

The Importance of the African Ethic of *Ubuntu* and Traditional African Healing Systems for Black South African Women's Health in the Context of HIV and AIDS.

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DECLARATION

I declare that *The Importance of the African Ethic of Ubuntu and Traditional African Healing Systems for black South African women's Health in the context of HIV and AIDS* is my own work and that all the sources I have used and quoted have been indicated and acknowledged by means of complete reference in the footnotes and bibliography.



Domoka Lucinda Manda

DEDICATION

I dedicate this thesis to my beloved parents, Ron and Hazel Manda.

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I extend my deepest gratitude to my supervisor, Professor Martin Prozesky, Director of Unilever Ethics Centre. I am immensely grateful for his expertise, consistent patience, guidance, kindness and generosity. I will forever be indebted to you for supervising and mentoring me throughout the duration of my studies.

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LIST OF ABBREVIATIONS

ABC	Abstain, Be faithful and Condomize
AIDS	Acquired Immunodeficiency Syndrome
BEE	Black Economic Empowerment
FNB	First National Bank
HIV	Human Immunodeficiency Virus
MRM	Moral Regeneration Movement
PWA	People With AIDS
PLWA	People Living With AIDS
SABC	South African Broadcasting Corporation
STD	Sexually Transmitted Diseases
UNAIDS	United Nations Joint Programme on HIV/AIDS

ABSTRACT

This study takes the concept of *ubuntu*, which means humanness and applies it to healthcare issues in general, and women's health, in particular. *Ubuntu* is based on the reality of interdependence and relatedness. It is a philosophy or way of life that finds its roots and meaning in humanity. The values espoused in *ubuntu* emphasize caring, sharing, reciprocity, co-operation, compassion and empathy in recognition that for human beings to develop, flourish and reach their full potential, they need to conduct their relationships in a manner that promotes the well-being of others. The values championed in *ubuntu* are what inform and shape African cultural, social, political and ethical thought and action.

The basic premise that motivates this research is that the African principle of *umuntu ngamuntu ngabantu*, a person is a person because of others, or John Mbiti's famous phrase, "I am because we are, and we are because I am" tends to promote caring, health and well-being for humankind. This is because it is in *ubuntu* that deeper, more metaphysical, explanations for encouraging care for fellow human beings are offered.

The dissertation is an ethical enquiry into the importance of the African ethic of *ubuntu* and traditional African healing systems for black South African women's health in the context of HIV and AIDS. The research questions are: what values contained in the traditional African ethical concept of *ubuntu* offer the rest of the world a way of promoting an ethic of care? What role do Africa's traditional healing systems play in addressing issues of health in a way that pays attention to delivering holistic healthcare? The objective is to show how the African ethic of *ubuntu* and Africa's traditional healing wisdom can be applied to healthcare in general, but more specifically, to the health and healthcare needs of women.

TABLE OF CONTENTS

	Page
Declaration	i
Dedication	ii
Acknowledgements	iii
List of Abbreviations	iv
Abstract	v
Introduction	1
1 Setting the context of the research: <i>Ubuntu</i>, Women and HIV and AIDS in South Africa	1
2 Hypothesis	7
3 Research problem	8
4 Outline of research, including theoretical framework	9
5 Research questions and methodology	11
6 Limitations of the study	12
7 Significance of the study	12
8 Study outline	13
Chapter One: Theoretical framework	15
1 Introduction	15
1.1 A discussion on the content and nature of African ethics	17
1.2 Sources of morality	19
1.2.1 The family and community	19
<i>The elders</i>	20
<i>The ancestors</i>	22
1.2.2 The divinities and spirits	25
1.2.3 The Supreme Being	27
1.2.4 Religious Specialists – diviners and spiritual healers	28
1.3 The concept of <i>ubuntu</i>	29
1.3.1 Defining <i>ubuntu</i>	29
1.3.2 <i>Ubuntu</i> as a virtue	33
1.4 Implications of <i>ubuntu</i> for the family and the community	36
1.5 A discussion on the content and nature of virtue ethics	38
1.6 Sources of morality	41
1.6.1 The individual	41
1.7 Implications of virtue ethics for the family and the community	44
1.8 A discussion on the content and nature of the feminist ethic of care	45
1.9 Sources of morality	52
1.9.1 The individual	52
1.10 The notion of care in feminist ethics	53
1.10.1 Defining care	53
1.10.2 Ethical caring	54
1.11 Implications of an ethic of care on the individual and community	55
1.12 Limitations of each ethical theory	56

	Page
1.12.1 Critique of the African ethic of <i>ubuntu</i>	56
1.12.2 Critique of virtue ethics	57
1.12.3 Critique of feminist ethic of care	50 <i>60</i>
1.13 Conclusion: a summary of the similarities between the three ethical theories	62
Chapter Two: Black South African women's health	65
2 Introduction	65
2.1 Defining health	66
2.2 Western biomedical definitions of health	67
2.2.1 Health as the absence of disease and illness	67
2.3 African/cultural definitions of health	70
2.3.1 Health as wholeness	71
2.4 Women and health in South Africa	72
2.5 Factors that undermine the health of black South African women	79
2.5.1 Poverty, gender and economic inequality	79
2.5.2 Cultural factors	85
2.6 The consequences of women's increased vulnerability	87
2.7 Conclusion	89
Chapter Three: Women in the African world-view	91
3 Introduction	91
3.1 Perceptions of women in traditional African communities	93
3.1.1 The position and role of the female in African mythology	93
3.1.2 The position and role of women in traditional African communities	99
3.1.3 Women's contribution to life in African communities	101
3.2 Women's healing roles	105
3.3 Conclusion	108
Chapter Four: Traditional African approaches to health and healing	110
4 Introduction	110
4.1 Revisiting the approach to life in the African world-view	111
4.1.1 Defining world-view	111
4.1.2 The approach to life	111
4.2 Contextualizing the traditional African approach to health	116
4.2.1 The symbiotic relationship between life, the community, nature and health	116
4.3 Africa's traditional healing wisdom	122
4.3.1 The term "traditional" in African healing	122
4.3.2 Defining Africa's traditional healing wisdom and system	123
4.4 Healers in South Africa	125
4.4.1 Indigenous healers and Western-trained physicians	125
4.5 The basis of healing in Africa	129
4.5.1 Vital force	129
4.5.2 Holism	135

	Page
4.5.3 Spirituality	136
4.6 Conclusion	139
Chapter Five: Qualitative data analysis and findings	140
5 Introduction	140
5.1 Research methodology	140
5.2 Data collection	144
5.3 Data analysis	144
5.4 Researcher integrity: ethical issues	145
5.5 Arguments explaining and supporting the choice three distinct groups of informants	146
5.5.1 The academic community	146
5.5.2 The healthcare practitioners	148
5.5.3 "Other" informants	148
5.6 Presentation of findings	149
5.6.1 General themes	150
5.6.2 Specific themes	150
5.7 General themes	151
5.7.1 Understanding <i>ubuntu</i>	151
5.7.2 Characteristics of a person with <i>ubuntu</i>	153
5.7.3 Perceptions of the unique contribution of <i>ubuntu</i> to care	157
5.8 Specific themes	161
5.8.1 The African ethic of <i>ubuntu</i> and healthcare ethics	161
5.8.2 The African ethic of <i>ubuntu</i> and women's health	169
5.8.3 Africa's traditional healing wisdom	176
5.9 Conclusion	180
Chapter Six: Conclusion	181
6 Introduction	181
6.1 Towards an expanded ethic of healthcare through <i>ubuntu</i>	183
6.1.1 The practical application of <i>ubuntu</i> to healthcare practices	183
6.2 Traditional African culture and women	190
6.2.1 The practical application of <i>ubuntu</i> to women's health	190
6.3 Recommendations	195
6.4 Possible areas for further investigation	198
6.5 Final thoughts	198
Bibliography	201
Appendix	212
Letter of invitation to participate in research	212
Sample questions for interviews	214
Interview transcripts	215

Introduction

1 Setting the context of the research: *Ubuntu*, Women and HIV and AIDS in South Africa

The global pandemic of HIV and AIDS continues to pose one of the most significant challenges of our time. It has become acknowledged as a threat to human security, along with war, violence and environmental degradation. HIV and AIDS is a major threat to humanity and to our existence, because, traditional definitions of security, which includes HIV and AIDS pose a

...pervasive and non-violent threat to the existence of individuals, as the virus significantly shortens life expectancy, undermines quality of life and limits participation in income generating activities. The political, social and economic consequences are equally detrimental to the community, in turn undermining its security.¹

The challenge to curb the spread of HIV and AIDS is a complex one because, as Anton van Niekerk observes, the developments in “increased trade, ‘uhuru’ (liberation from colonialism), urbanization, and more sexual freedom”² facilitate the continual epidemic spread of the disease. The increase in cross-border migration and the persistent internecine wars on the continent, that cause the displacement of people from their home countries and force them to seek refuge in other countries, provide further ingredients for the spread of the disease. It has become increasingly apparent that the solution to dealing with the HIV and AIDS pandemic is no longer simply a biomedical one, but it also involves an interrogation of the social contexts in which the epidemic thrives. In South Africa this proves to be a major challenge, especially in relation to poverty and a lack of strong leadership.

The problems surrounding the management and possible curbing of the HIV and AIDS pandemic on the African continent, in general, and in South Africa, in particular, stem

¹ Hadingham, J. (2000) ‘Human Security in Africa: Polemic Opposites’. *South African Journal of International Affairs*. No. 7, Vol. 2, p. 120.

² van Niekerk, A.A. (2001) ‘Moral and Social Complexities of AIDS in Africa’. *Journal of Medicine and Philosophy*. Vol. 27, No. 2, p. 143.

from poverty, lack of a clear and strong leadership which can influence public discourse on AIDS and the inability of people to change their sexual behaviour.³ Poverty and a lack of clear and strong leadership seem to be the most important factors that continue to impede our efforts to reverse the growing numbers of newly infected HIV people. Once these issues are effectively confronted will we begin to be able to influence public discourse and, in turn, convince people to change their approach to sex. In terms of poverty, the World Bank defines poverty as “a multidimensional phenomenon, encompassing inability to satisfy basic needs, lack of control over resources, lack of education and skill, poor health, malnutrition, lack of shelter, poor access to water and sanitation, vulnerability to shocks, violence, crime, lack of political freedom and voice”.⁴ Poverty seriously challenges the way we manage the disease because the consequences of poverty are extensive. For instance, unemployment, poor living conditions, poor healthcare facilities and lack of education all propel people to make the wrong choices in their struggle to survive. Poverty creates or breeds conditions in which, for example, women tend to engage in prostitution for survival. More specifically, poverty generally creates conditions that are conducive to the erosion of sexual morality and sexual customs that exist between men and women because of the strain that poverty creates. Therefore it can be argued that poverty leads to an increase in unsafe sexual encounters, which are not considered risky because the most important issues on women’s minds is to put food on their tables.

The second problem is “the lack of political will on the part of leadership to tackle the problem head-on”.⁵ In South Africa, as van Niekerk points out, this is “exacerbated by President Mbeki’s almost inexplicable flirtations with the views of discredited ‘dissident’ scientists such as Duesburg, Resnick and Mhlongo (who challenge the theory that AIDS is caused by a virus)”.⁶ This is coupled with South Africa’s current Minister of Health, Manto Tshabalala Msimang’s persistent proclamations that “African vegetables”, such as beetroot, sweet potato and garlic, rather than anti-retroviral treatment are effective

³ Cf. van Niekerk, A.A. (2001) *op. cit.*, p. 143.

⁴ World Bank (1994) *Better Health in Africa. Experiences and Lessons Learned*. Washington, D.C., in <http://www.worldbank.org>

⁵ van Niekerk, A. *op. cit.*, p. 148.

⁶ *Ibid*, p. 149.

antidotes for improving the immune systems of HIV positive people. Such declarations send confusing messages to the public and point to a lack of clear direction, which impedes “the creation of an imaginative, yet workable national strategy for approaching a problem”⁷ that requires serious and urgent attention.

The third most noted and cited problem is the inability of people to change their sexual behavior. AIDS campaign messages such as ABC – abstain, be faithful, and use a condom – have not been successful in curbing the rate of HIV infection. The problem with such a model in the discussion concerning AIDS is that it sends the message to people that the “prevention of this epidemic is possible if the individual behaves more carefully”.⁸ It is compounded by the fact that we have treated the issue of sexual morality as an individual’s responsibility. Campaign messages like ABC tend to target the individual and rely on individual morality. This individualistic thinking has implications on how we treat and view those people already infected with HIV. For instance, as Bénézet Bujo states, “When the news spread around the world like a brush-fire that a new and incurable, deadly virus had been discovered, the age old moral model was reviewed: i.e.: AIDS must be a punishment or scourge of God against the sexual dissoluteness of our world. This scapegoat morality justly caused resentment”.⁹ He adds that such perceptions generated the arguments that those who got HIV were being punished for their sexual promiscuity and, indeed, their inability to contain their sexual urges. This, in turn, made people pronounce themselves as judges over other people.¹⁰ This tendency to judge others who have already contracted HIV has not changed and will remain that way if we continue to champion only the message of ABC.

I do not mean to suggest that the ABC campaign should be discarded, but the problem of managing and curbing the further spread of HIV will remain insurmountable as long as society is not taken into consideration as a community because messages such as abstain,

⁷ Ibid, p. 149.

⁸ Bujo, B. (1998) *The Ethical Dimension of Community. The African Model and the Dialogue between North and South*. Nairobi: Paulines Publications, p. 186.

⁹ Ibid, p. 186.

¹⁰ Ibid.

be faithful and use a condom are not sufficient.¹¹ We need to conscientise and sensitize people to taking a more communal approach to the problem of HIV in specific and sexual morality in general. We need a more communal approach to deal with those already infected with HIV and AIDS. In essence, we need an ethical paradigm which is better suited to contributing positively to the HIV and AIDS crisis. This is why I propose to examine the African ethic of *ubuntu*, which, although it is not new in the literature on African ethics, my practical application of it to women's health issues and healthcare is creative and new.

This leads me to the question, how, in practical terms, can we go about assisting in the relief of the suffering of people living with HIV and AIDS? My proposition, as I see it, involves a creative and imaginative way of drawing on indigenous knowledge systems and values that, if tapped into more thoroughly, can contribute to providing a holistic approach to human well-being, especially for those already affected by this epidemic. Our scholarly reflection on the HIV and AIDS pandemic should no longer be viewed as just another medical issue. Neither should we concern ourselves with understanding HIV and AIDS as an economic issue whereby only the poor people are the ones conceived to be the most vulnerable, nor is the solution to empower people financially through job-creation. We need a more holistic approach to deal with the problem of HIV that does not concern itself solely with focusing on the problems surrounding the management and possible curbing of the further spread of HIV and AIDS, but an approach that fosters physical, spiritual, psychological and social well-being to those already infected. In short, our efforts should be aimed at taking care of those who are already infected with HIV.

With this in mind, this dissertation notes that the HIV and AIDS epidemic that is ravaging South Africa is more than an issue of poverty, a lack of clear leadership and individual morality that requires a change in sexual behaviour patterns. It is about changing the face of how the community or the society understands what needs to be done to support and care for those people who are infected by HIV and AIDS, because

¹¹ Ibid, p. 187.

this is a problem that is not going to disappear by simply addressing the above-mentioned problems. It is, therefore, my contention that there is an urgent need to investigate specific African indigenous knowledge systems and values that can be put to good use in order to assist in restoring people's sense of well-being. In order to do so, I draw on an ethical theory that is located within South African and indeed, African culture. This ethic serves as a guiding pillar for morality. The African ethic that is most appropriate and useful in this regard is *ubuntu*.

Ubuntu is an indigenous African concept. The concept of *ubuntu*, as Christo Botha explains, "refers to a practical humanist disposition towards the world".¹² Included in this concept are values that advocate care, compassion, respect, beneficence and fairness. Bearing this in mind, the need arises to further probe Africa's philosophical traditions in order to take the ethic of care – as contained within the ethic of *ubuntu* – deeper, so as to reveal a more profound understanding of this philosophy or way of life. By using the African ethic of *ubuntu* – the ethical principle under investigation – I intend focusing on the practical application of *ubuntu* emphasizing the virtue or ethic of care. This ethic of care evolves out of the African proverb: *umuntu ngamuntu ngabantu*, a person is a person because of others. This proverb contains within in it ethical meaning, especially when related to the idea of care and caring for others, because caring "for others becomes ethical when it seeks to develop a person as a person".¹³ While we all have the capacity to care, it is only when we place people first that our care becomes ethical. In other words, as Sandy Haegert points out: "Our care can be ethical only when we restore the human person to their rightful place: when we remember that the value we place on them is revealed by our actions and when we inwardly consent to caring".¹⁴ In short, if *ubuntu* is embraced as an ethic of care, and I strongly feel it should be, it can make a significant contribution to people who are stricken with HIV and AIDS, especially black South African women.

¹² Botha, C. (1998) *Statutory Interpretation: An Introduction for Students*. Lansdowne: Juta & Co, Ltd., p. 97.

¹³ Haegert, S. (2000) 'An African Ethic for Nursing'. *Nursing Ethics*. Vol. 7 (6), p. 494.

¹⁴ *Ibid.*

The need to investigate and apply the African ethic of *ubuntu* to black South African women arises not for the purpose of neglecting the health concerns and needs of men, but because, as statistical evidence sourced from the Department of Health and Statistics South Africa reveals, black South African women numerically outnumber men in terms of HIV infection.¹⁵ As van Niekerk adds:

Not only are women physically more prone to become infected than men during normal sexual encounters, but their status and role put them at considerably greater risk. Women, because of their devalued status in the traditional African homestead, have significantly less control over the nature and frequency of their sexual contacts than their normal Western counterparts. They are, typically in underdeveloped societies, much more likely to be illiterate. Before and after marriage, they are perceived to be, and often also perceive themselves to be, totally dependent on men. Consequently, if and when they opt for marriage or concubinage, they have very few marketable skills. In the absence of the latter, commercial sex often is the only outcome.¹⁶

Historical, cultural, economic and social factors play a significant role in increasing women's vulnerability and susceptibility to HIV infection. Hence, this social ethic, which espouses the virtue of care, is examined and applied within the context of these factors. While black African women face a number of difficulties within traditional African culture there is, nonetheless, another aspect of traditional African culture that can be drawn on, as a way of overcoming these difficulties, especially in our conceptualization and perception of women. Traditional African poems, myths and attitudes reveal that women are very much valued in African communities. This is later discussed in detail.

This study includes an interrogation on Africa's healing wisdom. More specifically, it discusses the psycho-social and spiritual healing and a sense of well-being that the traditional African approach to health gives African people. The reason for the inclusion of this approach to health is simply because in South Africa we need a more

¹⁵ The figures on HIV/AIDS in South Africa are largely based on surveys conducted at antenatal clinics. These findings are reported annually in the Department of Health's *National HIV and Syphilis Sero-Prevalence Survey of Women attending Public Antenatal Clinics in South Africa*. More of the statistical evidence is revealed later in chapter two in which the status of Black South African women's health is examined.

¹⁶ van Niekerk, A. *op. cit.*, p. 154.

comprehensive approach to healthcare that includes traditional healing methods, because what underlies and buttresses this approach to health and well-being is the emphasis on community. It recognizes a communal approach to health and well-being. This approach to health and healing complements the philosophy of *ubuntu* in the sense that the aim is to restore holistically the well-being of the sick member of the community not in isolation, but in communion with others. The role of the traditional healer is pivotal here because s/he is “very conscious of social order and group cohesion, and particularly family harmony and group decency”.¹⁷ An interrogation of the causes of illness does not merely mean an examination into the malfunctioning of the body, but also means an interrogation of social relationships both in the human and spirit world. The aim here is to restore the disrupted harmony between the human and spirit world. This accounts for Africa’s holistic emphasis in healing. To this extent, the fact that all realms of a sick individual’s existence are interrogated affirms the wisdom of “I am because we are, and we are because I am”. Musa W Dube notes, the principle of “I am because we are, and we are because I am” begins with the understanding that “one’s trouble is bound to affect one’s neighbor” and proceeds on the basis of “we are together in carrying each other’s cares” and “I am because we are”.¹⁸ Seen in this light, an ethic of care that evolves from Africa’s indigenous knowledge systems can be seen as an effective approach to providing holistic care and psychosocial and spiritual well-being. From the above assertion, I also argue that Africa’s traditional healing wisdom complements the philosophy of *ubuntu* and will thus be included in the present discourse on health and healing.

2 Hypothesis

The traditional African ethical principle of *ubuntu* places great emphasis on the practice of good behaviour. The term *ubuntu* is generally conceptualized as “humanness”. This moral practice encompasses values and virtues such as respect, dignity and compassion

¹⁷ Cheetham, R.W.S. & Griffiths, K.A. (1982) ‘The Traditional Healer/Diviner as Psychotherapist’. *South African Medical Journal*. Vol. 62, No. 25, p. 957.

¹⁸ Dube, M.W. ‘*Adindra!* Four Hearts Joined Together. On becoming healing-teachers of African Indigenous Religion/s in HIV/AIDS Prevention’, in Phiri, I.A & Nadar, S. (ed) (2006) *African Women, Religion, and Health*. New York: Orbis Books, p. 139.

for fellow human beings. These values are also found and incorporated in the traditional African context of healing. My hypothesis, therefore, is this: given that the African ethic of *ubuntu* strongly adheres to the “I am because we are, and we are because I am” principle, an ethic such as this tends to promote caring, health and well-being for humankind, especially the vulnerable, poor and sick members of our community.

3 Research problem

The problem being investigated in this study is that the failure to give adequate attention to, and find solutions to, the current HIV and AIDS epidemic in Africa has been contributed to by our failure to integrate African humanist values like *ubuntu* into health and healing. The above problem emanates from an observation that, while the inherited Western healthcare system has made, and continues to make, essential contributions to healthcare, the West’s programmes often tend not to succeed in reaching those most at risk, because the ever-increasing costs and complex and costly technologies limit its accessibility. Western biomedicine continues to struggle with communicating the Western model of health and healing to non-Western people. The aim of highlighting this problem and some related problems is to stress that there is an important need to examine African humanist values, in an attempt to show the valuable contribution they can make to women’s fight against HIV and AIDS. The urgency for a study on *ubuntu* and Africa’s healing wisdom and system emanates from the observation that an African philosophical and ethical outlook needs to be the starting point for reflection in the African context, especially with regard to women’s health and healthcare issues. Moreover, scholarly reflection on Africa’s traditional healing wisdom needs to be brought to the forefront of debates and discussions on healthcare, especially since black African understanding of life, death, disease, health and healing is socially embedded.

The African ethic of *ubuntu* is the focal point of this thesis. Although the study and research is context specific, parallels are drawn between the African ethical tradition, the Western ethical theory of virtue and the feminist ethic of care, in order to illustrate that

even if and when differences exist, universal values that encourage good habits are useful in attempting to develop a new paradigm for global ethical and holistic healthcare. The general character of African ethics, virtue ethics and feminist ethics are thus deployed in the organizational or theoretical framework of this thesis.

4 Outline of the research, including theoretical framework

Many scholars in African traditional values and ethics have shown that traditional African societies have their own moral codes of conduct which govern human behaviour in society. For example, values and virtues such as charity, hospitality, loyalty, generosity, truthfulness, honesty and respect for ancestors, elders, nature and God, serve as a strong foundation of morality and ethics. Values and virtues such as those listed above stem from a deep appreciation of the value of life and the value of humans and non-humans. Considerations of the general well-being of both living and non-living things mean that an African's sense of morality and morals is agent-centred or human-centred. The actions or conduct of people should be perceived as promoting or enhancing the well-being of all in the community, thereby valuing the interconnectedness of life.

This approach to life finds expression in the concept of *ubuntu*, which, as we have already seen and again, will see is understood as "humanism" or "humanness" and embraces values such as respect, love, peace, dignity and harmony, in recognition of the fact that people exist in relation to each other. The collective consciousness of individuals in the community is to promote and value social organization. The well-known Zulu saying '*umuntu ngumuntu ngabantu*', which means and expresses the idea that a person is a person through other persons, suggests that the well-being of an individual is only possible through the community and the web of relationships that are formed by being part of a community. Moral habits, characteristics and action are,

therefore, based on, and carried out with, the aim of enhancing the well-being between “humanity and God, humanity and nature and humanity and itself”.¹⁹

It is thus clear that the African world-view places much emphasis on the idea of *ubuntu* as a basis for building good character traits in individuals. One can therefore, draw parallels between the African ethic of *ubuntu* and the philosophy of virtue ethics, which is a school of thought that is concerned with focusing on building good natured individuals or persons, by encouraging them to engage in good habits and acts.

The theory of virtue ethics dates back to the writings of Plato and, more particularly, Aristotle, who concerned himself with defining good character, which was captured in his list of “virtues and vices”. The good, as defined by Aristotle, is derived from the pursuit of happiness. The idea of becoming good is achievable when people habitually perform good and just acts. Thus, once people strive toward acquiring good habits, people shall, in time, according to Bertrand Russell’s interpretation of Aristotelian ethics, “come to find pleasure in performing good actions”.²⁰ In this sense, virtue ethics is very similar to African ethics, as it is “an ethics which is ‘agent-centered’ rather than ‘act-centered’”.²¹ Similarly, it is concerned with addressing the question “what sort of person should I be?”²² An African person would ask himself or herself “To what extent will the outcome of a chosen action earn the pleasure or wrath of the ancestors or community?”²³ Both questions demand that people engage in self-reflective behaviour when confronted with ethical dilemmas and encourage people to make decisions that will further the common good.

The feminist theory of the ethic of care makes a recent entry into ethical discourse. Carol Gilligan and Nel Noddings are the two most often cited authors who have contributed

¹⁹ Mwikamba, C. M. ‘*Changing Morals in Africa*’, in Mugambi, J. N. K. & Nasimiyu-Wasike, A. (ed) (1999) *Moral and Ethical Issues in African Christianity. Exploratory Essays in Moral Theology*. Nairobi: Acton Publishers p. 86.

²⁰ Russell, B. (1961) *History of Western Philosophy*. London: George Allen & Unwin Ltd., p. 185.

²¹ Hursthouse, R. (1999) *On Virtue Ethics*. Oxford: Oxford University Press, p. 25.

²² Ibid.

²³ Prozesky, M. (2005) *Introducing Comparative and Applied Ethics*. Pietermaritzburg: Unilever Ethics Centre, p. 20.

greatly to this field, by setting the scene and content on a feminist ethic of care. This ethical theory places primacy on the virtue of care and argues that women are naturally inclined to care for others. It would be an academic disaster, therefore, to claim that men do not know how to care, or cannot care. Feminists do not argue in that manner, however. What they seek in the development of a feminist ethic is to encourage a move away from largely male-dominated thought, which has for years steered Western moral philosophy and theology towards one that reflects men's moral experiences on justice and fairness. An important aspect of this theory is that, while emphasis is placed on the virtue of care, this quality of human beings is driven by a strong realization that human beings are dependent on each other for their survival. This awareness acknowledges that life is interconnected and, in turn, generates moral activities and ethical conduct in the treatment of people.

Virtue ethics and the feminist ethic of care are theories that are useful to this thesis as they, to a certain extent, embody principles and ideas that resonate strongly with the African ethic of *ubuntu*. The ethical theories of virtue ethics and a feminist ethic of care are included in a comparative manner, but the main focus of this dissertation is prioritizing the valuable contribution of the African ethic of *ubuntu* to the promotion of ethical healthcare, especially to those who are most infected and affected by the HIV and AIDS epidemic, namely women.

5 Research questions and methodology

The basic premise that motivates this research is that Africa's ethical traditions and healing systems have unique and distinctive characteristics. This recognition is particularly relevant today in light of the unprecedented global health challenge that HIV and AIDS presents to us in the 21st Century. This present study focuses on the following questions: what values contained in the traditional African ethical system of *ubuntu* offer the rest of the world a way of promoting an ethic of care? What role do Africa's traditional healing systems play in addressing issues of health in a way that pays attention to delivering holistic healthcare? The overall objective here is to generate a renewed

input African indigenous knowledge systems, values and ethics have to offer the rest of the world. In doing so, I intend to arrive at a holistic approach to health and healthcare.

8 Study outline

The first chapter structures the organizational framework of the thesis and begins by delineating the scope of the study. It puts into context the overall objective of the thesis by defining and giving content and meaning to the theories and concepts deployed in this thesis. Chapter One is largely theoretical and begins by utilizing modes of analysis that examine the traditional African ethic of *ubuntu*, the Western theory of virtue ethics and the feminist ethic of care. Included in this chapter is a comparative and critical analysis of these three ethical perspectives. It is against this background that general common themes are filtered and noted. Common themes are utilized to show that, whilst differences may exist among the three ethical paradigms, the similarities that emerge show that human beings share one common goal – the promotion of well-being. Chapter Two pays particular attention to black South African women's health, with specific reference to HIV and AIDS with the purpose of introducing the seriousness of women's health or, in this case, the lack thereof. Chapter Three discusses the importance of preserving women's health, in the light of the central place they occupy in the African world-view. Chapter Four conceptualizes traditional healing practices in the African world-view. In this chapter, African bioethics are given primacy, in an attempt to introduce the central ideas that inform the view of disease and illness, health and well-being in the traditional African context. This chapter sets the scene for the qualitative analysis that follows. Chapter Five discusses the methods of qualitative data analysis and proceeds to present the findings of empirical research that pertain to the perceptions offered by the informants on the concept of *ubuntu*, in general, and its application to women's health issues. Chapter Six concludes the entire investigation, with specific reference to the arguments, findings and conclusions reached in the study. Recommendations are made. Chapter Six offers the reader possible areas for further investigation, in light of the observations made in the previous chapter. An appendix is

included containing full details of the interview transcripts, for the sake of academic rigour.

Chapter One: Theoretical framework

1 Introduction

The first chapter deals with the theoretical approaches needed to place the entire study in perspective. The research is conceptually divided into three parts. The first part of the chapter discusses the African ethic of *ubuntu*. The second part of the chapter discusses the theory of virtue ethics. The third part discusses the feminist ethic of care.

The African philosophy of *ubuntu*, which finds its place in the African ethical tradition, is the primary focus of the thesis and the arguments made will reflect this as I attempt to move away from Western moral philosophy that grounds and informs many practices in, for instance, Western medicine and healthcare practices. It should be noted here that it is not my aim to discredit or replace the traditional Western moral philosophy that has influenced Western ethical/bioethical theories, but rather, the aim is to complement traditional categories of Western moral philosophy by focusing on the unique contribution of African ethics to healthcare and healing. As mentioned in the introductory pages of this thesis, the problem being investigated in this study is that the failure to give adequate attention and solutions to the current HIV and AIDS epidemic in Africa has been partly contributed to by our scholarly failure to integrate African humanistic values on health and healing into biomedical and bioethical discourse and practise. This latter point is explained in greater detail in the chapter that deals specifically with traditional African conceptions of health and healing, but for now I am primarily concerned with mapping out the theory that is relevant to this study.

Most of the literature utilized to discuss and describe the foundational principles of the African ethical traditional are obtained from a variety of academic work done by many African and Africanist scholars, such as John Mbiti, Kwame Gyekye, Kwasi Wiredu, Johann Broodryk, Augustine Shutte, Munyaradzi Murove and Theo Sundermeier, to name a few. These scholars are frequently referred to as they give great insight into the African conceptions of morality and ethics, thereby providing reference to its

foundations. Since I am drawing from a number of different sources, it is important to state at the outset that while generalizations about some aspects of African culture, tradition and notions of ethics and morality are made, this does not, by any measure, mean that there is one common African culture or tradition. As Peter Kasanene states, “the Banyankore of Uganda, for example, are a patrilineal, patriarchal and patrilocal society emphasizing male dominance, while the Manga’nja of Malawi are matrilineal, matriarchal and matrilocal. Inevitably the customary ethics of the two societies differ”.¹ Indeed, some differences exist, for instance, in folktales, proverbs, and the manner in which initiation rituals are carried out. Therefore, “it would be misleading to overlook such cultural differences, but it would however, be equally wrong not to recognize the common values and, at times, uniformity that exists within this diversity, south of the Sahara”.² As such, generalizations are made in reference to African values and its world-views.

The broad African ethical tradition which informs the world-view of many Africans is, therefore, the organizing framework of the thesis and it is within this structure that I examine how African ethical tradition takes shape in the community, how an African experiences life in the community, and interprets his or her existence, and conducts his or her life in the community. In this way I hope to show that African ethics are an expression of a community’s ideals and values, and also how they perceive and understand women, disease, health and healing.

Additionally, the Western theories of virtue ethics and a feminist ethic of care are incorporated into this chapter, and are discussed in a comparative manner. These theories are included in order to acknowledge that there are universal principles that human beings across the world share, such as the virtue of care, which this thesis isolates and prioritizes, but that this virtue, while encouraging care and kindness to others, is articulated differently by Africans and influenced by context in its application.³ The

¹ Kasanene, P. ‘Ethics in African Theology’. In Villa-Vicencio, C. & de Gruchy, J. W. (ed) (1994) *Doing Ethics in Context. South African Perspectives*. Cape Town: David Philip Publishers, p. 138.

² Ibid.

³ Ibid.

overarching theory of this thesis grounds itself in the African ethical tradition. In light of this, similarities between the African and Western ethical theories are noted.

1.1 A discussion on the content and nature of African ethics

Theo Sundermeier, among others, observes that one of the gravest errors made by earlier scholars and missionaries in Africa in the nineteenth century was to deny that Africans had a moral sense.⁴ He points out that this was partly because “Their own ethics had made them blind to other values and standards prevailing in different social circumstances; they believed in the moral education of the human race under the leadership of Westerners”.⁵ The other part of this inaccuracy or inability to recognize the fact that Africans are morally conscious beings was because African moral wisdom is largely derived from lived experience, and this experience and knowledge is transmitted or communicated verbally. There are no written texts or codified laws to which one can refer, at least not to the same degree that the Western ethical traditions are housed within bodies of written texts in moral philosophy and religion. Thus, one can state that the African ethical tradition may seem invisible to the naked eye. This, however, does not mean that Africans lacked, or lack, ethics and hence, are incapable of reflecting on moral or ethical issues. On the contrary, there are definite cultural expressions that reveal their ideas regarding morality and ethics and these are made visible through, for instance, myths, proverbs, folktales and folk songs.

Cultural expressions are not the only areas that reveal traditional African ideas of morality and ethics. Traditional African religions serve as an important base for establishing ideas of ethics. “Ethics refers to principles of right or wrong in people’s conduct and to a code or set of principles which may be used to evaluate the norms by which people in a given community live. It is a standard by which people’s morality is

⁴ Sundermeier, T. (1998) *The Individual and Community in African Traditional Religions*. Piscataway, NJ: Transaction Publishers, p. 174.

⁵ Ibid.

judged”.⁶ The African ethical tradition finds its values strongly grounded in religion and, as Kasanene observes, the African ethical tradition is

...influenced by a belief in an all-pervading Supreme Being who controls the universe and social relationships through a number of intermediaries.... It is believed that the Supreme Being is interested in the way people relate to one another. A number of taboos, regulations and prohibitions exist in every society to ensure mutual coexistence.... In African religions there is no separation between religion and ethics, between one's beliefs and one's actions towards others. Ethics is an integral part of religion...⁷

Religion, therefore, serves as a guiding template that shapes traditional African culture and their world-view. Mbiti reminds us that Africans are “notoriously” religious. Religion and religious beliefs comprise a strong element in traditional background, and exercises probably the greatest influence upon the thinking and living of the people concerned.⁸

Because traditional religions permeate all the departments of life, there is no formal distinction between the sacred and the secular, between the religious and non-religious, between the spiritual and the material areas of life. Wherever the African is, there is his [sic] religion: he carries to the fields where he is sowing seeds or harvesting a new crop; he takes it with him to the beer party or to attend a funeral ceremony; and if he is educated, he takes religion with him to the examination room at school or in the university; if he is a politician he takes it to the house of parliament.⁹

While I will not pursue this thought further, in light of the focus of this chapter, I merely want to make the reader aware, however briefly, that morality for African people cannot be divorced from religion. It is religion, therefore, that forms the foundation for morality and ethics. The sources of morality, which is the focus of the next section, are also guided by religion and religious beliefs.

⁶ Kasanene, P. (1994) *op. cit.*, p. 139.

⁷ *Ibid*, p. 140.

⁸ Mbiti, J. (1970) *African Religions and Philosophies*. New York: Anchor Books, p. 1.

⁹ *Ibid*, p. 2.

1.2 Sources of morality

1.2.1 The family and community

To begin with, it is important to state that the classic role of the family and the community is the transmission of values and virtues and, therefore, these institutions play a pivotal role in transferring values to its members. The family and community are identified as the domain for the dissemination of morals and ethical principles, simply because it is recognized that traditional African morality and its ethical system does not evolve in a vacuum. Rather, they develop and function within a specific context.¹⁰ For instance, as Kwasi Wiredu observes, "The theatre of moral upbringing is the home, at the parents' feet and within range of kinsmen's inputs. The mechanism is precept, example, and correction".¹¹ The lessons taught and the advice obtained from parents, as well as from members of the wider community, takes the form of verbal instruction through which morality is grounded in theoretical and experiential considerations about human well-being, which is why the term humanism is very apt as a characterization of African moral thinking.¹² In this light, not only does the family or community shape people's values by encouraging the development of virtuous beings and actions, but it is also the moral context in which people find their identity. John Mbiti expresses how the identity of individuals takes shape in the context of the family and community and how this signifies that the individual acknowledges that he or she cannot exist alone, but that he or she exists in relation to others and, consequently, owe their existence to other people.¹³ As a result, the development of good moral habits is cultivated through this awareness. In expression of his views he wrote:

Only in terms of other people does the individual become conscious of his own being, his own duties, his privileges and responsibilities towards himself and

¹⁰ Kasanene, P. (1993) 'African Religious Ethics and Public Morality: Past and Present'. University of Swaziland. (An unpublished paper presented at the Fifteenth Congress of the Association for the Study of Religion in Southern Africa, June 1993), p. 3.

¹¹ Wiredu, K. 'The Moral Foundations of an African Culture', in Coetzee, P. H. & Roux, A. P. J. (ed) (2002) *Philosophy from Africa. A Text with Readings*. Cape Town: Oxford University Press Southern Africa, p. 288.

¹² Ibid.

¹³ Mbiti, J. (1970) *op. cit.*, 141.

towards other people. When he suffers, he does not suffer alone but with his corporate group: when he rejoices, he rejoices not alone but with his kinsmen, his neighbours and his relatives whether dead or living...Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say, "I am, because we are; and since we are, therefore, I am."¹⁴

The principle of "I am, because we are; and since we are, therefore, I am," expressed in Zulu as *umuntu ngumuntu ngabantu* (a person is a person through others), and in a number of Bantu languages, acknowledges that a person is, as Kwame Gyekye observes, "inherently (intrinsically) a communal being, embedded in a context of social relationships and interdependence, and never as [sic] an isolated, atomic individual".¹⁵ Therefore, it is of great importance that the community is at the centre of character-building by determining what is good and bad conduct and, consequently, giving substance and meaning to right and wrong. In other words, the community plays a crucial role in providing the individual with values that the community holds dear, which the individual learns through instruction and "inherits as he or she enters into the cultural community".¹⁶ The community thus "becomes that to which moral reference is made and that by which people refrain from doing certain things on the one hand and allow themselves to do certain things on the other".¹⁷

The family and the community are not the only sources of morality for Africans. There are other sources, namely the elders, the ancestors, divinities or spirits and God or the Supreme Being. I look at each of them in the sub-sections that follow.

The elders

The elders, as the term suggests, are those groups of individuals who occupy a central or prominent position in the family, clan and community, on account of their long

¹⁴ Ibid.

¹⁵ Gyekye, K. 'Person and Community in African Thought', in Coetzee, P. H. & Roux, A. P. J. (ed) (2002) *Philosophy from Africa. A Text with Readings*. Cape Town: Oxford University Press Southern Africa, p. 319.

¹⁶ Gyekye, K. *op. cit.*, p. 301.

¹⁷ Mokolatsie, C. N. (1997) *Ethics and the African Community: A study of communal ethics in the moral practice and thought of Basotho*. Pietermaritzburg: University of Natal. M.Th. thesis, p. 60.

experience of life.¹⁸ Since they are the eldest living members of the family and the community, they are perceived as “closest to the ancestors, having known them while they were still alive”.¹⁹ They are regarded as the transmitters, custodians and guardians of morality. They are especially important in traditional African communities or societies as the disseminators of moral values due to the vast knowledge accumulated over the years through lived experience. They pass down wisdom and knowledge orally and this wisdom is often communicated through the use of stories, parables, myths or proverbs. This medium of instruction plays an important role in the communication of ethical norms, as they tend to “contain the wisdom of the people, they speak of human beings, of their experiences and patterns of behaviour which has stood the test of time. They give warnings and speak the language which is appropriate for their encounter with the world”.²⁰ They educate the people about the knowledge of the Supreme Being, divinities and ancestors. Therefore, “in societies where wisdom is not read from books,” people rely heavily on the long experiences of life of the elders “for history, cultural knowledge and advice”.²¹

Theo Sundermeier comments on the indispensable nature of the elders as sources of morality and also why they are deeply respected. “The elders are addressed like the ancestors, giving the impression that there is no distinction between living and dead ancestors.... The elders are held in honour and their advice accepted as being from wise older men” [sic].²² The elders, therefore, are perceived as “the link between the past and present”.²³ What this implies is that the warnings, commandments and prohibitions of the elders are highly esteemed, inasmuch as they reflect those experiences which have made community life possible up to the present.²⁴ Since they are addressed like the ancestors, their advice is not easily dismissed. In this manner, the invaluable knowledge

¹⁸ Kanyike, M. E. (2004) *The Principle of Participation in African Cosmology and Anthropology*. Balaka, Malawi: Monfort Media, p. 90.

¹⁹ Paris, P. (1995) *The Spirituality of African Peoples. The Search for a Common Moral Discourse*. Minneapolis: Fortress, p. 85.

²⁰ Sundermeier, T. *op. cit.*, p. 171.

²¹ Kanyike, M. E. *op. cit.*, p. 90.

²² Sundermeier, T. *op. cit.*, p. 122.

²³ Kanyike, M. E. *op. cit.*, p. 90.

²⁴ Bujo, B. (1998) *The Ethical Dimension of Community*. Nairobi, Kenya: Paulines Publication Africa, p. 198.

contained within this group of people in the community awards them the title of “the pillars of society”.²⁵ Thus, in times of strife, disease, and distress or during ceremonial occasions, the elders will be called upon for advice and most importantly, their participation.

The ancestors

Amadlozi (the Zulu word for ancestors) are sources as well as custodians of morality. They are deeply respected or revered for their knowledge through experience obtained when they lived in the community. The ancestors are remembered not only because of their wisdom, but also because they have relatives and friends who knew them during their life time. Simply because they are deceased does not mean that they “become completely dead as far as family ties are concerned”.²⁶ Although they are deceased, the person is remembered and so is very much alive in the memories of those he or she has left behind. This is why ancestors are also referred to as the living-dead. The term living-dead is a useful description of ancestors as it implies that there exists an interactive relationship between the living and the living-dead, and while the person may be deceased, something special about that person does not wholly disappear. Rather, the deceased person is in what John Mbiti calls, “the state of personal immortality”. He explains this well.

This personal immortality is externalized in the physical continuation of the individual through procreation, so that the children bear the traits of their parents or progenitors. From the point of view of the survivors, personal immortality is expressed in acts like respecting the departed, giving bits of food to them, pouring out libation and carrying out instructions given by them either while they lived or when they appear.

The acts of pouring libation (of beer, milk or water), or giving portions of food to the living-dead, are symbols of communion, fellowship and remembrance. They are the mystical ties that bind the living-dead to their surviving relatives.²⁷

²⁵ Kanyike, M. E. *op. cit.*, p. 90.

²⁶ Mbiti, J. (1970) *op. cit.* p. 25.

²⁷ *Ibid.*

The acts of pouring libation and of giving food are also done in order to call upon the ancestors because, "They know what is good for their successors".²⁸ This reveals that the living continue to exist in close proximity to the living-dead. The ancestors depend on the living and the living depend on the dead. This mutual relationship is well explained by Sundermeier. "The ancestors need to be fed by the living and demand their sacrifices. 'They are always hungry', it is said. That is why they demand sacrifices from people. If they are forgotten they can make the living remember them".²⁹ For example, if the ancestors are not honoured and remembered, or if the moral order in society is weakening, they can deliver illness or suffering to punish those involved in the neglect or negation of duties to them. Sending disease or illness is often done to serve as a gentle reminder to the individual or people that all is not well with the ancestors, so as to "bring people back in line with traditional morality".³⁰ In order to appease the ancestors, people in the community will perform rituals that involve giving beer to the ancestors by pouring it on the ground or slaughtering livestock. This is done to ask the ancestors for forgiveness for transgressions caused. Hence, the performance of *amasikho* (Zulu word for rituals) for the ancestors is done to show

...commitment to upholding the founding values of the community. Through *amasikho* these founding values of the community are shared between the living and their ancestors in a way that shows the living's commitment to fellowship with their ancestors and those values that have enabled them to live life in harmony with everything else in the community.³¹

The idea of performing rituals for the sake of demonstrating a commitment to upholding the community's values brings us to the ethical significance of the *amadlozi*. Munyaradzi Murove provides us with a useful explanation. The ethical significance of ancestors "is based on the conviction that the individual or the present community is inseparably related to the past, and that the ethical norms that give a sense of communal cohesion pass from the past into the present".³² What this means is that the ancestors are part of a

²⁸ Sundermeier, T. *op. cit.*, p. 122.

²⁹ *Ibid*, p. 129.

³⁰ *Ibid*.

³¹ Murove, M. F. 'An African Commitment to Ecological Conservation: The Shona Concepts of *Ukama* and *Ubuntu*'. *The Mankind Quarterly*. Vol. XLV, No. 2, Winter 2004, p. 200.

³² *Ibid*, p. 201

previous generation who carry with them into the spiritual realm all knowledge of morality. This puts their role as sources of morality into context. Sundermeier explains that Africans

“Never speak ill of the dead” – this maxim applies here as well. The ancestor is an idealized version of the present life. They set the standards to which people aspire... The ancestors are the guarantors of the received moral order. If anybody in the village transgresses community rules, the ancestors intervene and make their presence felt by punishing him [sic]. Belief in the ancestors restores the old order.³³

He further states:

Belief in the ancestors cements the distinction between people within a society. It imposes obedience to ethical standards, and sanctions judicial decisions. It makes it possible to identify the family and clan, and records their history. In a word, it sustains the conservatism of the traditional African way of life.³⁴

It is important to state that not every person qualifies to be an ancestor. Only those who have lived an exemplary life, a life characterized by high moral standards, can be elevated to the status of an ancestor. In other words, only those people who are moral paragons or exemplars of good behaviour are recognized as ancestors. Their superior moral values and principles continue to be cherished. These are adopted as normative standards of conduct and, in so doing, ancestors remain the guardians of morality.³⁵ In sum, the strong belief in ancestors which is exemplified through rituals of remembrance are done in recognition of, and a deep appreciation of, the fact that ancestors influence the past, the present and the future... Memories of the past influence the present because the individual or the community's ethical decisions cannot be divorced from what has transpired in the past”.³⁶ As Murove states, “Through remembrance, the living are able to effect dialogue centred on values that have sustained the life of the community throughout the ages in the light of the challenges that are faced in the present

³³ Sundermeier, T. *op. cit.*, p. 126.

³⁴ *Ibid.*, p. 135.

³⁵ Cf. Mkhize, N. (2003) *Culture and the Self in Moral and Ethical Decision-making: A Dialogical Approach*. Pietermaritzburg: University of Natal. Unpublished Ph.D. dissertation, pp. 51-52.

³⁶ Murove, M. F. (2005) ‘African Bioethics: An Explanatory Discourse’. *Journal for the Study of Religion*. Vol. 18, No. 1, p. 31.

community”.³⁷ He explains, “The connecting thread in all these dimensions of existence is made up of moral values that have been inherited, treasured and passed on to future generations”.³⁸ Ancestors are the guardians of morality, who pass on ethical norms of the past to the present generations, thereby demonstrating the idea that moral values are indestructible. What this implies, therefore, is the immortality of values, given that communication between the present community and its ancestors is ongoing.³⁹

1.2.2 The divinities or spirits

Edward Kanyike, in his discussion on spirits and divinities, delineates the characteristics of spirits and divinities by pointing to who and what they are. “God is like father, the ancestors like elder brothers or grandfathers [sic] and the divinities like chiefs [sic] but spirits are like strangers living in the neighbourhood”.⁴⁰ The difference between spirits and divinities is rather subtle and hence, it is not easy to draw a clear distinction between the two. However, Kanyike and Sundermeier provide us with good details that identify and clarify the differences.

On the one hand, as explained by Kanyike, spirits are entities that

...have no family ties with human beings. These spirits are associated with rivers, lakes, stones, mountains or the bush or forests around villages. They are in the same geographic region with human beings. They are imagined to have shadowy bodies and to assume shapes of animals, plants or inanimate objects. Being pure spirits, they have more power than ordinary men but specialists can control, drive them away or use them to human advantage. Their world, however, is radically different from that of human beings; they are ontologically nearer to God, not ethically but in terms of communication with him and they do not need intermediaries.⁴¹

On the other hand, divinities, according to Sundermeier, are

³⁷ Murove, M. F. ‘An African Commitment to Ecological Conservation: The Shona Concepts of *Ukama* and *Ubuntu*’. *The Mankind Quarterly*, Vol. XLV, No. 2, Winter 2004, p. 199.

³⁸ *Ibid*, p. 200.

³⁹ *Ibid*.

⁴⁰ Kanyike, M. E. *op. cit.*, p. 75.

⁴¹ *Ibid*, p. 75.

...nearer to God and have a wider sphere of effectiveness than spirits. They have qualities which major religions attribute to the one God. At the same time, they dwell further away from the earth than spirits do. The spirits' home is always earth; that of the divinities, even if in varying degrees, is predominantly heaven. However, there are earth divinities.⁴²

Having established the distinction between the two, the questions are: Do they have a role to play in the establishment and entrenchment of morality in the community? Are they sources of morality? With regard to spirits, their role as custodians or guardians of morality, or their role as sources of morality, is not made clear. This is largely because it is very difficult for humans to interact and deal with them. As Kanyike stated, they (spirits) are like strangers and hence, "they are not naturally disposed towards men [sic] and one can never predict their actions".⁴³ It is important for this analysis to note that spirits are entities that can be easily manipulated by people who wish to use them to harm others. In doing so, they can be used as sources of evil to perform harmful deeds on behalf of the manipulator.

With regard to divinities, access to them seems to suggest that they do play a role as sources of morality. A divinity can be perceived as akin to an ancestor in the way that they operate in terms of the relationship that exists between them and human beings. Like the ancestors, "the relationship with the divinities comes about through possession and heredity".⁴⁴ In other words, the relationship that is established between a divinity and a person is predicated on familial ties. They can communicate with the person through sudden illness or misfortune, thereby calling attention to the inflicted persons to reassess themselves, for example, in their vocation. "This applies particularly to those called to be prophets",⁴⁵ or those called to be diviners or herbalists. Once the instructions of the divinities are followed a harmonious life can follow and one thus finds peace. People are therefore "dependent on the relationship because this is the only way in which harmony, and peace can be maintained within the family".⁴⁶ The desire to maintain

⁴² Sundermeier, T. *op. cit.*, p. 149.

⁴³ Kanyike, M. E. *op. cit.*, p. 75.

⁴⁴ Sundermeier, T. *op. cit.*, p. 150.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*, p. 151.

peace and social harmony is paramount in African communities. Peace and social balance are qualities that Africans yearn for in their existence and this is reflected in their moral and ethical practices.

1.2.3 The Supreme Being

The Supreme Being is conceptualized and understood as the highest source of morality. He is the creator. He is the source of all life and consequently, all that is good in life stems from Him. Since all good that stems from life is acknowledged to be created by Him, among Africans He “is named in the way he is experienced”.⁴⁷ The Zulus, for example, refer to their Supreme Being or “God” as “*Umkulukulu*, meaning the ancient, the first, and the most revered one. The specific titles for God are: *Nkosi yaphezulu*, meaning Lord-of-the-Sky, and *uMvelingqanqi*, meaning the first to appear”.⁴⁸ The fact that one of His names means Lord of the Sky means that in Zulu religion thunder and lightning are acts of God and His presence is manifested as thunder and lightning, as these events are interpreted as acts of God.⁴⁹

At this juncture it is important to state that there exists a problem in the assumption that the Supreme Being in Africa is conceptualized as male. This is an error particularly, because of the influence of Western religion, namely Christianity, which has traditionally characterized and conceived of God as male. It must be said, then, that the words used to refer to Supreme Beings such as, *Umkulukulu* or *uMvelingqanqi* in traditional African religion are not meant to attach a specific gender. These beings are traditionally conceived of as sources of the origin of life. In essence, these beings ought to be conceptualized as gender neutral. Throughout this study then, any reference to Supreme Beings should be taken to be gender neutral.

While S/He is understood as the source of life, S/He is also conceived of as both near and far removed from the day-to-day lives of human beings in that, unlike ancestors, humans

⁴⁷ *Ibid*, p. 164.

⁴⁸ Cf. http://www.usc.edu/dept/MSA/fundamentals/tawheed/abutaw/abutaw_7.html

⁴⁹ Cf. http://pir1www.lpl.arizona.edu/~phillips/io_features.html

do not invoke Him or Her in “their ‘everyday’ cares and the petty, tiresome conflicts of life”.⁵⁰ For this reason S/He cannot be referred to as a companion in the sense that ancestors can be perceived as companions. Moreover, S/He is called on only as a last resort, when people “are completely at a loss”. This is how the Africans interact with their ultimate source of morality, the sole “guarantor of order and morality”.⁵¹

There is another group of guardians of morality that needs brief mention, since this group of people is pertinent to the thesis, namely religious specialists, who include diviners or spiritual healers. Please note that the word “brief” has been inserted here as a caution to the reader. Since this is an important feature of the thesis, the role of religious specialists or spiritual healers will be discussed in greater detail in the chapters to follow in connection with traditional healing practices.

1.2.4 Religious Specialists – diviners or spiritual healers

Diviners or spiritual healers are a special group of people who belong to the communities and play an invaluable, if not indispensable, role in maintaining balance, social harmony, and well-being among members of the community. They are gifted with the ability to heal distressed and sick individuals through their ability to make contact with the physical and spiritual realms and communicate to the patient and his or her ancestors the nature and source of their affliction. This ability to communicate with the living and the living-dead enables the spiritual healer to isolate the cause of distress and provide a solution that will assist the patient in recovery. I provide an example to illustrate the above point. If a person is ill and the illness seems not to disappear with the assistance of Western medicine, Africans tend to consult with a diviner to ascertain the root causes of their distress. During the *vumisa* (diagnostic session) it is revealed that the individual has neglected to perform remembrance rituals to his or her ancestors and hence, the ancestors have sent the illness to remind the individual of his or her obligation to them. The

⁵⁰ Kanyike, M. E. *op. cit.*, p. 69.

⁵¹ Sundermeier, T. *op. cit.*, p. 169.

individual is instructed to return home and slaughter a cow and ask for the ancestors to forgive him or her for his or her transgressions and all will be well.

This example shows that the ability of the diviner to trace the source of illness indicates that he or she is able to serve as an instrument of communication between the living and the living-dead. Sundermeier explains,

Diviners are fully aware of the tensions which exist in the community, and expose them during enquiry. Their function is often that of a catalyst. They offer the people the opportunity not only to talk over the misfortune that has befallen them, but also to put into words more deep-seated cares, the pain of neglect, failings and anxieties, and to discover ways of resolving the situation. Diviners probe for answers or, conversely, confront people with possible solutions.⁵²

The vital link between this world and the spiritual world validates their role as sources of morality. How, one may ask? They are mediums, who are acknowledged intermediaries that the ancestors use in order to channel messages from the world of the living-dead. It follows, then, that the instructions or messages received from the ancestors by the diviners that they, too, are custodians of morality because, by virtue of their profession or vocation, they are able to “know the causes of evil and show the way to restoring the old order, the health of individuals and the harmony of the community”.⁵³ In sum, diviners or spiritual healers can be referred to as defenders of morality and the moral order.⁵⁴

1.3 The concept of *ubuntu*

1.3.1 Defining *ubuntu*

Ubuntu is an ancient African philosophy of humanness. It is a philosophy or way of life that reveals African culture and tradition, beliefs and customs and value systems.⁵⁵ It can, therefore, be defined as “a comprehensive ancient African worldview based on the core values of intense humanness, caring, sharing, respect, compassion and associated

⁵² Ibid, p. 203.

⁵³ Ibid, p. 204.

⁵⁴ Cf. Sundermeier, T. *op. cit.*, p. 198.

⁵⁵ Broodryk, J. (2002) *Ubuntu. Life Lessons from Africa*. Pretoria: Ubuntu School of Philosophy, p. 26

values, ensuring a happy and qualitative human community life in a spirit of family”.⁵⁶ The notion of *ubuntu* is central to African ethics. A rough translation of *ubuntu* could be “humanity towards others” or “I am because we are”. A different translation could be: “The belief in a universal bond of sharing that connects all humanity”.⁵⁷ It is a notion that emphasizes the interconnectedness and relatedness of individuals within a community, thereby encouraging virtues such as compassion, care, love, respect and dignity for humankind. The values listed above also contain accompanying values such as warmth, sympathy, companionship, love, friendship, fondness, dignity and tolerance, all of which are, of course, universally espoused values and not unique to Africans. However, where differences exist in the exercise of these values from Europeans, for example, is in the intensity to which they are upheld.⁵⁸

Another definition of *ubuntu* is furnished by Mogobe Ramose. He takes a philosophical approach to defining *ubuntu*. Ramose, in his book *African Philosophy through Ubuntu*, states that one must approach the term *ubuntu* as a hyphenated word, that is *ubu-ntu*. *Ubu* is the prefix and *ntu* is the stem. In order to express his conceptualization of *ubuntu* as a hyphenated word, and thus give meaning to his definition, he writes:

Ubu- evokes the idea of being in general. It is enfolded be-ing before it manifests itself in the concrete form or mode of ex-istence [sic] of a particular entity. Ubu- as enfolded be-ing is always oriented towards unfoldment, that is, incessant continual concrete manifestation through particular forms and modes of being. In this sense ubu- is always oriented towards – ntu. At the ontological level, there is no strict separation and division between ubu- and - ntu.... On the contrary, they are mutually founding in the sense that they are two aspects of be-ing as a oneness and an indivisible whole-ness [sic].⁵⁹

What Ramose implies in this analysis is the idea of motion, by which he suggests that a human being is constantly in the process of evolving. From birth, adolescence and adulthood a person’s identity and values are shaped through his or her interactions with others. It is through the individual’s gradual socialization process that he or she is able to

⁵⁶ Ibid.

⁵⁷ See Wikipedia. The Free Encyclopedia, in <http://en.wikipedia.org/wiki/Ubuntu>

⁵⁸ Broodryk, J. *op. cit.*, p. 26.

⁵⁹ Ramose, M. (2002) *African Philosophy through Ubuntu*. Harare, Zimbabwe: Mond Books, p. 41.

participate fully in the community. In this sense, *ubuntu* is defined as being and becoming. The individual is in the process of becoming a person when his or her activities encourage, among other qualities, caring for others, compassion towards others, tolerance of others and respect for others. When a person is capable of displaying such virtuous activities, he or she is acknowledged as an *umuntu* that has *ubuntu*. Ramose clarifies this point below.

For Ramose, the only time that a being becomes a participatory being, an *umuntu*, is when there is a move away from a more generalized to a more specific form of existence.⁶⁰ *Umuntu* he defines as “the specific entity which continues to conduct an inquiry into be-ing, experience, knowledge and truth. This is an activity rather than an act. It is an ongoing process impossible to stop unless motion itself is stopped”.⁶¹ In other words, the evolution of a person into an active member of society, one that participates in a community, exercises and endorses the values espoused in *ubuntu* is an *umuntu*. This is illustrated in the proverb *umuntu ngamuntu ngabantu*. This maxim means “to be a human be-ing is to affirm one’s humanity by recognizing the humanity of others and, on that basis establish human relations with them”.⁶² What this, in effect, means is at a cosmological level “be-ing human is not enough”.⁶³ Rather that, at a participatory level, a being is fulfilled and reinforced through relationships with others. Thus, as Ramose points out,

Ubuntu [sic] understood as be-ing human (humanness); a humane, respectful and polite attitude towards others constitutes the core meaning of this aphorism. Ubuntu then not only describes a condition of be-ing, insofar as it is indissolubly linked to umuntu but it is also the recognition of be-ing becoming and not, be-ing and becoming.⁶⁴

Ifeanyi Menkiti, echoing Ramose, characterizes the transition from *ubuntu* to *umuntu* in the following way:

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid, p. 42.

⁶³ Ibid, p. 43.

⁶⁴ Ibid.

...personhood is the sort of thing which has to be attained, and is attained in direct proportion as one participates in communal life through the discharge of the various obligations defined by one's stations. It is through carrying out these obligations that transforms one from the it-status of early child-hood [sic], marked by an absence of moral function, into the personhood status of later years marked by a widened maturity of ethical sense – an ethical maturity without which personhood is conceived as eluding one.⁶⁵

Menkiti, in the above quotation, infers that ethical maturity is a process that occurs over time from childhood to adulthood and it is in the adulthood stages that one acquires and attains an ethical sense, an ethical maturity through socialization. Seen in this light, the socialization process gives way to the development of *ubuntu* and *umuntu*. *Ubuntu* ultimately finds its expression in the way one relates to other people. The process of socialization enables a person to relate ethically towards others and it is in these relationships that one displays his or her humanness by acknowledging the presence of others”.⁶⁶ *Ubuntu* is, therefore, an ethic or a virtue that articulates and emphasizes people's interdependence, interconnectedness and relatedness. This ethic emerges and grows through the realization that, in traditional African thought, an individual is not an atomic entity, but one that is socially constituted. Hence, *ubuntu* expects individuals to not engage in individualistic pursuits, but engage in activities that are collectivist or communal to ensure that the well-being of others is promoted.

The above descriptions of *ubuntu* show us where *ubuntu* originates, how it is attained and how it manifests itself. The definitions referred to suggest that *ubuntu* is not only revealed by individual acts, but that it is rooted in the inner state of an individual. This means that the attitude and ethic of *ubuntu* are embedded in the core of one's existence and from there permeate all departments of one's life, motivating and challenging an individual to act in a humane way towards others in order to produce and maintain harmonious relations in society. *Ubuntu*, therefore, is a virtue that resides deep within

⁶⁵ Menkiti, I. 'Person and Community in African Thought', in Wright, R. (ed) (1984) *African Philosophy: An Introduction*. Laham: University Press of America, p. 172.

