a crime by the Christian dominated or orientated government (Interview Mayalo, Lusikisiki 1996).

Among Mpondo the rainmaker will smear his ox hide robe with the fat of a specially killed beast and lie all night on a rock next to the pool in the river. It is

said that during the night a mist will come over the water and a great snake will rise up and lick the fat off the skin. When the pool subsides the mist will form clouds and rain falls (Berglund 1987 : 19).

This is another indication that medicine in rain-making processes is indispensable. The use of this fat from a specially killed beast to lure the snake from the river is the sign that familiars are used to induce rain. The use of familiar snakes to induce rain is similar to the use of medicine to induce rain. That the snake comes out of the pool is not a miracle but it usually responds to the fat smeared on the robe put on by the rainmaker doctor specialist. The fat on the ox hide robe acts as a stimulating medicine.

A similar incident is also observed amongst the lobedu rainmakers.

As the reigning queen aged a young maiden was trained to take her place and at a propitious time, the old queen was made to drink from a poisoned cup and behold in her place a young queen appeared. The dead queen's skin was removed to be used together with other gruesome ingredients in a concoction for rain-making (Colour 1996 : 11).

In this observation one detects the fact that most of the rainmakers use strong medicine that includes parts of human flesh. Rainmakers are therefore manipulators of certain natural powers to induce rain and control almost all climatological factors.

Another Mpondo man of the Yalo clan by the name of Mavuza was also in possession of rainmaking power together with other weather related forces such as hailstorm and whirlwind. Mavuza stayed at Mcobothini location at the other side of Lusikisiki town. He was the brother of Nozihanyula already mentioned above. He had the power to control not only rain but also whirlwind and storm.

Whenever Mavuzza was confronted by a problem, annoyed or troubled such as quarreling with somebody, he would simply induce a hailstorm to wipe out the house of such a person or destroy his crop and live stock. Once Mavuzza is said to have had a court case in the Magistrate Office of Lusikisiki. When summoned to appear before the magistrate he would induce a hailstorm and let the rain fall in such a way that the rivers would remain full as long as the case was still on. The rain would continue to fall on the day of the case was set. This would continue until the case was over or dropped (Interview Mdlambuza).

As previously indicated not only rain is controlled by man, but also rain related phenomenon such as hail, thunderstorm, lightening etc. Rain, whether bad or good is always treated with great honour and respect. When rain falls without stopping for several days an attempt is made to stop. If rain is accompanied by wind and is stormy, it is usually put under control through the use of medicine and by shouting and drumming in an African traditional religious prayer form.

When dark clouds come accompanied by strong wind and rain, people come out shouting and beating drums in order to ward off hailstorms. As they go out, the shout and chant “Sichotho bhek’eMbo” (Go to the place of Mbo) “Yiya kwa Myalwana” (Go to the place of Myalwana). These chants or songs are accompanied by the beating of drums. The songs drive to the hailstorm away to the place of the people or clan called amaMbo. The other song directs the hailstorm to the place of the amaYalo clan. This means that whenever people are confronted with an hailstorm they drive it away to another place far

away from them or to a place of an enemy or stranger. The implications of this is that hailstorms are not accepted by Mpondo communities. Most of the members of the community have their preventative measures against bad rainy season. When a hailstorm begins to gather,

a man comes out of his hut with his medicated sticks i.e. (abafana bezulu) the herd boys of the heavens. He runs out talking and shouting towards the sky calling the heavens to get away from the homestead and the fields to go to the sea or the mountain to do its thing and not here. To get the lightning and the hail away from home (khaya) and the fields. He indicates which direction the lightning and hail should take by pointing with his heaven sticks (Gumede 1990 : 100).

In most cases people lose their lives because of lightening and heavy rainfall is believed to be manipulated by other people. It is for this reason that measures of control are always in place when need be.

### **5.7.3 Igqirha leMpi-war traditional healer**

One of the most important medical specialists is the war doctor. He or she is an important figure in the community for he or she ensures defence of the community. This specialist has powers to immunize people, either the whole community or commando i.e. umkhosi against being easily attacked or defeated. The ixhwele lempi or war doctor is one who has powers to mix medicine for strengthening the commando or the community against being easy targets of war.

The strength of the war medicine is seen when the bullets are fired and are caused to miss the person even if it is at close range. Sometimes bullets are able to reach the targets but without causing any harm to the strengthened or hardened body of a target. The doctor is in a position to protect the victim or enemy. At times a fog comes magically to make it difficult to see clearly (Zinkosi, Interview : 1997).

Any nation or people has its means and methods of defence and security. The survival and existence of any nation means that people should be fully protected. Such security in most cases is always guaranteed by the presence of organised and trained men who are confirmed by the war doctor. Therefore amongst Mpondo, war doctoring is taken very seriously by the whole community.

In many Mpondo communities the defence and security of a people is the duty of every young man. It is a duty of each and every homestead to ensure that young men are medically confirmed for defence purposes. This responsibility sometimes becomes a duty of a peer group in the community. For national defence the King or Chief becomes responsible. He is the one, together with his counsellors, who looks for a qualified and reliable traditional war doctor. In line with this practice of the confirmation of men or the whole community or family, they are strengthened or immunized against dangerous weapons especially during war times. Hunter in confirmation of this, has this to say:

treatment of umzi and war may be similar, for the idea is to strengthen. He brings an intelezi (i.e. a medicine to make one slippery) mixes it with water and sprinkles the mixture around umzi. He burns medicine imithi in every hut and in every kraal and scarifies the people of umzi rubbing powder medicine into the cut.

Wood pegs rubbed with imthi and fat of a black sheep are driven in the ground in the spaces between the huts. Usually the blood or fat is necessary, ingredient of the medicine; so a sheep, goat or pig is killed for the medicine (Hunter 1936 : 269).

The methods of strengthening people or family differ. For instance there is ukuchela i.e. sprinkling with a special medicine mixture called intelezi as well as ukuhlabela i.e. putting a medicine called intsizi (i.e. a black powder mixture) in the small cuts made on the joints, head and face. The incisions or cuts are for the direct application of the medicine into the blood stream. These medicines make one not to be easily hit by the enemy weapon. Sometimes the bullets fired reach the target or destination with very weak impact (Mnyasa, Interview, Lusikisiki : 1995).

When medication takes place most of the participants have special taboos to obey. When taboos are not obeyed the preventative measures of the medicine may not be effective. Such taboos are against sleeping with women when on treatment, eating pork and fresh vegetables (Interview Gxabhu 1995).

Treatment of warriors include medicine mixtures prepared with dog flesh especially the eyes of a puppy when it is still unable to see. Mention of human flesh used in war doctoring has been made in many places in Mpondoland. Related to this belief is the report made in the *Daily Dispatch* about ritual killings: “after killing, mirrors, knives, chicken feathers, candles near the bodies of the victims were found near Boksburg, the police are consulting traditional healers and witch doctors for the purpose of learning more about these ritual killings” (Daily Dispatch 21 September 1995).



For the purpose of strengthening the community the people killed in the battle are also cared for, as they may weaken the entire community if they are ignored. A special ritual is performed to cleanse the family from the contamination caused by accidental death. This ritual is called ukuqunga or ukukhupha umkhonto (to be discussed in detail in the next pages).

In African Traditional Religion accidental deaths are unacceptable. Any accidental deaths are usually rejected or despised as unnecessary and unwelcome. The belief is, that such deaths have a tendency of causing unending death, weakness and accidents in the community or family. The process of ukukhupha umkhonto is religious. It is a strengthening ritual performed after the funeral of the accidental death of the member of the community or family. In this ritual formal doctoring or medication process is observed under the strict guidance of a qualified specialist medical practitioner.

The process of healing is more kind of religious worship as it involves communication with the ancestors as they are regarded as the custodians of the people alive and deceased. The medication process seeks to invoke the spirit of the deceased in order to redirect his or her soul and cause him or her soul to be in touch with the past as well as the present. The idea is to make the deceased communicate peacefully and properly with the living.

#### **5.7.4 Igqirha leZulu - skybird traditional healer**

Closely associated with this type of specialist doctor is the control of the thunder and lightning. This specialist manipulates the power of lightning during the day or night and makes it to strike the house or a person. The power to perform this is highly magical and is based on learned or acquired skills as well as the use of medicine, that is umthi wezulu. For the purpose of causing harm as well as for prevention the specialist doctor uses the skybird or heaven herds (i.e. umthi wezulu) to make or stop thunder or lightning.

With a greater claim to recognition in these days when alternative medicine has new respectability is the herbalist who is regarded more as a practitioner of preventative medicine than one of cure. While his herbs may be mixed with crushed bat wings or fat of a puffadder and some of his more popular types may be love potions or a medicine to immunize your house against being struck by lightning (Magazine : This is Transkei 1991 : 32-38).

The natural power of lightning, hail, and thunder is commonly appreciated amongst the people of Mpondoland. Besides this there is a strong belief in the deadly sky birds and dangers involved in it. The concept of thunder, hail and lightning fear is deeply embedded in the lives of most Mpondo people.

There are wizards or witches who employ magic to use thunderstorms for murder purposes. Also opposed to these malpractices of sky bird powers are the specialist doctors who have the power to stop the abuse of sky bird powers. These are called sky birds or heaven doctors.

Handlers of thunderstorm magical power are people who use medicine in order to kill someone or destroy his or her house with fire of thunderstorm. These witches use thunderstorms in order to carry out their wishes and sometimes against other people. Experts of sky birds may even play with it in what is called “ukudlala ngeZulu”. To these people, sky bird skills are a game of some kind in which each man can challenge the other. The two men can compete over the use of the thunderstorm’s magical powers in a competitive manner in order to test their expertise.

Amongst Mpondo peoples, fear and respect of the danger of lightning, umbane and thunderstorm ‘ukududuma’ are common.

When enormous thunder rumbles from the deep, and storm clouds gather over the sky herd-boys bring cattle home at a gallop. The women folk abandon their hoes in the field where they could be weeding or tilling the soil and rush home to their little ones. Children huddle together in one hut where every member of the family is. Everybody else who is on the road races to the nearest homestead. No stranger is refused shelter on such an event. All water must be covered during a thunderstorm. Water attracts lightning. No mirrors must be used or exposed. They should be covered. They bring in lightning. No one must stand when it thunders. Everyone should be down. No one should talk either (Gumede 1991 : 100).

In this way the natural power of the heavenly forces of the skybird are manipulated by people to fulfill their cause.

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### **5.7.5 Igqirha elikhupha umkhonto – specialist traditional healer for stopping accidents**

Measures and precautions are always taken to ensure the control and combat of continuous and constant accidental deaths. These measures are usually religio-medical in approach. This stems from the fact that accidental deaths are either regarded as caused by witchcraft or by the wrath of the ancestors.

The traditional term applied to accidental deaths is iqungu or umkhonto meaning that a person has been killed by a spear. A person who has caused accidental death is said to be dirty, that is, unequngu. The people or relatives of the deceased are also referred to as abantu abanequngu and as such need to undergo a special treatment called ukuqunga or ukukhupha iqungu or ukukhupha umkhonto.

In order to cleanse a person who has been contaminated with the bad spirit which surrounds death, that is, iqungu, a specialist doctor who knows how to ward off that spirit, is approached. The person who has caused the death of another person becomes contaminated with the spirit or feels that he or she may cause another death, or may continue causing death or fighting. This feeling or spirit of being interested in killing people is called iqungu. This spirit or feeling continues to contaminate even other members of the family. The spirit or this feeling called iqungu does not only inspire the will to kill but also makes the deceased not to rest, affecting the members of both

families. It is for this reason that this contaminating spirit needs to be stopped before it may cause greater havoc.

People contaminated by this bad spirit of iqungu are sick. The belief is that people with the iqungu can be very dangerous in the community because they always feel like killing or fighting. If this is not cured a person with iqungu becomes mad and finally dies, usually accidentally.

### **5.7.6 Conclusion**

In African Traditional Religion and healing systems, the whole process of healing is an intertwined network of Diviners, Doctors and worshippers neatly linked with the ancestors. The work of healing without the intermingled network cannot materialise smoothly. To both the diviners and doctors, the common enemy is the evil spirit.

In order that the workers in this field of health, both Western and African, can succeed, they need to recognise each other. They must try to rediscover their originality in order to know the cause of illness, otherwise the sick may not be saved. For the conventional healers who totally belong to another category, this knowledge can serve as a guide. African traditional healers have specialists as conventional medical science has. What is needed now is the mechanism for them to work together in treating and curing diseases. However this matter is going to be attended to in the following chapters.

# CHAPTER SIX

## THE TREATMENT OF DISEASE BY AFRICAN TRADITIONAL HEALERS

### 6.1 Introduction

Human beings are always exposed to attack by various diseases (i.e. izigulo whether they are of natural or artificial causes. Feeling unwell or experiencing a body ailment is a natural weakness of the human body. The concept of health is deeply embedded in the whole life system of Africans as their worldview in the previous chapter indicated. It is almost one of the basic needs of life, for, if a person is sick, life becomes unbearable and thus meaningless. This means that a sick person becomes less involved in all aspects of life namely social, religious, political and economic aspects of life. “The idea of health, then is closely associated with the religious system of the Bantu-speaking peoples of South Africa” (Hammond-Tooke, 1974 : 53).

This chapter studies the worship specialist healers or doctors and their treatment of diseases. It also aims at displaying how much damage has been done by the interaction of the western and the indigenous cultures in Mpondoland.

In the African belief system insight into life is tantamount to belief in existence of diseases natural or unnatural. Some diseases are new in Mpondoland. Such diseases are ingqakaqa i.e. small pox, and isifo sentliziyo (i.e. high blood pressure or heart attack).

These diseases are believed to be transmitted through contact with foreigners. Other diseases are caused by new learned skills of witches and sorcerers. On top of this Mpondo people have declined to stick to African Traditional Religious laws and their healing system. Thus they lost the protection of their ancestors and became more exposed to more attacks by the new diseases. The ancestors were unhappy with the people as many of them had been disorganized by the encroachment of Christianity and western civilization an indigenous culture.

Hammond-Tooke has argued that “a German ensign by the name of Ludwig Albert who visited the Xhosa area in 1807 discovered that very few diseases were found amongst these people” (Hammond-Tooke, 1974 : 89).

Traditionally people of this area were aware of various diseases common amongst them and those which they were not familiar with. As such it stands to reason that types of diseases in Mpondoland are as diverse as the people of this region. The diversity of diseases stems from the fact that the causes are themselves diverse. For the purposes of this thesis the discussion will be limited to those directly linked with witchcraft and sorcery because of the confusion concerning these practices. However this will be explained in the next chapter. Amongst the Mpondo there is no clear distinction between sorcery and witchcraft as explained earlier. “The basic term for witchcraft and sorcery was ukuthakatha in Nguni and abaloyi in Sotho, Venda and Tsonga” (Hammond-Tooke 1993 : 160).

This is the case with Mpondo who are also a Nguni. The Mpondo and Bhaca sometimes discriminate between ukuthakatha ngesilwana (to bewitch with animals) and ukuthakatha ngobuthi (i.e. to bewitch with evil drugs) (Hammond-Tooke 1974 : 339). Common diseases amongst people of this area are mainly from ubuthi which is the use of medicine in a bad or ill-manner. The people handling ubuthi are called abathakathi who also use charms amakhubalo. The abathakathi use medicine and spells whom they instruct to do things they want to be done. This is what is also called ukuthumela i.e. to send messages through medicine in a method called ukukhwintsa or ukuthumela.

They use magic to spray bulala (i.e. killing medicine). They use ukukhwintsa Khafula in Zulu to spray dangerous medicine into the air. They first chew the deadly poison into a path and then kwintsa in the direction of the victim. They call the victim's name and use the sharp horn of the antelope to make stabbing acts towards the victim's hut (Gumede 1991 : 54).

Some animals are also used as familiars as means of extending witchcraft operations. Amongst other groups the conscious factor of malevolence and bad faith is the use of these dark powers to harm an enemy. Anthropologists distinguish between this use of a psychic personalized power and the one used by the witch herself or through the vehicle of familiars "the use of magical substances e.g. medicine, charms, etc., often used with excrement, nails, hair clippings and other body parts of the victim" (Hammond-Tooke 1974 : 339).



## **6.2 Izilwana Zokuthakatha - familiars - bewitching with animals**

“Familiars take different forms and certain forms are possessed by women, others by men, but it is held that a person who has one is likely to have another” (Schapera, 1937 : 245).

Most animals and snakes, birds as well as artificial animals such as Thikolotshe, ichanti, Umamlambo, impundulu, imfene, isikhova, ikati elimnyama, impaka impuku, are often employed by people for good and bad purposes as explained in the previous chapter. In this section some familiars will be dealt with in detail.

### **6.2.1 Uthikolotshe - dwarf**

A man-made familiar or animal or personified animal is commonly found amongst the people of Mpondoland. This familiar, called uThikolotshe by Mpondo and uHili amongst Xhosa, is commonly used for witchcraft. Thikolotshe can either be a male or female. Male owners keep a female Thikolotshe while female owners keep male ones.

Thikoloshe or Hili the familiar most widely believed in and most commonly abused as the means of witchcraft is a small hairy being having the form of a man but so small that he only reaches the man’s knee. He has hair all over his face and coming out of his ears and has face squashed up like a baboon. The penis of a male dwarf is so long that he carries it over his shoulders and he has only one buttock (Schapera 1937 : 244).

The dwelling of the dwarf is usually river banks, forests, and under cliffs for safety's sake and hiding. Amongst the Mpondo and the Nguni generally there appears to be a strong sexual element to witchcraft beliefs. Thikolotshe in particular, with his enormous penis, is believed to have sex relations with her or his owner (Hammond-Tooke 1937 : 340).

Most of the time Thikolotshe is invisible because he is always armed with a special medicine called iKhubalo. Dwarfs usually appear to children as they play with them unnoticed yet children are afraid of them. Most of the dwarfs are usually sent by the owners to go and kill or harm people. They can take poison to pour into the food of the enemy.

The river dwarfs are plentiful in Umzimkulu area eningizimu south. They are eminently suitable for the job of a familiar. They are very intelligent and carry their errand dutifully. They have an advantage of being invisible to adults. They are sent to carry ukuthatha (bewitching) mission at the chosen homes. They are able to deposit poisonous medicine on the victim's food without being seen. They are able to collect viable bewitching items such as sperm-cell, stools, urine of the intended victim. They are also valuable accomplices to theft of money and food for the owner (Gumede 1990 : 58).

The Thikolotshe familiars are dangerous for they can cause people to be sick and die. Most of the diseases which are transmitted by Thikolotshe are fear i.e. umbilini, madness - ukuphambana, epileptic fits -ukuxhuzula, food poisoning - ukudlisa, cancer of the throat - uluthi, venereal disease - amabekelo.

### 6.2.2 Impundulu - bird

Amongst the people in Eastern Cape the Impundulu is a common familiar. It is said to be bird-like. It can move swiftly and it is invisible except to the owner. Because it is fast acting it is called a bird. The impundulu can appear in many different forms such as a bird, ugly animal, a beautiful lady, handsome man, or an ugly or fearful man. It causes fear - umbilini. One can fall down or have a stroke, fits and be paralysed. It can cause one to be mad i.e. ukuba ligeza or ukuphambana because of this fear called umbilini. The high note of impundulu's work is to make one person to look like dead in an incident called ukuthwebula. This death is fake, in that one would appear dead and yet the corpse you see is not the actual dead person. It is just the impundulu which looks exactly like him or her. People who are normally said to be dead in this manner are people who do not get sick for a long time. People who are attacked by stroke, asthma, i.e. phika severe headache, sudden bleeding of the nose, in what is called ukukhatywa yimpundulu i.e. kicked by impundulu. Sometimes people who are undergoing the ukuthwebula process are diagnosed in the hospitals or clinics as suffering from high blood pressure. The Impundulu familiar is very active in that it is fast in its actions, for it can accompany a person if he or she is travelling far away in a car or aeroplane. In its accompaniment (ukulandelwa) it can cause one to get sick either through fits or fear whenever he or she goes (Cawe, Interview, Lusikisiki : 1996).

Somebody who is being followed (ukulandelwa) by 'iMpundulu' gets drowsy even if it is during day light. Such people are usually involved in accidents, like car accidents, fire

arm attack, stabbing, etc. "The owner of the iZulu employs (impundulu) it to cause sickness and death but the method by which an iZulu kills is a mystery" (Hunter 1936 : 282).

### **6.2.3 Ichanti - snake**

Another familiar which is found amongst males is Ichanti. This is a familiar which is in the form of a snake. As a snake, it appears in many forms. It has shiny bright colours which are deadly if one gets exposed to it. "Ichanti is a snake which lives in rivers and which has power of metamorphosis appearing in many forms - any one who sees it falls ill and will die unless treated by a magician" (Schapera 1937 : 244).

They are normally kept in the rivers, rooms, cattle kraals. The major purpose of keeping this kind of snake is to get rich as well as for sexual intercourse purposes. When one gets hold of this type of snake, he can become rich quickly especially in livestock, maize and money. Besides ichanti can be sent by a witch in order to kill. But if the owner does not kill somebody or animal for it, Ichanti can kill an animal or human being of its choice within the home. Sometimes if the owner of ichanti is reluctant to feed the familiar with the blood of animals or of a human being he or she can run mad.

The direct contact with ichanti may cause sudden death or cause one to fall into a trance, that is, ukwelama. It may also cause skin problems like pimples or sudden rash. The westerners may relate this problem to a kind of allergy.

#### **6.2.4 Umamlambo – the man-made snake**

The man made snake which is a production of a mixture of medicine is called Umamlambo. These mixtures are meant for wealth, good farming produce in terms of crops, and livestock. They are used to kill people or cause fear i.e. umbilini. This one does not change colours. It is normally kept in the river or at a safe place at home. The umamlambo is commonly known to be used by females (i.e. inunu yabafazi) for sexual intercourse purposes.

