A Social History of Clients' Perspectives On and Use of Traditional Healing Therapies in KwaMashu M Section, KwaZulu-Natal, 1960s-2000s

by

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DECLARATION - PLAGIARISM

I, Thabile Bridget Nawe, declare that

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2. This thesis has not been submitted for any degree or examination at any other university.

3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

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Abstract

This thesis focuses on the history of traditional healing from the client's perspective. It does this by examining the perspectives on and experiences of various African men and women who lived in KwaMashu's M Section in Durban between the 1960s and 2000s. These clients are of different ages, education levels and socio-economic backgrounds. This study seeks to determine what these people think about the value and use of the services of traditional healers and traditional medicines in their community. It also seeks to understand whether their perceptions of and use of traditional healing therapies in this KwaZulu-Natal (KZN) community have changed over time and in what ways. In addition, it examines whether KwaMashu M Section clients have historically adopted pluralistic health-seeking strategies and thus encouraged borrowings across different healing traditions. The research is important as many Africans living in KwaZulu-Natal continue to use traditional healing therapies on a daily basis. This means that it remains a popular alternative to biomedical health care services. Moreover, although there has been much literature produced on the subject of traditional healers, few scholars have worked on the "patient's view" on this subject. My research contributes to this wider historiography on traditional healing by exploring the voices of clients of traditional healers. It seeks to expand the focus on patients in medical history.

CHAPTER ONE:

Introduction

Use of traditional healing therapies is not something confined to the past. Many people from across the world continue to use so-called "traditional" therapeutics to seek relief from their suffering. It is important to note too that while in some regions, such as in Europe and North America, these therapies might be labelled or viewed as a less important "alternative" or "complementary" forms of healing in comparison to the mainstream, scientific forms of medicine (biomedicine), in other places, such as in Africa, India or China, these therapies offer an essential healing option for millions of people.

In Africa specifically, it is estimated that up to 80% of this continent's populations, including South Africa, consult with traditional healers and use traditional medicines in their daily lives.[1] According to scholars Myles Mander, Lungile Ntuli, Nicci Diederichs and Khulile Mavundla, who have focused on the South African case, the trade or sale of traditional medicines amounts to almost a billion rand industry in this country each year.[2] Indeed, other researchers have shown how many people in South Africa continue to turn to or use traditional healing therapies, as they did in the past, before going to a clinic or hospital to consult with a biomedical doctor or nurse.[3] This is because many people prefer using traditional healing methods that have deep roots culturally in their communities. In addition, they regard them as safer to use, cheaper, and more accessible.[4]

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[1] Marlise Richter. "Traditional medicines and traditional healers in South Africa". *Treatment Action Campaign and AIDS Law Project*. (2003, 17), 4-29.
[2] Myles Mander, Lungile Ntuli, Nicci Diederichs and Khulile Mavundla. "Economics of the Traditional Medicine Trade in South Africa". *South African Health Review*. (2007, 1), 190.
[3] Leslie Swartz. "Practitioners and their Work" in *Culture and Mental Health: A Southern African Perspective.* (Cape Town and Oxford: Oxford University Press, 1998), 79 and Anne Digby. "Crossovers: Patient Pluralism" in *Diversity and Division in Medicine: Health Care in South Africa from the 1800s.* (New York: Peter Lang, 2006), 375.
[4] Mander, Ntuli, Diederichs and Mavundla, "Economics of the Traditional Medicine Trade in South Africa", 195.

Furthermore, in South Africa, since the 2000s, traditional healers and their traditional therapies have received more significant support from government at the national level in their bid to celebrate, promote and legally protect indigenous forms of knowledge in the post-apartheid era. In 2007, the African National Congress-led government signed the South African Traditional Health Practitioners' Act into law, which legally recognized the work of traditional healers.[5] This act sought to promote the quality of traditional healing services by providing for the management of the registration, training and conduct of its practitioners and students.[6] It also sought to protect the clients of traditional health practitioners. It prohibited traditional health practitioners from practising without being registered to ensure that they complied with a code of conduct and were subjected to disciplinary steps if there were misconduct incidents.[7]

The World Health Organisation (WHO) defines "traditional healing" as "the sum total of the knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness".[8] This healing knowledge has a long history that was developed over many generations, and in many contexts, such as in Africa, was transmitted orally. Those who practised, for example, African traditional healing had a complex understanding of health and healing. They focused not only on physical ailments but also diagnosed a wide range of physical, psychological, spiritual and social "dis-eases" that made people unwell or afflicted. They also used a variety

[5] Republic of South Africa. "Traditional Health Practitioners Act 22 of 2007". *Government Gazette.* (2008, 511:30660), 8.
[6] Republic of South Africa, "Traditional Health Practitioners Act 22 of 2007", 10.
[7] Thokozani Xaba. "The Transformation of Indigenous Medical Practice in South Africa (1985-2000)". *Bodies and Politics: Healing Rituals in the Democratic South Africa.* (Johannesburg: French Institute of South Africa, 2002), 25.
[8] World Health Organisation (WHO). *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: Worldwide Revieew,* http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf (Accessed on 30 December 2021).

of herbal and animal-derived remedies and ritual therapies that often involved the healer, their clients and members of their clients' families or broader social networks in the healing process.[9]

It is essential from the outset of this thesis to acknowledge that the use of the term "traditional healing" is contentious. Indeed, it has a long history of being used by Europeans, from the colonial era, to negatively stereotype African healing approaches as "primitive", "backwards" (or stuck in time / outdated) and "dangerous" compared to their so-called "modern" forms of scientific medicine in an attempt to undermine them.[10] These negative stereotypes were culturally biased and erroneous. In recent years, several scholars have highlighted how effective many traditional healing therapies have been for many ailments and how modern, changeable and innovative so-called traditional healing practices were as they transformed to adapt to changing times and their clients' changing needs.[11]

These negative stereotypes led to attempts to marginalise and criminalise traditional healers and their work because they were viewed as a professional and economic threat to biomedical doctors.[12] However, their adaptability over the years, their greater accessibility to their clients, their focus on natural, not chemical, healing therapies, and their cultural appropriateness meant that belief in and use of these therapies continued long after the arrival of Europeans with their scientific medicine alternatives.[13] While I recognise the historically contentious nature of the term "traditional healing", it has also been a term widely used

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[9] David Simmons. "Of Markets and Medicine: The Changing Significance of Zimbabwean Muti in the Age of Intensified Globalization". *Borders and Healers: Brokering Theraputic Resources in Southeast Africa*. Tracy J. Luedke and Harry West eds. (Bloomington: Indiana University Press, 2006), 75.
[10] Anne Digby. "African Indigenous Healers" in *Diversity and Division in Medicine: Health Care in South Africa from the 1800s.* (New York: Peter Lang, 2006), 43 and Pratik Chakrabarti. "Colonialism and Traditional Medicines". *Medicine and Empire 1600-1690*. (New York: Palgrave Macmillan Publishers, 2014), 184.
[11] Anne Digby. "Crossing Boundaries: Practitioner Eclecticism" in *Diversity and Divination in Medicine: Health Care in South Africa from the 1800s.* (New York: Peter Lang, 2006), 336 and Simmons, "Of Markets and Medicine", 80.
[12] Catherine Burns. "Louisa Mvemve: A Woman's Advice to the Public on the Cure of Various Diseases". *Kronos: Journal of Cape History*. (1996, 23:1), 108-134.
[13] Simmons, "Of Markets and Medicine", 89

amongst black African communities to refer to healing therapies produced and used by people in such communities, which stood largely in contrast to scientific forms of medicine. I will thus use it in this thesis without inverted commas.

Aims and Objectives of this Thesis

One of the main problems of past research in traditional healing history has been the tendency of many scholars to focus on the provider's (i.e. the traditional healer's) perspective and not the people receiving such services. This study explores the history of traditional healing from the patient's, or more appropriately, client's perspective. I have used the term "client" rather than "patient" because of the long historical association of patient with the biomedical sphere. In addition, in the biomedical context, use of the term patient has historically connoted a passivity to those on the receiving end of scientific medical knowledge, where doctors and nurses held all the power in healing encounters.[14] Therefore, by using another term like the client, I have sought to provide further agency to those seeking out or consulting with healers and aim to show how they were active participants in their healing.

If historians only look at the healer's side of the story, much gets lost in terms of health and healing history analysis. This includes what goes on before the person seeks help from a healer, including self-diagnosis and efforts to seek assistance from people not regarded as healers, such as family members, friends and neighbours, and what goes on from their perspective in terms of interactions with a healer. Focusing on the healer's side of the story gives them too much power and takes away the people's agency who actively seek relief from their suffering.

To ground this thesis, I have examined the experiences of several isiZulu-speaking African men and women who lived in KwaMashu M Section, an African urban township

[14] Michel Foucault. *The Birth of the Clinic*. (London: Routledge, 2012).

created by the apartheid state, near to the city of Durban, between the 1960s and 2000s. It explores what these people regarded as traditional healing (i.e. their definitions of this type of healing) and their perspectives on the value, use, and problems of using the services of traditional healers and traditional medicines in this community. It also examines whether these people's perceptions of and use of traditional healing therapies in this KwaZulu-Natal community has changed over time, and if so, in what ways and why. Finally, it investigates the different options people have explored to heal themselves. Here I examine whether KwaMashu M Section clients have exhibited pluralistic health-seeking strategies that have encouraged their use of the services offered by different healers or borrowed across healing traditions, e.g. traditional healing and biomedicine.

The following are the key questions that frame this thesis:

- What is traditional healing from the client's perspective?
- Who has used the services of traditional healers and traditional medicines in the KwaMashu M Section area of Durban?
- Why have clients used the services of traditional healers in this area?
- Do clients only use the services of traditional healers to heal themselves? If so, why? If not, what other services have they used and why?
- What challenges have clients experienced using the services of traditional healers and traditional medicines in this area?
- How have people's views about and use of traditional healing therapies changed over time in this area?

Limitations of this Thesis

From the outset, it is significant to note that this thesis has a few limitations. As a qualitative study, it only focuses on a relatively small group of isiZulu-speaking black African people's perspectives and experiences of traditional healing/medicine from the urban

township of KwaMashu M Section in KwaZulu-Natal. As a result, in this qualitative study, I only focus on this particular group of urban-based people's perspectives and experiences, not those of a wide range of different ethnic groups or people living in rural South Africa. Therefore, this thesis does not claim to be representative of all South African people's experiences, and thus, comments cannot be made about larger comparative trends in the use and perspectives of traditional healing nationally.

The study also only focuses on a specific period, the 1960s to the 2000s. While Chapter Two will use secondary sources to construct a broader background history of traditional healing/medicine in South Africa up to the 1960s, this thesis focuses on the period after the formation of KwaMashu M Section during the apartheid period. It also examines the experiences of people who are still alive today and can be interviewed, and it extends into the 2000s period to enable an analysis of possible shifts that might have taken place between the apartheid and post-apartheid periods. This study aims to provide an in-depth analysis of a particular local African community's views about and use of the services of traditional healers/medicines to add to the literature that has already focused on the issue of traditional healing from the healer's perspective from communities or regions in KwaZulu-Natal or South Africa.

Literature Review

In recent years, a growing number of studies have analysed issues related to traditional healers or their therapies globally. Scholars Anne Solomon and Wane Njoki Nathani have argued that traditional healing remains widespread in countries in Asia, the Americas and Africa.[15] A significant reason for their continued popularity is that people view them as a more natural healing option, without any chemicals, and thus safer to use. While

[15] Anne Solomon and Wane Njoki Nathani. "Indigenous Healers and Healing in a Modern World". *Integrating Traditional Healing Practices into Counselling and Psychotherapy.* Roy Moodley and William West eds. (London, UK: Sage Publishers, 2005).

some published work has studied the issue of traditional healing from a comparative perspective, drawing out similarities and differences,[16] others have focused on specific healing traditions in specific countries. China provides a good example where many people have used traditional medicines for centuries. This research has revealed that traditional medicine and traditional healers have long been an essential component in Chinese societies in maintaining health and treating diseases, including chronic and acute diseases such as malaria, diabetes, and cancer.[17]

Another region of scholarly focus has been the Americas. Numerous books and articles have been written on the preparation and use of particular medicinal plant mixtures and the use of ritual healing practices to heal a person's mind and body and the social body.[18] Shamanism or shamanic healing has historically involved herbs, songs, prayers, dances and incantations to help heal diseases, provide spiritual welfare and save people's lost souls.[19] This form of healing has been widely practised in East Asia and many Native American communities. Others have examined how Native American people continue to consult shamans for their physical and spiritual well-being as a complement to or as an alternative to science-focused medical practitioners.[20]

Much has been written on various aspects of traditional healing and medicine in Africa. As with the broader international scholarship, some have focused on these issues from

[16] S.A. Thorpe. *Shamans, Medicine Men and Traditional Healers: A Comparative Study of Shamanism in Siberian Asia, Southern Africa and North America*. (Pretoria: University of South Africa, 1993).
[17] Nan Lu and Ellen Schaplowsky. *Traditional Chinese Medicine: A Woman's Guide to Healing from Breast Cancer.* (New York: Avon Books, 1999).
[18] See for example, Christopher Rybak and Amanda Decker-Fitts. "Understanding Native American Healing Practices". *Counselling Psychology Quarterly*. (2009, 22:3), 255-270; Ken Cohen. *Honoring the Medicine: The Essential Guide to Native American Healing*. (New York: Ballantine Books, 2006); Rainer W. Bussmann, Ashley Glenn, Karen Meyer, Alyse Kuhlman, and Andrew Townesmith. "Herbal Mixtures in Traditional Medicine in Northern Peru". *Journal of Ethnobiology and Ethnomedicine.* (2010, 6:1), 466-500; and Juan Hernández Cano and Gabriele Volpato. "Herbal Mixtures in the Traditional Medicine of Eastern Cuba". *Journal of Ethnopharmacology*. (2004, 90: 2-3), 889-905.
[19] Thorpe, *Shamans, Medicine Men and Traditional Healers* and Holger Kalweit. *Shamans, Healers and Medicine Men*. (Boston, MA: Shambala Publications, 1992).
[20] Anne Marbella, Mickey Harris, Serbina Diehr, Gerald Ignace and Georgianna Ignace. "Use of Native American Healers among Native American Patients in an Urban Native American Health Center". *Archives of Family Medicine*. (1998, 7:2), 182-185.

a larger comparative or regional level,[21] while others have concentrated on specific African countries or communities.[22] Many have focused on the subject from the side of the traditional healers. Indeed, the training and professionalization of traditional healers have been a popular topic for researchers.[23] Such scholars have focused on issues such as the symptoms people got when they received the "calling" to heal, discussed the initiation and apprenticeship training process, and the work of traditional healers.