⁶⁶ Murove, M. F. (2005) *The Theory of Self-Interest in Modern Economic Discourse: A critical study in light of African Humanism and Process Philosophical Anthropology*. Pretoria: University of South Africa. Unpublished D.Th. dissertation, p. 146.

the individual and is revealed through a person's actions. The idea of *ubuntu* as a virtue is expanded on below.

1.3.2 *Ubuntu* as a virtue

The late Mr. Walter Sisulu provided Johann Broodryk with an example of the nature of a person who has *ubuntu* in them, with the following parable. "If you have two cows and the milk of the first cow is sufficient for your own consumption, *ubuntu* expects you to donate the milk of the second cow to your underprivileged brothers and sisters. You do not sell it: you just give it".⁶⁷ The message here highlights two important principles of *ubuntu*, namely caring and sharing. The important thing to distinguish here is that the caring and sharing is done without any expectation of something in return. This is simply altruism at its best.

Caring is an important pillar in the *ubuntu* worldview.⁶⁸ For example, it is a part of African custom and culture that when someone in the village passes away, everyone participates in the grieving process and not just the members of the family. Often what tends to happen is that people will congregate at the house of the bereaved to express their condolences and lend their support to the family of the deceased. The women partake in cooking activities to feed the gathering people and the men take care of the logistical aspects of how the funeral procession will take place, which individuals are going to lead the funeral procession and where the coffin will be purchased. In this manner, death, and the loss of a loved one, not only affects the family, but the community as well, which is why they lend support. Caring for your neighbour and community thus means taking part in all communal and neighbourhood activities. People are "expected to be in solidarity with one another especially during the hour of need".⁶⁹

⁶⁷ Broodryk, J. *op. cit.*, p. 8.

⁶⁸ Broodryk, J. *op. cit.*, p. 48.

⁶⁹ Mnyaka, M. & Motlhabi, M. 'The African Concept of *Ubuntu/Botho* and its socio-moral significance'. *Black Theology: An International Journal*. Vol. 3, No. 2, p. 223.

Uniting during times of need is also reflected during times when a member of the community is sick; the patient is never alone in the house or when he or she goes to visit the traditional healer. As Murove states, "It is a common practice in African bioethics that one does not consult the traditional doctor alone and usually the entire family is present at the consultations as patients themselves".⁷⁰ The family's presence serves the purpose of lending support and care to the sick individual, as it is generally understood that "the individual's health, or sickness, is indispensable to the wellbeing of the community, a sickness that afflicts the individual becomes a communal sickness and therefore the diagnosis that is given by the African traditional doctor is relevant to the entire community".⁷¹ Again, the presence of the patient and the patient's family reinforces the view that one's existence and the existence of others are dependent on others.

Additionally, this inclusive approach to life, whereby people stand shoulder to shoulder in times of pain and sorrow, disease and illness, indicates that "Everyone belongs and there is no one who does not belong".⁷² Visitors and strangers to the community are embraced and accommodated by virtue of our common humanity. A stranded traveller is cared for, fed and given a bed for the night. To this effect, an *isiZulu* proverb that states, "'*isisu sohmabi asingakanani singangenso yenyoni*', literally meaning 'the stomach of a traveler is not that big, it is about the size of a bird's kidney' urges people to provide food to strangers and to be good to them in general".⁷³ Furthermore, dispossessed people, orphans or refugees are given shelter. In other words, "Attempts are always made to accommodate those who do not seem to have relatives and to make them part of the community". Mluleki Mnyaka and Mokgethi Motlahbi relay another example of generosity that displays the readiness to accommodate strangers into the community to the extent of providing these strangers with African names, thereby providing the individual with a sense of belonging.

⁷⁰ Murove, M. F. (2005) *op. cit.*, p. 29.

⁷¹ *Ibid.*

⁷² Mnyaka, M. & Motlahbi, M. *op. cit.*, p. 222.

⁷³ Mkhize, N. *op. cit.*, p. 68.

Jean Baptiste, a refugee from Rwanda living in the Eastern Cape, South Africa, was given a Xhosa name *Thamsanqa* by members of his adopted community. This name had the happy outcome of his being identified and regarded as a person and one of them.... Such naming gives one a feeling of belonging and enables one to be incorporated into the community.⁷⁴

What this implies is that the idea and sense of belongingness not only serves the purpose of providing an individual with a sense of identity, but is also strongly linked to maintenance of fellowships or partnerships, by which is meant that an enormous emphasis is placed on unselfishness, which takes into account that an “individual does not only exist in terms of fulfilling his or her own present needs”.⁷⁵ One also has to take into account the needs of others. The act of naming a visitor can be interpreted as awarding the guest honorary membership of the family or community and, in this sense, Africans display good qualities such as hospitality, kindness, generosity and care.⁷⁶ From this one can deduce that, traditionally, Africans display a deep commitment to the virtue of *ubuntu* and, in so doing, frown on selfish acts and, rather, prefer acts that seek to provide the greatest happiness for the greatest number. In this light “One can say that *ubuntu* ethics is anti-egoistic, as it discourages people from seeking their own good without regard for, or to the detriment of, other persons in the community”.⁷⁷

Finally, *ubuntu* as a virtue of care is reflected in the way Africans treat each other or even greet each other. For example, the Zulu greeting for “how are you?” is *unjane*, but most people tend to use the plural greeting *ninjane*. When using the word *ninjane* it implies that the person asking the question is not only concerned with your well-being, but also the well-being of others, for example, your family or community. This may result in a long information session which is characteristic of the warm, caring informal spirit of *ubuntu*.⁷⁸ What this essentially reveals to us about the virtue of *ubuntu* is that the ethical expectations or behavioural guidelines recommend an attitude that places the “problems,

⁷⁴ Ibid.

⁷⁵ Murove, M. F. *op. cit.*, p. 148.

⁷⁶ Cf. Paris, P. *op. cit.*, p. 88.

⁷⁷ Mnyaka, M. & Motlhabi, M. *op. cit.*, p. 224.

⁷⁸ Brookryk, J. *op. cit.*, pp. 100-101.

interests and circumstances of all others”⁷⁹ before oneself. This does not necessarily mean that the interests, problems and circumstances of the individual who places other interests first are ignored. Rather what this indicates is that by caring for others, caring for oneself is a logical outcome. The Zulu maxim *umuntu ngamuntu ngabantu* attests to this. Thus, as a virtue, *ubuntu* is basically concerned with human happiness and fulfilment. The deepest moral obligation, therefore, “is to become more fully human which implies entering more and more deeply into community with others”.⁸⁰ The goal is to participate in the promotion of happiness and well-being within the community, where selfishness and selfish tendencies are admonished and generally absent, but caring and sharing attitudes are present and morally praiseworthy.

1.4 Implications of *ubuntu* for the individual and the community

In order to express how *ubuntu* as a virtue manifests itself in the individual and in the community, and the implications thereof, I once again use the maxim Zulu *umuntu ngumuntu ngabantu* (a person is a person through others), to explain what it means to live with others, to share with others, care for others or express a general concern for their well-being. In this proverb we obtain important information such as the African understanding of personhood, community and morality, because the ideas that the ethic of *ubuntu* is based on are on values such as interdependence, relatedness and unity. The Zulu saying vividly expresses these ideas. The saying, therefore, articulates a basic respect, care and consideration for others. As Dirk J Louw explains, “It can be interpreted as both a factual description and a rule of conduct or social ethics. It both describes human being as ‘being-with-others’ and prescribes what ‘being-with-others’ should be all about”.⁸¹ In this moral paradigm, one cannot become a human person without relationships with others, since the individual exists in a dynamic relationship with others.

⁷⁹ Ibid, p. 48.

⁸⁰ Ibid, p. 101.

⁸¹ Louw, D. J. *Ubuntu: An African Assessment of the Religious Other*. Paper presented at the Twentieth World Congress of Philosophy, in <http://www.bu.edu/wcp/papers/Afri/AfriLouw.htm>

The concept of *ubuntu* specifically makes reference to the above observation. For instance, when a person possesses negative qualities that go against the values *ubuntu* asserts, it is said that “*akanabuntu* (he or she lacks *ubuntu*) or *akangomuntu/ha se motho* (he or she is not a person, or not human)”.⁸² These expressions do not imply that a person is akin to an animal or beast, or that he is dead because of the acknowledgment that people have intrinsic worth. However, what these sayings suggest is that the *umuntu* has lost his *ubuntu* or humanity.⁸³ As Mluleki Mnyaka and Mokgethi Motlhabi put it:

The statement that someone *akangomuntu* or *akanabuntu* demonstrates that it is the community that defines a person, and it is also the community that is able to judge whether one has attained full humanity (in the moral sense) or not. Yes, a person has dignity, which is inherent; but part of being a person is to have feelings and moral values that contribute to the well-being of others. To say a person *akangomuntu* is to say that one lacks the inner state of being, lacks feelings of sympathy for others. This does not take away from the intrinsic worth of that person. Rather, it shows that one contributes to the definition of oneself through everything one does. One’s identity or social status goes hand in hand with one’s responsibility or sense of duty towards, or in relation to, others.⁸⁴

As discussed earlier, Africans emphasize the virtue of *ubuntu* among their members. As an overall virtue *ubuntu* makes Africans aware that human beings are socially constituted beings by taking into account the fact that people do not live in isolation. An African’s sense of belonging and the development his or her personhood is necessary, important and central to the ethic of *ubuntu*, because a person’s very existence is connected to the family and more specifically the community context. The virtue of *ubuntu* makes sure that people remain connected to each other through an awareness of their interdependence. Symphorien Ntibagirirwa notes that *ubuntu* arms one with “normative principles for responsible decision-making and action, for oneself and for the good of the whole community”.⁸⁵ He observes how the virtue of *ubuntu* is understood and put into practice within the African context of the community. “It is *ubuntu* alone that can allow the individual to transcend, when necessary, what the customs of the family or the tribe

⁸² Mnyaka, M. & Motlhabi, M. *op. cit.*, p. 217.

⁸³ *Ibid.*, p. 224.

⁸⁴ *Ibid.*

⁸⁵ Ntibagirirwa, S. (1999) *A Retrieval of Aristotelian Virtue Ethics in African Social and Political Humanism: A Communitarian Perspective*. Pietermaritzburg: University of Natal, Unpublished M.A. dissertation, p. 104.

[sic] requires without disrupting the harmony and the cohesion of the community”.⁸⁶ In other words, “once one has acquired this virtue s/he no more does things because the community expects him/her to do so, but because it is the right thing to do for both him/herself and the community”.⁸⁷ This is an important point to bear in mind, as a commonly mentioned criticism of African ethics is that it places too much emphasis on communalism, thereby stifling individual rights and autonomy. Yet Ntibagirirwa has put it well when he stresses that an individual is able to transcend communal obligations without disrupting the harmony and cohesion of the community. In other words, individuals are able to think and act independently, as long as their actions do not harm others, and so the individual has to always bear in mind that excessive individualism is regarded as being a denial of one’s corporate existence.⁸⁸

In brief summary, this section has discussed the historical context and nature of African ethics, it has described the sources of morality and ethics, it has explained the notion of *ubuntu* as a virtue and, lastly, it has explained the implication of *ubuntu* for the individual and the community. The aim was to indicate the foundations of African ethics and how the values advocated or promoted by it impact on the individual and the community. Equally important, this section placed into context the theory utilized in the thesis, namely the African ethic of *ubuntu*. In the chapters that follow, the value and importance of this ethical tradition will be shown, with specific reference to Black South African women’s health and traditional African healthcare practises. I now turn my attention in the next section of this chapter to virtue ethics.

1.5 A discussion on the content and nature of virtue ethics

To begin at a basic level, virtue ethics encompasses a wide variety of descriptions that have been put forward in different ways, according to Rosalind Hursthouse. Firstly, it has been described as “an ethics which is ‘agent-centred’ rather ‘act centred’”. Secondly, it is “concerned with Being rather than Doing”. Thirdly, it is concerned with addressing

⁸⁶ Ibid.

⁸⁷ Ibid, pp. 104-105.

⁸⁸ Cf. Kasanene, P. (1994) *op. cit.*, p. 143.

the question “what sort of person should I be?” rather than “what sorts of action should I do?”. Fourthly, virtue ethics is an ethic that focuses on concepts such as “good, excellence, virtue” rather than deontic concepts such as “right, duty, and obligation”. Fifthly, it rejects the notion that “ethics is codifiable in rules or principles that can provide specific action guidance”.⁸⁹ This approach departs from deontology and utilitarianism, whereby rules or principles guide the actions of individuals. As an alternative form of normative or descriptive ethical theory, virtue ethics focuses specifically on the character of the individual or person rather than on consequences or rules-based principles. In other words, virtue ethics

...is a theoretical perspective within ethics which holds that judgments about the inner lives of individuals (their traits, motives, dispositions, and character), rather than judgments about the rightness or wrongness of external acts and/or consequences of acts, are of the greatest moral importance.⁹⁰

From this definition one notes that virtue ethics is generally concerned with identifying morally good people through character and then action analysis. Once the character of the agent and the action carried out are deemed morally good, an individual is believed to be virtuous. To put it simply, to possess virtue, as the concept denotes, means that the person possessing it is a morally good person, or an admirable person, who acts well not only in situations that require him or her to act well, but that the individual’s general disposition is one that is characterized as good. This ethical theory is included as it is agent-centred, rather than an act-centred approach to doing ethics. It is useful and relevant in the sense that there are similarities with the African ethic of *ubuntu*, which places primacy on developing good character in individual members in the community thereby encouraging them to be reflective regarding their chosen actions. Similarly, it is also concerned with addressing the question “what sort of person should I be?”⁹¹ An African person would likewise ask himself or herself “To what extent will the outcome of a chosen action earn the pleasure or wrath of the ancestors or community?”⁹² Both

⁸⁹ Hursthouse, R. (1999) *On Virtue Ethics*. Oxford: Oxford University Press, p. 25.

⁹⁰ Loudon, R. B. (1998) ‘Virtue Ethics’. *Encyclopedia of Applied Ethics*, Vol. 4, San Diego: Academic Press, p. 491.

⁹¹ Hursthouse, R. *op. cit.*, p. 25.

⁹² *Introducing Comparative and Applied Ethics*. (2005) Unilever Ethics Centre, p. 20.

questions demand that people engage in self-reflective behaviour when confronted with ethical dilemmas thereby encouraging people to make decisions that will further the common good. The inclusion of this ethical paradigm in this chapter is to highlight this strand of similarities that exist in Western ethics and African ethics.

The founding fathers of virtue ethics are Plato, and more particularly Aristotle, but its roots can be detected in the ancient Chinese philosophy of Confucius, who also focused his ideas on the development of the good human being through the practice of good behaviour. However, here we are more concerned with modern or contemporary approaches, also known as neo-Aristotelian approaches to virtue ethics. As these draw heavily on Aristotle's teachings, reference is made to him as he has influenced much writing contemporary approaches of virtue ethics. Most of Aristotle's ideas on virtues can be found in his *Nichomachean Ethics*.⁹³

As a branch of Western moral philosophy, the theory of virtue ethics was somewhat eclipsed by the two other major schools of thought that were later to dominate moral philosophy, namely deontology and utilitarianism. The former was inspired by the writings of the 18th century German philosopher Immanuel Kant, and the latter drew its inspiration from English philosophers like Jeremy Bentham, John Mill and his son, John Stuart Mill. As an approach to ethics, virtue ethics was first articulated as an explicit project within Anglo-American philosophy in the late 1950s. Elizabeth Anscombe is credited as being the first philosopher to articulate an ethical theory that argued for rejecting rule-based or act-based approaches to doing ethics. Rather, she suggested that we look within, at the virtues or inner character of individuals, to find answers to solving moral dilemmas.⁹⁴ Soon thereafter, interest in virtue ethics became renewed in light of the potentially valuable contribution this school of thought could offer humankind in its search for moral truths, especially when confronted with moral dilemmas, that deontology and utilitarianism cannot adequately account for or address according to exponents of virtue ethics. Philosophers such as Rosalind Hursthouse, Michael Slote,

⁹³ Aristotle, (2004) *Selections from Nichomachean Ethics Politics*. London: the Collectors Library of Essential Thinkers.

⁹⁴ Loudon, R. B. *op. cit.*, p. 492.

Philippa Foot and Alasdair MacIntyre among others “began to articulate and defend a third option in normative ethics, one whose chief concern was not a theory of morally right action but rather those traits of character that define the morally good or admirable person”.⁹⁵ In recent years it has, therefore, established itself as a discipline in its own right, as an area of study concerned with discussing and analyzing the motive and character of moral agents dealing with questions such as “What sort of person should I be, and how should I live”.⁹⁶

1.6 Source of morality

1.6.1 The individual

According to the traditional Aristotelian model, “moral virtues are defined as traits that human beings need in order to live well or flourish”.⁹⁷ In this view, “A virtue is a human trait the possession of which tends to promote human happiness more than the possession of alternative traits”.⁹⁸ It follows that the individual is the primary source of his or her cultivation and development of virtues. How then do individuals obtain their virtues or finesse their possession of virtues? Aristotle points to two sources. He is quoted at length.

Well: human excellence is of two kinds, intellectual and moral: now intellectual springs originally, and is increased subsequently, from teaching (for the most part that is), and needs therefore experience and time; whereas the moral comes from custom.... From this fact it is plain that not one of the moral virtues comes to be in use merely by nature: because of such things as exist by nature, none can be changed by custom... The virtues then come to be in use neither by nature, but we are furnished with a capacity for receiving them, and are perfected in them through custom.⁹⁹

⁹⁵ Ibid.

⁹⁶ Cf. Hursthouse, R. *op. cit.*, pp. 2-3.

⁹⁷ Loudon, R. B. *op. cit.*, p. 493.

⁹⁸ Watson, G. ‘On the Primacy of Character’, in Statman, D. (1997) *Virtue Ethics. A Critical Reader*. Washington, D C: Georgetown University Press, p. 61.

⁹⁹ Aristotle (2004) *Selections from Nichomachean Ethics Politics*. London: The Collectors Library of Essential Thinkers, p. 39.

In other words, it is through experience that one acquires and perfects one's ability to exercise virtues. One is not born a dancer, but through training one becomes a good dancer. Similarly, one is not born to be a pianist, but through learning and practice one can become a celebrated pianist. As Aristotle notes, it is through doing the actions of self-mastery that one becomes perfected in self-mastery.¹⁰⁰ In view of that, virtues are not in-born traits, but are a result of training or practice. They are characteristics one obtains through the performance and practise of good habits. Furthermore, they are perfected by doing the actions.¹⁰¹ For this reason, it is the individual who is placed at the centre of morality, especially when he or she is confronted with moral dilemmas. It is under these circumstances that he or she is required to engage in virtuous activity that results in happiness, not only for the individual, but hopefully also for others. This is what neo-Aristotelian thinkers such as Michael Slote and Rosaline Hursthouse refer to as agent-based virtue ethics.

The idea or argument being put forward here is that that the individual is at the centre of moral agency, in the light of an evaluation of the individual's actions. As Robert Louden explains,

If the agent-based route is taken, talk about what is the 'morally right' thing to do consists of, and is usually cashed out in terms of what the morally good person would do. Certain inner states of agents are first identified and evaluated morally, and actions and consequences are then evaluated in terms of their relationship to these inner states.¹⁰²

Thus, there is a clear move away from Aristotle, who seems to place greater "emphasis on the evaluation of agents and character traits than he does on the evaluation of actions."¹⁰³ Let me provide an example to explain the agent-based virtue ethics theory in order to illustrate that, indeed, the individual is primarily responsible for the development/cultivation and exercise of virtues, but, more importantly, it is not only

¹⁰⁰ Ibid, p. 40.

¹⁰¹ Cf. Aristotle *op. cit.*, pp. 40 – 47. In these pages Aristotle explains in detail how one perfects their virtues through action and by doing and, to this extent, one masters the art of virtuous activity.

¹⁰² Louden, R. B. *op. cit.*, p. 495.

¹⁰³ Slote, M. 'Agent-Based Virtue Ethics', in Crisp, R. & Slote, M. (ed) (1997) *Virtue Ethics*. New York: Oxford University Press, p. 239.

characterized in the exhibition of character traits or motives, in the actions of the individual, but also a reflection of the inner states of the individual/agent.

Shabir Schaik, in an interview outside the Durban High Court during his trial for corruption and engaging in corrupt relationships with the then Deputy President Jacob Zuma, defined his actions based on the notion of *ubuntu*. That is, he stated that he lent money to his comrade out of a sense of *ubuntu* – caring for a friend. His actions were arguably in question, as were his motives for acting, and so the question becomes: did he act virtuously? Judge Hillary Squires, in the evidence presented during the trial, declared not and that a “generally corrupt relationship” existed between these two men. Why? Firstly, one could argue that the activity was not ethical or virtuous, simply because the benefactor was acting for ulterior motives and the beneficiary received the money to pursue ends that would not benefit others except himself and, later, his benefactor. This is certainly not virtuous or how a virtuous individual would act, as the only people that gained from this relationship were the benefactor and the beneficiary. This goes against the idea of *ubuntu*, whereby the results of the action negated the principle for the good of the whole community. Secondly, if Shabir Schaik was acting in good faith, and if he truly is a virtuous agent, we would be able to trace consistencies in his money-lending habits. He would have had to engage in numerous accounts of money-lending to many friends in need. However, given that his actions were only performed in relation to one individual it becomes difficult to call Shabir Schaik virtuous because, as Hursthouse explains, a virtuous agent would have to have traits of reliability or predictability for us to label the person virtuous. Hursthouse explains:

An agent of whom it can be truly said that she did what was V [sic] ‘because she thought it was right’, etc., on a particular occasion is, thereby, an agent who, by and large, will act in similar ways on similar occasions, and an agent who can, by and large, be brought to act in certain ways by giving her certain reasons, and one who will make, and agree to, certain judgments about the actions of others.¹⁰⁴

The point being made here is that the agent in question did not behave virtuously and his actions and inner state of character show this. He entered into a corrupt relationship in

¹⁰⁴ Hursthouse, R. *op. cit.*, p. 134.

order for him to benefit from it at a later date. Whether or not he can claim to be assisting a friend in desperate need of financial assistance is not the point being made here. The point is to state that if he is a truly virtuous person by nature, he must be truly committed to the value of virtue acts.¹⁰⁵ In other words, if he was truly committed to the valuing of virtues such as those prescribed in *ubuntu* then they must be deeply embedded in the nature of the person such that they must govern and inform an individual's whole life conduct. There must be a relationship between the inner states and actions of the individual/agent.

1.7 Implications of virtue ethics for the individual and the community

The Aristotelian and, to some degree, the neo-Aristotelian view of the implications of virtue ethics for the individual and the community, is one that centres on the individual's cultivation and practise of virtues, not only for the benefit of the individual, but for the community as a whole. For example, in the business context, one has to be concerned about the profit and the bottom line, while at the same time be concerned about the welfare of one's stakeholders, employees and the environment. In other words, as Robert Solomon writes, "one has to think of oneself as a member of the larger community, and strive to excel, to bring out what's best in ourselves"¹⁰⁶ and our shared existence. He elaborates that what is considered as "best in us – our virtues – are in turn defined by the larger community",¹⁰⁷ simply because we, as individuals, do not exist and operate in a vacuum. We are "socially constituted and socially situated beings".¹⁰⁸ We are, by birth, born into a family, community or society and it is this connection that grants us membership of a community. This requires us to live good lives, to have a sense of duty to ourselves and to others (though not prescriptively, as deontologists or act-utilitarians purport) and to share these desires with other members of the community. In time, the community becomes the reference point for the promotion of our virtues and the

¹⁰⁵ Ibid, p. 135.

¹⁰⁶ Solomon, R 'Corporate Roles, Personal Virtues: An Aristotelian Approach to Business Ethics', in Statman, D. *op. cit.*, p. 210. Robert Solomon bases much of his argument on virtue ethics in business, but his ideas on virtue ethic in the business context are applicable here when examining the implication of Virtue Ethics on the individual and the community.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid, p. 214.

cultivation of virtues for the next generation of members. It can, therefore, be stated that most societies strive towards promoting values and virtues such as compassion, care and respect of all their members and that virtues require that an individual possess them and utilize them in a manner that benefits him or her and also others who will be affected by his or her actions.

1.8 A discussion on the content and nature of the feminist ethic of care

Feminist approaches to ethics, otherwise known collectively as feminist ethics, are a branch of Western ethics that has recently gained much currency in academic discourse. I use the word recent because, “Despite the long history of feminist ethical debates, the term ‘feminist ethics’ did not come into general use until the late 1970s or early 1980s”.¹⁰⁹ It emerged during the late 1970s or early 1980s as a feminist approach to ethics that aimed at explicitly correcting male biases that women perceived as inherent in traditional Western ethics. Biases, that some feminists argued were used in implicit ways to justify and rationalize women’s subordination, or disregard women’s moral experiences.¹¹⁰

The development of contemporary feminist ethics draws heavily on challenging “the conceptual apparatus supplied by traditional ethical theory”.¹¹¹ In an attempt at reformulating the Western moral philosophical landscape, feminist philosophers’ approach to ethics aims at highlighting and explaining the “distinctively feminine moral experience or sensibility”¹¹², as an alternative to the rights or justice-based framework offered in traditional Western ethical theory. For example, according to Alison Jagger, some feminist criticized John Rawls’ Social Contract theory “for postulating a conception of human individuals as beings who are free, equal and independent, and mutually disinterested, a conception that some feminist claimed reflected an experience or

¹⁰⁹ Jagger, A., ‘Feminist Ethics’, in Lawrence Becker (ed) (1991) *Encyclopaedia of Ethics*. Garland Publishing Co., p. 528.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Ibid.

perspective that were characteristically masculine”.¹¹³ Additionally, “impartiality, usually taken as a defining feature of morality, became the object of feminist criticism insofar as it was alleged to generate prescriptions counter to many women’s moral intuitions”.¹¹⁴ It is against this background that, as Jagger states, “Some feminists began to speculate that traditional ethics was more deeply male-biased and needed more fundamental rethinking than they had realized hitherto”.¹¹⁵

The goal of feminist ethics, therefore, was to “revise, reformulate, or rethink those aspects of traditional Western ethics that depreciate or devalue women’s moral experience”.¹¹⁶ Jagger explains the goals:

On a practical level, then, the goals of feminist ethics are the following: first, to articulate moral critiques of actions or practices that perpetuate women’s subordination; second, to prescribe morally justifiable ways of resisting such actions and practices; third, to envision morally desirable alternatives that will promote women’s emancipation. On a theoretical level, the goal of feminist ethics is to develop philosophical accounts of the nature of morality and of the central moral concepts that treat women’s moral experience respectfully, though never uncritically.¹¹⁷

Therefore, as a subject, feminist ethics deals with moral questions such as “What is the place in ethics of moral traits traditionally associated with women such as sympathy, nurturance, care and compassion? What are the ethical ramifications of human relationships?”¹¹⁸

Among the many features that form the basis of current thinking in feminist ethics, and that are appealing and relevant to this study, is one that is concerned with trying to move away from largely male-dominated thought that grounds much of traditional Western

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Tong, R. (2003) ‘Feminist Ethics’. *Stanford Encyclopedia of Philosophy*, in <http://plato.stanford.edu/entrie/feminism-ethics/> Also see Tong, R. (1998) ‘Feminist Ethics’. *Encyclopedia of Applied Ethics*. San Diego: Academic Press, p. 261.

¹¹⁷ Jagger. A. *op. cit.*, p. 529.

¹¹⁸ Browning Cole, E. & Coultrap-McQuin, S. ‘Toward a Feminist Conception of Moral Life’, in Browning Cole, E. & Coultrap-McQuin, S. (ed) (1992) *Explorations in Feminist Ethics. Theory and Practice*. Bloomington: Indiana University Press, p. 1.

moral philosophy and moves towards one that reflects women's experiences. This ethical theory is included in this chapter as its emphasis on caring for others resonates well with the African ethic of *ubuntu*, which places primacy on values such as caring for others. Given that women are placed at the centre of the discussion in the thesis it makes sense to examine an ethical theory that focuses on how they feel and how they respond to moral concerns. An ethic of care serves this purpose, by acknowledging women and noting that their value lies in their natural capacity to nurture, love and care for others. Armed with these qualities, Eve Browning Cole and Susan Coultrap-McQuin aptly observe they have "a ready capacity for emotional involvement", which is essential "to a humane moral stance in a world of injustice and alienation".¹¹⁹ Since they are essential to humankind, it follows that their health and well-being is vital and indispensable for the preservation of humankind. I therefore take my cue from the above authors and proceed to explain what they and many other feminist writers observe about the feminist ethic of care.

There are many contributors to the feminist ethic of care, but most authors tend to attribute the emergence of an interest in feminist ethics and a feminist-based ethic of care to Carol Gilligan and Nel Noddings. These two authors should be mentioned as setting the scene for the emergence of "powerful feminist critiques of traditional ethical theories of rights and justice and for articulating the earliest descriptions of an ethic of care".¹²⁰

Carol Gilligan, in her seminal and much cited book, *In a Different Voice: Psychological theory and women's development*, sparked much debate and discussion around women's moral thinking. Her work offered "evidence for the existence of a characteristically feminine approach to morality, an approach that assumed to provide the basis for a distinctively feminist ethics".¹²¹ Her motive was to contest fellow psychologist Lawrence Kohlberg's theory of moral development. Briefly put, Kohlberg's theory claimed that at the highest stage of moral development the important issue that determines the resolution of moral dilemmas is justice. Based on empirical research that used mostly male

¹¹⁹ Ibid.

¹²⁰ Browning Cole, E. & Coultrap-McQuin, S. 'Toward a Feminist Conception of Moral Life', in Browning Cole, E. & Coultrap-McQuin, S. (ed) (1992) *Explorations in Feminist Ethics. Theory and Practice*. Bloomington: Indiana University Press, p. 3.

¹²¹ Jagger, A. *op. cit.*, p. 529.

participants, Kohlberg concluded that the morally good person is rational and, when faced with a moral dilemma, “acts on the basis of principles of justice as fairness”.¹²² The emphasis on justice as fairness is what sparked much criticism, such as that it excludes other values and hence, does not adequately cater for the arguments of people who value other moral aspects of actions. Thus, an interpretation of Kohlberg’s research reveals that he implicitly positions women as moral inferiors, since they scored, on average, lower marks than men. Gilligan argued that Kohlberg’s theory is overly androcentric and proceeded to state that it did not adequately address the concerns of women. She challenged the idea that moral dilemmas can only be resolved by using the virtue of justice. To this end, she argued that Kohlberg’s thesis simply reduces morality to obligations and rights and attributes masculine conceptualizations of morality as universals.¹²³ She proceeded to suggest that women “see moral requirements as emerging from the particular needs of others in the context of particular relationships”.¹²⁴ This is where she differed from Kohlberg and developed an alternative theory of morality, based on the ethics of caring.

In her study, Gilligan collected data through interviews with women who, at the time, were making important decisions in their lives. Gilligan’s analysis revealed women’s moral thinking when confronted with various ethical dilemmas such as abortion. She drew conclusions pertaining to what their decision-making process reflects. Gilligan discovered that women’s construction of the moral problem was one that is viewed as “a problem of care and responsibility rather than one of rights and rules”.¹²⁵ The central theme that emerged was that the infliction of pain and hurt by aborting a foetus is considered selfish and immoral in its reflection of unconcern, while the expression of care exhibited by keeping the pregnancy is seen as the fulfilment of moral responsibility.¹²⁶ What emerged from the various responses indicates that women’s moral judgments tend to differ from those of men, as they “are tied to feelings of

¹²² Flanagan, O. & Jackson, K. ‘Justice, care, and gender: the Kohlberg-Gilligan debate revisited’, in Hursthouse, R. (2000) *Applying Virtue Ethics*. Walton Hall, Milton Keynes: The Open University, p. 137.

¹²³ *Ibid*, p. 137.

¹²⁴ *Ibid*, p. 137.

¹²⁵ Gilligan, C. (1982) *In a Different Voice: psychological theory and women’s development*. Cambridge, Massachusetts: Harvard University Press, p. 73.

¹²⁶ *Ibid*.

empathy and compassion and are concerned with the resolution of the real as opposed to hypothetical dilemmas".¹²⁷ According to Gilligan's analysis, "care becomes the self-chosen principle of judgment".¹²⁸

It follows that if the virtue of care is prioritized in the resolution of any moral dilemma, the expression of care reflects the "development of an ethic of care"¹²⁹ and the ethic of care recognizes the interconnectedness of life whereby an activity that is perceived as potentially destructive to self and others is, therefore, bad. But an activity that promotes happiness and well-being for self and others is good. In short, "the activity of care" which is so central to the ethic of care is one that "enhances both self and other".¹³⁰ By putting forward such empirical evidence, Gilligan shows that women's moral experiences and cognitive processes are not inferior to men's. Where women and men tend to differ in their reactions and responses to moral and ethical issues is that "they have developed a language of care that stresses the importance of creating and maintaining human relationships".¹³¹ Nel Noddings, to some extent, echoes Gilligan's observation and explains how women respond when they are confronted with a hypothetical dilemma. "Faced with a hypothetical moral dilemma, women often ask for more information. We want to know more, I think, in order to form a picture more nearly resembling real moral situations".¹³² This is why women tend, by nature, to rely on feelings rather than abstract universal principles in the resolution of moral problems. The virtue of care or the ethic of care evolves naturally and this virtue and the accompanying ones such as compassion, empathy and love "are seen to develop from women's experiences and activities as caregivers for other's welfare".¹³³

¹²⁷ Ibid, p. 69.

¹²⁸ Ibid, p. 74.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Tong, R. (1998) *op. cit.*, p. 262.

¹³² Noddings, N. (2003) *Caring: A Feminist Approach to Ethics and Moral Education*. Berkeley, California: University of California Press, p. 2.

¹³³ Ward Scaltsas, P. 'Do Feminist Ethics Counter Feminist Aims?', in Browning Cole, E. & Coultrap-McQuin, S. (ed) (1992) *op. cit.*, p. 19.

Equally influential to the field of feminist ethics is Nel Noddings. In her book, *Caring: A Feminine Approach to Ethics and Moral Education*, she agrees with Gilligan and also expands on the ethic of care theory. Where Gilligan and Noddings differ from each other is that Gilligan locates her argument in the ethic of care by insisting that, although women rely of feelings such as care or compassion, “women’s morality of care is no less valid than men’s morality of justice: all human beings should be both caring and just”.¹³⁴ Noddings departs from Gilligan by drawing attention to “the differences between men’s and women’s typical styles of moral reasoning”.¹³⁵ At the same time, she remains committed to arguing that women prefer to consult their feelings, especially in relation to others and in relation to solving moral dilemmas. Her argument proceeds from the position that, in life, everybody wants to be cared for. While women and men alike are guided by an ethic of care, this ethic of care is “feminine in the deep classic sense”¹³⁶, since it emerges from forms of socialization and practice that begin to be formed in a woman at an early age of her development. For example, certain cultural expectations, like cooking and cleaning in the home, impress upon a girl that her role is to nurture, nurse and raise her brothers and sisters and to tend to her parents and the elderly members of the family. As the girl becomes a woman the primary value – care – becomes an expression of women’s characteristics that does not need an ethical effort to motivate it. This does not mean that men do not have the capacity to care. Through experience and practical wisdom they can engage successfully in the ethic of care, especially if it is acknowledged that caring is a source of survival for humanity, as it “preserves both the group and the individual”.¹³⁷

Where Noddings broadens this theory is her emphasis on women’s natural ability to care and this sets her work apart from that of Gilligan. The natural impulse to care, states Noddings, is the first sentiment. A mother is naturally inclined to pick up her crying child. This caretaking role, as an initial response, is natural. It is not necessarily considered ethical. The progression to an ethic of caring, explains Noddings, follows the

¹³⁴ Tong, R. (1998) *op. cit.*, p. 262.

¹³⁵ *Ibid.*

¹³⁶ Noddings, N. *op. cit.*, p. 2.

¹³⁷ *Ibid.*, p. 100.

first sentiment. The memory of being cared for by others initiates feelings of “I must care” or “I ought to care” and it is this commandment that incites the ethic of caring. Nodding explains:

The relation of natural caring will be identified as a human condition that we, consciously or unconsciously perceive as “good”, it is that condition toward which we long and strive, and it is our longing for caring – to be in that special relation – that provides the motivation for us to be moral. We want the motivation for us to be moral. We want to be moral in order to remain in the caring relation to enhance the ideal of ourselves as one-caring.¹³⁸

Thus, the ethical ideal of caring arises out of an awareness that there is a large degree of reciprocity required in the relations between the person caring-for and the person being cared-for; in other words, the giver and the receiver of care. “It reaches out and grows in response to the other”.¹³⁹ Noddings claims that “it is through this process that what she terms as *ethical* caring comes into existence, a form of caring that is more deliberate and less spontaneous than what she terms *natural* caring”.¹⁴⁰

However, as Noddings elucidates, the nature “of reciprocity is different from that of ‘contract’ theorists such as Plato and John Rawls. What the cared-for gives to the caring relation is not a promise to behave as the one-caring does, nor is it a form of consideration”.¹⁴¹ This ethic of care simply stems from a desire to create goodness – “that provides the motivation for us to be moral”.¹⁴² This is, in short, what the ethic of care is predicated on.

¹³⁸ Ibid, p. 5.

¹³⁹ Ibid, p. 81.

¹⁴⁰ Tong, R. ‘The ethics of care: a feminist virtue ethics of care for healthcare practitioners’, in Hursthouse, R. (2000) *op. cit.*, p. 1689.

¹⁴¹ Noddings, N. *op. cit.*, p. 5.

¹⁴² Ibid.

1.9 Sources of morality

1.9.1 The individual

If the ethic of care stems from the desire to create moral goodness, it follows that the source of morality and ethics in this instance is located in human nature, or perhaps women's nature. Additionally, since the impulse to care seems always to relate to somebody needing care, the basis of moral goodness could, in fact, be seen in relationships and in the isolated individual. In other words, if the ethic of care is, as Noddings asserts, a natural disposition displayed in women, then the activity of caring begins to emerge simply because it is a natural disposition in human beings. The capacity for human beings to care arises because of feelings such as vulnerability, pain or suffering, which are conditions that human beings seek to avoid. Hence, our desire to care for those who are suffering or in pain provides sufficient motivation for us to be moral and assist other people who are in need. In this sense, the ethic of care is agent-based, because it puts forward the view that moral goodness can be derived from acting from care. Therefore, by identifying the source of morality in human nature it ultimately lays responsibility on the individual. Michael Slote, a virtue ethicist defends this position and shows how an agent-based theory of virtue can be accommodated within an ethic of caring. In support of the above observation, he emphasizes:

If one really wants to help people, working to get them to care for one another's welfare might have a multiplier effect, allowing one at least indirectly to help more people overall than if one always simply promoted welfare directly. A caring person might thus see the promotion of caring as the best way to promote what she as a caring person is concerned about, and in that measure, the concern for and promotion of virtuous caring on the part of others would be an instance of caring itself conceived as a fundamental form of moral excellence and would thus be accommodated within an agent-based theory of the moral value of caring.¹⁴³

What Slote's assessment shows is that, while the source of morality is derived from human nature, and given that the possession of the virtue of care is natural quality, it is

¹⁴³ Slote, M. *op. cit.*, p. 257.

easy to see how individuals can use this to create good in a world where injustice, suffering, disease and hunger are rife.

1.10 The notion of care in feminist ethics

1.10.1 Defining care

The New Choice English Dictionary defines care or caring as “to feel concern for and about others; to agree or to be willing to do something for others; to feel affection or regard for others; to have a desire to provide for others”.¹⁴⁴ These definitions represent different uses of the word care, but in the deepest human sense they convey similar messages, that to care for others requires some form of action or direct intervention. In addition, even though the definitions imply that caring is an activity that requires an individual to be present for the person or persons needing care and attention, it must be noted that caring can be expressed through thoughts and feelings, especially in times when the ability to care directly is not possible. For example, some people find themselves in situations where work commitments place heavy demands on the individual to attend to his or her professional responsibilities. Healthcare workers, for instance, often have so many patients to attend to and, due to the nature of the profession they often have to deal with patients quickly, so that they can finish their hospital rounds. Their urgency is often interpreted as uncaring, but we are often unable to understand that the profession demands much of their time and the nurse or care-giver in responding to her professional obligation to all her patients is unable, but not unwilling, to attend to the needs of the person requiring and needing assistance. Another example could simply be when distance places the one caring and the one who needs care apart.¹⁴⁵ The definition of care, one which the feminist ethic is predicated on, shares certain affinities with ideas developed in virtue ethics, in that the people one considers as morally admirable “are not simply those who do their duty and act on the correct principles, but those who do so with

¹⁴⁴ *The New Choice English Dictionary*. (1999) Scotland: Peter Haddock Publishing, p. 48.

¹⁴⁵ Cf. Noddings, N. *op. cit.*, pp. 9-10.

11.1 Implications of an ethic of care on the individual and the community

The ethic of care places enormous importance on the development of a morally sensitive and caring being who is aware of his or her relatedness and connectedness to others. In this moral paradigm, there is a definite departure from individualistic ethics to a more communalistic ethic, whereby values of compassion, care and friendship are integral to morality. These values cater for reciprocity, whereby the one caring can also become the one cared for. As Noddings aptly states, “we are, by virtue of our mutual humanity, already and perpetually in potential relation”.¹⁴⁹ This is in recognition of the fact that human relationships are reciprocal in nature. While human relationships are generally reciprocal in nature one must admit that not all reciprocal relationships are built on the ethic of caring. The slave owner and slave relationship is based on inequality and oppression and, therefore, not on the virtue of care. However, what I want to emphasize is that the implications of an ethic of care in the individual manifests itself and is best realized when positive human qualities enable human beings to become good. This emerges, of course, from the inner state of human beings that entices and enables them to act in such a manner that expresses care for others in the community or society. The implications of an ethic of care on the individual and the community proceed in the same manner of *umuntu ngumuntu ngabantu*. By caring for others, caring for oneself is a logical outcome or, to put it different, “the relationships are reciprocal in that each party is bound to the other by bilateral obligations”.¹⁵⁰ What this means is that the individual is, to a large extent, guaranteed to receive assistance and care from others in the event that he or she needs assistance. Once more, this is grounded in understanding that an individual is a socially constituted entity that cannot exist without dependence on others.

¹⁴⁹ Ibid, p. 86.

¹⁵⁰ Paris, P. *op. cit.*, p. 86.

1.12 Limitations of each ethical theory

1.12.1 Critique of the African ethic of *ubuntu*

A commonly expressed objection to the African ethic of *ubuntu* challenges the communitarian dimension of the African world-view, which asserts that the individual needs the community for his or her sense of well-being. The objection to the understanding of a person as part of a wider community centres on the idea that the community is an ingredient for the repression of an individual's freedom. For example, John Mbiti's statement "I am because we are; and since we are, therefore I am" regards the individual person as "wholly constituted by social relationships"¹⁵¹, such that Kwame Gyekye reasons that:

...it tends to whittle down the autonomy of the person; that it makes the being and life of the individual person totally dependent on the activities, values, projects, and practices, and the ends of the community; and, consequently, that it diminishes his/her freedom and capability to choose or question or reevaluate the shared values of the community.¹⁵²

Within this context, the issue raised in connection with Mbiti's statement is interpreted in a way that suggests that the community is given priority over an individual's autonomy and liberty. Gyekye's critique of a person in the community implies that the individual lacks freedom as his or her existence is entirely dependent on the community. If Gyekye's analysis is correct, one would have to conclude that for an African to be fully accepted as a member of the community he or she has to give up his or her freedom, because the emphasis placed on communalism militates against individual autonomy, as the good of the group is more important than personal autonomy.¹⁵³

Another objection to the African ethic of *ubuntu* is raised by Stephen Theron. He takes a look at the commonly cited expression *umuntu ngamuntu ngabantu* and seeks to reject it

¹⁵¹ Gyekye, K. 'Person and Community in African Thought', in Coetzee, P. H. & Roux, A. P. J. (ed) (1998) *Philosophy from Africa. A Text with Readings*. Johannesburg: International Thomson Publishing (Southern Africa), p. 318.

¹⁵² Ibid.

¹⁵³ Kasanene, P. *op. cit.*, p. 143.

on the grounds that the ethical implication of the proverb simply teaches Africans to evade responsibility and to hide behind the collective decision of the community.¹⁵⁴ Theron's argument against *ubuntu*, and the resultant communalistic ethic it aspires to, centres on his understanding of responsibility, namely that it is individuals alone who ought to take responsibility for their actions. This understanding of responsibility is based on the assumption that individuals are wholly accountable for their actions, for the simple reason that they are autonomous beings.¹⁵⁵ Once more, what one notes in this argument is a rejection of the communalistic ethic that *ubuntu* seeks to emphasize. What is overlooked in the above criticism, as Murove reminds us, is that

...the community forms the individuals in the context of interdependence rather than dependence. In this African conception of community, individuals are free for each other rather than free from each other. Individual freedom is a freedom that is enjoyed in togetherness rather than in solitude.¹⁵⁶

Finally, Wim van Binsbergen points to a relevant danger of *ubuntu* when he warns that an appeal to the term *ubuntu* can be misused to mask real and important differences and divisions in a country such as South Africa, which has residents who come from diverse cultural, religious and historical backgrounds.¹⁵⁷ His critique of *ubuntu* states that, an appeal to *ubuntu*, one which merely relies on shared humanity, amounts to denying, in effect, the insurmountable challenges of *ubuntu*. I take serious note of this criticism and bear it in mind as what I am attempting to achieve is an integration of African humanist values in women's health and healing. It is hoped that chapters five and six will show how this can be achieved.

1.12.2 Critique of virtue ethics

Chris Megone, in a critical appraisal of Aristotle's ethical theory of virtue, focuses on Aristotle's position regarding the acquisition of virtues. Aristotle states that virtues are

¹⁵⁴ Theron, S. (1995) *Africa, Philosophy and the Western Tradition: An essay in self-understanding*. Frankfurt: Peter and Lang Publishers, p. 35.

¹⁵⁵ Murove, M. F. (2005) *op. cit.*, p. 175.

¹⁵⁶ *Ibid.*

¹⁵⁷ van Binsbergen, W. (2002) 'Ubuntu and the globalization of Southern African thought and society', in <http://www.shikanda.net/general/ubuntu.htm>

acquired, perfected or mastered through training. The implications of this and its weakness, therefore, hinges on the point that if moral behaviour and the cultivation of virtues depends on training, and not necessarily reflection, an individual who lacks training of virtues is irredeemable, as his or her state of character remains unchangeable and, hence, static.¹⁵⁸ What this means is that the agent who displays bad character will continue to make bad choices and his behaviour will be bad unless, of course, ethical training happens.

Other objections that have been raised in regard to virtue ethics is that it is self-centred primarily because much emphasis is placed on evaluating the moral character of an individual, thus leaving very little room for evaluating how a person's actions benefit those around him or her. As Anthanassoulis states, "Virtue ethics seems to be essentially interested in the acquisition of the virtues as part of the agent's own well-being and flourishing". However, "morality requires us to consider others for their own sake and not because they may benefit us".¹⁵⁹ What this means is that it would be morally wrong to act compassionately, kindly or honestly if the motivation for acting virtuously is based on selfish reasons. For example, those who donate blood do so solely out of concern for those in desperate need of safe, healthy blood. However, if the motivation to give blood is driven by self-preservation, or in the hope that there will be blood for you in store should you need it then the morality or goodness of your actions is questionable. Thus, given that it is often difficult to assess the real intentions behind a person's actions, a superficial evaluation of an individual's actions yields very little insight into the character of the person. However, if one's actions are judged according to how they benefit the group, society or community, then the moral worth or weight of one's actions can reflect a deep commitment to the cultivation of virtues. Hence, virtue ethics, according to this analysis, can be perceived as too individualistic a theory of morality.

¹⁵⁸ Megone, C. B. (1998) 'Aristotelian Ethics'. *Encyclopaedia of Applied Ethics*. Vol. 1. San Diego: Academic Press, p. 227.

¹⁵⁹ Anthanassoulis, N. (2006) 'Virtue Ethics'. *The Internet Encyclopaedia of Philosophy*, in <http://www.iep.utm.edu/v/virtue.htm>

Another commonly cited criticism of virtue ethics is that, as a theory, it is not sufficiently concerned with resolving practical moral issues. It fails to give enough moral guidance to people who are confronted with dealing with how one should behave. Since it focuses its attention on character-building or, more specifically, on evaluating the character of the individual, it ignores evaluating the actions of the individual. In this sense, it fails to come up with any prescriptive rules. Critics such as act deontologists and consequentialists would argue that “A theory that fails to be action guiding is not good as a theory”.¹⁶⁰

Another objection is that since virtue ethics is concerned with an agent’s state of character, as well as his or her activity, sometimes uncontrollable external circumstances can lead to an erosion of virtues. As Louden points out, sometimes “good people occasionally do bad things, and once in a while bad people surprise us by doing something good”.¹⁶¹ How, therefore, does one account for these inconsistencies in the character and activities of agents? It seems as if luck has a part to play in the acquisition of virtues, simply because what is implied here is that only right or good conditions provide a catalyst to the development of a virtuous agent. Aristotle’s explanation of the acquisition and perfection of virtues does, to some extent, allude to this, although he is against the use of the word luck. Martha Nussbaum summarizes Aristotle’s argument:

First of all, he has argued that the good condition of a virtuous person is not, by itself, sufficient for full goodness of living. Our deepest beliefs about value, when scrutinized show us that we require more. We require that the good condition find its completion or full expression in activity; and this activity takes the agent to the world, in such a way that he or she becomes vulnerable to reversals. Any conception of good living that we will consider rich enough to be worth going for will contain this element of risk. The vulnerability of the good person is not unlimited. For frequently, even in diminished circumstances, the flexible responsiveness of practical wisdom will show him [sic] to act well. But the vulnerability is real: and if deprivation and diminution are severe or prolonged enough, this person can be ‘dislodged’ from eudaimonia itself.¹⁶²

¹⁶⁰ Hursthouse, R. (1999) *op. cit.*, p. 36.

¹⁶¹ Louden, R. B. (1998) *op. cit.*, p. 495.

¹⁶² Nussbaum, M. (1986) *The Fragility of Goodness*. USA: Cambridge University Press, p. 340.

What the above quotation means is that the acquisition of virtues can be predicated on luck as the development of virtues depends, to a large degree, on whether or not the agent had a good role model and also the external environment whereby the agent is confronted with moral dilemmas that sometimes force him or her to act out of character. If this is the case, then one can argue that there is no strong foundation on which virtue ethics theory can hold itself. This is because virtues such as decency, kindness and honesty can be perceived as fragile and vulnerable to a change, in the event that the external environment is one where the agent is confused about how he or she should act.

1.12.3 Critique of feminist ethic of care

Given the commendable aims of feminist ethics, Patricia Ward Scaltsas poses a critical question: "do feminist ethics in fact endorse a restrictive rather than an emancipatory view of women's place?"¹⁶³ Another critical question which needs to be asked is whether the feminist ethic of care is in danger of gender stereotyping? Many critiques on the feminist ethic of care focus on the emphasis feminists such as Gilligan and Noddings place on the values of empathy, nurturance or caring as particularly female virtues and how this suggestion places a restrictive view on women's moral capacity as autonomous moral agents and, consequently, the danger that this suggestion faces in terms of gender stereotyping.

The feminist ethic of care emerged from a strong sense of dissatisfaction with aspects of Western moral philosophy that focused primarily on the ethic of rights and justice resulting from a historically male perspective on morality. Within this body of literature, Gilligan and Noddings, to name just two, have strongly asserted that the ethic of care, which encompasses values of empathy and caring, are female virtues. What this means is that the acquisition of such values is determined by and large by one's gender. If this is the case, "then women are trapped biologically in a restrictive, feminine stereotype and men are biologically excluded".¹⁶⁴ What this also means is that no amount of

¹⁶³ Ward Scaltsas, P. *op. cit.*, p. 16.

¹⁶⁴ *Ibid*, p. 20.

socialization or training “could lead to the cultivation of these natural capacities”¹⁶⁵ to care or nurture in men. Thus, the importance that feminist ethic of care attaches to values of empathy or care as virtues that naturally, or instinctively arise out of women supports a restrictive view of women, especially if it is in any way inferred that these virtues are sex-determined.

Another weakness of this theory is that it has excluded men by emphasizing the argument that caring is a feminine virtue. Patricia Ward Scaltsas could not have put it better when she states:

Stressing the values of empathy and nurturance or care...as distinctly female and arising out of female reality is potentially dangerous to the feminist cause if these can be seen in any way to imply that they are sex-linked or biologically rooted. The danger is that these female values, ways of thinking, and experiences will degenerate into the traditionally dichotomies between male and female capacities and characteristics which have been used to try and justify excluding women from educational, professional, and political opportunities and locking them into roles of irrational love-givers or love-giving simpletons. There is *no necessary* connection between the belief that women are biologically disposed to be more empathetic and caring than men...¹⁶⁶

By suggesting that women are naturally caring or care-givers it seems that one is imposing or demanding that a type of disposition or a certain type of response be displayed in women. The error in such reasoning makes one fail to examine whether or not the virtue of caring emerges out of choice and will. In other words, the commonly expressed view is that women are biologically predisposed to care simply because they are women does not allow for the moral autonomy of women. What it implies is a demand that women ought to behave in certain ways, thereby demanding that women take on certain responsibilities towards others.

In spite of the criticism mentioned above, each ethical theory discussed in this chapter enjoys widespread support and requires that I acknowledge the impact that the theories have on issues in ethics. Each ethical theory has its strengths, as each theory asks us to

¹⁶⁵ Ibid, p. 21.

¹⁶⁶ Ibid, p. 23.

be better people by paying attention to the needs of others, especially in a time where the world is plagued by poverty, disease, illness and pain. In the South African context, where women are the hardest hit by HIV and AIDS, and the stigma that is attached to people living with HIV is prevalent, we require efforts that encourage and support a need to return to essential and primary values such as care.

The African ethic of *ubuntu* plays a critical role in this regard, as it emphasizes a communalistic ethic that encourages caring for others simply because individuals in a community are encouraged to work together for the common good. This same sentiment is expressed and echoed in the feminist based ethic of care. Once again, the strength of this ethical theory lies in its appreciation of the interconnectedness, interdependence and relatedness of life. The feminist ethic of care recognizes the fact that human beings are socially constituted beings and that the well-being of all depends on mutual co-operation and care. Human beings are, therefore, encouraged to develop and practise good habits or virtues. Individuals are taught that their character and actions must take into account other people's feelings, responses and emotions and in this manner one can argue that the strength of virtue ethics lies in its emphasis on the promotion of good human relations by encouraging the flourishing of virtues such as care.

1.13 Conclusion: a summary of the similarities between the three ethical theories

With the risk of sounding repetitive, I highlight and conclude this chapter by summarizing the main similarities between the three ethical traditions:

- Each of the ethical perspectives emphasizes the growth and development of good character through the performance of good actions.
- They are all, to some extent, agent-centred, thus placing the individual at the centre of the moral stage to perform or act in a manner that promotes both the individual's and the community's or society's well-being.

- They are all ethical perspectives that articulate people's interdependence, interconnectedness and relatedness.
- They all give primacy to maintaining good human relations by virtue of our dependence and connectedness, thus encouraging the flourishing of virtues such as care.
- They all answer the question "how should I live" by emphasizing the building of good character and the practice of good virtues, with care being the central virtue.

While there are strong similarities between the three ethical paradigms discussed above, I would like to reiterate my earlier position that, given the fact that Africans, particularly black South African women, are the hardest hit by HIV, it seems fitting to argue for an ethic of care that is African, but also not forgetting that while primacy is placed on the ethic of *ubuntu*, this does not mean that I am championing an exclusivist vision of care, since the values contained in *ubuntu* are acceptable elsewhere and can, therefore, be applied to the global context. Another reason for giving primacy to the African ethic of *ubuntu* is because, as Johan Broodryk states, the difference between *ubuntu* and the other two ethical theories, discussed above, is in the intensity and level to which values such as care, compassion, love and empathy are upheld and practised in Africa. He notes, "It is about an intense living of humanity, as if humanity is the primary reason for living above all other concerns".¹⁶⁷ Broodryk adds, "The concern for humanity at all costs, and as a prescriptive for all decisions and actions is underpinned by the basic uBuntu [sic] slogan of "we are people through other people", or "I am human being through other human beings".¹⁶⁸ Most importantly, though is that "uBuntu [sic] demands respect for all other human beings irrespective of race, gender, beliefs, class, and material possessions: all are equal beings reliant on each other for a happy life".¹⁶⁹ I tend to agree with his assertions,

¹⁶⁷ Broodryk, J. (2007) *Understanding South Africa – the uBuntu way of living*. Waterkloof: uBuntu School of Philosophy, p. 40.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

especially with reference to the last statement, because the African ethic of *ubuntu* is an ethic that is not prejudicial or discriminatory towards other human beings. If one recalls, Aristotle's virtue ethics theory was discriminatory against slaves and women and the feminist ethic of care tends to attribute the ethic of care as a particularly female virtue. Finally, the overall purpose of the dissertation is to argue for the urgent need to emphasize the African ethic of *ubuntu*, so that the caring of black South African women who are infected with HIV is characterized and concerned by, in the words of Augustine Shutte, "how health-care can contribute to personal growth and community as such, not simply with physical aspects of people's lives".¹⁷⁰ Bearing the last comment in mind, the following chapter proceeds to examine black South African women's health, for the simple reason that if we are going to argue for an African ethic such as *ubuntu*, which espouses the virtue and value of care, it is important to isolate and distinguish who we are caring for and why this dissertation has sought to prioritize women. I now turn my attention to discussing the health of black South African women.

¹⁷⁰ Shutte, A. (2001) *Ubuntu*. Pietermaritzburg: Cluster Publications, pp. 128-129.

Chapter Two: Black South African women's health

2 Introduction

In the preceding chapter a survey of extant literature on the African ethic of *ubuntu* was conducted as well as a survey of literature on virtue ethics and the feminist ethic of care. The idea there was to do a comparative survey and analysis of different ethical theories that put forward similar ideas. However, the main purpose in reviewing the literature on *ubuntu*, virtue ethics and the feminist ethic of care was to highlight the fact that the African ethic of *ubuntu* seems to offer a useful paradigm to applied ethics with regard to women's health issues particularly, because of how great the HIV and AIDS pandemic affects black people in general and more especially, black women in South Africa.

Today we in South Africa know a great deal about this pandemic. In some ways South Africans may know more about this disease and its devastating consequences on individuals and society than does any other nation in the world.... Previously, I have called HIV/AIDS 'the new apartheid'. It is our new enemy. It is the latest threat to our society and to our humanity. To defeat HIV/AIDS requires the same spirit, the same commitment, the same passion – the same compassion – we summoned in the fight to end apartheid.¹

The above comments were made by Desmond Tutu, Archbishop Emeritus of Cape Town, in the foreword to the book *AIDS and South Africa. The Social Expression of a Pandemic*. Indeed, it is important that we continually remind ourselves that the struggle against HIV and AIDS must be fought with the same vigour and energy that was summoned in the fight against apartheid. Taking my cue from the Archbishop, this chapter examines health as it affects black African women, more specifically, poor black women in South Africa with an eye to paying attention to their vulnerabilities. This thesis locates its study on South African women's health, with specific reference to HIV and AIDS and how it affects them. Chapter Two presents an overview of black women's health in South Africa. It aims to conceptualize and contextualise black women's health by highlighting the factors that undermine their health. I begin the chapter by defining

¹ Desmond, T. 'Foreword', in Kaufmann, K. D. & Lindauer, D. L. (ed) (2004) *AIDS and South Africa. The Social Expression of a Pandemic*. Houndmills, Basingstoke: Palgrave Macmillan, p. xi.

the concept of health, both from a Western and an African perspective. Thereafter I proceed to discuss the factors that undermine the health of black South African women. Finally, I discuss the implications that these factors have for black women.

2.1 Defining Health

The term "health" is not easily definable, as it holds different meanings to different groups of people. It is reasonable to state that arriving at a universal definition and understanding of health is a complicated task. I aim to identify some of the different ways in which the word is used. Peter Aggleton provides us with two broad, yet useful, ways of classifying and defining health.

First there are what we call *official definitions* – the views of doctors and other health professionals. Then there are more popular perceptions of health – the views of those who are not professionally involved in health issues. These are *lay beliefs* about health, as they are sometimes called, are no less important than official definitions, since they influence the ways in which people understand and respond to health issues. They co-exist alongside official views about health, and they even inform the actions of doctors, nurses, health visitors, and health education officials.²

In the above quote, Aggleton makes us aware that there are two different ways of understanding and defining health. He calls them *official* and *lay* definitions of health. From Aggleton's observation, one begins to note that the definition and meaning of health very much depend on, and are influenced by, the different professions and world-views that people subscribe to. Instead of using the headings official and lay definitions of health I prefer to use the terms Western bio-medical and African/cultural definitions of health. This is because, by stating it in this way, I clearly acknowledge that, on the one hand, we have views and definitions of health that emerge from the Western tradition, which are dominant in public health discourse. On the other hand, we have cultural views of health that are contextual in nature that do not, to the same extent, occupy and influence public discourse, but are nevertheless useful and very influential at a personal

² Aggleton, P. (1990) *Health*. London: Routledge, p. 4.

and community level and give us the opportunity to understand how other people define health. Let us, therefore, begin looking at bio-medical definitions of health.

2.2 Western biomedical definitions of health

2.2.1 Health as the absence of disease and illness

In general, Western bio-medical definitions of health are those that traditionally define health as the absence of disease, illness or injury. On the one hand, health as the absence of disease is understood as the absence of abnormalities or pathologies in, for example, cell structures. This is determined by an examination of the human anatomy in which particular organs are examined or blood samples are obtained in order to check whether diseases or germs are absent.³ On the other hand, health as the absence of illness is defined as the absence of feelings of pain, distress, or experiences of anxiety. In this instance, a person is defined as healthy if they do not experience any of these feelings.⁴

Western bio-medical definitions of health as merely the absence of disease or illness were very much influenced by the work of nineteenth and twentieth century European doctors. For example, the work of Louis Pasteur (1822-1895), the famous French chemist, pioneered a scientific technique of isolating and identifying the cause of disease known as germ theory.⁵ This theory was embraced as the main explanation for the spread of disease and, once accepted, the theory generated a great deal of interest and encouraged the search for disease-causing germs. For instance, the germ theory enabled physicians to locate disorders and pathologies within particular organs. It also encouraged the development of medical specializations, each of which focused on a particular part of the body or a particular system within it.⁶ Pasteur's groundbreaking research thus gave

³ Ibid, p. 7.

⁴ Ibid.

⁵ Cf. Lousaunau, M. O. & Sobo, E. J. (1997) *The Cultural Context of Health, Illness and Medicine*. Westport, Connecticut: Bergin & Garvey, p. 115.