This type of snake is dangerous to both the owner and the people at large. For instance if other people come close to it or even see it, then one is said to be 'welamile' (i.e. to look directly at a magic snake). The results are the same as those of ichanti already discussed. Failure to stick to the rules and regulations controlling ownership of umamlambo may lead to death as in the case of ichanti (Mbiba, Interview, Lusikisiki : 1997).

#### **6.2.5 Imfene - baboon**

The baboon found in the forest or a wild baboon and the familiar baboon are the same. The natural baboon is captured and enticed by the witch in order to have it under her or his control for use in dirty works and thus it becomes the familiarized baboon.

The most usual familiar of men, however is the baboon, imfene. Riding on the back of the baboon at night, the wizard goes about his nefarious deeds chiefly harming his neighbour's cattle, but also bringing injury and death to human beings (Soga 1932 : 196).

Male witches are said to be one group that make use of the familiar baboon. The reason for this is that certain familiars are meant for either males or females as there is a marked division of labour amongst Mpondo. The main task of the familiar baboon is for transportation for bewitching purposes. When the man is riding a baboon he faces the back whilst the baboon moves forward towards the destination.

#### **6.2.6 Impaka - rodent**

Also common amongst the peoples of this area is a type of rat called 'impaka'. This rat-like wild animal is used as familiar animal. The impaka is sent by the owner to deliver messages of death or misfortune. People do get ailment or die because they have been sent for by the impaka. Amongst Mpondo 'impaka' is a well-known familiar. "Mpondo 'Mpaka' are small rodents which are familiars of women who send them to bite children so that they develop bowel trouble or sore throats according to the place where they are bitten" (Hunter, 1936 : 282).

#### **6.2.7 Impuku - mouse or rat**

An ordinary rat usually lives in homes, outside homes, in holes, in the long grass and in sheltered warm places. These rats cause damage to household property. Rats are also used as familiars. "They are strictly nocturnal as are the witches themselves" (Hammond-Tooke).

Some people employ these rats as their familiars. Rats which are familiars are usually sent by their owners to do some dirty works like stealing money and taking precious goods from their enemies. Familiar rats are sometimes sent to deliver medicines which are dangerous to places where the enemies of the witches or wizards are. The stolen goods by the rats are usually taken by the witches for bad medication purposes. Such goods can be useful for bewitching other people especially the owners of the goods.

Besides bewitching purposes the rats, 'impuku' are also employed by the people who seek to boost their wealth. As stimulants of wealth the rats are used in a wide range of activities of boosting wealth powers called 'ukuthwala'. However, these activities will be dealt with in the next chapters.

My informants told me a story of one rich business man in the district of Bizana. This man was in possession of rats (impuku). These rats (impuku) are believed to be stimulating his wealth as he owned quite a number of buses and taxis which are operating in 'Kwa Ngutyana' community. The owner of rats, impuku is also able to transfer this power to other people. Such transference of this skill can be done through the long process of ukuthwala (Interview, Machi Bizana, 1997).

#### **6.2.8 Isikhova - owl**

The use of animals, snakes as well as birds as familiars is a common practice amongst the people of Mpondoland. Use of birds like 'Isikhova', an owl, is very common, for, this bird

sleeps during the day and becomes very active at night. The witches and wizards take an advantage of the nature of this bird (Interview, Magaqa, 1998).

When the isikhova is used for witchcraft it normally cries at night sitting on a pole or tree nearby the home or house where it is sent. Amongst Africans it is a common belief that the owl is one of the birds of bad omen. Even if it appears behind or in front of a person when he or she is walking on the road it is usually regarded as a symbol of evil or a bad omen. But if the owl hoots at night facing the direction of the house it surely indicates that it has a special mission to fulfill. Such a mission is usually a message of death, ailment or bad omen or bad luck for the family.

The treatment of the izilwana zokuthakatha discussed above is similar in that, if they are to be expelled, a specialist diviner to locate them is approached. After identification a specialist medicine man ixhwele is approached to weaken their effect through ukubethelela house confirmation ukuchela i.e. sprinkling of water mixed with medicine. This has been explained fully in previous chapters.

### **6.3 Izicanulelo**

In this type of illness people suffer from loss of love or of being loved, rejection, bad luck, hatred, expulsion from work, inability to secure a good job, denial of promotion, rejection of a wife by a husband or vice versa. All these are characteristics of a person suffering from isichitho. The basic meaning of this term is from a verb ukuchitha



meaning to throw away. The word isichitho is a noun meaning the act of being thrown away or to disorganize or to destabilize. Ukucanulela means hatred. It is suffering which makes one to be hated and thus thrown away or be rejected (Interview, Masilangwe 1997).

There are many types of isichitho. Most of them are man-made. They are the work of witchcraft and a mixture of bad luck, charms, parts of certain insects, birds or animals. These magical mixtures are used to make people suffer from the isichitho type of illness as mentioned above.

### **6.3.1 Isicanulelo sentwala zehangu - pig-lice**

Illness of this nature has symptoms of severe itching and feeling that something is moving on the body. This becomes severe especially on those parts of the body which are hairy and are always closed e.g. armpits, head, eye-brows and hairs around the vagina and penis. Soon small black lice would appear, the type usually seen on pigs. Also seen on the surface are their small eggs, white in colour. These are called anomoyi. When the black lice have multiplied they form a hard layer. It becomes difficult to remove.

The appearance of black lice is a sign that the isichitho is at a high rate. People attacked by this illness become nervous, insecure, anxious as they are irritated by these black lice and their white eggs. In this state, sufferers can lose their temper easily, lose interest and

lack endurance and thus feel like losing everything. In that way the isichitho has taken place (Siname, Interview, MtAyliff 1998).

When this is treated by the African Traditional healers, enemas, medicines are prescribed with medical mixture, imbiza and steaming, licking boiling medicine. Enema is used to remove the poison or cause of illness which is believed to be inside around the stomach and pelvic area. The treatment of all isichitho is aimed at the cleaning of the body internally. The black lice in the hairy surface need to be removed by first removing the hair and then applying healing ointment prepared from fats of wild animal and some traditional herbs. Today menthylated spirits is also used to kill black lice. Hence this is the work of magical powers ilumbo. A magical way of healing is also employed eg. taking a medicine and spitting towards the side where the magic comes from. This method of healing is called ukukhwintsa. In this way magically sent illness is driven away.

### **6.3.2 Isicanulelo se Ntuku - mole**

In the case of isicanulelo se ntuku (mole) one would simply see a mole digging inside the house or hut, or around the house in the yard. This would be a sign that isichitho has begun. The intuku mole is magically manipulated and sent to destabilize or disrupt the harmonious life in the home. After this, the people living in that hut or house may start quarrelling. Children may start being cheeky, others may end up running away from

home. Those in love affairs or married, their love affair can thus come to an end (Interview, Notshweleka, 1997).

The magic is based on the miraculous manner in which the mole works, that is, its defying manner. The disorder in the family resembles the disorderly manner in which the mole is digging. It is through the study of mole behaviour by the magician, witch or wizard that they are able to manipulate it and make use of it. A magically manipulated mole can throw the whole family in disarray. Treatment of this type of isichitho is similar to that of isichitho sentwala zehangu.

### **6.3.3 Isicanulelo semikhazi - ticks**

Like isicanulelo sentwala zehangu, the isichitho semikhazi follow the same pattern when emerging. The young ticks would simply appear or attack the hairy private parts of the human being. They usually appear at random and gradually multiply. They lastly form a hard layer which becomes very difficult to remove (Mamlatsheni, Interview, Kokstad, 1995).

When it becomes serious the person attacked by magical ticks can become literally mad. That is a part of the outcome of isichitho. This takes place if the sick person is not quickly treated. The treatment is similar in many ways to that of other treatments of mole or lice sickness.

#### **6.3.4 Isicanulelo sikanonkala - crab**

The use of Nonkala, that is a crab which makes people disorganised, is common as the crab is made part of the magical mixture. It is used because it is not moving straight so it can make people behave in an crooked manner. Where this has taken place it can cause disunity amongst families or married or casual partners. It may cause the ordinary daily routine of life not to go according to plan.

The African Traditional healers know exactly through divination diagnosis what type of isichitho one is suffering from. Thus they prescribe medicine according to the knowledge they gathered from diviners. Treatment of this isichitho is similar to the other treatments already discussed above (Interview, Chogo, 1996).

#### **6.3.5 Isicanulelo sesele - frog**

Umgqwaliso is another kind of isichitho which is usually directed towards causing people to be unlucky, to be hated, rejected, sidelined and undermined. This kind of ailment is commonly known as umgqwaliso because it attacks the face in order to cause or make one to be hated. The person suffering from this ailment is attacked by severe pimples mainly in the face and the whole body becomes fully affected later. These pimples are usually referred to as isichitho sesele because they appear in one place and form a layer of pimples which are watery like the skin of a frog (Nkongwana, Interview, Lusikisiki, 1997).

When someone is suffering from this type of isichitho it becomes difficult to look at his or her face. The purpose of making a person suffer from this type of a isichitho is to make him or her to be rejected, hated, neglected, etc. This is another manipulation of frogs to make magical medicine that makes other people's skin to have frog-like skins called umgqwaliso.

Another kind of umgqwaliso is a phenomena called ukwelama, that is, to be suddenly exposed to a familiar snake e.g. umamlambo. In that incident one becomes attacked by pimples on the skin of the body. The person with pimples full of water and pus is also regarded as someone with umgqwaliso. The treatment is the same as those in previous chapters.

#### **6.3.6 Isicanulelo sesigcawu - spider**

Amongst other insects used as isichitho is isigcawu. The magical manipulation of the spider web is one of the magic medicines used for isichitho. The medical mixture for making this magical medicine for isichitho is mixed with spiders and their webs. When attacked by this type of isichitho one would feel as if in direct contact with a spider web. In that feeling one would keep on wiping off his or her face in an attempt to remove something moving on the face i.e. amanambu-nambu, as in the case of a spider web (Interview, Ntsele, 1996).

This makes one feel bored and tired or scared to stay in such a place where there are such spider webs. This is exactly the intention of the witch to make one feel scared and to run away. In that way one would be thrown out of his house through isichitho. This type of isichitho can be healed in the same way as others mentioned above.

### **6.3.7 Isicanulo sevumba elibi - bad smell**

Sometimes isicanulo or isichitho is caused by some bad smell such as the smell of Umzondo and uthuvi that is human faeces. In this case an insect called umzondo which has a bad smell is magically manipulated by the witches to make someone to have such a bad smell. It is usually used for married people or lovers in order to be separated. When such an isicanulo is used the smell will be present all over the room, on the blankets, bedroom and in clothes (Mthwentwe, Interview, Lusikisiki 1998).

If uthuvi has been used as isicanulo, its smell will be felt all over the room, in the bedroom and in the clothes. Sometimes when the lover partners are meeting the other would simply feel the smell of uthuvi or umzondo. Such a smell is a symbol of hatred and rejection. Like all other isichitho the treatment is similar.

### **6.4 Umbilini - fear or phobia**

Through magical powers and expertise in this field witches can make people to suffer from a severe fear. People suffering from this fear usually suffer from hysteria and run

away. Hysteria is said to be caused in most cases by a medicine which is magically prepared and administered to a female partner by a male lover in a practise called ukuphosa. The magically administered medicine is usually called a kind of izizwe or amafufunyana, already discussed fully in chapter three. It is this izizwe which makes the female partner to cry and be afraid, to stay away or to be afraid to sleep with another partner other than the one that had administered izizwe. In some cases of ukuphosa, when such a female is in love with another man, other than her own boy friend, they may both cry running away from the bed, for they may just see a snake in between them. This is another kind of isicanulo or isichitho caused by fear of a snake which is not actually there (Interview, Mandela 1998).

## **6.5 Bewitching with medicine**

Use of medicine for evil purposes is the work of sorcerers and witches as already indicated in previous chapters and in chapter nine. These medicines are magical or ordinary. In this section an explanation of the various methods of such practice will be made.

### **6.5.1 Amadliso – food poisoning**

In many instances people get sick because of ukudliswa or food poisoning. Experts of this practice prepare poison which is mixed with food making it difficult to detect it in the food. People who are suffering from food poisoning usually suffer from stomach ache,

vomiting, sores in the mouth, insanity, inability to swallow food, chest pains, high blood pressure, diabetes, asthma, swollen stomach, and liver problems.

In most cases people suffering from this food poisoning problem do not take long before they die unless the type of poison used is weak. There are two types of food poisoning such as the ordinary mixing of poison with food and food poisoning which is sent through a familiar (i.e. idliso lethumelo).

### **6.5.2 Idliso lokudla – direct food poisoning**

The direct contamination of food with poison is served to people and is called 'ukudlisa'. Many kinds of poison are used for the purpose of killing people. Most of them, when applied in the human being's digestive system cause stomach ache and vomiting. Other symptoms of idliso are headache, high blood pressure, asthma, cancer of the throat and intestines, swollen stomach, etc. "Symptoms of food poisoning are vomiting, diarrhoea, cramps - like abdominal pains which are often worse just before diarrhoea" (Reader's Digest, 1992 : 148).

### **6.5.3 Idliso lethumelo - food poisoning through familiars**

Food poisoning through sending a familiar is one of the special and instant methods of killing a person by witches or wizards. In this case a familiar sent by the witches or wizards pour a poisonous substance in the mouth of their target person. This is the work



of a magical power, for the people do not see or know who their assailants are. The symptoms of food poisoning are similar to those already mentioned above. It is only the method of application of a poison, that is different.

There are two types of sickness which are commonly caused by this type of poisoning. These are the cancer of the throat called uluthi or umhlaza womqala and the asthmatic type of illness called iphika. This is a kind of a tuberculosis (T.B.) known by the conventional healers. This means that there are two types of these illnesses, that is, a natural cancer and natural tuberculosis as well as artificial cancer and tuberculosis.

#### **6.5.4 Uluthi - cancer of throat**

Common amongst Africans especially in Mpondoland is a special type of cancer called umhlaza womqala or uluthi. This type of cancer attacks the throat whereby it becomes difficult to swallow or to eat any kind of food when the throat is swollen.

In actual fact the oesophagus appears to be a very tight passage. There is usually a sharp pain in and around the chest somewhere in the passage or oesophagus. It becomes painful when the food is taken in as if there is a growth in the throat or oesophagus. "Cancer is defined as a growth and development of an abnormal cell in some parts of the body" (Reader's Digest, 1992 : 178).

## 6.6 Ibekelo - Put For

The term ibekelo comes from a verb 'ukubeka' meaning 'to put'. Then 'ukubekela' means 'to put something for'. In this sense ibekelo is to put a magical medicine on the roads, or sitting place or anywhere for it to be contaminated with the person for which it is directed to. The purpose of ibekelo is to kill people or to make people ill. In some cases ibekelo magical medicine is placed in a sexual organ so that when sexual intercourse is taking place the target person will be contaminated i.e. ukubhabha (Interview, Mbiba 1997).

Some asthmatic i.e. Iphika cases are caused by a sickness derived from a person who simply places or puts a magical medicine on the road so that any one crossing over would be ill immediately. This method of causing iphika is called 'umeqo' meaning to cross over 'ukweqa'. In this case, the medicine used as imbekelo or umeqo is instructed to go straight to the one who is targeted. The instruction or message is given directly to the medicine during the time of preparation. The messages are taken by air especially if the name of the person is mentioned.

A Mpondo sorcerer took medicines and roasted them on the lid of a pot then, dipping his spear in boiling water, put his fingers in the medicine and touched his lips, calling on the name of the person he wished to harm and ending by hurling his spear through a vent in the wall not through the door. It was believed that when the spear touched the ground the victim would begin to feel pain and that night would dream of being stabbed and wake up the next morning coughing blood (Hammond-Tooke 1993 : 173).

Another method of sending magical messages is called 'ukukhwintsa'. In this case a magically prepared medicinal mixture is taken into the mouth and it is not swallowed.

Whilst it is still in the mouth the medicine is spat out and is accompanied with the words and the name of the person the words are directed to. This magical medicine can be instructed to carry out direct and dangerous messages which cause sicknesses such as asthma, high blood pressure, stroke, heart attack, diabetes, AIDS and venereal diseases. In the use of bad medicine, people make special medicines to disturb sexual intercourse. This mechanism is called ukubekela. Several methods of making this magical scheme will be analysed in this section.

#### **6.6.1 Iqondo or ukuvuza - gonorrhoea**

The symptoms of Iqondo are wetness of the sexual organs because of the ejaculation of semen and even sperms at random. This ejaculation is continuous and is usually accompanied by burning urine which comes out quickly and time after time. It causes pain around the sexual organ penis or vagina especially when sperms are ejaculated during sexual intercourse and urinating process. This is what is called gonorrhoea by the conventional healers.

In the African Traditional healing system, ukuvuza or ukubhabha is caused by having sex with a sex partner suffering from this infection. It is usually treated by African Traditional herbs. The treatment includes an enema and steaming with boiling medicated water. Intsizi is a mixture of burnt herbs, burnt animal parts and some chemicals are used and mixed with water, put on fire and left to boil. When it is boiling it is licked with fingers until it is finished. This process is called ukuncinda.

### **6.6.2 Ipoka or igcutshuwa - syphilis**

Also common amongst people of Mpondoland is a kind of infection called Ipoka or igcutshuwa. It is characterized by sores, warts or blisters around the sexual organs. Such sores are usually painful and urinating becomes painful. Sexual intercourse becomes impossible. It is highly infectious and resembles what is called syphilis by the conventional healers.

typically causes the following symptoms, sores, warts or blisters around the sex organs. These can be painful or completely painless drops of pus from the penis or discharge from the vagina, swollen glands around the sex organs, pain or burning when passing urine - painful sex (Sunday Times 10 November 1995 : 6).

In the African Traditional healing system, syphilis is known and yet its symptoms are similar to those explained above. It is the only treatment which is different from that of the conventional healers. Enemas steaming with boiling water, licking boiling medicine as well as imbiza that is medical mixture which is taken orally, are all the basic methods of healing syphilis igcutshuwa or Ipoka.

### **6.6.3 Amaqhakuva or izilonda - herpes**

This illness manifests in small sores or pimples on the outer skin of the vagina or penis. These are itchy and ooze a watery substance. The virus is caught only by direct contact with active sores. These may be quite visible on the genital area or buttocks. The conventional healers refer to it as herpes.

Alternatively they may be hidden in the vagina or anus. The virus can also be passed from around the mouth to the genital area and vice versa (Reader's Digest 1999: 153).

For African Traditional healers treatment is similar to that of syphilis related diseases called Ipoka.

#### **6.6.4 Imbune - inhibition of sexual desire**

Amongst males this is called erectile insufficiency or impotence while in females it is called general sexual dysfunction or frigidity. Another symptom of sexual inhibition is delayed or premature ejaculation. On the other hand females may have what is called general orgasmic dysfunction. Western medicine attributes these symptoms to psychological disturbances such as fear of failure in having sex, insecurity, anxiety, anger, or tension.

To African Traditional healers, the causes are known to be different from the ordinary natural lack of interest in sexual intercourse which is sometimes temporary. The causes are usually psychological, sickness, nervousness, tiredness, or fear. Besides this, there is imbune which is caused by Amabekelo and ukubhabha, already explained above. Detection is always done to check whether the cause is natural or artificial. This can be detected by ukubhula that is diagnosis by diviners. Some types of inhibitions are caused by infection derived from sex aids such as the artificial snake used as a sex aid called inunu yaba fazi (i.e. snake for women) (Interview, Zangela 1998).

The sexual inhibition is healed by the conventional healers by prescription of drugs which are taken orally and by injection. People with psychological problems related to sex are usually referred to clinical psychologists for diagnosis and treatment. On the other hand African Traditional healers have their methods of healing these sexual inhibitions such as emesis, licked medicine in hot or boiling water, ukuncinda, enemata, steaming with boiling medicated water, and licked powdery medicine i.e. ukukhota.

#### **6.6.5 Umayibophe wenja – sexual locking**

For a sexual intercourse to be inhibited, another type of ibekelo called umayibophe wenja is applied. This method is observed when an ibekelo or umeqo has been prepared and placed in the sexual organ in order to disturb the smooth running of sexual intercourse. Umayibophe wenja is a method whereby people are engaged in a sexual act and become suddenly unable to separate. They remain locked until the person who has locked them in this way is willing to unlock them.

This is the work of magical power. The method of unlocking them can be done by an expert in sexual intercourse disease. Such a man must be well versed with healing magical powers i.e. amalumbo.

Umayibophe wenja is caused by mixing certain magical herbs amakhubalo with a closed knife which is the one that leads to the problem of locking. The magical sexual locking

can only be unlocked if the knife concerned has been identified and opened (Interview Sontsele 1996).

#### **6.6.6 Ukufa-icala - paralysis**

The Western stroke causing as paralysis is known as ukufa-icala by the African Traditional healers. Ukufa-icala means that the one side of the body is dead or not functioning. The symptoms are weakness of limbs, inability to operate the affected side of the body, twisted mouth, inability to speak properly. To African Traditional healers ukufa icala is caused by the skillful work of magical powers and the use of familiars as manipulated by witches and wizards.

As time goes on the ukufa icala may result in iphika, weakness, high blood pressure, madness, etc. (Interview, Gangatha 1998).

#### **6.6.7 Isifo seswekile - diabetes**

To the African Traditional healers this infection is caused by human beings who manipulate the magical power through use of familiars. As the name diabetes suggests it has no African equivalent i.e. a disease caused by excess sugar in the human body

This explanation from the conventional healers school of thought shows that no one knows exactly the cause of the suffering. But where conventional knowledge fails, the

African Traditional Religio-healing methods can offer an alternative and save the suffering souls from the unwarranted pangs of pains. Let this be a clear indication that compatibility between conventional healers and African Traditional healers is not just necessary but it is long overdue (Mahambehhlala, Interview, Flagstaff 1996).