Several scholars have focused on the historical popularity of traditional healers and medicines. These include the need to preserve African cultures and indigenous knowledge.[24] Others have considered how many people have continued to rely on traditional medicines due to underdeveloped biomedical medical health care systems.[25] This has been the case, particularly for people living in rural areas,[26] as health care services like clinics and hospitals were mostly out of their reach. Some have focused on the continued use of indigenous therapies in situations of economic collapse, which undermined public health care services, such as in Zimbabwe in the late twentieth century.[27] Others have examined how traditional medicine has also remained in high demand because of its lucrative business potential in some contexts.[28] The spread of epidemics or pandemics, such as HIV/AIDS, and lack of

[21] Tracey J. Luedke and Harry G. West eds. *Borders and Healers: Brokering Therapeutic Resources in Southeast Africa*. (Bloomington: Indiana University Press, 2006) and John M. Janzen. *Ngoma: Discourses of Healing in Central and Southern Africa.* (California, USA: University of California Press, 1992).
[22] Austine Okwu. "Life, death, reincarnation, and traditional healing in Africa". *African Issues*. (1979, 9:3), 19-24 and Charles J Wooding. "Traditional healing and medicine in Winti: a sociological interpretation". *African Issues.* (1979, 9:3), 35-40.
[23] Murray Last and G.L. Chavunduka eds. *The Professionalisation of African Medicine.* (Manchester: Manchester University Press, 1986).
[24] Jan R. Maluleka. "Acquisition, transfer and preservation of indigenous knowledge by traditional healers in the Limpopo province of South Africa". (Doctor of Philosophy dissertation, University of South Africa, 2017).
[25] See for example Edward Green. *Indigenous Healers and the African State*. (New York: Pact Publications, 1996); Isaac Sindiga, Chacha Nyaigotti-Chacha and Mary Peter Kanunah. *Traditional Medicine in Africa*. (Kenya, Nairobi: East African Educational Publishers, 1995) and Steven Feierman ed. *The Social Basis of Health and Healing in Africa.* (Berkeley: University of Carlifornia Press, 1992).
[26] Charles M. Good. *Ethnomedical Systems in Africa: Patterns of Traditional Medicine in Rural and Urban Kenya.* (New York and London: Guilford Press, 1987).
[27] Simmons, "Markets and Medicine", 80.
[28] Simmons, "Of Markets and Medicine", 79.

cures produced by biomedical physicians have also encouraged people to continue using traditional healing therapies to find a cure.[29]

Much recent scholarship has also focused on the ability of traditional healers and healing therapies to adapt to changing times, which has ensured its popularity. As a result, traditional healers in different contexts have been shown to be willing to "modernise" by working with biomedical practitioners or incorporating other healing approaches into their practices.[30] For example, in Tanzania, traditional healers have included aspects of biomedicine, such as more precise dosage of herbs and other medicinal substances in their healing.[31] In Nigeria, scholars have shown that the sick have sometimes used a mixture of traditional therapies and scientific medicines for healing purposes.[32] Still, others have focused on the efforts to legally promote and protect traditional medical knowledge as an essential form of indigenous knowledge.[33]

Scholars have also written a great deal on various aspects of traditional healing and medicines in South Africa. Some have focused on the economic potential of the traditional medicine trade in South Africa.[34] They have discussed the role traditional healers have played in the informal sector as the trade of traditional medicines boosted the market. Others have

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[29] Rachel King and Joint United Nations Programme on HIV/AIDS. *Ancient Remedies, New Disease: Involving Traditional Healers in Increasing Access to AIDS Care and Prevention in East Africa.* (Geneva, Switzerland: UNAIDS, 2002) and Edward Green. *AIDS and STDs in Africa: Bridging the Gap between Traditional Healing and Modern Medicine.* (Boulder, Colorado: Westview Press, 1994).

[30] Stacey Ann Langwick. *Bodies, Politics and African Healing: The Matter of Maladies in Tanzania*. (Bloomington: Indiana University Press, 2011); Rebecca Marsland. "The Modern Traditional Healer: Locating 'Hybridity' in Modern Traditional Medicine, Southern Tanzania". *Journal of Southern African Studies.* (2007, 33: 4), 751-765; Ria Reis. "Medical Pluralism and the Bounding of Traditional Healing in Swaziland". *Plural Medicine, Tradition and Modernity, 1800-2000*. Waltraud Ernst ed. (London: Routledge, 2002); David A. Offiong. "Traditional Healers in the Nigerian Health Care Delivery System and the Debate over Integrating Traditional and Scientific Medicine". *Anthropological Quarterly*. (1999, 72:3), 118-130 and Luedke and West, *Borders and Healers: Brokering Therapeutic Resources in Southeast Africa*.

[31] Stacey Ann Langwick. "Healers and scientists: the epistemological politics of research about medicinal plants in Tanzania". *Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa.* P. W. Geissler and Catherine Molyneux eds. (New York: Berghahn Books, 2011), 265.

[32] Offiong, "Traditional Healers in the Nigerian Health Care Delivery System", 121.

[33] Alex Magasia. *Knowledge and Power: Law, Politics and Socio-Cultural Perspectives on the Protection of Traditional Medical Knowledge Systems in Zimbabwe.* (United Kingdom: Edward Elgar Publishing, 2007)

[34] Mander, Ntuli, Diederichs and Mavundla, "Economics of the Traditional Medicine Trade in South Africa", 189-196

considered the use of indigenous healing approaches for particular health problems, such as mental health.[35] For instance, traditional healers have offered culturally appropriate treatment to people suffering from schizophrenia as it is believed to be caused by ancestors or witchcraft.

Historians Anne Digby and Catherine Burns have also published critical works on the subject. Besides providing a historical overview and helpful comparative breakdown of traditional healing and biomedicine in South Africa in her book *Diversity and Division in Medicine*,[36] Digby has published on numerous issues, including the history of self-medication. Here she considers how sufferers have historically preferred to use traditional herbs, home and folk remedies, because of their accessibility and affordability, rather than seeking aid from biomedical practitioners.[37] She has also examined the history of healing exchanges between different ethnic groups and between Africans and some European missionaries in South Africa.[38]

Burns has written on the life history of Louisa Mvemve, a South African woman who regarded herself as a skilled herbalist, healer and midwife in the early twentieth century. As a black African person and a woman, her history was one of immense struggles to gain recognition for her healing skills in a patriarchal and racially segregationist context.[39]

Other researchers have focused on the lives and work of traditional healers or healing in specific South African provinces, such as KwaZulu-Natal (KZN). This has included

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[35] See for example, T. Len Holdstock. "Indigenous Healing in South Africa: A Neglected Potential". *South African Journal of Psychology.* (1979, 9:3-4), 118-124; J. Yen and L. Wilbraham. "Discourses of Culture and Illness in South African Mental Health Care and Indigenous Healing, Part II: African Mentality". *Transcultural Psychiatry*. (2003, 40:4), 562-584; T. Zabow. "Traditional Healers and Mental Health in South Africa". *International Psychiatry.* (2006, 4:4), 81-83 and Leslie Swartz. *Culture and Mental Health: A Southern African View*. (Cape Town and Oxford: Oxford University Press, 1998).

[36] Anne Digby. *Diversity and Division in Medicine: Health Care in South Africa from the 1800s.* (New York: Peter Lang, 2006).

[37] Anne Digby. "Self-Medication and the Trade in Medicine within a Multi-Ethnic Context: A Case Study of South Africa from the Mid-Nineteenth to Mid-Twentieth Centuries". *Social History of Medicine.* (2005, 18:3).

[38] See both of Digby's chapters: "Crossing Boundaries: Practitioner Eclecticism" and "Crossovers: Patient Pluralism" in *Diversity and Division in Medicine: Health Care in South Africa from the 1800s.*

[39] Burns, "Louisa Mvemve: A Woman's Advice to the Public on the Cure of Various Diseases".

important research on the calling, training and professionalization of traditional healers historically in this province by scholars such as Harriet Ngubane and Annie Devenish.[40] Thokozani Xaba has analysed how the South African state historically linked indigenous healing to so-called "witchcraft", which led to its criminalisation and attempted to regulate it over many decades.[41] He focused on the regulation of indigenous medicines, particularly in the context of Durban, over a long historical period. Historian Karen Flint has examined the issue of cultural exchanges and competition that existed amongst different healers in the region in the nineteenth and early twentieth centuries.[42] This included knowledge and practice exchanges between traditional healers, Indian healers and European doctors. Others wrote about the production of plant and herbal medicines and the medicinal trade in KZN in the past and present.[43] This trade remains a common practice, particularly in the informal sector.[44]

Another topic where traditional healers often come up for analysis concerns their treatment of people who have HIV/AIDS. Kirstine Munk has examined the work done by traditional healers to help stop the spread of HIV/AIDS in KZN during the 1990s. She found that traditional healers, who had more knowledge about HIV/AIDS, could help prevent the

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[40] Harriet Ngubane. *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice.* (London: Academic Press, 1977); Harriet Ngubane. "Clinical Practice and Organisation of Indigenous Healers in South Africa". *The Social Basis of Health and Healing in Africa.* Steven Feierman and John M. Janzen eds. (Berkeley, Los Angeles and Oxford: University of California Press, 1992); and Annie Devenish. "Negotiating Healing: Understanding the Dynamics amongst Traditional Healers in KwaZulu-Natal as they engage with Professionalisation". *Social Dynamics*. (2005, 31:2), 243-284.
[41] Thokozani Xaba. *Witchcraft, Sorcery or Medical Practice? The Demand, Supply and Regulation of Indigenous Medicines in Durban, South Africa (1844-2002).* (Berkeley: University of California, 2004), 89.
[42] Karen Flint. "Indian African Encounters: Polyculturalism and African Therapeutic in Natal South Africa in 1886-1950". *Journal of Southern African Studies.* (2006, 32:2) and Karen Flint. *Healing Traditions: African Medicine, Cultural Exchange and Competition in South Africa, 1820-1948.* (Pietermaritzburg: University of KwaZulu-Natal Press, 2008).
[43] Myles Mander. *Marketing of Indigenous Medicinal Plants in South Africa: A Case Study of KwaZulu-Natal*. (Rome: Food and Agriculture Organization of the United Nations, 1998); A.B. Cunningham. "An Investigation of the Herbal Medicine Trade in Natal/KwaZulu". *Investigational Report No.29.* (Pietermaritzburg: University of Natal Institute of Natural Resources, 1988), and Stein Inge Nesvag, "The Development of Mass Street Trading in Durban: The Case of Muthi Trading". *(D)urban Vortex: South African City in Transition.* Bill Freund and Vishnu Padayachee eds. (Pietermaritzburg: University of Natal Press, 2002), 45.
[44] Mander, Ntuli, Diederichs and Mavundla, "Economics of the Traditional Medicine Trade in South Africa", 189-196.

further spread of this disease by using disposable razor blades, for example, when treating their clients.[45] Finally, an autobiographical account also exists on the life experiences of a Zulu traditional healer, P.H. Mtshali, who analyses the vital link between cultural beliefs and healing in a particular ethnic group, the amaZulu, in KwaZulu-Natal.[46]

The research I have chosen to do is important as many Africans living in KwaZulu-Natal continue to use traditional healing therapies on a daily basis. This means it remains a popular healing option next to biomedical health care services. However, although there has been much literature produced on traditional healing, few scholars have worked on the "patient's view" in terms of this subject matter. In recent years, historians such as Roy Porter, Julie Parle and Howard Phillips have analysed the histories of patients in the biomedical sphere.[47] Although not focused on the traditional healing sector, their work has been valuable to draw on in this thesis. While studying patients is challenging because of the lack of written sources and ethical issues that need to be considered when using patients' records, much can be learned by studying "The Patient's View" in history.[48] In addition to adding their valuable perspectives and particular healing experiences to established histories of medicine, they help us see the quest for healing as much broader than the biomedical (doctor/nurse – patient) encounter; and as something that starts much earlier and goes on long after these clinical encounters. Other than helping us see beyond the perspective of professionals and institutions, it also gives more agency to those people on the receiving end of healing.[49]

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[45] Kirstine Munk. "Traditional Healers, Traditional Hospitals and HIV/AIDS: A Case Study in KwaZulu-Natal". *AIDS Analysis Africa.* (1997, 7:6), 90.
[46] P.H. Mtshali. *The Power of the Ancestors: The Life of a Zulu Traditional Healer*. (Mbabane: Kamhlaba Publications, 2004).
[47] Roy Porter. "The Patient's View: Doing History from Below". *Theory and Society.* (1985, 14: 2), 175-198*;* Julie Parle. "The Voice of History? Patients, Privacy and Archival Research Ethics in Histories of Insanity". *Journal of Natal and Zulu History.* (2007, 24: 5), 164-187 and Howard Phillips, Kristen Thomson. "The Gaze from Below: Patient Experiences". *At the Heart of Healing: Groote Schuur Hospital 1938-2008.* Anne Digby and Howard Phillips with Harriet Deacon and Kirsten Thomson. (Auckland Park, RSA: Jacana, 2008), 88.
[48] Porter, "The Patient's View", 179, 191 and Parle, "The Voice of History?", 170.
[49] Julie Parle. "In their own hands: The Search for Solace beyond the Asylum Walls" in *States of Mind: Searching for Mental Health in Natal and Zululand, 1868-1918.* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007), 169.

Finally, this thesis will also build upon the works of only a few people who have focused on the voices or experiences of clients of traditional healers. Some of these works have been written from an anthropological perspective, such as S.D. Edwards's master's thesis entitled "Some Indigenous South African Views on Illness and Healing" and G.L. Chavunduka's book, "Traditional Healers and the Shona Patient".[50] Others come from a psychological perspective, such as S.F. Zondo, Z.A. Bomoyi and S.S.P. Ndlovu.[51] Although these studies have contributed a great deal to understanding the client's perspective in the traditional healing sphere, they are not historical works that try to show change over time. My research will thus contribute to this broader historiography on traditional healing by exploring the voices and experiences of clients of traditional healers from a historical perspective.

Theoretical Framework

This master's dissertation has been influenced by two theoretical approaches: Social History and Oral History.

Social History

Social history rose to prominence amongst academic historians in the 1960s and 1970s, initially in Britain, France and the United States of America, but later spread to many other countries worldwide. E.P. Thompson was a significant influence on the development of this theoretical approach.[52] Thompson was a British Marxist historian.[53] Thompson focused

[50] S.D. Edwards. "Some Indigenous South African Views on Illness and Healing". (Masters thesis, Kwa-Dlangezwa: University of Zululand, 1985).
[51] S.F. Zondo. "Conceptions of Illness, Help Seeking Pathways and Attitudes towards an Integrated Health Care System: Perspectives from Psychological Counsellors, Traditional Healers and Health Care Users". (Masters thesis, University of KwaZulu-Natal, 2008); Z.A. Bomoyi. "Incorporation of Traditional Healing into Counselling Services in Tertiary Institutions: Perspectives from a Selected Sample of Students, Psychologists and Student Management Leaders at the University of KwaZulu-Natal". (Masters thesis, University of KwaZulu-Natal, 2011) and S.S.P. Ndlovu. "Traditional Healing in KwaZulu-Natal Province: A Study of University Students' Assessment, Perceptions and Attitudes". (Masters of Social Sciences (Clinical Psychology) in the School of Applied Human Sciences, University of KwaZulu-Natal, Pietermaritzburg, 2016).
[52] E.P. Thompson. *The Making of the English Working Class* (USA: Vintage Books, 1966) and E.P. Thompson. "The Moral Economy of the English Crowd in the Eighteenth Century". *Past & Present.* (1971, 50), 80.
[53] Geoff Eley. "Marxist Historiography". *Writing History: Theory and Practice*. Stefan Berger, Heiko Feldner and Kevin Passmore eds. (London: Arnold, 2003), 63-82.

on the effect of inequalities on the English working-class caused by industrialization and capitalism.[54] Unlike other mainstream historians of the time, he was interested in exploring not the histories of the wealthy or powerful but the hidden experiences of ordinary people or marginalised groups, such as working-class people, whose voices were previously neglected in historical accounts.[55] He believed that such people played a significant role in shaping British social and political life.