⁶ Cf. Aggleton, P. *op. cit.*, p. 62.

medical scientist the ability to classify diseases according to the origins of ill-health by isolating the germs responsible for infections.⁷

However, there are major problems associated with defining and understanding health according to the scientific approach, which primarily concerns itself with focusing on physical symptoms or manifestations of disease. What these definitions fail to take into account is that there are other dimensions to health that may not be observable through scientific techniques. This is often a critique that tends to be attached to Western biomedicine, as it is often suggested that very little attention by medical practitioners is given to explaining the presence of disease or illness with respect to emotional, psychological, social or spiritual causes. This is perhaps why the World Health Organization (WHO) in the 1940s sought to revise the definition of health to include “a state of complete physical, psychological and social well-being, not merely the absence of disease or infirmity”.⁸

The WHO definition at a minimal level offers us a much better understanding of health as it includes other factors that may affect health that are not necessarily made visible through, for instance, a microscope or an x-ray. According to Daniel Callahan, at the very least the WHO definition of health “implies that there is some intrinsic relationship between the good of the body and the good of the self. The attractiveness of this relationship is obvious: it thwarts any movement toward a dualism of self and body...”⁹ In other words, the WHO definition seeks a complete and holistic approach to health that puts forward the idea that health is not only about the absence of disease or illness, but includes mental and social well-being and that these components are equally important to any definition and understanding of health. As Callahan aptly puts it, “The virtue of the WHO definition is that it tried to place health in the broadest human context”.¹⁰

⁷ Cf. Loustanaunau, M. O. & Sobo, E. J. *op. cit.*, p. 115.

⁸ World Health Organization (1958) *The First Ten Years of the World Health Organization*.

⁹ Callahan, D. ‘The WHO Definition of Health’, in Illingworth, P. & Parmet, W. E. (ed) (2006) *Ethical Health Care*. New Jersey: Pearson Prentice Hall, p. 26.

¹⁰ *Ibid*, p. 31.

There are inherent problems with the WHO definition and Callahan goes into detail exploring some of the problems, but for the purposes of this chapter I focus on one that I feel is an appropriate critique in light of the focus of this chapter and entire thesis. Callahan notes that the WHO definition “represents an attempt to propose a general definition, but that it is simply a bad one”. The latter part of his statement is not a sentiment I share. I do, however, note, as Callahan does, that the WHO general definition of health is inadequate for people who understand health to mean something entirely different from what the Western medical or health professionals take health to mean. Part of my objection to the WHO definition is drawn from observations that Callahan makes. For instance, he states that “the WHO definition places, at least by implication, too much power and authority in the hands of the medical profession”,¹¹ thereby conferring on the Western medical profession the authority to determine what qualifies as being healthy and, conversely, being unhealthy. This is usually based on a “checklist of items subject to ‘scientific measurement’; then having gone through that checklist a physical exam, and passing all the tests one would be pronounced ‘healthy’”.¹²

Not all cultural groups of people understand health or, more importantly, ill-health, in the above manner. The problem with such general definitions of health that WHO prescribes to is in danger of, firstly, limiting the understanding of health to a medical definition. Terms such as physical or mental leads most people to be skeptical about ‘traditional’ ways of solving health problems, especially when certain cultural groups do not necessarily “seek a technological and specifically medical solution for human ills of all kinds”.¹³ Secondly, the definition does not take into account the fact that specific cultural contexts will have a different understanding of health.

Nevertheless, the WHO definition, at some level opened the door to encouraging people to think of health more holistically¹⁴, even though the definition did not explicitly include spiritual, environment and cultural dimensions to health. In this sense, the WHO

¹¹ Ibid, p. 29.

¹² Ibid, p. 33.

¹³ Ibid, p. 29.

¹⁴ Aggleton, P. *op. cit.*, p. 8.

definition perhaps makes us aware that people come from different cultural backgrounds, such that their understanding of health may be markedly different from the dominant Western bio-medical view on health. It is imperative that definitions on health should be more flexible and culturally sensitive.

2.3 African/cultural definitions of health

In contrast to Western bio-medical views of health, African cultural views and definitions of health tend to be based on a wide range of factors. To start with, health in Africa is understood as wholeness, which implies that the spiritual, environmental, social and psychological dimensions of a person's existence need to be in balance or in harmony. This means it is not only the physiological aspects of a person that determines a person's well-being. Consequently, illness or disease is understood to be a disruption or imbalance between the environment, the spiritual world, or the community within which a person lives. Aggleton echoes this when he notes that cultural definitions of health differ significantly from bio-medical ones in that they:

...emphasize the fundamental and irreducible wholeness of human beings – their *holism*. In contrast, by distinguishing between the mind and the body, and between anatomical parts (the heart, the brain, the liver, etc.) and the physiological systems (the respiratory system, the nervous system, the digestive system, etc.) modern bio-medicine encourages us to view people in a more fragmented way.¹⁵

He goes on further to add that cultural definitions “tend to emphasize the importance of *balance*, both within the person, and between people and their environments”.¹⁶ In order to clarify the above observations, I will illustrate this by relying on African explanations of health.

¹⁵ Aggleton, P. *op. cit.*, p. 53,

¹⁶ *Ibid.*

2.3.1 Health as wholeness

In the life of African people, or in the traditional African world-view, people's concept of illness tends to be very wide, in that there is no distinction between what Mera Bührmann calls the "psyche and the soma"¹⁷ – the mind and the body – and the spiritual. Their quest for health or wholeness therefore involves the interrogation of what most people would think as apparently unrelated elements. This is because for Africans' health the presence of disease or illness is understood as an indication of disharmony between the essential dimensions of an individual's existence, which, as stated above, includes both the physical and metaphysical dimensions of existence. Any illness that emerges, therefore, tends to be "ascribed to a disturbance between man [sic] and spiritual or mystical forces, and the aim of health seeking is to restore the equilibrium".¹⁸ Illness or misfortune in the family, or deaths which are regarded as unnatural, or failure at work, business or studies¹⁹, for example, tend to be "perceived as retribution for wrong-doing" which is "sent" by spiritual forces or ancestors as a reminder that all is not well.

To restore this disequilibrium Africans often feel the need to connect with and consult their ancestors. As Bührmann puts it, "The traditional African approach to health and healing is closely linked to their concept of the ancestors who participate in their day-to-day living".²⁰ For Africans, the ancestors play an important role in their understanding of health, as it is the ancestors who are invoked or called upon through the medium of a traditional healer in order to explain the cause of illness or disease. The primary reason for consulting the ancestors is simply because Africans are traditionally deeply religious and spiritual. To this extent, their spirituality is intimately connected to those who live in the spiritual realm – the "living dead". It is this intimate connection with the spiritual realm that Bührmann observes that, for Africans, "healing and spirituality are intimately

¹⁷ Bührmann, M. 'Religion and healing: the African experience', in Oosthuizen, G. C., Edwards, S. D., Wessels, W. H. & Hexham, I. (ed) (1989) *Afro-Christian Religion and Healing in Southern Africa*. Lewiston, New York: The Edwin Mellen Press, p. 29.

¹⁸ Ibid, p. 30.

¹⁹ Ibid, p. 29.

²⁰ Ibid, p. 27.

linked”.²¹ It is believed that the ancestors are spiritual beings that look after human beings’ general well-being and, to this extent, any manifestation of illness is perceived as a disruption in harmony or moral transgressions. Hence, the way to correct or restore health, balance and harmony involves not only the restoration of bodily ailments, but the restoration of harmony between the individual, community and the environment in which he or she resides. This complete approach is understood as holism. The holistic understanding of health is explained in detail in Chapter Four, especially in reference to healing.

From the definitions presented above, it is clear that there are significant differences in the conceptualization and understanding of health that exists between those from the West and those not from the West. The difference between Western and African definitions of health is that Westerners define health negatively, such as “not being sick”, and Africans define health positively and holistically and not merely as the absence of disease or illness. Although the differences are apparent, I will use both definitions in reference to health and well-being, because even though HIV positive people are infected with a virus they are not always unwell. They can be deemed healthy, especially if their CD4 count is well above 400, since in HIV negative people CD4 count levels range from 500 to 1500 per cubic milliliter of blood.²²

2.4 Women and health in South Africa

It has been estimated that in South Africa just over five million people out of 46 million people were HIV positive in 2004.²³ Much of the patterning of health in contemporary post-apartheid South Africa is a result of the enduring effects of colonialism and apartheid, which resulted in social, political and economic discrimination. This, as a result, generated enormous disparities in health in the black African population.²⁴ This

²¹ Ibid.

²² CD4 Count, in <http://www.labtestsonline.org/understanding/analytes/cd4/test.html>

²³ See UNAIDS/WHO (2004) *2004 Report on the Global HIV/AIDS Epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS/World Health Organization.

²⁴ Myer, L., Ehrlich, R. I. & Susser, E. S. (2004) Social Epidemiology in South Africa. *Epidemiological Review*, 26, p. 116.

disparity in health is evident today, when one is confronted with the statistical information concerning the spread of HIV infection. Data concerning HIV seroprevalence among South African women is mainly collected during screening at antenatal clinics. These surveys form the cornerstone of HIV surveillance in South Africa. Since 1990, a yearly survey conducted by South Africa's Department of Health, on pregnant women attending antenatal clinics has been used to monitor the progress of the epidemic. A benefit of these surveys and the results is that women attending these clinics are regarded as being reasonably representative of the fertile, sexually active South African population.²⁵ Therefore, their HIV status provides the Department of Health and South Africa as a whole an indication of the progression patterns of the disease.

Table 1 reflects the latest available figures for 2006, obtained and published by the Department of Health through screening women who attend antenatal clinics. In the survey below a sample of 33,034 women attending 1,415 antenatal clinics in all the nine provinces revealed that 29.1 per cent of pregnant women are HIV-positive. The statistical evidence shows that from the year 2000 to 2006 there was a 6 per cent increase in the HIV infection of women. However, between 2005 and 2006 there is a 1 per cent decrease in HIV infection. As the Department of Health observes, "This finding suggests that for the first time that the South African epidemic may be beginning a downward trend. This trend will need to be observed carefully for confirmation in the next few years".²⁶ Nonetheless, despite the cautionary attitude, this arguably is a good sign.

²⁵ Ackermann, L. & de Klerk, G. W. (2002) Social factors that make South African women vulnerable to HIV infection. *Health Care for Women International*, 23, p. 164.

²⁶ Department of Health (2006) *Report National HIV and Syphilis Prevalence Survey South Africa, 2006*.

Table 1: Estimated HIV prevalence among antenatal clinic attendees, by province²⁷

Province	2000 prevalence (%)	2001 prevalence (%)	2002 prevalence (%)	2003 prevalence (%)	2004 prevalence (%)	2005 prevalence %	2006 prevalence %
KwaZulu-Natal	36.2	33.5	36.5	37.5	40.7	39.1	39.1
Gauteng	29.4	29.8	31.6	29.6	33.1	32.4	30.8
Mpumalanga	29.7	29.2	28.6	32.6	30.8	34.8	32.1
Free State	27.9	30.1	28.8	30.1	29.5	30.3	31.1
Eastern Cape	20.2	21.7	23.6	27.1	28.0	29.5	29.0
North West	22.9	25.2	26.2	29.9	26.7	31.8	29.0
Limpopo	13.2	14.5	15.6	17.5	19.3	21.5	20.7
Northern Cape	11.2	15.9	15.1	16.7	17.6	18.5	15.6
Western Cape	8.7	8.6	12.4	13.1	15.4	15.7	15.2
National	24.5	24.8	26.5	27.9	29.5	30.2	29.1

Based on the figures collected by the Department of Health, (that are indicated in the table above) the study estimates that 6.29 million South Africans at the end of 2004 are HIV positive, of whom 3.3 million are women.²⁸ Following the survey published in 2006, the Department of Health estimates that the number of people infected with HIV is in the region of 5.41 million.²⁹ This reflects a significant decrease in the number of people infected with HIV.

In another study, the Actuarial Society of South Africa (ASSA) provides an additional set of statistics that allows us to break the demographic impact of the epidemic down by focusing on different sex groups. Table 2 illustrates the population group which is most affected by this epidemic.

²⁷ The statistics provided in the table above are the most recent figures provided for, and published by the Department of Health. Department of Health (2006) *Summary Report: National HIV and Syphilis Antenatal Seroprevalence Survey in South Africa*. December 2007. Pretoria: South Africa, in <http://www.doh.gov.za/publications.pdf> p. 9

²⁸ Ibid.

²⁹ Ibid, p. 15.

Table 2: HIV and AIDS Indicators at mid-2004³⁰

People living with HIV/AIDS	
Total HIV infected	5 024 000
Adults (18-64)	4 728 000
Adult men (18-64)	2 180 000
Adult women (18-64)	2 548 000
Adults (15-49)	4 510 000
Adult men (15-49)	1 959 000
Adult women (15-49)	2 550 000
Youth (15-24)	961 000
Male youth (15-24)	225 000
Female youth (15-24)	736 000
Children (0-14)	245 000
Prevalence	
Total HIV infected	11%
Adults (18-64)	18.1%
Adult men (18-64)	17.6%
Adult women (18-64)	18.6%
Adults (15-49)	18.5%
Adult men (15-49)	16.6%
Adult women (15-49)	20.2%
Youth (15-24)	10.8%
Male youth (15-24)	5.1%
Female youth (15-24)	16.4%
Children (0-14)	1.7%

Although differences in the estimates of total population of people living with HIV are evident, and also in the figures of women who are HIV positive, one common problem is highlighted, which is that women are the hardest hit by this epidemic. Both surveys show that, of the overall population that is affected, more than half of the infected people are women. While the statistics do not reveal the specific race group that is affected and infected by HIV, it is known that this epidemic largely affects poor black women. This

³⁰ I have attempted to find more up-to-date statistics, but no further publications have been made, especially on the information and figures presented in the Tables 2, 3 and 4. Nevertheless, I am including the information, because at the very least, they give us an indication on the number of people living with HIV and AIDS, the distribution of deaths caused by AIDS and the recorded causes of death that are associated with HIV and AIDS. Dorrington, R. E., Bradshaw, D., Johnson, L. & Budlender, D. (2004) *The Demographic Impact of HIV/AIDS in South Africa. National Indicators for 2004*. Cape Town: Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa.

assumption can be partly supported by the data collected during the screening of pregnant women who attend public antenatal clinics.

Given what that the statistics reveal, it is apparent that HIV currently presents one of the biggest health threats to women. Since it is a sexually transmitted disease, biologically it is easier for a woman to contract the HI virus. Physiologically, women face a greater risk of contracting HIV than men. The reason is their greater mucosal surface, which can be exposed to pathogens during intercourse.³¹ However, this only partly explains or answers the problem as to why women are more susceptible and vulnerable to HIV infection. In order to understand the pattern of HIV transmission in South Africa, one thus needs to understand that other factors are at play, such as poverty, social and cultural factors. It is important to bear in mind that the common thread that lies beneath women's vulnerability is poverty and gender inequality. It is, therefore, imperative that I discuss the factors that make women vulnerable. For this reason, this section of the chapter assumes a multi-disciplinary approach in examining the factors that impact on women's ill-health, given that their inability to maintain health tends to be a result of the above-mentioned factors.

It is worth bearing in mind that these factors, though distinct, are not independent from each other, such that connections between them can be drawn and so what might be seen as a cause in one tends to create an effect on another. As a result, women "get caught in a descending spiral of ill health".³² Conceptualizing black women's health in this manner enables us to understand why women struggle to eschew illness. Equally important to the study is to highlight women's ill-health and vulnerability to HIV and AIDS. In this way I will be able, in later chapters in this thesis, to engage in critical reflection of the types of support and care we should be offering women who are infected with HIV. What follows is an account of the factors that contribute to women's increased vulnerability to HIV and AIDS.

³¹ Cf. Jacobs, T. (2003) *Domestic Violence and HIV/AIDS: An area for urgent intervention*. Institute of Criminology, University of Cape Town, South Africa, in <http://web.uct.ac.za/depts/sjrp/publicat/hiv aids.pdf>, p. 2. Also see Ackermann, L. & de Klerk, G. W. (2002) Social factors that make South African women vulnerable to HIV infection. *Health Care for Women International*, 23, p. 166.

³² Saunders, H., Nash, E. & Hoffman, M. 'Women and Health', in Lessing, M. (ed) (1994) *South African Women Today*. Cape Town: Longman, p. 140.

Before I turn to discussing the factors that contribute towards women's increased vulnerability to HIV infection, it is important to stress the severity of the HIV and AIDS epidemic in order to understand just how many people are dying. Obtaining accurate information regarding the number of deaths due to HIV and AIDS is extremely difficult for a couple of reasons. For example, Statistics South Africa states that obtaining accurate statistical evidence depends, firstly, on the timely receipt of death notification forms and certificates and, secondly, that these need to be valid so that the registration of death is complete.³³ The information given below provides us with an indication of the number of deaths by population group and the leading causes of death in South Africa as indicated on the death notification forms that Statistics South Africa received in the years 2003 and 2004. While the report released covers mortality and causes of death it does not focus specifically on HIV and AIDS. It does, however, provide indirect evidence that HIV may be contributing to the increase in deaths due to associated diseases.³⁴

Table 3: Distribution of deaths by population group and year of death: 2003 and 2004³⁵

Population group	2003		2004	
	Number	Percentage	Number	Percentage
African	344 895	62,4	356 254	62,8
Coloured	24 984	4,5	24 461	4,3
Indian	7 334	1,3	7 112	1,3
White	36 419	6,6	35 167	6,2
Other, unspecified or unknown	139 193	25,2	144 494	25,5
Total	552 825	100,0	567 488	100,0

³³ Statistics South Africa (2004) *Mortality and causes of death in South Africa, 2003 and 2004: Findings from death notification*, in <http://www.statssa.gov.za> p. 2.

³⁴ Ibid.

³⁵ Ibid, p. 17.

What this data indicates is that during the years 2003 and 2004 Africans had the highest number of deaths. The distribution shows that they are the only population group that had an increase in the number of registered deaths between the two years.³⁶

Table 4: The ten leading underlying natural causes of death: 2003 and 2004³⁷

Causes of death	2003			2004		
	Rank	Number	%	Rank	Number	%
Tuberculosis	1	67 609	12,2	1	69 689	12,3
Influenza and pneumonia	2	45 351	8,2	2	45 376	8,0
Cerebrovascular diseases	3	27 445	5,0	4	25 006	4,4
Intestinal infectious diseases	4	24,394	4,4	3	26 581	4,7
Other forms of heart disease	5	23 996	4,3	5	23 753	4,2
Diabetes mellitus	6	16 761	3,0	6	16 908	3,0
Chronic lower respiratory diseases	7	16 130	2,9	8	15 333	2,8
Certain disorder involving the immune system	8	15 109	2,7	7	16 052	2,7
Ischaemic heart diseases	9	13 324	2,4
Resp. and cardiovascular disorders - perinatal	10	12 756	2,3	10	13 271	2,3
Human immunodeficiency virus [HIV]	9	13 319	2,3
Other causes		289 950	52,4		302 200	53,3
All causes		552 825	100,0		567 488	100,0

According to the data presented above, tuberculosis, influenza and pneumonia are the two top leading causes of death in 2003 and 2004. Incidentally, HIV, which was not in the top ten in 2003, is among the top 10 in 2004, ranking ninth.³⁸ The report adds that “The first leading natural cause of death for males and females in 2003 and 2004 was tuberculosis, followed by influenza and pneumonia”.³⁹ These two leading causes of death in South Africa are associated with HIV and AIDS. A person who has both HIV

³⁶ Ibid.

³⁷ Ibid, p. 25.

³⁸ Ibid.

³⁹ Ibid.

and tuberculosis, for example, has an AIDS defining illness.⁴⁰ Hence, “people with advanced HIV infection are vulnerable to a wide range of infections and malignancies that are called opportunistic infections because they take advantage of a weakened immune system”.⁴¹ Although the reported causes of death may not be recorded specifically as HIV or AIDS, deaths due to tuberculosis or pneumonia, for example, can be strongly associated with AIDS. Having presented the above figures, I now turn to discussing the factors that undermine the health of black South African women.

2.5 Factors that undermine the health of black South African women

Black women in South Africa are not a homogeneous group. Their life experiences under apartheid were similar, in that they were all marginalized and discriminated against based on their race. However, in the present post-apartheid South Africa, discrimination and marginalization are no longer based on race, but marginalization still persists and is based on economic class. It is, therefore, understandable that the health status of black women in South African today will differ between the affluent and the poor.

2.5.1 Poverty, gender and economic inequality

Since black women are not a homogeneous group, many of the health problems experienced by black South African women relate to poverty. Poverty is certainly a significant factor that impacts on and impedes people’s health. Poverty contributes to the type of illnesses people will suffer from. This is because poverty is associated with malnutrition, poor sanitation and poor living conditions. Poor environments and living conditions provide a fertile breeding ground for the development of diseases, thus making people more susceptible to infections.⁴²

⁴⁰ AIDS, HIV and Tuberculosis, in <http://www.avert.org>

⁴¹ Ibid.

⁴² Cf. Klugman, B. & Weiner, R. (1992) *Women’s Health Status in South Africa*. The Centre for Health Policy: University of Witwatersrand, Johannesburg, p. 3. Also see Wells, L. G. (1974) *Health, Healing and Society*. Johannesburg: Raven Press, p. 9.

crops for household consumption and local markets. The rural economy, primarily concerned with producing food crops for domestic consumption, was the preserve of the woman and the urban, primarily concerned with producing for the international market was the preserve of the man. It was with this introduction of a dual economy that colonialists began to create and enforce the division between the private and public spheres of the economy.

The integration of African economies into the world capitalist system meant that social structures and relations that previously existed were altered because, under this economic model, men were coercively drawn into towns and mine compounds to provide paid labour, while women were left on the periphery to perform unpaid domestic labour. As a result, a rural-urban dichotomy was created. In most instances, women were left to perform subsistence farming in the informal areas of the rural economy and men were assimilated into the formal market economy. Moses Seenarine neatly captures this:

Women's relation to the land and work in Sub-Saharan Africa changed with the introduction of international forces of Islam and the European capitalist orientation to production and reproduction. The impact of colonialism was devastating to the economic role of women, as well as to their status and power. Colonial administrators failed to recognize women as legal entities.... Under European rule, women in Sub-Saharan Africa became perpetual minors. This loss of power and status adversely affected the lives of peasant women, especially the wives and widows of long term migrant men.⁴⁵

The desperate need to create a productive South African colonial economy meant that there had to be a process of integration of African pre-capitalist economies into the world capitalist system. The result of this was that the social and economic structures and relations that previously existed between black men and women were altered. The change in social relations affected women, as the "domestic and public spheres was reconstructed, with women now expected to be subservient and obedient to men".⁴⁶ This resulted in the depreciation in the value of women as producers, since Western notions of

⁴⁵ Seenarine, M. (1993) Agrarian Women's Resistance in Sub-Sahara Africa. Paper prepared for a class held at Teachers College, Columbia University, Spring 1993, in <http://www.saxakali.com/saxakali-Publications/agrarian.htm> pp. 2-3.

⁴⁶ Ibid, p. 3.

appropriate gender relations encouraged the perception that “men are breadwinners and women enable and stimulate male workforce productivity through home labour”.⁴⁷

The persistence of gender inequality in colonial and post-apartheid South Africa has instituted and created a society which supports patriarchal practices and contributes greatly towards women’s increased vulnerability to HIV infection. Patriarchal practices inevitably affect women’s position, not only in the formal arena, but also in the informal arena. The power inequalities that exist between men and women at a societal level penetrate into the bedroom and the sexual relations between men and women. Women often find it hard to assert themselves in sexual relationships. As a result, it is often very difficult for women to negotiate safer sexual practices with their partners. This lack of power and autonomy leaves black women vulnerable to HIV infection. Claudia Cruz echoes this observation in her study of attitudes and beliefs underlying condom use in South Africa. She notes that “Women, especially black women, often find themselves in relationships where they have little power and are unable to negotiate safer sexual practices with their partners”.⁴⁸ This is compounded by poor black women’s economic dependence on men. This dependence by women on their male partners creates the conditions that give rise to the perception by men that their wives or partners are merely objects of their sexual desires. An unwilling female partner may be forced to comply with the sexual demands of her male partner, either because of physical abuse or the threat of violence. Their inability to decide if, when, and how intercourse will take place means that their rights and sexual autonomy in the relationship are not recognized. This makes them extremely vulnerable to HIV infection, as they are “unable to control the nature and safety of their sexual encounters with their partners”.⁴⁹

While President Thabo Mbeki has made great strides in instituting gender equality in the public sphere, whereby more women are occupying central and influential roles in government (most recently, with the appointment of a female deputy president) and the

⁴⁷ Staudt, K. ‘The State and Gender in Colonial Africa’, in Charlton, S. E., Everett, J. & Staudt, K. (ed) (1989) *Women, the State and Development*. Albany: State University of New York Press, p. 72.

⁴⁸ Cruz, C. ‘From Policy to Practice: the Anthropology of Condom Use’, in Kaufmann, K. D. & Lindauer, D. L. *op. cit.*, p. 145.

⁴⁹ *Ibid.*

economy, very little attention has been paid to uplifting the poor and marginalized black women. Poor black women's lack in education and the necessary skills training that would better their chances of finding meaningful and gainful employment have still not been adequately addressed. Consequently, their lack of economic security and financial autonomy do not enable them to participate fully in, for example, the South African government's policy on Black Economic Empowerment (BEE). As a result, they remain in the vicious grip of poverty. Thus, for the majority of poor black women, their economic future remains perilous and, in order for them to survive, they are forced to be continually reliant on men because they lack the necessary access to power and resources. Poor black women's financial dependence on men makes it very difficult for them have control and ownership of their bodies. For instance, it leaves them at the mercy of men for shelter, food and clothing, especially since they have no available alternative to finding meaningful employment. This economic dependence on men makes them vulnerable, as they are unable to take control over their lives, including their sexual lives. Hence, poor black women are more exposed to infection by HIV and other sexually transmitted diseases (STDs).⁵⁰ In short, poverty, gender and economic inequality place women in an unequal relationship with men, both sexually and socially. It is within this context that they are not able to assert themselves and negotiate the terms under which sexual relations can occur. In other words, women are often powerless to demand condom use to protect them from HIV infection.⁵¹ This is why the poor black women of South Africa are more at risk than other classes of women.

Increasing levels of poverty and lack of employment coerce women into exploring alternative methods of generating income. As Carolyn Baylies observes,

Women's economic position, often involving a greater or lesser dependence on men, is a consequence of the way the kind of work men and women do articulates with valuation of labour. To the extent that much of their labour characteristically does not command market value, because confined to the domestic sphere,

⁵⁰ Tallis, V. (1998) 'The politics of vulnerability: women and the HIV/AIDS epidemic. Special Focus: AIDS and Human Rights in Southern Africa, p. 2.

⁵¹ Cf. Karim, Q. A. (1998) 'Women and AIDS: the imperative for a gendered prognosis and prevention policy'. *Agenda*, 39, p. 15.

women become dependent on those members of their household or kin group who operate in the cash economy.⁵²

Quarraisha Abdool Karim and Janet Frohlich explain why women place themselves in such vulnerable positions. "Women's exclusion from the formal market has forced them into exploring other ways of earning money; more are taking up sex work".⁵³ Baylies adds, "such dependence is often expressed both within and outside marriage – through sexual relations.... In practice, this may take many different forms, not easily captured by such concepts as prostitution".⁵⁴ In these circumstances, sex as a means of survival may become the only available option to women, who opt to use sex as a method of making money. Confronted, therefore, with their desperate financial situation, women engage in sexual relations to pay for basic necessities. It is what is known as "survival sex" or "transactional sex". The motivation seems to be that, because these women are poor and unemployed and dependent on men for their economic survival, they tend to choose boyfriends (sometimes referred to as "sugar daddies") as a way of making ends meet.⁵⁵ This is a desperate solution to alleviate their financial woes, which in reality can lead to illness leaving them exposed and vulnerable to HIV infection. Here again, as Abdool Karim and Frohlich observe, "black women are found on the lowest rung of formal work and sex work is at the upper end of risk".⁵⁶ The need for poor women to put food on their tables compels them to engage in unprotected sex with strangers thereby risking the possibility of HIV infection.

In short, poverty greatly harms the empowerment of poor women to make meaningful, calculated choices, especially when they are already facing a meaningless existence in which their environment itself is hazardous. It is within these circumstances that they are unable to view their behaviour as a risk, since they have "always lived with some kind of

⁵² Baylies, C. 'Perspectives on gender and AIDS in Africa', in Baylies, C. & Bujra, J. (ed) (2000) *AIDS, Sexuality and Gender in Africa*. London: Routledge, p. 7.

⁵³ Karim, Q. A. & Frohlich, J. 'Women try to Protect themselves from HIV/AIDS in KwaZulu-Natal', in Turshen, M. (ed) (2000) *African Women's Health*. Trenton, New Jersey: Africa World Press, pp. 76-77.

⁵⁴ Baylies, C. *op. cit.*, p. 7.

⁵⁵ Walker, L, Reid, G. & Cornell, M. (2004) *Waiting to happen. HIV/AIDS in South Africa*. Boulder, Colorado: Lynne Rienner, p. 42.

⁵⁶ Karim, Q. A. & Frohlich, J. *op. cit.*, p. 77.

risk, they do not consider their own personal risk, and HIV becomes just another risk”.⁵⁷ Consequently, as Leáne Ackermann and Gerhardt de Klerk conclude, “Female poverty can be regarded as a threat to the well-being of women, particularly as it encourages behaviour that increases the risk of HIV infection”.⁵⁸

2.5.2 Cultural factors

Cultural factors also contribute towards women’s vulnerability. For example, in African culture, polygamy is common and having a variety of unmarried sexual partners is acceptable for black African men. However, with urbanization and modernization, the traditional ethics of polygamy have been lost and have changed the organization of sexual structures, allowing for mistresses and love affairs. This is partly caused by the migrant labour systems in which men leave their wives to go and work on the mines and factories for long periods to time. It is here that men tend to engage in extramarital affairs, which leads to the rampant spread of HIV and other STDs. Yet, although many married women are aware that their husbands are not faithful, they feel powerless to change the situation and, in most cases, accept it.⁵⁹

Furthermore, because polygamy is an accepted cultural practice, the vulnerability of many married black women, their vulnerability to HIV infection is increased. Like all women, they suffer the same troubles which relate to their inability to demand condom use, because requesting the use of a condom raises issues of love and fidelity. The perception among men is that the use of condoms during sex challenges the notions of love and trust.⁶⁰ Women who may be aware that their husbands have extramarital sexual relationships are powerless and seem to tacitly accept their spouses’ infidelity. Perhaps, as Cruz suggests, the “idea that women should be submissive and dependent on their primary partner” is what stops them from asserting themselves and “their perception of

⁵⁷ Ibid, p. 78.

⁵⁸ Ackermann, L. & de Klerk, G. W. *op. cit.*, p. 168.

⁵⁹ Ackermann, L. & de Klerk, G. W. *op. cit.*, p. 169.

⁶⁰ Karim, Q. A. & Frohlich, J. *op. cit.*, p. 76.

the situation is one of resignation".⁶¹ Cruz provides an excerpt of an interview conducted with a woman who had come to a clinic in connection with an STD. When asked about whether she and her husband use condoms she revealed that they do not because he does not like condoms, but she was using them now, with his permission, because of the sexually transmitted infection (STI).

Yes, I am using condoms right now, but usually I am on the injection as a regular form of contraceptive. My partner does not like condoms. He says that they do not feel the same and that we should not use them as we are in a long-term relationship. He says that he likes 'flesh on flesh' and that condoms are for those who are not in serious relationships. This is the second time I have come to the STD clinic as I have been infected with some diseases. I do not have other partners, but I know he does because he brings these diseases home...but when I become infected is the only time he will use a condom with me... My partner is only willing to use condoms during this period and only because he does not want to catch the disease again. After I am cured he again will not allow condom use in our sexual relationship.⁶²

From this interview it is clear that marriage offers no protection to women. Marriage, therefore, can be a context of vulnerability for women with regard to HIV, because they can be infected, not through 'improper' behaviour, but as a result of complying with the norms of fidelity, even if their husbands have unprotected sex outside marriage.⁶³ What also emerges from the above comments is that men are not willing to engage in safer sex even in the context of the HIV pandemic. Current safer sex messages that target men and women such as the ABC (Abstain, Be faithful, and Condomise) are not that effective in challenging social/sexual interactions and, unfortunately, women bear the consequences of such negligence. What needs to occur, if we are to change the status of women's increasing rate of infection, is to challenge the main sources of their vulnerability. This would require empowering women by making sure that they are economically secure and paying close attention to increasing the awareness of women's rights, such that the drive for gender equality reaches and instructs those who are poor and illiterate. The empowerment of poor women would reduce the hold that men in their lives have over them, giving them a stronger sense of autonomy, control, voice and agency when it

⁶¹ Cruz, *C. op. cit.*, p. 145.

⁶² *Ibid.*, p. 147.

⁶³ Baylies, *C. op. cit.*, p. 11.

comes to negotiating safer sex practices. It is important to empower women, as the consequences of women's vulnerability not only affect them as individuals, but it will and does affect society.

2.6 The consequences of women's increased vulnerability

HIV infection has specific implications for the health of black women. Firstly, they are affected in their traditional roles as wives, mothers and care-givers. Secondly, they are affected "in their reproductive roles and as disempowered members of a male dominated society which denies women full control over their sexuality".⁶⁴ Thirdly, and most importantly, when poor black women are HIV positive, their lives are made even more difficult because of poverty.

When women are infected with HIV, their roles as wives, mothers and care-givers are seriously compromised, because it is not only that their health will suffer, but that it will become harder for them to look after themselves and take care of their families. The effect that HIV has on them means that they will be unable to provide the necessary support and care defined by their traditional roles. When they die, they leave children who become orphans, thereby leaving the burden of caring for the children on other family members and/or the state.

In their reproductive roles, women who are HIV positive bear the burden of passing the virus on to their unborn children during pregnancy and childbirth.⁶⁵ The number of children infected with HIV from mother-to-child-transmission (MTCT) attests to this. The roll-out of Nevirapine is a positive initiative that seeks to curb MTCT.

Finally, as explained earlier, women's subordinate position in relation to men has serious implications for their ability to persuade their partners to adopt safer sex practices,

⁶⁴ Walker, L. *et al. op. cit.*, p. 38.

⁶⁵ *Ibid.*

whether condom usage or remaining monogamous.⁶⁶ Their inability to take control and assert themselves in the context of poverty and gender inequality means that women will continue to remain vulnerable and disempowered.

In broader terms, the implications of the ill-health of women because of HIV infection are far-reaching, especially on the state and the economy. Firstly, the state has the extra responsibility of making available more resources for caring for the sick through the provision of healthcare services and antiretroviral treatment (ARV). Establishing healthcare services, finding and employing healthcare professionals and providing ARVs is an expensive exercise and, as the rate of infection year on year continues to increase, it affects the nation's ability to cope with reducing, for instance, the levels of poverty and increasing the level of healthcare services.

Secondly, the number of people dying of AIDS has an adverse effect on the economy. For example, industries and companies will continue to experience losses in terms of low levels of productivity due to absenteeism and reduced performance on the job. This, in turn, will affect South Africa's economic growth and development plan, as there will be a shortage of skilled and semi-skilled workers. This is the group of people who form the backbone of the economy.

In light of the above, it is clear that the effect that HIV and AIDS has on women is not merely something that affects them as individuals, but it affects society, too. Their reduced contribution to society will severely impact on the lives of their families, communities and society as a whole. Abdool Karim and Frohlich state:

Women have multiple, largely unrecognized, roles in society: they are educators, care-givers in both formal and informal settings, custodians of societal values and norms, and they ensure the continuity of society. These contributions are difficult to measure, yet their importance will be known and felt only after their loss; many women will die of AIDS, and it will take generations to recover from the loss of these women's gifts to society.⁶⁷

⁶⁶ Ibid, p. 39.

⁶⁷ Karim, Q. A. & Frohlich, J. *op. cit.*, p. 78.

It is difficult to underestimate the significance and varied nature of the role played by women in society. Women contribute greatly to the preservation and welfare of society. Additionally, as Karim and Frohlich point out, they are the guardians and transmitters of morality. Women are essential, if not vital, members of the community, since they have the responsibility of bringing up people who are good in society. It is this characteristic of women that Patricia Smyke has in mind when she stresses that, without women, humanity would not have amounted to anything or as she puts it, "none of us would have developed into anything".⁶⁸ Smyke's acknowledgement of women as valuable members of humanity speaks volumes and their selfless commitment and contribution to the nurturing of others emphasizes their central place in the family, community and society. It is, therefore, incumbent on the rest of society to ensure that the one area in their lives that secures their position as vital members of the community is also nurtured and taken care of, so that they can continue to be strong participants in society. This area is health and is signaled as important, simply because health is an important part of well-being. The promotion and maintenance of good health ensures that women's roles as wives, mothers, caregivers and moral compasses are preserved. This requires that we care for those women who are affected and infected by HIV, which is why the concept of *ubuntu* is central to the study.

2.7 Conclusion

The first section of this chapter defined the term health from a Western and African perspective. It was shown that different cultures hold different views and meanings of health. The second section examined the health of black South African women and their vulnerabilities to HIV infection. It was shown that women's health is more at risk than that of men. In particular, it was shown that the issue of women's health is multi-faceted and includes not only the physiological, but also the social, cultural and economic factors that impact on and impede women's health. The aim was to highlight the vulnerability that women face and the one common theme that underlies each explanation is that poverty and gender inequality contribute significantly towards women's vulnerability.

⁶⁸ Smyke, P. (1991) *Women and Health*. London: Zed Books, p. vii.

Thus, when examining women's health with specific reference to HIV and AIDS one cannot ignore the fact that the above factors are important in explaining why women, especially black women, are the hardest hit by this epidemic. It was important to note that, in the South African context, colonialism and apartheid played a role in placing women in vulnerable positions. The third section of this chapter discussed the implications of women's increased vulnerability and what this means for the future of South Africa. This is in recognition of the indispensable role that women play, which often goes unnoticed. The last assertion is what the next chapter addresses. It requires us to revisit women's traditional value within the context of the African world-view.

Chapter Three: Women in the African world-view

3 Introduction

The previous chapter discussed black South African women's health. It presented an overview of black women's health and examined the factors that undermine and contribute towards their ill-health. This chapter seeks to take a different approach and discuss the factors that ought to motivate us to promote their health, especially if we examine the traditional African perspectives towards black women. To begin with, a poem by Léopold Senghor illustrates this.

Naked woman, Black woman
Dressed in your color that is life, in your form that is
 beauty!
I grew up in your shadow. The softness of your hands
Shielded my eyes, and now at the height of Summer and
 Noon,
From the crest of a charred hilltop I discover you, Promised
 Land
And your beauty strikes my heart like an eagle's lightning
 Flash.¹

Senghor uses poetry as a way of conceptualizing and illustrating the beauty of an African woman. The above poem, *Black Woman* or *Femme Noire*, presents a stimulating visual image of black femininity, in which Senghor depicts the gentle and embracing nature of African women. In the poem he portrays the African landscape as the symbol of a woman as a way of emphasizing the warm nature of the African continent. The way in which he utilizes poetry to express his thoughts is strongly connected to his philosophy of negritude, where he explains African modes of thought and reason. African reasoning, he argues, is intuitive by participation, by which he means "the reason which comes to grips,

¹ Senghor, L.S. (1991) *The Collected Poetry*. Translated and with an Introduction by Melvin Dixon. Charlottesville: University Press of Virginia, p.8.

which delves beneath the surface of facts and things”.² In the quotation presented below, he maintains that African reasoning is

...essentially instinctive reason...because it is reason of impressions.... It is expressed in the emotions, through an abandonment of self in an identification with the object, through the myth, I mean by images – archetypes of the collective soul, especially by the myth primordially accorded to those of the cosmos.³

Senghor maintains that African reasoning does not draw the line between themselves and the object, but rather African reason is one that sees threads of interconnectedness among all that exist.⁴

Guided, therefore, by his intuitive nature, Senghor captures the essence of women by epitomizing their nature in the portrait of the African landscape. The poem reveals something deep, that the African’s nature is embracing in outlook and is “pre-disposed to an all-inclusive”⁵ approach to life. One is reminded here by the observation made in Chapter One concerning the welcoming and accommodating nature of African people to strangers in the community. In this regard, the poem beautifully captures this philosophy. Perhaps it is also why, in appraising her existence, her gentle and embracing nature, which she transmits, he represents her as the living symbol of negritude...which is clothed in the color that is life.⁶

John Mbiti, in his paper *The Role of Women in African Traditional Religion*, to a large extent elaborates on Senghor’s portrayal of women, when he gives the reasons why women are “the color that is life” in traditional African society. “Women are pictured as being extremely valuable in the sight of society. Not only do they bear life, but they

² Senghor, L.S. ‘Negritude and African Socialism’, in Coetzee, P.H. & Roux, A. P. (ed) (1998) *Philosophy from Africa. A Text with Readings*. Johannesburg: International Thomson Publishing (Southern Africa) (Pty) Ltd, p.439.

³ Senghor, L. (1964) *On African Socialism*. London: Macmillan, p. 50.

⁴ Cf. Murove, M.F. (2005) *The Theory of Self-Interest in Modern Economic Discourse: A critical study in light of African Humanism and Process Philosophical Anthropology*. Pretoria: University of South Africa. Unpublished Ph.D. Thesis, p. 153.

⁵ Murove, M.F. ‘An African Commitment to Ecological Preservation: The Shona Concept of *Ukama* and *Ubuntu*. Unilever Ethic Centre – University of KwaZulu-Natal pp.11, [Unpublished paper].

⁶ Washington, S. (1973) *The Concept of Negritude in the Poetry of Leopold Sedar Senghor*. Princeton: Princeton University Press, p.52.

nurse, they cherish, they give warmth, they care for life since all life passes through their own bodies".⁷ Women's ability to pass on life places women in a valuable position within African communities. An examination of women's place and role in the African community is thus essential, in order to better appreciate and understand the important role that women play in the preservation and longevity of community life. Following this statement, Chapter Three examines the place and role of women within the traditional African communities.

After the examination of women's place within this paradigm, it will be shown that the traditional African community supports the long-held idea that the African woman is indispensable to the nurturing and caring of community life. This will be achieved by discussing women's healing roles in traditional African societies, as they are the providers of health within the family and community. Although this does not immediately evoke connotations of professional healthcare, it is an important activity carried out by many African women and is a reflection of the invaluable contribution they make to society by adhering to the guiding principle of the African ethic of *ubuntu*, which is based on promoting the well-being of human beings and the well-being of the community.

3.1 Perceptions of women in traditional African communities

3.1.1 The position and role of the female in African mythology

The perception of women in the traditional African community reveals in an explicit and implicit manner, the position and role of women. One of the areas in which one is confronted with the portrayal of women is the domain of African mythology. By using various African myths as paradigms, I intend to highlight the role and function of African women in traditional African society in a very pragmatic manner. I also intend to reveal how myths provide an alternative, yet creative, way by which we can begin to

⁷ Mbiti, J. (1987) 'The Role of Women in African Traditional Religion', in Olupona, J.K. (ed) (1987) *African Traditional Religions in Contemporary Society*. New York: Paragon House, p.63.

understand, validate or authenticate the valuable and indispensable role they fulfil in traditional African society. The reason for employing the use of myths is, as Mary E. Modupe Kolawole states, "To many people in traditional African societies, myths are imbibed in such a near sacred way that they possess some factual values".⁸ She goes on to add, and correctly too, that the reliance on mythology in explaining certain mysteries of life, values, or social norms is not necessarily limited to traditional people, nor is it simply a historical position "because many people still celebrate traditional life-style and ethos".⁹ It is important to clarify here that the term "celebrate" is taken to mean commemorate or value certain aspects of traditional lifestyle and ethos. Many African people may not live a traditional lifestyle, but they tend to remember, practise and honour certain traditional values.

Let us begin with creation myths. These myths explain how human beings and society came to be. "Men and women usually play specific roles in bringing society into existence".¹⁰ There are several creation myths that feature women prominently and are of special interest in the discussion of women's place, role and value in traditional African society. For example, women figures tend to appear in the stories that tell how heaven and earth became separated and stories about the origins of the first human beings. Usually the myths generated by different ethnic groups are used as stories to illustrate and reflect on some of the beliefs and values that specific African societies hold dear. The usefulness of these stories lies in the way they seek to reveal attitudes and actions of people, thereby subtly unveiling African people's outlook of the world and the environment they live in. Kanyike puts it well when he states that myths can be characterized as "...an expression of basic ontology and a philosophy of life which supports and becomes the basal element in the social organization and the system of values of a given society".¹¹

⁸ Kolawole, M.E.M. (1997) *Womanism and African Consciousness*. Trenton, New Jersey: Africa World Press, Inc., p. 54.

⁹ Ibid.

¹⁰ Ibid, p. 55.

¹¹ Kanyike, E. (2004) *The Principle of Participation in African Cosmology and Anthropology*. Balaka: Monfort Media, p.18.

Apart from projecting the values of a given society through the domain of mythology, Geoffrey Parrinder explains the relevance of creation stories as follows:

Myths are stories, the product of a fertile imagination, sometimes simple, often containing profound truths.... Some of these are philosophical, in that they consider great questions such as the meaning of life, the origins of all things, the purpose and end of life, death and its conquest. These are often the subject of myths, which are philosophy in parables.¹²

There is a collection of myths that exists in Africa and each ethnic group generates its own body of myths.¹³ The examples discussed in this section, however, deal with myths of a “cosmological dimension”.¹⁴ The reason is clearly expressed by Herbert Aschwanden, who states that narratives on the origin of life that are cosmological in nature offer one a good foundation to interpret the “true depth of mythological thinking and feeling”.¹⁵ This section concentrates on myths dealing with the origin of human beings as examples that seek to highlight the importance of women in the traditional African world-view. One common myth throughout Africa explains how man came to be what he is now and the principal subject in this story is a woman.

Long ago, Heaven was close to Earth and God lived with men. It was so close that men could only move about in a bending position. But they did not have to worry about their subsistence: it was enough for them to stretch the hand in order to tear pieces of the sky and eat them. But one day, a young girl, a daughter of the chief, who was the naughty one who used to do everything the other way round...instead of taking pieces of the heavenly vault for food, began to look at the ground and chose the grains she saw there. She made a mortar and a pestle for crushing the grains she had chosen from the ground. She knelt and began to pound but every time she raised the pestle, she touched the sky and God. As she did not feel at ease with this, she told the sky: God, are you not going to move a bit higher? Heaven moved a bit higher up and the girl could stand upright. She continued to pound and every time she raised the pestle higher. She implored the second time and the sky went further still. Then she began to throw the pestle up in the air and implored the third time. This time Heaven became angry and retreated high up where it is now.¹⁶

¹² Parrinder, G. (1967) *African Mythology*. London: Paul Hamlyn, pp.15-16.

¹³ Mbiti, J. (1987) *op. cit.*, pp.59-60.

¹⁴ Aschwanden, H. (1989) *Karanga Mythology. An analysis of the consciousness of the Karanga in Zimbabwe*. Gweru, Zimbabwe: Mambo Press, p.9.

¹⁵ *Ibid.*

¹⁶ Kanyike, E. (2004) *op. cit.*, p.21.

According to Kanyike, this myth symbolizes the birth of reason and culture. The birth of reason in humankind is initiated and developed by this feminine figure, when she “introduces the anti-thesis to the prevailing situation”.¹⁷ Firstly, she chooses to do the opposite of things. Whilst others are picking food from the sky, she decides to look at the ground for food. By looking at the ground, Kanyike claims that she is being realistic; she is being “down-to-earth”. She sees the grain, which others do not see, or see without knowledge.¹⁸ Secondly, she introduces tools that assist in food production and, in this way, she enlightens man by introducing him to human food. Thirdly, the woman voices her concerns about God being too close, thereby introducing freedom of speech and choice, to which God responds by moving further up. Kanyike construes her actions as a sign of intelligence because tool-making is a sign of intelligence. Seen in this context, the myth demonstrates the importance of women, because the feminine figure in the myth displays intelligence, caring and nurturing tendencies. For instance, the woman provides man with tools that civilize him, she provides him with food that nourishes him and she provides him with freedom of choice, which is a distinctive part of humanity. As Kanyike puts it, “This myth seems to suggest that intelligence developed gradually in hominids and gave rise to freedom”.¹⁹ This is one of many African stories surrounding the creation and separation of heaven and earth in which women feature prominently. Most other African myths are similar.

Another area of African mythology where women are visible is in the myths that deal with the origin of human beings, in which the purpose is to link the woman to the mystery of life. It is in these stories that the woman is credited with being the source of life. For example, the African myths that speak about procreation deal with the first encounter between man and woman. Kanyike explains:

...man and woman were created by God who put them in separate places; man and woman met by chance; the woman had a home and ate cooked food while the

¹⁷ Ibid, p.22.

¹⁸ Ibid.

¹⁹ Ibid.

man lived in the bush or forest where he wandered looking for game...the encounter was appreciated by both and ended in marriage and procreation.²⁰

This is beautifully illustrated in a myth of the Sotho-Tswana people of Southern Africa:

In the beginning men and women did not live together, but were separated by a deep river. The men, on their side of the river, lived by hunting game; the women, on their side, by gathering bulbs and grass seeds. One day, while hunting along the banks of the river, the men killed a buffalo, but had no fire with them to cook it. They sent one of their number across the river to ask the women to give them some fire. One woman said to him, 'How can you swim across the river with fire? Come into my hut and I will give you something to eat.' She pounded grass seeds and made porridge of them, and the man sat with her in the warm hut and ate it. It was so good, the hut so cozy, the woman so congenial, that he desired to spend the night too, and she agreed to his staying.²¹

The migration of man across the river results in marriage and procreation and, even though not expressed explicitly in the myth, it is implied. Kanyike, remarking on the message contained in the myths that concern the first encounter between man and woman, has this to say, "Man is nothing without woman and woman is nothing without man. They are both realised in their complementarity".²²

Another myth, told in Madagascar, is:

...in the beginning the Creator made two men and a woman, and all lived on earth, but separately knowing nothing of each other. The first man carved a woman out of wood, full-size, and was so enamoured of it that he talked to the image all the time and put it in the open so that he could look at it while he worked. One day the second man, walking through the bush, came upon the statue and was struck by its beauty, but its nakedness shocked him and he covered it with beautiful clothing and jewels. Later the woman came along, lamenting her solitude, and when she saw the image she fell down on her knees and asked the Creator to give it life. He promised to do so if she would take it to her bed.

She clasped the image tightly all night and in the morning it was alive as a beautiful girl. Then the two men came up and claimed the girl as their handiwork. The woman refused to give her up and God had to intervene. He decreed that the

²⁰ Kanyike, E. (2004) *op. cit.*, p.37.

²¹ Miller, P. (1979) *Myths and Legends of Southern Africa*. Cape Town: T V Bulpin Publications, p.174.

²² Kanyike, E. (2004) *op. cit.*, p.37.

first man was the father of the girl, since he had made the image from wood. The woman was its mother, since she had given it life. The second man should be the girl's husband, since he had adorned her with so much love. This arrangement was accepted, and of course, the first man married the woman, while the second man married the girl. From these two couples descend everybody on earth today.²³

John Mbiti's analysis of the many myths that relate to the origin of human beings, such as those presented above, arrives at a telling conclusion, in which he states that the purpose of these myths is to link human life directly with God through the woman. "She is created by God, and in turn becomes the instrument of human life. She rightly becomes the one who passes on life".²⁴ Benezet Bujo echoes Mbiti's observation and adds to it when he explains how this link between God and the woman is forged. For Bujo, the link emerges because the woman "has a special relationship with the invisible world, when she gives birth to life, namely, with the ancestors and in a very special way also with God".²⁵ This link is established because the woman recognizes that she "cannot transform biological life without God's generating power and the ancestors acting as mediators".²⁶ In the traditional African context, this special relationship emerges because there is an acknowledgement on the part of the woman that there are certain events surrounding the birth of a child that cannot take place successfully without the supportive atmosphere, which is provided by the powers that the ancestors and God possess. From this perspective, one gets the sense of the woman as someone placed by God in a special position. She shares with God the creative process of life and, in some ways, her position and her role in these myths overshadows the position of the male. She is both in the mythical and real senses the mother of human beings and the dispenser of life.²⁷ Thus, when it comes to explaining the mysteries of life and creation, the message imparted is clear: women have their place in African mythology and in African cosmology.

²³ Parrinder, G. (1967) *op. cit.*, p.43.

²⁴ Mbiti, J. (1987) *op. cit.*, pp.59-60.

²⁵ Bujo, B. (1998) *The Ethical Dimension of Community. The African Model and the Dialogue between North and South*. Nairobi: Paulines Publications Africa, p.125.

²⁶ *Ibid.*

²⁷ *Ibid.*

3.1.2 The position and role of women in traditional African communities

Outside of mythology, women in the “real” world feature prominently in the role they play in African communities and the position they occupy in African societies. This role and position is explained and expressed in African mythology, but it is expected to materialise in life on earth because it is the living that contribute to the well-being of every member of the community and this includes the living-dead. The well-being of the departed member is taken into consideration because the ancestors are the guardians of the living. In return, members of the community ensure that they are protected through the increase in life-force. As Bujo puts it, “In the African world-view, all things hang together, all depend on each other and on the whole. This applies particularly to human beings who are closely connected with each other and with the ancestors and God”.²⁸

Following this, it is clear that the living members of society have an unquestionable responsibility, ensuring that life is maintained and preserved such that the focus of the African world-view is life.²⁹ The value placed on life, in this context, is connected to the creation of life. Women (as well as men) have a responsibility to bear children, but it is expected that the woman, as a symbol of fertility, carries out the task of bringing life into the world. Hence, their value lies in their biological capability. A woman’s ability to conceive, give birth and bring life into the world is valued and greatly appreciated because, according to African tradition, she is fulfilling her natural role. Women are therefore valued for what they can produce for society and although “the man gives life by begetting and putting all his specific capabilities into the service of this life in all its forms...the future and fate of the community depend decidedly on her”.³⁰ Isabel Phiri describes women as “sacred vessels of life”.³¹ Following this description it is easy to see why pregnancy, as Phiri observes, “is treated with respect because it ensures the continuation of the community”.³²

²⁸ Bujo, B. (1992) *African Theology in Its Social Context*. Nairobi: St Paul Publications, p.22.

²⁹ Ibid.

³⁰ Bujo, B. (1998) *op .cit.*, p.123.

³¹ Phiri, I.S. (1997) ‘Doing Theology in Community. The case of African women theologians in the 1990s’. *Journal of Theology for Southern Africa*. Vol. 99, p.70

³² Ibid.

The description of women as vessels of life is reflected in the way women are epitomized or captured as symbols of fertility. For example, Mbiti notes that breasts are a symbol of fertility. He states that “Woodcarvings that feature mother and child, often ‘exaggerate’ the breasts: for these are the pride of motherhood, announcing the message that ‘I am fertile’”.³³ Women are therefore respected and honoured because of their fertile nature and it is expected that she should be able to conceive.

Moreover, in traditional African societies, the woman’s marriage is not fully recognized if it has not been consummated with the presence of children or a child.³⁴ In the absence of children, women are thus perceived as having no role in society. Mbiti expresses the reasons for this outlook or way of thinking as being “bound up with the value attached to the bearing of children”.³⁵ The value attached to child-bearing reinforces Mbiti’s expression: “I am, because we are; and since we are, therefore, I am”.³⁶ Consequently, her position is affirmed by her ability to pass on life. Bénézet Bujo confirms this when he writes,

Every judgment about the position of women in traditional Africa has to start from the concept of life. To impart life is the highest commandment and all members of a lineage are called to promote this life both individually and jointly. Whoever promotes individual life – one’s own life or that of another – strengthens the lineage. Similarly, whoever neglects ‘life’ harms the same community. Both men and women are equally involved in the life-giving process. Both are commanded by God and the ancestors to pass on life, although in different ways. In this endeavour, it is not a question of inferiority or superiority but of distribution of roles, which benefits the entire community.³⁷

As Edward Kanyike reminds us, “Life is the greatest preoccupation of the African.... Everything is centred on the communication of life, participation in that one life, its conservation and its prolongation”.³⁸ Kanyike further adds, “In traditional Africa,

³³ Mbiti, J.S. (1970) *op. cit.*, p.157.

³⁴ See Mbiti, J.S. (1970) *op. cit.*, pp.143-144.

³⁵ Mbiti, J. (1987) *op. cit.*, p.64.

³⁶ *Ibid.*

³⁷ Bujo, B. (1998) *op. cit.*, p.123.

³⁸ Kanyike, E. (2004) *op. cit.*, p.139.

procreation – the reproduction and transmission of human life – is one of the most important values, if not the most important value in life. An individual is simply not alive, if he/she is not engaged in transmitting life to another human being”.³⁹ Theo Sundermeier makes a similar observation which echoes this point when he writes that: For Africans, life is what matters most; everyone is under an obligation to pass on the life that they have received to the extent that new births in the family and community are marked by joyous celebrations, as it is a sign of the continuity of life.⁴⁰ In fact this is the very reason why men and women unite in marriage, so that a person can find the meaning of his/her life through the creation of another life. This attitude toward life and participation in the creation of life affirms the Zulu axiom: *umuntu ngumuntu ngabantu*, a person is a person through other people. At this juncture, it is important to state here that the preoccupation with the creation and preservation of life is also explored in the chapter to follow in connection to healing in the traditional African context. What is of importance in Chapter Three is the woman’s contribution to life.

3.1.3 Women’s contribution to life in African communities

As mentioned above, in traditional African societies it is expected that all women get married because the prevailing objective is to make provision for the continuance of the community. For the most part, then, marriage is seen in the context of the union of families with the aim of increasing its membership – its life-force, which also extends to the increase in the community’s strength. This is why, for instance, many Africans perceive or regard celibacy or childlessness as a curse from the ancestors. Celibacy is construed as a selfish act, an outright negation of societal duties. As Kanyike explains, “No one remains celibate just for the sake of it or in order to be free and no [African] society can ever set celibacy as an ideal without running into the danger of extinction”.⁴¹ Celibacy is regarded as abnormal and a serious offence against the primitive command

³⁹ Ibid.

⁴⁰ Sundermeier, T. (1998) *The Individual and Community in African Traditional Religions*. Piscataway, New Jersey: Transaction Publication, pp.14-16.

⁴¹ Kanyike, E. (2004) *op. cit.*, p.140.

“to increase and to multiply”, and an offence too against “immortality”.⁴² To put it differently, negating the responsibility to procreate is a dereliction of duty.

Sundermeier recounts an explanation offered by African students who condemned the celibacy of Catholic priests. These students expressed their concern by arguing that it goes against nature, and therefore is an act of disobedience to God. God, they explained, is the giver of life and procreation is a religious obligation which is connected to “...the idea of life, personhood, immortality, the relationship with God the Ancestor, and the social ideals of the community of the living and the dead”.⁴³ The same ideas are applied to childlessness, where marriage without procreation is equally offensive. The reason given for this “unforgiving attitude” stems from the view that to be married without children is to be “completely cut off from the human society, to become disconnected, to become an outcast and to lose all links with mankind”.⁴⁴ In the traditional African community, one becomes “cut off” or “disconnected” because he or she has left no-one behind to remember him or her. The urge to have children is related to the belief that having children ensures that parents will have descendants who can perform duties towards the ancestors in order to keep the memory of those who have passed on - the living-dead - alive. As Mbiti emphasizes, “Everyone, therefore, must get married and bear children: that is the greatest hope and expectation of the individual for himself [sic] and of the community for the individual”.⁴⁵ In essence, marriage is a duty, a necessity and requirement from society in which everyone must participate in the rhythm of life. Certainly the norms of traditional African societies seem to condemn those who remain single.⁴⁶

Apart from her biological role, women also have a decisive function as a purveyor of virtues, moral norms and other communal values that are cherished. This role is inextricably linked to their traditional care-giving roles, which, as Collette Suda states, “put them in a unique and strategic position not only to produce and sustain life but also

⁴² See Mbiti, J.S. (1970) *African Religions and Philosophies*. New York: Anchor Books, pp.174-175.

⁴³ Sundermeier, T. (1998) *op. cit.*, p.16.

⁴⁴ Mbiti, J. S. (1970) *op. cit.*, pp.175-176.

⁴⁵ *Ibid.*

⁴⁶ Njoku, J.E. (1980) *The World of the African*. London: Scarecrow Press, p.14.

to help instill socio-religious values and morals in the family and society as a basis for establishing good and appropriate relationships between members".⁴⁷ The context in which young people learn from older people is in fellowship with older persons. Since the mother is charged with the well-being of children she will most certainly impart moral wisdom with the spoken word. The narrative dimension to the transmission of virtues and values is essential. The education of the young through the use of myths, proverbs or parables is "all intended to promote the good of the community". As Alasdair MacIntyre holds, "education in virtue and the promotion of ethical living are tasks incumbent upon the entire community, and this implies that the community gives expression to itself through each individual action".⁴⁸ The mother or woman's role here is to provide guidance to the young members of the community. Mothering is thus akin to what Malidoma Patrice Somé describes as mentoring, when he states a mentor is "a guide who shows the way, working from a position of respect and affinity".⁴⁹ Thus, at the heart of mothering is the acceptance of the responsibility to provide guidance to children of the community in order to promote and preserve the well-being or "moral health of African families and communities".⁵⁰

A mother's obligation to teach her children certain moral standards of behaviour or codes of conduct within the community is achieved through the process of socialization. Much of this teaching focuses on promoting community life, in which emphasis is placed on upholding the community's customs, values and norms. In this way, children are taught the socio-ethical and moral values that not only define socially accepted behaviour, but more importantly, they are taught the values that serve to protect the interests of all members of the community.

For example, women are responsible for teaching their children one of the many fundamental values that Africans cling to: that every person is responsible for prolonging

⁴⁷ Suda, C. (1996) 'The Centrality of Women in the Moral Teaching in African Society'. *Nordic Journal of African Studies*. Vol. 5 No. 2 p.71.

⁴⁸ MacIntyre, A. (1985) *After Virtue: a study in moral theory*. Notre Dame: Duckworth, pp. 205-206.

⁴⁹ Somé, M.P. (1998) *The Healing Wisdom of Africa. Finding Life Purpose Through Nature, Ritual and Community*. Hammersmith, London: Thorsons, p.102.