'Umeqo' is a kind of a running infection which moves from the tip of a finger to the skin of the head causing harm and damage in all joints and in important organs of the body. Because umeqo is magically manipulated, it changes from one sickness to the other. As such umeqo can cause many ailments in the body as mentioned above. The main purpose of making people suffer from 'umeqo' is to kill or render them weak. That is why these sicknesses or diseases are commonly known as arnabulawo - killing. They are usually treated and healed by the African Traditional healers who clearly understand the mechanism behind these ailments.

#### **6.6.8 Umeqo – gout or arthritis**

'Umeqo' is a word derived from a verb 'ukweqa' meaning to cross over. This illness is caused by crossing over sprinkled magically medicated stuff. Such a mixture, when it is sprinkled on the road or seat for one to cross over, his or her name is mentioned on the spot where the medicine is placed. The message will move magically - amalumbo through the air so that when the particular individual has crossed the medicine, he or she becomes ill. The magically medicated mixture only affects the person whose name has been mentioned (Interview Ntsele 1995).



The symptoms of the affected part of the body are usually the swelling of the foot or finger tip with some sharp pains. When this sharp pain covers the whole body it may lead to arthritis, gout, asthma, headache, madness, stroke, paralysis and finally death. This may be what the conventional healer calls arthritis or gout.

#### **6.6.9 Ukuxuhuzula – epleptic fits**

To African Traditional healers diseases known as isifo sukuxhuzula or isifo sokuwa or ukufa isiqaga are commonly known. The symptoms are falling down, jerking and unconsciousness. This may be what is called by Westerners epilepsy or epileptic fits. The causes of isifo sokuwa or ukuxhuzula are mainly attributed to the magical work of witches and wizards. The question of accidents as the cause of this sickness is also known. Even then involvement of magical work cannot be ruled out.

The witches send their familiars to make people to be afraid or to be shocked, that is, umbilini. It is after this fear or shock 'umbilini' - that a person can start falling down and have a fit i.e. ukuxhuzula. Suffering from ukuxhuzula is also caused by ibekelo, umeqo and through ukukwintsa (see above). Accidental epilepsy occurs when the sufferer has been attacked by people who are handling magical medical mixtures called 'izitolom'. This type of magical medicine is smeared around the stick for stick fighting games called ukungceweka or used during emergency fighting etc. The magical power of izitolom is to make a very effective blow when fighting continues. Such blows can lead to a serious epilepsy ukuxhuzula (Interview, Zintongeni 1998).

Closely linked to epilepsy is fainting i.e. ukufa-isiqaga. When one is fainting he or she may have been standing for a long time, suffocated, lacking enough oxygen and has a slow heart beat. Witchcraft is also believed to be used to make people faint. The witches and wizards together employ their skills sending their familiars and magical powers to make people feel shocked, to be afraid 'umbilini' crying, hysteria and finally fainting (Interview Dwebu 1998).

#### **6.6.10 Ukuthwebula - instant semi-death**

Ukuthwebula is to make somebody to appear as if he or she is dead. Somebody who has undergone the process of ukuthwebula can either be called or made isithundzela or umkhovu i.e. zombie or ghost. The process of making a person to appear as if he or she is dead is commonly made through a familiar which is sent ukuthumela to do that kind of an operation called 'instant semi-death' ukuthwebula. The whole fiasco is magically manipulated. The work of magic is explained under evil spirits in chapter four.

This method mostly is used by witches and wizards who send their familiars to call people unawares or unconsciously to be their captives whilst their relatives regard them as dead. In ukuthwebula, a person involved does not die but the 'impundulu' (a kind of familiar) may pose or appear as a dead person, yet the actual human body is in custody of a witch somewhere in the bush or wardrobe. The magic power ubugqi or amalumbo as already explained is used in different ways.

### 6.6.11 Isithundzela – a shadowy man

Isithundzela is a word derived from a word or noun 'isithunzi' which means shadow. This term refers to a person who is called isithundzela because she/he remains in a shadowy state of mind as he is alive yet dead according to his or her relatives. Such a captive person is usually the one who is said to have undergone ukuthwebula and is called then 'isithundzela' a shadowy man. He or she is in a shadowy state of mind or he/she remains unconscious (Ihwaludaka, Interview, Lusikisiki 1998).

When he or she is seen by another man or a relative he or she simply runs away and cannot be easily caught. It is said that he/she is armed with a special charm called 'ikhubalo' which empowers him or her to be invisible or difficult to locate or capture. Most of the people who fall victim to izithundzela are the people involved in accidental deaths: i.e. death in car accidents, shooting, falling from a horse, drowned in the sea or river, struck by lightning. People who died in this manner are usually taken captive or are taken into custody somewhere by their enemies. When they are taken into custody they are usually kept for labour. Sometimes it is just a punishment of some kind by the witches or wizards for reasons best known to them. In support of this thought or concept of ukuthwebula is a similar incident reported by *City Press* that:

A battle between Christians and African traditionalists is tearing apart the sleepy town of Kokstad where sangomas are trying to bring twelve dead children back to life. The bodies of the children aged 15 to 17 have been lying in the town morgue since 30 September 1995 when their school bus overturned, killing all passengers. On the advice of sangomas who promised to revive the teenagers, their families have refused permission for burial. The parents said the spells of sangomas to

bring the children back will fail if the bodies are interfered with. The residents insisted that the coffins were filled with old withered people with long facial hair. At the grave side argument quickly turned into a riot according to police. Kokstad police are certain that the bodies were those of the children, noting that hair and nails continue to grow after death. The women accused of being witches were chased away and hacked to death. At a funeral, the Kokstad Mayor Baven Gartrell said that a few days later a rumour spread that the sangomas had succeeded and that the zombie children were seen washing mini bus taxis in the town centre (City Press 26 November 1995 : 1).

From this report one gathers the fact that the concept of ukuthwebula as already analysed is still alive in the minds of Africans whether educated, Christianized or civilized. Secondly, this indicates that the question of interaction between the African Traditional Religion healing system and the conventional healing is alive. It is not only dividing communities it also brings more confusion amongst Africans.

#### **6.6.12 Umkhovu - zombie or ghost**

Another type of ukuthwebula makes one umkhovu a ghost or a zombie. In this method (ukuthwebula) a human being does not undergo the proper process of death. Instead, the witches and wizards conduct their magical process by which the deceased appear to be dead whilst the actual body of the so-called deceased is kept somewhere for some time in order to have enough time to change it to 'Umkhovu'. Sometimes the corpse of a deceased person is buried normally and immediately thereafter the body is exhumed secretly or through magical powers. The exhumed corpse is then medicated to be an umkhovu-zombie.

In the process of medication or preparation of a corpse to be a ghost or a zombie the umkhovu is made invisible and unable to be located or captured. This is done with a special charm called 'ikhubalo'. Besides this, the exhumed corpse is made unconscious by pushing a nail right through the centre of the head. The pushed in medicated nail and a special charm called ikhumalo are powerful enough to make the umkhovu to be able to work, move about, take messages but cannot be located or captured. The umkhovu as a raised person is not a lively person per se but is unconscious. In confirmation of that Hunter stipulates thus:

But witches can raise the dead and use them as their slaves. The witch beats the grave with a switch and then opens, the body comes out. He drives a wooden splinter into the dead man's head so that he cannot speak. The umkhovu lives in the forest and is used by a witch to do his or her work. It is not used to bewitch people but if an ordinary mortal person happens to see one, he is liable to go insane (Hunter 1936 : 289).

#### **6.6.13 Uvutha - fire magic**

The power of magic is applicable in many natural forces like fire. In this case fire can be magically manipulated by people to further their aims in fighting. The magical use of fire is termed Uvutha which means burning (Mangcwangale Khotso Interview 1997).

People with this magical power usually apply it to other people's property, clothing, room and even the body itself. When this is applied one of the affected parties would simply see his or her house, clothing and wardrobe burning. This happens miraculously as people would not know who set the fire when and how. If the magic fire uvutha is

applied to the actual body of a person he or she would see herself or himself with burning blisters which look like burnt body flesh. This may happen even when the person involved has not been in direct contact with fire that is, without actually seeing the fire. This magic fire uvutha can lead to death.

## **6.7 Conclusion**

To sum up most of the examples cited here are an indication that a healing system is always concerned with life as a whole. Religion, social, political and economic life forms one unit. For conventional healers economy is a major concern. There are even specialist veterinary doctors for animals to ensure good life for animals.

Here the conventional healer and African traditional healers meet. But they can do better if they come together to help each other to fight side by side even during hard times of drought, starvation and diseases threatening the life and economy of the country. Also important is the coming together to expose the truth about the use of human flesh in healing. This need to be discouraged for the unnecessary loss of life cannot be tolerated. The law should take its course to stamp out this habit. In the following chapters the control of diseases and the use of bad medicine as an anti-social problem will be considered and dealt with in detail.

## CHAPTER SEVEN

# THE RELIGIO-MEDICAL CONTROL OF THE SOCIO-ECONOMIC PROBLEMS AMONG THE MPONDO PEOPLE

### 7.1 Introduction

To many African Traditional Religious communities in Mpondoland economics and social life form an integrated part of the culture of the people. Without sound economic base no good life can be experienced by the people. Use of medicine in economic life, social life and religious life are completely inseparable as it is with other aspects of life such as social and political life. In this chapter economics and the use of medicine in sexual life is analysed, interpreted and discussed in the light of the African Traditional Religious life (eg. Lovemaking, marriage, wealth, etc), climatological conditions, agricultural production and African Traditional Religion and healing system. Also, the decline of the Mpondo traditional religio-medical methods of boosting economy and sex is assessed. This chapter seeks to link directly the treatment of diseases by African Traditional Religion medical practice and use of medicine in economic life and social life for material gain.

### 7.2 Ukukhonga imvula - rain-making

No economy can be said to be growing without a sufficient water supply. Such a water supply must not be just temporary. There should be continuous water supply in order to

ensure good agricultural products. To African Traditional religious people, rain is made to fall whenever there is a need. If rain has ceased to fall during times of drought, means and ways of making it fall are practised. The details of it have not been given in the previous chapter five. Although the religio-medical methods of rain-making by the traditional Mpondo community are still prevalent, the impact of Christian teaching and Western civilization are changing this system.

As already indicated, not only rain is controlled by man, but also rain-related phenomena such as hail, thunderstorm, and lightning etc. Rain, whether bad or good is always treated with great honour and respect. When rain falls without stopping for several days, an attempt to stop it is made. If rain is accompanied by wind and is storm it is usually put under control through the use of medicine and by shouting and drumming as already explained in chapter five (Tekwana, Interview 1997).

### **7.3 Ukusukula - treatment of seeds**

For all the needs of good agricultural, farming and riches, the use of medicine is always regarded as important by the African Traditional healers. The power of medicine is always regarded as part of the process of boosting wealth or riches amongst many people. Seeds are medicated in order to give enough produce. This process is generally known as ukusukula. This process is also accompanied by a traditional ritual called ukusunkula. This starts before ploughing, during which a traditional beer is brewed.



The boosting of agricultural products depends on the use of special medicine other than fertilizers, manures, Western orientated mixtures and disinfectants. Before the planting of seeds can take place, seeds are treated with a special medicine prepared from a plant called isiphephetho. This is a green, leafy plant of the grain type. This plant is called isiphephetho because it is used for ukuphephetha which means to blow out or wade away bad omen or bad-luck. The roots of this plant are mixed with the seeds so that the power to wade away bad luck will be discharged in the seeds. As such, the seeds will be cleansed from forms of bad omen or uncleanness caused by evil spirit.

The land fertility and productivity is also boosted. The most important way of ensuring good crops is to treat the seeds i.e. ukusukula. Here the chief takes the lead. He has at his disposal the services of an exceptionally efficient doctor who had to provide the medicine which is a mixture of earth from a neighbouring area parts of a human body, portions of a black sheep, the vomit of a lion etc. At a certain time each kraal is told to bring some seeds. The seeds are treated and handed back over to their owners to be mixed with the seeds, which will be planted (Unisa Study Guide 1973 : 87-88)

Prevention of diseases for maize and corn are done by burning some herbs around the field called unyenye and umfutha. These two types of herbs are used to treat maize stalk borer called intlava or umgobokana. The treatment here is by ukuqhusiza. Sometimes the branches of these trees are placed around the field to prevent the spread of intlava and umgobokana. The spread of the smell of the leaves of these plants is strong enough to drive away the stalk borer.

Besides the use of medicine to boost agricultural production the power of the ancestors is also invoked. This is usually done by thanking the ancestors for their support in land

fertility and crop production. Normally this is done through the brewing of beer e.g. Utyalwa be sabhokhwe. It is a form of prayer usually done after harvesting.

#### **7.4 Ukuhumisa - live stock strengthening**

Since live stock forms the greater part of African wealth and the economic base, it is always regarded as a very important part of life. The community is always careful about the safety and growth in the number of livestock. Livestock is an important aspect of economy for it is useful in many religious activities, social life activities, e.g. marriage contraction and rituals.

The use of African Traditional medicine is commonly used by Africans to boost the increase and fertility of livestock. Livestock is treated in many ways by ukukhumisa, (supplying powdery medical mixture to the live stock) ukuseza, (drinking medicine by the live stock), ukuqhuzisela, (burning medicine in the kraal or courtyard). The smoke of the burning medicine in the kraal or courtyard should be able to reach all the corners of the kraal or courtyard. Medicine mixtures for livestock includes portions of wild animals, skins, snakes, and herbs which are all used for burning ukuqhuzisa.

In addition, the fertility in livestock is boosted by the use of magic power derived from familiar snakes. Productivity and the multiplicity of live stock comes about when the owner is in possession of a familiar snake, such as ichanti and inkranyamba, already

explained in the previous chapter. Heifers and cows are medicated to ensure that they produce constantly and thus their fertility is boosted.

### **7.5 Ukuthwala - wealth boosting**

As means of boosting wealth people use medicine and magic power. This process of collecting or amassing riches is called ukuthwala. There are various methods of ukuthwala. Amongst them are riches empowerment through the use of familiars such as ichanti, baboons (imfene), umamlambo, inkranyamba, and intlwathi. Special medical mixtures for boosting riches include parts of the human being's body.

What is likely to cause fertility? Plants which grow exuberantly, plants which resist droughts, plants which are evergreen but above all semen and the several parts of strong virile people or of pure uncontaminated children, sometimes too the flesh of one who has been outstandingly successful in his harvests. From time to time, cases crop up in various parts of the country of children or adults who have disappeared. These bodies are found with certain parts removed and this we know that here is one more case where a magician has needed potent human medicine. Often, too, both male and female elements are needed (Schapera 1937 : 235).

As means to boost fertility and productivity the worship of God in an African Traditional Religion is central. Special attention is paid to ancestors as mediator. Beneficial prayers or rituals are used to invoke ancestors in order to boost economy since nothing can be of success if the ancestors are not pleased or are not properly approached.

## 7.6 Ukubethelela - confirmation of houses

As a measure or precaution to ensure that there is a control of unwarranted death in a house, confirmation ukubethelela is a common practice among African Traditional people. This ensures sound protection, stability, economic growth and longevity of life. Homes or houses are strengthened or confirmed against evil spirits and ailments related to acts of wizardry. Immunization takes the form of African Traditional medicinal mixtures. Such medicines are placed in the corners of the house or homestead. In most cases medicine is smeared around pegs or pins, which are pitched in the ground ukubethelela around the house (Ntlele, Interview 1995).

Sometimes stones smeared with the medicine are put in holes in and around the house or homestead. These are medicated stones with the power to wade away all the evil spirits and familiars owned by the witches or wizards. Closely related to this practice is the process of ukuqinitsha. This is a special method or mechanism for strengthening a human being. For it cannot be wise to confirm only the houses without ensuring that the people in those houses are also secured. People need to be strengthened so as to protect them against unexpected attacks of illness such as umeqo (crossed medicine), sky bird or izulu, heart attack, arthritis, etc. Stressing this point Schapera has this to say:

Every village is surrounded by a fence made up of charms which competent doctors put all around to prevent witches and sorcerers from entering. One such medicine used is a kind of ointment in medicine containing different powders made up of various sea animals, the jelly fish, the sea urchin, the sponge and others (Schapera 1037 : 234).

The basic intention of the control of death is based on the fact that people from all walks of life are anti-death. No matter what life styles they pursue, it becomes imperative that death as an intruder to life should be challenged. In most cases religio-medical approaches followed are always geared towards the control or complete stoppage of death. So far, the whole world is engaged in a worldwide system to stop unwarranted death or death in its entirety.

### **7.7 Ukuphosa-isithembu - love-making and polygamy**

Economic empowerment in African Traditional culture also depends on strong marriages. First marriage or love is strengthened through the use of love charms. To have a strong love affair ensures a secured and sound married life, which is guaranteed and a strong base for a sound economy.

Strong family ties in many African communities do start with a love affair, which has been induced by medicine or love charms through a method called ukuphosa. This practice involves the use of medicine to make one love partner to stick unwaveringly to the demands of love. Both sexes can undergo the process of ukuphosa. The male or female can be medicated in order to stick to one another (Gegani, Interview 1999).

The ukuphosa is applied even if the other partner is not at all willing to fall in love with or get married to the other. It is also employed by people who are practising polygamy. Strange or cruel as it may be, the bottom line of ukuphosa and isithembu that is

polygamy, is to make sure that the marriage contract observed and stuck to, for the sake of bringing up the family together. There is a feeling that polygamy

was also a sign of kindness and generosity. Having more than one wife meant you were prepared to care for them and their children and see that they had a roof over their heads and enough food to eat (Drum 1996 : 18).

Many methods of ukuphosa can be identified. The first one is to use the ordinary love charm or simple medical mixtures. There is another type of medical mixture, which is purely magical. This one is called izizwe already discussed in chapter four. Somebody with izizwe is usually hysterical in nature. However, it is not always like that, for some other kinds of izizwe are silent, that is, izimunmgulu. They are called izimungulu because they are silent. When the izizwe have been applied to a particular person he or she becomes possessed by them and act according to their command and purposes. The magical power of izizwe is commonly used to induce love especially when a female partner is reluctant to accept the love proposal.

Linked to this practice of ukuphosa is polygamy. Polygamy is a method of getting married to more than one wife. The purpose of polygamy is to have more than one wife who in turn will give birth to many children who share the economy of their home.

Yet in the United States of America many people particularly black Americans are so worried about the number of families breaking up; that some are now saying polygamy is better than single parenthood. Three or more parents battle to make ends meet and handle the emotional strain (Drum 1996 : 20).

Labour as means of production is always forming a central and essential part of any economic base. Polygamy in many African communities is always regarded as the only system of marriage, which can ensure a continuous labour pool. It also ensures that economic empowerment is easily implemented at grass roots level. Children born out of polygamous marriages are a good base for a sound economy of that particular home. For instance, six wives will ensure that labour for pastoral farming is continuous. If boys are born out of such a marriage they will look after cattle or livestock and ensure labour for ploughing and hoeing (Zezeza 1994 : 39).

It is for this reason, that in polygamous families ensure that their marriages are based on a sound economy of the home. It is for this reason that religion, economy and medical practice cannot be separated. They form the base of good life in community.

The use of medicine amongst the Mpondo is widely accepted, based on their strong religious belief in it and in ancestors. It is for this reason that in almost all aspects of life, traditional medicine is always involved.

Despite the fact that Western civilization and Christianity have greatly reduced medical expertise amongst the Mpondo people, the people both christianised and traditional have kept these practices. Particularly economic life is basically private in that people practise their medical skills at their homes. Even the power of the traditional leaders was broken. Now that they can no longer summon everybody to a traditional ukusunkula ceremony, for the community's seeds medical treatment, the people still practice their African

Traditional medical treatment privately in their homes. Despite the interaction of the two cultures, in social and economic life, people do still find alternative methods of continuing with their traditional medical practices.

Similar observations concern married life. African traditional medical practise is still rife, despite the fact that the church, magistrate courts and other institutions have tried to clamp down on it. The interaction have serious effects on the victims, as the people end up confused, not knowing which is the right method of doing things. However the need for compatibility between the two ineracting cultures is necessary to protect the people. Some people end up being victims of poverty and hunger, for they ignored their African traditional religious methods of boosting economy. For marriage purposes the knowledge about the Traditional medicine is important for, again, people end up victims of the circumstances because they do not know. Thus a demand for dialogue between the interacting cultures in Mpondoland is needed.

## **7.8 Sex related behaviour and African Traditional Medicine**

### **7.8.1 Introduction**

Whenever there is a problem with sex relations people involved in it do find a solution or an alternative. Sexual intercourse may take place in many ways. This is true for homosexuals, satisfaction through the use of manufactured sex organs, snake like penis, familiars, masturbation, i.e. indlwabe, and the using of sex toys, and electrically charged artificial organs.



People of the same gender having or engaging in sexual intercourse or even getting married, are referred to as homosexuals. The practice of this nature is not common amongst Africans. Where it occurs it is not accepted as a normal practice. It is always discouraged, as the marriage relationship between people from opposite sex is always encouraged as proper, constituting the social norm. Among Africans it is expected of young couples to draw their sex partners from a different gender. The purpose of sex relations is marriage and marriage aims at reproduction and the continuity of a nation.

### **7.8.2 Homosexuality**

Homosexuality may be caused by social disorder in a society. For example, people who grew up in a society where they are not allowed to mix with the opposite sex may become homosexual. The reason for this is a socio-psychological problem, which is facing mainly urbanized or Westernised societies.