Thompson's research helped expand the focus areas of historical research, which up until then tended to focus on military, political or economic elites. This is well-captured in his book, *The Making of the English Working Class*, when he wrote: "I am seeking to rescue the poor stockinger, the Luddite cropper, the "obsolete" hand-loom weaver, the "utopian" artisan, and even the deluded follower of Joanna Southcott, from the enormous condescension of posterity".[56] In addition, although a Marxist, who recognized the importance of economic factors on people's lives, he sought to move the focus away from classical Marxist perspectives, which tended to focus on the all-determining influence of impersonal social structures, such as class or economic forces, on people's lives. For Thompson, human agency was also an essential factor influencing historical events.[57]

To recognise the perspectives and roles of ordinary people in history, that is, the masses, Thompson introduced an approach, which he labelled "history from below". This approach sought to encourage a focus not just on social or economic factors that structured or determined life but also to capture the lived experiences of non-elite peoples. This included

[54] David McNally. "E.P. Thompson: Class Struggle and Historical Materialism". *International Socialism Journal* (1993, 2:61), 10.
[55] Thompson, *The Making of the English Working Class*, 46.
[56] Thompson, *The Making of the English Working Class*, 12.
[57] Thompson, "The Moral Economy of the English Crowd in the Eighteenth Century", 91.

those in the working class, peasants, women, racially oppressed people, and persons with disabilities, for example, who were active in making their histories.[58]

Social historians had to find new sources to investigate their lives to study these ordinary or marginalised people living their everyday lives. Many of these people were illiterate or did not keep personal records like those from the upper classes. Thompson encouraged historians to use a much wider variety of sources that moved the focus beyond official archival sources, which primarily represented the perspectives and interests of elites. He promoted sources such as church hymns, diaries, newspapers, letters, pamphlets and even poems or songs from the historical time.[59] Where possible, oral interviews were also another way to capture a wider variety of people's hidden perspectives.[60] Other social historians also encouraged the use of public records, such as public court and census records, tax registers, baptism, marriage and death records, to track some of the experiences of anonymous, ordinary people.[61]

In South African history, Thompson's work influenced many historians, such as Charles van Onselen, Shula Marks and Jacob Dlamini, who used the social history approach to highlight the voices and experiences of South Africans who were oppressed in this country.[62] Due to South Africa's long history of racial oppression and gender oppression due to the historical existence of powerful patriarchal systems in this country, the social history

[58] See Jim Sharpe. "History from Below". *New Perspectives on Historical Writing.* Peter Burke ed. (Cambridge, UK: Polity Press, 2001) for a useful summary of Thompson's theoretical approach.
[59] See for example the different types of footnotes used by Thompson in his article, "The Moral Economy of the English Crowd in the Eighteenth Century".
[60] Sharpe, "History from Below", 35.
[61] Sharpe, "History from Below", 38
[62] See for example Charles Van Onselen. *New Babylon, New Nineveh: Everyday Life on the Witwatersrand, 1886-1914.* (Johannesburg: Jonathan Ball Publishers, 1982); Charles Van Onselen. *The Seed in Mine: The Life of Kas Maine, a South African Sharecropper, 1894-1985.* (New York: Hill and Wags, 1996); Shula Marks. *Not Either an Experimental Doll: The Separate Worlds of Three South African Women.* (Bloomington: Indiana University Press, 1988) and Jacob Dlamini. *Native Nostalgia.* (Johannesburg: Jacana Media, 2009).

approach has proven beneficial in helping to capture the experiences of many marginalised black South Africans well as women.[63]

A good example is South African historian Charles van Onselen's celebrated biographical study of Kas Maine, an African sharecropper who lived in South Africa in the 1890s through to the 1980s.[64] In this study, he examined Maine's lived experiences of historical change in the rural Transvaal.[65] Although there was little known about Maine if one went by the official state archives alone, van Onselen's use of a wide range of sources, including many interviews with Maine, his family and people who knew him, helped to reconstruct a rich and complex life using the social history approach.

However, it is important to recognise some critiques of social history made by cultural historians (post-structuralists). For example, cultural historians regard social historians' perspective about using their sources to get at the "truth", or to "recover" history as it was, is highly problematic because they believe that no historian can be objective in writing history.[66] For instance, Hayden Whiter, a post-structuralist, asserts that the writing of social history is like writing a narrative, which he believes is the same as fiction because different historians produce different versions or readings of the past from their sources.[67] Thus, in addition to sources being biased, i.e. influenced by the agendas and circumstances of their authors/creators, historians, including social historians, are also people who construct narratives about the past and produce different "truths" or "histories", not just one single truth

[63] Jonathan Hyslop. "E.P. Thompson in South Africa: The practice and politics of social history in an era of revolt and transition, 1976–2012". *International Review of Social History.* (2016, 61:1), 95-116.
[64] Van Onselen, *The Seed in Mine,* 42.
[65] Van Onselen, *The Seed in Mine,* 44.
[66] Elizabeth A. Clark. *History, Theory, Text: Historians and the Linguistic Turn.* (Cambridge: Harvard University Press, 2009), 16. For more on this, see Joseph Kelly and Timothy Kelly. "Social History Update: Searching The Dark Alley: New Historicism and Social History". *Journal of Social History*. (1992, 25:3), 677-694.
[67] Kevin Passmore. "Poststructuralism and History". *Writing History: Theory & Practice.* NStefan Berger, Heiko Feldner and Kevin Passmore eds. (London: Arnold, 2003), 121 and Georg G. Iggers. *Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge*. (USA: Wesleyan University Press, 2005), 31.

or history.[68] In this sense, post-structuralists believe that historians shape the past based on their assumptions and perspectives, which influence their interpretations of the past. Thus, the truth (in the singular) about a past happening cannot ever really be known.[69]

While bearing in mind these critiques, particularly the one about all historians and sources being subjective, since social history traces the perspectives of ordinary or marginalised people in societies, it has been a sound theoretical approach to use in this thesis. Social history assisted me in examining the views of ordinary people (or clients) who used the services of traditional healers and traditional medicines in KwaMashu's M Section of Durban. Their voices and experiences are not captured in mainstream historians' accounts or the state archives, so I have been able to tell their stories using a social history perspective.

Oral History

Secondly, this study has been influenced by oral history. This approach involved using recorded interviews to capture the voices of a wide range of people.[70] This emerged as a popular approach in the 1950s and 1960s in the context of the post-World War 2 decolonization movement in Africa, where historians were interested in capturing the voices and experiences of African peoples, many of whom were illiterate. It was also taken up by social historians, who, as I highlighted above, were interested in capturing the histories of ordinary people whose lives were not well represented in state or official archives.[71] Before this period, documentary (or written) sources, particularly archival sources, were regarded by academic historians as the primary type of sources to be used in their research and writing.

As recorded interviews became more popular, oral history evolved from just a method of data collection, i.e. doing interviews, to be both a method and a theoretical approach.

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[68] Passmore, "Poststructuralism and History", 122.
[69] Passmore, "Poststructuralism and History", 123.
[70] Donald Ritchie. "An Oral History of Our Time." *Doing Oral History*. (New York, USA: Oxford University Press, 2003), 20.
[71] Paul Thompson. "Evidence" in *The Voice of the Past.* (New York: Oxford University Press, 2008), 120.

Recent oral historians have pushed people to view oral history as not simply collecting information to be used by scholars in their writings as raw or "objective" facts, but to think critically about the process of producing and interpreting or analysing this data.[72] Indeed, scholars, such as Lynn Abrams have argued that interviews are social constructions involving an interviewer and interviewee that need to be interrogated for their complex relational and unequal power dynamics, biases, agendas and silences that influence the interview product, and the scholarly outputs that result from this.[73]

As much as it is valued, there are certainly challenges or limits to taking an oral history approach. Oral history can be problematic because people can experience a loss of memory over time, which can affect the information obtained in interviews.[74] Interviewees can also be biased and contradictory as some people may produce distorted details, such as when they exaggerate or lie, making them unreliable.[75] Paul Thompson has argued that oral sources need to be critically interrogated and should be carefully verified like written sources.[76] Alessandro Portelli has also alerted researchers that memories can be selective, with interviewees telling only parts of their story, depending on their particular interests and agendas.[77] Sometimes people (the interviewer and interviewee) do not interact well (i.e. establish a good working relationship), which can negatively affect the interview itself and

[72] See for example Luise White, Stephan F. Miescher and David William Cohen eds. *African Words, African Voices: Critical Practices in Oral History*. (Bloomington, IN: Indiana University Press, 2001) and Lynn Abrams. *Oral History Theory.* (New York: Routledge, 2016).
[73] Lynn Abrams. "Introduction: Turning Practice into Theory" in *Oral History Theory.* (New York: Routledge, 2016), 15. For more on the theory and practice of oral history, see Robert Perks and Alistair Thomson eds. *The Oral History Reader.* (London, UK: Routledge, 2006). Also see Donald Ritchie. *The Oxford Handbook of Oral History.* Donald Ritchie ed. (New York: Oxford University Press, 2011).
[74] Alessandro Portelli. "What Makes Oral History Different". *The Oral History Reader.* Robert Perks and Alistair Thomson eds. (London, England: Rouledge, 2006), 35 and Anna Green. "Can Memory be Collective?" *The Oxford Handbook of Oral History.* Donald Ritchie ed. (New York: Oxford University Press, 2011), 100.
[75] Thompson, "Evidence," 130 and D. Moore and R. Roberts. "Listening for Silences." *History in Africa.* (1990, 17), 320.
[76] Thompson, "Evidence", 145.
[77] Portelli, "What Makes Oral History Different", 40. Also see Moore and Roberts, "Listening for Silences", 323.

the outcome of the testimony.[78] Gender issues, age differentials, cultural and language differences, and even different education levels, for example, can influence this.[79]

Despite these challenges, oral history has helped me explore the issues I focus on in this thesis. Using an oral history approach, I have collected the personal health care experiences and perspectives of clients of traditional healers that are not available in official archives. I have reflected critically on the process of interview collection and use when writing about their experiences. The researcher needs to do this to be as transparent as possible in creating and analysing their research data. To get beyond the limitations of using oral histories, I have also tried, where possible, as Charles van Onselen has argued, to draw on other non-interview related sources to corroborate information obtained from my interviewees.[80]

Research Methodology

This study will use a qualitative research methodology combined with primary (archival and oral interviews) and secondary sources to understand the perspectives of the clients of traditional healers. Unlike a quantitative methodology, which focuses on collecting numerical or statistical, or survey information that is sampled carefully and representative in nature, a qualitative methodology focuses on fewer subjects, does not seek to be representative in its sampling, and tries to understand its subjects' lives and experiences in a more in-depth manner.[81] Those working from this approach try to gather information by

[78] Moore and Roberts, "Listening for Silences", 322-323.
[79] For more on this, see Belinda Bozzoli. "Interviewing the Women of Phokeng". *The Oral History Reader.* Robert Perks and Alistair Thomson eds. (London: Routledge, 2002) and Radikobo Ntsimane. "Why should I tell my story? Culture and Gender in Oral History". *Oral History in a Wounded Country: Interactive Interviewing in South Africa.* Philippe Denis and Radikobo Ntsimane eds. (Pietermaritzburg: University of KwaZulu-Natal Press, 2008).
[80] Charles van Onselen. "The Reconstruction of a Rural Life from Oral Testimony: Critical Notes on the Methodology Employed in the Study of a Black South African Sharecropper". *The Journal of Peasant Studies.* (1993, 20:3) 494-514.
[81] Bruce Lawrence Berg, Howard Lune and Howard Lune. *Qualitative Research Methods for the Social Sciences.* Vol. 5. (Boston, MA: Pearson, 2004).

carefully interpreting written or textual primary sources and conducting detailed face-to-face interviews.

I used both written and interview sources to write this thesis. I started this thesis by scouring the archives to find any sources on my topic. As a result, I found documentary sources from the Pietermaritzburg Archives Repository (NAB), the main provincial archive for KwaZulu-Natal.[82] However, due to the nature of this archive, which houses primarily collections of state (provincial level) written documents since the colonial period, I did not find a lot of archival material on traditional healing generally or information on the clients of traditional healers, during my archival searches. The small amount of information I did find focused mostly on the state's interactions with traditional healers. This included license applications made by different people to register to become traditional healers and applications to extend existing licenses or applications asking for permission to practice in other provinces. They also included minutes documenting misleading advertising pamphlets produced by "Native herbalists" in Natal; legal/court record cases that were brought against traditional healers for their activities; and copies of *izinyanga* membership fee cards for the Natal Native Medical Association. Although not directly related to clients' perspectives, it provided me with a broader understanding of the restrictions and difficulties encountered by African traditional healers during the segregation and apartheid eras.

I also used sources found at the Durban Archive Repository (TBD), a state archive but focused more on the local level, particularly Durban city and its surrounding areas. Unfortunately, this archive did not yield any written sources on traditional healers or traditional medicines or material on *muthi* shops in Durban or efforts by the Durban municipality to arrest or charge or close down the activities of traditional healers in Durban.

[82] I have used the acronyms for the various archival collections as listed on the South African National Archives Repository website http://www national.archives.gov.za/

An essential collection of sources I did find and use in this thesis were the Minutes of City Council Committee meetings related to the township of KwaMashu. These minutes focused on issues related to the establishment of KwaMashu and housing and other matters related to this African township during the apartheid period.

Overall, the archival sources, which I found, were used in this thesis to provide me with some helpful information on the background of traditional healing and contextual information discussed in Chapters Two and Three of this study. The major limitation of the archival sources was that they had little information on traditional healers' perspectives or experiences of practising as such healers in the colonial, segregation or apartheid periods. There was even less information on their clients' perspectives. For this reason, a variety of other sources had to be used to try to get at the voices and experiences of traditional healers' clients.

As a result, I also searched for and found helpful material in old newspaper articles (from the 1960s to recent years) from the Bessie Head Library in Pietermaritzburg. This municipal library has an excellent collection of newspaper sources on microfilm from various KZN-produced newspapers from the nineteenth and twentieth centuries. Particularly useful to me were articles found on traditional healing and traditional medicines from the *Sunday Times*, *Natal Mercury*, and *Ilanga lase Natal.* These newspapers produced a range of articles (both negative and positive) on the traditional healing/medicines subject.

Most of the information for this thesis came from oral interviews. Indeed, due to the scarcity of written source material on traditional healing related matters in the official archives, my dissertation relied on oral sources to create my own archive to understand better the experiences of clients who used traditional healing therapies. All of my interviews came from people who lived in KwaMashu M Section, a township located north of Durban's CBD, which was opened in 1959. It was initially built by the apartheid government as part of its

"separate development" plan to accommodate black African middle and working-class people who worked in and around Durban. I chose to focus on this area, as it is where I was born and grew up, which made me familiar with it and helped me recruit interviewees.

During my research, I interviewed 25 isiZulu-speaking, South African-born Africans who lived in KwaMashu M Section at the time of their interviews and had lived in this township for all, if not most, of their lives. For this project, I analysed the perspectives and experiences of various African men and women of different ages, education levels and socio-economic backgrounds. To gather my sample, I started by recruiting a few people I knew, such as family members and neighbours living close to my family's home, to participate as interviewees in my study. They then put me in touch with other possible interviewees. I thus used the snowballing technique, which entailed getting referrals from these initial recruits for other people they knew in the area.

Once I made contact with any potential interviewee through the snowballing method. Once I had explained my research and determined whether they were interested in participating, if they were interested, I then set up an interview with that person. As a result, I interviewed – mostly – people who claimed they had used the services of traditional healers and medicines. However, during the interview collection process, I also decided to collect a few interviews with people who claimed they had not. This enabled me, in parts, to bring up a comparative element. Since this research was collected using a qualitative methodological approach, it does not claim to be representative unlike a quantitative study. Still, it provides an analysis of the perspectives of a limited number of people on a particular issue.

Below is a table depicting a breakdown of my interviewees in terms of their age, gender, education and socio-background.

Gender	**Men**	**Women**		
	9	16		
Area	**Rural Areas**	**Urban Areas**		
	9	16		
Education	**Primary Education**	**Secondary Education**	**University Education**	
	8	13	4	
Age Group	**35-39**	**40-49**	**50-59**	**60-69**
	3	9	8	5

This study used a semi-structured interview format that allowed for some structure and open-ended discussions when such opportunities presented themselves. Interviews took place pre-Covid (i.e. during 2019) and were conducted face-to-face in locations where both the interviewees and I felt comfortable doing the interviews. Interviews were conducted in English or isiZulu, depending on the language preference of my interviews, as I am fluent in both languages. This research received approval from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee. Approved Informed consent forms were also provided and carefully explained to each participant before each interview began, and interview participants were all asked to sign these forms. All people I approached were keen to participate and share their views on and past experiences with traditional healing.

Structure of the Thesis

This dissertation is divided into six chapters. In this chapter, I have outlined the important elements of my thesis with the provision of an introduction to my research topic and provision of a literature review. In addition, I laid out my theoretical framework and research methodology and methods.

Chapter Two focuses on the background and context of the study. It draws primarily on secondary sources to give an overview of the history of traditional healing in South Africa

and KZN in the nineteenth and twentieth centuries. It also provides an overview of some of the main healing choices available to people in South Africa.

Chapter Three provides further background information to help ground this thesis. Firstly, it looks at the historical development of African urban townships in South Africa. In particular, it focuses on the history of the establishment of KwaMashu, which was opened in 1958 during the apartheid period, as part of the state's "separate development" plan for the country's different "race groups". Secondly, it provides some broader background information about what life was like living in this township during the apartheid period.

Chapter Four considers my interviewees', i.e. clients' perspectives about and experiences using traditional healing therapies during the apartheid period. This includes an analysis of my interviewees' understandings of traditional healing, the various reasons they used traditional healing therapies in the past, and some of the challenges they might have experienced using such treatments in the apartheid period. It also examines whether my interview participants sought relief from other healing paradigms during the apartheid period.

Chapter Five analyses KwaMashu M Section client's perspectives about and use of traditional healing therapies in the post-1994 period. It thus examines how a shift in political dispensation, new laws promoted to protect Indigenous Knowledge Systems, and advances in technologies have the traditional healing paradigm and my clients who use it. It also considers the reasons for the continued popularity of this healing paradigm in recent decades, how clients continue to remain open about using more than one healing paradigm, and some of the critical challenges that remain for traditional healing in the democratic period.