⁵⁰ Suda, C. (1996) *op. cit.*, p.76.

the life of the community and so has an obligation to preserve and transmit life. The emphasis placed on transmitting such values serves the purpose of telling children that, in the African community, they need to be aware that they are connected to others in the community in ways that transcend blood relations. The other community members and the ancestors' well-being need to be safeguarded, too. In this instance, children are told that their individual health and well-being, as well as that of the community, cannot be maintained in a vacuum, but are indicative of the connectedness of human life. Somé puts it well when he writes that, since the community recognizes that its own vitality is based on the support and protection of each of its individuals, the community takes upon itself the responsibility of nurturing and protecting all individuals.⁵¹

There are many other lessons that children are taught concerning the community's ethical principles. Suda lists some of the other traditional ethical values:

Teaching children personal discipline, how to uphold sexual morality, what is expected of them at various stages of their lives as well as the moral requirements of chastity, marital fidelity and family responsibilities for men, women and children. The Youth are also told to exercise self-control and shown how to grow up into responsible and productive members of society. They are also made to learn through proverbs and folktales by older women to respect their parents and elders, to take their advice and guidance seriously. They also learn the adverse consequences of violating moral rules.⁵²

In other words, women act as moral compasses or moral agents in traditional African communities and they carry out this responsibility with vigour, which is why the woman is perceived as "the architect of moral and spiritual development".⁵³ African women hope that, through their contribution to the moral fibre of community life, the children she bears, nurtures and guides will become honourable and respectable members of the community. Although her work and worth go beyond this realm, this aspect of her educative role is indispensable and affirms the fact that "the survival of the human race depends on its female component".⁵⁴ Njoko sums it up well in his appraisal of women

⁵¹ Ibid.

⁵² Ibid, pp.71-73.

⁵³ Njoko, J.E. (1980) *op. cit.*, p.15.

⁵⁴ Ibid.

when he comments "Women's sense of morals and their sense of duty reflect their positions within society".⁵⁵

3.2 Women's healing roles

The main aim of traditional Africans everywhere on the continent is to ensure the survival of the community and its healthy social functioning. If this is the case, then it is the duty of each and every member of the community to promote life and avoid untimely death. It is within this domain of community life that women play an indispensable role, largely because they are the providers of healthcare within the family and the wider communal context.

The provision of healthcare services in the home comes from women's instinctive ability to nurture and care for their loved ones. This role can be understood as a natural extension of their mothering duties. In the event of illness, she is the first one to notice the symptoms, especially when it is her children that are ill.⁵⁶ This ability to recognize and treat the early symptoms of common illnesses such as colds and minor ailments with herbal remedies places women in the position of the general practitioner. As Philomena Mwaura points out:

Women have detailed knowledge in the area of family health and generally in the traditional context they have a good knowledge of herbal remedies of common complaints like stomach-ache, gastrointestinal problems, headaches, respiratory disorders, diarrhea, teething pains, toothache, coughing and hiccups.⁵⁷

Mndende describes the responsibility of women in the domestic healthcare domain:

...It is the mothers of the sick who live with healing: it is they who first see that their child is sick. As a result, there is a saying in Xhosa, *iubushushu bomntwana buviwa ngunina*, which simply means that it is the mother who first sees that the

⁵⁵ Njoko, J.E. (1980) *op. cit.*, p.15.

⁵⁶ Mndende, N. 'Ancestors and Healing in African Traditional Religion', in Kanyoro, M. J. & Njoroge, N. J. (ed) (1996) *op. cit.*, p.248.

⁵⁷ Mwaura, P. N. 'Women's Healing Roles in Traditional Gikuyu Society', in Kanyoro, M. J. & Njoroge, N. J. (ed) (1996) *Groaning in Faith. African Women in the Household of God*. Nairobi: Acton Publishers, p.253.

temperature of the child has risen... When the husband is sick, the wife nurses (*uyamonga*) him and applies first aid treatment for minor ailments.⁵⁸

In the light of the above quotation, it can be seen that the nurturing and caring duties of mothers are a reflection of their responsibility for family health.⁵⁹ Moreover, a woman's sense of responsibility is demonstrated in her insistence on nursing her family members. Even when a family member has died under her care a sense of satisfaction or pleasure is derived from her ability to carry out her motherly obligations. According to Nokuzola Mndende, there is a Xhosa saying that expresses the sense of pride of a wife whose husband has died under her care: “*ndayonga eyam indoda sada sahlulwa kukufa*’ (‘I nursed my husband until death parted us’).⁶⁰

The provision of healthcare services to the community comes from women's ability to connect with members of the supernatural or spirit world, the living-dead. Research undertaken on male and female diviners or mediums suggests that women outnumber men in the areas of divination and it is clear that women are very involved in healing. For example, S. N. Ezeanya explains that “95 per cent of Zulu diviners are married women and it is believed by the Zulus that the welfare of the community depends on those female diviners”.⁶¹ This is also the case among the Xhosa. Similarly, David Hammond-Tooke records that “The majority of diviners among the Bhaca are women”.⁶²

The ability of women to transcend, or go beyond the physical, material world and communicate with the metaphysical world is quite common in traditional Africa communities. It often enables them to become diviners or mediums within the community. The role of a medium is so important in Africa's traditional healing practices because these are the people who are better able “to link human beings with the living-dead and the spirits. Through them messages are received from the other world, or

⁵⁸ Ibid.

⁵⁹ Mwaaura, P. N. ‘Women's Healing Roles in Traditional Gikuyu Society’, in Kanyoro, M. J. & Njoroge, N. J. (ed) (1996) *op. cit.*, p.254.

⁶⁰ Mndende, N. ‘Ancestors and Healing in African Traditional Religion’, in Kanyoro, M. J. & Njoroge, N. J. (ed) (1996) *op. cit.*, p.248.

⁶¹ Ezeanya, S.N. (1976) ‘Women in African Traditional Religion’. *Orita*. Vol. 10, p.113.

⁶² Hammond-Tooke, D. (1962) *The Bhaca Society*. London: Oxford University Press, p.245.

men [sic] are given knowledge of things that would otherwise be difficult or impossible to know".⁶³ Geoffrey Parrinder also captures the significant contribution mediums offer when he writes: "The diviner seeks to interpret the mysteries of life to convey the message of the Gods [sic], to give guidance in daily affairs and settle disputes, to uncover the past and to look into the future".⁶⁴ Guided by this awareness, people often embrace the presence of mediums as friends of the community. They are not viewed as evil people who use or manipulate their gifts and abilities to communicate with the spirits in a manner that is intended to cause harm. This is especially true in the areas of sickness, disease and misfortune.

Mediums are therefore valuable contributors to the art of traditional healing practice. They provide explanations for experiences of illness in a world that is hinged on the need to look for the meaning and find explanations for ill-health. For example, when a person is sick and needs to find answers that explain why he or she is ill, they go to a medium to obtain the answers that reveal who has "caused" or "sent" the illness. M. Vera Bührmann explains the quest for meaning and the need for explanations of who, how and why as pivotal to the art of healing. According to Bührmann, for African people, "There is little if any room for the concept of *chance*.... There are always searching for a "cause", for the *how*, *why* and the *by whom* of events that have befallen them".⁶⁵ The medium, in communication with the spiritual world, is often able to provide satisfactory information that explains the cause, nature and treatment of the disease. The explanation given not only seeks to advise the patient on the appropriate form of treatment, but also to relieve any feelings of anxiety that might manifest during sickness.

Among the many roles and positions that women occupy within the African world-view, what characterizes their position within this paradigm is their ability to provide, nurture, care, sustain and maintain life. This is marked by an awareness of the guiding principle that "I am because we are; and since we are, therefore I am". Mbiti stresses that this

⁶³ Mbiti, J. (1970) *op. cit.*, p.224.

⁶⁴ Parrinder, G. (1969) *West African Religion*. London: Eppworth Press, p.137.

⁶⁵ Bührmann, M.V. (1984) *Living in Two World. Communication between a white healer and her Black counterparts*. Cape Town: Human & Rousseau, p.32.

philosophical principle “is of great psychological value: it gives a deep sense of security in an otherwise insecure world in which the African peoples live”.⁶⁶ Moreover, it cannot be emphasized further that in African societies, deep respect is accorded to the culturally-defined role of women. This is because, as Lesibana Jacobus Rafapa asserts, “...the woman, being the source of progeny due to her ability to give birth, has a sacred place in African society. Transmission of culture is closely tied to the ability of a people to reproduce itself by means of filiation”.⁶⁷ Thus, to conclude this section of this chapter, a brief return to the African concept of *ubuntu* as a guiding ethic for African people is necessary. The emphasis within African cultures to associate the central role of women in terms of their reproductive nature explains why the African concept of *ubuntu* also has biological implications. For example, the Zulu maxim *umuntu, ngamuntu ngabantu* – a person is a person because of other people – illustrates the responsibility that people have to their families, communities and society as a whole. The maxim implies that women play a central role in their task to see to it that the yet to be born, are in fact, born. The biological implications here are that the continuity of life requires both man and woman. It is through their generosity and willingness to unite as equals that prevents the extinction of future generations. It is against this social backdrop that women are seen as sacred and as pillars of society who contribute to the prevention of the extinction of future generations.

3.3 Conclusion

Chapter Three examined the place and role of women within the traditional African world-views through, firstly, an analysis of African mythology. The aim here was to show that African women occupy prominent positions, even in the domain of mythology. Secondly, the chapter analyzed women in traditional African communities. A common motif that runs through all these sections is that women in the traditional African societies are highly honoured and respected, whilst at the same time they are irreplaceable and indispensable to the family and community, largely because of their ability to pass on and

⁶⁶ Mbiti, J. S. (1970) *op. cit.*, p.189.

⁶⁷ Rafapa, L.B. (2006) *The Representation of African Humanism in the Narrative Writings of Es'kia Maphahlele*. Johannesburg: Stainbank & Associates, p. 233.

preserve life and to transmit acceptable codes of morality. We have also seen that women play an important role in the provision of traditional healthcare, in both their homes and their communities, by being able to quickly identify the sick and treat them according to the symptoms they manifest. This chapter, therefore, highlighted the centrality of African women in traditional African societies. This was achieved by examining them in various ways and contexts in order to reveal positive aspects of African traditions that, in some way, enhance the image of African women and also to re-awaken our ethical and moral responsibility towards women. Exposing the positive contribution that African women offer community life ought to urge us to value them, to appreciate them and to care for them, especially in the context of the HIV and AIDS epidemic.

What has been revealed is that women are not obscure or insignificant members in traditional African communities. On the contrary, they occupy a central position which all members ought to recognize and appreciate. African women's ability to tap into traditional Africa's healing wisdom is truly valuable. Chapter Four explores in greater detail the significance of Africa's traditional healing wisdom and healthcare practices, with a view to shedding light on why it is important not to forget that in Africa there is a social dimension to health and illness. The way Africans understand, treat and manage illness is grounded in *ubuntu*, an African ethic that reminds us to care for each other holistically, which Western biomedicine, to some extent, is unable to do. By this I mean not only physically, but emotionally, psychologically socially and spiritually. It is directly linked to the encouragement of the preservation of life that is so important not only Africans, but to the rest of humanity. Let us now turn our attention to conceptualizing Africa's traditional healing wisdom.

Chapter Four: Traditional African approaches to health and healing

4 Introduction

In the previous chapter the valuable and indispensable role of black African women, as depicted in traditional African communities, was discussed. Their indispensable nature was captured through the use of myths and also in their biological, social roles. It was shown that African women have many responsibilities in the community and one of their roles is the provision of domestic healthcare to family members who are sick. Providing healthcare to those who are sick further buttresses their position in traditional African communities. Healing the sick is a great responsibility in traditional African communities, as it ensures the survival of the group. It reinforces the African ethic of *ubuntu* that is based on the virtue of care.

Since time immemorial, traditional African communities have utilised a healing system that draws on the wisdom of traditional healers. Africa's indigenous healing wisdom has incorporated elements of community life into its healing practices. In this sense, then, healing in the traditional context is part of a wider system of beliefs that reflect how black African people understand the meaning of health, which subsequently, shapes the basis of healing.

The primary purpose of this chapter is to discuss healing in the African context. The chapter draws on literature that informs and shapes the urban and rural black African's understanding of health, healing and well-being, because in times of emergency or despair, Africa's traditional healing wisdom is referred to, or consulted. The structure of the chapter is as follows: The first section revisits the concept of life in relation to how black Africans associate life with health. The second section contextualises the African approach to health. The third section examines the assumptions behind the term "traditional" and proceeds to provide a definition. The fourth section explores the different types of healers in South Africa. Lastly, the fifth section discusses traditional African healing practices and outlines the basis of healing in Africa.

4.1 Revisiting the approach to life in the African world-view

4.1.1 Defining world-view

In order to show that Africa's indigenous healthcare practices are more holistic than their Western counterpart, a necessary first step is to attempt to place this idea within a broader framework, for the practices associated with traditional healing are part and parcel of a wider system of beliefs that underlie and reflect perceptions of the world and the individual's place in it. This cognitive system is usually referred to as cosmology, or world-view.

The concept of world-view is an important one that seeks to highlight, and make sense of, how individuals situate themselves within the world. Secondly, as Hammond-Tooke notes, it is a useful concept for attempting "...to make intellectual sense of the world and of life..." because it is "...both descriptive and theory-laden...", as it "...purports to explain or interpret..."¹ knowledge in order to make sense of the world by imposing meaning on it. This is frequently done by "making use of symbolism...and, as such, often has a strong affective (emotional) content".² Hammond-Tooke broadly defines the concept of world-view as "all cognitive ways of conceptualizing and classifying the world, including kinship terminology, botanical and zoological taxonomies, the nature and treatment of disease, and notion of 'good' government, and even such types of knowledge as the geographical and technical".³ It is from this general definition that explanations of the African understanding of health and well-being, and the basis of healing, are discussed.

4.1.2 The approach to life

As we saw in Chapter Three, to impart life, to increase life and to preserve life is the primary occupation of all humanity. This is acutely expressed in Africans through the African ethic of *ubuntu*. The concept of life is revisited in this section, to remind the reader how important life is, especially as it relates to health and well-being.

¹ Hammond-Tooke, D. (1989) *op. cit.*, p.33.

² *Ibid.*

³ *Ibid.*

Peter Kasenene, among others, states that “The African world view, in which people’s ethics is rooted, is life-affirming, and societal in activity on the promotion and vitality and fertility of human beings, livestock and the land on which their livelihood depends”.⁴ The concept of life and the affirmation of life is central and all-embracing in African thought, because life informs action and orders human dwelling such that any attempt at understanding the nature of the African world must begin with it. Life orders the African world, life is the *raison d’etre* and it is the most important concern in the African world.⁵ The concept of life, according to Harvey Sindima, offers the basic framework for both conceptualization and interpretation of the African world-view, because the concept of life enables people to authenticate their way of living in the world and it is the basis of community life.⁶

How can one conceptualize the African idea of life? Ruch explains the notion and unity of life in the African world, when he writes:

The African feels himself integrated in and part of nature, and in particular, part of his social group...He does not separate himself from the world and from his fellow-man [such that] Whatever he does will affect the world and his fellow-man. Whatever one of his fellow-man does will affect him.⁷

To this end, Ruch states, “He does not feel himself like a swimmer in a hostile and foreign sea: he is part of this sea, he participates in it as it participates in him”.⁸ This is a useful analogy that clearly explains the all-embracing concept of life in African thought.

Furthermore, death in African thought does not represent the end of life. Death is merely a change in physical condition. As was discussed in Chapter One, this is what the concept of ancestors stands for. Ancestors are the invisible members of society, who live in the spirit world and are spiritual beings who are responsible for the living.⁹ They are the channels through which wisdom and knowledge is communicated to all members of

⁴ Kasenene, P. *op. cit.*, pp.347-8.

⁵ Sindima, H.J. (1995) *Africa’s Agenda. The Legacy of Liberalism and Colonialism in the Crisis of African Values*. Westport, Connecticut: Greenwood Press, p.148.

⁶ Ibid.

⁷ Ruch, E.A. ‘Towards a Theory of African Knowledge’, in Georgiades, D.S. & Delvare, I.G. (1975) *Philosophy in the African Context*. Johannesburg: University of Witwatersrand Press, p.2.

⁸ Ibid.

⁹ Vilakazi, A. *et al.* (1986) *op. cit.*, p.11.

the community. They are also the return channel through which the needs and troubles of the community are made known in order to obtain their advice.¹⁰ The link between living persons and ancestors remains strong and in this respect one can state that in African thought there is no break between life and death, but continuity between the two. Vilakazi *et al* explains how this continuity is maintained.

According to the Zulu, when a person dies, his soul (*umoya*) or spirit leaves the body. The spirit, however, does not die, but wanders in space until it is integrated into the society of the unseen by the *ukubuyisa* ceremony, that is, the 'bringing home' ceremony. This ceremony takes place a year after a person's death. A beast is slaughtered, beer is brewed, and people come to eat and be merry, and the dead person is told by an elder that he is being brought back home, and asked to be kind to them, and to protect them. He is asked to guard all his kinsmen from disease and the machinations of sorcerers and witches.¹¹

Additionally, the most important issue addressed in African thought is how life is experienced and how it is to be lived. Life, in African thought, is always lived in relation to others. As Ruch explained, the African feels integrated and connected to his community and to nature. It is therefore within his community that his identity is derived. Sindima explains, "As one engages in work, ritual practice, and symbols, one is defined by them and in them".¹² Additionally, one's identity can be derived from a non-human entity – an animal or tree, for example. This reference, according to Sindima, "gives one identity *via negativa*, that is, by showing what one is not."¹³ In short, people define who they are and are defined by others through their participation in community life.

Julius Nyerere, seeking to emphasize how life is lived in the community, drew on socialism, which he made the key concept in understanding the African way of life and the world. This led him to contend that one of the principles of the traditional African family were:

...that all basic goods were held in common, and shared among all members of the unit. There was an acceptance that whatever one person had in the way of basic necessities, they all had; no-one could go hungry while others hoarded food.... Within the extended family, and even within the tribe, the economic

¹⁰ Ruch, E.A. *op. cit.*, p. 3.

¹¹ Vilakazi, A. *et al.* (1986) *op. cit.*, pp. 12-13.

¹² Sindima, H.J. (1995) *op. cit.*, p. 150.

¹³ *Ibid.*

level of one person could never get too far out of proportion to the economic level of others.¹⁴

This principle of communitarianism in African systems of thought led Leopold Senghor to stress that differences in African communitarianism and Western communitarianism lie in the fact that

...the latter is an *assembly of individuals*. The collectivist [sic] society inevitably places emphasis on the individual, on his original activity and his needs. In this respect, the debate between 'to each according to his labour' and 'to each according to his needs' is significant. Negro-African society puts more stress on the group rather than on the individual, more on *solidarity* rather than on the activity and needs of the individual, more on the *communion* of persons rather than on their autonomy. Ours is a *community* society. This does not mean that it ignores the individual, or that collectivist society ignores solidarity, but the latter bases this solidarity on the activities of individuals, whereas the community society bases it on the general activity of the group.¹⁵

The aim among post-independence nationalist leaders was to demonstrate that the traditional African way of life was grounded in communitarianism. The above texts therefore suggest and acknowledge that the African's tendency towards communitarianism is strongly linked to a way of life rooted in their experience of the world. The way they think and feel is in union, not only with other people around them, but, indeed, with the deceased, even God, and the entire universe is drawn into this flow of life.¹⁶

Although Nyerere and Senghor were both writing from a nation-building and developmental perspective amidst their struggles "to find anchorage for their ideological choice of African socialism"¹⁷, they noted something very important and inherent in African traditional societies, which was that Africans are life-preserving and the key value in African societies is the community. As noted earlier in Chapter One, Kwame Gyekye observes that "Communitarianism immediately sees the human person as an inherently (intrinsically) communal being, embedded in a context of social relationships

¹⁴ Nyerere, J. (1968) *Freedom and Socialism. Uhuru na Ujamaa*. Dar es Salaam: Oxford University Press, p.338.

¹⁵ Senghor, L. (1964) *On African Socialism*. London: Pall Mall Press, pp.93-94.

¹⁶ See Bujo, B. (2001) *Foundations of an African Ethic. Beyond the Universal Claims of Western Morality*. New York: The Crossroad Publishing Company, p.88, and Masolo, D. *op. cit.*, p.498

¹⁷ Gyekye, K. 'Person and Community in African Thought', in Coetzee, P.H. & Roux, A.P. (ed) (1998) *Philosophy from Africa. A Text with Readings*. Durban: International Thomson Publishing Southern Africa, p.319.

and interdependence, and never as an isolated, atomic individual”.¹⁸ Also, if we return to John Mbiti’s sentiments of “I am, because we are; and since we are, therefore I am”¹⁹, or the Zulu equivalent of “*umuntu ngumuntu ngabantu*” both these phrases echo Gyekye’s observation when he discusses the individual’s place in the community. He emphasized that the individual in African tradition does not and cannot exist alone, but that he or she exists corporately, such that they owe their existence to other people.²⁰ What these sayings suggest is that the well-being of an individual is only possible through the community and the web of relationships that are formed from being part and parcel of a community. Or, as Ruch puts it, “What I am myself for and by myself, matters less than what I am with, in and through the others”.²¹ This means that “Existence is not merely ‘being there’; it is power of participation in the pulsation of (*community*) life. ‘To be is to participate’”.²² These maxims show and confirm that, according to the traditional African ethic of *ubuntu*, “...one cannot regard even one’s own life as purely personal property or concern. It is the group which is the owner of life, a person being just a link in the chain uniting the present and future generations”.²³

The idea that an individual is a link in a chain of other members of the community is expressed in the way Africans greet each other. For example, Osma Mbombo writes that a concern for ‘wellness’ in African culture is evident in the way Africans greet each other, when they ask: ‘*Uyaphila na?*’ (Are you well?) Africans will, in the words of Mbombo, “...go to town, to tell us the whole story of their illness and how somebody else is not well in the family, and how somebody is not well in the community”.²⁴ Broodryk makes a similar observation when he points out that the Zulu word for ‘how are you?’ in the plural form, is ‘*ninjane*’.²⁵ He explains that “When using ‘*ninjane*’ one not only enquires about the well being of a single person, but also about the well being of the persons’ relatives and friends”.²⁶ The same can be said for the Sotho word ‘*dumela*’.²⁷

¹⁸ Ibid.

¹⁹ Mbiti, J.S. (1970) *African Religions and Philosophies*. New York: Anchor Books, p.141.

²⁰ Ibid.

²¹ Ruch, E.A. *op. cit.*, p. 18.

²² Ibid, p. 10.

²³ Kasenene, P. *op. cit.*, p. 349.

²⁴ Mbombo, O. ‘Practising medicine across cultures: conceptions of health, communication and consulting practise’, in Steyn, M. & Motshabi, K. (ed) (1996) *Cultural Synergy in South Africa. Weaving Strands of Africa and Europe*. Randburg: Knowledge Resources, p.110.

²⁵ Broodryk, J. (2002) *Ubuntu. Life Lessons from Africa*. Pretoria: Ubuntu School of Philosophy, pp.100-101.

²⁶ Ibid, p.101.

Sanon (cited by Bujo) echoes Mbombo's and Broodryk's observations when he elaborates:

Where a European may only inquire after the health of someone he meets, the African wishes to know, even from a total stranger, whether his family members are well. Not only a 'How are you?' is important, but rather, 'How are your people?' is decisive in regarding health.²⁸

A result of this wellness attitude is that an illness in a person is regarded as an illness of the family and the community.²⁹ Seen in this light, an individual's health is the concern of the community and the person is expected to preserve his or her life for the good of the group.³⁰ This is because, health, good or bad, does not merely belong to an individual, but reflects the general well-being or misfortune that exists within a family or community. It is from this general premise that one can tentatively conclude that the individual's health or sickness is, therefore, indispensable to the well-being of the community, such that a sickness that troubles the individual is regarded as a communal sickness; hence the diagnosis and medicines that are given by a traditional healer are always administered in the presence of family or community members.³¹ This point will be developed later, in relation to Africa's traditional healing practices.

4.2 Contextualising the traditional African approach to health

4.2.1 The symbiotic relationship between life, the community, nature and health

The individual's health is not only the concern of the community or, rather, not only the concern of those that are living, but also those that are dead. According to Shutte, "It must be remembered that when one speaks of humanity in the context of African thought one is not speaking only of the living. The dead play a very important role in the whole universe of forces, and continue to interact casually with the living".³² Put differently, the ancestors continue to live as shadows in the community and engage in an active

²⁷ Ibid.

²⁸ Sanon, A. T. (1990) 'Heil und Heilung fur den Christen in Afrika', cited in Bujo, B. (1998) *The Ethical Dimension of Community. The African Model and the Dialogue between North and South*. Nairobi: Paulines Publications Africa, pp. 182-3.

²⁹ Ibid.

³⁰ Kasenene, P. *op. cit.*, p. 349.

³¹ See Murove, M. (2004) 'African Bioethics: An exploratory discourse'. Unilever Ethics Centre: University of KwaZulu-Natal, (unpublished), p.8

³² Shutte, A. (1998) *Philosophy for Africa* Rondebosh: University of Cape Town, p.54.

relationship between an individual and his/her ancestors, by playing a mentorship or guardianship role. Ancestors are often consulted in both turbulent and jubilant times, because there is a strong belief in the idea that something of the dead person survives and does not wholly disappear. Thus, according to the traditional African understanding of life, in order to preserve health, the individual, along with the community, must ensure that equilibrium between the social environment and the person is maintained in order to create harmony between the two. If disequilibria exist between the social environment and the person, the person is not regarded as being healthy and so ancestral help is required to gain information and shed some light concerning the illness. As Berg writes, "Their presence (*the ancestors*) is the most important factor in maintaining good health".³³ In order to determine whether an individual is at peace with the social environment, all major aspects of the person, namely the physical, psychological and social need to be sound and operating normally.

An individual's good health is buttressed when he or she maintains environmental equilibrium, for instance, in the preservation of nature.³⁴ The desire to preserve and respect nature is closely related to the meaning of life. Sindima explains:

By interacting with nature, both creation and people give themselves a new meaning of life and through this relationship people discover themselves within the totality of all creation. As nature opens itself up to humankind, it presents possibilities of experiencing life in its fullness. In the interaction with nature, people discover their being inseparably bonded to all life.³⁵

To illustrate this point, Sindima provides a significant example of how Africans appreciate and express their connectedness to all creation, and all life, in the way they view the forest.

The forest provides the African with all basic needs – food, materials for building a home, medicine, and rain; it also provides a sanctuary for religious practices as well and a home for the fugitive; in addition, it serves as a cemetery and the abode of ancestral spirits. In short, the forest is everything for the African. It is this understanding of belonging to one texture of life which gives Africans the sense of respect and care for creation.³⁶

³³ Berg, A. *op. cit.*, p. 197.

³⁴ See Kasnene, P. *op. cit.*, p. 350.

³⁵ Sindima, H.J. (1995) *op. cit.*, p. 126.

³⁶ *Ibid*, p. 127.

This sense of respect for nature and all creation clearly demonstrates and affirms the view that, in African thought, life is always seen in its totality and that “nature and persons are one, woven by creation into one texture or fabric of life”.³⁷ From this, it follows that the Kantian categorical imperative that states, “Act only on that maxim whereby you can at the same time will it to become a universal law” and “So act as to treat humanity, whether in your own person or that of another, in every case as an end in itself, and never as a means only”³⁸ is applicable not only to human life, but to nature as well. It can therefore be discerned that traditional African values subscribe to a holistic ethic such that the ethical imperative in this way of life is not to treat the other or nature as a means to an end, but as an end in itself, since the other or nature is also a part of the self.³⁹

The same observation of viewing nature as an extension of the self is made by Munyaradzi Murove, in an article that discusses how an African’s commitment to ecological conservation is upheld and revealed through the Shona concept of *ukama* and the African ethic of *ubuntu*. *Ukama*, Murove explains, means relatedness and *ubuntu*, as we have already seen, means humanness. “When these two concepts are compounded in their togetherness they provide an ethical outlook that suggests that our human well-being is indispensable from our dependence and interdependence with all that exists, and particularly with the immediate environment on which all humanity depends”.⁴⁰ In pointing to the dependence and interdependence that human beings have on nature, Murove declares that, for example, in African stories there is always a “moral significance in the stories of human characters who are in a helpless state, unable to obtain aid from their relatives or from other humans, and are helped by animals”.⁴¹ A Cameroonian story illuminates the interconnection between human and animal well-being. The narrative, as Tamara Giles-Vernick and Stephanie Rupp explain, tells of the first rainy season that Ndjàmbé and his family, the mythical Bangando ancestors, spent in the forest and it describes their difficulties in finding food and surviving. The tale is quoted at length.

³⁷ Ibid.

³⁸ Rossouw, D., Prozesky, M., van Heerden, B. & van Zyl, M. (2007) *Ethics for Accountants and Auditors*. Cape Town: Oxford University Press Southern Africa (Pty) Ltd., pp. 55-56.

³⁹ Sindima, H.J. (1995) *op. cit.*, p. 126.

⁴⁰ Murove, M. (2004) ‘An African Commitment to Ecological Conservation: The Shona Concepts of *Ukama* and *Ubuntu*. *Mankind Quarterly*. Vol. XLV, No. 2, p. 196.

⁴¹ Ibid, p. 206.

Ndjàmbé lived with his two wives and three sons in the forest, where they farmed and hunted. Each day, Ndjàmbé's three sons took turns checking their father's traps to bring back meat. One day, when the youngest son checked the traps, he found two animals. He killed the first animal. As he went to kill the second, a chimpanzee, it cried out, "Spare me! Spare me, my child! If you let me go, whenever you run into trouble, call my name, Tika Tika!" So the youngest son let the chimpanzee go free. He worried, however, that his father would be angry if he returned home with only one animal from the traps. And sure enough, Ndjàmbé was very angry indeed.

Ndjàmbé's wives had just planted their garden when a great famine came to the land. Because the crops were still growing, the family had no food to eat. So the family went farther into the forest to survive on wild yams and honey. In the forest they found a Leko tree that had honey on every branch. The whole family scaled the tree, lashing ladders to climb from branch to branch. As they ascended the tree they ate its honey, cutting off each branch after consuming its store. They built sleeping platforms in the tree and spent many weeks there.

When the family finished off the honey, they wanted to return home to eat their ripening crops in their garden. But they could not descend the tree: They had lopped off its branches, and the ladders had rotted. Ndjàmbé told his wives and sons that they should shout out for help, taking turns each day. The two wives and the eldest two sons called out for help, but to no avail. Then the youngest son shouted for help. He called "Tika Tika!" He called again. And once more, "Tika Tika tinkambaï!" ["Tika Tika, help me, friend!"].

A small figure emerged from the forest. It was Tika Tika, the chimpanzee whose life the youngest son had spared. Tika Tika rescued the family, carrying them one by one on his back to the ground. The family returned happily to the village, finding that the garden had produced a good harvest. Everyone ate well; the famine was over. Ndjàmbé made his youngest son the chief of the family, for the son had saved his parents and siblings from famine in the tree. And to this day the chimpanzee is the closest animal friend of the Bangando, closer than the gorillas or the monkeys. They are the smallest sons of the Bangando. The moral of the story is "Help me; I will help you one day" [Gbàdè mí; mì bò gbàdè mé swèè].⁴²

The tale addresses a couple of issues. Firstly, the story demonstrates the formation of a symbiotic relationship between human beings and nature. Secondly, the story highlights the moral obligations that people, as custodians of the earth, have to the preservation of nature. In essence, the message imparted by the above tale is that nature will come to the aid of those who are lost, abandoned or banished from society. Murove says,

The implication here is that in African stories, much emphasis is put on the theme that the existence of *muntu* is in *Ukama* with the natural environment.... Virtues

⁴² Giles-Vernick, T. & Rupp, S. (2006) 'Visions of Apes, Reflections on Change: Telling Tales of Great Apes in Equatorial Africa'. *African Studies Review*. Vol. 49, No. 1, pp. 61-62.

such as humility, compassion and solidarity are thus a common phenomenon in both *muntu* and the natural environment. This solidarity between *muntu* and the natural environment is mainly an acknowledgement of mutual interdependence.⁴³

The interdependence between people and nature is further demonstrated in traditional agricultural practices. For example, a common understanding among rural or traditional Africans is that they see themselves as dealing with earth as a sacred entity, which exists independently of men or women.⁴⁴ Kinoti eloquently describes this connection.

The assumed fundamental unity between mankind and nature can be illustrated in what some have called totemism. The totemic relationship whereby animals and plants have been incorporated with the human kinship system has traditionally restrained the African society from indiscriminate plunder of nature.⁴⁵

Ali Mazrui made a similar observation. According to him, the African attitude to nature is of ecological concern and preservation, as opposed to ecological destruction and exploitation, because of its “totemic frame of reference”.⁴⁶ What the above quotations imply is that African thought and action are hinged on the notion that people are custodians of the environment and they therefore treat the environment with a great deal of respect. Land and nature among Africans are viewed from the perspective of survival. This, according to Kamalu, “implies an ecological responsibility for the current generation of the living whereby the consequence of any actions for future generations must be considered”.⁴⁷ This view of the earth differs sharply from the dominant view held by many in the West, which is ‘productivity’ and ‘capital accumulation’, whereby the emphasis is only on survival, the creation of wealth and taking care of the needs of the present generation.

The respect for land and nature is also demonstrated through a symbolic act which aims to establish the roots of a person to a particular place. Kamalu explains, “In African thought the tie with the land is organic and in many traditions it is symbolized by the link

⁴³ Ibid, p. 207.

⁴⁴ Colson, E. ‘The Colonial Period and Land Rights’, in Turner, V. (ed) (1971) *Colonialism in Africa 1870–1960*. Cambridge: Cambridge University Press, p.199.

⁴⁵ Kinoti, H. ‘African Morality: Past and Present’, in Mugambi, J. & Nasimiyu-Wasike, A (ed) (1999) *Moral and Ethical issues in African Christianity*. Nairobi: Action Publishers, p.77.

⁴⁶ Mazrui, A. (1977) *Africa’s International Relations: The Diplomacy of Dependence*. London: Heinemann, p. 265.

⁴⁷ Kamalu, C. (1997) *Person, Divinity and Nature: A Modern view of the Person and the Cosmos in African Thought*. London: Kamak House, p.158.

of the person with the land through his or her umbilical cord".⁴⁸ This is because, as Kamalu observes,

...at birth it is common for the newborn child's umbilical cord to be planted with a seed that will later grow into a fruit tree. As the person grows up, the tree also grows and he/she builds up a relationship with the tree. Since his/her umbilical cord has become part of the tree the two (person and tree) are like brothers and sisters. Even if that person is to move far away there will always be a symbolic link of the invisible umbilical cord pulling the individual back to his/her homeland.⁴⁹

The burial of a baby's umbilical cord establishes a lifelong connection to the land. There is also a socio-ecological interpretation of this act. A person's roots indicates In the light of the above quotation, the African view of health does mean not only the faultless functioning of the body, but also prosperity and mutual coexistence and contentment⁵⁰ between nature or the environment. "Health, therefore, implies safe integration into the bi-dimensional community as the place where life grows".⁵¹ In short, then, the idea articulated here is that maintenance of life and health is based on the preservation of harmony with the community and nature.

In sum, the section reminded the reader on why the concept of life is central to African thought. The aim was to show how life is closely related to a person's health and the health of the community or society. The interdependence of human life to all creation was also discussed in which it was revealed that nature too is accorded the same respect. The idea was to show that human life and all creation are woven into one texture or fabric of life. The African ethic of *ubuntu* affirms the connectedness and of life to human beings, ancestors and nature. It is now necessary to turn our attention to traditional African healing practices since the art and social basis of healing is intimately linked to the preservation of life and health.

⁴⁸ Ibid, p.161

⁴⁹ Ibid.

⁵⁰ Kasnene, P. *op. cit.*, p.350.

⁵¹ Bujo, B. (1998) *op. cit.*, p.182.

4.3 Africa's traditional healing wisdom

4.3.1 The term "traditional" in African healing

The term "traditional", as a description of African healing practices, has "projected assumptions about African healing in its historical context".⁵² An examination of the definitions is important to uncover the existing assumptions. Steven Feierman provides us with definitions that accompany the assumptions placed on the term "traditional". I proceed to enumerate them and problematise the assumptions.

One definition of the term "traditional" characterizes traditional healing as something that traditional Africans do and that these are special and peculiar to a certain group of African people.⁵³ The assumption here is that traditional healing practices are confined to groups of people who are not educated, who are not modernized and are largely confined to systems of thought that are rudimentary or elementary. The problem with this definition is that it fails to acknowledge that university-educated Africans, to take one example, can, and sometimes do, consult Western-trained medical doctors and traditional healers simultaneously, in what was referred to earlier as so-called "African diseases".

Another definition attributes the term "traditional" to the "quality of its reasoning about cause and effect"⁵⁴, to which the word traditional healing is linked to the premise that the quality of reasoning is pre-scientific, illogical and, therefore, not rational. This is especially so because sometimes explanations on the nature of disease and disease causation is attributed to witchcraft or ancestors. The assumption that what is traditional is not rational "has entered scholarly language and thought in a way which sometimes makes the connection between the traditional and the non-rational a matter of definition, and occasionally further assumes that this is not merely a definition but a description of life".⁵⁵ The problem with this definition is that it takes a narrow approach to understanding the context of healing, by assuming that all traditional forms of healing attribute illness and disease to supernatural causes. It fails to recognize that traditional types of healing *do* also seek to uncover and heal the natural causes of illness.

⁵² Feierman, S. (1985) *op. cit.*, p. 110.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*, p. 111.

Yet another definition of “traditional” in African healing is of a residuum – those parts of contemporary therapeutic practice which are left over once other kinds of medicine are accounted for”.⁵⁶ What is implied here is that everything outside biomedical practice is residual or left-over from the past and is, therefore, not a part of official biomedical discourse and healthcare practices. The problem with this definition is that, it employs binary logic in the form of divisions between “modern” and “traditional” and assumes that “traditional” is in the process of becoming modern and what is residual or left-over has no relevance in the modern world.

In summary, the above descriptions strongly suggest that the term “traditional” denotes a backward or ancient practice. Bearing this in mind, it is important to state here that the term “traditional” is employed to refer to a knowledge system that is built on, and shaped by, a different set of core assumptions of healing that has existed long before Western biomedical practices appeared in Africa. The question that arises next is: What is an appropriate definition of Africa’s traditional healing wisdom and system?

4.3.2 Defining Africa’s traditional healing wisdom and system

It is difficult to assign one definition to the variety of features and elements of Africa’s traditional healing wisdom. However, a working definition is essential and one of the definitions for Africa’s traditional healing system and practices provided by the World Health Organization (WHO) is the following:

The sum total of knowledge and practices whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing.⁵⁷

The definition “interprets departures from health (and by implication health itself), in broad and inclusive terms as ‘physical, mental or social imbalance’”.⁵⁸ It is vital to note that not all knowledge and practice is handed down in writing. In most cases, knowledge

⁵⁶ Ibid.

⁵⁷ ‘Planning for cost-effective traditional medicine in the new century – a discussion paper’. WHO Centre for Health and Development, in http://www.who.or.jp/tm/research/bkg/3_definitions.html

⁵⁸ Feierman, S. (1985) *op. cit.*, p. 112.

and practices are communicated verbally from generation to generation. Thus, in the absence of writing, there is no, or very little, public accumulation of medical knowledge, or built-in checks on traditional medicine's efficacy. It is essentially not empirically testable. This is in sharp contrast to Western biomedicine, where medical knowledge is communicated through an ever-increasing body of literature largely interpreted and measured by sophisticated instruments and theories and results of experiments that can be replicated and tested.⁵⁹ For example, as Feierman points out:

Clinical knowledge in biomedicine specifies that a particular intervention – for example, administering a drug – leads to improvement in a certain proportion of patients, perhaps 600 out of a thousand. Researchers try to learn *which* [sic] 600, but an irreducible core of ignorance remains about why one patient gets better and another does not....⁶⁰

Africa's traditional healing practices stems "from a cultural tradition that is seemingly antithetical to a quantitative biomedical framework..."⁶¹ and cannot easily be codified in neat and easily translated literature. However, what it lacks in medical theory and literature it gains in its holistic approach to healing. This point is explained below, in the section that examines the basis of healing in Africa.

Additionally, because traditional healing practices are not empirically testable and quantifiable, they have been viewed or described as alternative. As Pal notes, alternative healing methods comprise "of a large and heterogeneous group of treatments, many of which are procedures that are not readily testable under double-blinded conditions".⁶² In light of this, alternative methods of healing have been defined as "a broad set of health care practices (i.e. already available to the public) that are not readily integrated into the dominant health care model..."⁶³ Perhaps the unwillingness to integrate traditional healing methods that would serve as a complementary role with Western medicine is because this poses challenges to both the Western biomedical and bioethics fields. Or perhaps, as Makinde stresses, "To the Western mind which believes only in Western science and medicine, science is purely physical and empirical. It is for this reason that

⁵⁹ Hammond-Tooke, D. (1989) *op. cit.*, p.145.

⁶⁰ *Ibid.*, p. 105.

⁶¹ Pal, S.K. 'Complementary and alternative medicine: An overview'. *Current Science*. Vol. 82, No. 5, 10 March 2002, p.519.

⁶² Pal, S.K. (2002) *op. cit.*, p.519.

⁶³ *Ibid.*

the Western mind finds African medicine, either impossible or just too fantastic to believe".⁶⁴ Makinde suggests that, because the knowledge, theory or instruments of healing are different to Western scientific methods, an amount of scepticism on the validity of traditional healing practices exists. The scepticism and suspicion that tends to come from Western biomedical practitioners creates some conflict between the two landscapes of healing in South Africa. Below I discuss the landscape of healing in Africa, with specific reference to the types of healers that operate in both the traditional and modern healthcare systems.

4.4 Healers in South Africa

4.4.1 Indigenous healers and Western-trained physicians

In present-day South Africa, differences between types of healers and modes of healing exist. A black South African who requires medical attention has available both Western-trained physicians and traditional or indigenous healers. On the one hand, Western-trained physicians are all formally recognized medical practitioners that include doctors, surgeons, obstetricians, paediatricians, psychologists, psychiatrists and nurses. Essentially, they are healers who have undergone formal training at a medical school or institution of higher learning.

On the other hand, traditional healers include the *inyanga* (herbalist), who is usually male and practices healing in a nonclairvoyant manner, and the *isangoma* (diviner), who is usually female and practices healing in a clairvoyant manner.⁶⁵ The *nyanga* and *sangoma* do not have identical approaches and techniques of healing, because "The former observes and examines the patient directly and ministers to the whole patient; the latter usually consults with a patient's family and relies on spiritual insights to interpret the causes and consequences of suffering".⁶⁶

⁶⁴ Makinde, M.A. (1988) *African Philosophy, Culture, and Traditional Medicine*. Athens, Ohio: Ohio University Center for International Studies, pp. 101.

⁶⁵ Ngubane, H. (1992) 'Clinical Practice and Organization of Indigenous Healers in South Africa', in Feerman, S. & Janzen, J. (1992) *The Social Basis of Health and Healing in Africa*. Berkeley: University of California, p. 366.

⁶⁶ Ibid.

which the doctor determines what the ailment is, mostly by asking, and not observing, the symptoms of the patient. Sometimes blood samples are extracted and the doctor then determines the cause of the illness. After the examination, the doctor prescribes or dispenses medicines with very little, or a brief, explanation of what the diagnosis is, or of the possible cause of the illness.⁷⁰

The patient is seen merely as an individual that harbours a germ or foreign organism that needs to be isolated and treated in order to restore his or her health. It is hoped that by identifying the virus or bacterium that has invaded the patient, the treatment provided will eliminate the illness. In this manner, Western medical theory and practice views disease as an invasion of the body by foreign organisms. In order to treat the disease, medicine is prescribed to counter the effects of the micro-organism. One can therefore infer that Western biomedicine focuses generally on isolating the organism that is harboured in the body. These organisms are often diagnosed and treated as individual entities that are separate from the patient. Most importantly, the Western-trained physician, because of his or her training, does not take into account the patient's social circumstances and social relations when attempting to restore health.

It ought to come as no surprise, then, that the different approaches to healing create tensions in South Africa's landscape of healing. The tensions are made apparent, because for various reasons, the black African person can consult the Western trained physician and a traditional healer simultaneously. An example of a tension that can arise in the event that a patient seeks the services of a Western-trained doctor and a traditional healer at the same time is in the prescription of medicines that can cause medical complications that is a result of taking a double and perhaps harmful dose of a given medicine.⁷¹

Setting the problem aside, it is important to realize that, from the patient's point of view, choosing to consult a traditional healer is often done when there is a desperate need to impose meaning on their illness, especially in the areas of so-called "African diseases" – such as those involving anxiety, anger or other neurotic symptoms (usually deriving from social conflict), or in the cases of witchcraft or sorcery, ancestral spirits are suspected –

⁷⁰ Ibid, p.367.

⁷¹ Ibid.

tend to resort of traditional healers.⁷² For example, the ancestor may “send” illness, especially if people have been negligent or failed to perform the necessary rituals to them. The ancestors “send” him or her illness as a gentle reminder of the person’s dereliction of duty. With regard to the illnesses sent by ancestors, it can be argued that Africa’s indigenous healers are more superior to Western-trained physicians. Curing someone of an affliction sent by an ancestor would be impossible for a Western-trained doctor even though the symptoms of the illness are identifiable in biomedicine. Another example makes the point clearer for arguing that Africa’s traditional healing practices are perhaps superior to Western biomedical practises. Mera Burhmann recounts an incident in a traditional healing ceremony that brought about change in the life of a female who was a successful businesswoman and started developing ailments that would not respond to medical treatment.

For many years she worked as a successful businesswoman and not a healer. She became obese and developed asthma and depression, and medication made no difference. Then her children transgressed an unpardonable family taboo. This forced her to arrange a big *inthlombe* (a song and dance session). It was a very emotional event where she asked the pardon of the ancestors and relatives and clan members. This was a turning point in her life. She returned to her practice as a healer, lost weight and got rid of her asthma. When seen a year later she was happy and had a busy practice.⁷³

What this story demonstrates is an aspect of the strength of Africa’s traditional healing wisdom that Western biomedicine cannot deal with, or address successfully since the illness that the patient experienced was because of a calling to become a diviner or herbalist. Having said this, I am not suggesting that one ought to dismiss the important role that Western biomedicine plays in South Africa’s landscape of healing. What I merely aim to point out is that each healing system has its own strengths and weaknesses and, to this extent, one healing system ought not to dominate the other. More specifically, we should recognize that in Africa and South Africa we are dealing with people who hold separate or different cultural beliefs concerning health and healing.

⁷² Felhaber, T. (1997) ‘South African primary healthcare handbook’, cited in Berg, A. (2003) ‘Ancestry Reverence and Mental Health in South Africa’. *Transcultural Psychiatry*. Vol. 40, No. 2, June 2003, p. 153.

⁷³ Burhmann, M.V. (1996) ‘Views of healing and the healer’, in Steyn, M. & Motshabi, K. (ed) (1996) *Cultural Synergy in South Africa. Weaving Strands of Africa and Europe*. Randburg: Knowledge Resources, p. 124.

Therefore healing in the African context needs to take cognisance of black African peoples cultural beliefs.

Sharing the same cultural beliefs on disease and illness explains why Africa's traditional healing wisdom still finds relevance in the modern landscape. The strong observance to culture forms what Ruch calls: "...an indivisible block of social, moral and religious truths; it is a traditional wisdom made of history and of customs, which is accepted by all..."⁷⁴ Sharing the same culture or world-view provides a strong foundation for the basis of healing, since the approach to health and healing is based on shared concepts.

4.5 The basis of healing in Africa

Pal states that the characteristics common to traditional or alternative systems of health are vital force, holism and spirituality. These seem to distinguish the systems from Western biomedicine.⁷⁵ In Africa, the basis of healing is built on the above three components. It is within these three realms of the human being that the traditional healer examines the health or illness of the individual, to determine the form of treatment and, most importantly, restore the health of the individual. In this section, I explain the conceptual basis of traditional healing practices in Africa. Examination of each of these concepts reveals to us that the conceptualisation of health and healing is part and parcel of a wider system of traditional beliefs, based on African ontology.

4.5.1 Vital force

The Belgian Franciscan Placide Frans Tempels, a missionary in the former Belgian Congo, wrote a book entitled, *Bantu Philosophy*, which sought to explain Bantu ontology. He paid a great deal of attention to understanding how black African people related to the world, to each other and to everything that exists, to which Tempels postulated "vital force" as the explanatory principle of existence. The term "vital force" refers to the energy or power, which is the essence of all that exists. This includes "divine forces, celestial, terrestrial, human forces down to animal forces, vegetable, and

⁷⁴ Ruch, E.A. (1975) *op. cit.*, p.11.

⁷⁵ Pal, S.K. (2002) *op. cit.*, p.519.

even mineral forces".⁷⁶ Tempels study of black African led him to believe that "being as understood in the western tradition signifies force in the Bantu tradition, and therefore one can state that being = force".⁷⁷ In outlining the fundamental difference between Western and African thought, Tempels says,

We can conceive the transcendental notion of "being" by separating it from its attribute. "force", but the Bantu cannot. "Force" in his thought is a necessary element in "being", and the concept of "force" is inseparable from the definition of "being". There is no idea among Bantu of "being" divorced from the idea of "force". Without the element of "force", "being" cannot be conceived.⁷⁸

He further stated, "We hold a static conception of "being", they a dynamic". By dynamic, Temples means that, "being" as understood by black African people is to exist in continuous "interaction between the members of the spiritual and physical worlds".⁷⁹ The forces of interaction are dependent on the members of the spiritual and physical world mutually respecting each other. The mutual respect for each other ensures "all things exist in cosmic order and harmony". What has been said above, he asserted, "should be accepted as the basis of Bantu ontology: in particular, the concept of "force" is bound to the concept of "being", even in the most abstract thinking upon the notion of being".⁸⁰ In essence, he noted that the Bantu purpose is to acquire life, strength or vital force, to live strongly, so that they make life stronger and ensure that force shall remain perpetually in one's prosperity.⁸¹ He observed that the same idea is used negatively and is expressed when the Bantu say: "we act thus to be protected from misfortune, or from a diminution of life or of being, or in order to protect ourselves from those influences which annihilate or diminish us".⁸² Tempels suggests that life or vital force is something that can be used to promote good, or be manipulated to cause harm.

The idea of force is captured in the Sotho word *seriti*, or the Nguni word *isithunzi*, literally meaning shade or shadow. As Mike Boon puts it,

⁷⁶ Okafor, F.U. (1997) 'African philosophy in comparison with Western philosophy'. *The Journal of Value Inquiry*. Vol. 31, p. 255.

⁷⁷ 'African Gnosis. Philosophy and the order of Knowledge: An Introduction'. *The African Studies Review*. Vol. 28, Nos. 2/3, p. 181,

⁷⁸ Tempels, P. (1959) *Bantu Philosophy*. Evreux: Imprimerie Herissey, p. 34.

⁷⁹ Okwu, A.S.O. (1979) 'Life, Death, Reincarnation, and Traditional Healing in Africa'. *A Journal of Opinion*. Vol. 9, No. 3, Autumn, p. 19.

⁸⁰ Tempels, P. (1959) *op. cit.*, pp. 34-35.

⁸¹ *Ibid*, p.30.

⁸² *Ibid*, p.31.

One's *seriti* or *isithunzi* reflects one's moral weight, influence and prestige. It is what identifies us to be good or, indeed, what will identify us as depleted of goodness. The more good deeds one does in life, the more one shares humanity, and the greater one's *seriti* grows. If we do bad or evil, our *seriti* is reduced. This is demonstrated in the well-known Sotho expression, *O tlosa seriti* (You are taking away your shadow), which is said whenever someone does something bad.⁸³

It is said that "to have a shadow is a comment on a person's charismatic impact on others".⁸⁴ The term *seriti* implies that there is an aura around people that is influenced either positively or negatively, depending on one's actions. The principal objective is to use one's *seriti* positively, so as to preserve the life and well-being of all members in a given community. The moral objective of all members of the community is to use force to ensure prosperity.

Tempels' vital force theory is not without its critics. His theory was received with mixed reviews and generated a number of criticisms from African and Africanist scholars. Some perspectives are discussed below. John Mbiti, for example, is inclined to be sympathetic towards Tempels' philosophy and vital force theory.

The book is primarily Tempels' personal interpretation of the Baluba, and it is ambitious to call it "Bantu Philosophy" since it only deals with one people among whom he had worked for many years as a missionary. It is open to a great deal of criticism, and the theory of "vital force" cannot be applied to other African peoples with whose life and ideas I am familiar. The main contribution of Tempels is more in terms of sympathy and change of attitude than perhaps in the actual contents and theory of his book.⁸⁵

Harvey Sindima feels that Tempels, in what he calls vital force, misses the central point of thought of how life is experienced and lived in the African world.

It appears to me that Tempels has failed to understand the central thought in the African world. The organizing power in the African world, or what he calls the key principle of Bantu ontology, cannot be described by the concept of vital force but by life...Second, Tempels admits that the *muntu* is at the center of Bantu thought...In spite of this awareness, Tempels's theory of forces does not put

⁸³ Boon, M. (1996) *The African Way. The power of interactive leadership*. Wynberg, Sandton: Zebra Press, p. 35.

⁸⁴ Hammond-Tooke, (1989) *op. cit.*, p. 54.

⁸⁵ Mbiti, J. (1999) *African Religions and Philosophy*. Halley court, Jordan Hill, Oxford: Heinemann, p. 10.

muntu at the center of things until Tempels moves from ontology to psychology...⁸⁶

Sindima continues:

The difference between vital force thesis and the conception of life is not just a matter of semantics, but their ways of comprehending the world. The force theory is about some abstract ideas, while the concept of life is concerned with the ultimate question and reason for all creation, the continuity of creation that is the self-transcendence of life in concrete historical situation...Second, the language of the vital force theory is empty of meaning to Africans and cannot therefore mobilize them to transform themselves and the world. We cannot speak of being or essence in the African world for these terms mean nothing to Africans. In fact, they do not exist in African thought – only life does.⁸⁷

Sindima, in the above quotation, contends that life is the central organizing concept. It is at this juncture that it seems fitting to provide a distinction between vital or life force (being alive), and being full of energy (vitality of liveliness). According to Mkhize,

The principle of life force cannot be reduced to the quality of being alive, given that both the living and the deceased partake in this vital element. When the Nguni and the Sotho of Southern Africa say *uyaphila/o ea phela* (he or she has life), they are not referring to biological life. They are referring to a person's lived experience: the harmony that ought to exist between a person and his or her social milieu, as evidenced in a person's day-to-day relationships with others.⁸⁸

The above quotation tells us that vital or life force centres on human conduct that seeks to promote the well-being of all members of the living and deceased community and is defined in terms of reciprocal obligations. Acts that fail to meet the moral requirement of promoting well-being are negative and, hence, discouraged. What can be inferred from the above quotation is that the principle of life or vital force is concerned with what Sindima argues is the preoccupation of black African people. Therefore, on closer inspection of Sindima's argument against Tempels' vital force theory, is vital force not the same as life force? It seems to me that Sindima merely echoes Tempels. Both vital force and life force are concerned with increasing well-being and eliminating any force that diminishes well-being. So, if there is some deeper metaphysical explanation that Sindima has to offer regarding the difference between vital force thesis and the

⁸⁶ Sindima, H.J. (1995) *op. cit.*, p.139.

⁸⁷ *Ibid*, p.149.

⁸⁸ Mkhize, N. (2003) *op. cit.*, p. 54.

conception of life, then the onus rests on him to prove that the concept of life differs from the concept of vital force.

Given the controversy on Tempels' vital force theory has come under fire, it must be remembered, as V.Y. Mudimbe points out,

Bantu Philosophy is based on very simple ideas. First: in all cultures, life and death determine human behaviour; or, presented differently, all human behaviour depends upon a system of general principles. Secondly: if Bantu are human beings, there is reason to seek the fundamentals of their beliefs and behaviour, or their basic philosophical system.⁸⁹

In the light of the above quotation, I contend that his work, which is based on the ideas, beliefs and behaviours of Africans, is, at the very least important for understanding the social basis of healing. For instance, Tempels notes that the life force that the African is in pursuit of is invisible and intangible and flows from and within the universe to the extent that "all beings in the universe possess vital force of their own: human, animal, vegetable, or inanimate objects".⁹⁰ The ability to acquire the greatest life force is believed to have descended from God, through the ancestors and elders, to the individual. Moreover, the continual search for strength is imperative and "is based on the fact that all members of the community have the task of mutually increasing the life force".⁹¹ The community's task to increase vital force is linked to the African ethic of *ubuntu*, which is strongly based on reciprocity, interdependence and connectedness. This interdependence is believed to be integral to the increase in vital force, or life force, such that everybody's behaviour and action has to be based on bringing about the greatest amount of happiness for the whole community, because it is believed that good behaviour and good actions increase life force, while evil destroys or at least reduces it.⁹² The ultimate goal for an individual, therefore, is to achieve happiness. This depends on his or her ability to possess the greatest or strongest vital force and to prevent the worst misfortune, which brings about illness and suffering, depression and despair.⁹³

⁸⁹ Mudimbe, V.Y. (1985) *op. cit.*, p. 156.

⁹⁰ Tempels, P. (1959) *op. cit.*, p.31.

⁹¹ Bujjo, B. (1998) *op. cit.*, p.182.

⁹² *Ibid.*

⁹³ Kasnene, P. *op. cit.*, p.349.

The interpretation of sickness and misfortune influences the way healing is practised. This is because, as Tempels observed, Africans believe that “Illness and death do not have their source in our own vital power, but result from an external agent who weakens us through his great force”.⁹⁴ The approach to illness and health is, again, a result of the attitude many black Africans have in connection to feelings of relatedness, such that interpreting the cause of misfortune and illness begins, firstly, within the family and then the community. As Bujo clarifies, “According to African wisdom, a disease is always an indication that something in human relations is wrong”.⁹⁵

In light of the above, prior to the diagnosis and the prescription of medicine, a traditional healer has to examine the patient’s physical and social relations. As Bujo explains,

...the patient’s family relationships are studied and past conflicts interpreted anew. The sick person’s social and economic relationships are thoroughly examined. The community of the deceased is also not forgotten since a disease might be caused by the disturbed relationship of the patient with the world of those who have passed away.⁹⁶

Mbiti states that the interrogation of relationships is done because, in African societies, it is generally believed that the cause of illness is due “to the ill-will or ill-action of one person against another, normally through the agency of witchcraft or magic”. Consequently, it is the duty of the traditional healer “to discover the cause of the sickness, find out who the criminal is, diagnose the nature of the disease, apply the right treatment and supply a means of preventing the misfortune from occurring again”.⁹⁷ An examination of life and the social relationships is part of the basis of healing. An interrogation of the patient’s life is done to uncover the negative energy that flows with, around and through all things.⁹⁸ In short, the idea of force, especially malignant forces, is essential to understanding the basis of healing in traditional African healing practices.

⁹⁴ Tempels, P. (1959) *op. cit.*, p.32.

⁹⁵ Ibid.

⁹⁶ Bujo, B. (1998) *op. cit.*, p. 182.

⁹⁷ Mbiti, J. (1969) *op. cit.*, p. 165.

⁹⁸ Bujo, B. (1998) *op. cit.*, p. 182.

4.5.2 Holism

As was described in Chapter Two, under the sub-heading “Health as wholeness”, healing in Africa is a holistic concern. Without running the risk of being too repetitive, I briefly discuss this in connection with the basis of healing in traditional Africa. A traditional healer’s approach to healing is one that examines and treats the patient as a whole person and the treatment process considers the person as a whole person and not simply a collection of symptoms. This explains why one part of the healing process consists of uncovering or exposing fractured relationships. It is for this reason, Hammond-Tooke concludes, “Disease is thus conceived of in terms of a breakdown in human relationships, and the healing rituals and witch executions in their different ways restore, or attempt to restore, harmonious social life”.⁹⁹ He elaborates,

In this sense, then, traditional healing is “holistic”. It treats disease not only with powerful medicines, but also with rituals that place the patient at the center of a social drama in which emotions are highly charged and symbolically expressed. The afflicted person is made to feel important and the object of social concern, while the ritual also relates what is happening to her wider cosmological and social concerns. These healing techniques, then, enhance positively the patient’s psychological state – thus providing a more favourable climate for physical and psychological healing to take place. The patient is not rejected as deviant, as a malingerer or as a marginal character, as is often the case in western medicine, but is integrated fully into the continuing concerns of the community.¹⁰⁰

The other part of healing is reflected in the community’s concern for the sick individual. It is customary practice among Africans that one does not consult a healer alone. Osma Mbombo, a black medical doctor practising among Africans in both rural and urban settings, relates some of his experiences with African patients, whereby instead of a person coming in for treatment, an entourage would accompany the patient. The communal travelling, he states, stems from the days when people would embark on a journey to see a traditional healer. According to him,

This group consultation stems from the days when *nyangas* were consulted. A group of people left a particular village for the *nyanga’s* village. When they are confronted with illness, a group of people invariably comes so that they can listen (*ukuphulaphula*). They come to listen for this person, or listen with this person.

⁹⁹ Ibid, p. 123.

¹⁰⁰ Ibid.

When they come out of the consulting room, what the doctor has said is also the concern of those who are waiting.¹⁰¹

Osma Mbombo interprets this act – the communal aspect of travelling – as part of the healing process.¹⁰² Bujo highlights the significance of the patient being accompanied by family and friends.

The community of relatives, friends, and acquaintances accompany their sick and dying persons until death takes them away. They speak with the dying and give them in various ways the feeling and the awareness that they are included in the *process of personal growth* even as their physical strength declines. Through this solidarity of the community in suffering and at the hour of death, in a communication that may take the form of a nonverbal ‘palaver,’ the sick and dying find fresh courage and learn to face suffering and death with greater human dignity.¹⁰³

In this context, it can therefore be discerned that in African thought, the sick and the dying are seldom alone. According to Berg, this communal involvement “...is a manifestation of a unified concept of the individual, in which he or she is not isolated, but part of others.”¹⁰⁴

The holistic approach to viewing and treating the patient is an essential part of healing, because the perception of the individual as a part of a wider whole has great psychological, spiritual, emotional and social value. As was discussed earlier, good health is the concern of everybody. Likewise, illness and suffering are not only an individual’s experience, but also a communal experience and, therefore, affirms the Zulu maxim, ‘*umuntu ngumuntu ngabantu*’.¹⁰⁵

4.5.3 Spirituality

Another important component of traditional healing practices is in the use of religion. As I have already explained elsewhere, the basis of healing in traditional African societies is rooted in religion and so healing requires a religious approach to treating disease and

¹⁰¹ Mbombo, O. *op. cit.*, p.115.

¹⁰² Mbombo, O. *op. cit.*, p.114.

¹⁰³ Bujo, B. (2001) *op. cit.*, p. 89.

¹⁰⁴ Berg, A. (2003) *Ancestor Reverence and Mental Health in South Africa*. Transcultural Psychiatry. 40 (2) June 2003, p.200.

¹⁰⁵ See Murove, M. *op. cit.*, p.9.

misfortune. The traditional healer is aware of this and, as Mbiti states, “makes attempts to meet the needs in a religious (or quasi-religious) manner – whether or not that turns out to be genuine or false or a mixture of both.”¹⁰⁶ It is within this religious system that African theories of how illness and disease manifest themselves are often explained.