Psychologists such as Krech D., Crutchfield R., Livison, M. agree that children who grew up with one particular sex partner tend to hate the opposite sex and may end up making love with children of the same sex. Children who are not allowed to mix freely with other children may end up shy and thus become introverts.

In schools, prisons and towns where factory and mine workers usually live in male or female hostels, the habit of homosexuality is common. This is an anomaly.

Lesbian or gay practice is rife in urban areas. It is even debated by many affected communities whether it should be legalized or not. The main demand is that homosexual marriages should be legalized. The problem is that people do not agree whether it is a sickness or normal practice to be accommodated within societal norms.

The issue of homosexuality, may be a type of deviance whose defunction is currently much debated. Is homosexuality a crime (as laws in some areas still imply), a sickness or merely one of several possible normal patterns (Goodman & Marx 1971 : 167).

Debates on this issue started in the early 1970's as the next quotation indicates.

Betty and Sue are married to each other. Betty and Sue live like any other young married couple. This week Eyewitness News explores the predicament of Betty, Sue and many others like them in a candid documentary entitled 'lesbians'. Here lesbians talk openly about their philosophy and learn about the social pressures that have forced them into hiding. (Eyewitness News 16 November 1971)

At school hostels an interview has been carried out with the view of verifying facts about homosexuality at school hostels. During an interview, some girls agreed that the practice is common at school hostels. Starting with the game of girls making junior girls their children whilst they call them their mothers. In such a game the mother's girl would invite her junior baby girl to come and sleep with her on the same bed at night. It is in such circumstances that homosexual practice may begin (Mbhono, Interview 1994).

Homosexuality is rare amongst Mpondo people in the rural areas. Even where it occurs it takes place very secretly. Hence it is known that it is punishable as a witchcraft practice. It is perhaps due to this reason that it has no equivalent Mpondo term.

Among many traditional African communities homosexuality is mostly defined in terms of witchcraft and magical powers. Both male and female are usually accused of practising this type of homosexuality through use of an artificial snake-like object for sexual intercourse. Males use ichanti i.e. a female snake as sex object. A female in possession of this snake-like object called inyoka-yaba fazi or umamlambo as explained in chapter six usually make love with other women. This object acts like the penis of a man. When she gets involved in the sexual action with another woman it is believed that they must not be disturbed until they finish. If they are forced to stop that may lead to death to both of them especially the owner (Bhengelele, Interview 1998).

Both males and females in possession of a snake-like object are said to be very appetizing during the sex act. To the male partners it may have serious or deadly side effects such as impotency, pelvic pains, asthma and arthritis.

Homosexuality is a problem to many societies of the world because it appears to be a social deviance. Many statesmen and government heads hold similar views. President R Mugabe once stated:

That churches must work together towards building the nation's living morals and values. He likened homosexuality to alcoholism, drug abuse and prostitution and urged churches to join his campaign against gays. His government is in a battle to restore order, morals, values and fight the cankering worm of debauchery and the affliction of homosexuality (Sapa – Daily Dispatch 29 February 1996 : 2).

In African societies homosexuality has no place. It is condemned as it is associated with witchcraft which is a serious crime in all African communities. For it to be accepted as a

kind of marriage is totally out of the question especially for those African communities which are paying lobola for marriage contracts. It can be a serious problem if such a marriage can be allowed for it would collide with many African laws and customs and religious beliefs.

### **7.8.3 Indlwabe - sodomy or bestiality**

High sex drive especially between males and females led to a sex act called indlwabe amongst the Mpondo people. “It is a sex action with an animal e.g; dog, cat, goat, plant, etc. or a non-living object. Such an object becomes a sex object to satisfy his sex drive” (Mphahlele, 19). This is linked or associated with what is called sodomy or bestiality by Western people as Sigmund Freud declared that

“sodomy and bestiality, sexual activities with animals as the objects of sexual satisfaction is a thing not all rare amongst peasants. Are reported sporadically as occurring in children especially those living in rural areas” (Kenner 1935 : 576).

Plants such as watermelon, bananas, etc. are used as sex object too. Bananas are used by females while watermelons are used by males. Animals used as sex objects are dogs, goats, sheep, etc. It is a habit not welcomed by society. It is a kind of abnormality. It is socially controlled and religio-medically treated, because people with this behaviour are regarded as witches or wizards. As already discussed under homosexuality, bestiality is directly linked to witchcraft or side effect may cause

#### 7.8.4 Amakolosi - bisexuals

Among Mpondo people the existence of bisexuals i.e. amakolosi are a known fact. This behaviour is regarded as having a natural cause. Yet this plight is not accepted as a just cause. Both the conventional healers and the African Traditional medical practitioners drastically deal with this situation. Medical practitioners try to control this behaviour. Some of them end up behaving as homosexuals.

If a bisexual is tilted towards the female sex, that is she wears female attire yet the sexual behaviour is male, females will reject her. The same occurs if the opposite takes place. Thus he/she is treated as a social deviant. As such a need to control this situation becomes imperative. To conventional healers surgical operation and medical treatment may be used in sex-change operations.

According to African Traditional Religion the very cause of it is questioned as to why it occurred. The diagnosticians can identify the cause of such a practice. If it needs religio-medical treatment, it is treated with traditional medicine (Mbiba Nqaqhumbe, Interview 1999).

Due to differences between the two healing systems it becomes difficult to help people traditional with this problem. Hence people have tended to run away from their African traditional way of life and have tended to ignore their religious and cultural ways of life.

Not unless there is concrete and positive interaction of the two cultures in Mpondoland, this will continue unabated.

#### **7.8.5 The enhancing of sexual ability and sex toys**

Both conventional healers and the African Traditional healers use medicine to enhance the sexual power of their patients. The conventional healers have pills and medical mixtures which are meant to enhance the sexual ability and performance of the people.

To the African Traditional healers, medicine enhancing sex power are also commonly found from the qualified medical practitioners at the request of the patient or on advice of the medical practitioner. Treatment takes the form of ukuhlabela, that is, making an incision for putting medicine power directly into the bloodstream (Mteku, Interview 1999).

Medical mixtures used are animal fats from the hippopotamus, imvubu or snake fat. Some traditionally prepared mixtures are also used for emesis and drinking it as a purgative. The idea of the treatment is to clean the body's system in order to make the blood fresh and strong.

Amongst conventional healers and their high technology, besides medical treatment for sex toys are employed to boost sex. These toys are electrically charged and employed by the people who can afford to pay for them (Drum, Editor 1998 : 15).

## **7.8.6 The familiars for sex and their side effects**

### **7.8.6.1 The use of familiars for sex**

The research has already covered the use of familiars as sex objects by witches and wizards. A mention of umamlambo or inyoka or inunu yabafazi and ichanti has been made in the previous chapters. Now, emphasis is on the use of these familiars such as umamlambo, ichanti, uThokolotshe and impundulu as sex boosters. The side effects of these are child abuse, incest, homosexuality, and rape.

These familiars are used to make people to be sexually powerful or to be loved by their partners. They fall under a kind of love charm or medicine called imithi yentando commonly used by people who want to win the love of their partners. These familiars are a product of medical mixtures. The people using these familiars do not handle good medicine for curing people because the presence of these familiars destroy the power of good medicine (Mantanga, Interview 1998).

Some people usually get the medicines unawares. This happens when one would ask for ordinary curing medicine for good luck, for instance. The medicine man or woman would simply give or supply a medicine which will turn out to be a familiar for boosting sex power or love. Finally such people end up deeply involved in witchcraft practices e.g. owning of a familiar snake or thikolotshe.

Among the mpondo and the nguni generally, there appears to be a strong sexual element in witchcraft beliefs, thikolotshe, in particular, with his enormous penis, is believed to have sex relations with her owner (Hammond-Tooke 1974 : 340).

### **7.8.2 The side-effects of familiars for sex**

People in possession of ichanti are also sexually empowered to such an extent that they can deviate from natural and normal sexual practice. They can have an uncontrollable sexual drive or urge and then rape someone, have sex with animals, have sex with young children, even infants, have sex with similar gender, have sex with their relatives including their parents and their children (Gubelithanga, Interview 1994).

This may be related to child abuse as known by the Western orientated academics. This may also explain the reason why some of these people become serial killers who, after raping and seducing young children, kill them. Actually, this is a social deviance and abnormality (Daily Dispatch, 20-09-2000 : 9).

To African traditional society these things are not common. If they occur, they take place in secret. Such actions are always explained as the work of witchcraft or bad medicine and are dealt with accordingly. The control of witchcraft becomes the major objective. Somehow they are under control; that is why they are rare.

Constant use of these familiars has dangerous side effects to the owner as well as the other people i.e. relatives and children. Illnesses caused by these familiars are retarded mentality, general body weakness, abdominal pains, sexual inhibition, asthmatic chest



problems, impotence, bad family relations, loss of love and divorce. “This rigidity attributed to tikolotshe lies in destroying a women’s natural desire by giving her a secret sexual gratification” (Hammond-Tooke, 1971 : 340).

### **7.8.6.3 The religio-medical control of side effects**

Various measures of control of the side effects of familiars for sex have been mentioned in several chapters of this thesis. When dealing with treatment for diseases or control of witchcraft, various methods of control have been mentioned.

Be that as it may special attention is paid to the control of incest practise because it has its special method of control. The other side effects mentioned above are mainly due to the use of bad medicine, witchcraft and their control is mainly based on the socio-medical control of medicine.

#### **7.8.6.3.1 Ukuqhawula umbulo - the inest control**

Incest is usually controlled through a religio-medical Mpondo traditional religious ritual called ukuqhawula umbulo. This ritual usually involves the culprit or culprits.

A beast is slaughtered. Usually a dark or brown beast is the best suitable for the occasion. A portion of the meat from the beast is roasted for the culprit to eat. The

culprit is ordered to strip his clothes and remain nude. In the hut where the ritual is conducted, everybody inside is made to urinate in one container.

The roasted meat is first dipped into the urine before it is served to the culprit. When he eats the meat, nude in front of everybody in the hut, he stands on the other side of the burning fire where the meat was roasted. The meat is not cut into pieces. He has to hold it with his teeth and hands across the fire as it is a long strip of meat called umbengo. This strip of meat mixed with his urine and other people's should be eaten up (Sombese, Interview 1999).

If culprits finish both of them at the same time, the bad practice has been curtailed. In that manner they are made to hate each other. As such, they cannot in future indulge in unwarranted and unfortunate sexual practices. Incest, like having sex with an immature child are regarded as an abomination and a shame to the entire community. It is for this reason that the ritual is usually communally conducted. As a measure of control, it is religious for it involves ancestors who are invoked through the blood of a beast. Secondly it constitutes a medical control for the urine is seen to have a healing effect on the culprits. The meat as well has healing effects not only on the culprits but also on the entire community who share it for cleansing purposes.

## **7.9 Conclusion**

Homosexuality, incest and rape are problems facing the whole world. The solution is to have more open talks and joint investigations into the matter.

Once more, this demands effective reconciliation between African Traditional Religious based healing systems and Western medical practice. In order to realize what is happening inside other people's culture, open discussion about other cultures need to take place so as to learn from each other. The next chapter is exactly dealing with the problem of the lack of cooperation between the two interacting cultures among Mpondo, particularly concerning the HIV/AIDS epidemic.

# CHAPTER EIGHT

## THE MPONDO UNDERSTANDING OF WITCHCRAFT

### 8.1 Introduction

In the previous chapters the concept of witchcraft has been explicitly analysed. The Mpondo worldview on evil spirits serves to expose the depth of this belief among the Mpondo. In this chapter emphasis is on the methods employed to combat and control the practice.

Accounts of witchcraft indicate that it is an anti-social action which leads to discomfort and finally death of the affected persons. Male practitioners are called amagqwrrha, female practitioners are called amagqwrrhaka. It is either a hobby or a practice they become acquainted with once they engage in it. Ubuti, that is sorcery or witchcraft, is not accepted in any Mpondo community. Witchcraft which they identify with night witches uses sinister inherited powers which expand beyond the ordinary course of nature. (Krige 1971 : 174 in Metuh-Ikeng).

## **8.2 Witchcraft and sorcery as a practice**

Witchcraft is an acquired habit consciously or unconsciously. Once practiced it displays a very strong sense of animosity to the practitioners. In most cases it is implemented to inhibit progress. It may be said that it seeks to delay progress because of jealousy.

Sometimes the witches are instructed by their leadership to kill. The suggestion is that their practice is under strict supervision of experts. "Some witches are known to be expert medicine men as well" (Metuh-Ikeng 1950 : 1779). Furthermore their expertise is displayed by their magical actions. "The witch may incarnate into these to effect her mission. Witches are believed to belong to a witch club. They plan their attack in concert and later share their booty in a ghoulish feast" (Metuh-Ikeng 1950 : 171).

In their disturbance of the social order the witches can harm their enemies as well as their property, i.e. live stock, business, progress in agriculture, family stability, behaviour of the family members etc. For this reason even failure of crops or a hunting expedition, a protracted illness, an unsuccessful business, barenness, death, accidents, any misfortune at all can be blamed on witchcraft (Metuh-Ikeng 1950 : 171).

Apparently, witches are living in their own world not yet discovered by ordinary people. Only to them is known the skill and the know-how to reach their world. Their world is totally different to the universe where human beings are dwelling. This indicates that the witches are super-human.

"The witches lamps burn with human fat. They have their own kinds of houses built of human corpses" (Interview Zinkosi, 1999). Tradition goes on saying that they have their

own means of transport. They can travel with a magical bread or broom (Mgwenyane Interview : 1998).

The witches or sorcerers do the same according to the Mpondo. “In all their meetings they perform with dance and settle to share human flesh” (Metuh-Ikeng 1950 : 173).

### **8.3 Recruitment – ukwesulelwa and ukwethweswa**

A process called ukwesulela and ukwethweswa is a common method of expanding witch membership. Practitioners of witchcraft, abathakathi, and handlers of deadly medicine ubuthi, not only use herbal mixtures but also use medicine mixtures from animals, snakes, birds, sea animals, insects and human flesh. These are the magical mixtures used during ukwethweswa or ukwesulela.

These are related systems of anointing or making other people witches. Both of them mean roughly a craft used to make one polluted or to induce him or her to become a member. They may be inherited or they may be passed on from one person to another when the person is said to be crowned, ukwethweswa, (Xhosa) by the other (Schapera 1937 : 224).

Ukwesulela literally meaning ‘to smear with’, is an unconscious transference of magical witch powers from the expert to the innocent who is not at all aware of what is happening. Usually the owner of the evil spirit might have had them in abundance and is now in need of getting rid of them. In Mpondo this is called ukwesulela ngesilwana, transference of a familiar to another person.

When a witch is transferring his or her magical power consciously or unconsciously, such a practice is called ukuthwesa, ubugqi. Here ubugqi refers to witch magical powers which are basically evil. At the same time, it must be noted that magic ilumbo is not always bad. Some magic action are meant for the good. For instance, somebody may suddenly be changed to be a donkey. When he escapes his or her assailants that action purpose is good. Yet, it may not be seen as good to the assailant, for his or her purpose has not been fulfilled.

In Mpondo, there are two types of magic ubugqi and ilumbo. When ukwethwesa is taking place it may be an agreement with the recipient. Here a recipient is usually given skills which are exceptionally magical. She/he can be able to have two identical physical bodies, the new one magically prepared by ubugqi. The duplicate body can be used as a scapegoat when the actual one is on a witchcraft errand or mission, most probably out for killing. "The witch can transform herself/himself into a cat, bat, owl even in the supernatural form" (Metuh-Ikeng 1950 : 171).

Within the ubugqi magical witch, a recipient of witchcraft skills can operate independently. Before he/she is declared a successful client he/she must undergo a confirmation ritual in which the killing of a baby is part of it. The initiatee is expected to drink the blood of the crying baby, who is killed and dies on top of his or her head. In that way he/she is confirmed. He/she can kill without fear.

The processes of ukwethwesa and ukwesulela are done to ensure that when the owners of familiars and practitioners of witchcraft retire from their practice, the evil spirits and familiars are cared for. If they are not cared for they may be very dangerous as already discussed above.

This is a clear indication that magic ubugqi, whether it is used for evil purposes or good, remains Ubugqi, and part and parcel of African Traditional religion. Hammond-Tooke in support of this has this to say:

it is suggested here in South Africa that the role of the evil causer par excellence, that is reflected in the image of the witch who thus bears the theoretical blame. In this sense, then witchcraft can be seen as an important part of the traditional religious system of these people (Hammond-Tooke 1989 : 48).

Despite all the problems encountered by the Mpondo people due to witchcraft, there are solutions. Within the society's legal institutions there is a section directly dealing with witchcraft. In the next pages the measures of control of witchcraft will be discussed. To ensure that the practice does not gain the upper hand as it is also not acceptable, witch hunt expeditions are institutionalised within society.

#### **8.4 The historical background of witchcraft in Mpondoland**

In traditional courts headed by traditional leaders, witches and wizards were tried. For instance, in 1887 reports of capital punishment were made in many places in Mpondoland. At Mfundisweni a man was killed because he was suspected of witchcraft.



He was struck on the head whilst his assailants had requested him tactfully to accompany them to look for a certain herb to be used for healing. Unaware he was struck on his head by a stick. His wife was the next on the list of people to be killed (Kokstad Advertiser 23 December 1887 : 9).

About the same time King Mqikela ordered that a man accused of killing his brother should be brutally killed as a punishment.

He was taken and bound by Umqikela himself to a frame which was attached to a span of oxen. He was dragged to a place where a quantity of sharp broken stones were on the road. On these he was drawn up and down till his body was hacked into pieces. Mr Nichola seeing what was about to be done said "shoot the man if you must kill him but Umqikela put him aside saying, get away white man" and the torture proceeded (Kokstad Advertiser 25 December 1887 : 10).

In this example we see the differences in the level of understanding between the Western philosophy of life and African philosophy.

The westerners view the question of witchcraft as a spiritual or psychological factor rather than an empirical reality. It was for this reason that it was equally condemned by early missionaries and the colonial authorities. Some African traditional leaders began to encourage people to stop belief in witchcraft. Even so, it never contributed to the disappearance of witchcraft practice and belief.

The Pondos did not respect Umqikela's wish that there should be no smelting out on his account. Last week three of his councillors who were generally to be found at Great Place namely Ketshe, Manundu, Fadana were smelt out, their huts destroyed and their cattle absorbed, although they managed to escape with their lives (East Griqualand Gazette 11 November 1887).

Belief in witchcraft and its continuity can be observed right through the history of the people of Mpondoland. It was never stopped by the Cape Colonial power in the 1880s-1990s nor by the apartheid regime. Even the church's influence over the Mpondo people never succeeded to stamp out the belief.

### **8.5 The western world view's impact on Mpondo communities**

The belief in witchcraft existed among the Mpondo from time immemorial. It is taken as part of African Traditional Religion. With the impact of the western worldview on the Mpondo community this belief was somewhat weakened and despised. It was seen by the Westerners as superstition. To believe in it seemed to be not necessary. But the Mpondo worldview has proved beyond doubt that it is not just a mere superstition but a reality, a belief and thus religious.

Although you could argue that witchcraft is not really religion, there is often some overlap between the spiritual powers associated with witchcraft and those with religion. Although believers normally regard witchcraft as opposite to religion neither of the opposites can be properly understood without reference to the other (Bourdillon 1990 : 187).

Since witchcraft has been a social problem based on beliefs and not superstitions it therefore needs to be addressed and verified. On top of that, ways and means to disprove it, seem to be failing. Belief in witchcraft cannot be said to be irrational, for it gives answers to some questions which cannot be answered. It gives answers to why things at times go wrong.

Beliefs in witchcraft provide a way of thinking about things, a way of ordering and understanding, the evidence that appears to the believers. Like any other belief system, belief in witchcraft cannot easily be proved or disproved by empirical evidence; the evidence can be understood in terms of witches as it cannot be understood in terms of other beliefs (Bourdillon 1993 : 188).

Can the belief in witchcraft be attributed to old primitive attitudes of people who are not educated, westernized and urbanized? These are difficult questions which need clear answers. Witchcraft is a fundamental belief and as such religio-orientated and socio-cultural in various respects. If culture is a continuation of a set of beliefs, a way of life usually inherited from previous generations, witchcraft cannot be the opposite of this. As Favret-Seada once declared:

Witchcraft beliefs are on the other hand very common in closely knit agricultural communities. Sometimes in developed countries we find that even educated farmers who denounce witchcraft beliefs as primitive may become suspicious of witchcraft, when tensions arise in their tight community and things begin to go wrong (Favret-Seada, *Dead Words*, 1978 in Bourdillon 1993).

This makes it very difficult to associate the idea of witchcraft with a certain class of people e.g. the peasant or middle class. The point at issue is whether witchcraft as a practice is continuing or not.

From time immemorial witchcraft has been a menace to many societies all over the world. Even today there is a serious question to be answered about witchcraft - whether it has continued or discontinued. As shown in previous chapters there are many controversial questions about the whole idea of the existence of witchcraft. This stems from the doubt thrown up by many philosophers during the Renaissance in Europe, which

later spread to Africa via or together with Christianity and Western Civilization. Witchcraft has been declared a myth or a psychological problem, not a social phenomenon. It has been, therefore, regarded as non-existent and its discontinuity ensured by the South African government which passed the “suppression of witchcraft Act No 3 of 1957” (South African Law Report 1986(3) : 496).

Observations have been made among the Mpondo where research work on this problem has been undertaken. Several court cases around witchcraft have been explored to prove the continuity or discontinuity of witchcraft. Examples of continuity or discontinuity of witchcraft have been collected from hospitals and interviews with people at their death-bed. These are the people testifying or confessing about witchcraft so that they may be released to die. If continuity has been proved as a reality, ways and means of dealing with it need to be explored and established.