Chapter Six concludes with a summary of the key points and issues raised in this thesis. It also highlights the significance of this study by providing a synopsis of what was uncovered by doing this research.

CHAPTER TWO:

Some Historical Background on Traditional Healing in South Africa in the Nineteenth and Twentieth Centuries

This chapter and Chapter Three seek to provide some broader historical background to help contextualise this study. This chapter draws primarily on archival and secondary source material to consider the more general history of traditional healing in the region of what would become the country of South Africa in 1910. It is interesting to explore the role that traditional healing has played in isiZulu-speaking African communities in the colonial, segregation and apartheid periods, in what is today known as the province of KwaZulu-Natal (formerly Natal and Zululand). In addition to discussing how traditional healing was criminalised after the arrival of Europeans during the colonial period, it outlines how traditional healers had to be malleable to survive. This chapter will demonstrate that those working in this health care arena have exhibited a remarkable history of being able to adapt and change over time. This chapter discusses some of the varied healing options isiZulu-speaking African communities had when choosing paths to better health.

Traditional healing has been around for centuries on the African continent. Indeed, people consulted with traditional healers and used traditional medicines long before the arrival of Europeans, but also continued during the colonial and post-colonial periods. Because traditional healers were closely linked to the cultures of the different ethnic groups from which traditional healing emerged, they drew on prevailing indigenous knowledge about these groups' broader social and cultural beliefs.[83] As a result, there have been differences between cultures because different ethnic groups have held different views about healing and engaged in different approaches to seeking relief for their suffering. In addition, different ethnic groups have had other names for their healers, and these healers have often

[83] Edward Green. *Indigenous Healers and the African State***.** (New York: Pact Publications, 1996), 66.

used various herbs, locally sourced, to help their clients. However, as much as they have differed, many ethnic groups in Africa shared a common belief in ancestors as ultimate supreme beings and the power of ancestors to influence the well-being of the living.[84] This included an idea that ancestors could bestow upon individuals – through a "calling" – special knowledge and wisdom to become traditional healers. They also shared a common belief in turning to traditional healers to help treat various physical, mental, psychological and spiritual ailments.

African communities living in what would become the country of South Africa used traditional healing therapies too. This included isiZulu-speaking African communities, who lived mainly in the eastern part of this country. In these communities, traditional healers have historically been divided into two main types: herbalists (izinyanga) and diviners (izangoma). Of course, overlap in their skills and services often did occur.[85] According to Rajendra Kale, who published his study on traditional healers in South Africa in 1995, the role of *izinyanga* tended to be made up mostly of men (90%), and the part of *izangoma* tended to be made up mostly of women (80%).[86]

Herbalists were usually trained through means of an apprenticeship to another experienced herbalist. Sometimes, this was an older family member, as knowledge about the practice of herbalism was often (though not always) passed down in families. Through their training, which could last anything from six months to several years, these traditional healers gained extensive knowledge about herbal, plant and animal-derived substances, which were obtained from the land through gathering the necessary flora, hunting for animals, and

[84] Green, *Indigenous Healers and the African State, 67.*
[85] Anne Digby. "African Indigenous Healers" in *Diversity and Divination in Medicine: Health Care in South Africa from the 1800s.* (New York: Peter Lang, 2006), 277.
[86] Rajendra Kale. "Traditional Healers in South Africa: A Parallel Health Care System". *British Medical Journal.* (1995, 310), 1183.

specialised healing shops, then the relevant parts were mixed into medicines.[87] According to Rajendra Kale, herbalists were "experts of practising the art of healing by diagnosing and prescribing medicines for everyday illnesses".[88] In addition, when diagnosing a client, herbalists had to know the client's physical and broader social situation to understand the ailment better and whether they had the skills necessary to provide an effective treatment. If not, the herbalist could refer the client to a diviner (see below).[89] In addition to treating "naturally" occurring or everyday illnesses, such as colds, toothache, headaches, diarrhoea etc., clients also sought the help of herbalists to provide preventive or protective medicines. This included treatments to prevent or alleviate misfortunes, such as bad luck and curses, and bring prosperity, good luck and happiness, such as love, children, money or a job.[90]

On the other hand, diviners were experts in diagnosing and treating the wider psycho-social and spiritual causes of an illness. In terms of their healing approach, diviners tended not to be told the history of the sick or their symptoms but used their clairvoyant insights or "powers" to identify their client's ailment, causes, and treatment.[91] Initially, they had become traditional healers, having experienced a "calling" and were thus summoned by their ancestral spirits to embark on this vocation. Those who were "called" did not choose to become diviners. A person could not become a diviner unless they were "called". This "calling" came with many symptoms, such as visions, hallucinations, nightmares, prophetic dreams and hearing voices.[92] Only another skilled diviner could diagnose if a person had a calling or not.[93] Another sign of a "calling" included frequent accidents, which were

[87] Karen Flint. *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820-1948*. (Ohio, USA: Ohio University Press, 2008) and Digby, "African Indigenous Healers", 44.
[88] Kale, "Traditional healers in South Africa: a parallel health care system", 1186.
[89] Harriet Ngubane. "Clinical Practice and Organisation of Indigenous Healers in South Africa". *The Social Basis of Health and Healing in Africa.* Steven Feierman and John M. Janzen eds. (Berkeley, Los Angeles and Oxford: University of California Press, 1992), 368.
[90] Kale, "Traditional healers in South Africa: a parallel health care system", 1182.
[91] Ngubane, "Clinical Practice and Organisation of Indigenous Healers in South Africa", 369.
[92] Mary Ovenstone. "African Perspectives in Healing". *South African Journal of Natural Medicine*. (2001, 6), 2.
[93] Kale, "Traditional healers in South Africa: a parallel health care system", 1183.

associated with "bad luck" created by the ancestors, as a way to connect that person to the spirit world. Once a person received the "calling", they could accept or reject it.[94] However, some who refused it could experience difficulties in their lives, such as continuous sickness until they accepted it. Others did not encounter problems after rejecting a "calling".

When a person accepted their "calling", they proceeded onto the next stage of their healer journey, called *ukuthwasa* (meaning initiation). A ceremony known as *Umkhosi wokuvuma idlozi* (meaning acceptance of the ancestral call) would occur as the first step towards divination.[95] Another vital ceremony after accepting the ancestral call was *Ukuguqula idlozi* (meaning converting the call).[96] In most cases, having gone through these ceremonies, initiates would then go to a divination school, where they worked with other skilled diviners to hone their divination skills or "gifts" to communicate with the ancestors.[97] The duration of such training varied, usually from three to six months, but could last for years, depending on the apprentice's ability. After divination training, a goat or cow was sacrificed to the ancestors as a sign of respect and gratitude, and then the initiates became diviners themselves.[98]

Unlike herbalists, diviners focused their efforts on diagnosing and treating ill health or dis-ease caused by "supernatural" origins. These include illnesses caused by breaking taboos, which angered an ancestor or spirit, or those with "man-made" sources, such as witchcraft. Many scholars examined the practice of witchcraft, and concerns about witchcraft, which were widespread and impactful amongst African societies in the past, and even in recent years.[99] Witchcraft was a serious concern for many people because people with nefarious

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[94] Michael Sibusiso Mnyandu. "A comparative study of the Zionist faith healers and diviners and their contribution to Christian communities in the Valley of Thousand Hill". (Doctor of Philosophy thesis, University of Durban-Westville, 1993), 209.
[95] Mnyandu, "A comparative study of the Zionist faith healers and diviners", 209.
[96] Mnyandu, "A comparative study of the Zionist faith healers and diviners", 210.
[97] Ovenstone, "African Perspectives in Healing," 3
[98] Digby, *African Indigenous Healers,* 288.
[99] For more on the subject, see for example, the works of Harriet Ngubane. *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice.* (London: Academic Press, 1977);

intentions used witchcraft, such as *isichitho* (meaning a curse or charm) or *idliso* (meaning poisoning), causing harm or misfortune to others. This usually stemmed from discordant social relationships within families and amongst members of a wider community.[100]

Diviners diagnosed people with spiritual or witchcraft ailments using insights they gained from working in consultation with their particular ancestral spirits.[101] *Izangoma* used various methods to diagnose their clients and find treatments to assist them. In addition to the throwing of the bones and reading the meanings acquired from the way the bones fell, diviners used ritual practices, such as drumming or dancing, to get into an altered mental state or trance to communicate with their ancestors. Their other methods of healing also commonly included *ukuchata* (meaning enema), *ukugcaba* (meaning cutting of the skin), *ukushisa impepho* (meaning burning of incense), *ukucela ngentelezi* (meaning the sprinkling of water mixed with herbs) and *ukuhlambulula* (meaning cleansing), which could take place at a river or through the sacrificial slaughtering of chickens, goats or cows, depending on the ritual performed.[102] They also used combinations of plant, animal, and mineral substances to help treat their clients' ailments and provided protective medicines (or *amakhubalo*), which were used to shield or protect their clients from witchcraft or angry spirits.[103]

In addition to the healing work they performed in terms of helping to improve the well-being of people on an individual basis, since healing in an African cultural context usually entailed a broader social element, *izangoma's* work was important for healing larger

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Adam Ashforth. *Madumo*: *A Man Bewitched*. (Chicago: University of Chicago, 2000); Peter Geschiere, *The Modernity of Witchcraft*: *Politics and the Occult in Postcolonial Africa*. (USA: University of Virginia Press, 1997). Also see, n Theodore Stephen Petrus. "An anthropological study of witchcraft-related crime in the Eastern Cape and its implications for law enforcement policy and practice". (Doctor of Philosophy thesis, Nelson Mandela Metropolitan University, 2009).

[100] Ngubane, "Clinical Practice and Organisation of Indigenous Healers in South Africa", 371. Also see Thokozani Xaba. *Witchcraft, Sorcery or Medical Practice? The Demand, Supply and Regulation of Indigenous Medicines in Durban, South Africa (1844-2002)*. (Berkeley: University of California, 2004), 89-91.

[101] Digby, "African Indigenous Healers", 294.

[102] Mnyandu, "A comparative study of the Zionist faith healers and diviners", 210.

[103] Petrus, "An anthropological study of witchcraft-related crime in the Eastern Cape", 93.

social rifts between people.[104] For example, their diagnoses and treatments sought to identify and restore broken ties between individuals within families and restore harmonious relationships between individuals or groups into the broader community.

Traditional healers also worked as advisors to chiefs or kings in some communities.[105] Strong medicine, also known as *umuthi* (or *muthi* for short) in isiZulu, which was dispensed by those whom people regarded as powerful traditional healers, was often used to bolster the power of rulers. They did this by giving kings or chiefs potent medicinal concoctions to bathe with, cleanse or steam with, or drink for the *muthi* to be transmitted to that person to strengthen them physically and spiritually. Thus, as historian Karen Flint has argued, "not only did healers maintain the corporal body but played an important role in maintaining the body of the nation".[106] Indeed, *muthi* played a vital role in the politics of the Zulu kingdom as, historically, many Zulu kings and chiefs cultivated close relationships with powerful traditional healers to help maintain their political rule.[107] On the other hand, disloyal healers were not accepted nor tolerated and sometimes even killed.

Furthermore, some traditional healers worked as rainmakers. Rainmakers were usually women (also known as rain queens), whom people believed had powers bestowed upon them to make or stop the rain by praying in mountains and caves or by practising rain rituals.[108] Historically, rain queens were common within the Pedi, Sotho and Tswana ethnic groups. They were often called upon during times of drought or special occasions, such as weddings or other traditional gatherings, to perform rituals to bring rain or stop it.[109] Even the

[104] Thokazani Xaba. "The Transformation of Indigenous Medical Practice in South Africa (1985-2000)". *Bodies and Politics: Healing Rituals in the Democratic South Africa.* V. Faure ed. (Johannesburg: French Institute of South Africa, 2002) 25 and Digby, "African Indigenous Healers", 295-296.
[105] Green, *Indigenous Healers and the African State*, 67.
[106] Karen Flint. *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa*. (Ohio: Ohio University Press, 2008), 20.
[107] Flint, *Healing traditions,* 69.
[108] Mokua Ombati. "Rainmaking rituals: Song and dance for climate change in the making of livelihoods in Africa". *International Journal of Modern Anthropology.* (2017, 10), 74-96.
[109] David K. Semenya. "The making and prevention of rain amongst the Pedi tribe of South Africa: A pastoral response". *Theologicl Studies*. (2013, 69:1), 1-5.

famous Zulu king, Shaka ka Senzangakhona, consulted a well-known Pedi rainmaker in the early nineteenth century to assist his kingdom during a period of severe drought.[110]

The Arrival of Europeans and the Criminalisation of Traditional Healing

The arrival of Europeans, first as explorers and traders and then as settlers, from the late seventeenth century in the Cape region and the early nineteenth century in the Natal region, produced changes to the disease profile and healing options of people living in those regions. Indeed, the arrival of Europeans brought exposure to new diseases, such as smallpox, syphilis, plague and pneumonia.[111] Over time, their changes to the landscape, with the clearing of land to make way for roads and railways, as well as towns and industries, also changed the disease profile of this region, resulting in the spread of diseases linked to industrialisation, such as tuberculosis and silicosis.[112]

In addition, European colonisation also saw the arrival of European healers, particularly from the nineteenth century, of scientifically trained biomedical doctors and nurses, with their different healing beliefs and approaches. In contrast to indigenous medicine, which could be quite public in nature, as it often involved family members and the client with the traditional healers in getting to a diagnosis, as well as in the treatment process; the scientific healing approach was more private (emphasised confidentiality) and focused on the individual doctor-patient relationship.[113] The traditional healing approach usually also looked at health and healing holistically, i.e. within a broader psycho-social and spiritual context so it did not just treat the body's physical symptoms or causes of ill health, which was

[110] *Alistair* Boddy-Evans. "Rain rituals in Southern Africa and a royal succession lasting two centuries" in *Rain Queens of Africa.* (United Kingdom: Word Press, 2010).
[111] Flint, *Healing traditions,* 28.
[112] Randall Packard. *White Plague, Black Labor*. (Berkeley and Los Angeles: University of California Press, 1989) and Shula Marks. "The silent scourge? Silicosis, respiratory disease and gold-mining in South Africa". *Journal of Ethnic and Migration Studies.* (2006, 32: 04), 569-589.
[113] Digby, "African Indigenous Healers", 282-284.

usually the approach taken by biomedical practitioners in the late nineteenth century and through much of the twentieth century.

In the early years of European contact with African populations in the region that would become South Africa, very few European doctors and nurses ventured to this region. As a result, in the era before establishing a formalised medical profession, some European healers learnt from and borrowed healing knowledge and remedies from local African healers to help their patients. For example, they used plants such as *aloe* to treat skin ailments, including burns and wounds, and to treat skin problems, such as acne. Another example was *buchu,* also a plant, to treat inflammation, including kidney and bladder infections.[114]

There is also evidence that African traditional healers incorporated healing knowledge and remedies from Europeans. Indeed, this was not something new for African traditional healers. Several scholars have written about the long history of traditional healers having experimented with different plants and herbs. They even travelled great distances to learn from other healers or acquire particular healing plants or herbs from those distant areas to make specific medicines for their clients.[115] As a result, when European healers arrived in the Southern African region, some traditional healers were open to learning from and incorporating specific European remedies and substances to treat their clients, particularly those who suffered from new ailments that they had no experience treating.[116] Examples include gunpowder, which was used medicinally to treat pain and bluestone power, which was used to strengthen the immune system and reduce pain.[117]

Later, with the arrival of Indians as indentured labourers from the 1860s to work in the British colonisers' sugar fields along the coastline in colonial Natal, Indian healers also contributed to the healing landscape. Indian traditional healers, also known as *vaidyas*

[114] Digby, "African Indigenous Healers", 298.
[115] Xaba, *Witchcraft, Sorcery or Medical Practice?* 50. See more in Flint, *Healing traditions,* 31.
[116] Flint, *Healing Traditions,* 33.
[117] Flint, *Healing Traditions,* 34.

(Ayurvedic practitioners), brought their ancient Ayurvedic healing beliefs and approaches. It too offered a holistic healing approach where it was believed that good health could be attained by finding a balance between the mind, body and spirit.[118] Ayurvedic healers used diet, massage, various plants and herbs, powders and oils, and enemas to promote good health.