For example, when an African is sick the immediate question that arises in the patient’s mind is *who* is causing it, or *who* has sent it.¹⁰⁷ Mbiti explains “Even if it is explained to the patient that he has malaria because a mosquito carrying malaria parasites has stung him he will still want to know why that mosquito stung him (or her) and not another person”.¹⁰⁸ Another example may make this clear. When a poisonous snake bites a child fatally, medical science can tell us how the poison acts on the nervous system, for instance, thus explaining why and how the child dies. However, “this does not explain to a mother why it was her child and not another that was bitten”.¹⁰⁹ Yet, as Ruch notes, “this is a profoundly human question and one which a grieving mother will often cry out at the funeral of her child”.¹¹⁰ Within this context, disease and misfortune are believed to have supernatural origins. Cure for a disease, as Brian du Toit notes, is “based on treatment, but also on the restoration of balance in supernatural relations, and this was best achieved by a sacrifice”.¹¹¹ Usually animals such as goats or chickens are offered as sacrificial gifts to the ancestors to acknowledge the patient’s wrong-doing. Sacrifices are intended to restore the fractured relationships between the patient and his or her ancestors. Sacrifices are important, because for traditional Africans, the symptoms of illness are, as Bujo notes, “usually the crystallization point of the invisible dimension in the community – many conflicts in the community, among the living and the dead, lead to a worsening of health”.¹¹² Offering sacrifices is accompanied by a ritual, since healing in traditional Africa cannot avoid performing acts or rituals of “reconciliation that include both the visible community and the invisible community beyond the grave”.¹¹³ The rituals, according to Austine Okwu include, “charity cooking and eating, exchanging good wishes, confessions, the patrilineal head’s blessing, and, in some cases societal

¹⁰⁶ Mbiti, J. (1969) *op. cit.*, p. 165.

¹⁰⁷ Hammond-Tooke, D. (1989) *op. cit.*, p.149.

¹⁰⁸ Ruch, E.A., *op. cit.*, p.8.

¹⁰⁹ *Ibid.*

¹¹⁰ *Ibid.*

¹¹¹ du Toit, B. (1980) ‘Religion, Ritual, and Healing Among Urban Black South Africans’. *Urban Anthropology*. Vol. 9, No. 1, p. 23.

¹¹² Bujo, B. (2001) *op. cit.*, p.97.

¹¹³ *Ibid.*

singing and dancing, are forms of psychotherapeutic drama”.¹¹⁴ The purpose for rituals is the “release of social tensions and thus promote the reestablishment of good interrelationships between members of the community for the pleasure and reassurance of the supernatural forces, especially the ancestors”.¹¹⁵ This, to some extent, explains why African healing practices are built on essential foundations of belief in ancestral spirits. The sacrifices offered to the ancestors and the healing rituals that follow the sacrifices assist in the return of the patient to normal health and social life.

The implications of religious beliefs in the healing practices of African traditional culture show that the spiritual dimension is not secondary to the healing process and a healer cannot treat the physical without addressing the spiritual. The recommendations given to cure the patient have to take into account the person’s spiritual relationship with his or her ancestors. Prescribing herbs and other homoeopathic remedies is not sufficient. The healer “has to go beyond the mere physiological and individual symptoms, until the proper psychological, moral and socially-conditioned cause can be traced and discovered”.¹¹⁶ A result of this is that the basis of healing in Africa is very “individualized and personalized, with no two people receiving the same treatment, despite similar complaints or the same disease”.¹¹⁷ The inability of Western-trained physicians to provide explanations of why individuals have fallen sick, to some extent affirms why most Africans tend to resort to African traditional healers.

In summary, this section has defined traditional medicine and conceptualized African traditional medicine, by exploring the various aspects of healing, namely the restoration of a healthy life, as explained by Tempel’s vital force theory. The section also explored holism, by explaining how Africa’s healing wisdom and traditional healers treat the patient holistically, by viewing the human being as a whole person such that when a person is sick it is not only about healing the physical symptoms of the illness, but it is also about interrogating and healing the person’s social and spiritual life. Healing or mending fractured relationships through the wisdom of ancestors links the idea of spirituality in indigenous healing practices. The significant role that spirituality plays in

¹¹⁴ Okwu, A. (1979) *op. cit.*, p. 23.

¹¹⁵ *Ibid.*

¹¹⁶ Bujo, B. (2001) *op. cit.*, p. 97.

¹¹⁷ Pal, S.K. (2002) *op. cit.*, p.519.

traditional Africa's healing practices demonstrates the fact that the basis of healing is part and parcel of a wider system of beliefs that informs the African's world-view.

4.6 Conclusion

Chapter Four conceptualized and discussed the foundations of Africa's healing wisdom and system. The chapter began with a discussion of the African world-view, with the aim of placing into context the traditional African approach to life and health. The chapter discussed traditional African healing. Chapter Four, therefore, forms the backdrop for the next chapter. Chapter Five seeks to investigate and determine whether or not people generally accept that Africa's traditional healing wisdom does have a lot to offer, because of its holistic approach to health and healing. Once this is determined, the extent to which Africa's traditional healing wisdom can serve as a useful healthcare resource ought to reveal to us the possibilities of extending our understanding of the different, yet complementary way of achieving healing, health and well-being for those who are infected with HIV, especially black South African women. An acknowledgement of traditional Africa's wisdom and values, that are expressed and lived through the power and beauty of *ubuntu*, can contribute a great deal to humanity's struggle to deal with the global HIV/AIDS pandemic. Before we proceed to Chapter Five, it is important to note that the qualitative analysis that follows was undertaken in the form of fairly intensive and in-depth interviews, conducted during the months of September 2006 to August 2007. The collation and analysis of data, attitudes and perspectives of the informants relate to current experiences and opinions on the subject matter that is dealt with in the study.

Chapter Five: Qualitative data analysis and findings

5 Introduction

This section of the study deals with the empirical component of the research. The methods of inquiry are qualitative. Qualitative research styles can include several techniques (e.g. grounded theory, ethnography, life-history, conversational analysis).¹ The specific approach used is grounded theory. Essentially, “grounded theory is the attempt to derive theories from an analysis of patterns, themes and common categories discovered in the observational data.”² Grounded theory is based on the collection of data that uses inductive methods of analysis. Patton defines inductive analysis as a process that involves analyzing “patterns, themes and categories that come out of the data”.³ What this means is that by analyzing patterns and themes, interpretations can be arrived at through a process of identifying the extent to which the information gathered can be pulled or held together in a meaningful way. Grounded theory and inductive forms of analysis are used “to build a theory that is faithful to the evidence”⁴ gathered. The first section of this chapter sets out the methods of qualitative data collection and data analysis. In addition, ethical issues with respect to the nature of the research are explained. The second section deals with the presentation and interpretation of the research findings.

5.1 Research methodology

The present, qualitative study used a purposive sampling approach to collect data. This is simply because, in part, I was assisted by Mrs. Brenda Eckstein, a networking expert who introduced me to a number of key informants, and Mrs. Debbie Harrison, the Director of Lifeline in Pietermartizburg, who granted me the opportunity to present my questionnaire

¹ Neuman, W. L. (1997) *Social Research Methods. Qualitative and Quantitative Approaches*. Boston: Allyn and Bacon, p. 328.

² Babbie, E. (2002) *The Basics of Social Research*. USA: Wadsworth Publishers, p. 290.

³ Patton, M. (1990) *Qualitative Evaluation and Research Methods*. London: SAGE Publications, p. 376.

⁴ Neuman, W. L. (1997) *op. cit.*, p. 334.

to the counsellors at Lifeline.⁵ I am very grateful to both Mrs. Eckstein and Mrs. Harrison for their co-operation and assistance. The other key informants who participated in this study were identified by the researcher.

Purposive sampling in this instance is appropriate because, according to Lawrence Neuman, "It uses the judgment of an expert in selecting cases or it selects cases with a specific purpose in mind".⁶ Michael Patton explains, "The logic and power of purposeful sampling lies in selecting information-rich cases for in-depth study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research".⁷

Since this is exploratory research that aims to suggest ways of practically applying the African ethic of *ubuntu* to women's health and healthcare, it is appropriate to select purposefully a few cases that are especially informative, with a view to gaining a deeper understanding of relevant people's views on *ubuntu*. The sample size is thus not large, because the aim is not to generalize to a larger population, but to generate insightful opinions that perhaps will contribute to applying an ethic of *ubuntu* creatively to women's health and healthcare to contemporary South Africa and the rest of the world.

The insights generated may even help shape future research into the applicability of the African ethic of *ubuntu* to other areas of interest concerning global debates on ethical healthcare with specific reference to women's health and healthcare issues, since it is a concept which lends itself generously to humanity, given that it is based on universal ethical principles that express what is valuable or worthwhile in life. In short, the key informants were identified because of their ability to discuss their understanding of the African ethic of *ubuntu* in relation to aspects of women's health.

⁵ The members of staff at Lifeline were not interviewed face-to-face, because the nature of their work takes place in shifts. Thus accessing them would be difficult. Acting on the advice of Mrs. Harrison who suggested I left the sample questionnaire for her to identify and hand-out candidates who would be willing to take part in my study. Five counsellors responded and their answers were hand or type written for me to collect.

⁶ Neuman, W. L. (1997) *op. cit.*, p. 206.

⁷ Patton, M. (1990) *op. cit.*, p. 169.

The method of research is qualitative and the majority of the interviews were conducted face-to-face. To be exact, 14 out of the 18 key informants were interviewed face-to-face. The main technique employed in the collection of information is interviewing participants on an individual basis. To complement this approach, I formulated open-ended questions to obtain people's views that pertain to the nature of the study. In other words, the interview questions were formulated in a way that enables interrogation of the dissertation's theoretical framework and thematic content. The questions thus need to allow for detailed responses, rather than closed questions that ask a question and give the interviewee fixed or pre-determined options. The intention was to enable the informants to talk freely about their feelings, experiences, opinions and knowledge on the subject matter.

The reason for choosing to utilize open-ended questions, as opposed to closed questions, is that open-ended questions provide the research with degrees of freedom to probe the informant in a way that enables the researcher to deepen the discussion. As Fiona Devine puts it,

Open-ended questions are used to allow the interviewee to talk at length on a topic... various forms of probing are used to ask the interviewee to elaborate on what s/he has said... Such lengthy interviews are usually conducted with only a small sample of informants. The transcriptions constitute the data that are analyzed and interpreted... From this brief description of qualitative methods, it should be clear that they are most appropriately employed where the aim of the research is to explore people's subjective experiences and the meaning they attach to those experiences.⁸

The appeal of the qualitative method of data collection is that the aim of this component of my research is to explore people's experiences and how they understand the concept of *ubuntu*. It is also because my interest is to uncover how *ubuntu* is lived, experienced and practised in the real world that is separate, yet complementary, to the theoretical descriptions of the concept of *ubuntu*.

⁸ Devine, F. 'Qualitative Methods', in Marsh, D. & Stoker, G. (eds) (1995) *Theory and Methods in Political Science*. London: Macmillan, p. 138.

The choice of method solicits criticisms, such as

...qualitative research is portrayed as being unrepresentative and atypical. Its findings are impressionistic, piecemeal and even idiosyncratic. Finally, qualitative research is neither replicable nor comparable and therefore not a basis on which generalizations can be made. Qualitative research produces "soft", unscientific results.⁹

The quotation expresses an unfair criticism, because it confuses unscientific with non-scientific. The term *unscientific* suggests that, since the methods of qualitative research are not consistent with the methods employed in the pure sciences and, therefore, qualitative research cannot provide concrete or general solutions to problems, because principles of science are not being used.¹⁰ The term *non-scientific* acknowledges that, while the system or procedure of investigation is not based on the systematic application of scientific methods, this does not mean that the knowledge or information gained cannot provide insights and solutions to problems that confront society.¹¹

Social science research aims at constructing solutions that are based on the examination of theories, concepts, ideas, beliefs and feelings that people experience in the real world. In other words, qualitative research methods are a useful way of evaluating people's beliefs, their value-systems and way of life. Qualitative methods of inquiry recognize that concepts and theories are developed and shaped not only by evaluating people's behaviour, but also by understanding the world-views that shape and give meaning to certain concepts. "This ontological position implies that there is no rational objective science that can establish universal truths. No science can exist independently of beliefs and values and the concepts we create to understand that world".¹² Thus, although qualitative research methods cannot claim to provide universal truths, as they do not represent broadly accepted sentiments in society, qualitative methods do provide researchers with insights into people's beliefs and suggest ways that could enrich society and provide others with possible areas of further investigation.

⁹ Ibid, p. 141.

¹⁰ Cf. <http://www.wikipedia.com>

¹¹ Ibid.

¹² Ibid, p. 140.

5.2 Data collection

Data collection was carried out during the months of September 2006 to August 2007. Appointments to conduct interviews were made telephonically or electronically. Once informants indicated their willingness to participate in the study, an abstract was e-mailed, along with a sample of the interview questions. Through this process, 19 key informants were identified and interviewed. The interviews were conducted face-to-face (except for the Lifeline informants), and tape-recording the responses of the key informants captured the data. After each interview the information was transcribed accurately by the interviewer and stored on the computer. The tape-recorded interviews were kept in a safe place for cross-referencing purposes.

5.3 Data analysis

Given that the data collected is in the form of words, the specific type of data analysis utilizes inductive analysis whereby "transcripts are subjected to numerous readings until themes emerge".¹³ The data analysis relies on the ability to identify the themes, patterns, or similar features that emerge from the results or responses. This enables one to make connections which form bridges between patterns. It also enables one to interpret the information in a more meaningful manner, thereby making it possible to formulate meaningful inferences that can contribute to the creation of insightful conclusions. Quotations from the transcripts are included to substantiate interpretations thus clarifying the basis of inferences made. Where differences emerge and are bold and clear, the interpretations highlight the different points of views of the key informants.

¹³ Ibid, p. 144.

5.4 Researcher integrity: ethical issues

Neuman rightly states, "A fundamental ethical principle of social research is: Never coerce anyone into participating; participation must be voluntary. It is not enough to get permission from subjects; they need to know what they are being asked to participate in so that they can make an informed decision".¹⁴ Taking my cue from Neuman, before I began conducting interviews I e-mailed a sample copy of my questions along with an abstract, to the identified informants. In this way the informants were given information on the nature and objectives of the study.

Before each interview, each informant was asked to give his or her verbal consent (which was tape recorded) to participate in the study. In short, I made sure that all the interviews were conducted only after obtaining the informed consent of the informants. Informants were given the option to state their names for transcription and citation purposes or to remain anonymous. Their permission was requested so that, in the event that their ideas were used, they would be quoted and cited. In this regard, I treated all informants with courtesy and respect and assured them that the data collected would be treated with the utmost respect and integrity.

I assured them that all the information gathered would not be misused in any way. The interpretations made are thus consistent with the data gathered.¹⁵ In order to make sure that the informants felt certain that their comments were not misinterpreted, I took the liberty of e-mailing them a transcript of their interview. For purposes of academic rigour a copy of the interview guide, along with the abstract and the transcribed interviews, are included in the appendix of this dissertation, which will be stored in the University of KwaZulu-Natal library. Finally, the research component of the study was approved by the University's Research Ethics Faculty.

¹⁴ Neuman, W. L. (1997) *op. cit.*, p. 450.

¹⁵ Manda, D. L. (2002) *Malawi's Transition from Neo-colonial Rule: From a 'Culture of Silence to a Clamour of Voices'?* Pietermaritzburg: University of Natal (Unpublished MA), p. 79.

5.5 Arguments explaining and supporting the choice of three distinct groups of informants

The groups consisted of informants to whom the researcher had access to and who were willing to participate. A key factor concerning the choice of informants was their ability to discuss *ubuntu* in relation to issues of women's health. Both theoretical and practical knowledge of the subject matter was essential. The choice of informants was based on two factors, namely time and distance. This practical factor was influential with respect to accessibility. The three groups of informants included the academic community, healthcare practitioners and ordinary people.

5.5.1 The academic community

Alfred North Whitehead once remarked that the function of scholars is to evoke life, wisdom and beauty in their work.¹⁶ The ability to create new forms of knowledge or wisdom from old ideas is what Whitehead promotes. He believed that for education to be successful "there must always be a certain freshness in the knowledge dealt with. It must be either new in itself or it must be invested with some novelty of application to the new world of new times".¹⁷ It is against this claim that I sought out members of the academic community who possess knowledge on the African ethic of *ubuntu* and are able to apply it both theoretically and practically to women's health and healthcare in general. The academic group of informants consists of theologians, a philosopher, an ethicist and an anthropologist. The reason for choosing a variety of intellectuals who are able to critically engage with subjects that deal with African indigenous knowledge is that, as Astrid von Kotze aptly states:

An African perspective puts the African experience and environment at its centre and moves from here towards the broader/global context of that experience. It looks backwards critically, excavating the past for proud traditions of pre-colonial civilizations, and then re-appraises those in the spirit of new understandings of what constitutes civil and human rights. And having assessed how past

¹⁶ Whitehead, A. N. (1962) *The Aims of Education and other Essays*. London: Ernest Benn Limited, p. 147.

¹⁷ *Ibid.*

formations may have to be revised and created anew, it looks forward in order to chart new paths.¹⁸

All of the academics interviewed, work at the University of KwaZulu-Natal. As African scholars they are challenged to carry out the University's vision which is to be "the premier university of African scholarship". This challenge was articulated by William Makgoba, the Vice-Chancellor of the University of KwaZulu-Natal, in his inaugural speech. In an excerpt from his speech, he defined his vision for a truly South African University as:

An institution that has the consciousness of an African identity from which it derives and celebrates its strengths and uses these strengths to its own comparative and competitive advantage on the international stages. The African university draws its inspiration from its environment, as an indigenous tree growing from a seed that is planted and nurtured in African soil.¹⁹

A key task of African scholarship includes, therefore, a focus on indigenous knowledge systems. Makgoba's vision is set against the backdrop of a call made by South Africa's president Thabo Mbeki for an African renaissance. The broad vision of the African renaissance is to build an African voice that puts into perspective the African experience, tradition, culture and philosophy – an experience that has previously been marginalized – to producing knowledge that is both creative and critical. Hence, the nature of academic work is to reflect critically on African issues and to create new ideas that can shape new understandings on human nature, philosophy, science or technology. In sum, the reasons for choosing to interview academics is that they are in the unique position of actively engaging with the concept of *ubuntu* and issues of women's health in a way that is critical, informative and instructive.

¹⁸ von Kotze, A. (2004) *Between Excellence and Engagement: Towards a 'truly' African University*. *Ingede: Journal of African Scholarship*. Vol. 1, No. 1, p. 5.

¹⁹ Makgoba, M.W. (2003) 'The African University: meaning, penalties and responsibilities'. Inaugural Lecture, in <http://innerweb.nu.ac.za/depts/admin/THEAFRICANUNIVERSITYMakgobaInstallation.pdf> p. 6.

5.5.2 The healthcare practitioners

Healthcare practitioners are in the business of providing care to those who are sick. This group of informants consists of doctors and nurses who are involved with healthcare at various levels, namely from administration to providing care. The reason for choosing healthcare practitioners is based on discovering whether or not a genuine sense of empathy and care exists in the healthcare profession, given that they deal with human life for better or for worse. The healthcare profession's moral outlook is essential to their professional capacity in dispensing their medical expertise. In the quest to apply an ethic of care that is based on the principles of *ubuntu*, it seemed fitting to discover whether or not *ubuntu* can, and does, offer women the much-needed care that is based on ethical principles.

5.5.3 "Other" informants

I refer to this group of informants as "other", not in an insulting or offensive manner, but because their opinions represent those who are outside the professional realm of, for example, academics and healthcare practitioners. This group of informants consists of students and various other people who work in the public domain. Their voices represent the voices of people who lead ordinary lives. Although the group of informants are categorized as "other", I purposely chose to interview people who were in some way familiar with the subject matter and were proficient enough to express themselves in English. The primary reason for seeking the opinions of this group of informants was that they are the people whose views have been systematically sidelined by the African academia on the basis that their knowledge is based on "untested" assumptions. Hence most of their feelings, opinions, and reflections on social and ethical issues remain untapped and do not seem to constitute the body of knowledge in many of our books, course materials and conversations in our institutions of higher learning. It is important that we source the views of ordinary people because, as von Kotze correctly states, "Much of the existing knowledge of local people, the wisdom that survives from the

'sunlight of the written ages', needs to be unearthed, given voice and activated for the future – a future where increasingly many people will have to learn how to live, rather than spend a lifetime dying".²⁰ I chose to interview this group of people with a view to finding out whether or not the African ethic of *ubuntu* has any meaning or relevance in their lives. The aim was to discover whether or not it is a living and practised reality, thus rendering *ubuntu* a practical tool that would offer South Africa and the world a viable alternative, in providing ethical care to those who need it the most.

5.6 Presentation of findings

As can be seen from the interview transcripts included in the appendix, the guided questions are formulated in a way that is aimed at exploring the extent to which the concept of *ubuntu* is understood and, also, the extent to which it is a living and practised reality. To this end, the guided questions are set in a way that enables interrogation of the dissertation's main ideas, which include uncovering the important contribution the African ethic of *ubuntu* and African healing systems have to offer women. The presentation and interpretation of the findings are organized in such a way that general and specific themes are noted. And, although the basic questions in the interview guides are uniform, there was room or provision made for each informant to respond to questions, which either targeted their specific experiences and expertise or simply asked them to comment or respond further on what he or she had said. The prepared questions are numbered and appear in normal text and font. The text in bold relate to interjections and responses to interjections that occurred spontaneously during the interview.²¹ In reporting the detailed views of informants, my aim is to build a holistic picture in the process of explaining how an ethic such as *ubuntu* tends to promote caring, health and well-being, especially for black South African women who are, as shown in Chapter Two, in numerical terms the hardest hit by the HIV and AIDS epidemic. My aim is also

²⁰ von Kotze, A. (2004) *op. cit.*, p. 1.

²¹ When the researcher started analyzing the results of the research in the text she replaced each informants name with an alphabetical symbol and a number. The academics are initialized as "A", the healthcare practitioners are initialized as "B" and those I refer to as "other" informants are initialized as "C". This means, as we shall see in the study, that informants in the academic community are presented as A: 1 meaning informant number 1, and so on. The same applies to the other group of informants.

to explain what contribution Africa's traditional healing wisdom can make to the provision of holistic and ethical healthcare. Therefore, as opposed to a quantitative study, which seeks definitive answers through the use of statistical procedures in order to determine whether predictive generalizations of a theory hold true, my aim here is to reveal whether or not my research hypothesis and research questions carry weight and merit with the selected group of relevant informants. The information given thus comprises vignettes of people's perceptions. These perceptions will to be used by the researcher to place into perspective or context my concluding remarks and suggestions in the final chapter of the thesis.

5.6.1 General themes

The examination of general themes, such as the concept of *ubuntu*, the characteristics of a person with *ubuntu*, and the unique aspects of the African ethic of *ubuntu* in its characterization of care are some of questions that apply to all targeted informants. Such themes are explained first and the responses of informants are collated and analyzed under the appropriate thematic headings.

5.6.2 Specific themes

Within each interview guide are questions that target specific themes which seek to address the major thematic content and argument that this thesis proposes. For instance, questions such as whether or not *ubuntu* contributes effectively to global debates of ethical healthcare or how *ubuntu* can assist HIV positive people, especially black South African women, as well as the role that Africa's traditional healing wisdom plays in the healthcare system in South Africa, are some examples. Specific, informant-related comments are included, as these relate to some of the opinions that occurred or emerged spontaneously during the interview and aid the process of shedding further light on the thoughts of the informants regarding a particular issue. These opinions are noted in a few instances, but referral to the interview transcripts in the appendix will indicate the full range and extent of the discussions.

5.7.2 The characteristics of a person with *ubuntu*

An explanation on what it actually means to embody *ubuntu* comes down to what it means to be a good human being. *Ubuntu* is, therefore, an evaluative ethic that seeks to determine which qualities make a person ethically good or ethically bad. One of the common ways of determining this is to talk about virtues and vices. The question asked here is: what are some of the characteristics of a person with *ubuntu*? Responses to the questions yielded generally accepted views that reflected an understanding of the virtues and values contained within, and espoused by *ubuntu*. In fact, most of the informants' responses represent a strong relationship with the main ideas that underpin the African ethic of *ubuntu*. This is because most of the informants acknowledge and mention important elements of *ubuntu*, such as it does not support selfishness, but rather it encourages people to look beyond their own selfish desires and needs in order to assist other people. Hence, most of the common responses cited greed and selfishness as antithetical to the character of a person with *ubuntu*. One informant stated "a person with *ubuntu* is someone who takes the concerns of others into account or consideration before their own self-interest".³² The manifestation of *ubuntu* in a person is revealed in the manner in which he or she treats other people. A person with *ubuntu* would, as one informant put it, always ask: "If I have to do anything to you I have to ask myself how would I feel if you did the same to me... So a person who has got *ubuntu* is a person who will care...and does to people what he [sic] would expect done to him".³³ As another informant sums it up, "the characteristics of a person who has *ubuntu* definitely have got to do with moral worthiness. So whatever is considered morally worthy in any given society should then be imbued and shown in that person".³⁴ He also made an interesting, yet important, observation which acknowledges the issue of the importance of age in the development of good character. He noted, "the more you grow old, the more is expected of you morally".³⁵ This is an important feature of African ethics, as it is often held by Africans that seniority ought to reflect wisdom, which is why elders, both men

³² Interview with informant A: 1, 15 February 2007, p. 215.

³³ Interview with informant B: 1, 7 September 2006, p. 249.

³⁴ Interview with informant C: 3, 20 April 2007, p. 277.

³⁵ Ibid.

and women, are traditionally treated with deep respect, in acknowledgement of their role in purveying and preserving the moral order in the community.

Certainly, all informants acknowledge the positive attributes of a person with *ubuntu*. Two academic informants expressed their reservations in what they felt was contrary to what was happening in South Africa today. These observations were not necessarily aimed at being cynical or doubtful of the meaning of *ubuntu*, but rather they pointed out that, in reality, *ubuntu* is not being valued as much as they hoped it would. For instance, one informant described someone with *ubuntu* as being considerate of “the well-being of others”.³⁶ More specifically, she reflects, “as a woman I want to say that *ubuntu* you can equate it to Jesus’ message of fullness of life where you need to promote everything that promotes the well-being of yourself and other people”.³⁷ However, she cautions “patriarchy denies us, um, our *ubuntu*, especially women. Whilst it is an African concept that embraces everybody, but if you reflect on it from a woman’s perspective patriarchy is a threat to women’s humanity”.³⁸ Another informant comments similarly when he observes that “those sorts of issues like abuse of women and children they shouldn’t be there if *ubuntu* is actually taken seriously and is real in people”.³⁹ He adds, “Now it has become some sort of ideology itself and the belief by African people that it is in them and born with them is actually not realistic really because we wouldn’t be doing what we are doing if we have *ubuntu* in us”.⁴⁰

The abuse of women remains the most problematic issue in theorizing on African cultural and traditional practices. The oppression of and discrimination against one gender by another stems from the most patriarchal nature of African societies that tend to recognize succession along male lines. However, as Nhlanhla Mkhize, as South African clinical psychologist, based at the University of KwaZulu-Natal, points out:

³⁶ Interview with informant A: 3, 28 February 200. p. 227.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Interview with informant A: 4, 1 March 2007, p. 233.

⁴⁰ Ibid.

These gender disparities are, however, by no means an indication of blanket disrespect for women in African cultures. There are moral injunctions exhorting men to respect women. For example, traditional African societies consider beating a woman a cowardly act. It resulted in a loss of dignity and status for the perpetrator and the family alike.⁴¹

In the light of reported abuses against women, it is important to investigate how characteristics of a person with *ubuntu* can be harnessed to end the abuse of women, especially if we claim that the African concept of *ubuntu*, in which the individual defines himself or herself through the other, is a specific African ontological conceptualization of a human being.

Having said that, it is undeniable that the above observations are insightful, as they highlight the limitations placed on *ubuntu* today, namely patriarchy and domestic violence, but these oppressive and violent tendencies can be overcome, especially if we appeal to the good qualities which each individual has the potential or capability of displaying. Without a doubt, *ubuntu* as a practical ethical tool requires a conscious and concerted effort. Individuals have to make a conscious effort to be good to one another. After all, *ubuntu* is an agent-centred or human-centred ethic with heavy emphasis on the idea of building good character traits in individuals. As one informant meaningfully pointed out, "You have to have the ability to put things in action. That's number one. It is not passive. It can be passive, but it needs action".⁴²

What these findings indicate is that academics, healthcare practitioners and ordinary people continuously reflect on the concept of *ubuntu* and can identify the positive attributes that the African ethic of *ubuntu* promotes. However, the responses vary and the most insightful came from two academic informants, who reflect deeply on the current South African context, whereby *ubuntu* can sometimes be perceived as merely an ethical ideal, rather than a living and practised reality, given that there is so much violence and crime in South Africa. However, I would like to add here that, given the violent history of South Africa, the healing of old wounds will take some time. What we already have is

⁴¹ Mkhize, N. (2003) *op. cit.*, p. 70.

⁴² Interview with informant C: 16 October 2006, p. 268.

an ethical tool that can guide us in the right direction in society's campaign for moral regeneration.

Examples to demonstrate the power of *ubuntu* is evident in the description of South Africa as a "Rainbow Nation". The post-apartheid era promoted the idea of a "Rainbow Nation". The expression of the Rainbow Nation was called on to emphasize unity. As Johann Broodryk explains,

Rainbow Nation refers to the South African people who united in the process of post-apartheid transition, and human oriented social transformation, in an amazing and recommendable peaceful manner.

The old apartheid society was transformed into a new democratic society respecting the ambitions, beliefs and cultures of all. Like the colours of the rainbow, all races were assembled in a colourful experience of showing uBuntu [sic] (humanness) to each other. Differences were settled in a peaceful and tolerant way and the attitude to agreeing to disagree, adopted. In this processes the solution to problems was accepted as the reaching of consensus, which is part and parcel of the African tradition of sitting under a tree and talk until everybody agrees.⁴³

Other ways of applying the African ethic of *ubuntu* to, for example, guide society in the right direction was demonstrated in the establishment of the Moral Regeneration Movement (MRM) in 2002. The establishment of the MRM arose from a deep concern about the worsening moral situation in the country, especially because of the increasing number of violent crimes targeting women and children, corruption in government and the private sector of society, and simply because of the general disregard by certain sectors of society for the human rights, dignity and welfare of South Africans. Crimes, such as the rape and abuse of children signalled moral degeneration in society. The broad objective for the establishment the MRM was "to assist in the development of a caring society through the revival of the spirit of *botho/ubuntu* and the actualization and realization of the values and ideals enshrined in South Africa's constitution".⁴⁴ Similarly,

⁴³ Broodryk, J. (2007) *Understanding South Africa – the uBuntu way of living*. Waterkloof: uBuntu School of Philosophy, p. 22.

⁴⁴ Rauch, J. 'Chapter 4 Development of the Moral Regeneration Movement: 2000-2004. Crime Prevention and Morality. The Campaign for Moral Regeneration in South Africa. Published in Monograph No. 114, April 2005, in <http://www.iss.org.za/pubs/Monographs/No114/Chap4.htm>

the South African Broadcasting Corporation (SABC), together with various other sponsors such as First National Bank (FNB) and the Nelson Mandela Foundation, commissioned eight film series that they called Heartlines. The broad objective of the films is a campaign aimed at capturing the heart of the nation. Each episode focused on eight key values: acceptance of diversity, responsibility, forgiveness, perseverance, self-control, honesty, compassion and grace. Each of these values was linked to key issues that confront South African society today, such as HIV and AIDS, racism, corruption, violence and greed. It was hoped that telling stories that emphasize core values that connect all South Africans would spur people to move away from simply professing an acknowledgement of the values towards actually living those values.⁴⁵

These are examples that illustrate the different ways *ubuntu* has been practically applied in South Africa. What is significant about these examples is that they both draw on inspiring the nation to become honest, caring, compassionate, respectful, tolerant human beings, because of the emphasis placed on promoting these core values that human beings share. These values connect us, and this is where the power in *ubuntu* lies. By creatively using the media, and sectors of civil society, like the examples above demonstrate, we can continue in our efforts to realize the power contained in the spirit and ethos of *ubuntu*. Of course, this ought not to be limited to the media and sectors of civil society. The strength in the spirit of *ubuntu* lies in the participation of all the people. *Ubuntu*, as I said earlier, is a human-centred ethic that places a heavy responsibility on the individual to behave in a manner that promotes humanity's well-being. This is where the focus of our energies should be. We ought to be collectively harnessing the spirit of *ubuntu* and building a society that lives and practises *ubuntu*.

5.7.3 Perceptions of the unique contribution of *ubuntu* to care

An interesting range of responses was obtained from the informants regarding their opinions on the unique contribution that the African ethic of *ubuntu* could offer humanity in general and, more specifically, in its characterization of care. This question was asked

⁴⁵ Cf. Heartlines, in <http://www.fnb.co.za/aboutus/sponsorship/heartlines.html>

simply because most of the values and virtues espoused in *ubuntu* are not unique to Africa and African people, but are universal. They are found in most teachings in Western moral philosophy and the major world religions. Of the many responses recorded, three are the most noteworthy, as they capture the essence of why attention should be given to this ethic.

One academic informant gives a sound explanation of the possibly unique contribution the African ethic of *ubuntu* offers, when he explains,

What makes the African ethic of *ubuntu* unique is its emphasis on a human being as relationally constituted; that a human being is a human being because of others. It means that they are relationally constituted...they can only flourish within the context of community and this is somehow different from certain ethical traditions such that which we find in Western philosophy.⁴⁶

In support of this viewpoint, another academic expresses similar sentiments that explain how Africans understand what it is to be human, which is connected to the idea of relationality. Part of being human he declares,

...is the ability to go outside yourself and embrace others. Now, I think that, whereas in other systems, philosophies and all that, that's not emphasized. The ability to care or not to care does nothing in terms of your character. It does not find judgment towards your character, whereas *ubuntu* gives you a verdict. The moment you can't care it judges you and removes something good in you and says you've lost something; you are no longer a human being if you can't care.⁴⁷

He provides an example to demonstrate his position.

In Zulu when somebody has stopped caring...they would be dismissed by those who still care for other people by saying, *abana bantu* that means you have lost your humanity. That's the power of *ubuntu*, because anyone who wants to be recognized and recognize himself or herself as a proper human being would then want to care and protect that ability to care because they want to be seen as a human being.⁴⁸

⁴⁶ Interview with informant A: 1, 15 February 2007, p. 216

⁴⁷ Interview with informant A: 4, 1 March 2007, p. 234.

⁴⁸ Ibid.

An equally insightful and detailed response to the above issue was offered by another informant, who is quoted at length:

...there are so many things we can say about humanity and we can say that these things are universal and can be universalized, but the African ethic of *ubuntu*, in my own opinion, is different from all other ethics, including even the Western concept of communitarianism in a very serious sense... If you look at the concept of *ubuntu*, it is a concept about how you should live your life as an African... it is about an approach to life and so what is life in African thinking? As you will know, life begins way before one is even born and life continues way after one is dead. So the tenets in *ubuntu* compel those who are living now that they have a responsibility towards those who are yet to be born, even yet to be conceived and even towards those who have died.⁴⁹

He continues, with Western communitarianism “They just state that the community is there for the individual, but further than that there is nothing. For example, they do not have a discourse on what life is, when it begins and ends and what happens to you after you die. It could be there, but it is just incidental”.⁵⁰ While both moral philosophies share the idea that the community takes precedence over the individual, they are radically different, in the sense that *ubuntu* is “not only an ethic of morality or a conceptualization of morality and about how one should live as a moral being. It embraces a whole lot of other things like religious beliefs, even about matters of life and death”.⁵¹ In short, as the informant states, the ethic of *ubuntu* is conceptualized by “looking at the whole gamut of life; what life is, how life should be lived, and when do we say life starts and ends”.⁵²

One academic informant was wary of the uniqueness of *ubuntu* in its characterization of care. She said that she “would rather look for universality than the uniqueness”,⁵³ because for her the most important ethical issue would be “not what divides us, but something that actually unites us”.⁵⁴ The difficulty in uniting people on the ethical ideal or principle of *ubuntu* is, as she perceives it, due to “the rivalry, the conflict between the so-called Western European values and the African or *ubuntu* value. They are not so

⁴⁹ Interview with informant C: 3, 20 March 2007, p. 278.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Interview with informant A: 5, 5 March 2007, p. 240.

⁵⁴ Ibid.

much conflicting, um, moral values, they are conflicting lifestyles and conflicting economic systems".⁵⁵ Hence, in the era of globalization, she fears that the values inherent in *ubuntu* are being lost as a result of the changes that are occurring in the world today. It is in this context and this reality that she believes, "no matter how much we advertise and promote values of *ubuntu* the real life that is based on the survival of the fittest and competition will takes its toll and, yes, the loss of respect is absolutely inevitable".⁵⁶ Therefore such an appeal to the uniqueness of *ubuntu* cannot be a suitable ethical solution simply because, she argues, "we cannot make people moral just by teaching them morality; by enlightening them on this is what we ought to do".⁵⁷

The findings here suggest that *ubuntu* is an instructive ethical paradigm that has much to offer in terms of its usefulness as a practical guide to caring for others, since it is based on the idea of relationality and promoting the common good. It offers us the opportunity of transcending racial, ethnic and all other boundaries that somehow tend to hinder our genuine interactions with one another. It does, however, need to be pointed out that "we cannot make people moral just by teaching them morality, by enlightening them on this is what we ought to do". It must be borne in mind that *ubuntu* is a regulative principle that in a profound way teaches people the value of promoting good human relationships such as caring for each other, because it has the ability to pronounce ethical judgment on human conduct or behaviour. Additionally, *ubuntu* as an indigenous African philosophy of life, does have universal appeal, as the values it espouses are captured in most philosophies of life.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

5.8 Specific themes

5.8.1 The African ethic of *ubuntu* and healthcare ethics

Augustine Shutte observes that the ethic of *ubuntu* “is based on human nature and is thus concerned with human flourishing and development”.⁵⁸ Thus, to paraphrase Shutte, if one is concerned with healthcare, from an ethical viewpoint, with how to achieve *ubuntu* in this sphere of life, then one ought to be concerned with how *ubuntu* can contribute to global debates on ethical healthcare.⁵⁹ It follows that, given that the dissertation’s conceptual framework centres on *ubuntu*, women’s health and healthcare issues, a function of qualitative data is to collect and record perceptions of not only the meaning and significance of *ubuntu*, but also what contribution it offers to global debates on ethical healthcare. Therefore the question investigated here was: how can the African ethic of *ubuntu* contribute effectively to global debates on ethical healthcare?

Most of the informants contributed positively on how they felt that the ethic of *ubuntu* would be able to inform debates on ethical healthcare. However, one informant raised a concern, as she felt that it would be difficult for the African ethic of *ubuntu* to prescribe ethical imperatives that would serve as a guiding principle on how people should respond and relate to those who require care. The informant felt that, in order for there to be a universal appeal to the application of *ubuntu* in the provision of ethical healthcare, it would require the establishment of clearly defined rules or principles, which is in direct contrast to *ubuntu* being understood as simply a way of life. Hence, she argues that if we conceptualize *ubuntu* on general principles then we would struggle with defending arguments on moral grounds. She proceeds to compare the struggle that *ubuntu* would have with the struggle that act-utilitarianism has in terms of moral motivation, especially in regard to persuading people to care “for someone who is not close to you”.⁶⁰

⁵⁸ Shutte, A. (2001) *op. cit.*, p. 127.

⁵⁹ *Ibid.*, pp. 128-129.

⁶⁰ Interview with informant A: 5, 5 March 2007, 243.

There are those who in the Western moral philosophical tradition, take the view that when one attempts to put in place an ethical principle like *ubuntu*, and hopes to arrive at a general theory on how we ought to behave towards each other, especially towards people who are not our kith and kin, the issue of moral motivation emerges. The question then becomes: why should I have to care for someone who is not close to me? Nel Noddings argues that if healthcare workers value themselves as carers, then summoning “a dutiful form of caring that resembles a Kantian ethical attitude” becomes necessary.⁶¹ In such instances, healthcare practitioners ought to respond with compassion, because ethical caring must extend beyond the mere fulfilment of duties, out of a concern for the welfare of humankind. In essence, my humble response to informant A: 5’s concerns is that if healthcare is to be ethical, the duty of healthcare professionals is not simply about fulfilling their professional obligations to their patients, but it is also about treating their patients in a kind, compassionate and caring manner. This crucial point is picked up by another informant, below.

The informant argues, that although *ubuntu* does not provide a general rule like utilitarianism or deontology on, for instance, how to act or what to do when confronted with a moral dilemma there is, nevertheless, an important message imparted in *ubuntu*, which states, “you are a person through other people and you are inseparable from the rest of the community and your behaviour should be consistent with meeting certain things that enhance or promote the development of humanity and indeed community life”.⁶² The Zulu phrase, *umuntu ngamuntu ngabantu* reminds us of this, and for this reason *ubuntu* ought to provide us with enough moral motivation because one ought to be aware, as the informant notes, “you are not the centre of everything that is happening, you are not even the centre of your own life, because your life is interdependent on other people and you ought to take cognizance on how your life or actions will impact on other people”.⁶³ This conceptualization of life, as related and interrelated with all that exists, ought to provide strong motivation for people to act in such a manner that would promote

⁶¹ Noddings, N. (2002) *Starting at Home. Caring and Social Policy*. Berkeley: University of California Press, p. 30.

⁶² Interview with informant C: 3, 20 April 2007, p. 281.

⁶³ Ibid.

the well-being of others, especially of those in need of care. *Ubuntu*, therefore, provides us with an ethical framework that encourages us to be embracing towards others, even those who are not close to us.

The African ethic of *ubuntu* ought, as another informant puts it, to encourage the “caring or responsibility or inclusivity”⁶⁴ of others. He states, “we should be caring towards our members who are unwell, no matter what state of health they are in, because they still form part of a whole”.⁶⁵ Conceptualizing humanity in such a manner would mean that HIV and AIDS victims will no longer be perceived as “threats to humanity”,⁶⁶ but rather as full members of the world community. This is something that is indeed important and needed in today’s world, simply because the current global dispensation champions individualism. This is depicted through the language of individual rights and individual liberties, which depicts the individual as the final arbitrator in his or her own life. This kind of rationality deprives human beings of humanness and, if we continue on this path, the loss of humanness is a cause for concern, not only for African people, but also for the world. The last point is echoed by an informant who provides healthcare services. She believes that the loss of humanness in society is caused by a loss in self-respect. She attributes most of the disasters such as violence against women and children, which include rape and physical abuse and the increasing rate of HIV infection in women, to a loss of self-respect. She believes that once an individual’s self-respect is lost, he or she can no longer respect the next person.⁶⁷

This is perhaps why another informant expressed his reservation with the ability of the concept of *ubuntu* to contribute effectively to global debates on ethical healthcare. He states that, given the current context that promotes individualism, the application and appeal to *ubuntu* may be very costly:

...*ubuntu* is very costly because you live in a world that has very little good and very little humanness. And the easy way for you to live is to comply with the

⁶⁴ Interview with informant C: 5, 26 April 2007, p. 292.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Interview with informant B: 5, 29 August 2007, p. 262.

standards of not caring about others and only about caring about yourself, of accumulating as much as you would like to accumulate for yourself and leaving those who are getting wounded in this battlefield of life. Now, to do that and then decide to come and care for others, to nurture and be worried about the well-being of others even though it doesn't affect you, that is costly.⁶⁸

However, he does acknowledge the vital contribution this ethic has to offer when he concedes: "The fact that people only think about themselves is because they miss this humane ethic that is found in *ubuntu*. So in that manner we are reminding our society that our destiny as human beings is interconnected. In recognition of humanity's interconnectedness the informant poignantly articulates, "I cannot be what I am or want to be unless you are what you want to be. You cannot be what you ought to be until I am what I ought to be".⁶⁹

Another informant connects the subject of *ubuntu* and ethical healthcare to the HIV and AIDS epidemic and expands on the idea of humanity's interconnectedness. He explains, "the ethic of *ubuntu* means that care has to be genuine care, based on the fact that you are a human being because of other human beings and the well-being of other human beings matters because yours, as an individual, your own well-being is constituted in others".⁷⁰ Since the African ethic of *ubuntu* is based on communalism and promoting individual and community well-being, another informant reflects on the important contribution that *ubuntu* has to offer global debates, by saying, "everything is communally shared, and one's sickness is also communally shared. So someone's illness is not only a matter that should be taken care of by health workers, but the community at large is involved in ensuring that this person gets better or that this person is cared for".⁷¹ His appreciation of well-being is holistic and affirms Shutte's conceptualization of health and healthcare as intimately connected to the promotion of human development and flourishing, based on the realization that our health and well-being is intimately linked to the well-being of others. The contribution that *ubuntu* offers in global discussions on ethical healthcare is,

⁶⁸ Interview with informant A: 4, 1 March 2007, p. 235.

⁶⁹ Ibid.

⁷⁰ Interview with informant A; 1, 15 February 2007, p. 217.

⁷¹ Interview with informant C: 3. 20 April 2007, p. 218.

simply because HIV and AIDS is a global problem, we are all “affected by this pandemic, which shows our common existence”.⁷²

Two healthcare practitioners had some reservations with regard to how effective the ethic of *ubuntu* would be in the area of home-based care; since it would difficult to expect that healthcare workers would be motivated only by compassion and care when carrying out their duties to those who are sick. Additionally, because of the intensive nature of care that is required for HIV positive patients, the impact it has on healthcare professionals such as nurses or volunteers is great. Home-based care, especially for patients who are terminally ill and in the final stages of the disease requires a lot of time and dedication.

The term care “in the context of health-care entails the desire to do the person good as far as their health is concerned; it is beneficent”.⁷³ It places a certain degree of responsibility on healthcare professionals. “It requires that health-carers are present to those they care for as persons and not simply as functionaries”.⁷⁴ However, in the context of South Africa and the overburdened healthcare facilities, it became necessary to provide home-based care to those who are sick at home.

One important ethical issue that is not taken into consideration is the resources that are needed to pay those that are caring for other people. While the ethic of *ubuntu* would want people to care for others spontaneously, simply because they are human beings, one healthcare practitioner felt it would be immoral to expect healthcare workers to care for nothing, or to perform their duties without any remuneration, because she did not think that “genuine ethical care has to happen without incentive”.⁷⁵ She believes that being a nurse does not mean that people ought to expect that they should provide care without receiving some form of acknowledgment.

I think the idea that because if you are nurse you are in a caring profession therefore, you have to accept a certain salary its not, you know, I mean it

⁷² Interview with informant A: 1, 15 February 2007, p. 217.

⁷³ Shutte, A. (2001) *Ubuntu: A new ethic for South Africa*. Pietermaritzburg: Cluster Publications, p. 143.

⁷⁴ Ibid, p. 141.

⁷⁵ Interview with informant B: 2, 6 December 2006, p. 255.

shouldn't be that way. But it's always been a caring profession and therefore, you should not expect to be reimbursed. I hate the idea of nursing, for example, where you have to count every swab and record it. I mean, I never had to do that. I was fortunately always in a public hospital set up so we didn't have that sort of monetary element attached to everything we did. But by the same token, I think that it is wrong that those sorts of professions are not acknowledged or recognized.

What she highlighted here, was that in the debate on ethical healthcare it must not be assumed that the appeal to *ubuntu* must be based on some kind of altruistic motivation or based on altruistic grounds. However, what I would like to point out is that, altruism can be appealed to, especially if it is attached to the virtue of care, or as will be discussed below, empathy.

Altruistic acts are motivated by the principle of unselfish concern for the welfare of others. Daniel Batson defines altruism as "a motivational state with the ultimate goal of increasing another's welfare".⁷⁶ Most of us are generally concerned about the welfare of others and will come to the assistance to those in need. Our desire to help is motivated by empathy or our ability to put ourselves in another person's shoes. This is the claim that Daniel Batson makes when he argues that human beings can and do act to the benefit of others. Our desire to help our fellow human beings, he explains, stems from our ability to empathize with people who are suffering. He defines empathy as "*an other-oriented emotional response congruent with the perceived welfare of another* [Emphasis in italics is original]. If the other is perceived to be in need, then empathetic emotions include feelings of sympathy, compassion, tenderness, and the like".⁷⁷ Batson develops a hypothesis that draws on the concepts of altruism and empathy. He calls it the empathy-altruism hypothesis. He explains that when these two concepts are compounded, "empathy evokes motivation directed toward the ultimate goal of reducing the needy person's suffering; the more empathy felt for a person in need, the more altruistic motivation to have that need reduced".⁷⁸ The claim that "empathy evokes altruistic

⁷⁶ Batson, C.D. 'Addressing the Altruism Question Experimentally', in Post, S.G, Underwood, L.G., Schloss, J.P. & Hurlbut, W.B. (eds) (2002) *Science, Philosophy, and Religion in Dialogue*. Oxford: Oxford University Press, p. 90.

⁷⁷ Ibid, p. 92.

⁷⁸ Ibid.

motivation” is reflected in the concept of *ubuntu*. As we have often seen in this dissertation, *ubuntu* means humanness, which is captured in the maxim, *umuntu ngamuntu ngabantu*. Such an outlook supports communitarianism, whereby “The ultimate goal is not one’s own welfare or the welfare of specific others; the ultimate welfare is of the group”.⁷⁹ By group I mean society in general. I do agree, however, with the informants’ concerns that devoting time and energy to caring for the sick has to be remunerated. However, in response to the informants concerns, I suggest that intelligent and mature human beings have the potential and capacity to act unselfishly. In our quest to build a more caring, humane society, *ubuntu* in healthcare provides us with that opportunity. Those involved in healthcare ought to acquire moral virtues that provide the desire to do the person good, as far as the patient’s health is concerned.⁸⁰ They ought to possess a deep inner motivation to care for their patient’s. As Shutte states, “It can’t just be a job, a way of making a living, if it is to be an expression of UBUNTU”.⁸¹ This crucial point will be returned to in the next chapter.

The other healthcare professional who was critical of home-based care felt that it does not fit in with the African concept of *ubuntu*, because it involves an outsider coming in to provide care for the sick patient. In her view, this responsibility is within the family and if the family is unable to genuinely care for its own members then the ideals of *ubuntu* are not being practiced. She was of the opinion that it would be better if healthcare professionals trained infected members of households on how to provide appropriate healthcare for an HIV positive person and this would be *ubuntu* in healthcare at work.⁸² I present her ideas below.

When we talk of home-based care, or we talk about whom to train to look after people, this idea does not fit in well with the African concept of *ubuntu*. It fits in better if you say, the trainers walk in and say you are living with somebody who is HIV infected and most of them aren’t being cared for, because they don’t have information about the disease. So if we walk in and give information you will find that the government does not need to employ home-based caregivers because

⁷⁹ Ibid, p. 99.

⁸⁰ Cf. Shutte, A. (2001) *op. cit.*, pp. 141-143

⁸¹ Ibid.

⁸² Interview with informant B: 1, 7 September 2006., p. 251.

within the family you will have someone to care for you who is properly informed on caring for an HIV positive person.⁸³

The point she is making is that the aim of *ubuntu* must be to empower each individual in the family with the knowledge to care for an HIV positive person. Educating and informing members of the family and, by extension, the community, on how best to care for HIV positive persons will ensure that the provision of healthcare is not left to hospitals, clinics and hospices. Rather, it will promote the idea that the provision of healthcare should also be located in the homes, thereby encouraging the community, in the family and beyond it, to play an active part in healthcare.⁸⁴ The family's involvement in healthcare will be an expression of *ubuntu*.

Another healthcare practitioner echoes the need to educate and inform people who are both infected and affected by HIV. She believes that *ubuntu* can assist if "we could help those people who are affected with information in order for them to help those who are infected with the virus".⁸⁵ In the next breath she makes an important point. "Stop discrimination [against] people who are living with HIV and AIDS and accept them as part of our communities".⁸⁶ A crucial aspect of ethical living is identified by the informant, which is to stop discriminating against those who are HIV positive. If humanness is an expression of *ubuntu*, then a good person ought to embrace those who are HIV positive in a way that positively affirms their existence. This affirmation will assist in giving HIV positive people a sense of belonging and worthiness that will increase their sense of well-being. In short, *ubuntu* would require us to fight against the persistent discrimination against people living with HIV and AIDS (PLWA).

The healthcare workers raise important issues concerning the application of *ubuntu* in healthcare. The issues are relevant for the discussion on ethical healthcare, because if *ubuntu*, as a concept, is to be promoted, both locally and globally, especially in the provision of ethical healthcare, then the active participation of everybody and not just

⁸³ Ibid.

⁸⁴ Cf. Shutte, A. (2001) *op. cit.*, p. 150.

⁸⁵ Interview with informant B: 6, 29 August 2007, p. 264.

⁸⁶ Ibid.

healthcare workers is paramount. My suggestion is thus that the practical application of *ubuntu* to global debates on ethical healthcare ought to draw on the moral values that are rooted in this concept, such as compassion, care and respect. These values ought to foster a sense of collective or social responsibility, which is grounded in the interconnectedness of being.

The findings of the present work indicate that there is a vast terrain to navigate before an appeal to the ethic of *ubuntu* in debates on ethical healthcare can be fully realized. Nevertheless, as two of the informants suggest, there is the belief that, through our pursuit for a humanist and relational ethic, that moral motivations to care ethically for others “should find their ethical justification primarily on the basis of their contributions to the well-being of the whole”.⁸⁷

5.8.2 The African ethic of *ubuntu* and women’s health

As noted in Chapter Two, biological, social and cultural facts reveal that women are the most vulnerable to HIV infection. This is a testament to the fact that statistically they are the worst infected and affected group of people. The HIV status of women in South Africa demands that we pay attention to their health condition and needs. The question asked was thus: “In what ways can *ubuntu* assist HIV positive people, especially black South African women?” The responses to this question elicited a variety of opinions and solutions. What is interesting to note, however, is the ability of many respondents to critically appraise *ubuntu* as an ethical tool in the promotion of health and care for those who are infected by HIV. One informant, for example, reflects on *ubuntu* in a deeply spiritual way in order to explain the way in which he believes that the ethic of *ubuntu* can assist HIV positive people. He says,

Ubuntu would say to any HIV positive person, no matter what level the level of infection is, there is something that they never lose in them, which is the dignity of being human. They never become worthless like an animal [sic]. There is

⁸⁷ Murove, M. (2005) ‘The Empirical Contradiction of Globalization: A Quest for a Relational Ethical Paradigm. *Journal of Theology for Southern Africa*. Vol. 121, p. 17.

something that they die with, the fact that they are human beings, they have got worth that no amount of sickness, disease and affliction can take them and they go with that even when they die, which I think that for me would be how it can assist HIV positive people.⁸⁸

He suggests that *ubuntu* in a way provides people with the power to protest against the terrible death that comes with HIV and AIDS, by equipping the sufferer to deal with death and understand that death does not represent the end of life. He acknowledges the spiritual and psychological dimensions that encompass *ubuntu* and the purpose it can serve with life and death issues:

...when we encourage people who are positive and on their deathbed, you prepare people for death and you begin to say to people that it is not the end of you; you are much bigger than the collapse of the body and the stopping of the heart... And if we encourage people to face death positively not because of AIDS, but because we face it with that hope, then I think *ubuntu* would contribute to that.⁸⁹

The informant's response indicates the holistic aspect of *ubuntu*, in that one appreciates the value of human life and dignity. The response points to how this ethic serves to remind us of the continuity of life and a person's worth, beyond death. The purpose of *ubuntu* in providing care which is spiritual, social and psychological, reinforces the need to support HIV positive people, since it is often within families, local communities and local support groups that individuals who are infected find a meaning and purpose in life.

Another informant gives an example that illustrates the power of support through the use of arts and crafts. She refers to the work her friend does with rural African women.

...you see these beaded crucifixes [points to them]; of rural women saying that they are dying because of HIV. They have all made these tableaux to reflect their situation, and one that they made was called the "human tower". A bunch of women holding up one woman on top and she asked them to explain what this tower was, and they said, "No, that woman is being abused by her husband and he is HIV positive and this is how we are trying to protect her". And, I think here is the idea that within their social capacity women have had that strength amongst them to help one another against all atrocities.⁹⁰

⁸⁸ Interview with informant A: 4, 1 March 2007, pp. 236-237.

⁸⁹ Ibid.

⁹⁰ Interview with informant A: 2, 26 February 2007, p. 223.

This example serves to emphasize and remind us of the power that the ethic of *ubuntu* yields within social groups and communities, in the sense that it teaches people not only to care, but also to assist those members of the community that are in need of assistance. It reinforces the idea of inclusiveness, as it is an inclusive ethic.

Inclusiveness is a theme that yet another informant highlighted, when she responded to how *ubuntu* can assist HIV positive black South African women. She replied,

I don't think it's about being HIV positive or a black South African woman. We are all candidates to change as the way of growing up. We need encouragement, assistance, respect and empowerment. However, *ubuntu* can assist to resolve stigma and encourage support to PWAs.⁹¹

In responding this way, the informant challenges the narrow approach the question takes and reminds us that the purpose of *ubuntu* is to serve not only the needs of HIV positive black South African women, but everybody in society who is infected with the virus, including the population of the entire world. Again, as another informant stated earlier, she makes reference to the problem of stigmatization and discrimination against those living with HIV. The consequences of stigmatization and discrimination against PLWA are numerous. For instance, people who suspect that they may be infected will not be tested, out of fear of being ostracized and abandoned by their family or community. There are also fears of victimization resulting from the disclosure of their HIV positive status. Nevertheless, she suggests that, as an ethical tool, *ubuntu* can assist in putting an end to such negative practices. One informant suggests how this can be done. She urges for more education in the community, so that people understand that "...to be infected does not mean the end and also those who are not infected should be able to love and nourish and accept the infected. Then we can continue exercising *ubuntu*, as we did in the past".⁹²

Another informant offers this perspective.

⁹¹ Interview with informant B: 5, 29 August 2007, p. 263.

⁹² Interview with informant C: 2, 15 February 2007, pp. 274-275.

I think the most important thing is the kind of attitude that should be shown to these people. We can help them by assuring them that they are still part of us. That they are still part of this very same community, they are still the same person and their status and importance within the community is still the same as it was before they acquired HIV and it was never altered by that acquisition and it will never be compromised because of the development of full-blown AIDS.⁹³

This is indeed a pertinent point, since the idea of a person in African thought is intimately related to the community both the living and the dead. What this means, in terms the conceptualization of a person in African ethics, is that the human being is conceived as existing in a network of reciprocal relationships. Even a person who is sick or dying of AIDS “has a unique position in the community” and “may not be discarded as something worthless”.⁹⁴ It is this conceptualization of a person that ensures that he or she retains inalienable dignity. As the informant stresses,

...the most important thing we have to do as communities and we have to do as individuals who believe in *ubuntu* is to incorporate these people into our circles and to assure them that they are not different and then from there practical things will spin-off like practical support, for example, caring for a person who is about to die because they can no longer care for themselves.⁹⁵

A similar response is given by another informant, who states that *ubuntu* is an essential tool in providing social support and that it is a social capital or resource that can be utilized as a tool to care for women and break-down the barriers of stigma and discrimination against those who are infected by HIV. He believes that it is a great resource for women with HIV and AIDS, because it offers emotional and social support. This is an important resource of *ubuntu* in that it has the ability to erode barriers and transcend differences by providing emotional and social support, a vital resource because, as he correctly notes, “People need to feel connected to others and be fulfilled and to have a sense of purpose in life and for that you need the community or the collective”.⁹⁶

⁹³ Interview with informant C: 3, 20 April 2007, p. 282.

⁹⁴ Bujo, B. (2001) *Foundations of an African Ethic. Beyond the Universal Claims of Western Morality*. New York: The Crossroad Publishing Company, p. 91.

⁹⁵ Interview with informant C: 3, 20 April 2007, p. 283.

⁹⁶ Interview with informant C: 4, 17 April 2007, p. 289.

The knowledge that *ubuntu* can assist HIV positive people and be relevant in today's world is repeated by another informant. She believes that using a well-entrenched philosophy or way of life that is culturally embedded in African society to encourage and support HIV positive women is a good "platform, as it were, to address a new and growing challenge".⁹⁷ Drawing from an existing or accessible resource, she argues, would be "an easy way to get people involved... We shouldn't be trying to create something that's new and Westernized and comfortable".⁹⁸ She believes that we can actually use *ubuntu* "as a way of caring without any sort of medical facility".⁹⁹ Educating and informing people on how certain cultural practices, such as "dry sex", polygamy or polygamous marriages, can actually harm women by making them more vulnerable to exposure to the HI virus is one way of addressing the problem of HIV. Another way is to simply say that *ubuntu* would require people to be monogamous or faithful to their partner(s), so as not to put one another in danger of contracting HIV. Johann Broodryk, for example, reminds us that the concept of *ubuntu* is linked to humanness and humanness is the guiding principle in African conduct. Since *ubuntu* is an African way of life, one could then say to people,

...the right to life also affects the love life of a human being. A responsible person suffering from a sexual disease like HIV and AIDS will refrain from spreading this disease to his loved one(s) and other persons.... Morally, from the uBuntu point of view, it is wrong for a person being infected by the pandemic, to have sex with another person not infected by HIV and AIDS.¹⁰⁰

The quotation is particularly useful, because by making reference to a cultural term and practice like *ubuntu* and applying it to sexual morality one would be drawing on an ethical concept that is rooted in a particular culture, to invoke in people a sense of responsibility towards each other. Therefore it is not something new, or a new idea is not being introduced, but rather an old idea is being reappraised and applied in contemporary society.

⁹⁷ Interview with informant B: 2, 6 December 2006, p. 255.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Broodryk, J. (2007) *op. cit.*, p. 64.

Still, one informant did not feel that *ubuntu* can serve any purpose for HIV positive people, especially women, and could not be relevant because the world has changed and people's lifestyles and preferences have changed, from a communalistic and an individualistic approach to life. She argues that "The appeal to human rights would be much better because human rights concept is part of capitalist society and has been born within the system with ideas of equality...it has much more mechanisms that are suitable to protect the individuals".¹⁰¹ What she seems to imply here is that a communitarian ethic like *ubuntu* has no place in capitalist societies, which are based on an individual's rights and an individual's self-interest. Her support for the doctrine of human rights rests upon its universal appeal. She believes that there is a general acceptance of, and identification with, human rights, that allows it to be an attractive alternative to *ubuntu*, as it seeks to serve and protect the interests and values of the majority of the people in South Africa and, indeed, the world.

The informant illuminates a critical aspect in the debate between universalism and particularism. *Ubuntu*, for her, is too particularistic and therefore cannot be an effective substitute for the human rights in the discourse on women's health and healthcare issues. Of course she raises a valid point, but one that needs to be examined and elaborated on to respond to her concerns.

South Africa promotes the rights enshrined in the doctrine of human rights. The human rights of all the people of South Africa are protected given that the apartheid system did not respect the rights of black people. Human rights are reflected in the Constitution, under the Bill of Rights. While the values espoused are generally believed to be Western conceptions of human rights, which include the right to life, liberty and property and the respect and dignity of persons. These values and rights are also expressed in *ubuntu*. Under the Bill of Rights, *ubuntu* themes are emphasized, such as equality, human dignity, and freedom of person, freedom of expression, association, trade, occupation and profession.¹⁰² Put differently, the notion of *ubuntu* subscribes to values that are similar to

¹⁰¹ Interview with informant A: 5, 5 March 2007, p. 245.