#### **8.6 Punishment of witches in Mpondoland as a measure of control**

When Amagqirha – diviners have proved beyond doubt that the cause of disease or death is a particular person, the relatives or community members of the deceased take necessary steps to confront the accused. Such a person is either declared or labelled a witch or wizard who is practicing witchcraft that is ‘ubuthi’. It is a common practice in traditional Mpondoland called ukunuka, to “smell out”. However, nowadays, reports of severe punishment given to witches are still common. They are usually punished through setting their huts or homesteads on fire, expulsion from their communal homes and through

death. They can be acquitted of their accusation if they confess, that is ukubula. Another control or punishment is done through 'Uphindamtshaye' magical practice.

### **8.7 Uphinda'mtshaye – hit-back**

Defensive methods against witchcraft can also be translated as the work of witches or sorcery. In Mpondoland language, the manipulation of medicine or the evil spirit is called uphinda'mtshaye. Basically this is a defensive mechanism against witchcraft magic or sorcery. The meaning of this mechanism simply means "to hit-back the attacker".

The Mpondo differentiate between defensive witchcraft and offensive witchcraft or magic. As earlier explained, magic can be either good or bad.

The defenders not only protect the innocent but also punish the guilty. They bring upon the wrong doers a chilling breath which paralyse him/her or causes him or her to sicken with fever or debilitating disease and people say that the breath of men have fallen on him (Metuh-Ikeng 1950 : 174).

Another defensive method is done through the manipulation of medical power with a magical attachment called amalumbo. A special mixture of magical herbs called amakhubalo such as impinda is prepared and talked to. This mixture is charged with uphindamtshaye i.e. hit-back. An offensive witch, sorcerer or a magician who had sent magical medicine or employs a familiar or any evil spirit to the person being defended, will soon suffer from the same disease he/she sought to send.

Finally, uphindamtshaye seeks to control and punish the evildoer. The patient benefits as he/she is rescued from death and ailment.

### **8.8 Ukubula - confession of witches**

In the process of a witch hunt through ukunuka – the smelling out practice - the detected witch is given two alternatives. That is either the sick is made healthy or he/she denounces his or her evil spirit powers publicly (ukubula). Sometimes the patient cannot be saved because it is irreversible.

In such a process, particularly if the target of the witch is not dead, the witch can be pardoned.

Identified suspected witches either confess or are subjected to an ordeal consisting of a concoction made of a soapy medicine. Subsequently they were made to surrender their witchcraft horn (Parrinder 19 : 128).

A lighter sentence to a witch who confesses ukubula, rather than being killed, was to make him pay a few herds of cattle. “Proved cases could be killed, unless they pay a heavy ransom” (Dowes 1971 : 32).

Through the therapeutic defensive confession the offensive witch or sorcerer or magician is forced to withdraw his or her evil spirit or evil magically charged medicine. Even after the attack, before the patient recovers, the witch or sorcerer

must confess and express good will. These confessions are a sort of therapy both for the witch and bewitched alike (Methu-Ikeng 1950 : 175)

Thus the patient might be saved from death. The witch or a sorcerer is saved from being killed by the breath of the man he/she has killed. The spirit of a dead man is very dangerous, for it haunts and finally leads to death.

### **8.9 Some tough sentences for witchcraft**

If the accused onukiweyo (smelt out witch or wizard) is believed to have committed a serious crime such as causing incurable diseases or certified death, he or she cannot be granted a fine or a suspended sentence. To such culprits, charges vary from expulsion from the community, arson, and death penalty. These charges follow their sequence as appearing above, that is, if one kind of penalty is given and fails to be effective enough then another form of penalty is applied. However, in some extreme cases of death crime, a death penalty as well as arson are applied effectively and simultaneously.

The witch, then, is the very embodiment of evil and in the past, reaction to a convicted witch was violent. Not only was she put to death in a public execution that had all the elements of a mortality play but her whole immediate family was destroyed - often by burning. Witchcraft in Western Europe, the last witch was burnt in 1722, can also be explained in terms of social tension and antagonism (Hammond-Tooke 1989 : 48).

There are accidents which are normally the work of sorcery ubuthi. As Monica Hunter puts it:

Accidents are said to just be an accident ingozi sometimes to be the results of sorcery or witchcraft. Umthetho's son, who had been in an accident at the mines and lost a leg, suffered snake bite, or fell from the horse, said that no one sent the trouble. But some people thought that the snake must have been sent, the fall from the horse caused by magic (Hunter 1936 : 273).

In many societies there are people who are believed to be sorcerers or witches. These people are accused of this practice and when found guilty of it they are punished. The idea of punishment is a kind of suppression or control of witchcraft.

The torture of an accused witch aims to force him to confess, and mob executions of chronic witches at ridding the community of evil because in the latter case, there is no longer any hope of repentance and the only alternative is to uproot the witchcraft from its base by destroying the witch herself (Metuh-Ikeng 1950 : 175)

Although the accusation of people of witchcraft has many flaws, it cannot be said that witchcraft is not there. Besides the evidence found from the diviners, validating factors are the type of herbs, medicines, and charms usually found amongst the accused. The method of identifying witchcraft practitioners has problems like any other criminal case which at times find a person guilty when he/she is innocent. This does not mean that the judicial system must cease to operate just because there are flaws within the system. What normally happens is the thorough search for such flaws within the system. The fact that some people fall victim of the process is a reality. This, however, does not invalidate the system. The crux of the matter is to find ways and means of bringing solutions to the problem. "Witchcraft seems to explain the problem and a witch-hunt seems to provide a solution to them" (Bourdillon 1993 : 209).



To sum up, in order to have solutions there is a need to have a clear direction, first, towards the eradication of all ambiguities and obscurities about the religio-socio-cultural practice of a particular people. In order to understand the whole episode there is a need to know the African worldview. The intention of bringing about some measures of witchcraft control is to limit the practice. This answers why, after a witch has been identified in a particular area witchcraft may not necessarily come to an end.

#### **8.10 Missionaries and the judiciary system aimed at stamping out witchcraft**

As an attempt to break the strong traditional African society, many colonial and missionary settlers condemned the belief in witchcraft as a strategy to break the power of Kings. The Kings were both political and religious leaders of the land. They were the ones who passed sentence or verdict on people found guilty of witchcraft crimes. The colonial authorities discouraged the Kings from being engaged in witch hunting operations in their communities. When this failed to gain support, the early missionaries offered witch hunted people land within their mission lands and farms. Within no time, mission stations became locations with people living on these mission lands. They became the subjects of the missionary superintendents as their chiefs since they owed no allegiance to their traditional leaders. But traditional leaders had their own reasons to give land to the foreign missionaries. King Faku had this to say:

He (Faku) gave land to missionaries in dry areas with the hope that they are rain-makers. This also symbolised the fact that they were people whom he did not trust. They were regarded as people with extraordinary powers. So they were not placed near the Great Place (Native Affairs : Blue Book 1885 : 73).

Mfundisweni also called Maqhingqo location, in Flagstaff district, was ruled by missionaries, who were also collecting tax from their subjects within their jurisdiction. The widow of Rev. Jenkins nick-named 'Nozokoza' was known to be a chieftainess of the people in the Mfundisweni-Ntlenzi area. Most of these people were a group of escaped witches and wizards who sought a kind of socio-political assylum from the missionary rulers. She was a highly respected figure for both political and religious reasons (Cetshe, Interview 1995). These people found political security as well as religio-spiritual security from the missionary rulers who paid a deaf ear to the accusation of witchcraft.

In 1845 the year after the treaty, Mr Jenkins founded a mission station on a site selected by Faku within a few miles from his birth place. Here Mr Jenkins lived exerting a great influence with the Pondo Chiefs until 1867. When Faku died at the age of nearly ninety years, Mr Jenkins survived him only four months. The widow of the missionary in the country and until her death a few years later exercised even a greater influence in Pondoland than her husband (Native Affairs : Blue Book 1885 : 73).

The group of Amakholwa or amagqobhoka (i.e. converts) were against belief in witchcraft, African culture, customs and rituals. They emerged as a strong group to preach Christianity, condemning many social, political, economic and African religious structures whilst promoting the western Christian based civilization. This was the case with many mainline churches. African Traditional Religion was regarded as backward, barbaric and heathen associated with black magic and evil. To them, witchcraft as a practice was condemned as superstition and to believe in it was wrong and worthless.

### **8.11 Christian health centres and witchcraft linked patients**

Reports of witchcraft practices continue to flow from various walks of life. A greater flow of reports come from health centres such as hospitals, clinics and from homes where sick people are cared for. People on death-beds are reported to have made many self-confessions about their sorcery or witchcraft activities. This usually happens when people are very sick but are failing to die. They explain that they cannot see the road to heaven. In Mpondoland these people are referred to as 'bayatwela' (i.e. frank talk). This is a clear example for the existence of witchcraft beliefs and practice. It is an indication that those who practice evil are punished here and now according to ATR.

To the Christians and conventional healers these people are regarded as insane, abnormal and psychologically disturbed because of too much pain. When they confess without any fear or shyness about their filthy and dirty work based on witchcraft, they are not believed. It becomes difficult to silence them for they even demand that they would like to see the people they once ill-treated. The intention of calling is to plead for clemency and pardon in an ukubula fashion (Nyalasa, Interview 1999).

Several cases of this nature have been observed and reported at St. Elizabeth Hospital in Lusikisiki. One patient, a devout Christian in St Elizabeth is said to have summoned people she offended. She called out the names of the people whom she bewitched. She was sick for a long time and had been admitted to many hospitals such as King Edward in Durban but could not be helped. Her body was wasting away and developed bed sores.

Yet she could not die. The only relief to her, she said, was to meet the people she offended and pleaded for clemency. Her request was not granted. In the western interpretation, she hallucinated most of the time due to intensive pain. Although she was mostly under high doses of tranquilizers, the relief was temporarily. However, the members of the family were afraid of this as they asked that she be given a heavy dose of tranquilizers until she passed away (Interview 1997 : Sister Mhatu and Dubula - Lusikisiki).

To the African Traditional healer this interview can be interpreted in terms of need the for frank talk 'ukutwela' for the sake of relief to the patient for the deeds of evil practice (i.e. witchcraft). In such cases, people are allowed to summon those whom they ill-treated to plead for clemency. This becomes no problem as the practice of witchcraft is accepted as one of serious evil. It is regarded as a necessary exercise as a sign of repentance and self-confession before they pass away. The understanding is that these people are supposed to undergo such punitive action as a kind of punishment for their crimes.

#### **8.12 The problem of the judiciary system dealing with witchcraft**

The continuance of witch-hunts and constant reports of court cases around witchcraft is another indication that the practice is rife. The crux of the matter is that it continues without appropriate checks and balances. It is as if it continues unabated despite the fact that the suppression Act of 1957 is there to stamp out the very belief. But the big

question is, what is done to control the practice? The Act No 3 of 1957 seems as if it is biased, for it seeks to protect the accused, that no one should pin-point or indicate that there is a witch or a wizard. The act states that anyone who:

imputes to any other person the causing by supernatural means of any disease or injury or damage to any person or things or names or indicates any on the person as a wizard shall be guilty of an offence (South African Law Report 24 March 1986 (3) : 196).

This poses a serious problem to the security of the people. What becomes clear and vivid is the fact that this South African judiciary system since colonial, and apartheid times and continuing in the present, does not accommodate the African traditional law or folklore based on African Traditional Religion. On the other hand, Africans believe in witchcraft while the judiciary system which is supposed to be serving the African interest on the African continent is handled and designed by people who base their thinking in their own western worldview. The judicial system in this country is managed by the judico-Dutch and English system. There seems to be a dire need to overhaul the judicial system of this country in order to accommodate African culture. This will not happen if the African Traditional Religion, traditional healers and traditional leaders are not involved in the very formulation and unfolding of that process.

The continuous surfacing of witchcraft accusations, supposed to have been suppressed by the already quoted Act, is unabated. Various attempts to sweep it under the carpet seem to be failing. Almost every week cases which are related to witchcraft are handled by courts of law. Some of these cases are dismissed as lacking in evidence. Even if

evidence is there according to African people's belief and practices, it will be condemned for there is no provision in the Act. In support of this my informant said:

Magqwarhu Dakwana and Magasela Mayaba of Mangquzu administrative area in Flagstaff district were accused by another woman. This woman claimed to be a self confessed witchcraft partner of the two mentioned elderly ladies. She together with the two ladies have bewitched another man in their community. A man was seriously ill and had been taken to an igqirha elibhulayo - a diviner. The diviner refused to mention the name of the witches but having given the sick man medicine to use, she said that the witch will soon confess her deeds. The relatives and the whole community, having heard of the self confession, arrested the three women and took them to the police station to be investigated. The investigation took place and the court case hearing was conducted. The court findings were that there is not enough evidence. The three accused women were discharged. Only the traditional community court managed to punish them by simply expelling them and having their building demolished by the community (Interview, Mayeza 1996).

In this interview one comes to a clear conclusion that the judicial system is not competent to tackle court cases which are related to witchcraft. The lack of enough evidence stems from the fact that African traditional religious healers are not recognized as a reliable and reasonable source. Therefore their information is rejected. Only the western trained psychologists and conventional healers can be approached when there is medically related evidence needed by the prejudiced judicial system of this country. The main accusation is that African traditional religio-medical practitioners have their evidence based on abstract theory which cannot be verified through any empirical manner. However, the same applies to the Judeo-Roman and Anglo-Dutch law which is dominating the whole world, for, it is based on abstract theory, of course, documented, because of their virtue of being handled by the well-to-do and by technologically viable communities.

Now is the time to have our data tabled and documented, for arguments to be put across to a judicial system which has for a long time, enjoyed this privilege. The data about the witchcraft related cases are plenty in many courts of this country. In courts of the North Eastern Cape, reports of the killing of people and especially the taking of certain private parts and heads are plenty. In Flagstaff court, there was a case of a young man of Mfundisweni Location who was arrested carrying a head of a young girl. An interview was conducted in this regard.

A young man was arrested near Ntlenzi taxi and bus rank in Ndakeni Location boarding a bus to Durban. From his luggage blood was leaking out. The occupants and bus conductor were worried for their goods or luggages were smeared by the blood. In the process of unpacking the luggage in order to re-pack and stop leakage, a head of a young girl was found. The head still untampered with, was identified as one of the daughters of the boy's sister who had gone missing. When cross-questioned the young man declared that he had decapitated the head for selling it probably to witches to use for bad medicine. Then he was taken into custody by police. His case was simply declared as an ordinary murder (Interview, Macivatshe 1997).

The government does not deal with these killings for medicinal purposes in order to stop witchcraft. Such cases are treated as ordinary murders. A great point and a serious one, too, is missed, that murders of this nature, are aimed at increasing witchcraft practice. The use of human flesh for medication falls under the category of bad medicine and witchcraft. It is anti-social and against community.

To eliminate this practice, acceptance of witchcraft should be made a point of departure. This should be made to appear in the statute book of law in this country. Murderers of this kind should be treated separately and seriously, for they are detrimental to the life of

many innocent people. The law is one-sided as it seeks to deal with the suppression of the belief. Yet, the practice is allowed to operate unchecked.

The present government is very serious about human rights and the right to life as enshrined in the constitution. (The constitution of the Republic of South Africa 1996 : 100). Even the death sentence has been abolished. Witchcraft offences are not as yet punishable according to African beliefs and again it is said there is no evidence even when somebody confesses that the killings were for selling the parts of the body for money. Such evidence is often dismissed as invalid.

When parts of the human body are found in possession of people the arguments take another swing or twist and they say that the one who has lost her part must come and make a claim of it.

In the Umtata court of law, a man was found guilty of murder for he was in possession of dried private parts of females and males where he stays at Ngangelizwe township. The case was a clear practice of wizardry by this man. This man was an igqwirha.

The South African Medical laws are about to change as the ANC Provincial Conference held on the 27 September 1997 at Lovedale College of Education in Dikeni suggested that "the bill on African Traditional healers and faith healers should be made a law." (The ANC Provincial Conference Minutes : 1998 : 40). This was a recommendation tabled at a conference on a section dealing with social needs. The Department of Health



ANC Provincial desk has tabled the bill to the Eastern Cape Provincial Legislature for it to debate and finally to make it a law. The bill, if it becomes a law, will recognize for the first time the authority of Amagqirha Diviners and amaxhwele medical practitioners as equivalent to their conventional doctors counterparts. However, be that as it may, their authority will not be complete without looking into the judiciary. At the time of writing this thesis, the Eastern Cape Provincial government had not finalized the bill due to some incomplete research to the whole question of African people's culture and religion. The reason is that the health system of this country should be single as the constitution demands. The research needs to be conducted particularly on the African healing system because this field has been neglected.

For African Traditional healing to be fully recognized, it must be accepted wholesale. The struggle against witches - amagqirha - must as well be fully realized. In order to be effective, they must be paid proper attention when they diagnose and decide who is and who is not a witch or wizard. As of now, they work under threat. Even if they are one hundred percent certain who the witch or wizard is, they remain dumb, for fear of Act No 3 of 1957. People are not killed for having been accused of witchcraft, only when there is enough evidence. Many christianized, westernized, educated, urbanized, rich or poor Mpondos know that they are bewitched and even know the sorcerers and witches. But that does not warrant their execution or murder.

The law should be there to suppress witchcraft as an existing practice. The pointer and believer should not be at stake whilst the implementer is safe and sound. The law should

be there to play its role of bringing or maintaining law and order. The law should condemn death sentences, also death caused by the witches. But witches must be exposed when evidence is enough. It must not always be said that the evidence is not sufficient.

### **8.13 Conclusion**

In summarizing, there is still a hope that compatibility between witches and the people will be achieved if the latter comes to the surface or are brought to book. Witchcraft can be limited or eliminated like any other social evil facing our communities. Even with the present Act No 3 people still die and are ill-treated while innocent, simply because there is no legal representation for defence. For harmony and reconciliation in our communities we need compatibility of the African Traditional Religion, African Traditional Healers, African Traditional Law, Conventional Healers and the Judiciary System.

## CHAPTER NINE

### HIV/AIDS - ITS RELATION TO SOME AFRICAN DISEASES

#### 9.1 Introduction

Earlier in this thesis some indications have been made about the African worldview which is totally different to the western worldview. Once more in this chapter the differences of understanding and interpretation of diseases will be shown. Variation of understanding of the HIV/AIDS disease between African Traditional Religion and the conventional healers will be the main focus of this chapter.

In the previous chapter African diseases have been explained. In this chapter, analysis of HIV/AIDS as understood by western and traditional medical practitioners will be our main concern. AIDS has been defined as caused by a failure to function of the defensive cells in the human being body. The failure is a result of an attack by a certain virus. A person whose cells have been attacked by this virus is said to be HIV positive.

“HIV belongs to the family of retroviridae. Retrovirus virions are spherical measuring 80-130 nm in diameter and have a three layered structure. The genome nucleocapsid complex consists of a single-stranded RNA molecule containing approximately 9000 nucleotides. Each viron is diploid, it contains two identical copies of its RNA genome; the genome is associated with reverse transcripts (RT) molecules. The RNA is surrounded by a capsid consisting of core proteins. The viral core is surrounded by an envelope derived from the host cell. The genome of all retroviruses contains three major structural genes.

- the gag (group-specific antigen) gene encodes the core proteins.
- the pol (polymerase) gene encodes the RT
- the env (envelope) gene encodes the major glycoproteins” (see Diagram) in plate WHO – van Dyck in WHO, 1999 : 85).

This scientific explanation of HIV/AIDS represents the western medical analysis to the epidemic. Contrary to this analysis is the African Traditional Religion explanation which will be dealt with under various subheadings of this chapter. Interaction of the African Traditional Religion healing system and western medical practice in particular to the HIV/AIDS problem will be considered. The results of such interaction - which are an obstruction to the effective treatment, combat and control of HIV/AIDS will be analysed. Finally, some suggestions will be considered.

## **9.2 The conventional healer’s understanding of Aids**

The coined term AIDS is derived from a phrase which explains this problem, that is 'Acquired Immune Deficiency Syndrome'. The basic cause of the acquired syndrome is the attack by a certain virus of the cells of the body whose duty or function is to defend the body from any infection. This makes the body to be unable to defend itself against infections. When the body is in this state, it is generally declared to be human HIV positive. This death-threatening disease was discovered in 1981 and is haunting many people in the world.

The human body has no defence against Acquired Immune Deficiency Syndrome (AIDS) because the ever changing virus that causes the widespread disease attacks the very cells that should be helping the body to fight infection (Lee in Reader's Digest 1992 : 19).

Most of the medical professionals have discovered that this killer virus (HIV) is a sexually transmitted disease (STD).

Sexually transmitted diseases (STD's) are infections that are spread during sex. HIV is one example of a sexually transmitted disease. Others include gonorrhoea, drop, syphilis, genital warts and herpes amongst others (Sunday Times 26 November 1995 : 10).

The damage of HIV/AIDS is that it makes immune systems less active and thus can leave them open for an attack by other diseases such as asthma, skin problems, pimples, nervousness, loss of energy, stomach ache or cancer to mention a few. During the time this thesis was written, there was not as yet a clear and well established authority and prescribed vaccine or treatment to cure the disease according to western medical practitioners - except for a few hypothetically preventive measures.

The HIV/AIDS weekly magazine, reporting on a yearly conference on HIV/AIDS held in Atlanta, had this observation:

We must rise above the debate and embrace the goal of developing an HIV vaccine. If we are to be effective on a world-wide scale we must bypass many of the complexities. The only way to do this is by developing an HIV vaccine. We are the last generation to remember life without AIDS. Curran said our children are the first generation to experience their entire life in the shadow of AIDS.

Uganda is ready to conduct HIV vaccine trials in return for health care services according to the Ugandan health minister. The central African nation has been preparing for vaccine efficiency trials for the past several years. A desperate need for HIV vaccine is nowhere more evident than in Uganda (Curran 1996 : 10).