Because of interactions between Africans and Indians in this region historically, therapeutic knowledge exchanges also occurred between them. For example, over time, African healers incorporated numerous Indian herbs and substances into their practices, such as holy ash, Indian aloe crushed into powder, croton seeds and bitter oil from the syringa plant, just to name a few.[119] Some Indian healers also integrated aspects of African traditional healing into their practices, such as *impepho* a dried indigenous African plant commonly used to call upon their ancestors and *intelezi,* a medicinal mixture used for protection from witchcraft or evil spirits.[120]

Flint has also shown, through her research, that some Indian healers even owned *muthi* shops in the early twentieth century in Grey Street, Durban. In addition to selling Ayurvedic medicines and Indian home remedies, they also sold traditional African remedies, such as *zifozonke* (a treatment for all life's diseases) and *vukuhlale* (a treatment to boost a person's energy).[121] In addition, she found that Indians also worked as itinerant traders, who sold Indian and African *muthis* to both African and Indian people as they travelled to different areas.[122]

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[118] Karen Flint. "Indian African Encounters: Polyculturalism and African Therapeutic in Natal South Africa in 1886-1950". *Journal of Southern African Studies.* (2006, 32: 2), 379.
[119] Flint, "Indian African Encounters", 380.
[120] Xaba, "The Transformation of Indigenous Medical Practice in South Africa", 58.
[121] Flint, "Indian African Encounters", 380 and M. Ngcobo and N. Gqaleni. "African traditional medicine based immune boosters and infectious diseases: A short commentary". *Journal of Molecular Biomarkers & Diagnosis.* (2015, 7:265).
[122] Flint, "Indian African Encounters", 382.

However, an increasingly hostile relationship developed between European medical practitioners and African traditional healers over time. This developed for several reasons. Firstly, the majority of European doctors developed an arrogance about their scientific (or biomedical) approach and their cultural values and practices, which led to the promotion of the idea that their approach was superior. In addition, their cultural misunderstandings about African traditional beliefs and practices led to a greater distancing between such healers by the late nineteenth and early twentieth centuries. European medical practitioners, but also missionaries and settlers, created negative cultural stereotypes about African traditional healers and their medicines as "backward"/"ignorant", "primitive"/"superstitious", and "harmful" to their patients.[123] Although some traditional healing treatments did undoubtedly cause harm because they were not properly tested or because of inconsistent dosage, they were not all bad or unsafe. The problem was how Europeans tended to erroneously paint all traditional healers and their medicines as evil or harmful to build up their approaches. Indeed, colonial governments and missionaries opposed the use of traditional medicines to such an extent that, in many contexts, Africans were trained as nurses in the hopes of displacing indigenous beliefs and practices with biomedical ones.[124]

Secondly, because of the popularity of traditional healing approaches in African contexts, European doctors came to feel a sense of rivalry with traditional healers when they reached the point of expanding their services beyond European settler enclaves. In many colonial contexts, such as the region that would form South Africa, many felt that traditional healers, long-established in their communities, posed a form of economic competition, which threatened the practices and thus livelihoods of European doctors.[125] For many decades after

[123] Annie Devenish. "Negotiating Healing: The Politics of Professionalisation amongst Traditional Healers in KwaZulu-Natal". *Social Dynamics*. (2005, 31:2), 4.
[124] John Iliffe. *East African Doctors: A History of the Modern Profession*. (Cambridge University Press, 2002), 50.
[125] Iliffe, *East African Doctors*, 53.

the arrival of European doctors, sick Africans continued to seek assistance from their traditional healers and were distrustful of European doctors and their approaches.

Thirdly, some traditional healers posed a political threat to European colonial governments. For instance, some Zulu kings and chiefs used traditional medicines to fight political rivals (to disable opponents with powerful *muthi*) and strengthen armies which meant that those traditional healers played an essential role in politics.[126] Some rulers relied on traditional healers to enhance and maintain their political power by performing rituals using *muthi*. Flint has argued that "Even after the defeat of the Zulu nation by the British in 1879, healers continued to play an important role in maintaining local beliefs and power structures that challenged British rule".[127] Some traditional healers had the power to banish and even execute outcasts and political rivals, thus playing a central role in the political sphere.[128] Therefore, some healers had a great deal of power in their societies and therefore represented a threat to colonial rulers.

This hostility and the threats that some healers posed to British colonial rule and law led to the promulgation of legislation. As a result, in 1891, the Natal colonial state passed legislation to criminalise the work of *izangoma* (diviners), whom it regarded as the most dangerous healers because of their closer connection to the spiritual (supernatural) world and witchcraft. This meant that, in the licencing system that was rolled out at this time, *izangoma* could not apply for licences to practice legally in this colony. Moreover, if they were caught practising without a licence, they were arrested. In addition, Indian healers, who had practised for years as herbalists in the Natal colony, were excluded from this legislation, too, as they were not given licences to practice.[129]

[126] Flint, "Indian African Encounters", 378.
[127] Flint, *Healing Traditions,* 7.
[128] Xaba, *Witchcraft, Sorcery or Medical Practice?* 78.
[129] Pietermaritzburg Archives Repository (PAR), CNC43/25, Report on Inyanga Licenses, 14 September 1934, 115, 117.

Under the 1891 Natal Code of Law exception, only African *izinyanga* (herbalists) and midwives, whom they regarded as less threatening, and whose work they considered more in line with biomedical doctors, could apply for this government licence, which permitted them to practice exclusively in the colony's "Native Reserve" areas.[130] As a result, African *izangoma* and Indian herbalists, who chose to continue practising after this legislation was passed, were forced to operate on the margins or in secret (offered services to their clients discreetly). At the same time, some Indian healers also continued to practice under cover of selling general goods in their shops or travelling vendor services.[131] Many African herbalists also chose not to apply for these licences because they were expensive. The application process was long and intrusive, and the licences obtained limited their treatment options and practice areas.[132] As a result, many continued to practice illegally.

However, while the Natal exception allowed for licenced *izinyanga t*o practice in colonial Natal's "Reserve" areas, other traditional healers in the county were not allowed to register for licences or practice.[133] This led to the shutdown of many traditional healers' businesses in the late colonial period. Still, this criminalisation of traditional healers also extended into the early decades after forming the Union of South Africa in 1910. Of course, these states' attempts to outlaw such healers did not stop traditional healers from practising, but it did make their lives more difficult, particularly if caught.

An excellent example of a healer who experienced such oppression was Louisa Mvemve, an African woman who practised in the Eastern Cape and Witwatersrand during the early decades of the twentieth century.[134] Even though healers were outlawed in most South Africa, Mvemve found ways around the laws to provide her services as a herbalist, and

[130] Devenish, "Negotiating Healing", 9.
[131] Flint, "Indian African Encounters", 370, 380.
[132] Flint, "Indian Africam Encounters", 80.
[133] Devenish, "Negotiating Healing", 10
[134] Catherine Burns. "Louisa Mvemve: A Woman's Advice to the Public on the Cure of Various Diseases". *Kronos: Journal of Cape History*. (1996, 23:1), 108

midwife and nursed the sick.[135] Despite many attempts to obtain a practising licence, she could not get one. Over time, the segregation era state sought to stop her from practising by fining and arresting her on several occasions.[136]

Notably, the attempts to suppress Mvemve's practice occurred at the same time when biomedical practitioners were growing in number and strengthening in power as a lobby group in the 1920s, culminating in the formation in 1926 of the South African Medical Association.[137] This association helped these medical doctors to formalise themselves into a profession and sought to pressure the segregation era state to suppress competition, including competition from traditional healers.[138] As a result, even attempts made by traditional healers to form their own associations, such as the Natal Native Medical Association (formed in 1930), to lobby for more recognition for their work did not succeed.[139]

Because of these efforts, traditional healers, who continued to practice during these restrictive times, had to develop innovative ways to practice. Other than consulting with clients in secret (a critical way to protect themselves and their clients), some became traders and began exploiting new commerce opportunities by selling traditional medicines in the informal sector.[140] Unlike formal businesses that needed licences to operate, traditional healers could sell their wares under the radar in the informal sector's unregulated market spaces as they did not have to go through a vetting process to obtain formal licences to trade.

The passage of the Medical, Dental and Pharmacy Act of 1928 negatively affected traditional healers in South Africa. This Act was implemented to eliminate all types of

[135] Burns, "Louisa Mvemve", 109-110.
[136] Burns, "Louisa Mvemve", 110.
[137] Karen Flint. "Competition, Race, and Professionalisation: African Healers and White Medical Practitioners in Natal, South" in *Healing Traditions: African Medicine, Cultural Exchange and Competition in South Africa, 1820-1948.* (Pietermaritzburg: University of KwaZulu-Natal Press, 2008), 128.
[138] Devenish, "Negotiating Healing", 11.
[139] Xaba, "The Transformation of Indigenous Medical Practice in South Africa", 58-61.
[140] Stein Inge Nesvag. "The Development of Mass Street Trading in Durban: The Case of Muthi Trading". *(D)urban Vortex: South African City in Transition.* Bill Freund and Vishnu Padayachee eds. (Pietermaritzburg: University of Natal Press, 2002), 45, 49.

practitioners not recognised by the South African Medical and Dental Council.[141] This Council, which emerged as a consequence of the Medical, Dental and Pharmacy Act, aimed to introduce a more robust regulation of South Africa's health care system, including the standards of education, training and professional conduct.[142] This Act also sought to suppress the trade of traditional medicines in South Africa, particularly Durban, which had become a centre for this informal trade.[143]

The opposition to and criminalisation of traditional healers continued through the twentieth century, including the apartheid period. Indeed, it intensified with the passage of more legislation just a few years after the Afrikaner Nationalist Party government came to power. A good example of this was the passage of the Witchcraft Suppression Act 3 of 1957, which the apartheid state amended in 1970. This Act sought to prohibit any witchcraft-related activities, including the activities of traditional healers, whom the state associated with witchcraft.[144] Any person/s found guilty of witchcraft was imprisoned for various lengths of time, depending on the nature of their activities.

Despite the many attempts discussed above to criminalise and suppress the practices of traditional healers, it is important to note that such healers did not disappear in the apartheid era either but continued to practice in South Africa, despite the increasingly restrictive environment. Indeed, these various regulations only perpetuated informal practices, which operated in discreet unregulated spaces beyond the control of the state.[145] Traditional healers survived mainly because they maintained a culturally appropriate, holistic and accessible service through the years.

[141] Devenish, "Negotiating Healing", 12.
[142] Devenish, "Negotiating Healing", 13.
[143] Nesvag, "The Development of Mass Street Trading in Durban", 63.
[144] Devenish, "Negotiating Healing", 16.
[145] Devenish, "Negotiating Healing", 8.

In addition, they were adaptable to changing circumstances. This meant that they were open to altering their practices, including where or how they practised. For example, some started selling and sending *muthi* to clients who lived far away. This included sending orders through the mail, which enabled healers to extend their practices to people living outside the reserves and in other provinces by advertising their *muthi* through the distribution of pamphlets and leaflets.[146] They also sold *muthi* via the mail to Indian and white clients.[147] Others were prepared to use new remedies, sometimes borrowing from other healing approaches, to meet the health needs of their clients in changing times. With industrialisation and urbanisation, and the movement of Africans to the towns and cities for jobs, traditional healers also left the rural areas to work in towns and cities. This made them relevant to the communities they served.

People's Varied Healing Choices in South African History

Looking at South Africa (including KZN's) complex healing history, one can see, if one examines the issue from the perspective of those needing care, that by the early twentieth century, people who felt unwell could turn to a variety of healers, and could use a diverse array of healing options, to seek relief for their suffering. Leslie Swartz has discussed three main types, or "sectors of healing", which people could turn to in South Africa for assistance in the nineteenth and twentieth centuries.[148] These were the "popular sector", the "professional sector", and the "traditional or folk sector". Of course, depending on their circumstances, people tried out therapeutic combinations from these different healing sectors to seek aid for their conditions or ailments. This was particularly the case in situations where therapies in one healing industry had failed and in situations where all three sectors became

[146] PAR, CNC43/25, Report on Inyanga Licenses, 14 September 1934, 118-119.
[147] Nesvag, "The Development of Mass Street Trading in Durban", 60.
[148] Leslie Swartz. "Practitioners and their Work" in *Culture and Mental Health: A Southern African Perspective.* (Cape Town and Oxford: Oxford University Press, 1998), 77.

more widely available as therapeutic options across South Africa in changing historical times.[149]

A vital sector identified by Swartz was the "popular sector". This is defined as the sector involving self-treatment; that is, people who took the initiative to try to diagnose and treat themselves or turned to trusted family members, neighbours or friends to seek informal knowledge or advice to assist them when sick.[150] In this sector, people providing help were not trained professionally. Because of the potential costs and hassle of travelling to seek professional help, Swartz has argued that self-help or turning to trusted home remedies used by friends or loved ones were usually the first step most people took when unwell.

Indeed, in the early twentieth century, people bought herbs and various medicine concoctions from general dealers, *muthi* shops, or travelling vendors or ordered them through the mail (having seen their advertisements in newspapers and pamphlets).[151] Pharmacies, which expanded in number during the twentieth century, also provided over-the-counter medications, which people could then buy to treat themselves for common ailments, such as colds and headaches.[152] Of course, because people who self-medicated did not usually first consult a professional before taking these medications, sometimes the ailment could be misdiagnosed and thus not actually treated, or their condition could worsen over time. Such people sought assistance from the "professional" or "traditional sectors" in such cases.

While the "professional" (i.e. scientific/biomedical) and "traditional sectors" have been discussed earlier in this chapter, it is essential to note that, in addition to the popular sector, they provided further healing options for people seeking care. This was particularly the case, for example, when professional sector services, such as those offered by biomedical

[149] Swartz, "Practitioners and their Work", 85.
[150] Swartz, "Practitioners and their Work", 82-83.
[151] Swartz, "Practitioners and their Work", 82.
[152] Anne Digby. "Self-Medication and the Trade in Medicine within a Multi-Ethnic Context: A Case Study of South Africa from the Mid-Nineteenth to Mid-Twentieth Centuries". *Social History of Medicine*. (2005, 18:3), 439-457.

practitioners, expanded beyond European settler enclaves, with the aid of missionary, state and private hospitals and clinics, to indigenous communities.

Swartz defined the "professional sector" as the sector that was most closely associated with the state, with the biggest budgets and was the most organised.[153] Indeed, by the early decades of the twentieth century, its medical professional bodies, which were closely aligned with the state, required its scientifically trained doctors, nurses, and other health care providers to obtain a formal scientific education and register as professionals and obtain licences to practice. It was also the sector that developed as the most technical (in terms of equipment), particularly for diagnosing conditions within the body, and to conduct surgeries. In addition, as specialisation within biomedicine took place over time, this led to the compartmentalised treatment of specific body parts or diseases. It was also the least accessible treatment option (in terms of cost and distances people usually had to travel to seek treatment in such facilities). Furthermore, it was the most culturally foreign type of healing since when patients consulted professionals, the severe "cases" were removed from their homes and placed in sterile, alienating clinical environments.[154]

Finally, the "traditional or folk sector", the focus of this thesis, provided another option for people seeking relief from their ailments. This sector offered a strong option, particularly for many black African communities, after home remedies had failed or an illness went on for too long.[155] In addition to traditional healing being well-known to people within African communities, having had deep roots from the precolonial period, it offered a more culturally sensitive form of diagnosis and treatment that drew on African beliefs and understandings and sought to use a holistic approach that linked a client's physical,

[153] Swartz, "Practitioners and their Work", 77.
[154] Swartz, "Practitioners and their Work", 79.
[155] Swartz, "Practitioners and their Work", 85.

psychological and spiritual dis-ease and wellness.[156] Since traditional healers were ubiquitous in African communities, which continued even after their criminalisation, those seeking care found such practitioners more accessible, and depending on the healer, also sometimes more affordable, as payments could often be negotiated and even staggered until after a client was healed, to accommodate the clients' needs. Traditional healing therapies were usually more natural in composition, not derived from chemicals and synthetic drugs, but from plant, herb and animal parts. As we have seen, traditional healers were also adaptable over time. They showed openness to learning about new treatments, which they incorporated into their healing pantheon, making them relevant to their clients' changing needs.