¹⁰² Broodryk, J. (2007) *op. cit.*, p. 65.

those enshrined in the doctrine of human rights. Yet within their similarity lie some differences. It is this that I explore below, to highlight why I believe that *ubuntu* can assist HIV positive people, especially black South African women.

In defence of my appeal for the application of *ubuntu* to women's health and healthcare issues, it is important to state here that the difference between the doctrine of human rights and the African ethic of *ubuntu* is that the doctrine of human rights places great emphasis on individual autonomy, liberty and rights and attempts to address the basic needs of individuals, with an appeal to shared human interests. Unfortunately, as Reuel Khoza argues, "this can lead to a state of anomaly in which every individual lives his or her life in a selfish manner, constrained by the rule that one should not infringe on the rights of others".¹⁰³ While the doctrine of human rights is essential to the promotion of individual rights, liberties and needs, which are important for human development and flourishing, this doctrine negates or fails to strike an important balance between community development and flourishing. As Khoza states, "This approach is positive as regards individual rights, but negative as regards community values and consensual outcomes".¹⁰⁴ This is the bridge between the divide that the principle of *ubuntu* involves. *Ubuntu*, as Khoza reminds us, instils "all with mutual respect".¹⁰⁵ What this means is that not only is an individual's autonomy, liberty, rights and needs an essential part of human development and flourishing, but also that those needs, rights, liberty and independence are essential for community development and flourishing. In essence, *ubuntu* transcends or goes beyond the doctrine of human rights, to assert that an individual's well-being is inseparable from the well-being of humanity as a whole and, therefore, *ubuntu* gives meaning to people's lives, in the sense that they know and feel connected to others simply because they understand themselves as part of a whole. It is this that is expressed in the maxim, *umuntu ngamuntu ngabantu*.

¹⁰³ Khoza, R. (2006) *Let Africa Lead. African Transformational Leadership for 21st Century Business*. Johannesburg: Vezubuntu Publishing., p. 246.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

If we conceptualize humanity in such a way and understand that life is to be lived, experienced and shared in solidarity with other people, then one can argue that *ubuntu* is a human rights resource and is a useful ethical tool that can be used in upholding and uplifting women who are infected with HIV, by providing them with the emotional, spiritual and psychological support that is needed for them to feel fully human, especially in the face of illness and even death. The socio-psychological and spiritual values inherent in *ubuntu* lend themselves well to the promotion of ethical healthcare interventions, because it is based on the condition that “our very identity as people is drawn from what we share and not what separates us”.¹⁰⁶ This acceptance of our inseparability and the promotion of community solidarity would allow for an approach to care or an ethic of care that has a human face.

In the end, what seems to be emerging from the views of the informants is that there are valuable ways in which *ubuntu* can assist HIV positive people, especially women, although opinions differ about the ways in which it can assist.

5.8.3 Africa’s healing wisdom

Is there a place for Africa’s traditional healing wisdom and system in healthcare delivery in South Africa? Given that approximately 70% of the population in South Africa is black, it is important to examine whether or not Africa’s traditional healing wisdom and system plays an influential role in the lives of African people and to what extent it has the potential to serve as a complementary component to the healthcare strategy of South Africa. In a document released by the Department of Health entitled *Operation Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*, it was estimated that “there are 200 000 traditional healers active in South Africa and that 97% of people living with HIV and AIDS first use traditional or complementary medicine and only seek the help of a biomedical doctor if the ailment endures”.¹⁰⁷ If this is true, then it is a strong indication that traditional healers play an influential role in the healthcare

¹⁰⁶ Ibid.

¹⁰⁷ Department of Health. *Operation Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*. 19 November 2003, p. 87. <http://www.info.gov.za/issues/hiv/careplan.pdf>

system in South Africa. As was discussed in Chapter Four, the reasons why traditional healers are consulted in times of medical crisis is because of a sense of familiarity with their methods of healing and because of a respect for a healing wisdom that provides answers to certain types of illnesses that the Western biomedical approach to healing does not do. Besides that, not only is it a fact that the traditional healer is the first port of call for those individuals residing in the rural areas, but the traditional healer is someone who has inspired the community to believe in his or her healing art. It may also be because, during times of crisis or emergency, people will revert to the use of traditional healers because of the strong influence of traditional beliefs and practices. During these times, old beliefs in the efficacy and value of Africa's traditional healing wisdom tend to resurface. Thus, since the HIV and AIDS epidemic is not confined to the urban areas, but affects the rural areas as well, and because black South Africans, both rural and urban, still make use of the services traditional healers provide, it is increasingly necessary to afford equitable space to Africa's healing wisdom and tradition in discourses on healthcare and health delivery. The question asked here was whether or not Africa's traditional healing wisdom and system, which embody the values of *ubuntu*, has a role to play in healthcare in South Africa.

The support was unanimous. All the informants agreed that Africa's traditional healing wisdom and system has a valuable role to play in terms of providing and restoring health and well-being. In fact, one informant notes, "For many years, long before modern medicine, African healing rituals and medicine provided cures for the sick. African traditional healers were aware of the various herbs that could cure certain ailments effectively and that still occurs today".¹⁰⁸ This last observation is echoed by another informant, who states, "The evidence is overwhelming that the majority of South Africans go to traditional practitioners and they are able to cure many conditions. Certainly, they are far more successful in terms of treating the psychosomatic conditions than Western medicine".¹⁰⁹

¹⁰⁸ Interview with informant B: 1, 7 September 2006, p. 252.

¹⁰⁹ Interview with informant B: 2, 6 December 2006, p. 256.

The success of African traditional healers in treating psychosomatic conditions and illnesses is well explained by one informant, who remarks that, “traditional healers, because they try to understand the person beyond just the symptoms and try to understand the family life and some of the psychology as well, can play a big role in helping them”.¹¹⁰ Another informant points to the difference between Western and African forms of healing and stresses, “African healing is holistic, whilst Western healing just treats the chemical side of you, the body. But the African healing is holistic because it deals with the social relationships that have gone sour and the community. It heals the community, it heals the spirit, and then it heals the body”.¹¹¹ This kind of healing is itself *ubuntu*-based, because it stresses community solidarity and the understanding that an individual’s health and well-being is held corporately. To this extent, the health and well-being of an individual is taken to be indicative of the health and well-being of the community as a whole. This is why the principle of caring for each others’ well-being and the spirit of sharing and reciprocity is encouraged in appreciation of the fact that “each individual’s humanity is ideally expressed through his or her relationship with others and then in turn through recognition of the individual’s humanity”¹¹² This is the essence of *ubuntu*-based care, which asserts that both the rights and responsibilities of human beings concerning each other is to promote individual and societal well-being.

The holistic approach to healthcare is arguably a reason why this healthcare system has managed to stay well-established in modern day society. It has managed to overcome all criticisms against it such as being labelled as barbaric, unscientific and unreliable. As one informant pointed out, it is perhaps people’s search for the spiritual, for deeper meanings to illness, which African traditional healing offers and is the reason why, as a system, it has managed to survive. In his own words, he observes that “the issue is that human beings are religious. They have a quest for the spiritual. They have a quest to go outside and connect with transcendental figures. This is because there is that hunger for that”.¹¹³ His observation echoes that of John Mbiti, who writes,

¹¹⁰ Interview with informant A: 2, 26 February 2007, p. 224.

¹¹¹ Interview with informant A: 3, 28 February 2007, p. 230.

¹¹² See <http://www.gov.za/whitepaper/index.html>

¹¹³ Interview with informant A: 4, 1 March 2007, p. 238.

Africans are notoriously religious.... Religion permeates into all departments of life so fully that it is not always easy or possible to isolate.... Religion is the strongest element in traditional background, and exerts probably the greatest influence on the thinking and living of the people concerned.”¹¹⁴

The philosophy of *ubuntu* draws inspiration from the religious beliefs and practices of African people. In times of despair, traditional practices will be utilized. For instance, the resort to traditional forms of healing will resurface as people struggle to find meaning in life, security, comfort and well-being. This tends to be achieved through traditional healing practices because the ability of traditional healers to delve deeply into patients' social, spiritual and psychological lives impacts greatly on the faith they place in Africa's traditional healing practices. As another informant points out, this ability of the traditional healer to *communicate with spiritual beings in the metaphysical world* “will impact on the rate of recovery”.¹¹⁵ Moreover, the importance of Africa's traditional healing wisdom is given life when one informant provides a personal testimony. He says, “I have grown up using traditional healers and I will probably continue using it because it is valuable”.¹¹⁶

To summarize, it can be argued that this system of healing is, to a large extent, appreciated by those who require traditional forms of medical attention. One informant aptly suggests, “What needs to be done is to encourage a working relationship between the traditional healer and the modern doctor so that a partnership can develop that seeks not to compete with each other, but complement each other. One medical system cannot claim to have absolute knowledge over everything”.¹¹⁷ Of course the support for Africa's traditional healing wisdom does not come without warnings. As one informant cautions, “As for the rituals, as long as they don't kill any child, do any harm to anybody they are fine...”.¹¹⁸

¹¹⁴ Mbiti, J. (1970) *op. cit.*, p. 1.

¹¹⁵ Interview with informant C: 1, 6 October 2006, pp. 271-272.

¹¹⁶ Interview with informant C: 5, 26 April 2007, p. 293.

¹¹⁷ Interview with informant B: 1, 7 September 2006, p. 252.

¹¹⁸ Interview with informant A: 4, 1 March 2007, p. 238.

The findings are thus that all informants believe that Africa's traditional healing wisdom and systems have a definite role to play in healthcare in South Africa. This, I believe, is a hopeful sign for achieving holistic healthcare delivery in South Africa. It is especially gratifying, given the nature and pervasiveness of HIV and AIDS among the black population of South Africa, especially among black women. It is a hopeful sign that provides the opportunity for dialogue between the two different healthcare systems, especially in the current context, whereby HIV continues to be spread at escalating levels and shows no signs of slowing down. What these responses also show is that African traditional healing is inherently an instance of the effectiveness of *ubuntu*.

5.9 Conclusion

The principal aim of this chapter was to present the findings of the qualitative study. In light of the comments and responses presented above, *ubuntu* may be regarded as an important ethical tool in the provision of care for those who are in search of social, spiritual, psychological and physical well-being. An appraisal was given of the concept of *ubuntu* and its usefulness in providing care for those who are sick. In South Africa, Africa and the rest of the world there is an ethic of caring that is humanist and based on virtues such as kindness, generosity and care, which are appreciated because of our interconnectedness as human beings. It is an all-inclusive ethic and, while unique in its origins and context, it does not, I argue, need to be unique in its application. The transcribed responses indicate an increasing realization that, in order to offer a more comprehensive and holistic healthcare delivery package, Africa's traditional healing wisdom and system, embodying *ubuntu* as it does, needs to be valued, appreciated and incorporated into South Africa's landscape of healing.

Chapter Six: Conclusion

6 Introduction

In Chapter Six I would like to summarize the chapters of the thesis by briefly recalling the purpose they served the study. Chapter One outlined the main theoretical framework of the study. This was achieved, firstly, by a survey of the literature relevant to the African ethic of *ubuntu*. Secondly, a comparative aspect was included, which examined two other theoretical frameworks, namely virtue ethics and the feminist ethic of care. The limitations of each ethical theory or paradigm was noted, but, in the end, I provided reasons on why the African ethic of *ubuntu* is prioritized over the other ethical paradigms that on the face of it put forward similar ideas.

Chapter Two discussed the health of black South African women. The study devoted a chapter to discussing women's health because the thesis chose to narrow its focus to a group or segment of South African society that has, statistically been greatly affected and infected by HIV and AIDS. There are a number of reasons why black South African women are more vulnerable and susceptible to HIV and these were presented. The aim was to take note of the fact that we need to pay more attention to the specific health needs of women, by highlighting cultural, social and economic issues that, if remain unmentioned, will continue to undermine the health of black South African women.

Chapter Three discussed the traditional African outlook on the role of women and their value in traditional African society. The use of myths and an examination of women in traditional African communities illuminated the indispensable and valuable role and position of women in society. An exploration of mythology revealed women's worth. This was echoed in the position they occupy in traditional African communities and the responsibilities they have toward their kith and kin. An examination of the African traditional perceptions of women was done, to revive such sentiments and attitudes towards women in the community and, indeed, in society.

Chapter Four conceptualized and discussed Africa's traditional healing wisdom and system. The aim was to show that Africa's traditional healing system, which incorporates the principles and values of *ubuntu* into health and healing, ought to serve as a complementary aspect to providing holistic healthcare. Chapter Four discussed the approach to life, death, health and healing. This approach emphasizes holism, by viewing a person as an interconnected being whose well-being is intimately tied to both the living and the living-dead. An individual's health is understood in totality with all that exists - even land and nature are included in this conceptualization of health. African traditional healing methods were described in order to further illustrate how this approach to life, health and healing is practised by traditional healers.

Chapter Five, which formed the qualitative element of this study, sought to solicit opinions from a number of key informants. The aim was to uncover views on how the African ethic of *ubuntu* and Africa's traditional healing wisdom can contribute to creating a holistic and ethical paradigm to healthcare, in general, and women's health, in particular. The contributions of people's views on the above issues were noted and so were the challenges. It was important to include both the positive attributes of *ubuntu* in healthcare and the challenges *ubuntu* would encounter in our search for a new paradigm of global healthcare ethics, because the development of a new paradigm is not without its faults or anticipated hurdles. I attempted to defend the challenges and, having examined and discussed the African ethic of *ubuntu* in both a theoretical and empirical manner, I believe that Africa has a creative and innovative contribution to offer the rest of the world in our quest for a global ethic of healthcare, and it is through *ubuntu*.

Before I proceed with outlining the objectives of the chapter I need to declare emphatically that the study's main focus on black South African women's health issues should not be seen as applying only to them as a group of people. Although the thesis isolates them as a category under investigation, the general ideas, suggestions and recommendations presented here are in no way intended to be exclusively applied to women except in the section that focuses on applying *ubuntu* to women's health. They are ideas, suggestions and recommendations that, I hope, can be, and ought to be, applied across the racial and gender divides, otherwise this thesis

would not be appropriate or in line with the concept and spirit of *ubuntu*. There are three main objectives of this chapter. The first objective is to show how the African ethic of *ubuntu* is equipped to provide ethical solutions to managing the healthcare concerns of HIV positive people. The suggestions offered explore the possibility of uncovering a new global ethical paradigm for healthcare through *ubuntu*. I discuss how the practical application of *ubuntu* can be incorporated in healthcare practices. The suggestions provided are derived from what emerged in the study from both the theoretical discussions and empirical findings. The second objective is concerned with suggesting how the African ethic of *ubuntu* can be applied to promoting black South African women's health. The third objective is to make recommendations for the inclusion of Africa's traditional healing wisdom and traditional healers in South Africa's response to managing, treating and caring for those who are infected with HIV. The aim is to discuss how Africa's traditional healing wisdom and system would be beneficial to buttressing the current primary healthcare initiatives in South Africa, in particular. Although the recommendations are context specific, the ideas presented, however, can provide a useful reflection point for healthcare policy-makers and healthcare providers in other parts of the continent and the world. Once the main objectives of the chapter have been discussed, I offer suggestions on possible areas for further investigation in reflection on the gaps that exist in the study. Finally, I conclude this chapter and the entire study by offering my thoughts on the valuable contribution that the African ethic of *ubuntu* makes to health and healing. I now turn to discussing how the ethic of *ubuntu* can be applied to healthcare.

6.1 Towards an expanded ethic of healthcare through *ubuntu*

6.1.1 The practical application of *ubuntu* to healthcare practices

In the introductory section of the dissertation it was stated that the African ethic of *ubuntu* evolves out of the African proverb, *umuntu ngamuntu ngabantu*, a person is a person because of other persons. Put differently, this is "I am because we are, and we are because I am". The African ethic of *ubuntu* is based on the principle of communalism or collectivism and the values promoted teach us about exercising compassion, kindness, love, dignity, respect and care for all humanity. A person with

ubuntu personifies humanness and puts into practice the values promoted in *ubuntu* in his or her daily encounters with other human beings.

Given that a number of informants who were interviewed expressed an increasing appreciation of the valuable contribution that the *ubuntu* can make to global debates on ethical healthcare, it seems fitting to explore how this can be achieved. In this respect, this section concerns itself with how the African ethic of *ubuntu* can be practically applied to healthcare services and healthcare delivery. My main aim here is not to prescribe a set of rules or principles for healthcare providers, but to impart ideas and suggestions which, at the practical level can assist them in the administration and execution of their duties in a more caring and humane manner as inspired by the spirit of *ubuntu*. In essence, this section seeks to provide answers to the question: what can the African ethic of *ubuntu* teach us about exercising humane and ethical healthcare?

To begin with, Reuel Khoza notes that,

In all areas of human endeavour, competence is achieved in consequence of three interacting variables: knowledge, skill and attitude. Knowledge can be learnt and skill acquired. But attitude comes from deep within and rests on one's notion of self-worth.¹

Healthcare practitioners learn how to identify, treat and manage disease at a medical school or institution. There they specialize in acquiring the knowledge and skills concerning how to examine and treat their patients. However, as Khoza points out, an attitude for caring for sick people cannot be learnt at medical school. It can only be reinforced during their training at medical school. This is because caring, as a virtue in medical ethics, is a character trait that anyone seeking to enter the medical profession should already possess, since the aim of the medical profession is to care for people who are sick or dying. Healthcare practice through *ubuntu* requires all three variables, but the most important variable in the overall delivery of humane healthcare is the virtue of care.

¹ Khoza, R.J. (2006) *Let Africa Lead: African transformational leadership for 21st Century business*. Johannesburg: Vezubuntu Publishing (Pty.) Ltd., p. 245.

When *ubuntu* is applied to healthcare, the result ought to cultivate an ethic of care that accords each and every patient a sense of self-worth. What do I mean by this? We are all now familiar with the Zulu maxim, *umuntu ngamuntu ngabantu* – a person is a person through others – in which the idea that one’s self-worth, one’s identity and one’s feeling of belonging is cultivated through one’s interaction with others. This is done to give meaning to a person’s life and affirm their existence, by making them feel and know that they are a part of a group, a part of a community or a part of a whole. Hence, because *ubuntu* is related to the notion of belongingness and affirming another person’s existence, our discourse and our healthcare practices ought to centre on how healthcare practitioners can assist in restoring the self-esteem and self-worth of the patients who are under their care.

HIV and AIDS, like any other terminal illness, can strip away a person’s self-esteem, especially if the suffering is related to the issue of impending death. Therefore, *ubuntu*, in the spirit of humane and ethical healthcare, would require a lot more interpersonal communication with the patient. During hospital rounds, healthcare providers should, for example, take more time to talk with the patients and be more attentive to their needs, by simply interacting and communicating with them on a more human level. Communication, as we see in African traditional healing methods is a key component to restoring a sense of well-being in those who are ill. More importantly, communicating on an interpersonal level can show the patient that he or she is valued, irrespective of their condition of illness. Restoring a sense of value and worth through *ubuntu* can alleviate feelings of isolation, loneliness and despair.

In a world where healthcare resources are scarce and in high demand, the need to promote health, “as an ingredient of care”², is a requirement of both governments and healthcare practitioners. This is particularly important for Third World or developing countries, such as South Africa, where the main problem of accessing good or adequate healthcare is the fact that black African people bear the brunt of poverty and income inequality. The problem is compounded by globalization, which favours liberal market economic practises and the freedom and autonomy of the individual. Issues pertaining to privatization of healthcare raise concerns of justice and fairness.

² Shutte, A. (2001) *op. cit.*, p. 144.

In the case of privatizing healthcare, a serious ethical question emerges concerning whether this is a fair and just practice. As Shutte points out:

Privatization of healthcare can be the enemy of autonomy in healthcare in a society in which there are great differences in wealth. It increases the range of possible choice for those with money, but it can decrease the range of effective choice for the whole population because it “locks up” resources and skills in the private sector.³

He adds that, in a world of scarcity, “justice implies equal access to whatever resources there are. For the patient this means being treated on an equal footing with other potential or actual patients”.⁴ While the issue of justice cannot be developed in full here, the implications of privatization of healthcare means that we, as individuals or a society, are no longer concerned about other people’s well-being. The danger is that we continue to ignore our moral obligations to those who are poor and vulnerable, which in the African context are the black people.

In our quest and need for healthcare ethics that are based on the tenets of *ubuntu*, there is an urgent need to move away from what Anton van Niekerk says is “a vision of society which is by and large constituted by individuals who live for the fulfillment of ends that are primarily individual”.⁵ Our healthcare institutions, including those who work in them, need to provide services of care that are defined by our sense of belonging. The treatment and care of poor patients should be aimed at putting their needs first above those of finance. This would require that compassion and care is exercised for the sake of giving them back their dignity and respect through providing them with healthcare services. We should not view each and every patient as a customer, but rather as a person who is in need and is desperate for medical attention.

I am in no way suggesting that healthcare institutions, including doctors and nurses, work for free, or that the financial costs of running a hospital and treating patients should not be considered. We are all well aware that South Africa’s public health clinics and hospitals are underfinanced and that there is a chronic shortage of medical

³Ibid, p. 148.

⁴ Ibid, p. 144.

⁵ van Niekerk, A. ‘Principles of global distributive justice and the HIV/AIDS pandemic: moving beyond Rawls and Buchanan’, in van Niekerk, A. & Kopelman, L. (ed) (2006) *Ethics & AIDS in Africa. The Challenge to Our Thinking*. Walnut Creek, California: Left Coast Press, p. 91.

staff and personnel and that the salaries of healthcare workers need to be improved. This is something that urgently needs to be addressed by government. The point I am trying to make is that if *ubuntu* is to establish itself well in healthcare practices then individuals and society must be prepared to exercise a little self-sacrifice and altruism for those who cannot adequately fend for themselves. Inculcating the values of *ubuntu* would mean that we take into account our dependence on each other, because our willingness to care for the poor and vulnerable members of our society would emanate from a positive view about the value and worth of a human being. The motivation to care for them will come from our ability to reflect on our future needs. We are all intimately connected to each other and so the ones caring should ask themselves: would I want to receive the same treatment or the same neglect if I was in the shoes of the one needing care? Of course, every rational and intelligent human being would answer no. A genuine spirit of *ubuntu* in healthcare practices would reveal that our moral sense recognizes our dependence upon each other. Implementing the values of *ubuntu* in healthcare practices would mean that our ethic of care is based on the recognition of mutual interdependence and not on whether or not an individual can afford a certain level of care.

Ubuntu in healthcare practices would also mean taking into account the cultural, religious and moral convictions of their patients. This is an important aspect because, as we have seen in this study, views on life, death, health and illness are socially embedded and culturally conditioned. Healthcare practitioners need to become more sensitive to the opinions and views of their African patients. If healthcare service and delivery in Africa is to transform itself, then an authentic practice of healthcare in Africa must consider including the cultural values and beliefs that are generally upheld and practised by African people. Healthcare providers must be able to understand that the African patient's views on disease and illness have a cultural dimension and that these include, for example, the belief in ancestors and the understanding that an individual exists and operates in a web of relationships with others. Healthcare practitioners must take into account that for the African patient, physical manifestations of illness presupposes spiritual causation. One critique that is often directed at Western healthcare practices is that it is purely technical, functional and mechanical and ignores the "reality of the inseparability of the physical and

spiritual”.⁶ This type of healthcare practice removes itself from the social context. As Murove explains,

A healthcare practice that is purely scientific in its conceptualization and treatment of disease would inevitably fail to embrace the spiritual dimension of human sickness. Within the African traditional context, such a healthcare practice is construed as an exercise in dehumanization. With its strong emphasis on the idea of the dignity of the human body, African bioethics view western medical practices as problematic, because of the way in which the body is treated, in such a way that renders the person insentient. In the African cultural context, where a human being is viewed holistically, a healthcare practice that places emphasis on merely repairing human organs is inadequate because it cannot give a comprehensive view of disease and causation.⁷

In the light of the above quotation, it is suggested that if the African ethic of *ubuntu* is incorporated into healthcare practices a more spiritual and holistic view of diagnosing, treating and caring for patients would emerge. The aim of healthcare would then be to restore the physical, spiritual, social and emotional well-being of the person, so that the patient can return to society feeling whole. This would humanise healthcare practices by removing the tendency to simply view an individual’s body as an entity that harbours a disease or micro-organism.

In addition, a more communal approach to health and healing that includes or involves the family in decisions about healthcare can be beneficial for the health and general well-being. Much of the debates about healthcare ethics have focused on ethical issues such as confidentiality, informed consent and patient autonomy. These are Western concepts that are important to debates about medical ethics. However, the HIV and AIDS pandemic, in my view, prompts us to extend the debate about healthcare ethics to include not only the rights and needs of the individual, but the rights and needs of the family, because in the African context, an individual exists in a dynamic system of social relationships, consisting of family and community members, and the ancestors. As we in Chapter Four, the traditional African approach to healing is communal. The communal dimension to health and healing serves the role of informing the sick person that he or she is not alone. In other words, it reinforces the idea that whatever affects the individual, affects the whole family. In

⁶ Murove, M. F (2005) *op. cit.*, p. 25.

⁷ *Ibid*, p. 26.

6.2 Traditional African culture and women

6.2.1 The practical application of *ubuntu* to women's health

Culture is a social institution the influence of which is pervasive in people's lives. Culture has been defined in many different ways, but in spite of the various definitions, Ans van de Bent defines culture as that which

...holds a community together, giving a common framework of meaning. It is preserved in language, thought patterns, ways of life, attitudes, symbols and presuppositions, and celebrated in art, music, drama, literature and the like. It constitutes a collective memory of the people and the collective heritage which will be handed down to generations still to come.⁸

Culture provides support for customary practices, morality and ethical norms and although culture does hold a community together and gives a common framework of meaning, it is not static. Culture is prone to change and can thus be a means through which changes in, for instance, cultural practices can take place, or it can be a means to hinder change. I would like to show that cultural practices like *ubuntu* can be used positively to promote women's health, because *ubuntu* is concerned with promoting the physical, social, spiritual and psychological well-being of the whole person, especially with regard to an individual's life and health. In this section, I suggest how and why *ubuntu* should to be applied to bring about change that serves to promote the health of black South African women.

As we saw in Chapter Two, not only are women physically more prone to become infected with HIV than men but poverty, gender, economic inequality, and cultural practices such as polygamy and wife inheritance, put them at considerably greater risk. Women's insufficient education results in them being ignorant of the perils of unsafe sexual practices. They are unable to take precautionary measures to prevent HIV infection during sexual encounters with their husbands, boyfriends or clients. Another great concern is women's inability to negotiate safe sex or condom use with their sexual partners, because of their dependence on men and the cultural practice of

⁸ van de Bent, A. (1986) 'Cultural Analysis', in *Vital Ecumenical Concerns*. Geneva: World Council of Churches, p. 201.

patriarchy. Virginia van der Vliet captures how vulnerable black women are when she explains:

...raised in [a] strongly patriarchal society, with a tradition of polygamy, macho ideas of masculinity, and an emphasis on her duty to bear children, to ratify bridewealth contracts, [the married woman's] rights to demand fidelity or the use of condoms, or to refuse sex, are, for most women, not negotiable. Economic dependency on her partner weakens her position.⁹

Since women are raised in a strongly patriarchal society that, for instance, tacitly accepts polygamy or wife inheritance, it is important that we make suggestions that do not directly attack certain cultural practises *per se*, but rather seek to protect and promote women's health, in spite of patriarchy and polygamy. In order to do this, we need to draw from a well-known and respected African source, *ubuntu*.

However, before I begin to do so, as brief point of departure, I would like to address the concern and criticism that the African ethic of *ubuntu* is inherently oppressive. It has been suggested by African feminist writers such as Fulata Moyo, that *ubuntu* embraces and promotes patriarchy as a norm and in this way turns a blind eye to the oppression and sufferings of women in the home and in traditional African communities. For instance, Moyo argues that women are placed in a subordinate position because traditional African culture affirms and safeguards the power of men.¹⁰ In her view, African culture explicitly supports hierarchy, because men are respected as the head of the house and, because of this, husbands do not take into consideration the whole question of the woman's dignity.¹¹ As such, she would argue that *ubuntu*, as a cultural practice reinforces the subordination of women, because of the inherently hierarchical nature of *ubuntu*, for instance, respect for elders, ancestors and so on. Therefore, this ethical concept cannot adequately address black women's health issues.

Much as I would like to agree with the author, the truth about the African ethic of *ubuntu* is that it is a life-affirming practice that seeks to promote the dignity and

⁹ Van der Vliet, V. (1999) 'The ecology of South Africa's AIDS epidemic'. *Pulse track*, 15 July 1999, p. 3.

¹⁰ See Moyo, F. L. "Sex, Gender, Power and HIV/AIDS in Malawi: Threats and Challenges to Women", in Phiri, I. A. & Nadar, S. (ed) (2005) *On Being Church: African Women's Voices and Visions*. Geneva: World Council of Churches Publications, p. 130.

¹¹ *Ibid.*

respect of each individual in society, both men and women. Although the social institutions in traditional African communities are hierarchical in nature, these hierarchies are in place as a means of ensuring that society cooperates to get things done that are beneficial to the family and community. The existence of relationships based on hierarchy does not necessarily imply the creation and reinforcement of inequalities. Nor do hierarchies exist to sanction patriarchy. More importantly, in African culture, at the heart of *ubuntu* lies the idea of mutual reciprocity and interdependence between men and women. The separate functions and duties that men and women perform in the home and in the community are based on the idea of mutual advantage, whereby the broader aim is ensure the prosperity and well-being of the community. Therefore, I would like to emphatically state that it is not the practice of *ubuntu per se* that reinforces patriarchy, but it is the misuse of culture by certain individuals in African society that needs to be dealt with.

With this in mind, I would like to suggest that the advantage of applying *ubuntu* to the call for promoting women's health is that the message and values promoted in *ubuntu* will not be new or be imposed from outside. Instead the suggestions presented to, for example, African men will come from a well-known source that is powerful enough to alter behaviour and challenge cultural practices that devalue and dehumanize, women by robbing or denying them their dignity.

We are now familiar with the idea that *ubuntu* places emphasis on the person and confers intrinsic value upon him or her. The values of dignity and respect are non-negotiable in any culture. What is different between, for example, Western culture and traditional African culture is that in African culture it is understood that dignity and respect are values that cannot be attained in isolation, but rather in co-operation with others. This is because of the emphasis on communalism or the principle of "I am because we are". This principle is fundamental to the African understanding of what it means to be a human person and the implications of this kind of understanding are profound. The profoundness of the emphasis on communalism is witnessed in the collective participation of each and every individual in community life from birth to death.

It is for this reason that the pursuit of life, and indeed health, is something that cannot be accomplished in isolation, because “traditional African life and practice is characterized by the motif of wholeness”.¹² Wholeness of life, as Luke Pato reminds us, “is important, not just because it happens to reflect a traditional African world view, but because it highlights and gives expression to the concept of being fully human”.¹³ Being fully human means, among other things, that “human beings belong to one another and that they need one another”.¹⁴ This kind of understanding of life implies that human beings are expected “to live in a delicate network of interdependence with one another and cooperate with one another”.¹⁵ Because of this co-operativeness and close interaction with one another, Africans are expected to “develop a sense of responsibility towards themselves and others”.¹⁶

Responsibility is a characteristic that is inspired by *ubuntu*. The African ethic of *ubuntu* encourages Africans to be responsible for themselves and for others, by promoting the exercise of virtues, such as love, compassion, kindness, care, and respect. The promotion of these values teaches Africans to behave humanely towards one another. However, given the present situation of black women’s health in South Africa, one wonders whether or not these values are being upheld and practised. If the teachings of *ubuntu* were widely upheld and practised, then whatever ills, violence and injustices that prevail in our communities would be eliminated. The question then becomes: what can the philosophy of *ubuntu* teach us about protecting and promoting the health of black South African women?

The answer is simple. *Ubuntu* as an ethical tool ought to be used to eliminate women’s dependence on men, because as explained above, the African understanding of life is one that recognises the value of mutually beneficial and interdependent relationships. If *ubuntu* is a lived and practised reality, then the issue of women’s dependence on men, and the negative effects that this has on women’s health and well-being, would not be so visible. Men need to realise that women cannot reach their full potential if they are not enabled and empowered to do so. An enabling

¹² Pato, L.L. (1997) ‘Being Fully Human. From the Perspective of African Culture and Spirituality’. *Journal of Theology for Southern Africa*. No. 97, March 1997, p. 55.

¹³ Ibid.

¹⁴ Ibid, p. 56.

¹⁵ Ibid, p. 57.

¹⁶ Ibid.

environment, according to the dictates of *ubuntu*, would encourage the pursuits of fullness of life for the maintenance of harmony and balance in both the physical and spiritual world. Being healthy would mean that women are better able to take care of themselves and others; both the living and the living-dead. Being able to participate in family and community life will mean that everybody benefits.

Ubuntu ought to be used as a practical cultural tool for eliminating cultural practices that harm women. For example, violence and abuse, both within and outside marriage, is rife. Violence and the abuse of women tend to be a result of “macho ideas of masculinity” and, in the traditional African context, patriarchy and polygamy accompany these ideas of masculinity and what it means to be a man. Unfortunately these ideas and cultural practices translate to a loss of respect for women. This loss of respect means that women become second-class citizens in their own homes, families and communities. Devaluing and dehumanizing women in this way goes against the philosophy of *ubuntu* and the values that are spoken of, such as respect. Respecting women would mean that they are viewed and treated as equals. Treating women as equals would capture what the African ethic of *ubuntu* demands. *Ubuntu* demands that we habitually exercise virtuous behaviour based on a concern for enhancing the well-being of others. Respect and respecting women are actions that are paramount in our attempts to promote the health of women. If we are to apply the concept of *ubuntu* to the promotion of women’s health then, as Pato writes,

We must seek to recapture the famous African principle that a person is a person through other persons in such a way that it must show itself in the way people treat each other, in the way they listen to, and help each other; and in the way they are sensitive to each other’s needs and feelings. We all need each other to actualize ourselves and others.¹⁷

The last sentence in the above quotation clearly states why *ubuntu* should be applied to the promotion of women’s health, because women play a vital role in actualizing themselves and actualizing others. This was revealed to us in the portrayal of women in African mythology and the conceptualization of women in traditional African society. For instance, the prominence of women in African mythology revealed to us the prized position women occupy in the discourse on the origins of human life and

¹⁷ Ibid, p. 61.

the birth of culture and community. The recognition of women reflects an appreciation of women in the genesis of life on earth. Women occupy a valuable and indispensable role in the community because of their biological and social responsibilities. They are the child-bearers, the nurturers, the care-givers, the custodians of moral values and the healthcare providers within the family and the community. The valuable role women play in the community and, by extension, society ought to be reflected in our attitudes towards them. Our attitudes should be ones which honour women because of their intrinsic worth as human beings and because of the indispensable position they occupy in society and the valuable role they play in our families and communities.

In short, we need to reevaluate social and cultural practices that deny women their health and well-being and promote those that seek to protect their health and well-being. It is through *ubuntu* that issues of women's health or lack thereof can be addressed, because *ubuntu* encourages the display of humanness so that each and every individual can experience the fullness and richness of life. This fundamental point about *ubuntu* ought to morally oblige us to protect and promote black women's health and well-being, in the context of HIV and AIDS.

The fight for the promotion of the health and well-being of women cannot be achieved through *ubuntu* alone, but also through expanding South Africa's landscape of healing. This means that there is an urgent need to include traditional healers in the fight to promote health and well-being in the present context of the HIV and AIDS epidemic. I now turn my attention to making recommendations on the improvement of healthcare delivery in South Africa's landscape of healing, from the perspective of the vital contribution that Africa's traditional healing wisdom makes to the promotion of health.

6.3 Recommendations

The HIV and AIDS epidemic challenges us to approach the management and treatment of the disease in innovative ways. In view of the information presented in Chapter Four and of the opinions expressed in Chapter Five, I would like to strongly recommend the inclusion of Africa's traditional healers in South Africa's response to

providing holistic primary healthcare, especially to those who are infected with HIV and AIDS.

The government of South Africa must be commended for taking the initiative of integrating traditional healers into South Africa's landscape of healing. The drafting of the Traditional Health Practitioners Bill of 2003 reveals that there is a growing realization of the valuable contribution that traditional healers make to healthcare. The Bill serves to legitimize their work, regulate their activities, ensure that they adhere to the law and eliminate or rule out charlatans. The Bill indicates that there is a need to increase traditional healer's participation, since it is well-documented that "traditional healers tend to take a holistic approach [to illness], treating the patient's spiritual and physical well-being together. With a terminal disease like AIDS, the spiritual side becomes very important".¹⁸

Apart from their ability to offer spiritual healing, which is an important aspect in providing well-being, there are other more important roles that traditional healers can play in the context of HIV and AIDS. For instance, traditional healers can be useful in the fight against the further spread of HIV. Given that they are respected members of the community, traditional healers can play a vital role in disseminating information in townships and rural areas concerning HIV prevention and management techniques. More importantly, since many people are already infected with HIV, enlisting the assistance of traditional healers in the treatment programmes would be prudent, simply because, as the Department of Health explains

Traditional health practitioners can enhance the implementation of the antiretroviral component...by mobilizing communities, drawing patients into testing programmes, promoting adherence to drug regimens, monitoring side effects, sharing their expertise in patient communications with biomedical practitioners, and vice versa, and continuing their acknowledged mission in improving patient well-being and quality of life.¹⁹

It follows, then, that Africa's traditional healing wisdom needs all the support it can get, in order to be fully appreciated for its value. It is important that all stakeholders –

¹⁸ Steinglass, M. (2002) 'It take a village healer – Anthropologists believe traditional medicines can remedy Africa's AIDS crisis. Are they right?' *Lincua Franca*, p. 32.

¹⁹ Department of Health. *Operation Plan for Comprehensive HIV/AIDS Care, Management and Treatment for South Africa* 19 November 2003, in <http://www.info.gov.za/issues/hiv/careplan/html>

government, civil society, the medical fraternity and the private sector – co-operate with traditional healers, so that all those involved in the fight against HIV and AIDS can extend their reach in their efforts to curb the development of new HIV infections. A way in which all stakeholders can come together and seriously engage with the issue of integrating the two healthcare practices would be through workshops. The aim of the workshops would be to encourage dialogue that is based on “unprejudiced listening between African traditional healthcare practices and Western medicine”.²⁰ Workshops that bring together both types of healers, the traditional and modern, will ensure that a better understanding emerges of how each healthcare system operates. Through these workshops, an exchange or sharing of ideas on how to improve their respective healthcare practices can evolve. At present, the Western healthcare system views traditional healing practices with a great deal of suspicion, because the African healthcare system is still viewed as primitive. Workshops aimed at bringing the two separate and distinct types and forms of healing are essential and strongly recommended, so that a more comprehensive healthcare system can be brought into existence.

The inclusion of traditional healers in Africa’s landscape of healing is an initiative that UNAIDS supports. For instance, UNAIDS observes, “it is imperative and practical to consider traditional healers as partners in the expanded response to HIV and AIDS, and to maximize the potential contribution that can be made towards meeting the magnitude of needs for care, support and prevention”.²¹ I feel strongly that it is necessary to cement the relationship between Western doctors and traditional healers, so that a respectful and co-operative partnership can evolve and develop between the two different approaches to health and healing. The development of a strong partnership would play a significant and influential role in contributing to South Africa’s response to HIV and AIDS and would serve as a useful model for the rest of the world, which tends to have great difficulty in appreciating what is often termed “alternative” healing methods. A more conscious and deliberate inclusion of traditional healers into healthcare delivery would be in line with the spirit of *ubuntu*, which espouses values such as mutual co-operation.

²⁰ Murove, M.F. (2005) *op. cit.*, p. 19.

²¹ ‘Ancient Remedies, New Disease: Involving traditional healers in increasing access to AIDS care and prevention in East Africa’. *UNAIDS Best Practice Collection*. June 2002, p. 5.

6.4 Possible areas for further investigation

The empirical component of this research could have included the opinions of HIV positive women and people. Owing to the sensitive nature of the topic, I chose not to isolate, as a category of informants, HIV positive people. The reason was simply that it is quite difficult to find people who are willing to be open enough to reveal their HIV status, because of the associated fears of stigmatization and discrimination. However, this gap in my research creates room for further investigation in terms of the perceptions of HIV positive people on whether or not *ubuntu* would make an important and valuable contribution to healthcare needs. Another topic that could be investigated in the future is whether or not white South African people who are HIV positive or HIV negative would value and appreciate *ubuntu* in health and healing.

6.5 Final thoughts

In today's world it is abundantly clear that we need a new understanding of ethical healthcare; one which is holistic and one that realizes that there is a need for not only medical dimensions to healthcare, but also social and spiritual dimensions. This is why the African ethic of *ubuntu* was applied to health and healthcare issues. As mentioned earlier, the focus on HIV and AIDS and black South African women was because they are statistically the most affected and their health is a priority. They are the home-makers, the care-givers and the custodians or guardians of morality in their families and communities. Therefore women deserve the attention they are given in this study, because when we say *umuntu ngamuntu ngabantu* in Zulu it implies a deep understanding of our respect for persons and appreciation of human life, value and worth.

What emerged from the study is that the African concept of *ubuntu* can serve as a key source of morality and ethics, as it profoundly shapes African ways of thinking and behaving. This is strongly affirmed in the empirical section of this study, wherein key informants articulate the need for such an ethic in the sphere of health and care. This is given credibility by their conceptualization of persons who embody *ubuntu*, or the

virtues that characterize a person with *ubuntu*. Such explications indicate that *ubuntu* is a living and practised ethic that is effective in practice. It is not simply a descriptive concept that is an age-old African humanist philosophy that was lived out and practised in traditional or pre-colonial African societies. The African ethic of *ubuntu* is a living concept that can lend itself well to current topical issues and problems that humanity encounters in its search for global ethical well-being.

It came as no surprise to me when key informants generally supported the idea that the African ethic of *ubuntu* has an important role to play in debates on ethical healthcare and the health of black South African women. Their support for this ethic extends the debate on the vital contribution that Africa's traditional healing wisdom has to offer in our search for not only physical, but spiritual, social and psychological well-being. This is because the African ethic of *ubuntu* permeates and informs most departments of an African person's understanding of life, which is again captured in the phrase, "I am because we are, and since we are, therefore I am". This communal approach to life inspires sentiments of interconnectedness, interrelatedness and belongingness, not just to a group, but to humankind as a whole. This is in recognition of the fact that there is a fundamental trait that all people share with humanity and that is life and the value of living a good life. Armed with this ethical consciousness, the world as a whole can proceed to treat a person with respect, dignity and care that is firmly rooted in the acknowledgement of our shared common existence. What I conclude is that the African ethic of *ubuntu* can and ought to serve as a moral cornerstone in humanity's quest for health and well-being.

As a parting comment to this thesis, I close with the thoughts of Reuel J Khoza, who responds to the potential critics of *ubuntu* by stating that they should not interpret his work on *ubuntu* as championing for the need to return to the "dark ages". Indeed, the concept and practice of *ubuntu* is as old as African society itself and the ideas contained within them operated long before the eras of slavery, imperialism, colonialism, modernization, development and globalization. Moreover, this philosophy of *ubuntu* is living and the values contained within it are not lost and neither have they been buried. They are very much alive and, according to Khoza,

Ubuntu is one such belief system. It has evolved and manifested itself in contemporary African society and in different adaptations that are evident elsewhere. Because of its potential to unite diverse communities, it behoves [sic] us to study and understand it more deeply – as a mode of approach to life that perhaps the whole world can think about, dwell upon, deeply feel, and put to good use.²²

This has been my aim. I hope that I have shown how the African ethic of *ubuntu* can be put to good use in the area of applied ethics, with specific reference to health and healthcare in general, but more specifically to the health and healthcare needs of women.

²² Khoza, R.J. (2006) *Let Africa Lead: African transformational leadership for 21st Century business*. Johannesburg: Vezubuntu Publishing (Pty.) Ltd., p. xxiii.

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APPENDIX

University of KwaZulu-Natal

UNILEVER ETHICS CENTRE

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To Whom It May Concern

My name is Domoka Lucinda Manda. I am currently registered for a PhD in Ethics with the School of Philosophy and Ethics and the Unilever Ethics Centre at the University of KwaZulu-Natal, Pietermaritzburg. My dissertation is titled, *The Importance of the African Ethic of Ubuntu and Traditional African Healing Systems for Black South African women's Health in the Context of HIV/AIDS*. What this study seeks to assert is the position that the African ethic of *ubuntu* provides us with a useful tool, which we can utilize in our endeavour to provide care to people living with HIV, especially women. The reason for prioritizing women is because statistically they are the worst infected members of the community and society. The reason for prioritizing the African ethic of *ubuntu* because there is an urgent need to propose ethical and holistic healthcare solutions that are African in orientation, but are universal in application.

In light of the above, an important aspect of my research is to conduct interviews with academics, ordinary people, and healthcare practitioners. The aim is to elicit personal views on the concept and applicability of *ubuntu* to women's health, in particular, and healthcare, in general. I would, therefore, greatly appreciate it if you could lend me your time by granting me the opportunity to interview you with regard to your thoughts on *ubuntu*.

Yours sincerely

Ms Domoka Lucinda Manda

Sample questions for interviews

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?
2. Please tell me what kind of work you are involved in?
3. What do you understand the concept of *ubuntu* to mean?
4. In your opinion, what are some of the characteristics of a person with *ubuntu*?
5. Who taught you *ubuntu*?
6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?
7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?
8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?
9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?
10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?
11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

A: 1

Interview transcript: Dr Munyaradzi Murove, 15th February 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need?

I grant you permission to quote me and to conduct this interview.

2. Please tell me what kind of work you are involved in?

I am involved in teaching at the University of KwaZulu-Natal. I am currently lecturing a third year course in African ethics. I am also involved in teaching ethics for management and accounting students. And, I am also involved in researching in African ethics and writing on African ethics.

3. What do you understand the concept of *ubuntu* to mean?

Yes, I understand the concept of *ubuntu* to mean humanness. Humanness, what it means is those qualities in human beings that we appreciate or we regard as indispensable to being a good person. So this is basically in short, what I understand as the meaning of *ubuntu*. Obviously, as we go on we can continue, you know, explaining what we mean by humanness or what qualities do we appreciate. It is either in a person's life or in relationship to the community or within an organization or within a nation itself. So it has various implications.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

In my opinion some of the characteristics of a person with *ubuntu* is someone who takes the concerns of others into account or into consideration before their own self-interest. It is someone who is humane, kind and generous. It is someone who refrains from hate speech, someone who would refrain from hurting others, someone who would refrain from being malicious and so forth. So this is what I basically understand as someone who has characteristics of *ubuntu*.

5. Who taught you *ubuntu*?

My family gave me *ubuntu*. I also derived it from those I happened to associate with in life that is, school, and those who expressed an attitude of generosity and those who I admired. And, also from certain organizations which I associated myself with, and certain colleagues have taught me *ubuntu* white and black.

Interviewer's interjection: Do you think you have *ubuntu*?

Yes, I think in African culture you cannot claim to have *ubuntu*, but you let others give it to you.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

I think for me, what makes the African ethic of *ubuntu* unique its emphasis on a human being as relationally constituted, that a human being is a human being because of others. It means they are relationally constituted they cannot, they can only flourish within the context of a community and this is somehow different from certain ethical traditions such that which we find in Western philosophy. For example, take the philosophy Thomas Hobbes who had this skeptical understanding of human nature who wrote that human nature is actually anti-social and amoral. That you know the social organizations or the associations that we have are only artifacts that are intended in actual fact, to tame the violent human nature. And we also have the same kind of thought with slight, probably to a certain extent Hobbes might have borrowed it consciously or unconsciously from the Christian religion, that a human being is sinful. Hence, they are always in constant need of salvation. They are nothing. Right and what they do are certain things that they are only given from above in the form of graces and so forth. Yet in *ubuntu* there is this sort of celebration of human nature in that there is humanness that a certain being belongs, they flourish in the context of community and association of others. This concept is psychological, biological and social implications. Here, what I mean now, is that psychologically it means that the community nourishes your psychological well-being. That it is in the context of the community where you can flourish and entertain your full human potentials. It also means that if you are in an unsupportive community you are most likely not to flourish within such a context. And, also biologically we find the saying *umuntu ngamuntu ngabantu*, which means, "a person is a person through others" in which biologically we inherit our genetic information from those who have gone before us. Similarly, in Venda there is a saying *Muthu u bebelwa munwe* that means, "A person is born for the other". And also it was a result of other people associating, sharing their very selves with others that resulted in conception and we were born. *Ubuntu* also means that we are social beings. So, this is what I find very fascinating about this concept.

Interviewer's interjection: I would like you to expand on the above in terms of the unique contribution that *ubuntu* make in its characterization of care.

Okay, for example, care is central to the ethic of *ubuntu* in the sense that everybody belongs in the African society. It's an ethic of belonging; you belong. You might be a stranger, you might be an orphan, you might be homeless, but you can always rely on the care of others. And, caring for those who do not have, those who are unfortunate is the hallmark of the ethic of *ubuntu*.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

To a certain extent, the ethic of *ubuntu* can contribute to this modern um, to the global debate on ethical healthcare because of its emphasis on humanness. That human well-being is important above all else. So now care, we say that care we must appreciate also that care is an appreciation of other human beings. Its appreciation of other human beings is inherent. It does not hinge on certain hidden motives such as economic or political. So the ethic of *ubuntu* means that care has to be genuine care based on the fact that you are a human being because of other human beings, and the well-being of other human beings matters because yours as an individual, your own well-being is constituted in others. There I would also like to connect to the whole HIV/AIDS pandemic; that is it is not only individuals, who are infected, but also communities and countries. We are sort of you know, infected and affected by this pandemic, which shows our common existence of which *ubuntu* has tried to make us aware of this reality, of our common existence. Hence, the issue of care and caring would be, at the global level, well tackled under the ethic of *ubuntu* rather than any other ethical paradigm.

Interviewer's interjection: Why do you state that the issue of care and caring for others would be well tackled under the ethic of *ubuntu*? Do you not believe that in the current context, medical professionals do not care adequately and hence, are unable to display the ethic of *ubuntu*?

There are some doctors, some nurses in medical profession who express an attitude of care who have joined the profession genuinely from this passion for the well-being of others. But what we have found predominately, if we investigate, is an attitude that is dominated by prosperity, material prosperity and a quick returns or profits. This attitude of care is somehow put under threat. To demonstrate this, for example, you would find that it's either someone could withhold some medical assistance on the basis that the remuneration is not enough regardless of the fact that some people are dying. So you would have a situation whereby health professionals who go on strike knowing fully that if they go on strike people are going to die. So to an extent I think, obviously we are not saying that the concerns of nurses and doctors are not important as such. But what we are saying is that there has to be some certain attitude, some sort of awareness of the importance of this profession to inculcate *ubuntu*. So this is what I would basically say that it is very important, for example, to inculcate *ubuntu* in this profession.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

Aha, that you know I think, for example, *ubuntu* should have been the starting point in our campaigns against the spread of HIV and AIDS in the sense that the teachings should have been based on the idea that a person is a person because of other human beings. It means you know, we should have seen that those who are affected are not alone, communities are also affected as much as they are infected. So to a certain extent what it would mean is that we would not see the infected people as outcasts, but we would see the infected people as full members of the community who would deserve the care of community according to the ethic of *ubuntu*. That they are human beings because of us

other human beings, they share in our humanity in as much as we share in their humanity as well. So to that extent, this awareness would have helped to bring people to some sort of consciousness that in the ethic of *ubuntu* HIV/AIDS is not only the problem of John or Betty, but HIV/AIDS is also my problem.

Interviewer's interjection: In short, what I understand here is that you believe that the ABC (Abstain, Be faithful and Condomize) was not a good starting point in the fight against the further spread of HIV/AIDS?

Interviewee's response: Yah, I think that campaign is sort of, to put it mildly has been a concoction of contradictions and absurdities if I may say so because at the end of the day if you say abstain you are saying do not have sex right, okay. Then you say, condomize you are saying have sex right? Then you say, be faithful. What is what? There are mixed messages there. So to a certain extent I think basically such a message has been confusing.

Interviewer's interjection: So we should have started with the concept of *ubuntu*?

Interviewee's response: Yes, we should have started with the concept of *ubuntu* and said, ladies and gentlemen here is the virus, but by the fact of our common human existence that we belong to each other we will be infected and affected all of us. So we must realize that it's not only the problem of my neighbour, but also a problem of all of us as a community. What can we do about it as a community? What do you think should be done in order to safeguard this community? To a certain extent now, one would have realized that this problem is also my problem as much as it is also a problem of my neighbour. Hence, the solution that has to come from this must be an initiative that is contributed to by everybody so that we don't have, for example, a situation where we have some with superior knowledge on preventing the spread of HIV/AIDS whereby they come to teach those who are ignorant, those who are infected about HIV and AIDS. That did not work. Hence, the continuous spread of HIV.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

Yes, as an individual I have always tried to think about it seriously in what I do, in my relationships with other people, in my relationship with my students, my relationship with friends and colleagues. I try to make sure that I also take their concerns into account sometimes before mine. I have also tried to evaluate some of my actions in the light of *ubuntu* to say, did this really promote or does this promote *ubuntu* or is it contrary to *ubuntu*? But the more I have tried to do that the more I have come to the realization that I would never say I have settled *ubuntu* a hundred percent. I will continuously need to be guided by the principles of *ubuntu*.

Interviewer's interjection: What about as an individual, how have you tried to practice *ubuntu* towards those who are infected with HIV?

I have tried to be very much empathetic towards HIV infected people. I have also tried to identify myself with them in a way that I take them as someone who is sick like any other sickness. I have not tried to; I have tried to avoid stigmatizing people or imagining them that they got this because of their sexual promiscuity. I try to avoid those judgments and just see it generally as a human sickness, which can affect even me. Hence, I have come to the realization also that they would need my help and support in as much as I can provide and in that way I think I have tried to make sure that *ubuntu* is also shown to them in my actions.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Yes, I would say, for example, um *ubuntu* manifests itself in different ways within or in rural areas where the majority of African people live you find lots and lots of *ubuntu* there. In townships where most African people live you find remnants of *ubuntu*. And um, what has been a threat to *ubuntu* has been this thrust towards business, making money, this culture of consumerism. The idea of making money goes hand and glove with competition against others that undermines the spirit of togetherness. So I have seen this as the main threat of *ubuntu* and I have seen this also in the South African society's tendencies to lean towards the Western influence thus increasingly undermining the ethic of *ubuntu*. And those who have talked about *ubuntu* have been the least of people to practice it. Hence, it ends up remaining an intellectual exercise that has no practical effects at all. So in short, this is what I have observed.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Yes, I would say very much so, but before I go further I want to mention the fact that you know, it is quite unfortunate that the African traditional healthcare system has been looked down upon as barbaric, as unscientific and unreliable. Such that, for this medical knowledge system to come up with it's own expertise this has become a daunting challenge, and those with this knowledge are just in a closet. And, to a certain extent, the ironic part of it is also that the majority of these African people who live in rural areas rely mainly on the healthcare that is provided to them by the African traditional healer. But it seems that this healthcare system is not acknowledged by this modern healthcare system. It is either that the crusade or the passion that has also been expressed by the modern healthcare system was to try to extinguish this African traditional healthcare system. But also what you find very ironic is that Africa has been so (and this is a general observation) ready to sacrifice its traditions and practices in order to impress the Westerners. If we take into account what is happening in China, Chinese people are putting their traditional healthcare system on the same footing and sometimes above this Western healthcare system. Hence, you have Chinese herbs being used to treat BP, heart problems, diabetes, and so forth. The same is also true with India. Indian people have been able to incorporate their traditional medical practices in the modern one and to the

extent in which they have been able to transform in a way that it can be used internationally. But why is it that in Africa there isn't such a move at all? There are no, in fact to my knowledge in most of our um, our schools of medicine I don't think that there is a department there that deals with African traditional medicine and healthcare practices of which one questions the relevance of these institutions if they are not even in the position to incorporate their own indigenous knowledge systems. What relevance are they serving to African populations? Shouldn't they be serving in Britain or America? So also the thrust of it is that many African traditional doctors die with enormous knowledge of medicine because they are considered charlatans or acolytes of the demons, they are not willing to participate or to cooperate with their accusers. So I think that a holistic and authentic healthcare practice will only be attained once the African healthcare system has been incorporated or has been put on the same footing as the Western healthcare practice. Also take into consideration that we don't have enough doctors and nurses and many people do not know the inside of a hospital. Since they were born the traditional doctor has healed them. Shouldn't we accord respect to this healthcare system? In short, I say it is a tragedy that the African traditional healthcare system has never been incorporated within this modern healthcare practice. It is a tragedy because the vital and important knowledge that can contribute enormously to world medical knowledge is being lost in the process.

A: 2

Interview transcript: Professor Suzanne Le Clerc-Madlala, 26 February 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need?

Well, (laugh) yes you have my consent, but regarding the use of my name, it depends. If you ask me something that is too controversial then I will let you know.

2. Please tell me what kind of work you are involved in?

Well for the past decade I have been focusing on AIDS, um research. I am a medical anthropologist by training. Um I am doing anthropology courses, but also introducing medical aspects like looking at how culture plays a role in disease and its interpretations and responses and teaching a post-graduate course on understanding AIDS in Africa. Um, but I don't like to see myself as a sort of ivory tower academic, that's because I have a family here and a community here that is very heavily impacted by HIV/AIDS I try to put back as much as I can in terms of knowledge, skills so I am pretty active in some of the NGOs in this area.

Interviewer's interjection: Can you name a few of the NGOs you are active in?

Interviewees' response: I have been involved with the AIDS foundation training traditional healers in HIV prevention. I have been involved in the home-based care programme outside of Pinetown um, working with issues on not only home-based care, but working with grandmothers to teach them to communicate better with children because they are looking after so many young people and you know there are generational barriers and lack of knowledge. More recently, working with the Catholic Diocese of Southern Africa and um, we have put together a gender document and soon we are going to be putting one on male circumcision and multiple partnerships. So it's at different levels working with Bishops and the church and also down on the ground dealing with gender issues.

3. What do you understand the concept of *ubuntu* to mean?

Well, I think it probably goes way back and sort of you know when we think about human rights and how well human rights sit beyond the boundaries of their Western origins and, especially if we think of the African context, human rights are more appreciated in terms of group rights. You are somebody because you are a part of something, you are a part of a lineage, you are part of a family, and you are part of a tribal grouping or ethnic grouping. And, that ethos still lives on today and *ubuntu* is a reflection of that. That you are a social being and I think it is something that is acknowledged right throughout the continent.

Ah, (long pause) it certainly can. I think we see all the things that are happening with all the emphasis on the advancement of technology and we seem to think that that is going to solve everything and we see these debates on euthanasia occurring and that you have a choice and it's up to you to end your life. You know I think Africans would have something different to say about that. That it's not necessarily your little separate opinion. Um, yah so I do think that it has a contribution to make especially, now in this era where in many countries, if I think of the US where when I go back there with the whole new orientation towards global warming and green everything and organic food, there is very much a consciousness shift sort of away from the idea that technology is going to save the world. I think that was very current in my father's generation, in the 1950s you know, post-war for them science would solve everything. And now I don't hear that view coming from people anymore. It might be coming out of China as things more and from their perspective. Um, and um you have Africa and I think African people from their experiences technology has not really solved many of their problems you know. It hasn't fulfilled the great promise. It may have in other parts of the world, but there are some other things going on, there are human issues and Africans know this.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

Ah, well I think of a friend of mine she works with bead working. Um, she has her women working and doing things you see these beaded crucifixes, of rural women saying that they are dying because of HIV they have made all these tableaux to reflect their situation, and one that they made was called the human tower. A bunch of women holding up one woman on top and she asked them to explain what this tower was and they said, "No, that woman is being abused by her husband and he is HIV positive and this is how we are trying to protect her". And I think here was an idea that within their own social capacity, women have had that strength amongst them to help one another against all atrocities. And again if we look at HIV positive women, again I think of networking, it really helps them and society accept HIV positive women and the myths because as you know women are the most affected and then they will be more visible and more vocal with their status than men will be.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

I try to live it out in my everyday life. I have recently taken on three students and we go to student counseling and they are suicidal, and I had this idea because here they are many of them leaving home for the first time some of them have been sexually abused in the past, how can they begin to study when they have got all these problems. Somebody told me of this guy in my class last year and said, "You don't remember him. His girlfriend had a baby and dumped it off at his residence and she went to Jo'burg and now, he was going to lectures having the aunties in the residence look after this baby while he was going to lectures and he called his mother who lived in northern KwaZulu-Natal to come and get the child and she said, "Only when I have the money for the bus to come

down". So when aunties weren't available he would bring this child in a shoe box to lectures and they said, "Yes professor, you might have recognized him he sat in the back and sometimes brought the baby with him". And I thought, "Oh my God. Here we go on and on wanting them to understand these concepts that we are talking about, but look at the lives of some of them". So I try to live out of *ubuntu* by thinking what can I do in my little space that I occupy here and if a couple of students can come and talk to me, and I acknowledge them or to say something that encourages them to make them feel better then you know let me try and do that because people, wow, they really go through lots of things, and having four daughters of my own I think let me try and help these people.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

I think it manifests itself in different ways, some good and some not so good. I think in terms of home-based care, you know it does manifest itself. People do feel a responsibility towards their neighbours, which is good. Um, I do think it is used as a catch-phrase you know to sort of subsume that everything is fine and we have got all these wonderful traditions such as *ubuntu* etc. But, I also think that *ubuntu* can have its negative side in that it might put more pressure on people to conform to make it harder for them to be individuals. And, I see it with young people in the university. It is peer pressure and even bullying and harassing and I think that gosh, there is a lot of it amongst the African community. And, I have also thought that why that is? Is it an aspect of *ubuntu*? You are a person because of other people and if other people are like this then you must be like that too. So I think that there might be a negative side to *ubuntu* as well. I once said that to somebody and they said, "Well you don't understand what *ubuntu* means".

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Look, I would have to say yes although I am aware of things that traditional healers say or do that are not really helpful. I mean I keep my little display of some mutis here that are cures for AIDS. But, I think in general certainly they understand African cosmology, they understand how Africans understand disease and for that reason alone people trust them. And, they have that bond African people that the Western doctor just does not and even if you are dealing with African nurses and doctors they are so harsh towards African patients. They really have the view that we are promoting Western science and medicine and all that stuff is really rubbish, and I don't really think that helps people in terms of encouraging them to have a better health profile. And, traditional healers because they try to understand the person beyond just the symptoms and try to understand the family life and some of the psychology as well, it can play a big role in helping them. And, the traditional healers as well, the one's that I have working with have always asked for more training in modern medicine because they would like to expand their practice and help their patients more. They always say, "It's not us, it's the other doctors, the

modern doctors who have the arrogance and they don't want to deal with us". So I think that they do have a role to play and it would be nice to see that that role was recognized and appreciated and they were worked with and taught things like sterilizing equipment and dosages, important things like that.