In most cases preventative measures are prescribed on the assumption that these diseases are only sexually transmitted. As a result, many preventative measures are sex orientated. Such measures involve condemnation of sexual intercourse without condoms, condemnation of homo-sexual practice, abuse of drugs, condemnation of sex before marriage, condemnation of sex with many partners and discouragement of polygamy.

AIDS is considered to be a sexually transmitted disease and is incurable. Also, herpes cannot be cured but the symptoms can be treated effectively. Because STDs are sexually transmitted your sexual partners will also have the disease. Condoms prevent infection from the germs that cause sexually transmitted disease and AIDS (Sunday Times 20 November 1995 : 03).

### **9.3 Some impediments to the treatment of HIV/AIDS**

Several problems obstructing the treatment and control of HIV/AIDS have been identified. The intention is to expose the root causes of these problems.

#### **9.3.1 The use of condoms and its African cultural implications**

Since no vaccine or medicine has as yet been invented by the western medical practitioners, the use of condoms has been widely publicized and recommended. The impact of the use of condoms amongst the Mpondo people is not effective. The problem is that these people adhere to their African Traditional Religion and African traditional medical practice and healing system. Because of the Mpondo cultural background the penetration of Western culture and its teaching is not easy. This also relates to the problems facing the use of condoms.

For effective teaching about HIV/AIDS and the application of preventative measures such as condoms, the question of the cultural background of a people should be taken seriously. “The battle against AIDS cannot be won without values, ethics and morality being articulated to influence beliefs and behaviour” (Joubert in van Niekerk 1991 : 35).

Indications are that the conflict within African communities is by and large caused by the division caused by the interaction of African Traditional Religion linked with African traditional medical practice and Christianity linked to western medical practice. ATR and medical practice are inalienable. For example,

it is difficult to separate African medicine from African religion. There are two main reasons for this. Firstly, the African general theory of illness is very broad; it includes African theology. In other words, the theory not only attempts to explain illness and disease but also the relations between God and the universe. The second reason related to the previous one is that many traditional healers are also religious leaders and vice versa (Chavundika 1994 : 04).

Interaction of the two religions first and the two medical practices secondly have sparked into a serious conflict and hostility within the Mpondo community. This keeps the community divided into two hostile and parallel camps.





### **9.3.2 The proposed new condom for women**

As discussed above the male controlled use of the condom has serious problems. Both culture and ignorance are the main causes of the ill-use of condoms. To overcome this problem there is a proposal of a new type of condom to be used and controlled by women. “The male condom is seen as a male-controlled method of protection and the introduction of alternative, women controlled methods are seen as high priority.” (Sunday Times 16:08:2000 : 17).

It is hoped that this new type of condom will be a solution to combat the spread of HIV/AIDS and STDs. Perhaps this will curb the usually quoted reaction as made by some men who are against condom use that “condoms make sexual intercourse less appreciable. The use of a condom is against the law of nature, of flesh to flesh sexual intercourse. To have sex with a condom is like eating chewing gum covered with a paper” (Chavundika 1994 : 05).

### **9.3.3 Lack of knowledge about ATR as an impediment to HIV/AIDS treatment**

Threats of death by STDs in African traditional communities of Mpondoland are not alarming (see table 2 or 3 below). Only amongst the learned Christianized amaKholwa group is this fear known. Even there, it is a new notion which is being spread by the western orientated media, which is uninformed of the African Traditional religio-healing system. The information and knowledge about STDs known by many African

Traditional community members and the adherents to ATR is ignored. Most of the people out there in the Mpondo traditional communities are even suspicious about the people who are teaching or talking about HIV/AIDS. They are not taken seriously. Under this heading, the problem of culture or tradition concerning heterosexual behaviour, a culture oppressing women, a lack of open talk about sex, the myth of HIV/AIDS healing, are all problems not considered. In line with this are these findings:

Many social scientists have attempted to determine the cultural barriers to education about AIDS in black communities in South Africa. Reasons given for failure to succeed in achieving behaviour change include the perception of AIDS as an apartheid derived idea to discourage sex amongst blacks, the linking of AIDS to homo-sexuality along with denial of homo-sexual practices in the black community, the belief that traditional healers can cure AIDS, a tendency to blame AIDS on others, a lack of appropriate imagery and overtly dramatised and distorted reports in the media and lack of understanding of the disease concept in terms of western medicine and understanding of illness in relation to ancestral spirits and witchcraft, a discomfort with open discussion of sex and some people believing that the condom could remain in the woman's body and suffocate her (Setiloane & Zazayokwe 1990 : 29).

#### **9.3.4 The ATRs understanding of HIV/AIDS**

Most of the STDs are caused by what is known as amabekelo, put for ukubhabha, ukuvuza, isipatsholo or Ipoka, as mentioned in the previous chapter. The African Traditional healers can diagnose and heal these diseases. What is new to them is the newly coined terms AIDS and HIV but the symptoms given are common to diseases which are no problem to African traditional healers. The African traditional healers are not as yet approached or consulted by their counterparts, that is, conventional healers about the existing problem.

In 1994 the South African government planned to involve ATR and African Traditional healers as partners in the National Health System (NHS). In its programme the NHS recommended that “traditional healers play an important role in the health care of a large proportion of the population and the need for a co-ordinating body will be investigated. The role of complimentary health practitioners needs to be recognised and a mechanism created to integrate them into the NHS, require investigation. This has not as yet materialized (NHS-ANC Policy 1994 : 14).

Not knowing the cause and origin of a disease is not common among African Traditional healers. To say a body is not responding to any immunization can be a dream to African Traditional Religion and its healing systems. There is as yet no comprehension of the fact a human body can be said to be deficient or lacking power for immunization.

If AIDS belongs to the group of STDs African Traditional healers will believe that they can cure it because it falls under the amabekelo group of diseases. Some of the amabekelo, can change with time. They are long acting types of diseases. The conventional healers have declared HIV/AIDS can lead to a state where a human body cannot resist any diseases attacking the body. However African Traditional healers believe the opposite.

To African Traditional healers amabekelo, which appear exactly similar to HIV/AIDS in their symptoms, are known to be transmitted through food as amadliso (i.e. food poisoning) and through sex. These amabekelo, exactly like HIV/AIDS, end up causing a

patient to suffer from a running stomach, pelvic pains, painful legs, arthritis, gout, nervous breakdown, asthma, severe headaches, cancer of the throat, madness, hysteria, epilepsy, fits, high blood pressure, heart disease, etc. and finally death. Experts and specialist doctors of African Traditional healing systems are not devoid of treating these kinds of diseases. If HIV/AIDS as known by the conventional healers has symptoms similar to known amabekelo African traditional healers need to be educated concerning the serious nature of this misunderstanding. Intensive dialogue on this matter is urgently needed.

### **9.3.5 Culture or tradition as an impediment to HIV/AIDS treatment**

The president of the International Centre for Research on Women, Dr Geeta Rao Gupta made several remarks about the impediments to the effective treatment or combat of HIV/AIDS. At the 13<sup>th</sup> AIDS conference held in Durban on the 12<sup>th</sup> July 2000, Dr Geeta Rao Gupta argued that the social and cultural structure of society – which determines the role of women and limit their decision-making significantly increases their vulnerability to HIV (Sunday Times 16:07:2000 : 17).

Any society that does not allow its women to participate in decision making processes definitely needs to be called to order. For the purpose of this study Mpondo women have been closely looked at particularly in HIV/AIDS related matters and culture. My observations about this were twofold. First, women in African traditional communities who are adherents of ATR and those who are westernised have different views on HIV/AIDS issues.

Clearly evident was the fact that the level of knowledge was unequal. Both belong to totally different worldviews particularly on health systems. The Christian and western orientated were opposed to African cultural taboos, folklore, and customs which they referred to as cultural dictates and an imprisonment of some kind. They were against African cultural values that govern African society and saw them as backward and not fitting civilized society. Confusion about Mpondo sex values was noticed among the westernised and Christianised women.

Macabe argued against the use of condoms by people indulging in pre-marital sex because sex outside marriage is seen as a sin. As a saved person Macabe also condemned sex-talk or sex education as against the Bible (Interview, Macabe, 1999). To place Dr Geeta Rao Gupta's argument against cultural dictates under the christianised group, seems most appropriate. Dr Geeta Rao Gupta condemned a culture that often dictates that "good women are expected to be ignorant about sex and passive during sexual interaction." (Sunday Times 17:07:2000 : 17).

The finding among the ATR adherents was directly opposite to what has been said above. For them, African culture cannot be a problem to an African who knows its meaning and interpretation. When there is a lack of knowledge about a certain problem, one needs to consult people concerning their cultures.

Further ATR women in Mpondo community felt unthreatened by the epidemic as its symptoms are closely related to the STDs they know. The use of a condom is something new and is not welcomed in their culture. They believe in traditional methods of control as already explained.

Secondly condoms are male controlled as sex intercourse can only be suggested openly by males. The moral value of this is based on “goodness” as raised by Dr Geeta Rao Gupta. In African culture the fundamental principles indicating the goodness of a lady concern her behaviour towards males, sex language, and sex practice. Failure to stick to these principles is punishable by the community. Rewards for good behaviour goes first to the parents, then the community and then the child i.e. a girl. To be a dignified, respected, honoured, lady one may be eligible for marriage which is one of the most respected and cherished aspirations by ATR and African traditional culture.

Suggestion of sex by males need not be taken as domination of men over women. The term “suggestion” must be taken in its lateral sense. It means that the suggested or proposed sex action may not be welcomed. In such a case no one has a right to force matters whatsoever. The community legal system has its dictates to control such a situation. Women have a right to say ‘no’ and that ‘no’ should be adhered to.

If a young man uses physical force he is liable to severe punishment. Usually in the form of scolding, he can be expelled from the celebration or fined, usually in the form of a goat, depending on the severity of his offence (Mcetywa 1998 : 35).

According to traditional Mpondo culture there is free talk about sex, approval of mixed gender group gatherings and strict supervision by the entire country. General safety, behaviour, discipline and control of the people is not one person's business. The whole system is based on communalism and is reciprocal. It does not favour males nor dictate to its females or vice versa. The bottom line is to ensure that the whole community is healthy in all respects. Kartz remarked that:

the ultimate aim and objective of traditional healing is first the physical health of an individual and secondly the community as a whole. It also aims at restoring the disturbed relationship between the patient and his/her environment. Healing in this respect is therefore ...more than occurring and more than application of medicine. Healing seeks to establish health and growth on physical, psychological, social and spiritual levels. It involves work on the individual, the group and the surrounding environment and cosmos (Katz 2000 : 05).

Because of open talk about sex first between the different age groups, parents and finally the community any problems emanating from it are easily surfaced. Illness such as an STD or an HIV/AIDS related disease is exposed, detected, diagnosed and treated. Hence a strictly controlled, guided pre-marital sex process and opposite sex gatherings are allowed. The entire community are part of the process. However this begins at parental level. It involves ATR initiation rituals performed at home but sanctioned by the community and the ancestors. This means that the base of the whole process of cultural dictates or laws are governed by the ancestors and the Supernatural Being.

The question of ATR is central to the treatment of HIV/AIDS related diseases among the Mpondo people. As all culture are not static, alteration, innovation do take place even among the Mpondo people and yet, change concerning HIV/AIDS still need to take

place. As long as the basics are kept and remain solid, change can be allowed here or there. But the fear of foreign cultural dictates remain the barrier to change, especially concerning HIV/AIDS.

### **9.3.6 Virginitv as prevention of infection**

Raised at the 13<sup>th</sup> HIV/AIDS conference in July 2000 was the issue of virginitv as it was seen or described as posing a threat to the treatment of HIV/AIDS.

In many cultures motherhood like virginitv is considered a feminine ideal and using barrier, methods of penetrative sex as safe options present a serious dilemma for women (Geeta Rao Gupta in Sunday Times 16:07:2000 : 17).

This may be true for the Mpondo culture too. However most glaring is the sharp clash of cultures which manifest itself. First is the problem of language as far as the term virgin is concerned. In isiMpondo there is no equivalent term for virgin. This perhaps stems from the fact that the so-called virgin in English and Biblical terminology may not necessarily be the same as meant by virgin in isiMpondo religious based interpretation. A virgin in isiMpondo means intombi (i.e. girl in her fullness . In English virgin means untouched).

For the Mpondo, virgin is ntombi, i.e. a girl who have not given birth to a child unmarried and untouched, which is verified through ATR methods of the checking of the virginitv of girls.



Among the Mpondo traditional communities the truth is that virginity and non-penetrative sex are still highly valued norms. It is very likely that because of these norms it may be very difficult to teach about HIV/AIDS.

One of the cultural values of the Mpondo traditional community is virginity, non-penetrative sex and the avoidance of early motherhood. These interlocking values are directed to both males and female youth. A responsible young man has a high esteem of a young lady and abide by the laws and discipline of the community. One of his responsibilities is to make sure that the young lady is not penetrated during pre-marital sex intercourse. The prescribed regulations for safe sex are the norms of a society which every member is bound to adhere to. Non-penetrative sex ensures virginity and early motherhood is surely controlled. In charge of this order and discipline are the family, community, the partners in sex relations or practices and finally the parent.

This shows that in ATR controlled communities there is no room for individualism. Every part of the process is interlinked to the others like the web of a spider.

Failure to abide by these regulations are punishable - for both males and females. The community can ostracize both culprits. For males a fine is usually imposed for an act of abuse, penetrating sex, and pregnancy. In this fine, the parent is always part of the process. At a later stage even the traditional leaders and the community can be involved if payment is not done properly. A boy who continuously impregnate girls is running a

risk of making his father economically bankrupt. Such a boy is not respected for such behaviour. Even girls and the community at large tend to reject him.

The young lady who cannot behave well in terms of virginity and penetrative sex is running a risk of being declared a second class citizen. Thus her value is being lowered as well as her parents' dignity. She may not easily be married. Even when she is married not much value is attached to her in that the whole community ostracises her, as she no longer participates in gatherings of her age group. They themselves reject her for she has let them down.

To ensure that this does not easily happen, communal measures of control are in place. For young men ukunyoba is the name of the control. This is a minimum payment of either a goat or sheep to the parents or family member of the girl he is in love with. When such a payment is made he can pay occasional visits to a girl under controlled non-penetrative sex conditions to avoid pregnancy. This is his responsibility, not a dilemma or burden of a young lady as Geeta Rao Gupta understands it. Rather they have equal, full, responsibility to fulfil the obligation and to stick to the laws of the society (Tshetshisa, Interview : 1999).

In the event that the young man fails to pay i.e. ukunyoba, he is liable to further punishment. If he pays occasional nocturnal visits to the young lady, yet has not met all the requirements, he is arrested and made to pay a minimum payment of a goat or money. This payment is supposed to be paid immediately, failing which he is stripped of his

clothes i.e. ukuphangwa. It becomes the responsibility of his parents to rescue him for it is a well accepted tradition that “in the absence of umnyobo the suitor could be arrested and his clothing stripped and seized, that is, he could suffer ukuphanywa” (Mcetywa 1998 : 36).

As a measure of control for females the girls at the invitation ritual or before, are made to realize that they are subject to the society regulation of check up of her virginity testing ukubheka intombi. This practice seeks to ensure the maintenance of the virginity of girls. Check-ups are usually conducted by elderly mature ladies who are skilled in this exercise. The basic aim is to avoid cases of abuse, STD and to prevent early motherhood. In this process everybody is part of the process of control as the approach is holistic. The children’s parents and community leaders know their role they need to play. In this way the spread of HIV/AIDS is also curtailed..

### **9.3.7 Hetero-sexual behaviour**

A survey conducted in Boputhatswana hospitals in 1978 showed that with the exception of a 4½ months old baby girl all the positive subjects had acquired their infections through hetero-sexual activities. Hetero-sexual activities were declared as the possible major cause of AIDS and the need to deal with the matter is necessary (Masa-Samj Vol 83, No 11 : 1993 : 37).

This argument was first made through research findings, and later announced at the HIV/AIDS conference held in Durban in 2000. Certainly there seems to be a need to investigate the issue further, for there are many questions about this judgement. According to the WHO report,

hetero sexual transmission is the most dominant method of spreading HIV/AIDS almost entirely so in South Africa and South East Asia. As with most sexually transmitted diseases, women are biologically at least four times more vulnerable to HIV infection than men (Sunday Times 16:07:2000 : 17).

Both statements emphasize the fact that heterosexual behaviour is the cause of the spread of HIV/AIDS.

The first question to be asked concerns the group of Africans from whom the sample taken. Was the sample involving the people on the ground, that is, the African traditional communities? The reason for asking this question is to indicate that most of the African communities are divided between christianised and African Traditional Religions-based people. If research does not ponder this dichotomy it might be regarded as invalid for such a judgement would be taken as one-sided and biased. Again, the study might have missed the point if the African Traditional communities were not approached. First and foremost the very understanding and treatment of HIV/AIDS is not the same because of the differences in world views as already explained previously.

Among the Mpondo people these findings about heterosexual practices were not found justifiable. To them heterosexual practices are the most respected practice. There are pre-marital heterosexual practices and it is also present in the polygamous marriage which is heterosexual in this sense. Both cases are properly supervised and managed to ensure that any diseases emanating from this system are controlled.

For heterosexual practices in marriage, the measures of control are similar to those of virginity, unprotected sex, sex for sale, and the adherence to culture and tradition. Clarity is needed here to separate heterosexual behaviour from polygamous marriages. It may be a serious mistake to label polygamous marriages as heterosexual practice, which are untrustworthy. Like any marriage polygamy is sacred, solemn and trustworthy. “Polygamy ensures that he will not abandon the women with whom he consorts, but give them and their children economic security and economic dignity” (Mcetywa 1998 : 44).

As in any marriage system, control of STDs and any other epidemic, there are principles that are laid down to control the situation. Such principles are the property of that society and well-known to them. It is amazing to learn here about a blanket judgement on Africa which has different societies, that heterosexual behaviour as such enhances the spread of HIV/AIDS. There seems to be a dire need for people doing research to be more informed about traditional values.

### **9.3.8 Unprotected sex for sale**

A call for safe sex and the prevention of the spread of HIV/AIDS were two of the major resolutions of the Durban HIV/AIDS conference. “Economic insecurity research shows, also makes it acceptable for women to have unprotected sex for money” (Sunday Times 2000/07/16 : 17).

Tied together with the economic situation, the question of sex for money was condemned as one of the major problems that disturb the control of HIV/AIDS. The habit of sex for money is both cultural and economic. The economic side of it will not be discussed here as it will be under scrutiny in a sub topic dealing with poverty as major cause of HIV/AIDS in the following pages.

Suffice to say that culture and economics are inter-linked. The culture of a given society is always supported by a sound economic base. When the economy falls, the norms and values go down. Problems such as sex for sale may emerge.

In this case sex for sale is against the norms of the Mpondo traditional community. Although the Mpondo people have suffered due to the economic decline in the country, through job losses, retrenchment, unemployment, drought, and the failure of agricultural crops, this problem never surfaced. One of the reasons is that, among Mpondo people, the community structure is strong. The whole question of sex control, education, marriage, and rites of passage are interlocked and are always strictly controlled. As such people in the community defend themselves against such practices. The defence mechanisms are the same as those already mentioned in the previous pages dealing with women's role in a community, ukunyoba, ukuphangwa, ukubheka, and intombi.

A solution to this habit requires the restoration of the ATR base of traditional African culture. In addition to that more education about dangers involved in this practice and the teaching of African Traditional Religion at schools have needed. There is a need to

spread ATR to other continents of the world so that others also learn about the beauty and good that can be tapped from African culture.

In dealing with this problem the government needs to raise enough money to clamp down on the sale of sex. This also needs economic upliftment. However these are all long-term processes or solutions. Even the former government did very little about HIV/AIDS.

We have in addition to all the transformation work that we have been doing, been working extremely hard making the epidemic in every way we can to slow down following carefully the WHO and UNAIDS guidelines (Msimang, in Sunday Times 16:07:2000 : 08).

### **9.3.9 The myth of HIV/AIDS healed by sex**

Reported by Geeta Rao Gupta was a myth of HIV/AIDS being healed by having sex with a virgin.

Virginity puts an extra burden on young girls since men according to a wide held belief think that sex with a virgin could cleanse them of sexual disease (Geeta Rao Gupta in Sunday Times 16:07:2000 : 17).

This is another impediment to the effective healing or treatment of HIV/AIDS. People do not go for scientifically approved methods of control. Rather they believe in what they are told or just respond to hear-say. Although it is not specified who the believers are as

there are many beliefs in the world, for the sake of this study the response to this remark will be tackled on the basis of ATR.

To come closer to the argument about HIV/AIDS being healed just because one has indulged in sex with a virgin is not really a myth as it might sound to be. Viewing this argument from ATR perspective one would be of the opinion that this argument emerged because there is a gap between the researcher who comes with this report and the people he/she is reporting about.

The action reported about is bad and it is not acceptable and it cannot be condoned. It is a pity that the report comes as if it is something that is condoned by ATR and the African Traditional community.

In ATR circles and among Mpondo people such behaviour is no acceptable. It is condemned and rejected and it is dealt with accordingly. Death is one of the punishments. Perhaps the reported practice may have its origins in another act of witchcraft as explained in the following quotation:

A magically prepared bad medicine with a purpose to harm is made by 'amagqwirha' witches or sorcerers. This medicine is usually mixed with bad magic and fresh menstrual blood. Its purpose is to make another person suffer from non-stopping bleeding. This bleeding is dangerous and deadly. The aim is to harm the enemy or target. When one wants to be healed he or she should have sex with somebody whom as not yet started undergoing menstruation. This means that he or she can go for a young girl or boy. This shows that this is the work of a witch or wizard umthakathi, for it is a taboo according to ATR to sleep with a girl or boy who has not yet reached maturity (Interview, Mofemele Tshutsha : 2000).