Conclusion

This chapter provided some historical background on traditional healing. It focused on what traditional healing was and discussed what moves were made by various nineteenth and twentieth-century governments in South Africa to criminalise the practice of such healers. This made traditional healing practice more challenging for practitioners and their clients. However, as we saw in this chapter, many traditional healers adapted to these more restrictive operating conditions to continue offering their services and *muthi* to their clients in new ways. As a result, throughout the nineteenth and twentieth centuries, several healing options existed for people seeking aid for their illnesses. The next chapter will add to this background information as it will discuss the history of the formation of KwaMashu, a township created on the outskirts of Durban during the apartheid era. It will help to contextualise the location of my interviewees during the apartheid period.

[156] Michael Sibusiso Mnyandu. "A comparative study of the Zionist faith healers and diviners and their contribution to Christian communities in the Valley of Thousand Hill". (Doctor of Philosophy thesis, University of Durban-Westville, 1993), 209.

CHAPTER THREE:

Background History on KwaMashu

This chapter provides some broader background information to help understand this study better. Made up of three sections, section one provides some history of the formation of townships in the segregation era South Africa leading up to the building of KwaMashu. The second section examines the construction of KwaMashu under the apartheid regime. Drawing on mainly archival, newspaper and secondary sources, it examines how this township developed in 1957 as part of the apartheid government's "separate development" policies for black South Africans. The final section analyses the occupation of KwaMashu and discusses several factors that influenced life in this township during the apartheid period. Overall, this chapter, therefore, seeks to help contextualise the situation my interviewees found themselves in during the apartheid period.

Prelude to the Formation of KwaMashu

South Africa has a long history of racially segregating its population. In order to have full control or authority of land ownership in South Africa, the white colonial authorities established segregationist laws that ensured the regulation of land ownership in the late nineteenth century. The British colonists created a system of "Native Reserves", were Africans (and later people of mixed heritage or "Coloureds" as well as Indians) were segregated and restricted to land in designated areas.[157] The Reserve System for Africans sought to keep Africans segregated from European settlers and to keep most Africans out of urban centres; in other words, to confine them to the rural areas where they engaged in subsistence farming. Over time, as more and more Africans were required to settle in these rural reserves, it became more difficult to exist on the shrinking amount of land available. To meet their labour needs, the colonial government made it possible for Africans to leave the

[157] William Beinart. *Twentieth Century South Africa*. (New York: Oxford University Press, 2001), 80.

Reserves to find work temporarily. As a result, Africans were turned into a cheap, desperate labour force, who could only migrate to the towns, mines or farms (mostly men initially) to work for short periods and then return to their rural homes to engage in subsistence farming on increasingly smaller patches of land in between their work contracts.[158]

From 1910, several South African Union governments built on the colonial-era racial segregation policies.[159] Indeed, they passed several more laws that discriminated against and disadvantaged black South Africans during this period. For example, laws gradually excluded all black South Africans from political participation in the early decades of the twentieth century.[160] In addition, the passage of the Land Act of 1913 extended the land dispossession of the African population. This Act prohibited Africans from buying or hiring land in 93% of South Africa. Africans were restricted to the remaining 7% of land despite being the country's majority population.[161] African land ownership was only increased to 13.5% in 1936 when the Native and Land Trust Act was passed to try to overcome some of the severe overcrowding in the Reserves.[162] Thus, white landowners generated wealth from land they usurped from Africans.[163] Furthermore, the government introduced job reservation policies that discriminated against Africans. These policies promoted white employment and excluded black South Africans from being members of registered trade unions and the registration of black trade unions.

[158] Beinart, *Twentieth Century South Africa*, 93 and Cherryl Walker. "Gender and the Development of the Migrant Labour System c.1850-1930". *Women and Gender in Southern Africa to 1945*. Cherryl Walker ed. (Cape Town: David Philip, 1990), 170.
[159] Norman Etherington. "The 'Shepstone System' in the Colony of Natal and beyond the Borders". *Natal and Zululand from Earliest Times to 1910.* Andrew Duminy and Bill Guest eds. (Pietermaritzburg: University of *Natal* Press, 1996), 259 and Paul Maylam, "Introduction – The Struggle for Space in Twentieth-Century Durban", 7.
[160] Andrew Duminy and Bill Guest eds. *Natal and Zululand: From Earliest Times to 1910.* (Pietermaritzburg: University of *Natal* Press, 1996), 265.
[161] Duminy and Guest eds., *Natal and Zululand: From Earliest Times to 1910*, 267.
[162] Duminy and Guest eds., *Natal and Zululand: From Earliest Times to 1910*, 268.
[163] Duminy and Guest eds., *Natal and Zululand: From Earliest Times to 1910*, 265.

Another important area of expansion of segregation-era state control over African people's lives was developments in the area of influx control policies. In 1923, the government passed the Native Urban Areas Act.[164] This act sought to control the growing number of Africans who moved into urban areas to find work. This Act enforced the permit system, which was used to limit the ability of Africans not formally employed to stay permanently in urban areas.[165] Those who fell into this category were sent back home to their rural areas by the municipality, while those who were employed could remain as temporary labourers who were required to return to their rural homes after their work contracts ended.[166] The police responsible for keeping Africans out of urban areas regulated these influx control measures. People had to have legal permits to be in cities, and the police were empowered to arrest people without permits or those refusing to obey the influx control laws.

It was because of the state's segregation and influx control policies that the state rolled out municipal housing for Africans very slowly. This municipal housing for Africans introduced the concept of "townships" which were state-sanctioned residential suburbs or areas designated for black occupation. In Durban, for example, the Municipality's first African "township" – Baumanville, which was located near the Greyville race course, was built between 1915 and 1917.[167] It only provided 120 "cottages" for African workers and only for those who qualified, that is, had the necessary permits to stay in the city.[168] This Baumanville housing was available for both married permanent African residents and temporary residents with the required contract work permits.

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[164] Paul Maylam. "Introduction: The Struggle for Space in Twentieth-Century Durban". *The People's City. African Life in Twentieth-Century Durban*. P. Maylam and I. Edwards eds. (Pietermaritzburg: University of Natal Press, 1996), 23 and Walker, "Gender and the Development of the Migrant Labour", 172.
[165] Paul Maylam. "The Evolution of Urban Apartheid: Influx Control and Segregation in Durban, c.1900-1951". *Receded Tides of Empire.* Bill Guest and John M. Sellers eds. (Pietermaritzburg: University of *Natal* Press, 1994), 49.
[166] Paul Maylam. "'The Black Belt': African Squatters in Durban, 1935-1950". *Canadian Journal of African Studies* (1983, 17: 3), 422.
[167] Louise Torr. "Lamontville: A History, 1930-1960". *The People's City: African Life in Twentieth-Century Durban.* Paul Maylam and Iain Edwards eds. (Pietermaritzburg: University of Natal Press, 1996), 245.
[168] Torr, "Lamontville: A History", 245.

In 1934, the state started building additional accommodation for Africans with work permits because of the expansion of the city and the growing need for formal housing. This municipal construction took place south of Durban's central business district (CBD), in Lamontville. It was built initially to house a higher (middle) class of Africans, such as teachers, nurses, police officers and civil servants.[169] Lamontville's initial size was an area of 330 hectares of land, which consisted of 2,757 houses and flats accommodating a population of 33,350.[170] Eventually, over time, more townships, such as Chesterville, built for African families, and a hostel in Merebank for unmarried men, both situated south-west of Durban, were opened in 1946 to accommodate the growing number of people who came to Durban for work during the interwar and Second World War period.[171]

However, it is essential to note that the state's influx control policies and the limited amount of formal housing (for those with permits) did not stop the migration and settlement of Africans in the towns and cities. Indeed, in the 1930s and 1940s, the number of Africans who migrated into the urban areas, including Durban, increased significantly, flouting the permit system and risking arrest. According to Paul Maylam, the number of Africans migrating to Durban between the 1930s and 1940s was approximately 83,000.[172] The Second World War stimulated Durban's economy to expand the manufacturing sector that offered employment to African workers during and after the war. These manufacturing industries included factories that processed products related to farming, fishing, forestry and mining and helped boost the industrial growth of South Africa at this time.[173] In Durban, more industrial factories of clothing, footwear, and cigarettes, to name a few, were expanded as well.[174] With

[169] Torr, "Lamontville: A History", 250.
[170] Louise Torr. "The Social History of an Urban African Community, Lamont, c.1932-1960". (Master's thesis, Department of History, University of Natal, 1985), 44.
[171] Maylam, "'The Black Belt': African Squatters in Durban", 417.
[172] Maylam, "'The Black Belt': African Squatters in Durban", 425.
[173] See Mark Addleson. "An Overview of the Growth of Manufacturing in Natal". *Receded Tides of Empire: Aspects of the Economic and Social History of Natal and Zululand since 1910.* Bill Guest and John M. Sellers eds. (Pietermaritzburg: University of Natal Press, 1994), 143.
[174] Addleson, "An Overview of the Growth of Manufacturing in Natal", 144.

the economy growing rapidly, this resulted in the need for more labour (unskilled and semi-skilled workers) to work in these factories. This stimulated the influx of Africans into the city to find work. Between the 1930s and 1940s, the number of Africans employed in Durban increased from approximately 12,000 to over 31,400, increasing 162%.[175] By the 1940s, approximately 143 000 Africans were employed in various Durban sectors.[176]

This period also saw growing numbers of African women migrating to cities, some of whom travelled to join their partners or alone or with children. Most came to cities like Durban to find jobs and to earn an income to support themselves and their families because of the lack of employment opportunities and deteriorating conditions in the rural areas.[177] Some decided to stay permanently. Because formal housing in townships was restricted to those workers with permits, many migrants who did not have permits found accommodation in the growing informal settlements that mushroomed near Durban's CBD.[178] Cato Manor, Mayville and Sydenham provided good examples of areas with burgeoning informal settlements during the early decades of the twentieth century.[179] By the start of the apartheid period, formal townships and informal settlements thus co-existed in and around Durban, as in many of South Africa's urban areas.

[175] Maylam, *The People's City: African Life in Twentieth Century Durban*, 16.
[176] Deborah Posel. *The Making of Apartheid 1948-1961: Conflict and Compromise*. (Oxford: Clarendon Press, 1991), 49.
[177] Walker, "Gender and the Development of the Migrant Labour System", 181 and Maylam, "'The Black Belt'", 421.
[178] Maylam, "'The Black Belt': African Squatters in Durban", 422 and Paul la Hausse. "The Message of the Warriors: The ICU, The Labouring Poor and the Making of a Popular Political Culture in Durban". (Paper presented to the History Workshop entitled 'The Making of Class' at the University of the Witwatersrand, 9-14 February 1987), 23.
[179] Durban Archives Repository (TBD), 3/DBN, 4/1/2/1165, Mayors Minutes, 20 July 1932, 15. For more on this, also see Iain Edwards. "Cato Manor, June 1959". *The People's City: African Life in Twentieth-Century Durban*. Paul Maylam and Iain Edwards eds. (University of Natal Press: Pietermaritzburg, 1996), 108 and Maylam, "'The Black Belt': African Squatters in Durban'", 416.

The Apartheid Regime and the Formation of KwaMashu

After decades of rule by segregationist governments, white voters elected the Afrikaner-led National Party into power on its platform of "apartheid" in 1948.[180] The term apartheid, translated from Afrikaans into English, meant "apartness" or "separateness". The architects of the apartheid system built on the racial segregation and discrimination policies of its predecessor governments. It called for a more strict separation of the country's different "racial groups", namely Africans, Indians, Coloureds and Whites in South Africa, in all areas of life, including residence, schools and universities, political institutions, public spaces and marriage, to mention but a few.[181] The country's different population groups were to live and develop separately and unequally, enforced through laws and policing.

Indeed, the apartheid lawmakers passed a barrage of legislation between 1948 and the demise of this system in 1994, to strengthen its separate development policies. One of these cornerstone laws was the Population Registration Act of 1950, which required the registration of people according to their "racial groups".[182] This meant people were treated differently and unequally based on their state-designated population groups. The Bantu Authorities Act was another fundamental law introduced in 1951 to support the system of separate development for different African ethnic groups in the Reserves.[183] This Act sought to divide the majority population by creating several separate "Bantustans" or ethnic "homelands" under the Native Laws Amendment Act, such as KwaZulu, where people from the same ethnic group, in this case, "the Zulus" were expected to live, work and interact.[184]

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[180] Posel, *The Making of Apartheid 1948-1961,* 56.
[181] Samuel Gudazi. "Imithetho Emisha Ebekwa Ezombusazwe" [New Laws by the Government]. *Ilanga lase Natal,* 23 October 1948. See also Posel, *The Making of Apartheid 1948-1961,* 57.
[182] Philip Bonner, Peter Delius and Deboral Posel eds. *Apartheid's Genesis 1935-1962*. (Johannesburg: Ravan Press, 1994), 210-211 and William Beinart and Saul Dubow eds. *Segregation and Apartheid in Twentieth-Century South Africa*. (London: Cambridge University Press, 1995), 88.
[183] Louise Torr. "The Durban City Council and Land Use, 1923-1933: The Founding of Lamont". (Unpublished paper presented to the Workshop on African Urban Life in Durban in the Twentieth Century, October 1983), 15.
[184] Laurine Platzky and Cherryl Walker. *The Surplus People*: *Forced Removals in South Africa*. (Johannesburg: Ravan Press, 1985), 58

The apartheid system also promulgated the Group Areas Act of 1950, which ensured the creation of separate residential areas for South Africa's different "racial groups".[185] This Act physically separated people of different "races" living in urban areas.[186] The apartheid system also passed further legislation to strengthen influx control policies and introduced the Pass Laws Act of 1952 to control the migration of Africans from rural to urban areas.[187]

However, despite this barrage of apartheid legislation to more carefully segregate and regulate the residence and movement of black South Africans within and between different areas of South Africa, more and more Africans continued to defy these laws and migrated to find jobs in the cities, settling in expanding informal settlements. Moreover, during the late 1940s and through the 1950s, more men and women decided to stay permanently in the urban areas, whether employed or not, since the rural homelands offered them little opportunities to support themselves and their families.[188]

Because of the rapid growth of Durban's African population, in the early 1950s, the Durban City Council, as a stopgap measure, opened an emergency camp in the Cato Manor area to house homeless Africans.[189] Its inhabitants named it *Umkhumbane* (meaning the boat) after a nearby local river.[190] This camp differed from the other informal sector parts of Cato Manor as it offered basic facilities and services to its inhabitants, such as refuse removal, street lighting, clinics, nursery schools, and sport and other recreational facilities.[191] The camp consisted of five-roomed (including a kitchen) temporary dwellings made from wood. Four to five families usually shared these dwellings.[192] The camp sought to provide better

[185] Posel, *The Making of Apartheid 1948-1961*, 60.
[186] Posel, *The Making of Apartheid 1948-1961*, 64.
[187] Posel, *The Making of Apartheid 1948-1961*, 65.
[188] Beinart and Dubow, *Segregation and Apartheid in Twentieth-Century South Africa*, 91.
[189] Edwards, "Cato Manor, June 1959", 103.
[190] Cato Manor Development Association (CMDA). "Status Report 2000, History", www.cmda.org.za (Accessed on 19 July 2021).
[191] TBD, 3/DBN, 4/1/2/1165, Mayors Minutes, 20 July 1932, 17.
[192] Gavin Maasdorp and A.B. Humphreys. *From Shantytown to Township: An Economic Study of African Poverty and Rehousing in a South African City*. (Cape Town: Juta, 1975), 15. The work by Maasdorp and

accommodation for its inhabitants than the informal settlements. Still, it soon proved inadequate, too, as it could not manage the rapid growth of Cato Manor's population.[193] In five years, the camp was over-populated. This camp had 4,427 sites (land on which houses are constructed), which housed 85,000 people and later (by 1954) 120,000 as it reached its peak.[194]

During the 1950s, white communities in and around Durban raised growing concerns about this and other informal settlements. Firstly, they raised security concerns. These slums were viewed as a security threat to the white communities of Durban as the existence of gangs saw the expansion of criminal acts and violence that they felt interfered with the orderly management of the city.[195] Secondly, the unsightly character of the disorderly construction of shack housing for white property owners lowered their property values if located near these informal settlements. Thirdly, the lack of organised rubbish and sewerage removal in many of these settlements and the lack of adequate piped water supply posed a hygiene threat as diseases, such as cholera, diarrhoea, and other water-borne diseases could spread quickly.