Interviewer's interjection: It would be nice to see that both these healers arrive at a place where they can compliment each other rather than compete with one another.

Interviewee's response: Yah, there have been other models, I think in Zimbabwe where they have done that, but they seem to be programmes that come and go. It depends on, for example, who is the superintendent at the hospital and if he or she feels like they would like to have a closer relationship with traditional healers. And, they do referrals in case of psychiatric illnesses and so they develop networks. But, they do it sort of, I won't say hush-hush, but they don't like to advertise it because they know that people will talk about it. And then, when that person leaves then that's the end of that. So it would be nice to get some formal structures in place.

A: 3

Interview transcript: Professor Isabel Phiri, 28 February 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?

Okay, you have my consent and it is fine, you can use my name.

2. Please tell me what kind of work you are involved in?

Oh, my life is very hectic you know, um firstly, I am employed to teach African theology and I am also teaching Gender and Religion, um those are areas of my interest and my research is basically around gender and African theology. I am Head of School of Religion and Theology and it is very hectic. You know with administration and I think what makes it really hectic is because of this merger and the fact that we have one site in Durban and another one on the Pietermaritzburg campus and it involves traveling between the two sites. Every week I must spend one week in Durban and that is apart from all the meetings that I have to attend. Secondly, outside here I act as a coordinator of the Continental Circle of Concerned African Women theologians and the aim of the Circle is to write and publish on issues that concern African women in religion and culture. By religion it refers to the religions of Africa so it is not limited to Christianity. It is open to all the African religions. As the coordinator of the Circle I also represent it at international meetings that are mainly connected to religion, for example, the World Council of Churches. At the moment I am also a member of, um the Ecumenical HIV/AIDS in Africa. It is a World Council Organization that operates in Africa with the intention of equipping the churches to be HIV/AIDS competent. And, so as coordinator of the Circle I am representing the Circle on this board. The Circle is interested in HIV/AIDS. I was selected as the Chairperson of Circle from 2002 to 2007 and we decided that during my term of office our emphasis will be on religion and HIV/AIDS and we have been writing books reflecting theologically on what it means to be an African woman and a woman of faith and to face the threat of HIV/AIDS. Yah, so in brief I would say this is what I do.

3. What do you understand the concept of *ubuntu* to mean?

Ubuntu um when we are teaching African theology, *ubuntu* refers to the humanness of an African. What is it that makes us humane? Like everything else in our culture and in our religion, and if we apply it the contemporary Africa, um the relationships we have at work, even politics, the economy, we say that we need to apply the concept of *ubuntu*.

Interviewer's question: In your opinion, do you think that there is enough scholarly reflection on *ubuntu*?

Interviewee's response: From my point of view I would say that there is reflection on that one because I have attended conferences where this has been the theme. And, if you read most of the religious academic texts from theology people quote the concept of *ubuntu* a lot. I know of an article that was written by Augustine Musopolo. He is a Malawian which was on the theology of *ubuntu* in the context of HIV/AIDS. So I would say that, um the African theologians have taken this concept seriously.

Interviewer's question: Is there enough scholarly reflection and application of the concept of *ubuntu* to health and well-being?

Interviewee's response: Yah, well I would say both health and well-being. Nsopole too writes on that, but there was also another book written by another Malawian scholar Harvey Sindima. He has written a book on the theology of *ubuntu* where he is looking at well-being, our spiritual well-being as well as our physical well-being in our politics and economy in the African context.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Um, you know good relationships. Um, considering the well-being of others and as a woman I want to say that *ubuntu* you can equate it to Jesus' message of fullness of life where you need to promote everything that promotes the well-being of yourself and other people, right? And in the context of patriarchy, I would say that patriarchy denies us, um our *ubuntu*, especially women. Whilst this is an African concept that embraces everybody, but if you reflect on it from a woman's perspective patriarchy is a threat to women's humanity.

Interviewer's interjection: That is very interesting. So in as much as you acknowledge that it embodies and espouses all that is required for us to be good we still have these barriers that prevent it from being applied fully chiefly, due to patriarchy?

Interviewee's response: Yes.

Interviewer's interjection: It is interesting that you note that and I am trying to get you to expand on that. In the African context, I know that this is one of greatest threat. Yet women are also prized and valued (and you have also written on that), but then how do you fully marry the two?

Interviewee's response: I want to say that I um appreciate the African culture and I want to be identified as an African. There are a lot of positive things to say, but then I say that we need to be able to critique our African cultures, especially those things that deny us fullness like respect. There is certainly respect in the African culture, which is good for everyone, but you know there is also an element of dismissing women to say that oh, you know that's a woman's thing as if to devalue a woman. That's what I am trying to say that you know we need to be able to critique

ourselves. For example, when men are fighting each other, um they would say “Oh, you are behaving like a woman” in a negative sense, right? So for me when you say something like that it means that you are not appreciating women because you are associating everything negative with being a woman and that’s not *ubuntu*.

5. Who taught you *ubuntu*?

Well, um its part of our African culture so I would say that we are, um the family where I was raised we, um was raised to respect the humanness of other people. And, I was also raised in a Christian home and Christianity itself embodies positive aspects of *ubuntu*.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

Let’s start with the concept of community, right? In the African, um understanding of community you don’t allow your relations to suffer when you are able to help. For example, I am working and earning money, right? That money is not just for me and my immediate family. I have to support my nephews and nieces and others that are suffering because I am concerned about their well-being. You can’t develop as an individual; you have to think of other people. So I always say that, um for us Africans what our Western or let’s say the White people in our university would want to go on holiday to the holiday resorts, I have to think twice about it. Not that I don’t have money, I do have money, but you have to think about those who are less unfortunate than yourself within your family. So I would rather help them than to go on holiday. That’s the caring part of it that we think so much about the other person than just yourself.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

Um, a lot you know, especially when we are talking about fullness of life, which is not selfish. Where you think of sharing before you think about what do I benefit from this. Even issues of hospitality for us when somebody is stranded it just comes naturally to offer whatever facilities that you have to somebody. We don’t experience that when we go abroad to visit other university where you must put up in a hotel. But for us, we do not take into consideration the costs of welcoming and keeping someone in your home. Even when you don’t have a spare room you move your children out of their room to make room for the guest. Now, I think that that humanness that cares for the other, I think that that’s what we bring to the global agenda, which does not look for payment, but looks at how can I help.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

Um, again I want to quote my own country and say that one thing I appreciate about the Malawian concept of *ubuntu* in the context of HIV/AIDS is that when one is positive and other people may reject you, but your immediate family will always be there for you to

care for you. I have seen it in my own home where some of my own relations have died with HIV/AIDS, but you know they were cared for by members of the family up to the very end without discrimination even though the people caring knew that this person is HIV positive. I would say that this is just improving in South Africa because I have heard stories where when a person is positive they chase you out of the village, or they put you in a room and push food under the door, and um that's very un-African because you know we embrace a person no matter how bad they may be.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

You know, um I would say that this element of working to help others. When I was in Durban I belonged to this Church, the Durban Christian Centre and we had Cell groups and one of our members was HIV positive. She shared with us, she didn't say she was HIV positive, but we could see that she was and her family had rejected her. Her elder sister is a nurse, but she was afraid to help. But us in the group said we should help and take turns to help her. She was paralyzed from the neck down and she had an eight year old child. So within the group we took turns to go and give her a bath and change her and feed her. And, then here in Pietermaritzburg we also had a group of women who used to meet every month and pray together and share problems etc and we would help each other. In cases of HIV/AIDS we have had two friends whose husbands died of AIDS. We supported them to the end. We have embraced them in our group, they are HIV positive and they keep us update, and the reason why they are doing that is because they feel accepted. So just to say that being accepted by your friends can go a long way to prolonging your life because you feel valued as a human being, you are validated. And, when people discriminate you on the basis of your HIV positive status you feel rejected and just on that you can be depressed, and you can die faster.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

I would say that you know, um Apartheid destroyed the South African community. South African people as a result lost part of their humanness. For example, the first time I came here I couldn't understand why the people had lost respect or value for human life. You want to steal, and you kill. You want to rape a person, and then you kill them, and for me that's a sign that you have been damaged and have been robbed of your humanness and you manifest that by destroying other people. And, the fact that people are able to caution each other to say that there is a moral degeneration here, let's rebuild is an admittance that they know that something has gone wrong. And, we in the African society have something that we can offer to heal this broken community. So yes, there is something positive for one, the fact that they recognize the problem and two; the fact that the concept of *ubuntu* is being used to remind the people of who they are that this image of crime is not us. Is there a way that we can bring humanness back? I think what the government is doing to provide decent housing for people, provide welfare and create jobs for people is a way of bringing back humanness in the people, which Apartheid robbed they african people. So there is an attempt yes, and I think that we need to

acknowledge the fact that the current government is trying hard. The problem is huge and sometimes we expect too much too soon, we need to be patient.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Yes, it has.

Interviewer's interjection: Could you expand on the role?

Interviewees' response: Because you know, there is always you know, being a woman of, um faith I want to say that I do not believe that God left the Africans without any means of healing. Um, Western medicine came to add on what was already existing. And, I think it is unwise for us to reject what was already there. And, even in the West they are trying alternative medicine some of which is exactly what the African people are practicing. So that is another area that we need to accept and in one of the papers that I have written I was looking at the question: what is it that the traditional healers are offering, um South Africa, which I believe is not being acknowledged. I argue that healing is one of them and not just the medicinal part, but even the psychological healing because you know African healing is holistic whilst Western healing just treats the chemical side of you, the body. But the African healing is holistic and it deals with the social relationship that have gone sour and the community, it heals the community, it heals the spirit, and then it heals the body. For example, rape is one area that, um African traditional healing is offering South Africa. I give a story of, um this woman called Nozipo she was called to be a *sangoma* at the age of 18 and she had gone for training and one day she was raped by two people; one white and one black. Out of that rape she gave birth to a coloured child, but then after the birth she went through a ritual to cleanse the child from the rape itself to restore her dignity and after that there was also another ritual to accept the child into the family so that there would be no resentment towards that child. To me that was something positive that the African healing system is offering. The Gender Commission and many others are against virginity testing and I did an analysis of that. Of course yes, there are a lot of things which are negative to women, but if you look at the rituals itself, it is also a ritual that restores the brokenness that these girls go through when they have been raped and nobody else is offering them that opportunity. I have attended this ritual and when you go for virginity testing and they find out that you are not a virgin you go through an interview and they want to know what happened. If you say that you have been raped, they try to follow up on who raped you, they call your parents or guardian and encourage you to take up the matter with the police. So in so doing they are revealing a lot of incest even when the mother does not report her husband. But, there is that awareness that there is incest going on in the family and because she has been raped they also go through a ritual to cleanse them, to cleanse them from this enemy that denied them their body and after that they give them a star and declare them a virgin. So psychologically you are also able to handle the rape

that you have gone through because you have gone through this ritual. And most of these people can not afford psychological help because it is expensive, but by going through this traditional ritual you feel you have been restored, and that is healing and we need to acknowledge that and embrace it and say, this is what african culture is offering today's society to solve some of our problems.

A: 4

Interview transcript: Dr Raymond Kumalo, 1 March 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?

Okay, okay. That's fine, that's not a problem

2. Please tell me what kind of work you are involved in?

Okay, I am firstly, a Methodist minister so I invariably work with the community as a whole outside the university as a Pastor. One could say that I am one of the leaders in the church community. Secondly, I am an academic. I teach in the School of Religion and Theology. I teach practical theology, systematic theology and, um Christian education. And, I run a programme of the School know as religion and governance, which tries to encourage religious organizations to participate in issues of governance in society. So we deal with the question of: how can people contribute to issues of good leadership, development and democracy. That's what I do, but I do that as part of my work in the university as community development.

Interviewer's interjection: In your community work do you have any outreach programmes that are specifically geared towards the promotion of health and well-being?

Interviewee's response: Yes, we do. In my work, as far as the church is concerned we have a HIV awareness project that we run. That's the one area that I am involved in. With the religion and governance programme, part of the work we do is train churches on how to engage local government on service delivery issues. That would include matters of health and well-being.

3. What do you understand the concept of *ubuntu* to mean?

(Laughs) Well, I understand that, um it's the "menu of the decade" (laughs). Everybody who wants to talk, and to sometimes justify whatever they want to justify would then argue using the term *ubuntu*. But, really *ubuntu* is humanness, which is embedded in the African cosmology on how should individuals see themselves and then relate to others so that they can belong and create social cohesion in communities.

Interviewer's question: I wanted to know why you say that *ubuntu* is the "menu of the decade" because you say it negatively.

Interviewee's response: Yah, yes I did because I think it has now been used so loosely anybody who wants to make people do things that he or she would want them to do would use *ubuntu*, and not really going deep down to the term itself on

what it means and what it stands for and all that. There are so many books that are written here and articles even by people who never had a clue of what *ubuntu* is all about. If everybody understood *ubuntu* we would have never had Apartheid in South Africa, but people did not understand *ubuntu* and so (sighs)... Otherwise the real meaning of *ubuntu* has nothing negative, it's quite positive, but I think it has been used for all sorts of things today.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Yes, okay. It would be, um mutual respect, believing in the self-worth of all people, character, responsibility, participation, that's *ubuntu*. Now those are all those characteristics that are sort of scarce in today's society, and so if people are so conscious of *ubuntu* why then are they so scarce? That's the question. *Ubuntu* would not encourage violence; *ubuntu* would be against violence against other people. We live in a society that has got so much crime, you know and so if there is so much *ubuntu* why is there so much crime? So those sorts of issues like the abuse of women and children they shouldn't be there if *ubuntu* is actually taken seriously and is real in people. Now, it has become some sort of ideology itself and the belief by African people that it is in them and born with them is actually not realistic really because we wouldn't be doing what we are doing if we have got *ubuntu* in us. So again it is something that people have to define consciously and adopt and live according to the principles of *ubuntu* and then make it real.

Interviewer's comment: You are saying that it is not born with us; it is not a natural dispensation to Africans right as some people would claim.

Interviewee's response: Yah, that is an over claim. Yah, by the way it is true that all people have got ability to be good and the goodness in them you can call *ubuntu*. But, they also have the ability not to be good, they are fallible.

Interviewer's interjection: Now don't you see why the call upon *ubuntu* by various people, academics, people in government etc is in away acknowledging that we do have these problems, but if we tap into this resource it would be away to try and overcome all these problem especially, by tapping into people's conscious and stimulating an awareness that brings out the good in them.

Interviewee's response: I agree with that, that's fine, but that doesn't mean that *ubuntu* must be seen as uniquely African. *Ubuntu* is almost in every culture, in every human being. So we are actually drawing from humanness how ideal human being should behave and that is all over in all the cultures and that's what makes it real because the problem is when we want to make noise about it and claim that it is uniquely African. It is not uniquely African. *Ubuntu* is much more embracive than any other system you can think of because the term itself, which means humanness if found in any other culture. Now the fact that we have sort of monopolized it ourselves, our reaction to the experiences of oppression that we have had, you know. Otherwise it is everywhere, it is encouraged. If you go to good religions, good

religions teach *ubuntu* that is what they are all about. Bad religions would not recognize *ubuntu* so they are bad for everybody that's my thinking here.

5. Who taught you *ubuntu*?

My family taught me *ubuntu* meaning my immediate and extended family. Growing up as an African you are made aware of *ubuntu* not necessarily through words, but it is measured in the actions of people. So by observing the actions of my mother or my father, for example, especially when they did good I realized that that is the essence of *ubuntu*, which is shown through caring for others and sharing with others.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

Yes, well I think with *ubuntu* is its ability to make people to feel responsible for other people and yah, that's the point. You care not because you are paid to do that or maybe because you are told to do so. You care because you believe it is part of your nature and being to care. When you stop caring you have lost being a human being. That's what *ubuntu* would make you believe. In Zulu when somebody has stopped caring it would normally be the so-called individualistic people, and then they would be dismissed by those who still care for other people by saying, *abana buntu* that means you have lost your humanity. Even in Sotho they say, *hasi muntu*. You are no longer a human being if you can't care. Part of being human is the ability to go outside yourself and embrace others. Now I think that's that whereas in other systems, philosophies and all that that's not emphasized. The ability to care or not to care does nothing in terms of your character. It does not find judgment towards your character whereas *ubuntu* gives you a verdict. The moment you can't care it judges you and removes something good in you and says you've lost something; you are no longer a human being if you can't care. That's the power of *ubuntu* because anybody who wants to be recognized and recognize themselves as a proper human being would then want to care and protect that ability to care because they want to be seen as a human being. For example, if we could go around labeling people and saying this one doesn't care that person would be embarrassed and would not want to accept that label because they are afraid of the outcome that people would look at them as not being human. So it think that this is the uniqueness that *ubuntu* has. It forces us to care for other people.

Interviewer's interjection: Is force not a strong word?

Interviewee's response: No it is not really strong because *ubuntu* is not just a... To try and live according to the principles of *ubuntu* it not just that people can live the way they want to, *ubuntu* is quite forceful because part of us, as I have said in the beginning we are failures and would want to succumb to the weakness of being individualistic, of not caring for others. But, if you say that you consciously want to live according to *ubuntu* it means that you have to work hard to relate to people, to allow other people to come first, to live as a community, and embrace people that under normal circumstances and within your biasness you wouldn't like to relate to

them. But, if you want to live according to *ubuntu* you have to work hard to meet those standards. So in a way, for me it is really quite forceful because, for instance, here in Africa we wouldn't have these so-called people who like to live and do what they please under the name of practicing individual rights. If we go according to *ubuntu* we are all going to keep within the social norms of how people live. Whether it is affordable to you as an individual or not affordable to you as an individual you acknowledge that this is how we live our lives. And, it is not always gentle, you have to use force, but simply because we are concerned about the good of the broader community, of everybody, we then have to enforce it. In that manner, *ubuntu* is not so gentle in the type of relationship you can develop with this philosophy. It is quite radical, especially in a capitalist, individualist, post-modernist, neo-liberal world to enforce *ubuntu* requires us to be quite strong because people would like to live according to what their hearts and minds tell them.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

Yes, I think it can in an amazing way, especially because we live in a world that is so individualistic, it is the survival of the fittest. Those who have resources can easily enjoy life; um and never look at what's going on to those who do not have the resources. And, even if it means for them to get those resources they have to do that at the expense of the weaker groups, they continue to do that. *Ubuntu* would come and say, um to America if we want to live according to *ubuntu* the fact that in America, um there are people who now only have one ARV tablet to take instead of the cocktail. *Ubuntu* would say, that is much more convenient so it's must also be accessible here that drug for everyone. Why should it be that only a particular group of people could have that? You know *ubuntu* would question that and say, if you enjoy those privileges on your own and still find it possible to sleep at night, you have lost something in your character. For example, global warming, which the Americans are refusing to sign, to sign the Kyoto Protocol is because they have lost *ubuntu*. If you look at what is happening in Mozambique today and the drought that is plaguing other African countries, and if we say that those who are responsible for that are the industrial nations, *ubuntu* would say, you can't go on like that. You need to do things differently and think of the repercussion on other people. The fact that people only think about themselves is because they miss this humane ethic that is found in *ubuntu*. So in that manner we are actually reminding society that our destiny as human beings is interconnected. I cannot be what I am or want to be unless you are what you want to be. You cannot be what you ought to be until I am what I ought to be. So our destiny, our current way of living and our future is interconnected so we need to come together as a global community to negotiate our present so that together we can shape our future. And, the worst part of it is that those who have think that they can just tend to their present and their future without others, and what happens is that those who do that, they come and bomb your twin towers and so that your destiny is no longer what you hoped it would be. So the solution to that is to come together as a global community and talk with one another even with health, as far as I am concerned, it is the same story they are not going to continue to produce those tablets that prolong their lives at the expense of the people who cannot afford it. For example, in South Africa the life

expectancy these days is in the forties whereas in the so-called first world it is still around seventy/eighty. That cannot go on forever, one way or another it will catch up with people. *Ubuntu* would say how do you feel comfortable to have such a life expectancy when others are just having half of that life expectancy. If you enjoy that life that means you have lost something, that means you have lost *ubuntu*.

Interviewer's interjection: What do you think about this thought that simply put, *ubuntu* requires not financial cost in terms of technology, medical expertise etc, but that it is something that is living and inspires people to care? What about that thought? Could you comment on that?

Interviewee's response: At a practical level it may be seen in a very simplistic way that it is not costly, but at a very realistic or maybe even a religious level *ubuntu* is very costly because you live in a world that has very little good and very little humanness and the easy way for you to live in this world is to comply with the standards of not caring about others and only caring about yourself, of accumulating as much as you would like to accumulate for yourself and leaving those who are getting wounded in this battlefield of life. Now to do that and then to decide to come and care for others, to nurture and be worried about the well-being of others even though it doesn't affect you, that is costly. So to some very real degree in the world that we live it is costly to live according to *ubuntu*. We live in this environment, we work with you in this university in this very individualist, competitive, and highly capitalist institution for you to succeed in here you must be glued in your books, cut down on your social life, compete with others, produce as many articles as you can, have less time for students, but be worried about producing those highly academic articles and then you are labeled as the best scholar around. Now *ubuntu* doesn't allow you to do that. *Ubuntu* would say that this person who comes here has not made an appointment, but I would open this door and sit down and hear what they are all about and talk to them and help them with their problems. *Ubuntu* would say that I have got *umunthu* when I do that. This capitalist world would say you are not going to climb this ladder if you do this, and that makes *ubuntu* costly. But, as a principle itself it is cheap, but to live according to it because it is in a world that is against it, it is not cheap.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

Well, at a simplistic level it can when we say that *ubuntu* is going to encourage other people to take care of others who are suffering. But, to put it a bit more strongly, if men, if people have *ubuntu* they would not spread HIV. I would know that if I am positive and if I get into a relationship I would use a condom not only to protect myself, but to protect the other person I am in a relationship with. *Ubuntu* would say that if we are in a relationship with someone else and the moment we expose them to that virus, you have lost *ubuntu*. There is also a deeper level to it. *Ubuntu* would say to any HIV person no matter what the level of infection is there is something that they never lose in them, which is the dignity of being human. They never become worthless like an animal.

There is something that they die with, the fact that they are human beings, they have got worth that no amount of sickness, disease and affliction can take away from them and they go with that even when they die, which I think that for me would be how it can assist HIV positive people. Because when we look at *ubuntu* Gabriel Setiloane, I am not sure if you have read his book, when he talks of *ubuntu* he says it is that the dignity, the pervasive inner force that one feels about him or herself that is immaterial, it cannot be held or touched, but it is the shadow, the shade is something that we can never do away with. Those who are used to killing people, they kill people, but even when they are asleep at night they still see the picture of this person they killed and they shudder or scream at night because the person has got this worth, worthiness that always lingers with them. Now, that cannot be taken away by anybody. No-one can do anything about that, it lives even beyond the grave. So it is the power to protest against terrible death that comes with HIV/AIDS to say that even though AIDS kills us, but we will never die. This has got a spiritual dimension to it, and then so when we encourage people who are positive and are on their death bed you prepare people for death, and you begin to say to people that it is not the end of you are much bigger than the collapse of the body and the stopping of the heart. We may not know what happens in the afterlife, but we believe that you are much bigger than death and I think that's what *ubuntu* would say. And if we could encourage people to face death positively not because of AIDS, but because we can face it with that hope, I think *ubuntu* would contribute to that.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

(Laughs) That's a challenging one. It is a very difficult situation because *ubuntu* contests with a lot of different things that one has to deal with in life. Yes, I am an African. Yes, I am a South African. Yes, I am a Christian. Yes, I am educated. Yes, I am a man, and I live in a Western influenced world. For me, what makes me remain a person of worth is not to give in to some of these other ways of life or philosophies, but to be guided by the commitment to do what's good for me as an individual and what is good for the community. Now, whether that comes from (I believe underneath it all it comes from the philosophy of *ubuntu* that guides me to do that), and then when I go to Western culture, which I am exposed to every minute of the day I pick up whatever is consistent with my values and beliefs. I don't take everything that is there. For example, if I go to my Christian beliefs, I don't take everything from there, but I do take what is good for me and also for the greater good and leave any other thing outside. And, so for me that's how I express *ubuntu*. Most of the time it makes me intentionally rebel against other things not because I am a Christian, but because I am an African.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Um, well in South Africa it is amazing the ability of the black people to forgive the white people in the way that they did. It is a, and you cannot say that it is Christian because some of them are Muslims or Hindus or African traditionalists, but they did their best to say let bygones be bygones, let's start rebuilding a new society. In fact it's white people

that are still moaning and complaining all the time. So the experiences that people have been through, but they still find some reason in them to continue being positive about this country and about other people cannot really be explained in any other way other than to say, something much deeper that they grew up with influenced that. That's the one thing that I would say revealed *ubuntu*, that ability to accept one another. We are a multi-cultural society, that's *ubuntu*.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Well, African traditional religion or medicine as you are talking about, there is no question that it has a role to play. It is important, a lot of people believe in it. In fact there is no reason not to believe in it because the only difference is in how medicine is processed otherwise it almost does the same thing. The medicine that we use, the pills and all that, it's just that it has an advantage with better technology. But, traditional medicine because it is herbal and it doesn't have the technology to process it and measure it correctly does not mean that there is anything wrong with it. It is just that we need to improve the technology so that it is able to fill the gaps that we have. So for me traditional medicine has a big role to play and like any other resource that we have in society, it needs to be guided by clear policies, it needs to be monitored so that it is not abused and that is not unique to African traditional medicine. All medicine needs to be guided and monitored.

Interviewer's interjection: What about its healing system or rituals?

Interviewee's response: Yes, the issue is that human beings are religious. They have a quest for the spiritual. They have a quest to go outside and connect with transcendent figures. This is because in them there is hunger for that. As for the rituals, as long as they don't kill any child, do any harm to anybody they are fine and they actually enhance the positive energy that is needed by the community. And, so why not, why not because ultimately we want well-being for everybody and if there is anything that can make us attain it then it is worth it.

A: 5

Interview transcript: Ms Olga Yurkivska, 5 March 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need?

Um, I suppose you can quote me whatever my opinion is worth. I also give my consent to this interview.

2. Please tell me what kind of work you are involved in?

I am a lecturer in Philosophy and Ethics at University of KwaZulu-Natal.

Interviewer's question: Do you do anything outside of the University, some community work perhaps?

Interviewee's response: Not really unless teaching part time at St Joseph's Theological Institute would be considered as an outreach programme.

3. What do you understand the concept of *ubuntu* to mean?

Interviewee's seeks clarification: What do you mean, the definition, the content, the implications?

Interviewer's response: All of the above.

Interviewee's response: Well, I understand that it means humanity and it is an um, all-inclusive term um, that has been coined to identify particular African philosophy and ethics. Um, that the major values involved in it are those of respect. Um, (long pause) generally speaking that's it.

Interviewer's interjection: And, the implications?

Interviewee's response: The implications, that's more complex. There are implications for the African identity because it's one of the constitutive parts of um, what does it mean to be an African. The lines, yah that differentiate let's say Western Europeans and Africans um, are according to their differences in world-views and *ubuntu* is a part of the African world-view and there is a claim that it is essentially different um, from the Western European philosophy and ethics and, um there is, um not competition, not rivalry, but contestation between the two. So, it is a part of a dialogue between the different cultures and philosophies and identity is one of the key concepts or key issues that are involved in it. Um, there are implications, um in terms of gender identity as well because in opposition to the English concept of humanity man has been the central part of it, *ubuntu* refers to

humanity in general including men and women and there is the claim that there is no symmetry involved in this respect that women are part of this ethical culture, not excluded from it. Other implications, yah it is also possibly kind of um, contestation it is part of the political ideology, um, yah.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Generally speaking it, um relatedness so it is in other words, it is a person that is embedded within the web or network of communal relationships and it is extended to nature, ancestors. It is kind of um, a person who knows her place within that network of relationships. And, the major virtue in this respect is to um, know your own place and, um relate with respect to all the other constitutive parts in that kind of hierarchy.

Interviewer's question: Do you think that there are other kinds of characteristics that emanate from *ubuntu*?

Interviewee's response: Well, I believe that all other characteristics or virtues or values are derivative. Loyalty and cooperation and reciprocity, um yah they are kind of at the service of the major one, respect. And, respect could be generally defined as respect to humanity, but not only because your humanity is defined not only to humans, but also to the rest of the universe, creation or cosmos.

5. Who taught you *ubuntu*?

Well, um I don't think anyone taught me *ubuntu*. If we are talking about respect to humanity and cosmos and so on, that was a part of my own upbringing and acquired within my own family. So my mother, my father and grand-parents were the ones who introduced me into it.

Interviewer's question: So you would say that it is not so much taught, but you learnt it through observation?

Interviewee's response: Initiated, socialized into um, that's what you naturally learn from your own environment through relatedness to other people.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

Lucinda, I would not want to look for uniqueness with the view of, um the problems arising. The racial problems, the cultural problems, the ethnic problems, I would rather look for the universality than the uniqueness. For me that would be the most important essential ethical issue not what divides us, but something that actually unites us.

Interviewer's interjection: That's excellent. So what you would say would be the contribution that *ubuntu* would offer.

Interviewee's response: Here is the problem: the rivalry, the conflict between the so-called Western European values and the African or *ubuntu* value. They are not so much about the conflicting, um moral values, they are conflicting lifestyles, and conflicting economical systems. And, um Africa is getting involved in the life of the global village with um, terrible speed and cruelty and, um I believe that executives and *nouveau riches* are no less, um individualistic and self-centered than any other place in the world. That, um I don't want to sound deterministic, but I do believe that the way we live would determine what we value and as long as the African lifestyle, the lifestyle of a traditional community where communal practices are not only part of the family life, but also part of productive life, *ubuntu* will survive.

Interviewer's question: I understand what you are saying that globalization is impacting on our traditional way of life. However, do you not think that in the process we are losing what is important and meaningful that is, our *ubuntu*-ness. Don't you think that this way of life would contribute something and in so doing is unique because the world is changing?

Interviewee's response: Lucinda, I cannot agree less. Um, but the reality is such that by their enlightenment *ubuntu* gets lost. You know that I am a Marxist and I believe that no matter how much we advertise and promote values of *ubuntu* the real life that is based on the survival of the fittest, and the competition will take its toll and yes, the loss of respect is absolutely inevitable. But, we cannot make people moral just through appeal to their inner sense of morality. You cannot make people moral just by teaching them morality; by enlightening them on this is what we ought to do. I don't believe that this is what will happen. It is possible to set up some rules, laws of behaviour, certain regulations, social policies and so on and so forth, that are based on particular values that would prohibit the violation of them, but that would be completely different way of organizing things. That would be from the top to the bottom and for that we would need to determine some kind of general or abstract rules and regulations and I believe that it is already something that is alien to *ubuntu* because you yourself referred to it as um, a cosmos and it is a living cosmos and, um you cannot regulate an organism, it is a self-regulating organism not subject to external regulations.

Interviewer's interjection: I would disagree with you there. I think you can regulate people and I think you can appeal to this idea of our interconnectedness that our present and future depends on how we relate and treat one another and the environment we live in, and this would then give us a good platform to appealing to a concept such as *ubuntu*. But, these are just my thoughts.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

I am not sure. I am not sure that, um I fully understand the applicability to healthcare. Yah, it is a kind of communitarian ethic and, um it begins with the or at least ought to begin with an idea of the good for the whole community. Um, but I don't think that

that's what *ubuntu* actually does. I believe that there is a certain circularity in, um its definition. There is a general appeal to humanity, but what is humanity? Once again, belongingness, um, um I am sorry I am not making sense probably, but let me think once again. Um, (long pause) let's take a particular example. Can you give me a particular example in healthcare where we will use *ubuntu* as the source of values as a mechanism of judgment in order to determine what is right and what is wrong in this particular situation otherwise it is too abstract. And, what is the difference between the use of *ubuntu* and the use of utilitarianism in this case. Do you know of any particular case in healthcare where *ubuntu* would be the approach to use?

Interviewer's response: What I think, if I want to look at this situation I would think that the fact that it costs nothing to care for someone. The world we live in is controlled by cost. To get good quality care one needs money to access good healthcare facilities. Now, for me if we are to care for people we should care for them simply because they are human beings and, therefore, have intrinsic worth and with that worth they are valued, which is why I would appeal to *ubuntu*.

Interviewee's comment: But, then we are back to the traditional, um question of morality. What is human? Are fetuses human? Are human vegetables human?

Interviewer's response: Yes, they are still human their worth never leaves them even beyond death.

Interviewee's response: But, nevertheless the scheme of the cosmos is extremely hierarchical and, um the amount of respect we owe to someone depends on that persons place in the hierarchy.

Interviewer's interjection: Yes, but it depends on the circumstances, but when we consider an individual on their own they deserve the same respect. And, in the case when a person is sick it doesn't matter who is sick be it a child or an adult they all deserve the same treatment.

Interviewee's response: How would you explain in such a case the, um the ostracism of the AIDS victims in the traditional communities?

Interviewer's response: Of course, that is a problem, which we recognize and it is the main reason why I am putting forward the idea of *ubuntu* to say, here we are, we have this resource at our disposal in order to make people realize our commonness and commonality in our existence.

Interviewee's comment: in such case we have to differentiate between *ubuntu* as an ethical idea and as a practical resource and, um as far as I can see *ubuntu* as a way of life is slowly corroding as a way of life and there are a lot of examples of this. And, it is impossible to blame the people for losing it, um your concern is how to ensure the survival of the moral, um ideal or an ethical ideal when it is slowly becoming absent, um communities are broken, families torn apart, women raise

their children without their husbands, yah it is a reality. But, I am afraid in such cases it becomes an empty word. Why? Um, let me give an absolutely mundane example, if we are talking about a closely knit web of relationships where you grew up with the sense of belonging, with the sense of your own place within it, with respect to everyone else and so on and so forth. You grow within such a community, you work together and spend leisure time together, but in such case caring comes naturally to you. It's like caring for members of your own family. There is no real moral imperative to it. There is no effort. It's like Kantian ethics; you are moral only if you disregard your personal inclinations and self-interest in decision making process. So this kind of a natural organic ethics does not require any conceptualization, does not require any principles in the determination of values and so on and so forth. That's what you believe in, you live in and what you are trying to do, when those conditions are already or almost taken away especially in South Africa, you are trying to condense it to a principle and now it becomes a question of moral motivation. Why do I have to be moral? In other words, why do I have to show respect to that person on the street that I have no relation whatsoever and then that's where *ubuntu* becomes problematic. *Ubuntu* as a way of life as opposed to *ubuntu* as a concept can struggle with moral motivation. Utilitarianism struggles with moral motivation. You are talking about care, why care for someone who is not close to you?

Interviewer's interjection: If it is natural or organic as you put it, don't you see it as necessary to motivate people, not force them or coerce them, but motivate them to care for someone outside of their immediate family.

Interviewee's response: Lucinda, then it becomes a problem that is um, that is very common to all the ethical systems and theories, the problem of moral motivation. It has to be argued and defended exactly why we should care for other.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

The ideal of *ubuntu* is inclusiveness. The fact that this ideal, um is, um not always implemented in practice is discouraging, but it is not a particular problem of *ubuntu* I would say. The concept of democracy actually is broad, but all democracies were and are exclusive. Athenian democracy excluded slaves, um American excludes all non-Americans, Soviet democracy excluded immediately all the nobility, aristocracy and blah, blah, blah, blah, blah. And, with *ubuntu* it's, um the same. Who is human? Once again, Lucinda I am turning back to this question: who is human? What is human, what is humanity is the cornerstone with the locality of cosmos in the past was extremely limited. It was humanity with a particular community, which actually, this did not disallow, um the, um crimes towards the humans, those who did not belong to this particular cosmos. For example, violence, slavery in Africa, so this is just human nature, and women. Do they partake in the same way, in the African context?

Interviewer's interjection: I have my answer. In the African context, both men and women participate in the community, but of course specific roles are defined within the community. But, this does not necessarily mean that women are viewed as less than human.

Interviewee's interjection: I know that this is a kind of politically correct view, but in such cases you have to explain the origins of your question. You have asked me how *ubuntu* could help HIV positive people, especially women, which imply that women especially need help in this context.

Interviewer's response: With time, and this is my argument, I believe that through the other cultural influences women's positions have become viewed as secondary and they exist on the margins of society, but those have been because of the great impact of outside influence and have altered how black men and women relate to one another, which is why you often encounter situations of men abusing women. People, especially men have moved away from valuing women the way they used to.

Interviewee's response: Alright, I have no problem with that. I would subscribe to it. What you are describing is the corrosion of the *ubuntu* way of life. So it is a fragmentation, dissociation, destruction of the traditional African community as a system of relationships, um you blame external influences. Considering the history of the African continent it could probably be viewed like that. Capitalism was brought from outside through colonization and the slave trade and so on and so forth. Um, but do you believe that traditional African community would have remained untouched if it were left to its own devices.

Interviewer's response: No, I think it would have changed. It would have been influenced in some way, but the fact that a particular system was aggressively imposed on a particular group of people is where my bone of contention lies. I don't think that Africa would have remained the "Dark Continent".

Interviewee's response: Thank you for your belief in African people. Yah, it was imposed, but if you look at it from a different perspective it was going to happen. The move from feudalism to industrialism is an example. So it was always going to happen and the move and change was always violent and so on. And, um so the history of it is a different issue, what we are coming back to is no matter what the origins are, whether they were internally initiated, through the growth and development of the productive forces, and I believe that african people would have come the same way because they were already signs of feudal differentiation even before colonization. But, we are talking once again about the *ubuntu* as a lifestyle and *ubuntu* as a philosophy. Once again, in the past it was based on relations, very gendered. Men and women occupied different positions, played different roles, but they were all important for the survival of that community. And, um the respect of women was on par with respect to men. Um, it's a matter of the past and capitalism does not care whether you are man or a woman as long as you can participate in the process of production and you are interchangeable, therefore, pregnancy could

hardly be accommodated within this mode of production. Whatever comes with being a woman interferes with it because you have to be allowed to have children, have maternity leave.

Interviewer's interjection: In short, what are you trying to say?

Interviewees' response: In short, what I am trying to say is that, um in this case the application of *ubuntu* excludes women and makes them much more vulnerable. That appeal to human rights would be much better because human rights concept is part of capitalist society and has been born within the system with ideas of equality and so on and so forth and it has much more mechanisms that are suitable to protect the individuals. And, it is because it is a system of atomic individuals well, then the idea human rights makes sense.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

Lucinda, I cannot claim I practice *ubuntu*, um let's make it clear I come from a communitarian background that is not only through the history of Russia, but this our very recent past. Probably even more recent than the traditional African society because the serfdom was, um abolished only in the middle of the 19th Century while colonization interfered with the traditional African community much, much earlier. So with this great sense of community, um I have been brought up and the sense of community has been enhanced by the, um soviet ideology. So, um I think I am a communitarian at heart. I live according to these values. Is it *ubuntu*? There is nothing African in it.

Interviewer's interjection: I think there are strong similarities between Russian communitarianism and *ubuntu*?

Interviewee's response: Well, in that case I would ask a question: is it compatible with private property?

Interviewees' response: No, not really, but it can be made compatible if you make the effort to put back what you have extracted so to speak.

Interviewer's response: Again, it's a very transformed notion.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Um, it does find manifestation, and you know it is double-edged. There are people who use it without believing it simply to achieve their own goals because it is a catch-phrase, it is the politically correct attitude and signifies that, um transformation. Um, but there are people who do use it genuinely and believe in it, they don't only preach it, but they live it. So, um Africa, South Africa in this respect is no different from any other

continent or country where they are people who preach moral values and those people who live them.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Absolutely, I believe so. Once again, because I come from the system where traditional herbal medicine was part of the acknowledged medicine. You know in the pharmacies all the remedies were available, in the markets you always had several women who would sell herbal stuff. I never questioned it. There was no problem with a GP, General Practitioner, um prescribing you herbal remedies that antibiotics. So there was no conflict. Here you will hardly ever, they are not actually allowed, the General Practitioners are not allowed to refer you to the traditional herbal stuff. Um, for me that was a matter of everyday life.

Interviewer's interjection: So you see the traditional healthcare practices having an essential role to play?

Interviewee's response: Yes, yes. I am not sure about (long pause) I don't know how to separate the positive and the negative from traditional medicine. Once again, there is a double-edged sword because there is the power to heal and the power to harm and, um one does not go without the other. Healing yes, but the position of the *sangoma* is an ambiguous one. You can ask for a muti to heal you illness and you can ask for a muti to harm your enemy, and this has to be something that is dealt with and don't ask me how. I don't know how. Probably the attitude to deal with the superstitions is one that any kind of a state could actually deal with to proclaim all those practices beyond the law and say well, okay that's it. Anyone who practices it without the right to practice it or the qualifications will be prosecuted. That's the easiest way.

B: 1

Interview transcript: Mrs. May Mkhize, 7th September, 2006

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need?

Yes, you do have my consent.

Interviewer's interjection: What about your permission to quote you?

Interviewee's response: Um, I think it depends because I work for Caprica. I would not like to...if I am giving my opinion then its okay, but if I am speaking on behalf of Caprica I would not like to. If it is my own opinion you can quote me, but if it's coming from Caprica then I would prefer not to be quoted.

2. Please tell me what kind of work you are involved in?

Um, I am a medical doctor by profession. I have done a lot of work in the general medical profession. I have also been a G. P. Okay, but ultimately I found myself settling down with working with children. So I work with children up to 2002 in the hospital. That was my last workplace. I have worked in Swaziland and Zimbabwe, but my last workplace was at Edendale Hospital. Whilst I was there we needed to almost like focus onto the issues of HIV infection specifically when the Mother-to-child-transmission problems needed to be dealt with. So I was asked to be part of that to coordinate the inception of the programme there. So after that I actually started focusing on working with those mothers who came back with their children so that we can actually follow them up. And then I also found myself working on sexually abused children. So my focus was ultimately on working with children who were infected and children who were sexually abused, but generally I am a community activist. I deal with many issues in the community. Wherever I am I usually work with women and children in terms of their problems. I work with women who are HIV infected who have been screened and I also follow up on treatment.

Interviewer's interjection: In your view, what is the situation now with HIV infected women? Are there still problems are infection still escalating?

Interviewee's response: It is a problem and especially with women in the age-group of 25-29. But, for women, especially African women it will continue to escalate. The reason being that it doesn't matter what you have to say we can be who we are, but when we close our doors the issues of sex are determined by the males especially I can say that maybe when we grow we can say the women will be able to assert themselves. However, the general population today, the men call the shots. So even when you deal with women and talk to them about issues on how to prevent HIV

infection, or if you are negative stay negative, you can say these things, but when women get involved in relationships things change.

Interviewer's interjection: Do you see the issue of power-dynamics confined to a particular income group or does it exist in all income groups from low, middle to upper-class black women? Do they still deal with the same issues within their relationships?

Interviewee's response: Actually, I think in terms of relationships, I stand to be corrected. I have spoken to women across the board it is a problematic issue. I think it all stems from the patriarchic society that we find ourselves in, but I know for a fact that it is worse for those who can not actually economically empowered. So I mean for me, it can be hard to say why give in, but maybe I might give in and give in and give in, but if I have financial power I can walk out. But I think it's different for other women. So if I can be empowered to make me handle and deal with my relationship by being able to say I also have the right to say no, then I can say no. I can learn to say now. It's easier for me to do that, but it's difficult for the next person because if they say no, then how do they survive?

Interviewer's interjection: So, do you think tradition, patriarchy has a large role to play in the infection rates that we are witnessing in black African women?

Interviewee's response: Yes, I don't want to talk about the other race groups. But patriarchy, my own nose tells me that it's not only within the blacks, but I know for a fact I work with black women, I talk with black women so I can vouch for my story and I know for a fact that patriarchy is an issue. Patriarchy and economically unempowered people; if you can't fend for yourself you depend on someone else, which has been the issue in life because when we were brought up, women would be brought up to get married, to have children and the husband will look after you. So if he's going to look after you, he will call the shots. But I think if women can begin to understand that we are in the society, they can do the same things that men can do. They need to go to school because to empower yourself needs education. They need to be economically free. Whether it means in your marriage both you are able to share responsibilities, and it does not mean that if you are economically free then you will look down on your husband. No, but then if you can have some skills that can make you fend for yourself then you don't have to suffer. I mean the same goes for some children who have been abused in some families sometimes these things are shelved because the abuser is a breadwinner so he can go untouched because he is a breadwinner. So those are the main things really. Yah.

3. What do you understand the concept of ubuntu especially in light of what you have discussed above?

Um, I always understand the concept to ubuntu to mean, "I am because you are". It's like we pull together to help one another. But for me, ubuntu, when I think of it just for myself, here respect people, I respect my family, I respect my community. And for other

people to be happy, for me to be comfortable, the next person must be comfortable. And if I expect somebody to do good to me, I must expect to do good to the other person. And I always think of ubuntu, for me, I think of South Africa. You know, South Africa is a very beautiful country, it's got everything. And I always look at it this way, if all of us can just embrace the beauty that we have and say we all want to share in it and all want to enjoy it and then let the next person have fun, rather than make the next person suffer. For me that is ubuntu. If the next person is suffering give a hand, give some caring. It's almost like love, respect, caring for one another. So all in all we exist peacefully and in comfort. You don't have to have money by the way. If I want to walk out there in the community and the moon is beautiful I should be able to do that and when I meet the next person it should be easy for him to say hello. He must go on with what he is doing and let me carry on with what I am doing. So for me ubuntu is about that. Let me be happy and you be happy. And I always look at it this way; despite the beauty that we have we are not able to enjoy it because we are lacking that spirit of ubuntu. Yah.

4. In your opinion what are some of the characteristics of a person with ubuntu?

You know, it should be somebody who is not selfish. It should be somebody who, I always say this: if I have to do anything to you I have to ask myself how I would feel if you did the same thing to me. And if I feel that I am justified to do it then I will do it. So it's a person who is not supposed to be self-centered; think about others, don't think about yourself personally. So whatever you do have a thought for the next person. Care for the next person. Just don't do things that are only making you happy and you don't care about what is happening to the next person. This is just like, I can surround myself, my house with a huge wall and I can say seriously I will do everything within here and I don't care about what is happening outside. I don't think that that is good. So a person who has got ubuntu is a person who will care, who will be almost like respecting and does to people what he would expect to be done to him. And if I say that then I know I have said it all because if I say to you "do unto others as you would have done unto you" I will never do anything to harm myself, I will never do anything to make me feel uncomfortable. So if you can spare a thought for the next person.

5. Who taught you ubuntu?

(Long pause) Really I was not taught. I guess when you get brought up by your parents there were certain things that I was taught. And I think also, coming from quite a background where you live with, coming from a low background I guess. You see how you suffer and then you think about others. You look at yourself and ask yourself what can I do to help the next person. Something like that. I grew up from a very poor family, but my mother did everything to make us feel very comfortable and I think that is something that made me feel that despite what you are you can still be happy. And within that we still shared with other people. So I think that my situation and my mother and father taught me ubuntu.

Interviewer's interjection: It is interesting that you point it out that your parents taught you ubuntu. Ubuntu is an African concept, do you think then that white

people do not or cannot display ubuntu because they haven't been socialized in the same way an African person has?

Interviewee's response: No, you know what I think. Although we are quite different, I think that we can still all display ubuntu. And I think we can still all display ubuntu within anybody's culture. People can all display those characteristics that I have described. It could be displayed differently, but caring, you don't have to be black or white. I really don't think so, but I think it is in the manner which you do it. For instance, I don't know, somehow I have lived across race groups and I have not had a problem. I have lived with a white person, I have lived with an Indian family and I have seen how they deal with situations. But you know, how it is with us, you know how we Africans are. You know when you are suffering or when you grow up, your grandmother is here, your uncle is here, your aunt is here, and you help one another then. But it does not mean that you can not have an uncle who does not care within that same house. But the white people, they tend to be units, unit families. When they grow up and get married they go and live as a unit. The grandmother is somewhere else, the aunt is somewhere else, but I have lived with white families and found them to still be caring. Possibly in a different way.

Interviewer's interjection: I like how you say that because what you are essentially saying is that the virtues or values espoused in ubuntu are universal and that white people have their own way of expressing or displaying ubuntu. It's just in a different way. So my next question is:

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

You see, with us because of that (as I said, the white people are like units, and we are almost like compounds) like this house, this is my house, and my husband's house. In his culture, this is not necessarily my culture. In this culture, of the Zulu people, this house is not only my husband's house like tonight, his younger brother can just walk in because this is still his family. And, in terms of that kind of culture he can stay here for as long as he like, which is different within the white community. You can visit, but you must always make an appointment and say, I will come on the 25th and I leave on the 14th. I mean that's how they do things. My brother in-law can walk in now and I don't have to ask him when he is going to leave, he can leave when he wants. So I think that contributes differently because let's say we have one person who is unwell that person can easily get care. He can literally walk in and get care if no-one can care for him. And let's say, for example, his brother dies tomorrow and his wife dies shortly thereafter and they have got three children, those kids can easily (when we come from the funeral) be attached to any one of us. You know, it doesn't have to be a conference where people will be asking what we do with these kids. Somehow if the brother has not made a will, or discussed it with his children or his wife they can sit there and listen to the elders where they are told where to go. So I just believe that it contributes a lot and you live as a group and what happens is when one is sick another person can call for help. For me,

within that context it is good. If you look at care with this HIV/AIDS thing it is easier within the African context because of the way that we relate, because of the way we live together. So you can easily summon help, you can easily pull together resources and help one another.

7. How can the African ethic of *ubuntu* contribute to global debates on ethical healthcare?

I think it can contribute because, for instance, I think we tend to say the HIV and AIDS saga, the epidemic has caused a lot of problems. It has left many families disrupted, it has left children orphaned, it has left child-headed families, and I think when we debate about these issues within our context we can deal with things differently. Like, for instance, if we say that the government is willing to assist orphans, for example, the government giving grants to families or orphaned children we can rather say we can give the money to the care-givers, the family members who can take on the role as foster parents. So you don't have to think about building orphanages that are detached, but you say let us assist the family members to assist the children. What is happening is that you have some people saying, I can't take these children because I am not working. So if the government is going to lend assistance the debate should be about how to make sure the family members (as they look after these kids) are given financial support to care for these kids. Actually that was happening in the 1980s when I was working in Edendale. There was a doctor who was looking at different solutions on how to look after AIDS orphans. And, he found that within the African culture people were saying, no we don't have to build orphanages, but can we get assistance from the government in this area so that we can assist these kids. Nowadays it's not like the time when people lived on ploughing and the kids just came and food was available. Now with this situation, there are more mouths to feed and these families need assistance to take care of the children. Also when we talk about home-based care or we talk about whom to train to look after people, this idea does not fit in well with the African concept of *ubuntu*. It fits in better if you say, the trainers walk in and say you are living with somebody who is HIV infected and most of them aren't being care for because they don't have information about the disease. So if we walk in and give information you will find that the government does not need to employ home-based care-givers because within the family you will have someone to care for you who is properly informed on caring for an HIV positive person.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

You know, when we go back to that story of what is *ubuntu* the idea of loving people, respecting them, caring for them, and also doing to them what you would have done unto you. If we were to really teach people and almost also revive the spirit of *ubuntu* whereby you say, for instance, I look at the way women find themselves infected is because they can't even negotiate sex within their relationships with men. Now if seriously we all practiced *ubuntu* we would be caring for one another. So if I said, I don't like this or I need to negotiate this with you then you would understand and also, thinking about (how can I put it), you know that there are some people who are infected, but they

go on to infect others? That to me is one problem because if we understood one another, cared and loved one another and respected each other, married or unmarried, in a relationship or not, we should be able to deal with each other honestly.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

I live it out in the work I do, the way I engage with my family. I try to ensure that everybody is treated with respect and treated with the dignity that they deserve because they are human beings. My community involvement shows my commitment to serving others because I know that my well-being is intimately tied up to the well-being of others.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

I do not believe that it is merely a catch-phrase that has lost its true meaning. In 1994 South Africa underwent a huge societal transformation and it would have been very possible for things to have ended up differently, but because of the call for unity and forgiveness we have witnessed a peaceful transition in our democracy. To me that is because *ubuntu* was and still is at work. It is the ability of the nation to heal and to move forward together that has, to a certain extent, given validation to the African practice of *ubuntu*.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Indeed I do believe that Africa's traditional healing wisdom has an important role to play in our healthcare system. For many years, long before modern medicine, African healing rituals and medicine provided cures for the sick. African traditional healers were aware of the various herbs that could cure certain ailments effectively and that still occurs today. Additionally, the majority of our people continue to visit traditional healers even when the country has modernized and this is just another example of how useful they still are. What needs to be done is to encourage a working relationship between the traditional healer and the modern doctor so that a partnership can develop that seeks not to compete with each other, but compliment each other. One medical system cannot claim to have absolute knowledge over everything.

B: 2

Interview transcript: Mrs. Rosemary Smart, 6th December 2006

1. Before I begin, I would like to ask for your consent to the interview and seek permission as to whether or not you would like your name to be used, especially in reference to comments you make. Or do you prefer to remain anonymous? In other words, do I have your consent to this interview and may I have your permission to quote you?

Yes you do have my consent and you may quote me.

2. Please tell me what kind of work you are involved in.

Well, um I am actually semi-retired now, but I am an International HIV and AIDS consultant based in KwaZulu-Natal. Some of my professional duties involve training people in the private and public sector about HIV and AIDS in the workplace. I have also been involved in um mainstreaming HIV and AIDS policies for a number of sectors and professionals in both the private and public sphere. I have also been involved in initiating and developing community-based HIV and AIDS responses in South African and the rest of Africa. The list is endless, but in terms of my professional qualifications I have a BA degree from the University of Witwatersrand in psychology, sociology and English and I am also qualified in General and Occupational Health Nursing.

3. What do you understand the concept of *ubuntu* to mean?

I understand the concept of *ubuntu* to mean a sense of um, being able to realize that we exist because other people exist. By this I mean that we are able to achieve things in life through the help or aid of others. That no-one lives in isolation and to that extent, we depend on each other for our well-being.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Well um, a person who has or displays characteristics of *ubuntu* is generally kind and caring to other people. He or she is generally concerned about the well-being of other people.

5. Who taught you *ubuntu*?

My family taught me *ubuntu*. More specifically, my parents taught me *ubuntu*. For example, they always taught me to be kind to others, to care for others, to give assistance where need be and to be aware that we are here on this earth for the purpose of not only serving ourselves, but also serving others.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

It is unique firstly, in the sense that it is an African or rather a South African concept that calls on African people to care in an unselfish manner. Um, one which is inspired by the nature of our common existence and also because it is an african concept it is one that can be drawn or tapped into without having to teach people about caring for others. In other words, the idea of care is already built into society whereas everywhere else there seems to be a more direct approach at instilling the value of care through teaching. Here in Africa, it is more natural. It is witnessed in the smallest ways and through those little gestures it becomes an innate quality. I don't know whether it is safe to say this. I presume that some other people would argue with my opinion on how the ethic of *ubuntu* is unique especially; in it's characterization of care.

7. How can the African ethic of *ubuntu* contribute effectively in global debates on ethical care?

It should be challenging us to be very creative in accessing and sourcing appropriate care. Not that that happens well here. This is because there is an assumption that if you are providing a service you need to be paid for it, and it's bad in South Africa. Um, it's bad in other African countries as well, but it's not as bad in Lusaka as they are doing the most amazing work in home-based community care with orphans and vulnerable children etc. Other incentives and payment just never seems to enter the equation whereas here it always does and with *bambitunani* we took a lot of advice on how to actually go about it and um the whole question of payment in any form was re-introduced a long way into the process so the chiefs were involved in identifying the appropriate care-givers according to certain criteria that we set. They came forward, they agreed to be trained, they went on the training and only at the end of the training when once they were actually going into the communities and starting to provide care, the issue of incentives was raised. Um, now those same women found ways of connecting with others around them to help them to expand their reach. Those people hadn't received formal training they didn't receive incentives. So it's a very difficult thing to understand in terms of to what extent it becomes a barrier to anybody getting involved in providing care on any sort of a sustainable and accountable basis because I think that sometimes that's an issue and, I do think that perhaps that's where it goes wrong.

Interviewee's interjection: So do you think that perhaps in order to provide ethical care we need to do away with monetary incentives and be more humanist because most care or good quality healthcare is predicated on a persons financial income that enables one to go to a private hospital, but for the poor people who cannot afford quality medical care are the ones that suffer the most? Am I wrong in understanding what you are saying, which is that for ethical healthcare we need to move away from providing care that is based purely on the return given for the care provided?

Interviewee's response: No, I think that that is actually wrong. I hope that I haven't given that impression because if we are expecting people to provide quality ethical care which takes up an enormous amount of time, I mean these women I am talking about were working full-time and it would be immoral to expect them to do

it for nothing because it is hugely stressful um, they go to homes where young people are dying, where children are being expected to be support, and where old people are being expected to care for family members in times where there is no food and I just think not to pay them would be wrong.

Interviewer's interjections: But then how does genuine ethical care come about then?

Interviewee's response: I don't think genuine ethical care has to happen without any incentive because it can happen. I think the idea that because if you are a nurse you are in a caring profession therefore, you have to accept a certain salary it's not; you know I mean it shouldn't be that way. But it's always been a caring profession and therefore, you should not expect to be reimbursed. I hate the idea of nursing for example, where you have to count every swab and record it; I mean I never had to do that I was fortunately always in a public hospital set up so we didn't have that sort of monetary element to everything we did. But by the same token I think that it is wrong that those sorts of professions are not acknowledged or recognized.

Interviewer's interjection: But what about the poor people then?

Interviewee's response: Well um, in the case of South Africa where the public health system is striving in improving; I mean it's not there yet. I think we have perhaps years or decades to go before we get there, but the direction is going towards improving quality and access to care.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

It is using something that is well entrenched and well understood as a platform as it were to address a new and growing challenge. It's the same way as we can look at other cultural um, terms and practices as protective as well and we could be promoting those and implementing them. And um, it's an easy way of getting people involved and understanding what the needs are. So I think that that's what we really should be doing. We shouldn't be trying to create something that's new and westernized and comfortable. This is a comfort zone and we can actually use it as a way of caring without any sort of medical institution of facility.

9. As an individual/representative of South African society, in what ways do you live out or practice *ubuntu*?

Well the choice of profession (nursing) from the beginning was recognizing that that was where I wanted to work and where I wanted to make my contribution. I have been involved, but to a limited extent with things like um, fostering and providing support to less privileged children and organizing events for farm children etc. It's really, at a bit of a distance, all my work is looking at how we can make a difference to this epidemic. At district level or programmatic level or whether it's my role in trying to leverage resources

that can make a difference. Whether it's working with governments to try and unblock those blockages that are preventing resources from getting to where they are needed.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Um, (long pause) I think it's sometimes used as a phrase that um, perhaps is not appropriately used. Um, think there is a potential for it to be used negatively, I am trying to think of an example.

Interviewer's interjection: The reason why I ask it is because you have also worked in government and it's a concept that has gained momentum post-1994 and perhaps it has been thrown about too often.

Interviewees' response: I think that if we look at it in terms of care and service delivery and those sorts of things which are supposed to be now so important yes, it can be hell of a frustrating trying to actually to see evidence of whether things are improving. But um, whilst you may say that that's linked to *ubuntu* I am separating that in my mind. I have never actually thought of *ubuntu* in terms of political people demonstrating *ubuntu* I have usually kept it in my mind as a much more personal face-to-face community level type concept.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to play in healthcare in South Africa? If yes, give reasons. If no, give reasons?

Without a doubt.

Interviewer's interjection: Why?

Interviewee's response: Because I have always felt that only having one model of healthcare and health delivery is wrong. The evidence is overwhelming that the majority of South Africans go to traditional practitioners and they are able to treat many conditions. Certainly they are far more successful in terms of treating the psychosomatic conditions than western medicine. I think that what we have got to do is find better ways of bringing the two models closer together. I mean in the early days a traditional healer came to me for her blood pressure tablets and I had problems in that I couldn't find any medical reasons for administering them. When I was the director in the Department of Health against all odds I appointed traditional healers so that they could train fellow traditional healers so that they could become part of the AIDS response because it was important that we started recognizing in terms of like STIs for example, what they can and cannot treat and also setting up referral mechanisms so that we could treat STIs aggressively.

Interviewer's comment: and how not better to do it than involve traditional healers since many African patients understand them and the language particularly because there tends to be a language barrier between a white doctor and a black patient.

Interviewer's response: but I mean even more so for traditional healers to train traditional healers because as a non-traditional healer you can make the most terrible mistakes, which I discovered to my cost in terms of um, you have got to give them room to do all their stuff which legitimizes the process. Um, so that I just remember the department saying how can we categorize these people they are traditional healers? But we need them and we have got to find a way to retain them so that they can do the work that they need to do. So I am totally confident with the idea that we need certificates so that traditional healers are recognized in terms of medical aid and leave and stuff like that.

Interviewer's question: Why do think that a bit of skepticism still surrounds the acceptance of traditional healers? Western medical doctors seem to doubt the efficacy of traditional healing systems.

Well because they come from different medical paradigms and they work in silence and they don't have forums where they can come together and talk to one another. I mean in Uganda, traditional practitioners have been brought into the AIDS field in a way that we have never done for things such as pain relief, sleeping induction. You know, where you have the little that you can offer in a home-based care situation. You have got to look at these sorts of options and they work, they really do work. I know that this has been a problem, but I know that government is trying to incorporate that sector more so that it can be recognized. Of course there are quacks there are quacks in both fields, but that aside, they (traditional healers) have a huge role to play.

B: 3

Interview transcript: Anonymous, 29 August 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous or can I refer to you in person where there is a need to?

I prefer to be anonymous.

2. Please tell me what kind of work you are involved in?

I do community work that involves voluntary counselling and testing.

3. What do you understand the concept of *ubuntu* to mean?

Ubuntu is an African word, which means to have respect for other people.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

The characteristics of a person with *ubuntu* include being honest, kind, trustworthy and humble. It is a person with discipline, self-control and tolerance.

5. Who taught you *ubuntu*?

My parents when I grew up.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

Ubuntu is unique, because it differs from other countries, because in Africa we are brought up in a way that we should be kind and honest to ourselves and to others.

7. How can the ethic of *ubuntu* contribute effectively to global debates on ethical healthcare?

It can make people realise that by taking care of yourself first can make it easier for other people to take care of you.

8. In your opinion, in what way can *ubuntu* assist HIV positive people, especially black South African women?

It can help make people feel as part of the community and accept themselves and their HIV status.

9. As individuals/representatives of South African society, in what ways do you live out and practice *ubuntu*?

By respecting myself first and the people I am living with, for example, my family, friends and community.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Yes, I do think it has just become a catch-phrase, because people now forget their roots and where they come from.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to play in healthcare in South Africa? If yes, give reasons. If no, give reasons.

No, because traditional medicine has no measurements, no expiry date and they don't explain any side-effects of the medication.