This argument is therefore not necessary as it is really not good. As such it cannot be assigned to a particular culture as if it is something normative. At this juncture it becomes more clear that there is need for all cultures to know each other to avoid making unfounded judgement based on wrong assumptions.

### 9.3.10 Poverty

As a cause of treatment of HIV/AIDS, poverty has been recently mentioned. Surprisingly enough the report made by the International Poverty Health Network (IPHN) stated that:

about 1.3 billion people live in absolute grinding poverty on less than \$7 per day despite the over all substantial growth of the world economy which doubled over 25 years up to 1998 to reach \$24 trillion (UNDPHD Report 1998 : 03).

The suggestion of this report is that there is a sharp difference between the haves and the have nots. These economic imbalances and the unequal distribution of wealth are the causes of poverty.

Not unless the issue of poverty is addressed the HIV/AIDS epidemic will not subside. Those who have nothing would perish if the forces that govern our universe deprive them of the capacity to hope for a better tomorrow (Mbeki in Sunday Times 16:07:2000 : 08).

Despite the overall dramatic increases in life expectancy which has occurred over the last century health professionals should be concerned about growing inequalities in health and wealth.

McCally (1998 : 29); in line with IPHN, the South African Family Practice, highlights the effects of poverty on health. To them, ill-health and poverty are naturally reinforcing and can guarantee a vicious cycle of deterioration and suffering. Ill-health contributes directly to reduce productivity and in some cases to loss of employment. When it affects the principal earner in poor families it frequently has severe implications for economically dependent children and other family members who may no longer be able to nourish themselves adequately. It is stated that:

By definition poor people have very few reserves and may be forced to sell what assets they have including land and livestock or borrow at high interest rates in order to deal with immediate crises precipitated by illness. Each option leaves them more vulnerable, less able to recover their former condition and in greater danger of moving down the poverty spiral (Family Practice 2000/02).

As shown above, the poor are threatened by HIV/AIDS because of their economic plight; it answers the question always raised why only the masses of African Sub Sahara continent and Black Americans are exposed to the HIV/AIDS epidemic.

How did AIDS had developed from a disease that infected predominantly homosexual men, intravenous drug users and hemophiliacs in the US in the 80s to one that affected a vast American heterosexual population less than a decade later (Mbeki in Sunday Times 07:05:2000 : 08).

At the Durban HIV/AIDS 13<sup>th</sup> conference, an open call has linked HIV/AIDS to poverty. IPHN warned that, always and everywhere the challenge for all health professionals is to understand from a position of relative comfort, the nature and extent of the problems faced by the poor and the marginalized (Nathanson 1997 : 315 : 389-90).

To address the basic and the underlying factors of poverty, IPHN proposed the following strategies:

Discussions with international institutions such as the IMF (International Monetary Fund) and World Bank, WHO and National Governments need to ensure that health is placed at the centre of development and that health impact assessments of all policies are undertaken. Promoting intersectional action for health at the local, regional and national levels is needed by working with sectors such as education, business, agriculture and transport to develop and implement effective policies (IPHN 1999 : 3).

Within all these promising to be effective strategies there is only one shortcoming. There is no mention of an attempt to open a direct dialogue with ATR and African traditional healers. Dr Nono Simelela of the Department of Health's AIDS programme made a strong warning about this, saying that nothing will change the status quo in terms of HIV/AIDS "until the tradition is addressed."

#### **9.3.11 Drug abuse as a cause of HIV/AIDS**

Abuse of drugs by some people has been cited as one of the problems which hindered treatment of HIV/AIDS. People using intoxicating drugs tended to be easily infected by HIV/AIDS. Those drugs which are put into the blood stream through needles are most likely to spread HIV/AIDS. When drug abusers are intoxicated they may not be able to use condoms because the condom is not easily applied.

Drug abuse has been cited as one of the causes of the HIV/AIDS epidemic especially among pregnant mothers. The three major routes of transmission in adults are sexual intercourse, transfusion of contaminated blood or blood products and needle sharing during parental drug abuse (Southern Medical Journal Vol 83, M009, 1990 : 243).

In order to curb this, people need education about the dangers of the needle used for drugs. Both sexes need to be responsible especially when a baby has been conceived. Also important is education about preventative measures such as AZT, Nevirapine, Microbicides, etc.

Another approach to this problem is African traditional religious education based on African culture about the use of drugs. In African Traditional Religious education, mothers who are at child bearing age are not allowed to use intoxicating drugs. If there is a need, a very limited amount of liquor is allowed. This happens at times when pregnant mothers are forced by circumstances to take a certain amount of liquor. There are many religious taboos which are expected to be observed by pregnant mothers. These taboos are socially internalized by young women even before getting pregnant. Such taboos include the use of drugs, sexual relations, the use of certain foods, and medicine. All these taboos are meant for the safe passage of the baby to life.

### **9.3.12 The Scientific debate on HIV/AIDS**

In May 2000 a debate about “why the disease HIV/AIDS had come to blight Africa” (Mbeki, 2000 Sunday Times 07/05 : 08) emerged in South Africa. There appeared a division within the HIV/AIDS scientific research group. Its manifestation was caused by

the appearance of a sharp division, disagreement and debate and a split between those who hold the view that HIV causes AIDS and those who dispute it - the so-called dissidents” (Sunday Times May 2000 : 07 : 02).

As a result of this debate, the South African State President T. Mbeki resolved that a panel be formed in order that the country can make proper informed resolutions and decisions about the control, combat and treatment of HIV/AIDS. This panel was termed The Presidential AIDS Advisory Panel (PAAP). The panel was to report to the President directly. It was composed of 33 internationally well known figures scientists. Both orthodox or mainline scientists and dissidents formed part of the panel.

The interaction of the dissident scientists and orthodox scientists shows that there is doubt around the whole question of HIV/AIDS. The controversy about HIV/AIDS seeks to bring about some solution to the epidemic. It is not just a waste of time or display of scientific experience. The need for a good result of the debate is to save the multitude of dying people. The simplicity of it is that it is based on the fact that the debate is about African daughters and sons. “We are talking about people here not a herd of animals” (Mbeki 2000 : 05 : 07, Sunday Times, 02).

The HIV/AIDS conference held in Durban on the 13<sup>th</sup> July 2000 became a stage of two conflicting ideas where scientific advances were geared to making HIV/AIDS a chronic disease but treatable or to see it is a wasting disease that brings untold suffering and certain death (Sunday Times 17:07:2000 : 17).

For the first time in the history of AIDS, the HIV/AIDS conference was held inside the African continent where, it is said, the epidemic is rampant. In America, HIV/AIDS transmission is reported to have increased among Blacks too. “The study of STD, STD clinic attendances and prostitutes in Africa shows an increased risk of HIV/AIDS” (SMA 1991 : Vol 83 : 27).

In America, the position of infections among Hispanics compared to other racial or ethnic groups has remained stable in number over the past few years (Southern Medical Association, 1989 : Vol 82 No 5 : 943)

At the conference in Durban the scientific debate was condemned as unable to bring about the most needed solution, that is, a cure for HIV/AIDS. Referring to the fruitless debate, Mandela declared it “a sterile scientific debate between orthodox scientists and dissidents over whether HIV causes AIDS.” It is now evidently clear that the two sides of this debate will never find each other (Mandela : 2000 : 07 : 16 Sunday Times : 20). Many speakers called for quick and effective action in dealing with the epidemic.

One young man who is HIV positive by the name of Mzokhona Ndevu from Northern Natal was reported saying that

whenever he went to the clinic he was told that there are no medicines and that nothing can be done. It is not fair, I am unhappy that people overseas can get better treatment while here in South Africa we have to die. The reason perhaps being that the drugs are where the disease is not (Mzokhona Ndevu in Sunday Times, 16:07:2000 : 17).

Some findings of the conference were that drugs for HIV/AIDS treatment are available but are not affordable to the poor. This answers the question why HIV/AIDS are prevalent among the Blacks, the Hispanics and Africans who are mostly poor communities. Prof. Beyer of Columbia University, New York, spoke of the global inequalities that made infectious disease treatable in the richest countries and untreatable in the poorest. There are limits of medicine set by economics. The inability to afford treatment is determined by resources (Beyer 2000 : 06 : 16, Sunday Times : 17).

Another shortcoming about the scientific debate and PAAP was its failure not to involve other scientists e.g. from the Science of Religion and African Traditional Religion researchers. For this reason most of the people felt that the debate is not inclusive, for the people in the traditional community are not part of the exercise.

While the debate is scientifically a good exercise to make things clear about HIV/AIDS, it should be directed towards action. “The time of rhetoric is over, it was time for action” (Mandelain Sunday Times 16:07:2000 : 20). Positive actions working towards practical solutions to the problem of the epidemic is the government’s stance and preparedness to listen to all other people as well as those who want to make a contribution towards solution. “The President came quite close to endorsing the dissident view that AIDS is not caused by the HIV virus, but by environmental factors” (Mbeki in Sunday Times 16:07:2000 : 08).

#### **9.4 The proposed solutions to HIV/AIDS**

Several strategies are suggested as a mechanism to remove the impediments to the treatment and prevention of HIV/AIDS infection. To mention such strategies involve government's attempt to conscientize people about HIV/AIDS through subsidising Non-Governmental Organisations (NGOs), and the Department of Health's awareness campaigns. A holistic approach when dealing with HIV/AIDS issues is also recommended. Collaboration of the African traditional healing system and western medical practice is also encouraged. The question of accessibility to expensive drugs for the treatment of HIV/AIDS, as well as the funding of such drugs are also considered as part of the solution.

##### **9.4.1 Government strategies to curb HIV/AIDS**

In an attempt to address the epidemic the government formed a National AIDS Convention of South Africa (NACOSA) in 1992. This was a national strategy to curb HIV/AIDS transmission and a plan to deal with the epidemic's treatment. NACOSA was given a mandate to develop a national AIDS strategy and plans to implement this strategy – the NACOSA plan was developed with technical assistance from the World Health Organization. The United Nations' AIDS programme emphasized a broader based intersectional response with greater integration of activities (South African Health Review 1997 : 189).

Among the strategies employed by NACOSA was the formation of the AIDS Media Forum which aimed at developing skills around communication and media. On top of this, NACOSA planned to embark on a mass communication campaign making use of



electronic media e.g. television and radio for advertising purposes. Its emphasis is also on the active involvement of the press in communicating with the people.

The use of the media commenced in 1996 with the launch of Sarafina which was not a success. However, in 1997 another project for AIDS, Soul City, was launched as a multi-media project which includes an educational TV drama, radio as well as booklets (South African Health Review 1997 : 190).

These measures of control and combat by the government through NACOSA were often frustrated and hampered by the unhealthy relations between the press and the national programme. Such an operation by NACOSA is still in process of spreading national awareness.

#### **9.4.2 Government and inter-departmental strategies**

Because the survey conducted by the Health System Trust in 1998 showed that there was still not a large enough attempt to curb and control HIV/AIDS:

the survey suggested that “adolescents and adults have still not initialised the risk of unprotected sexual intercourse. While gender programmes have been very good at persuading women to use condoms, their success has been considerably limited by the attitude of men towards the condom (Health System Trust 1997 : 307).

The government has taken a stand to facilitate HIV/AIDS treatment and control. The Interdepartmental Ministerial Committee (IDCC) on HIV/AIDS established in 1997 has

shown significant progress in policy development and the training of management personnel HIV/AIDS, for instance the Department of Agriculture has developed policies that reached down to the people or local level. “The strong involvement of a departmental representative in the AIDS Action Committee in Ingwavuma KZN is one manifestation of this commitment (Health System Trust 1997 : 308).

The Inter-Ministerial Committee (IMC) in 1997 created a platform for ministers to strategize and mobilize collectively. In 1998, in its attempt to strengthen the action against AIDS the government AIDS Action Plan for South Africa (GAAP) was formed. The intention of this strategy was to mobilize South Africans in controlling the epidemic.

The plan sought to curb the general weakness hindering the expanded response to the epidemic. It is also intended to curb the lack of political commitment and limited inter-sectoral collaboration. Furthering these intentions the government encourages “a partnership against AIDS” which was launched in October 1998. In December 1998, World AIDS Day was observed in support for the AIDS campaign. The Beyond awareness campaign in the AIDS Action Plan focuses on the promotion of the red ribbon in an attempt to combat the disease (Sunday Times 05:12:1998 : 10).

#### **9.5 Compatibility between ATR and Western Medical Practitioners**

A more holistic and inclusive approach is needed in order to mediate between the ATR based healing system and the western orientated medical practitioners. This demands

change of attitude from both sides. Both groups should be prepared to accept each other and learn from each other. The ATR approach based on the African world view is relevant to this holistic approach.

The holistic African worldview holds the view that ill health is communal and individualistic. When the land is sick for example because of the wrongful spillage of blood, unjust war or too much injustice by the clan heads, chiefs among other factors constitute a profound breach of societal norms (Danfulan 1995 : 02).

The holistic approach can be looked into and applied to facilitate the healing process of HIV/AIDS. This means that the present medical health systems based on western principles in this country should be reviewed because it is not open to the holistic approach. Feirman makes this observation:

That medicine is not a fully open system nor is African closed. Scientific medicine has achieved monopoly of power in Europe and the US where non therapeutic alternatives are systematically excluded. Medical authorities tend not to test alternative therapeutic process for their efficacy (Feirman 1985 : 147).

#### **9.6 Compatibility of the African Traditional Religio-healing system and western medical practice**

“There was still need to have this partnership between the government and the ordinary members of civil society solidified in a way that enables meaningful interaction and greater co-ordination” (Zuma Sunday Tribune 16:07:2000 : 04).

As opposed to the present hostile interaction of ATR and western medical practice, a meaningful compatibility has become most needed which can bring about mutual

understanding. Such an understanding can pave the way for effective partnerships. That could solve many problems facing the control, combat and treatment of HIV/AIDS.

This is not a problem that is prevalent in Mpondoland only, but it concerns sub Saharan Africa. In Malawi for instance the government is accused of:

being uncritically supporting the idea of white superiority in the medical field, not because the western medical system would be superior by itself, but because it was thought of as superior on account of its being western (Schoffeleers 1985 : 46).

It appears that among the liberated countries, though they have gained political liberation, there is still a slave mentality that lead to an inferiority complex. This means that Africans must rediscover each other in order for their lost identity and peoplehood to be restored. Warning against this problem, Nelson Mandela declared that in the face of the great threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save our people (Mandela 2000 : 07 : 16 Sunday Tribune : 11).

At the 13<sup>th</sup> HIV/AIDS Conference, for the first time, the African traditional healers were invited and were just given observer status. To mark their strong presence they participated in the march organized by the Treatment Action Campaign (TAC). This is an organization demanding effective treatment of HIV/AIDS.

The marches by the traditional healers and the Treatment Action Campaign (TAC) at the 13<sup>th</sup> International AIDS conference this week in Durban demonstrated a significant fact that two of the most important players in the fight against HIV/AIDS, people living with the disease and the healers whom most

Africans consult felt left out by formal structures when consolidating strategies to combat the disease (City Press 2000 : 07 : 16 : 21).

Whilst the present South African government is battling combat HIV/AIDS there is a marked lack of inclusivity on the side of the Department of Health. The constitution of South Africa in Chapter 9 has a provision for this. Most of the people are now desperately looking forward at its implementation. However, it means that there is still a lot to be done as Mapula Sipanda commented that “marrying traditional and western medicine may still be a long way off. For the ATR and healers the conference was not meant for them, but was just simply about professionals networking among themselves” (Sipanda City Press, 2000 : 07 : 16 : 21).

Another call was made by PROMETRA (i.e. an association promoting traditional medicine). This organization include practitioners of natural medicine from various countries like Cuba, India, USA and across the continent. These healers made “pleas for the recognition of trade and the legislation of indigenous medicine. Healers also called on government to establish genuine collaboration to seek solutions to fight AIDS” (City Press 2000 : 07 : 16 : 21).

Also at the conference Credo Mutwa, an elder African traditional medical practitioner, urged the South African government to respect indigenous medicine as it does western medical practitioners (Mutwa 2000 : 07 : 17 City Press 21). As solution to the problem facing Africa, Fai Edward Ngu, a traditional healer from Cameroon, said his presence at the conference was to get recognition for African traditional healers in their fight against

AIDS. We have for long been able to treat diseases related to the virus (Ngu in Sunday Tribune 16:07:2000 : 11).

To endorse the fact that ATR and traditional healing systems are not as yet recognized not only in this country, but across the continent, a Malawian African Traditional Religious healer by the name of Billy Gibson Chisupe was never supported by the state despite the fact that he was once a “national celebrity in 1995 for his skill in treating HIV/AIDS” (Probst 1996 : 407). Hence the Malawi government was not inclined to support the African Traditional Religious healing system. The argument was that there is no approved medicine to cure HIV/AIDS or immunize a person against it.

## **9.7 Access to funds and drugs as a solution**

### **9.7.1 Call for affordable drugs for treatment**

Inaccessibility to funds and drugs are the major stumbling block to the treatment and combat of HIV/AIDS in this country and particularly in Mpondoland. Poverty, insufficient knowledge about funding, expensive drugs and treatment especially by private hospitals and pharmacies, lack of effective drugs especially in government-run health centres are the main impediments to HIV and AIDS treatment. The private health sector is a large industry comprising a number of different institutions and organizations. These include inter alia the pharmaceutical industry the medical technology industry, private hospitals and facilities, medical aid schemes and a range of private practitioners,

inclusive of traditional and complimentary health workers” (South African Medical and Dental Council Vol 6, 1994 : 12).

These different categories of health care are not properly co-ordinated as their operations are not working together. The services rendered by them are not accessible to the needy and poor because of the high price of the drugs they sell to the people. Most of the commentators on the 13<sup>th</sup> International HIV/AIDS Conference put the blame for this squarely on the door of the western drug producers. Writing for the Melbourne Age editor O’Loughlin pointed out that “therapies that routinely save lives in the West are far beyond the reach of the great majority of HIV carriers in the Third World” (O’Loughlin Sunday Tribune 16:07:2000 : 04).

Condemnation of the present state of affairs on HIV/AIDS in the poor countries was made by Beyer. To him the basic cause of the spread of AIDS is the gap and the gulf between the rich countries and the poor countries. Morally, the state of affairs is unacceptable. It constitutes an outrage against the most basic conceptions of international justice, of human dignity, against the very idea of human solidarity (Beyer, Sunday Times 16:07:2000 : 17).

The approach of dealing with HIV/AIDS in Africa and South Africa in particular has been rebuked, because the emphasis has been on preventing (e.g. the use of condoms, rather than treatment). However, the 13<sup>th</sup> HIV/AIDS International Conference took a strong decision that both prevention and treatment be used equally.

A breakthrough has been made at the conference as many countries pledged to assist poor countries especially with effective treatment, care and supply of drugs. Promises of government partnerships with the multi-national drug companies such as Alerch, Bill and Melinda Gates Foundation were made (Sunday Times 2000 : 07 : 16 : 17).

### **9.7.2 The misuse of funds**

As part of the problem solving mechanism Saha Amarasung, who is in charge of monitoring and evaluating HIV/AIDS projects throughout Africa and the USA, said a people in charge of such projects, especially in Africa, did not have the capability to manage funds” (Sunday Tribune 2000 : 06 : 16 : 11).

Confirming this, Elizabeth Xaba, a public relations officer in Johannesburg Hospital maintained that the monies meant to help AIDS victims do not reach the needy. She said that the people working in AIDS projects were not committed and they were using the disease to squander money” (City Press, 2000 : 07 : 16 : 21). For this reason the poor remain poor and sick while the rich remain rich and healthy. What was needed was “a blue print plan to make drugs more cheaper for the have-nots” (Lane 2000 : 07 : 16, Sunday Tribune : 11).

Insisting that there was need for the development of managerial skills among people, Michael Brown recommended that the donors should provide proper training. There was also a call for the direct involvement of donor companies to take the lead in the



monitoring of funded projects. A representative of Quilt USA said that as much as they would like funds to get to the intended beneficiaries it was impossible to monitor (Brown 2000 : 07 : 16, Sunday Times 11).

### **9.8 Recommended drugs for treatment of HIV/AIDS**

Despite some disagreement between the scientists and the government, recommendations were made to the effect that effective and reliable treatment be made available to all people irrespective of their locality, culture and status. Day Moodley of the University of Natal recommended Nevirapine also called Viramune as a safe and effective treatment in reducing mother to child transmission for the developing world. There was also the AZT and 3TC drugs which were recommended but there is a controversy around their effectiveness in preventing mother to child transmission. The UNAIDS sponsored AZT was not accepted by the government of South Africa as it was not trustworthy.

As another measure of control of HIV/AIDS, an anti-retroviral treatment for rape victims was recommended. In addition to this, a microbicides treatment was also suggested. This is a colourless and odourless substance “which reduces transmission of sexually transmitted infections” (Sunday Times 2000 : 07 : 16 : 17). To reduce the transmission of infection from mother to child a comprehensive treatment programme for sexually transmitted diseases is needed. Policies that encourage families to stay together despite migrant labour should be formulated. Safe sex education at schools should be high on the

agenda. Integration of sexually transmitted diseases treatment with family planning services would help women to get counselling freely without fear of a social structure that condemn women.

On top of this there is a reluctance among people to urge people to use condoms. "Access to the utilization of the condom is a critical factor in controlling the spread of HIV/AIDS. Of the 160 million condoms costing 40 million purchased by South African Government in 1998 little impact has been made to curb HIV/AIDS" (Health System Trust 1999 : 03). The main problem and the most unfortunate situation is the unclear condom policy and guidelines for distribution. As a matter of urgency, there is need to sort out this problem.