In addition, another concern was the minimal regulation of shack dwellers' movements and economic activities within these informal settlements.[196] Informal settlements were less policed environments because of their disorderly nature, and shack dwellers engaged in informal sector activities such as producing and selling sorghum beer, selling dagga, backyard motor mechanics, sex work, and unlicensed trading, which competed with licensed or legitimate businesses.

Humphreys gives a full account of Cato Manor and the Emergency Camp. This work also provides statistical records of the residents residing in Cato Manor.

[193] Edwards, "Cato Manor, June 1959", 103.

[194] Maasdorp and Humphreys, *From Shantytown to Township*, 17.

[195] Maylam, "'The Black Belt': African Squatters in Durban, 1935-1950", 421.

[196] La Hausse, "Alcohol, the Ematsheni and Popular Culture in Durban", 85.

Because of these growing concerns and the pressure mounted by white Durban citizens on the local City Council to clear the city of its informal settlements, the Council started making plans to develop two African townships, one towards the north of Durban (KwaMashu) and the other towards the south (Umlazi), as well as other townships for communities of different "races". These townships were to form part of the "Durban System" that emerged under apartheid's Group Areas Act, which physically sought to separate black, i.e. African, Indian and Coloured townships from white areas from the 1950s onwards.[197]

For KwaMashu and Umlazi, the planners of these townships envisaged that African workers and professionals, with the necessary urban residence permits, were to be housed according to the location of their work places.[198] Those who worked on the southern side of Durban's CBD and the Point area were to be housed in Umlazi (about 23 kilometres from the CBD) and those who worked on the northern side of Durban and city centre were to be housed in KwaMashu (about 20 kilometres from the CBD).[199] The envisaged plan for KwaMashu initially was to accommodate 80,000 African people. The housing programme at KwaMashu was the most extensive formal housing plan that the Durban City Council had established for the African community.

It took many years for the City Council to get approval from the central government to start building these townships. There were prolonged negotiations between these parties to purchase land and the construction of these townships, for the City Council had to submit their strategies to the central government in advance for authorization.[200] Securing the

[197] Paul Maylam. "The Evolution of Urban Apartheid: Influx Control and Segregation in Durban, c.1900-1951". *Receded Tides of Empire.* Bill Guest and John M. Sellers eds. (Pietermaritzburg: University of *Natal* Press, 1994), 49 and Paul Maylam. "Introduction – The Struggle for Space in Twentieth-Century Durban". *The People's City: African Life in Twentieth-Century Durban.* Paul Maylam and Iain Edwards eds. (University of Natal Press: Pietermaritzburg, 1996), 6.
[198] TBD, Durban City Council Committee Meeting, KwaMashu Housing, 26 September 1957, 108.
[199] TBD, Minutes of Special Joint meeting of Bantu Administration Committee and Special Committee for Native Housing, 6 August 1959, 1.
[200] TBD, Municipal Bantu Administration (BAD) Files, Confidential letter from Town Clerk to Sec. of Native Affairs, 5 December 1955. Memo by City Treasurer, 6 June 1956, part I.

necessary finances also delayed the start of the building process since these were large building projects. In addition, the Durban City Council, to meet apartheid planning schemes, had to ensure the existence of separate access roads to and from African and Indian group areas.[201] They also had to ensure that these townships were not located too close to the CBD or to white group areas.

Eventually, in 1956, the Durban City Council got its building programme approved and in 1957 began construction on the KwaMashu site. [202] KwaMashu was named after a former sugarcane farmer and member of the Legislative Assembly of the Natal colony, Sir Marshall Campbell, who owned and donated the land on which KwaMashu was built.[203] The name Marshall was translated into the isiZulu word "KwaMashu", which meant "place of Marshall".

The construction of the KwaMashu Township took place in several phases, and the local government, the Durban City Council (also known as the Durban Municipality), administered the whole project.[204] The Durban Municipality sought to build 12,500 houses between 1957 and 1965 for working middle-class African families.[205] These houses were differentiated into five types of housing to cater to different sized families and people with varying income levels.[206]

The first, Type A phase, involved larger 4,500 square feet sites geared towards better-off families who could afford to build single-storey homes with their own design preferences but according to the municipality's approval standard. The second, Type B phase, was made up of smaller 2,800 square feet sites, on which the municipality built four-roomed houses

[201] TBD, BAD Files, Confidential letter from Town Clerk to Sec of Native Affairs, 5 December 1955, part II.
[202] Maasdorp and Humphreys, *From Shantytown to Township*, 70.
[203] TBD, City Council Committee Meeting, KwaMashu Housing, 26 September 1957, 139.
[204] TBD, City Council Committee Meeting. KwaMashu Housing, 26 September 1957, 140.
[205] TBD, Durban City Council Committee Meeting. KwaMashu Housing, 26 September 1957, 108 and TBD, Minutes of Special Committee for Native Housing. KwaMashu Housing, 23 September 1957, 1.
[206] TBD, BAD Files, No. 5, Chief Native Affairs Commissioner, Pmb to Town Clerk, Durban, 17 July 1957.

with a kitchen, dining room, two bedrooms and an outside water-borne shower-bathroom facility. Initially, both Type A and B phrase properties were rented to their residents. However, later, from 1977 onwards, Africans living in KwaMashu in these types of housing could buy or own their own homes through a deed of grant basis. However, this grant deed meant that Africans could only buy the house and not purchase the land on which the house stood.[207]

The third, Type C phase, consisted of 2,450 square feet four-roomed detached houses, built by the municipality, with an outside waterborne shower-bathroom, which smaller families could at first rent, with the option later to buy. The Type D houses were 2,800 square feet sites, configured into two-roomed houses, with one bedroom, a combined kitchen/dining/ living room and an outside waterborne shower-bathroom. People could only rent Type D properties. This type of housing was designed either for smaller families, with breadwinners earning lower salaries, but who might achieve a higher income bracket in the future, allowing them to expand these properties by adding extra rooms when they could afford to do so.

The Type E housing phase involved the construction of single-roomed cabins, which also had a separate outside waterborne shower-bathroom. This was intended for the lowest family income earners, who could rent these properties. Finally, the Type E housing phase, involved sites with two separate single-room log cabins, which consisted of a waterborne outside shower-bathroom. This type of housing was meant for poorer Africans, and it allowed for sharing between neighbours, with a rent of £2.00 per month.[208]

In addition, architects also drew up plans to construct a hostel for 30,000 single African male workers. The hostel phase, which was built in 1957, consisted of two-roomed units, where four men would share the bedroom (four bunk beds) and the combined

[207] Douglas George Booth. "An Interpretation of Political Violence in Lamont and KwaMashu". (Master's thesis, Department of Development Studies, University of Natal Durban, 1987), 78.
[208] TBD, Natal Chamber of Industries. Report on the Housing for the Urban African Housing, September 1960, 10-11.

kitchen/dining room/living space at a monthly rate of £1 rent.[209] These hostels also had separate outside waterborne shower-bathroom facilities.

Over time, KwaMashu Township was built in sections which included Sections A, B, C, D, E, F, G, H, J, K, L, M, N and P. Thus, KwaMashu M Section, the region focused on in this thesis, was one of the sections built by the Durban municipality in 1959. It was made up of a mixture of Type A and C phase houses for family living.

As formal housing structures, all these KwaMashu units were designed with access to running water in shower/bathroom outhouses, and they were all connected to the power grid, which meant these units were supplied with electricity. The Durban City Council also implemented waterborne sewerage throughout the township as part of the Sewerage Disposal Works (SDW) in 1958, ensuring organised sewerage removal.[210] An organised system for refuse removal was to be implemented once the township became occupied. Furthermore, the municipality sought to provide different modes of transport for KwaMashu residents. In 1959, Public Utility Transport Corporation (PUTCO) was introduced to provide regular bus transportation services to people working in Durban.[211]

The Occupation of KwaMashu and Life in this Township

People began moving into KwaMashu Township in 1958.[212] The occupation of KwaMashu resulted from the mass resettlement by the Durban municipality of shack dwellers from Cato Manor, which was declared a white group area in 1958.[213] Initially, during the opening of the first housing phase, only better off working nuclear families, chosen through a screening process based on legal, marital and economic status, were selected for

[209] TBD, The Natal Chamber of Industries. *Housing for the Urban African Population,* 30 September, 1960, 9.
[210] TBD, Minutes of Special Committee for Native Housing, Vol 1, September 1957, 1.
[211] Maasdorp and Humphreys, *From Shantytown to Township*, 85.
[212] TBD, City Council Committee Meeting, KwaMashu Housing, 26 September 1957, 139.
[213] Maasdorp and Humphreys, *From Shantytown to Township*, 30.

occupation.[214] However, these initial selection criteria proved restrictive as officials found that many residents of informal settlements were unmarried couples, some with children, or single people, including women supporting child dependents. Many Cato Manor residents lived in abject poverty and could not afford to pay the rent.

As a result, from 1959, as more and varied housing options became available in KwaMashu, the Durban City Council decided to open KwaMashu to a wider range of people who had legal permits to work and reside in Durban, despite their economic or marital situations.[215] In addition, to address the issue of many people who could not afford the rent because of their low-income levels, rent remissions were granted to those who could not afford to pay the full rent, while those with even lower income levels were required to pay £2 per month for rent.[216]

As the municipality resettled more people in KwaMashu, it expanded the services provided for people living in this area over time. For example, during the early 1960s, the local state built a railway line, which opened in 1962, to accommodate more commuters and provide an alternative transport option.[217] This train line linked the Durban CBD to KwaMashu. The municipality also built and opened several schools, including nursery schools for its residents.[218] Indeed, by 1965, KwaMashu had 15 crèches, 20 lower primary schools, 11 higher primary schools and four high schools located in different sections of the township, and a Training College for primary school teachers.[219] Other public services provided also included a home for the elderly, two health care clinics, law courts and a police station.[220]

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[214] TBD, BAD Files, Bourquin to City Engineer, 13 February 1958 and TBD, BAD Files, No. 5, Bourquin to Natal Chamber of Industries, 11 November 1957.
[215] Maasdorp and Humphreys, *From Shantytown to Township*, 81.
[216] TBD, Minutes of Special Committee for Native Housing, Vol 1, 15 June 1955 – 28 October 1960, 6.
[217] B. Bozzoli eds. *Labour, Townships and Protest, Studies in the Social History of the Witwatersrand* (Johannesburg: Raven Press, 1979), 8.
[218] Maasdorp and Humphreys, *From Shantytown to Township*, 87.
[219] Moller, *A Black Township in Durban,* 61.
[220] Moller, *A Black Township in Durban,* 64.

In addition, the municipality provided various recreational amenities, such as parks, playgrounds for children and sports fields, including the large Princess Mogogo football stadium built in the 1970s. By the 1980s, KwaMashu Township could boast 15 sports fields, six tennis courts, two public swimming pools, five community halls, and a cinema.[221] Beerhalls, where alcohol was sold to patrons, also provided an important leisure activity for adults (mostly men). The beerhalls only served African beer (*utshwala*) called *ijuba,* which, traditionally, women had brewed using sorghum grain. In addition to the beerhalls, three state-owned bottle stores were opened in KwaMashu, which sold western forms of liquor, such as wine, brandy, whisky, vodka, gin and bottled (hops) beer. While this set-up served as a mechanism for the local state to control the supply and consumption of alcohol in this township, the beerhalls were also built to help the municipality raise revenue from the sales to help subsidise the housing construction and other services they rolled out in KwaMashu.[222]

Furthermore, shopping facilities were developed for KwaMashu residents to buy groceries and other essential supplies. Over time, the municipality also made space or properties available for people to rent or purchase and opened private grocery shops and other shops to service this community.[223] For example, in the late 1960s, a large shopping centre – the KwaMashu Station (because it was built opposite the railway station) – offered residents 110 formal businesses, including supermarkets, butcheries, restaurants, banks, building societies and other venders.[224] Besides KwaMashu Station, there were also other smaller shops, such as the KwaMashu M. Bekezela store, which catered for residents living at a distance from the KwaMashu Station shopping centre. In addition, the City Council sought to

[221] Moller, *A Black Township in Durban,* 64.
[222] TBD, Minutes of the Special Committee for Native Housing, Vol.1 9 (1955-1960), 17. April 1959, 4. Also see Maasdorp and Humphreys, *From Shantytown to Township*, 80.
[223] Maasdorp and Humphreys, *From Shantytown to Township*, 89.
[224] Krige, *The Prospects for Informal Small Businesses in Kwamashu,* 25.

provide market or trading stalls for hawkers on a controlled (licenced) basis, which they could rent.[225]

Because of these developments, some people were glad to move to this new township, which offered better accommodation and public services than the informal settlements. However, the municipality's mass resettlement process was not viewed positively by all. Indeed, many Africans rightfully regarded this process as enforced eviction from their Cato Manor homes.[226] Although the development of KwaMashu sought to provide formal, serviced housing for Africans, many Cato Manor shack dwellers did not want to leave KwaMashu for various reasons.

Firstly, some thought that this township was situated too far from the CBD (about 20 kilometres north of the city), thus about 10 kilometres further away than Cato Manor. Therefore, those working in Durban central would suffer financially because of the need to pay higher transport fees.[227] Secondly, others with low incomes were concerned about covering the monthly municipal water and electricity charges in KwaMashu, which they never had to pay in the informal settlement. At the same time, those with children worried about the public school fees.[228] Thirdly, some viewed these forced removals as disruptive to their lives, as uprooting people from their Cato Manor homes broke up families and communities.

Fourthly, many people were concerned about the impact of resettlement on their well-established businesses, which were primarily informal in nature as they did not have licences to operate.[229] Many worked as illegal hawkers in the informal sector or ran informal trade

[225] Moller, *A Black Township in Durban,* 50 and Dulcie J. Krige. *The Prospects for Informal Small Businesses in Kwamashu*. (Durban: Development Studies Unit, University of Natal, 1987), 15.
[226] TBD, Native Administration Committee Meeting. *Clearing of Cato Manor Shacks,* 2 February 1959, 3.
[227] Iain Edwards. "Cato Manor, June 1959". *The People's City: African Life in Twentieth-Century Durban*. Paul Maylam and Iain Edwards eds. (University of Natal Press: Pietermaritzburg, 1996), 108.
[228] Edwards, "Cato Manor, June 1959", 109.
[229] Edwards, "Cato Manor, June 1959", 111.

businesses.[230] Women tended to cook and sell food on the streets or operated illegal shebeen businesses, where they brewed and sold sorghum beer to sustain themselves and their families.[231] Men sold traditional clothes and other items and livestock, such as chickens and goats. Moreover, traditional healers and *muthi* sellers also ran lucrative businesses in these informal settlements.[232] As urbanisation took place, some traditional healers, keen on building up their clientele in new locales, also travelled from the rural Reserve areas and settled in urban areas, such as Cato Manor. They set up practices in these unregulated spaces where they could earn a living and cater to their clients' needs, providing consultation services and selling *muthi* in new urban environments.[233]

However, the existence of rents and stricter supervision of traders, especially unlicensed traders and entrepreneurs in KwaMashu Township, would restrict their businesses. In addition, the municipality banned shebeen queens from legally operating in KwaMashu to prevent competition with the municipal beerhalls.[234] Not being able to sell alcohol became a considerable problem for unemployed women in KwaMashu who had previously depended on informal trading. For now they had to find other ways or seek other jobs to sustain themselves and their families.[235]

Traditional healers, particularly diviners (*izangoma*) who were banned from practicing in South Africa, and those herbalists (*izinyanga*) who were unlicensed, faced severe consequences too, including arrest, hefty fines and imprisonment if they disobeyed the

[230] Valerie Moller. *A Black Township in Durban: A Study of Needs and Problems*. (Durban: Centre for Applied Social Sciences, University of Natal, 1978), 48.
[231] Maasdorp and Humphreys, *From Shantytown to Township*, 89.
[232] Myles Mander, Lungile Ntuli, Nicci Diederichs and Khulile Mavundla, "Economics of the Traditional Medicine Trade in South Africa". *South African Health Review* (2007, 1), 189-196.
[233] Maasdorp and Humphreys, *From Shantytown to Township*, 90.
[234] Paul La Hausse. "The Struggle for the City: Alcohol, the Ematsheni and Popular Culture in Durban, 1902-1936". *The People's City. African Life in Twentieth-Century.* P. Maylam and I. Edwards eds. (Pietermaritzburg: University of Natal Press, 1996), 86.
[235] La Hausse, "Alcohol, the Ematsheni and Popular Culture in Durban", 87.

laws and practiced or sold their *muthis* in public in KwaMashu.[236] This instilled apprehension in the minds of many individuals because they knew that the municipality's police discouraged such operations in KwaMashu.