B: 4

Interview transcript: Nonhlanhla G, 29 August 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous or can I refer to you in person where there is a need to?

Yes, you can use my name, Nonhlanhla G.

2. Please tell me what kind of work you are involved in?

I am involved in community work, which involves counselling in HIV/AIDS and VCT.

3. What do you understand the concept of *ubuntu* to mean?

Ubuntu is being considerate to others in spite of differences and diversities, treating people as you would have them treat you.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

A person with *ubuntu* has respect for self and others. I think that respect is the most important characteristic of *ubuntu*. It is from respect that all other characteristics follow such as love, kindness, tolerance, compassion, caring and sharing.

5. Who taught you *ubuntu*?

My parents, teachers and some good books taught me about *ubuntu*.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

What makes the African ethic of *ubuntu* unique in its characterisation of care is that in Africa, the application of *ubuntu* has no bounds or limits. People mostly conduct themselves to portray a good image to others, but *ubuntu* is of the heart than character. It makes one be without conforming to the operating system of thought or fashion.

7. How can the ethic of *ubuntu* contribute effectively to global debates on ethical healthcare?

The Constitutional bill of rights has tampered a bit with the scope of *ubuntu* and people sometimes if not always confuse the two. This is because the bill of rights promotes individual rights and liberty and yet, *ubuntu* promotes communal rights. Thus trying to bridge the two sets of values can cause confusion, especially for a black African who lives in two worlds. So, if it is to be ethical it must be exercised with an understanding of these two world. It must be exercised with integrity as *ubuntu*

encourages everyone to practice ethical living irrespective of race, gender and educational background.

8. In your opinion, in what way can *ubuntu* assist HIV positive people, especially black South African women?

I don't think it's about being HIV positive or a black South African woman. We are all candidate to change as a way of growing up. We need encouragement, assistance, respect and empowerment. However, *ubuntu* can assist to resolve stigma and encourage support to PWA's.

9. As individuals/representatives of South African society, in what ways do you live out and practice *ubuntu*?

I consider other people's rights, respect diversity, take responsibility for my actions and choices.

10. in your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Honestly, *ubuntu* has faded away. People are more worried about self-gain and self-image than the next person, but there are those that still have *ubuntu* in a minority number. We cannot blame any operating systems entirely for the loss of *ubuntu* because sometimes it is a matter of choice and circumstances.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to play in healthcare in South Africa? If yes, give reasons. If no, give reasons.

I think, yes, these people can cure some of the opportunistic infections with the experience and knowledge of traditional medicines.

B: 5

Interview transcript: Busi Ndlovu, 29 August 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous or can I refer to you in person where there is a need to?

I am granting you permission to use my name for your references. My name in Busi Ndlovu and in the future feel free to contact me for any other information that you may need.

2. Please tell me what kind of work you are involved in?

I am currently involved in community development, counselling, facilitation, and mentoring at Lifeline Rape Crisis Centre in Pietermaritzburg.

3. What do you understand the concept of *ubuntu* to mean?

To me, the concept of *ubuntu* refers mainly to someone who is humble and down-to-earth, a person who can put other peoples needs before his or hers. Someone who is not selfish or greedy.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Character traits of a person with *ubuntu* would include respect, kindness, and trustworthiness, and courageousness, assertiveness, caring, open-minded and confidence.

5. Who taught you *ubuntu*?

My parents as I grew up living with them.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

The African ethic of *ubuntu* is unique as it is based on respect more than anything else.

7. How can the ethic of *ubuntu* contribute effectively to global debates on ethical healthcare?

I think self-respect can play a major role in the global community, as most of the disasters that are taking place today, such as violence against women and children and the increasing rate of HIV infections in Africa is because human beings have no self-respect and therefore cannot respect the next person.

8. In your opinion, in what way can *ubuntu* assist HIV positive people, especially black South African women?

As mentioned before, *ubuntu* is based on respect not just for oneself, but to the next person as well, whether you know him/her or not. Therefore, I think learning to respect each other and working together assisting each other through challenges is vital. HIV people need to be respected, assisted and exposed to different available resources that can help them cope with their status. Women, in particular need more support as they worry about the well-being of their dependants when they're gone. So if the community around those women have *ubuntu* they will support, respect and assist those women according to her needs.

9. As individuals/representatives of South African society, in what ways do you live out and practice *ubuntu*?

I practise *ubuntu* all the time, because I am honest and say it if I am unable to help. I give emotional support whenever there is a need. The work I do as well requires someone who understands the concept of *ubuntu* clearly. I respect other human beings and share whatever useful piece of information; above all else, I am a confident individual.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Honestly, I think South Africans have a clear understanding of the meaning of *ubuntu*, but I think they find it impossible to practise it. Lately it has definitely lost its true meaning. Even the people who came up with the concept sometimes they don't know how to spell the word *ubuntu*.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to play in healthcare in South Africa? If yes, give reasons. If no, give reasons.

The traditional healing of Africa has a huge role to place in South African healthcare as it has been used over the centuries. Being able to mix different herbs, roots etc shows that Africans have their own knowledge that has been manipulated over the years. We have lost trust and we have more trust in the Western medication, but I believe that traditional healing is valuable even for the next generation. We need to preserve it and pass it on to the next generation.

B: 6

Interview transcript: Anonymous, 29 August 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous or can I refer to you in person where there is a need to?

I prefer to be anonymous.

2. Please tell me what kind of work you are involved in?

I do community work that involves voluntary counselling and testing.

3. What do you understand the concept of *ubuntu* to mean?

Ubuntu is an African word, which means to have respect for other people.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

The characteristics of a person with *ubuntu* include being honest, kind, trustworthy and humble.

5. Who taught you *ubuntu*?

My elders that is my grandparents, my mother and my aunt and uncles. I also learned from the people I have met throughout my life.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

Ubuntu is unique, because it differs from other countries, because in Africa we are brought up in a way that we should be kind and honest to ourselves and to others.

7. How can the ethic of *ubuntu* contribute effectively to global debates on ethical healthcare?

We need to ensure that people are aware of their human rights and that we promote respect towards that.

8. In your opinion, in what way can *ubuntu* assist HIV positive people, especially black South African women?

It can assist if we understand that people are different and we are able to treat them without judging them. *Ubuntu* can assist when, for instance, we are able to help those people who are affected with information in order for them to help those who are infected with the virus.

9. As individuals/representatives of South African society, in what ways do you live out and practice *ubuntu*?

I can proudly say that I respect myself and other people. I do help people who are in need where I can.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

To some people it has lost its meaning, but I believe to other people it hasn't.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to play in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Yes it does, because in the older days they were using only herbs to heal themselves.

B: 7

Interview transcript: Anonymous, 29 August 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous or can I refer to you in person where there is a need to?

I would prefer to remain anonymous.

2. Please tell me what kind of work you are involved in?

I work for an organization that deals with community development. We provide counselling services to rape victims and those who wish to know their HIV status.

3. What do you understand the concept of *ubuntu* to mean?

My understanding of *ubuntu* is based on the principle of respect. *Ubuntu* means respecting yourself and others.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

A person with *ubuntu* displays good behaviour. For example, people that have respect for themselves and for others know that you have to greet others or strangers when you encounter them.

5. Who taught you *ubuntu*?

My parents, teachers at school and also the community where I grew up.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

The African ethic of *ubuntu* is unique in the sense that it is African and people have been brought up as children to live and practise the values found in *ubuntu* since birth. It is expected that an individual will continue to practise *ubuntu* to death and in that way, in the characterisation of care, *ubuntu* manifests itself naturally. The ethic of care is natural as it is second nature.

7. How can the ethic of *ubuntu* contribute effectively to global debates on ethical healthcare?

No response was written.

8. In your opinion, in what way can *ubuntu* assist HIV positive people, especially black South African women?

Ubuntu can assist HIV positive people; because by knowing their rights, even if they are HIV positive they are assured that they are still human beings and should be accorded the same respect and dignity that we show everybody else.

9. As individuals/representatives of South African society, in what ways do you live out and practice *ubuntu*?

I respect people and also myself.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

I have two different opinions here. Firstly, I do believe that it has lost its true meaning. People maybe don't understand what the word *ubuntu* means, especially they younger generation. They have completely lost respect for themselves and for others. However, I also believe that some people still have *ubuntu*.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to play in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Yes. Some people believe in traditional healing and it does help them. For example, *Ubhejane* medicine, people have used it and it has helped them strengthen their immune system.

C: 1

Interview transcript: Mrs. Brenda Eckstein 6th October, 2006

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?

Of course Lucinda, it is a great privilege to be involved. Thank you.

Interviewer's interjection: Do I also have your permission to quote you?

Interviewee's response: Absolutely, I am proud of whatever I say.

2. Please tell me what kind of work you are involved in?

I am involved in the job of helping people reach potential.

Interviewer's interjection: From that do you incorporate African notions of Ubuntu? This leads me to my next question. If yes,

3. What do you understand the concept of Ubuntu to mean?

Okay, I most definitely do because to me, the linking of people is absolutely part of our existence. We are dependent on those around us and to me, my greatest passion in life is linking people with people and people with information; that's networking. And, I mean the whole concept of ubuntu is interconnectedness of people. And as I understand it, it is humanity in action. So ubuntu is not just a characteristic without action it needs action to make it real, and it is that interdependence or dependency one each other of ubuntu that enables people to reach potential because I don't believe that any of us will ever or could ever reach potential without others.

4. In your opinion, what are the characteristics of a person with ubuntu?

You have to have the ability to put things in action. That's number one. It is not passive. It can be passive, but it needs action. Number two. A person with ubuntu would have a kind heart. They would understand the interdependence of others. They will genuinely wish others well and would genuinely understand their role in helping others reach their potential.

5. Who taught you ubuntu?

Ah, my beloved friend Kate. Um, Kate was born in Soweto. Obviously I had heard about it a lot. And as a South African you have always kind of known that this made us special. Um, Kate is the person that made it very real to me going into Soweto. Um, being with groups of family and friends there, and also later with her working on projects

where we took foreigners into Soweto is part of a huge thing she did for me. Would you like to know more about that?

Interviewer's interjection: Yes, how did she make it real?

Interviewee's response: She made it real because, for example, driving along in a bus while we were doing a trial run with these international visitors the children at the side of the road would wave and smile and I would feel guilty in the luxury of that bus. Um, going back and waving at them or even waving at them even as we passed. I said Kate (long pause) should we be waving to them because my conscience makes me feel so bad because I have got so much and they have so little. She said, look at their faces. You are giving them so much when you smile at them. You connect with them in some way so don't feel bad. That was the one thing. That was the one thing. The next story is not about ubuntu, but I will tell you anyway. You can wipe it out if it's not important. Kate was the most wonderful person and I was her coach and mentor. One day she called me and asked, when are you coming to Johannesburg again and I said, Kate I am coming next week, but I am not really coming to Johannesburg because I am just landing at the airport. Then I am going. But then she said, yes, but you are coming to Johannesburg. And then I said, yes. And she said, but why are you telling me that you are not coming to Johannesburg. Then I said, because Kate I know you, you are going to come to the airport and wave goodbye and it will be too much trouble for you to come all the way to the airport. Then she said, Brenda. She really reprimanded me. She said Brenda it takes one minute and you know when I landed she was there. She was there giving me this greatest, biggest hug and, um, her bodyguard handed me a rose. And that was the greatest lesson of ubuntu. She was the most amazing human being.

Interviewer's interjection: You have just explained the one virtue of ubuntu; the fact that people care for other people. Of course, this value is universal, but what in your opinion makes the virtue of care, contained within ubuntu so unique to Africa. In essence what I am saying is:

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

Okay, to think you capture it in the expression humanity in action because people who care about each other like Kate took the trouble to go to the airport even if it was one minute because her friend, she wanted to wish well; that was me. And I think that this is what makes it unique. Most of us don't put enough effort and put ourselves out enough. And I think that in ubuntu because we recognize our interconnected makes it so strong.

7. How can the African ethic of ubuntu contribute effectively to global debates on health-care?

Because I think global debates often centre so much on the theory, the clinic. Um, it's possibly, I don't know much about it, but not enough of that kind of caring, that kind of interdependency. Let me just give you another example. When my husband was ill and had a stroke, um, people cared which was wonderful. People in general went out of their way to give him therapy which he needed and that generated or enabled his miracle to take place.

8. In your opinion what ways can ubuntu assist HIV positive people, especially black South African women?

Again, it's the support system. I believe that medicine and doctors are just a small part of the recovery. I think (I hope you are picking this up. I hope I am speaking loudly. If you need me to repeat anything...) I can't say, I think that I believe in my own experience in the power of supporting each other in, um, support groups are imperative. But again it's that interconnectedness and those people working towards the common goal of getting people well again. I think that this is what's important.

Interviewer's interjection: Do you think Western medicine addresses that?

Interviewee's response: No, I don't. Let me give you another example. Relating back to a totally different issue that I think is got a lot of similarity. When Ed (husband) was ill I got him every kind of help I possibly could, and I used ordinary people to help in his recovery because I was, he and I were running two kinds of businesses at the same time; a small group of clothing stores and manufacturing. Suddenly I had a paralyzed husband and I had to do his work and mine and I had two small children and I had to assist him to recover. But, I, um so I had to use ordinary people to help and I divided his day. The first part of his day; 6 hours into hourly shifts to people that came in to help and I gave them tasks alternating between physical and mental, and it was very interesting that the doctors didn't even push physio-therapy, they didn't even push occupational therapy. So much so that Ed and I were on radio programmes pushing for the importance of every kind of help you can get. And, um, that was particularly aimed at doctors not even stressing the importance of physio-therapy. But in the groups that we started, Stroke Aid, for stroke victims and their families the whole stress was on the family because the family needed help. Not just the sick person and in even in an environment like that it became important for families to help families so that people could learn from each other. So I am taking it in a different kind of context; stroke aid, where I learnt the importance of stroke victim families to support other support stroke victim families. And I believe that those people could have made the kind of progress with just straight medicine. Um, I don't think the average doctor appreciates the value of all the other kinds of disciplines. I also believe that not enough doctors pay attention to alternative types of medicine. And there is a place for all of them and I think combinations would be the best, but I think a lot the

Western trained doctors want to implement what they were taught at university and they don't incorporate enough of the alternative type of medicine.

9. As individuals/representatives of South African society, in what ways do you live out and practice ubuntu?

To me I believe that everybody thinks that there is an ulterior motive, there's got to be a purpose for whatever you do. But I think just our interconnectedness and exposing ourselves to other aspects, um, the people in our city, for example. To me that's important. Not just meeting for the purpose of X, Y, Z, but I think to me, part of my work in my book incorporates the fact that quality conversation is a powerful force in, um, building positive relationships and that's within that context of positive relationships you get that interconnectedness. And, I think often people like us don't have the opportunity to talk to people on taxis and that sort of thing. We actually move in a sterile kind of world we are not exposed to people on a random basis and that's kind of important. And that's part of networking, but I think that ubuntu incorporates again that interconnectedness and almost opportunity for connecting with others as well.

10. In your opinion in what ways is ubuntu manifesting itself in South African society? Or do you think it is a catch-phrase that has lost its meaning?

Oh, well I think it depends. South African society is very broad. I think in certain sectors it most certainly is just a buzzword. Um, it is almost the politically correct thing to do or socially correct to think that you are living ubuntu. Um, so I think that it is very specific to which sector of society you are talking about. But I think in general, very few whites would understand ubuntu. Yes, I believe that part of South Africa's success certainly is, going overseas and that, you look at so many South Africans, they excel overseas, but again it's that kind of networking that comes in. You find that they mix with South Africans and that sense of belongingness, to a certain extent. Even if they no longer South Africans "We are South Africans" you hear them say. So, I think that's really a hard question to answer.

Interviewer's interjection: Do you think it manifests itself in Black African people?

Interviewee's response: It's very hard for me to say. I think certainly black people understand it far more, but as more and more black people move into the middle class they are becoming more materialistic and perhaps that's when you tend to ignore the people around you.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

I think alternative forms of medicine have a role to play. And I think, what is the word again? Psychosomatic, but I know that AIDS is a very real virus and therefore it controls the disease to a certain extent. But I believe that attitude and beliefs will impact on the

rate of recovery and if a person has confidence in the African traditional medicine he or she, um, is more likely to have not necessarily physical kind of healing, but a spiritual or an emotional kind of healing to that system of medicine that he or she does not trust. So yes, I do believe that there is a role to play I am not saying, you know what, take another example, when Fleur Slack came to South Africa, (I might have told you this before) we met with a group of doctors in Martizburg, and the one doctor said, "Will I really help with this AIDS epidemic?" And she turned around and said, "Doctor, how many lives have you actually saved?" So taking it in that context, a very definite yes. What a person believes in is more likely to help them than something they resist or fight against.

C: 2

Interview transcript: Ms Sophia Chirongoma, 15th February 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used, especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need?

Yes, you have my permission to conduct this interview and to quote me.

2. Please tell me what kind of work you are involved in?

I am teaching Africa in the World for the Human and Social Sciences Access Programme, and I am also a doctoral student in the School of Religion and Theology. I am working on my thesis titled *Navigating the dilemma of development. A theological exploration of health agency in contemporary Zimbabwe*.

3. What do you understand the concept of *ubuntu* to mean?

To me the concept of *ubuntu* is what I live. I come from a very *ubuntu* type of family. Growing up in a family that caters for the extended family has also taught me to do likewise. I live with my sister, with my niece and my nephew, and I have responsibilities back home to cater for my nieces and my nephews so *ubuntu* is what I live.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Somebody who thinks of other people before themselves.

Interviewer's interjection: Is that all?

Interviewee's response: Um, I think it is more of living in a community, being concerned about other people's needs, being there to help them as much as you can and being of service to the community.

5. Who taught you *ubuntu*?

I think that it's something in born. It is not something that is really taught like somebody sits you down and says, "this is how you do it", but it is something that you accumulate in the society. I grew up in the village where everybody was exercising *ubuntu* and not one single person would name it *ubuntu*, but it is just the way that the community lives.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

What makes it unique in Africa is the way the most people are prepared to practice it. We are so communitarian and most of the time when you think of doing something you

consider how it is going to affect the next person whereas in the Western world there is so much individualism and although some people care for their neighbours and their relatives, its not as much as it is practiced in Africa. So I would say it is much more common in Africa in our everyday lives for the majority of Africans as opposed to the Western world.

Interviewer's interjection: Please could you just elaborate on how the African ethic of *ubuntu* is unique in its characterization of care

Interviewee's response: When it comes to care-giving, I think that's the most outstanding aspect that we can credit *ubuntu* with in Africa because if you look at, for instance, the way women care-givers care for the people who are living with and dying of HIV and AIDS. You can see *ubuntu* at work be it in the urban areas, in the village, grandmothers are taking care of their grandchildren, their children who are dying and sometimes even to the extent of making themselves vulnerable to the disease. They don't care much about protecting themselves as much as they care for just making the sick person comfortable even unto death. Whereas if you look at it from the Western perspective most of the time even when the parent is not too sick, but is old they take them to the old people's homes something that is unheard of in our culture. What more if the person is ill that's when we think of giving our best to them, but in the Western context they take them to the homes and to the hospices and that's where they die and sometimes they don't even have visitors. But look at our African context, even if somebody's involved in car accident friends, relatives will be gathered around their bed during visiting hours, but in the Western context it is only the immediate family how goes to visit. For us when somebody has fallen ill it is a community concern. You have to have a good reason for not visiting and if somebody fails to be informed that a friend or a relative is ill they start questioning that why am I being left out is it because they are accusing me of witchcraft? So it is really about what happens to the next person is of special concern to you.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

I think there we can explain the concept clearly to those who might not be clear with it and then we try to infuse it in the policies that are being made globally like the Millennium Development Goals. It can also be incorporated one way or another. The values that are espoused in *ubuntu* can be incorporated in the way forward for the global world.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

I think firstly, what we need to address is the issue of HIV and AIDS in Africa is the problem of stigma and discrimination. If we could first educate the community that to be infected does not mean the end and also those who are not infected should be able to love

and nourish and accept the infected. Then that way we can continue exercising *ubuntu* as we did in the past because the main problem today is that most people who are infected find it very difficult to share or to reveal their status. So as long as your friend or relatives don't know that you are ill or that you have got this status that keeps bothering you then how can you care for someone who hasn't come out in the open? Sometimes you even know that the person is ill, you can tell with the symptoms that probably this person is positive, but because they have not come out in the open you cannot go and offer the support. It is very difficult. Actually I would say HIV and AIDS has impacted negatively on the concept of *ubuntu* because now it seems as difficult to go and offer your love and support for somebody who hasn't asked for it. Whereas in the past everybody would know inflicting the friend or the relative, but now with the stigma surrounding HIV and AIDS it is very difficult, even visiting them in the hospital is difficult if they haven't shared their problem with you.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

I think I try my best to be available. For instance, with me teaching here sometimes I encounter students who just come and sit there and tell you that they have come from the clinic and they have tested positive and they are so shattered. It is equally disturbing on my part, but I have to try and play the big sister and counsel them and be considerate when they fail to submit their assignments of time and understand that they are going through a difficult time in their lives. I just try to be there for them and to be as of much help as I can and if it's family and friends I try to help with ideas on how to try to proceed with life living positively and sometimes to help with the medical bills if I can. If it is somebody close whom I realize is struggling financially I help.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

I think in South Africa and other places there are still people who practice *ubuntu* especially if you go to Scottsville Clinic you see somebody who is very ill and the mother is holding her on one side and the sister is holding her on the other side and they are genuinely concerned about the patient. They are bringing the patient to the clinic to take their medication and you can see the look in their eyes that they empathize with the person. But also if you look at how children are abandoned almost everyday they are children who are picked from the streets and most of the times you hear that the child was abandoned because the mother was HIV positive and cannot cope with the child. That is when you realize that there is that kind of disconnect that is happening. There are people that have simply given up on life and don't seem to think that they can get help from anywhere. So I would say that *ubuntu* in South Africa is both here and not here.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Certainly. If you just see the adverts of *sangomas* around the streets of Pietermaritzburg you can be assured that traditional healing is here to stay. I think South Africa is one country that really practices traditional medicine. So maybe if we could try to give more attention to the herbs that those traditional healers use and also help them get the proper instruction on when to assist the patient and when to refer a patient to the hospital. They should be able to assess when a patient is continuously bleeding, coughing and they can't really address that ailment they should be in a position to refer them to a hospital. And I understand that here in South Africa there are several traditional healers that work hand in hand with the modern healthcare practitioners so if that can continue to be encouraged maybe we can adopt some of the herbs that they have found to be useful.

C: 3

Interview transcript: Mr. Bernard Matolino, 20th April 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?

Consent is granted and you can use my name.

2. Please tell me what kind of work you are involved in?

I am a doctoral candidate at the University of KwaZulu-Natal in the Department of Philosophy and I do some teaching.

3. What do you understand the concept of *ubuntu* to mean?

The concept of *ubuntu*, according to my understanding is that it is a life philosophy that is lived out by African people. It generally determines how they should live their lives in their communal set-ups. Um, it is sort of a dictate on how they should conduct themselves and what kinds of obligations they have towards each other and the community at large and generally how they should express and live out their lives.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

From my own understanding of *ubuntu* it is what you call a moral philosophy um, a philosophy that is quite practical and that touches on how a person should live out their lives as a moral being. So the characteristics of somebody who has *ubuntu* definitely have got to do with moral worthiness. So whatever is considered to be morally worthy in any given society should then be imbued and shown by that person. For example, one should not show some kind of malice or vengeance towards other people. One should conduct him/herself as a person who is considerate about other people, as a person who takes other people's interests to heart, and also closely associated to that is the whole question of age. The more you grow old, the more is expected of you morally. So I would say that a person who expresses moral virtue is a person who has got *ubuntu* the characteristics could be different, but they should just be virtuous.

5. Who taught you *ubuntu*?

You see there is no *ubuntu* class?

Interviewer's seeks clarification: What do you mean there is no *ubuntu* class?

Interviewee's response: What I mean by saying there is no *ubuntu* class I simply mean that it cannot be taught. Um, if you bring the whole aspect of teaching it means that there is a certain kind of instruction that goes on, with a certain aim of

achieving a certain end. Like in mathematics, you want the students to grasp certain concepts or equations with *ubuntu* you don't get taught. It is something that you are brought up with. You are sort of socialized into it and um, socialization though it is instructive it is quite different from active teaching whereby you have got a certain end in mind and you want to achieve that. But with *ubuntu* I don't think that I would say I was taught *ubuntu* by anyone. It is part of me, it is part of my upbringing um, my society, which I grew up in and which I continue to participate in through my life just has these structures that enables you to be a certain kind of person. I do think that that socialization is essentially *ubuntu* socialization, and I was socialized in that manner and I can not think of myself as a person who is a person through other people. So I think I have got some *ubuntu*. I would not have it if I didn't have that kind of socialization, but it's not something that I am always consciously aware of and going around saying I am going to act according to the principles of *ubuntu*. It's something that is deeply engrained in me; it's a part of me and not divorced from me even unconsciously I do live according to the principles of *ubuntu*.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

Look um, there are so many things that we can say about humanity and we can say that these things are universal and can be universalisable, but the African ethic of *ubuntu*, in my own opinion is different from all other ethics, including even the Western concept of communitarianism in a very serious sense. Why do I say that? If you look at the concept of *ubuntu*, it is a concept that is about how you should live life as an African. There are certain values that are imbued in *ubuntu* that you will not find anywhere. For example, *ubuntu* is about an approach to life and how you should live your life so, what is life in African thinking? As you will know, life begins way before one is even born, and life continues way after one is dead. So the tenets in *ubuntu* compel those who are living now that they have a responsibility towards those who are yet to be born, even yet to be conceived and even towards those who have died. For example, if a person dies we take it that they are not really dead in the sense that they are not totally expired. Something of them survives. Of course, physically they may become decomposed or decay, but their spirit survives and that spirit goes on to join the ancestors. We also believe that we have a responsibility of enabling the spirit of the departed to become in communion with the ancestors so we perform certain rituals to bid farewell to the departed, but also to incorporate them in the spiritual world. So, for example, Credo Mutwa talks of the "little soul" the *sereti*, for the *sereti* to continue living those who are here on earth must do certain rituals to ensure that it is incorporated into the spiritual world. If we ignore it, the *sereti* in Sotho or *isithunzi* in Zulu Credo Mutwa says, and quite correctly (and it is affirmed in other African cultures and beliefs) if we ignore it then it slowly dies away. So *ubuntu* is radically different in that it has not only an ethic of morality or conceptualization of morality and about how one should live as a moral being. It embraces a whole lot of other things like religious beliefs of Africans, and values systems as whole and even beliefs about matters of life and death. And, I think that that is radically different from other principles that are found elsewhere in the world. So it is

not a matter of comparing this ethical similarity within African thinking and that other similarity within Western thinking. It is radically different in the sense that we are looking at the whole gamut of life; what is life, how should life be lived, and when do we say life starts and end.

Interviewer's interjection: How is it radically different from Western communitarianism?

Interviewee's response: You see there is just one similarity between Western communitarianism and African communalism. Communitarianism says the community takes precedence over the individual. So the individual can only be because of the community and whatever the individual's needs are these are subsumed under the communal dictates. Now this is fine, but there is no further claim that is made about this community, and *ubuntu* also admits of the same depending on whether you want to be radical or moderate about communitarianism, but that is a different issue altogether. The point is admits to the same that the community is important in both forming the individual and in also meeting the individual's needs. So the individual has to be somehow responsible towards the community and has to realize that the community is important and has to live according to the dictates of the community. But, with Western communitarianism they do not go further than that. They just state that the community is there for the individual, but further than that there is nothing. For example, they do not have any discourse on what life is; when does it begin and end and what happens to you after you die. It could be there, but it is just incidental. With *ubuntu* if you fail to observe your obligations to your dead parent, if you do not perform the right kind of rituals that are dictated by your community or your culture you are not behaving according to the dictates of *ubuntu*. You are someone who lacks an essential characteristics that would mark you out as a person who the values of *ubuntu*.

Interviewer's question: I would like you to expand a little more on what in your view makes the African ethic of *ubuntu* unique in its characterization of care?

Interviewee's response: Um, indeed it is unique. It is unique in that the first point we must understand about this African ethic of *ubuntu* does not admit any form of individualism. It does not tolerate any kind of individualism in its pure conceptualization it is not about "I" or "me" as an individual. For example, Jomo Kenyatta, the founding father of free Kenya claimed that in their culture the "I" as a personal reference to oneself was never used in public. A person would say we or our when they were speaking even if they were talking about themselves. This shows that one does not place him or herself or one does not ride roughshod to ensure that their interests are realized, but one is considerate of others. And, in particular, when occasions arise when we have to show either compassion or care to other human beings you are seriously under obligation, according to the tenets of *ubuntu* to show that care. Failure to that, you are immediately condemned as immoral. There is no question about it. If you are an African who lives according

to the dictates of *ubuntu* anyone who needs your help must get it. You are even expected to suspend your own interests for other co-dependents in order to help this person; be it a sick person, a relative, a traveler whoever it is, you are under inviolable obligation to attend to that person and make sure that all their needs are met.

Interviewer's comment/question: Okay, then how do you respond to this claim or critique that is level against the African ethic of *ubuntu* is that it is more descriptive, but what you have said points to the fact that it is a prescriptive ethic.

Interviewee's response: Um, I don't know who claims that it is descriptive because there is nothing totally ...

Interviewer's interjection: Critiques argue that it doesn't give us moral answers to moral dilemmas or issues such as what we *ought* to do.

Interviewee's response: No, no I think that that confusion emanates from an attempt to equate African ethics with other, particularly Western ethical frameworks like utilitarianism and deontology whereby utilitarianism gives you a certain rule that you must intensify the happiness of people or whatever makes the greatest number of people happy is what ought to be done. Or deontology where we are taught that they way to act, as Kant says, the way to act, you must will it to become universal law. There is no one rule with *ubuntu*. You cannot say there is the rule that is going to guide everything that we are going to do. *Ubuntu* is not descriptive. It is a way of living life. Like I said earlier on, this way is not taught in class. Someone can go to a utilitarian class and learn about what utilitarianism is all about, but with *ubuntu* it is a way of living. It is just like breathing. You cannot go to a class to learn about breathing unless you want to learn special skills on how to hold your breathe or breath while deep-sea diving. With *ubuntu* is not descriptive. We can say it is descriptive only when it is narrated to someone who has not lived in this conceptual framework. So I come to you, and if you know nothing about *ubuntu*, and I describe to you how people who live within this ethical framework behave then that is descriptive. But, in the matter of saying *ubuntu* is not prescriptive, I think that is wrong. *Ubuntu* does not go about telling you what to do in every given situation. What it does is simple, it tells you that you are a person through other people and you are inseparable from the rest of the community and your behaviour should be consistent with meeting certain things that enhance or promote developing of humanity and indeed community life. It teaches you not to be selfish and if that is not prescriptive then I don't know what can be prescriptive. If you are given an ethical framework that says you are not the centre of everything that is happening, you are not even the centre of your own life, because your life is interdependent on other people and you ought to take cognizance how your own actions will impact on other people and, I think that could be called the essential teaching of *ubuntu*. Let's look at the term, *umuntu ngamuntu ngabantu*; a person is a person through other people. A novice or a mischievous person would view that term as a weak description of maybe a not fully developed ethical framework. But,

if you unpack that term properly and if you do it justice you will find that there are so many ethical assumptions that are behind the term. So it is not descriptive, it is actually instructive. It means that without other persons you are nothing and whatever you do must enhance those other persons or else you diminish them. And, if you diminish other people then you are at a loss. Take, for example, Father Placide Temples, the Belgian missionary when he wrote his book *Bantu Philosophy*, he mentioned how the Baluba people interacted with each other and how at the centre of their ethic, it was very crucial for them to increase each other's forces as opposed to diminishing each other's forces. He said interaction between these people was all about force and, I think that it is right to read him to have been suggesting that this force was supposed to be positive all the time. That was what was expected of these people and it was expected of each and every individual in their community. So it is not just a matter of describing how people live, that would be interesting as a late night story, but if people live according to the tenets of *ubuntu* then it is prescriptive and if they live according to what is expected of them, because they have got these expectations from their ethical framework of *ubuntu*, I think it is prescriptive and not merely descriptive.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

I think it can. I think it can and there are two things that I can think of. Healthcare, if you look at it say from traditional society or society that was um, society that lives out according to the tenets of *ubuntu*, healthcare is not merely a matter of looking at the body and its shortcomings. It is looked at in totality, the sum total of the well-being of a person. You cannot divorce the real living experiences of this person from his or her health. For example, mental illness is not taken to be purely a result of some misfiring or some mis-workings [sic] in the head of certain chemical imbalances. It is taken to be a sign of more serious and complicated things. It is taken to signify that there is something essentially wrong with this person's life. It could be the ancestors who are perhaps punishing this individual or punishing the community at large or it could be a result of some misfortune that has befallen this individual because they are some enemies bewitching him or her. Any kind of illness be it mental, physical, psychological is taken to be indicative not only of the malfunctioning of that particular point in the person's being. It is indicative of more serious problem. So firstly, I think it can contribute effectively to global healthcare in that *ubuntu* itself is a very wholesome principle. It does not separate things. It is wholesome, and the tendency to see life that is something that can be compartmentalized does have its own shortcomings. If we realize that it is a wholesome thing, I do believe there are certain advantages to it. But, there is also another aspect of healthcare that should be emphasized, and that is once again since everything is communally shared, one's sickness is also communally shared. So someone illness is not only left as a matter that should be taken care of by health workers, but the community at large is involved in ensuring that this person gets better or that this person is cared for. So that aspect is very important. For example, um, in traditional African societies there were no hospices and why is it so because it was everybody's responsibility to take care of each other, taking care of each other not at a superficial

level, but even taking care of those whose lives will not improve because their health is continually deteriorating. So I think that contribution is very important because, I think in today's industrialized world people feel alienated from others because there is just not much care going around and I think the contribution of such an ethical principle, one's sickness or one's well-being is communally shared is very important.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

You see the HIV/AIDS pandemic is a very unfortunate thing to have developed. It has hit Africans in general so hard, but in particular Black South African women. Once again there are two issues that must be understood here. HIV/AIDS comes with a stigma and I believe that that stigma proceeds from some kind of secrecy um, secrecy in that one is entitled to keeping their status known only to themselves. Um, but secondly it is supposed to be a disease of some kind of promiscuity and um, generally lack of morals. So a woman who is particularly disenfranchised, black, and rural or township woman is poor and has no discernible source of income it at a considerable disadvantage. Firstly, in terms of taking care of herself, and secondly, in terms of um, taking care of her health because her status as a person is considerably weakened because she is black and she is a woman. It is a very patriarchal system as; I think you will agree with me. But, if we apply the principles of *ubuntu* and if we all live out *ubuntu*, you see the dissemination of information about HIV/AIDS was not disseminated in the right way. Healthcare workers were faced with an ailment that they did not understand, say twenty or thirty years ago and did not know what to do with. The manner in which they came back to the community's to report this ailment was very negative in itself. They were at the forefront was saying that this disease either belongs to homosexuals or belongs to people who are promiscuous by nature, people who can't control their urges. And, the images that were first distributed to the people of those who were dying of AIDS were scary images. Generally the images focused on how decimated and unhealthy a person was looking like someone who had been pulled out of a German concentration camp sort of mobile skeletons. The manner in which people responded to this was very negative. They saw it as a disease that belonged to people who had a certain kind of aberration as opposed to normal people who know how to control themselves and who would live according to moral dictates. It was never seen as a disease that could, let's say, touch me as an individual and everybody thought that it was a disease that could not touch them. As result whoever had that disease was condemned as lacking certain moral characteristics. Now, once again this is a problem. Healthcare has been taken away from the people and is put in hospitals and clinics and when the medical fraternity responds to people and they report it in the manner that they did with HIV/AIDS, it creates a whole history of excluding those who are positive or have full-blown AIDS. But, with time people are now beginning to reverse that and realizing that everyone is at risk of getting HIV and one can acquire it, but one can also live with it. Now, how can we help black South African women? I think the most important thing is the kind of attitude that should be shown to these people. We can help them by assuring them that they are still part of us. That they are part of this very same community, they are still the same person and their status and importance within the community is still the same as it was before they

acquired HIV, and it was never altered by that acquisition and it will never be compromised because of the development of full-blown AIDS. That is a very important tenet of *ubuntu* which says everybody belongs together. There is no justification whatsoever, unless it is because of serious criminal conduct, to exclude anyone from the community of human beings. So the most important thing that we have to do as communities and we have to do as individuals who believe in *ubuntu* is to incorporate these people into our circles and to assure them that they are not different and then from there practical things will spin-off like practical support, for example, caring for a person who is about to die because they can no longer care for themselves. And after they die, you must also take care of their interests either they live children, but also when they die if you have an obligation to perform certain rituals to incorporate them into the community of ancestors they should do it. So these are practical things, the most important thing is that we do not exclude them, we incorporate them. And, then about their healthcare we now leave to healthcare professionals, we can only support them.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

This is a very difficult question. You see, *ubuntu* does not have Ten Commandments like the Bible. *Ubuntu* is not a piece of legislation, it is not a constitution. It is a way of life which teaches you that, which frowns upon individualism and which says to the individual, you are because of the community. "I am because we are and since we are, therefore, I am". Now if you live under that dictate you cannot be able to compartmentalize it and say, when I do this I am doing something according to the theoretical framework of *ubuntu*. It embraces all you do, even your thoughts. You must not have destructive thoughts, you must not plot to steal your neighbours donkey, you must not plot to destroy what your community values, you must act all the time to promote the goodwill of the people, you must act all the time to honour your community, you must be moral all the time and, this is what I try to do all the time in my life. I try to be communally responsible. I try not to bring offence to anyone, and if I find anyone who needs help I am always eager to lend out my helping hand. So theoretically I have got that recognition that I could be whatever I am today because of other people. And, if people were not there I would be nothing. But, also I do derive fulfillment and joy in sharing my life experiences with people, and when I do that I think I am living according to the dictates of *ubuntu* because this life, according to *ubuntu*, does not just belong to "me", "me", and "me". It is a life that is supposed to be shared by everyone. It is a life that can only make sense if it shared and lived not solely for my benefit, but for the benefit of other people. So I strive to do that in my daily living.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

What we should be weary of is of political slogans as they really do not carry much meaning. If it is used as a political slogan then it has lost its value. But, if politicians want to employ it as a basis for the policy frameworks then it retains its value. But, one does not need to listen or follow what politicians say, one does not have to resort to

politicians to live out according to the tenets of *ubuntu*. One, it is lived out in communities; particularly if you go out into the rural communities you can see it neighbours care for each other. Um, even in townships care for each other, they know each other, they know what needs they have and if they are able to assist they always come together to assist. Ceremonies that are done are not only done for the family or the individual. They incorporate the whole community. People do get together and do not show artificial affection, but deep affection for each other, and there is no need for political intervention for this ethic to be lived out. It is evident in the way people live their lives. If, if politicians what to popularize it, it is there business, but the ranting and ravings of politicians will not diminish or increase how people live their lives. So it is there. I see it; I witness it in my daily existence. If you go to societies that more or less still live traditional lives it becomes more abundantly clear to you that these people know these tenets and they take them seriously. They may not be able to give you a thorough conceptual framework of what its basis is, but you can see it lived out and practiced and it is so much part of them. I think that that's just the beauty of it. It is an ethic that is just lived out not an ethic that is supposed be acquired at a certain stage of your life as a result of reading this or that book, but it is an ethic that is grounded in serious African beliefs. Most importantly, about life, the metaphysical conceptualization of life and so what questions have to be answered are: what is life, when does it begin and when does it end. Most importantly, how this life should be lived.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Of course it does, it does. You see what is this healing wisdom? Healing wisdom that is there, like I said earlier on in your other question is about the wholeness of life. An individual should not just get sick. That's the African thinking. If the individual gets sick it is not just about addressing and eliminating it. They try to understand what is behind that sickness so that it doesn't recur again. If an individual physically fails there must be a decent explanation as to how and why that individual has got this physical ailment. For example, you know when, I don't know if it applies to your language, but when we speak in many African languages we use our bodily organs to denote something about our character. For example, we can say if we speak of an evil person, we can say that this person does not have a heart. It doesn't mean that literally the person doesn't have a heart, but it shows you that pumping heart must be connected to character or quality of character and that's the wholeness of life. So in order for us to restore this heart we must eliminate certain bad things that this person is doing and it might involve taking them to a *sangoma*. So in modern day South Africa, which is so much, um I think, by any standard is becoming less and less moral as opposed to being more moral as it ought to be we need this wholesome approach to the well-being of a person. And, there is no-one that can provide it more than the traditional healing wisdom that you pointed out, and to the practicalities on how that can be achieved, to tell you the truth, I have no clue. Once again, it falls to us as individuals in this community. There are certain communities that are crime infested or they have a high prevalence of HIV infections. In traditional African societies, traditional doctors were called in to exorcise the evil spirits

in the community. One does not have to enter the metaphysics of that of whether they really exorcised the evil spirits that crippled the people, but the most important point is that it brought the community together, it made them realize that there was a problem, and here was someone who was pointing out the problem and was prepared to help get rid of that problem and behaviour would change as a result. You see, it was a collective realization and response, and collective attempt to get rid of the source of evil. So in society today we need that collective awareness as opposed to the individual, um concern. We need a collective awareness that say, ladies and gentlemen, we have a problem in this community, society, this country collectively agree and that was the space created by traditional healers who sometimes may have been religious priests in primitive communities. But, today there are still there and they can come and poke our conscious and tell us that we have to realize that we have to do this. So I think it has a role to play. And, one other thing, traditional healers also emphasize on how we should take care of each other in our societies. It is not only about me taking a trip to the traditional healer, but it is about the community either accompanying me or showing interest in my health and those kinds of things. So if we share our health concerns as traditional healers would like us to, many burdens would be taken away. Take, for example, AIDS sufferers, sometimes they die because they are lonely and if you are healthy and lonely it is not good, but can you imagine if your body is under attack from HIV and you are lonely and neglected and no-one wants anything to do with you, no-one wants to come near you. So that ethic of communality, sharing everything including our health is very important, and traditional healers know a thing or two about it.

C: 4

Interview transcript: 17th April 2007

1. Before I begin, I would like to ask for your consent to the interview and seek permission as to whether or not you would like your name to be used, especially in reference to comments you make. Or do you prefer to remain anonymous? In other words, do I have your consent to this interview and may I have your permission to quote you?

Yes, you have my consent, but I would like to remain anonymous.

2. Please tell me what kind of work you are involved in?

I am studying with the Sociology department at the moment. I am a PhD student.

Interviewees' question: Are you particularly interested in the kind of stuff that I am working on?

Interviewer's response: Yes, if you could please state it.

Interviewee's response: Yah, I am exploring the idea of identity, the notion of identity and identification and relating it to how individuals strategize their integration using those notions. Basically, looking at identity and integration in South Africa.

3. What do you understand the concept of *ubuntu* to mean?

Um, I think my understanding of it is that you have this supposedly traditional um, philosophy, practice of sharing and caring for one another, caring for the collective and I think that my understanding of it is that it is more of a traditional thing trying to emerge as something we have to do in this modern world. This is a philosophy that has existed for a very, very long time and it is common in Africa, but perhaps just different phrases or expressions are used, but you have that. People caring for one another, caring for the collective, sharing resources, I think that's my understanding of it.

Interviewer's question: You keep emphasizing the idea that *ubuntu* is a traditional African concept. Do you think *ubuntu* has a place in the modern world?

Interviewee's response: Yes, it does have a place, but it is struggling to stay alive, to assert itself. I don't know, maybe I might be wrong, but I think that *ubuntu* is getting weaker and weaker as we are moving apart, as we become more career oriented and individualistic.

Interviewer's question: How can we ensure that it remains alive, it remains in place in a world that is highly modernized and globalised. What suggestions do you have?

Interviewee's response: Very difficult question. I think somehow you would have to transform it in a way that would fit in, in the present context. I am not saying that it is irrelevant. It is relevant and we need it. This is a very well-grounded support system that we have had for a very, very long time and we can still make use of it, and it is very important to have it, but it is struggling because of external forces. I think that you will find that it is stronger in the rural areas than when you come to town. It is very difficult to practice *ubuntu* in the towns whereby, for example, you are living in high-rise buildings, apartments, houses with fences. People no longer know what their neighbour's needs are, and part of *ubuntu* requires knowing what's going on in another person's household because if you don't know what is going on then you wouldn't know how to contribute and support others. For the support structure to effectively function there has to be a sharing of information.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

I think that it is somebody who's willing to help, somebody who is committed to his or her own group, be it in the neighbourhood, the work environment, somebody who is committed to helping others, somebody who is committed to work for the collective goal. I think that I would look at that person, this man or this woman has that notion *ubuntu*. They may not have an understanding of the concept, but when somebody does that then to me that person definitely has that aspect of *ubuntu*.

5. Who taught you *ubuntu*?

(Sighs) I don't know I don't know it's very, very complicated. I wouldn't say I don't have it because you know, if a person is very much removed from that individualistic lifestyle by yah, I would say that there is that aspect of *ubuntu* in that person maybe not completely or entirely as it was practiced in the traditional sense. But, that person shares a little bit of that. I grew up in a communal environment whereby we help one another, we go borrow coffee or tea you know there is that kind of sharing. Funerals, weddings people chip in you know, financially. I grew up in that kind of environment so I still want to believe that I still have a bit of *ubuntu*. Maybe not entirely, especially in this kind of modern set up it may not allow it, but I would like to believe that I have still retained you know, that residue of *ubuntu*.

Interviewer's question: So you would say that your family and community taught you *ubuntu*?

Interviewee's response: Yes, it's the family or community I mean you can't escape that especially if you are raised in that kind of set up it becomes part of you. If you are somebody who as a child don't want to help you would be scolded or reprimanded by the adults. It doesn't matter if it is your parents or your neighbours then you develop that conformity to the pattern that already exists in the

community or the family. So it is not just the family, it is social and involves the wider community. Family on its own cannot enforce that unless the community has that notion as a group.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

(Sighs) What makes it unique? I think that if we have already indicated that those values are universal, and if we agree on that then there wouldn't be anything unique about this notion of *ubuntu*, but in a way what makes it unique is that fact that people are willing to share and care at the collective level. Maybe you would like to come and help somebody who's in trouble, but then you wouldn't allow yourself to stretch yourself in your attempt to help that person. I think the traditional African society they still manage to retain that. You know when you build a house the community will come and help you build your house and I think to me that that is very much unique. You wouldn't find people in the cities coming to help build your house.

Interviewer's comment: So what I understand from you here is that what makes *ubuntu* unique from other practices is that there is a voluntary aspect that is not predicated on some deep seated commitment or strong moral motivation to do good.

Interviewee's response: Yah, no when I say other parts of the world obviously I am making comparison between Western kinds of lifestyle, culture as opposed to traditional African culture. There isn't anything that we can typically call African culture because there are differences, but what makes it unique in most of the traditional societies, it is normative whereby it is imposed. It's not based on what you feel you have to do, but it is simply what you have to do and the culture demands that. If you go to London or New York, people see someone lying in the street and they wouldn't care, but only when somebody wants to help they might get interested in doing something, it is a personal decision that individuals have to make. It is not collectively imposed or enforced and *ubuntu* has been a collectively enforced practice or norm. I think it is a norm and that caring and sharing is an everyday aspect of African life.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

I didn't think about that. I would imagine that healthcare really demands the practitioners to um, to care for what they do; the service that they give has to be done with some kind of care. I think in that regard what they do should be beneficial to the community. What they do is very important so in that regard they would care in certain ways. They would have to apply certain virtues. For example, you can't treat your patient without compassion; you can't treat your patient without some kind of emotional attachment to them, for instance, respect and dignity. All the values that we as individuals would like to have and they would have to give their patients those, what to you call it. Yah, they

would have to see it in that light, but I wouldn't really know how to relate *ubuntu* to ethical healthcare.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

I think the very, very difficult thing is with individual's with HIV are facing a lot of stigma and isolation. People are not willing to look after those people. They are actually running away from them. So those are the things that are emerging in this kind of context. So I think that if people still have *ubuntu* and caring for others, those are the people we should be looking after and caring for their needs. In fact, HIV/AIDS has created a large number of orphans and who is going to look after the orphans. In the past when there was an orphan, he or she would be taken care of by the relatives and even by the villagers, and we would like to see that as this is the social capital we have. This is a social support system that we can use, but they are not getting it because of this stigma and fear around HIV/AIDS. I think that if this is pushed as a notion in breaking down the stigma and emphasizing that those are the people in need and need support more than ever, and then the community has a responsibility to look after its people. It will be a great resource, a great social capital for women with HIV/AIDS. It's not only about financial or material support. It involves emotional and social support. People need to connect and feel connected to others to be fulfilled and to have a sense of purpose in life and you need the community or the collective.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

I think in a number of ways. First, coming from an African country that is not South African we find ways to support each other. We contribute money to help those who are in need, we go and visit them, and we make sacrifices in a number of ways to help each other out. Every now and then we have social gatherings to make us feel like we belong to one another to affirm each other's existence as human beings. Although it is sometimes difficult, especially now when we are living in the urban areas, but we are trying to set up an association that gathers once a month so that we can meet each other.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

No doubt it is relevant. It is manifesting itself. It is an everyday practice. People find a sense of hope and a sense of belonging from it at times. But, what's the hype around it? Is it an attempt to, to this whole notion of "African Renaissance" an attempt to bring back what we have lost? Maybe it's a campaign to revive it in a way. Yah, but it is very difficult to have this notion within modern structures. It worked well in the traditional context because it functions well within the space of belonging, I am because we are, you know. "We" notions are important and it is not simply because you are a human being. It is because you belong to a particular grouping.

Interviewer's question: So you think that *ubuntu* is not just about caring for humanity in general?

Interviewee's response: In a way, yah in my understanding of it.

Interviewer's question: But is that not a narrow understanding of the concept of *ubuntu*? Indeed it operates best when people are collectively oriented, but *ubuntu* as a way of life, as a practice is supposed to transcend the group in the narrow sense because, for example, you find that a stranger to a village can be accommodated for a night and you are not necessarily part of that ethnic group. But because you are lost or that it is late you will be accommodated.

Interviewee's response: Definitely that is how it is, but what I was trying to say is that the functionality of it, it worked within the group and whenever you find tension within groups then it is very difficult for *ubuntu* to work. And, what I am trying to say is that when you try and make *ubuntu* a national agenda or priority, which transcends all differences and tensions or conflicts in interests, you find it very difficult to operationalise it. Then you get utterances like, it's because he is Zulu that he is being treated like that and I am isolated because I am white attitudes would emerge and that's not very good for the spirit of *ubuntu*. And, it becomes an indication that everyone is not feeling the beat of this pulse or rhythm.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Yah, my understanding of traditional healing is that it doesn't matter if it is understood in a scientific way whether it is curing people or not. It has been helping people for centuries and there is no reason that it should be declared invalid because now we have this modern medical science, doctors and nurses. In fact, they are far more expensive than traditional healers for many Africans and this is valid, but while our state or government is saying that we will acknowledge this traditional practice is it because they accept that the medical facilities are overwhelmed and are unable to cope with the demands or is it because they truly believe that there is something important that we can benefit from the use of traditional knowledge? I think that that's where my dilemma is. I am not convinced enough by the state's support, but I believe that it is valid. However, how do you marry the two systems and you need to establish some kind of coordination otherwise there will be many challenges. It is public issue, you know you are talking about people's health and there has to be some kind of coordination between these two medical healthcare systems.

C: 5

Interview transcript: Mr. Sonny-Boy Qumbisa, 26th April 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?

I don't mind to being quoted and referenced. My name is Sonny-boy Qumbisa.

2. Please tell me what kind of work you are involved in?

I am studying at the University of KwaZulu-Natal, doing my third year.

3. What do you understand the concept of *ubuntu* to mean?

Before I begin as such I think that it is important for me to say that while I would define *ubuntu* in the broader context on African ethics I will also base my knowledge within my context of the Zulu culture. Um, to me the word *ubuntu* itself finds its essence on the basis that (inaudible) he says that we attract heart by the qualities we display and retain them by the qualities we possess. So *ubuntu* is in actual fact is a condoned quality that is esteemed or admired by one's presence or interaction with others of which among the pillars of *ubuntu* one cannot ignore respect among each other, group solidarity, empathy, inclusivity, responsibility.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

Well, it goes back to the pillars of *ubuntu* as I mentioned it before respect, a person with respect is admired for possessing qualities of *ubuntu* and generosity as well, it is about caring for other fellows within the community. So I believe that *ubuntu* qualities or characteristics go back to the pillars I have mentioned.

5. Who taught you *ubuntu*?

Um, yah it is certainly true that *ubuntu* is not inevitable or an inherent quality, which is something that you are born with, but it is something that is achieved or attained. Um, through according to me, moral upbringing which I think my family and the Zulu culture in general played a pivotal role in upbringing me. While at the same time I cannot segregate the discussion on *ubuntu* from my university and the knowledge that I have gained which complemented my foundation of *ubuntu*.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

Yah, the uniqueness as such is that Africans, while the values are regarded as universal, but African ethic has a monopoly on these pillars by which I mean it is the one that

primarily practices these ideas of respect, generosity unlike the individualistic tendencies of seeing a person as an independent entity. So African ethics is more based on defining a human being in relatedness to society thus, making it a monopoly in that sense.

What makes the African ethic of *ubuntu* unique in its characterization of care?

Interviewee's response: Um, the fact that John Mbiti said, "I am because you are, and since you are, therefore, I am" that is unlike the contemporary ethic of individualism where one is not regarded as, for example, Descartes says, "I think, therefore, I am" which in itself perpetuates individualistic tendencies. Within African ethics of *ubuntu* the emphasis is on *umuntu ngamuntu ngabantu* – a person is a person through and because of others – thus making it very unique in that sense.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

Um, for example, I think that *ubuntu* has a major role to play in debates of global healthcare on the basis that um, it happens that through healthcare you find HIV victims labeled as threats to humanity based on their HIV status of which *ubuntu* can play an important role in trying to highlight clearly that whoever is a victim does not have to be banished as outcasts instead they still form part of our society where caring or responsibility or inclusivity as the African concept of *ubuntu* states, we should be caring towards our members who are unwell no matter what state of health you have, but you still form part of the whole, which *ubuntu* can play a role in that.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

I think that black South African women, it is undeniable that they have somehow are the main victims of HIV and for that reason, *ubuntu* can say that women are "the flower in the garden and men are the fence around them". I think that we can do something based on that and to be caring and responsible as men for them because from the previous and ancient times when you found that women were left at home doing domestic work, and men were going to work far away, the likelihood is that men when they return would come back with disease due to sexual starvation and inject particular illness on their wives. So I think no matter how many miles we can travel, but our origin and the African ethic of *ubuntu* itself cannot be divorced by being responsible for the person that he has left back at home. Although HIV positive people, especially women, speaking to those who are victims they should not be regarded as non-human.

Interviewer's seeks clarification: In essence what you are saying is that men have the responsibility towards women in ensuring that they remain faithful and care for them and protect their health.

Interviewee's response: Yes, exactly.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

Yah, what I can say is that in South Africa there has been a gradual decline in the practice of *ubuntu*, but as an individual I think I have contributed a lot. For example, as a university student I have tried to help those who have the potential and have been exempted in Matric to come to University. As I am speaking, there is one in the University of Zululand because a part of *ubuntu* is selflessness without taking an egoistic approach to one's self. So um, above that my interaction with people has to be shaped by this kind of approach to life.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

No, I can't say that it has lost true meaning as such. For example, if you go to the rural areas you find practices such as *ukunana* whereby when one is in need of something one can go to one's neighbour and ask for it without having the notion of debt. This is something that is a part of our indigenous values, which we cannot wash it away.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

Yes, indeed on the basis that we as individuals have ignored the importance of traditional healers. Yet, it contains and possesses the important elements of our living. Indeed traditional healers can help in the containment of HIV itself because some people find it difficult to go to these modern hospitals. In fact, I have grown up using traditional healers and I will probably continue using it because it is valuable. So I think it has a major role it can play.

C: 6

Interview transcript: Mr. Spetfo Dlamini, 26th April 2007

1. Before I begin, I would like to ask for your consent to the interview and obtain whether or not you would like your name to be used especially if it is in reference to comments you make. Do you prefer to remain anonymous, or can I refer to you in person where there is a need to?

Yes, I give you my consent and you can use my name.

2. Please tell me what kind of work you are involved in?

I am studying, doing my third year, Bachelor of Arts.

3. What do you understand the concept of *ubuntu* to mean?

I think *ubuntu* is about relationships which people share with one another due to commonality, but most importantly, it is about humanity, understanding one another as individuals.

4. In your opinion, what are some of the characteristics of a person with *ubuntu*?

I think the one of the most important one actually is being able to understand people in different situations and of course, not expecting something else in return, but having a willing heart to give and most importantly, have the desire to be able to share with people.

Interviewer's interjection: Do you have anything more to add?

Interviewee's response: Well, being a kind individual.

5. Who taught you *ubuntu*?

I guess I got it from home of course. I actually it is when I came to the university and realized that it is called *ubuntu*. It can be understood in a wider sense, but it is of course in the university that my lectures taught me about *ubuntu*, but not the application of *ubuntu* of course because that one I got it from home where I was taught that it is always good to be a human and consider other people as human beings as well.

Interviewer's question: Do you think that you were taught whereby you were instructed on *ubuntu* or did you rather observe and was socialized into this way of life?

Interviewee's response: I think it was something that I grew up with. I wouldn't say I was taught like going to a class and then you are being taught about how to live and be with people, but it is something that comes at a very tender age where

you end up growing up with that particular outlook where you realize that it is something good.

Interviewer's question: Would you say that it is different from Western moral philosophy whereby you are actually instructed on how to become a good human being?

Interviewee's response: I actually think that it is very different in the sense that *ubuntu* to me is not some sort of a theory. It is born with you, it is natural, and it is taught at a very tender age. I don't think because Aristotle and these other Western philosophers came up with theories at a higher level by students who are studying at a university. So for me, *ubuntu* is natural and is totally different from Western philosophy.

6. The virtues and values espoused in *ubuntu* are universal. However, what in your view make the African ethic of *ubuntu* unique in its characterization of care?

I think it is unique, firstly, because it is not taught. You actually grow up with it. It is not acquired from institutions of higher learning and, most importantly, *ubuntu* does not care, which is different from Western philosophy whereby you are going to care for others because you belong to my same standard. *Ubuntu* has no boundaries. It actually exposes itself to at a wider level where you get to understand everyone and be a good human being to everyone irrespective of race, class or gender.

Interviewer's question: What about its uniqueness in its characterization of care? Can you expand on that?

Interviewee's response: If someone has *ubuntu* I do not have to care whether you are black or white. I do not have to care about how much money you have or don't have. I just have to apply what I have within me to everyone.

Interviewer's comments: I think that what you are trying to say is very important here. Let me give you an example. In a situation where there is a drowning child and you happen to walk by, some may argue that you do not have an obligation to save that child, especially if you can't swim and you would, therefore, endanger your own life. It may be immoral not to save that child, but you are not obliged to. However, what would *ubuntu* philosophy have to say about this?

Interviewee's response: Um, Western philosophy is trying to dilute *ubuntu* according to how I feel because I believe that an ordinary person when seeing that child has a moral obligation. There has to be something that you feel about what you are seeing and of course, that has to be followed by action. And, I do not believe that you do not have to save that child just because the law says that you are not obligated to do so. I think you have to apply your *ubuntu* in that situation and say that I do not care about what might happen to me or the consequences of my action.

I think you really have to say that to yourself and not care. That is if you really have *ubuntu*.

7. How can the African ethic of *ubuntu* contribute effectively to the global debates on ethical healthcare?

Healthcare, more especially, oh gosh? I think that there is nothing as interesting as practicing what you are preaching, especially as Africans. I think that as Africans whatever idea we come up with or whatever *ubuntu* renaissance, I will put it like that we suggest we have to practice it in many spheres of course. Now in the health sector I am not really sure of what you mean by that?

Interviewer's clarification: I mean all aspects of healthcare be it the health practitioners, be it as individuals or communities?

Interviewee's response: I actually think that the medical practitioners are supposed to be applying professionalism and respect when it comes to helping people because one of the most important things is that they do not everything about the patients that they see. Take, for example, people coming from the rural areas going to the hospital, they do not know, they expect to be treated to be treated the way they want to be treated. To them there is no such issue of time and hurrying for the next appointment etc. And, if the person is sick they have to take care of him or her.

8. In your opinion, in what ways can *ubuntu* assist HIV positive people, especially black South African women?

Oh, I think um, it is important that as Africans we do not have that line between men and women and we try and understand that we are one, but because it is said that most women are the one's who are greatly affected by HIV it is important to find a way to welcome them and break the barriers on certain things, for example, their HIV status. We need to understand that we are all human beings so let us be together and try to help one another, especially in this context.

9. As individuals/representatives of South African society, in what ways do you live out or practice *ubuntu*?

Oh, I love that question. I talk to people, I do not wait for you to have to approach me, and I think it is important to letting you know what kind of person I am. I give a lot and in times of suffering, if I can help I will make sure I can and I will follow up to find out what is happening in your life.

10. In your opinion, in what ways is *ubuntu* manifesting itself in South African society, or is it just a catch-phrase that has lost its true meaning?

Well, I actually think that it is still manifesting itself. I think that racism is an issue that can be attached to *ubuntu* and, for example, if you look at our institutions of higher

learning they now accommodate every race, especially the blacks. And, there are very few parts of South Africa where I can say racism still exists. So I think it is manifesting itself in that way where everybody is welcome to enter any environment. However, I still feel that it is not effectively applied when you look at issues like um, living together there is still not that solidarity amongst our races, but I think that there is a way that we as Africans are trying to implement it.

Interviewer's question: Seeing what you said just now, I would like to ask you then; do you think that White people have *ubuntu*?

Interviewee's response: I think they have a different kind of *ubuntu*, I would say the Western one. I think I wouldn't actually blame them for not complying with the true *ubuntu* found in Africans because it is a result of truly understanding and acclimatizing gradually to the application of the African ethic of *ubuntu*.

11. In your view, do you think that Africa's traditional healing wisdom and system has a role to place in healthcare in South Africa? If yes, give reasons. If no, give reasons.

I think it has a huge role to play and it is high time that the African way of healing is given credit in as far as helping people is concerned because a lot of people will be afraid of going to the *inyangas* and *sangomas* because of that negative mentality that you are going to get HIV and all sorts of things. Yes, and I think that they do offer help especially for those in the rural areas. These people have to be able to go to places where they think they are going to get helped and I think by doing so; the majority of the people can get help through that. So I think that you have to use what you think is best and applies to you also because we are in Africa and the only way of not getting rid of what we had before is to practice it and go for it.

Interviewer's question: What aspect of Africa's traditional healing wisdom has a vital contribution to make in terms of providing healthcare?

Interviewee's response: I think that it is important to maintain both system of healing, but whatever you believe in you have to try and practice it.