### **9.9 Protection of HIV/AIDS victims**

"Occupation related infection with HIV/AIDS has been reported infrequently among health care workers. The risk of exposure to HIV/AIDS related disease remains high." (Southern African Medical Journal Vol 82 No 03, 1993 : 1077). Due to the high rate of HIV/AIDS infection, researchers have noticed that the infectious diseases are common amongst workers who constantly mix with HIV/AIDS and Tuberculosis infected people. The effect of tuberculosis within the migrant workers' population and among individuals infected with HIV – upon the overall state statistics for recent years - is noted. Parents of children working in mines are most likely to have their children contaminated by the TB and the HIV/AIDS related disease (Southern Medical Association, Vol 82 : 1989 : 1205).

For protection, for healing and for access to good treatment both workers and patients need insurance cover. Like other diseases such as trauma, heart attack, etc. HIV/AIDS needs insurance cover for both the working class and patients. This would help to finance their medical cover in the event that people get affected. As of now (the time this thesis was written) this facility is offered by MASA to cover medical practitioners and other health workers.

AIDS insurance policies developed for doctors by the MASA have poured into the Association's offices in recent weeks. Aidsure is aimed at providing at least funeral peace of mind to practitioners who have contracted the HIV virus (News South African Medical Journal No 7, Vol 81, Unitra, 1992 : XII).

Seemingly there is a dire need to extend this insurance policy to cover the needy and low income group of civil society. This becomes imperative now that,

the current structure of the private sector has created incentives which detract from the ultimate objective of health for all. It has created incentives which allow financial interest to take precedence over the patient's interest (South African Medicine and Dental Council Vol 6 No 06 : 1994 : 12).

If the proper restructuring of the health system of this country takes place with immediate effect, many poor people would benefit from it. As this would help a victim's family, even in the event of the victim passing away, the remaining people would benefit and be protected against infection.

Under a new and dynamic National Health System the restructuring of the private sector can enhance its role in improving the health of the nation. "Cooperation between the

private and public sectors will promote a positive climate in which the sectors can work together to the common goal of health for all” (South African Medical and Dental Council Vol 06, No 06 : 1994 : 12).

### **9.10 Conclusion**

What is missing between the two healing systems of the world operating on this continent without respecting each other, is proper dialogue, consultation, compatibility and co-operation in addressing issues of major concern. The conventional healers say they have not yet discovered an effective healing method of the so-called 'killer disease'. Yet African Traditional healers claim to be healing diseases for similar nature. The lack of knowledge, because of the closed areas of operation of both healing systems, makes the whole question about AIDS vague especially amongst Mpondos in the Eastern Cape. Therefore, a more concerted effort to address the question of AIDS is needed. The entire African Traditional healer system in the rural areas where African Traditional practice is still rife and respected, need to be consulted and their ideas and practices given the sound response they deserve. A platform should be created where both healing systems will deliberate on equal footing and their status recognized. In order that the status of African Traditional healing is improved, funding of their systems through their organized formations needs to be considered too. As it stands, no single-handed approach to the killer disease can be a solution. This becomes imperative for a country which has a multi-faith constitution and has different healing systems.

# CHAPTER TEN

## THE MUTUAL RECOGNITION OF THE TWO HEALING SYSTEMS

### 10.1 Introduction

The problem of the two interacting healing systems has been raised and discussed in the entire study. Some suggestions as solutions to various problems will be made. However in some previous chapters suggested solutions have already been given. Points of convergence between beliefs of the two religio-medical practices have also been indicated.

In this chapter, the way forward towards proper and effective implementation and practice of such beliefs will be outlined. The government has already laid down the foundations of such implementation in the form of the constitution of South Africa. This has also been mentioned earlier in this study.

Some steps need to be followed in order to achieve the intended, anticipated and aspired goals. The major goal being coming to an end of hostilities and compatibility achieved. Before such compatibility can be achieved reconciliation, better understanding between the two should be created. The acceptance of the methods of healing system should follow. A full preparedness to work together should be the responsibility, undertaking and the basic way forward of all affected parties.

## **10.2 Reconciliation of the two religio-healing system**

In order that the two healing systems are reconciled equal status should be granted to both religious healing systems. The principles, doctrines and methods of working should be recognized by the government and by the entire community of South Africa. It should be agreed that these two methods of healing exist as two different entities which cannot be put into one bag without looking at them as different or complete systems without making one to be a sub-set of another. This means that both must enjoy their independence.

Full recognition of African Traditional Religion and healing by the government means granting African Traditional Religion and healing system complete working authority and right to exercise that authority. Such authority and right include the right to diagnose, to confirm activities of witchcraft, to grant leave of absence from work, to exchange patients and right to visit patients in health centres.

The state should take upon itself the upliftment of the standard and conditions of working of the African Traditional religious healers. This means that health workers of all systems should be entitled to state financial assistance, subsidies, bursaries, scholarships and service benefits. In this way attitudes which tend to undermine and inhibit African Traditional Religion and healing system would be minimized.

The superior-inferior culture complex pervades attitudes towards recognition of traditional or indigenous medical system. It has been after cultural and political

revolution that traditional health care system has been incorporated or recognised in most cases China is integrated system. (Ngubane, 1990 : 227).

Reconciliation and integration of the two health systems will be complete if financial assistance in terms of training of diagnostician, that is, amathwasa, and the establishment of training centres izigodlo materialize. The training of medical practitioners, that is, amaxhwele, should be financed as these people handle very important medical mixture that need preservation and dissemination of knowledge in properly organised manner. This will ensure a sound protection of African Traditional healing system trade. Lot of mistrust between the health systems is blocking the way forward. The conventional healers protection purposes do release their knowledge and methods of healing for trade. Likewise the African Traditional healers have a tradition which debar them to divulge certain methods of healing to other people. To conventional healers, most of the African Traditional healers cannot measure their medicine properly. They cannot study right text books for circulation of standardized information.

So dominant has the modern profession become in the health care system of most societies that studies of health care often equate modern medicine with either system. Professional socialization of health professionals causes them to regard their own notions as rational and to consider those of patients the lay public and other professionals and folk practitioners as irrational and unscientific (WHO, 1983 : 1313)

These are the misconceptions that can be rectified through knowledge sharing. This will happen when the two beliefs, religions and healing system has been reconciled.

### **10.3 Better understanding between the two healing systems**

No better understanding can be reached by the two health systems operating in the country without openness to each other. The two health systems in question need to be more open to each other in terms of coming together and be engaged in an open dialogue in matters of common interest. All barriers that inhibit communication need to be removed. Access to news media such as Television, radio, news papers, magazines, periodicals, etc. should be encouraged. On top of these means of open dialogue, interviews, debates, workshops, symposiums, conferences should be held constantly. These will be more effective and fruitful if they are allowed to take place in equal footing with their counterparts.

By and large the bulk of the community still values the services of the traditional healers. We recognise them but we need to move closer in understanding (Hackland, 1987 : 232).

Dialogue as means of breaking all forms of mistrust should be encouraged by both the departmental health workers and African traditional healers. Circulation of knowledge about health issues from both health systems amongst the youth, adults, workers, schools, church, etc. can help a lot to bridge the gap between the two health systems.

Primary health care cannot be effective if it is only focused on one angle of health system in the country. Progress in primary health care cannot be effective without direct involvement of African Traditional religio-healing system as part and parcel of the entire health system of the country, for example a child suffering from a running stomach



cannot necessarily be healed by prescription of diarrhoea medicines as the conventional doctor would be confident. To an African Traditional healer or medical practitioner the treatment may not be a medical prescription but performance of an African Traditional ritual that may have been long over-due.

What is little appreciated is that there is no conflict between the two systems viz. the old and the new, the traditional and the modern system of medicine. The two apparently contradictory systems are complimentary, where one fails the other takes over. Each needs to understand the working of the other (Ngubane, 1991 : 237).

Good progress in handling primary health care is hindered by this gross misunderstanding between the two cultures surrounding the two health systems. For instance it becomes very difficult to understand the teaching about the unknown disease such as AIDS because of the vast differences in the level of understanding of each other's cultural background. Explanation of an unknown and new phenomenon like AIDS becomes most confusing because of cultural barriers. Before any grasp of what is being taught, cultural background of the people amongst whom teaching is taking place, should be involved and as such it should form basis for such a teaching. Culture is such a diffuse abstraction encompassing the total system or way of life of a society that is not easy to find focus to centralize studies or to bring the conflicting disciplines and approaches together (Conco, 1971 : 231).

It is through a better understanding that reconciliation and compatibility between the two interacting cultures can be achieved. This becomes more relevant and imperative in the interaction of the two health systems in the Eastern Cape Province.

#### **10.4 Acceptance of each other's right for existence**

For a profound and proper reconciliation and compatibility to take place all the necessary stages for change need not be overlooked. Both understanding and acceptance should proceed to reconciliation. Whenever there is an interaction between the two cultural entities, acceptance of each other's right to exist, should be a major goal to be achieved in order to put an end to such an interaction. Acceptance of each other's right to existence means that, among the interacting groups the negative attitude and undermining stance that might have been displayed, have been terminated. When the two cultural entities, such as health systems in this point in time, are negating each other no good ground for cooperation and conducive health situation can be expected.

An integration of the two systems but without compromise of principle with full participation of both sides. Active cooperation between the traditional and modern healers would be a small premium which would pay large dividend in the end (Gumede 1991 : 233).

It is for this reason that acceptance of each other's right to exist becomes imperative for any two interacting cultural traits. Without such a step the whole process of reconciliation becomes a naught. This means that conventional healers must be eager to accept African Traditional healing system, health workers as fellow or co-workers without undermining them. The working skills not known to each other must be accepted as best skills as long as their practitioners are serious about them and helpful to them. Without total acceptance the patients may find themselves caught up in the cross fire as the two interacting or negating forces are in action. In the process of negating forces growth is somehow or other hampered, and as such, any hope of learning from each other

is not catered for. It goes without saying that acceptance of each others right to existence goes hand in hand with respect and dignity of health system. When such an acceptance, respect and dignity have been regained it makes one to be bold enough as to say ‘I am healer, therefore, I am’ and say freely that, ‘my healing system is a system on its own’. In this way one would say acceptance gives power or energy to work with confidence. It is an assurance as well as a kind of independence in terms of thought and practice.

### **10.5 Preparedness to work together**

The finality of the process of compatibility is preparedness of the interacting groups to work together. There can be no working together if there is interaction which has disastrous or disintegrating forces. The two interacting health systems must be fully prepared to work together even if they live side by side as independent disciplines. After reconciliation better understanding and acceptance and preparedness to work together can take place.

When both groups are prepared to work together it means that all types of stumbling blocks in the way of healing system are surfaced in what could be generally called the levelling of the ground. Once the general working together its possible, it means that new methods and policies for reconciliation can easily be implemented. Such new methods and policies should seek to address the actual problems of health work on the ground. The basic aim of helping the patient through a healthy system would have been

## CHAPTER ELEVEN

### CONCLUSION

#### 11.1 Introduction

The aim of this thesis was to assess the nature of African Traditional healing system with special reference to Mpondo culture. It is a case study of the Mpondo people of the Eastern Cape. The focus of the study was on the historical facts, the cultural background, the religious experiences and the traditional healing system of this people.

Stimulated by the fact that Mpondo people appear to be a marginalized group, undermined and sometimes sidelined, the research seeks to set the record straight. A lack of documented information about this people is the major contributing factor to their lost identity. This stems from the fact that very little has been written about them. Even when such writings are found, they often contain distorted information. In some books, they are mistakenly represented as amaXhosa or a Xhosa sub-group. They are mostly regarded as having no culture, no language or identity. In terms of language, isiXhosa is taught at schools in Mpondoland.

This research is an attempt to raise awareness about the reality of the situation of the Mpondo people. Without this knowledge, the Mpondo people can not regain their lost identity, people-hood, humanity and dignity. Through this knowledge, a dehumanised people can fight for their rights. AmaMpondo need to rediscover the spirit of Africanness,

so that they know that they belong to Africa. As T Mbeki puts it, Africa needs to be refounded as a space that is centred neither on the market nor on the fortress, but rather on what geographer Paul Wheatley called, its "ceremonial complex" (Mbeki, T., 20 in Chidester).

The Mpondo people were primarily dehumanised by the Cape Colonial government. Pre-colonial Mpondo culture and its post-colonial history was examined. Dehumanising factors among Mpondo came in the form of labels and insults. Their religion was referred to as "pagan" whilst they were at times called "kaffirs", a Malaysian term meaning a non-believer. Now is the time for the revival of the Mpondo as a people of Africa, 'for a country that frowns on its culture by calling us savage and barbarians is a lost country' (Mutwa, p 22, Sunday Tribune, 16 July 2000).

This research sought to investigate the means and ways of restoring the lost dignity of the Mpondo people.

## **11.2 Research**

In chapter one, the purpose of the thesis, its relevance, methodology, phenomenological approach and historical focus were overviewed. It also followed a comparative historical hermeneutics with regard to the impact of Western medicinal practices on Mpondo culture, and finally made a brief comparison with suggestions with regard to the fruitful and complementary functions of the Mpondo healing system and Western medicine.

Chapter two provided the historical background of the Mpondo (800-1994). It overviewed the origin of the Mpondo people as well as their locus standi and the geographic boundaries of their land. The intention of this analysis was to locate exactly where interaction between the Mpondo and western culture came about. The impact of the colonial and apartheid regimes on Mpondo culture after annexation were discussed too.

Chapter three dealt with the influence of Christianity and Western civilization in mission health centres and mission schools in Mpondoland. The interaction of the early missionaries and the colonists brought about the political, economic and social problems the Mpondo people have experienced ever since. It greatly affected the culture of the Mpondo people in their African traditional religion and African traditional healing system. The culture was weakened and this contributed greatly to the loss of knowledge about various African traditional methods of healing. This chapter illustrated how the colonial and apartheid regimes divided and damaged Mpondo culture. With the emergence of missionary schools and health centers, African culture and its healing systems were marginalised and weakened. The result was that, in the interaction of the two different cultures in schools and in hospitals, African culture lost out. The African traditional healing system was sidelined and undermined.

Since this is still the case today, Chapter four turned to the Mpondo world view. As in other African cultures, the Mpondo have a belief system derived from the nature, structure, organisation and interaction of human beings in the world. Such interaction constitutes

their worldview - which seeks to answer some relevant questions about their relationship with the world within which they live. Thus, the worldview remains their basis of analysis of things and their environment such as health, religion and culture. In many ways, it resembles many other world views of the people in the world. As such it cannot be undermined or marginalized in indigenous context, only marginalised in the public sphere. Due to this phenomenon, the main argument was that, since all cultures in the world have their myths, fairy tales and other indigenous ways of seeing and perceiving the world, the main quest for the Mpondo should be to have their own world view recognised for the role it plays in culture and especially healing.

Chapter five focused on the interrelationship of Mpondo worship and its healing system. For the Mpondo, worship is the benchmark of its religion. In their worship certain months, seasons and days are observed and earmarked for worship. On such occasions special offerings, sacrifices and devotions are made. This, they share with other cultures of the world. What is more, is that their healing system is closely related to their worship and religious practices. The focus of the chapter, therefore, was on the religious festivals observed during certain seasons of the year and how worship and healing, or medicine and the ancestors play a major role for them on such occasions. In worship and healing, medical practitioners and diviners usually play a leading role. The chapter also assessed the damage caused by the interaction of Western and Mpondo culture and gauged the existing presence and functioning of traditional Mpondo culture.

Focused more particularly on the treatment of disease by Mpondo healers, Chapter six departed from the fact that the concept of health is deeply embedded in the whole life system of Africans as the study of their worldview showed. It further sought to indicate the negative social effects illness has on a person - especially those diseases which are not indigenous to Mpondo culture. Traditionally people of this area were aware of various diseases common amongst them and those which they were not familiar with. In this context, the chapter studied the worship specialist healers or doctors and their treatment of diseases. It brought to the fore the different kinds of healers, diseases and also the healing effects the traditional healers have on sick people.

Chapter seven analysed the interrelationships between economics and social life in Mpondo culture. Since a people can not experience a good life without a sound economic base, it analysed the use of medicine in economic life. As with other cultures, socio-economic life and religious life are inseparable. It also treated climatological conditions, agricultural production and African Traditional Religion and its healing system. In addition, the study related healing in this sphere to sexual life because it too, is inseparable from economics. It sought to assess the decline of the Mpondo traditional religio-medical methods of boosting economy and sex-life. The chapter linked the treatment of diseases by African Traditional Religion medical practice and the use of medicine in economic life and social life for material gain.

Chapter eight dealt with 'witchcraft' and 'sorcery' because of the confusion concerning these practices among people who are not indigenous to African culture. The belief in evil spirits



is deeply embedded in the Mpondo worldview and culture. For these two reasons, the chapter mainly focused on the treatment of disease by African traditional healers. It sought to both inform the uninformed and to analyse the distinctions between good and evil practices.

Turning to one example of a contemporary disease ravaging our country, Chapter nine engaged the issue of HIV/ Aids and how it relates to some other African diseases. Earlier in the thesis some indications have been made concerning the African worldview which is totally different to the western worldview. Once more, in this chapter the differences of understanding and interpretation of diseases were engaged but now with regard to the varying understandings of the HIV/Aids disease. The scientific explanation of HIV/Aids represents the western medical analysis of the epidemic. Contrary to this analysis, other understandings derive from African Traditional healing practices. It mainly aimed at the possible collaboration of scientific education and traditional understandings of disease, sexuality and life with regard to HIV/ Aids. It concluded with some suggestions concerning mutual collaboration.

Against the historical, cultural and healing background of Mpondo life and culture and how it was affected by its interaction with Western culture and healing systems, researched throughout the thesis, chapter ten turned to the mutual recognition of the two healing systems - the Western and the traditional. The historical and still current problem of the two interacting healing systems raises the question as to their mutual recognition and co-operation. This chapter made some suggestions towards reaching some common ground.

This mainly derives from the foundations laid by the South African constitution. Before the ending mutual recognition and common ground can be reached, however, better understanding of the two healings systems need to be fostered. It is hoped that this thesis contributed towards this goal.

### **11.3 Conclusion**

Out of this research, it has been indicated that not all of indigenous culture was destroyed by the encroachment of western civilization. "Christianity and western medicine functioned as a secularising ferment in Africa, dethroned the traditional healer, replacing witchcraft, causation with medical history and introducing modern hygiene" (Jansen G.) Mpondo people still practise and believe in their healing system. This shows that although the foundations have been shaken, the base on which to rebuild its culture is still firm. What is now needed is to resist all forms of further cultural oppression and to aim at the mutual recognition and co-operation of the healings systems.

Reconciliation is the end goal of the research but this cannot come about without cultural reconstruction. Cultural reconstruction is the basis for sound reconciliation. Because the forces that be, broke the basis of a reconciled and organised society, there is a need to commence with the reconstruction of the people's culture. Cultural reconstruction becomes central particularly in a country which is threatened by social evils, such as a high crime rate, poverty, incurable or death threatening diseases such as HIV/AIDS and unemployment. Without reconciling the people with their culture and African Traditional

Religion, any attempt to solve the above mentioned problems may not be achieved. Such a construction should not be confused with what Chidester calls "the construction of an inventory of African traditional religion which recalls colonial efforts to create systematic boundaries within which African populations were contained. Enclosed within a stable secure and unchanging religious system" (Chidester 2000 : 15).

The point at issue here is the reconstruction of a people's culture, based on its natural dignity. Such reconstruction should aim at the international marketing of the people's culture. The thesis is a pointer to the seriousness of the demand for the speedy reconstruction of religion and medical practice. "The time is past when western medicine was the much praised vehicle for the propagation of the gospel to foreign cultures - missionaries are the heavy artillery of the missionary army" (Walls 1982 : 22).

Healing and African Traditional Religion should be a base of such a reconstruction process. First and foremost, African Traditional Religious researchers who are adherents and practice the religion, should take a lead in such a process. This refers to the people on the ground who must be directly involved. For, "the non-western voices have not spoken or intervened in this debate" (Jansen G : 09).

This may sound ethnic, but the fact of the matter is that most of the time, the people on the ground have not as yet surfaced, conscientised and organised as a religious group. What is needed is the democratisation of all cultural councils so that more funds are generated for the development of African Traditional Religion standards. It should be taught at schools.

More air time on radio and television stations should also be allocated to African Traditional Religion. As in the rest of sub-Saharan Africa, studies of the recent democratisation wave have so far tended to limit themselves to the role of the churches and to the lesser extent to Islamic communities. ATR has not received the attention it deserves (Schoffeleers 1979 : 405).

The reconstruction of African Traditional Religion and African Traditional Healing systems are the only positive step towards the proper representation of African culture. This will contribute to the recent efforts to positively represent the traditional religious heritages of South Africa. If it is motivated by Africanist revitalization. The process must not run the risk of perpetuating the colonial legacy to the extent that it repeats the inventory approach or abstracts the mentality of 'ubuntu' or African humanity, from political, social and economic relations (Chidester 2000 : 15).

Formations such as the NACATR (National Council of African Traditional Religion) and THO (Traditional Healers Organization) are in line with the promotion of African culture based on religion and healing just as the constitution of South Africa demands. "The primary objects of the commission for the promotion and protection of the rights of cultural religious and linguistic communities are (a) to promote and respect the rights of cultural religious and linguistic communities, (b) to promote and develop peace, friendship, humanity, tolerance, national unity among religious and linguistic communities on the basis of equality, non-discrimination and freedom of association, and (c) to recommend the establishment or recognition in accordance with national legislation of a

cultural or other council or councils for a community or communities in South Africa (The Constitution of the Republic of South Africa 1996 Chapter 9 : 101).

It is hoped that the thesis contributed towards this goal.

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