Of course, the threat to their businesses did not prevent everyone from trading or working in this township. Many found ways to continue working around the system or practised covertly to avoid capture. Others, including traditional healers, travelled between rural and urban areas to consult with their clients, which helped sustain their businesses. They could then draw on payments from clients living in rural and urban areas. It also offered these healers the opportunity to obtain the necessary plant and animal parts needed to treat their clients in the urban areas.[237]

In 1960, as the Durban municipality increased its pace of evictions from Cato Manor, many residents showed resistance and protested against their forced removal to KwaMashu. The residents ignored eviction notices and held community meetings (that sometimes got violent) to show their dissatisfaction.[238] As a result, police officers were deployed to stop the social unrest in Cato Manor, and the state became more heavy-handed in its treatment of people during the evictions. For example, on 9 February 1960, the police forcibly took groups of people living in eZinkwaini, an area of Cato Manor, placed them on trucks and took them to KwaMashu following the demolition of their shacks.[239] During this process, some lost personal possessions and stock for their businesses. In addition, they were not given sufficient time to take all their belongings before the demolition began.[240] Others were injured, and some were arrested for resisting.

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[236] Karen Flint. *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820-1948*. (Pietermaritzburg: University of KwaZulu-Natal Press, 2008), 98 and Thokozani Xaba. *Witchcraft, Sorcery or Medical Practice? The Demand, Supply and Regulation of Indigenous Medicines in Durban, South Africa (1844-2002)*. (Berkeley: University of California, 2004), 89.
[237] Harriet Hlophe. "A Clash between the Law and Witchdoctors". *The Natal Mercury*, 8 June 1990.
[238] Jacob Gumede. "Izikhalo kwaMuhle" [Cries at kwaMuhle], *Ilanga laseNatal*, 27 January 1960.
[239] Thandekile Msomi. "Amaphoyisa Aphume Inqina" [Police took Control], *Ilanga laseNatal*, 30 January 1960.
[240] Edwards, "Cato Manor, June 1959", 116.

The reallocation process took several years to complete. By the end of 1960, 400 family houses and over 1,000 single-room log cabins were ready for occupation. In 1961, 400 to 500 families were reallocated monthly to speed up the process. Between 1958 and 1963, the Durban municipality had moved 5,188 families from Cato Manor to KwaMashu.[241] A further 4,088 families were removed the following year as more houses were built and became available. By 1965, KwaMashu became home to approximately 80,000 people,[242] but this number did not remain static. Indeed, it continued to increase over the years with the expansion of families and the addition of more housing phases.

Between the 1960s and the early 1990s, KwaMashu became a massive urban township. By 1968, this township had approximately 300,000 people.[243] As more and more people settled in Durban to find work, the municipality could not keep up with its formal housing supply for people in KwaMashu. To meet the demand and make extra money, some residents either sub-divided their properties or rented rooms in their homes to other people looking for accommodation.[244] This led to overcrowding over time, putting pressure on the existing municipal infrastructure and services provided.

This was evident, for example, in increasing problems related to public transport, with an insufficient number of buses and long queues at bus terminals in the mornings when commuters sought to get to work. Although more fleets of buses and a railway line were opened in the early 1960s, queues remained a problem for the railway option because the municipality supplied too few trains and initially only one train station in KwaMashu on Duff's Road. It was only later, in the 1980s, that more stations were built in KwaMasha, such as Thembalihle and KwaMashu Stations, to accommodate the growing number of commuters

[241] TBD, Bantu Advisory Board, *City Council Committee Meeting. KwaMashu Housing,* June 1963, 2.
[242] Paul Maylam. "The Evolution of Urban Apartheid: Influx Control and Segregation in Durban, c.1900-1951". *Receded Tides of Empire.* Bill Guest and John M. Sellers eds. (Pietermaritzburg: University of *Natal* Press, 1994), 50.
[243] Booth, "An Interpretation of Political Violence in Lamont and KwaMashu", 100.
[244] Booth, "An Interpretation of Political Violence in Lamont and KwaMashu", 96.

who required such transport to get to and from work.[245] However, the transport issue remained contentious throughout the apartheid period due to limited supply and the cost of bus and train fares, which continued to go up over time.[246]

The 1970s came with significant problems for KwaMashu residents, particularly growing unemployment. This was worsened by the imposition of sanctions by foreign countries in the 1980s against the apartheid state. This brought more significant hardships for people.[247] Because of the growing unemployment rate, some residents of KwaMashu resorted to crime to make ends meet. This resulted in the development of gangs, such as the "*amaginsa*" and "*amadamara*" gangs, made up mostly of young boys and men, many of whom were high school dropouts and unemployed. These gangs committed crimes, such as robbery/burglary and car hijackings. These gangs and other social misfits also got involved in crimes, such as looting and burning down shops and gambling, which made some areas where these gangs operated unsafe for KwaMashu's residents.[248]

From the 1970s through the early 1990s, protests and violence became a common aspect of life in KwaMashu too. Protests linked to community support for the Soweto Uprising in 1976and calls in the early 1980s to boycott Bantu Education schools because of continued inequalities caused turmoil in this township and put more angry youth out of the education system and onto the streets.[249] In addition, the rising cost of rents, dissatisfaction over transport services, and fare increases resulted in community-initiated and led protests in KwaMashu too during this period. As a result, KwaMashu became a township characterised

[245] TBD, BAD files, No. 7, Town Clerk to Secretary Group Areas Board, 10 September 1980.
[246] Siphesihle Cyril Molefe. "Leisure and the Making of KwaMashu, 1958-1989". (Masters thesis, University of Cape Town, 2010), 56.
[247] Paul Maylam. "The Rise and Decline of Urban Apartheid in South Africa". *African Affairs***.** (1990, 89:1), 206.
[248] Matthias Mohr. "Negotiating the Boundary: The Response of KwaMashu Zionist to a Volatile Climate". (Doctoral Dissertation, Department of Anthropology, University of Natal, Durban, 1993), 67 and J.D. Brewer. "Inkatha Membership in KwaMashu: A Rejoinder to Southall". *African Affairs* (1986, 85:341), 590.
[249] Gabriel Lindumusa Ndabandaba. *Crimes of Violence in Black Townships*. (Durban: Butterworths, 1987), 75-78.

by protests and violence, dispersed with the police using teargas, bullets, arrests, and detentions. People who participated or got caught up in these protests sometimes suffered grave consequences, such as personal injuries, property destruction, and death.

In addition to the many abovementioned apartheid-era hardships that stoked the flames of protest and unrest, residents of KwaMashu also experienced growing tensions between political factions, which sometimes boiled over into conflicts and violence. Although initially, the Durban City Council administered KwaMashu, in the 1970s, the administration of this township shifted, as did the status of many African townships after the passage of the Bantu Homelands Constitution Act of 1971.[250] In 1977, when the Department of Bantu Administration created the Bantustan of KwaZulu as a self-governing territory, KwaMashu was incorporated into this territory under the KwaZulu Legislative Assembly (KLA).[251] This incorporation brought the residents of this area under the ambit of the Inkatha Freedom Party, which came to rule KwaZulu through its strong influence on this legislative assembly under its leader, Chief Mangosuthu Buthelezi, the Chief Executive Councillor of the KLA.[252]

Although *Inkatha ka Zulu* (or *Inkatha Yenkululeko Yesizwe* (Inkatha Freedom of the Nation), founded by King Solomon ka Dinuzulu in 1928, was created initially as a Zulu cultural organisation, in 1975, this organisation, renamed the Inkatha Freedom Party (IFP) under the leadership of Buthelezi, was transformed into a political organisation.[253] The IFP welcomed the incorporation of KwaMashu into the KwaZulu homeland in 1977 as it hoped to expand its influence from its rural base into this large township's urban constituency. The IFP

[250] Paul Maylam. "The Historical background to the Natal Violence". (Extension Series Lecture, University of Natal, 1989), 68.
[251] Maylam, "The Historical background to the Natal Violence", 68-69.
[252] Booth, "An Interpretation of Political Violence in Lamont and KwaMashu", 88.
[253] Richard Pithouse. "In the Forbidden Quarters: Shacks in Durban till the end of Apartheid". *In Reality*. (1981, 13:3), 26 and Booth, "An Interpretation of Political Violence in Lamont and KwaMashu", 89.

tried to win power over KwaMashu residents by promising them better chances of employment and career development as registered members of their organisation.

However, many residents of KwaMashu were against the incorporation of their township into the KwaZulu homeland, as they viewed the IFP's dominance of KwaZulu as a dictatorship, which manipulated Zulu ethnicity to create black unity.[254] However, it is essential to note that as much as the IFP was Zulu dominated, not all residents of KwaMashu identified as Zulu. Urban townships were more ethnically diverse places. As a result, there was a strong following in urban townships like KwaMashu of organisations like the ANC (before it was forced into exile) which was replaced by the United Democratic Front (UDF), which emerged in the early 1980s.[255] The UDF worked as a front for the ANC. Hence, their political ideologies were not Zulu nationalist in orientation but focused on promoting a broader non-ethnic and non-racial nationalist that advocated for political change.[256]

Over time, this led to conflicts between IFP and ANC/UDF supporters in KwaMashu. During the 1980s to early 1990s, there were several violent attacks on UDF supporters by the IFP and UDF supporter retaliations, which were politically motivated.[257] This political unrest negatively affected residents of KwaMashu as this led to divisions between different areas in the township (depending on stronghold areas were predominantly IFP or ANC/UDF supporters lived). It also caused disruptions to township services, including transport (bus, taxi and train services), destruction to people's homes and other properties, such as the burning of buses and attacks on taxis, and loss of lives from these violent attacks.[258]

[254] Molefe, "Leisure and the Making of KwaMashu, 1958-1989", 93.
[255] Molefe, "Leisure and the Making of KwaMashu, 1958-1989", 94.
[256] "United Democratic Front (UDF)". South African History Online, https://www.sahistory.org.za/article/united-democratic-front-udf (Accessed on 14 November 2021) and Pithouse, "In the Forbidden Quarters: Shacks in Durban till the end of Apartheid", 27-28.
[257] J.D. Brewer. "Inkatha Membership in KwaMashu: A Rejoinder to Southall". *African Affairs* (1986, 85:341), 589.
[258] Brewer, "Inkatha Membership in KwaMashu", 592 and Mohr, "Negotiating the Boundary", 69, 72-73

During this turmoil in KwaMashu, traditional healers were affected, too, as they lived in this community where these upheavals in this township took place. Although many were still affected negatively by licencing problems, which made it difficult for them to practice in the open in apartheid-era South Africa, the social, economic and political turmoil boosted their businesses. Indeed, the psychological stress experienced by people of being forcibly removed from Cato Manor; growing levels of unemployment and poverty; the many hardships faced by people living in an increasingly overcrowded and underserviced township; the social tensions caused by gangs, crime and violence; and the mayhem that came from political unrest caused a lot of uncertainty and anxiety to the residents of KwaMashu, all of which increased their need for traditional healing. So too did the overcrowding at available local health clinics due to inadequate provision of such services in the township. Furthermore, the political and other disturbances in KwaMashu often disrupted the provision of formal clinic services, which likely encouraged more clients to turn to traditional healers for help with their illness needs and provide protection in these trying times.[259]

Simmons has also shown how this was the case in Zimbabwe in the late twentieth century. Indeed, because of this country's severe economic crisis in the 1980s and 1990s, its healthcare facilities deteriorated over time when the government could not afford to pay its healthcare providers adequate wages. Hence, doctors and nurses went on strike. This had a negative effect on the quality of health care services, as delivery declined drastically.[260] As a result, people in Zimbabwe, mostly the destitute, could not afford the high fees of private doctors and hospitals, which encouraged more people in this period to turn to traditional healers for aid.[261] As a result, political and socio-economic turmoil resulted in a higher

[259] Maylam, "The Historical background to the Natal Violence", 92.
[260] David Simmons. "Of Markets and Medicine: The Changing Significance of Zimbabwean Muti in the Age of Intensified Globalization". *Borders and Healers: Brokering Theraputic Resources in Southeast Africa*. Tracy J. Luedke and Harry West eds. (Bloomington, IN: Indiana University Press, 2006), 70.
[261] Simmons, "Of Markets and Medicine", 71.

demand for traditional healers' services in KwaMashu, which meant a growth in the number of clients seeking their services in the latter apartheid years.

Conclusion

This chapter has examined the historical context of the development of the African township of KwaMashu from the late 1950s to early 1990s. It sought to convey some of the key factors that affected the people who lived in this township. This is the township where my interviewees lived during the apartheid period. The next chapter will focus on my KwaMashu interviewees' perspectives about and their use of traditional healing therapies during the apartheid period.

CHAPTER FOUR:

KwaMashu M Section People's Perspectives on and Use of Traditional Healing Therapies during the Apartheid Period

Chapter Four draws primarily on various interviewees' perspectives on and experiences using traditional healing therapies during the apartheid period. As was discussed in the introduction chapter, all of my African interviewees had lived for many years in KwaMasha M Section and came from diverse ages, gender and educational backgrounds. This chapter seeks to understand traditional healing experiences in this area from the client's side of the story, not those who provided these services, as has been the focus of many other accounts of histories of traditional healing.

This chapter is organised as follows: Firstly, it considers who used the services of traditional healers and traditional medicines in KwaMashu M Section during the apartheid period. This is followed by an analysis of what my interviewees understood by traditional healing, examines the variety of reasons they gave for using the services of traditional healers, and considers where they obtained traditional therapies during the apartheid period. In addition, it examines the challenges some of my interviewees experienced using such therapies. The last part of this chapter considers whether my interviewees adopted pluralistic healing strategies, particularly whether they used the remedies of more than one healing sector.

Users of Traditional Healer Services/Medicine during the Apartheid Period

Similar to past studies done on the longstanding popularity of traditional healing in South Africa,[262] research done for this thesis also found that most of my KwaMashu-based

[262] Leslie Swartz. "Practitioners and their Work" in *Culture and Mental Health: A Southern African Perspective.* (Cape Town and Oxford: Oxford University Press, 1998), 79; Anne Digby. "Crossovers: Patient Pluralism" in *Diversity and Division in Medicine: Health Care in South Africa from the 1800s.* (New York: Peter Lang, 2006), 375 and Myles Mander, Lungile Ntuli, Nicci Diederichs and Khulile Mavundla. "Economics of the Traditional Medicine Trade in South Africa". *South African Health Review.* (2007, 1), 195.

African interviewees (namely 22 out of the 25 interviewed) had been using the services of traditional healers and medicines for decades, including during the apartheid period. Of these 22 participants, seven were born in rural areas, such as Msinga, Bergville, Matatiele, and Zululand, before coming to live in KwaMashu, whilst 15 were born and brought up in urban areas, some in other townships, such as Umlazi, Clermont and Sobantu, before relocating to KwaMashu. Of the 15 born in an urban area, eight were born in KwaMashu, so had lived in this particular township most, if not all, of their lives.

Interestingly, nine of the abovementioned 22 interview participants were men, and 13 were women. All were born during the apartheid period and were between 35 to 69 years of age. Two fell in the 35 to 39-year old age range, eight were between the ages of 40 and 49, seven were between 50 and 50 years old, and five were in the 60 to 69-year-old age bracket. In addition, they came from diverse religious, educational, and work backgrounds. In terms of their religions, the participants in this research came from various religious backgrounds, including Roman Catholic, Lutheran, Apostolic Pentecostals and Nazareth Baptist (Shembe). Educationally, seven of the 22 only had a primary school education (five of these were women), 13 had at least some secondary education (five men and eight women), and two had achieved university qualifications (one man and one woman).

In terms of their work, these participants engaged in different types of work during the apartheid period. Many of the men interviewed worked in factories or construction on a contract basis in Durban. In apartheid South Africa, most African men had low paying jobs, limited to unskilled or semi-skilled positions. This occurred because of apartheid South Africa's job reservation policies, which kept the most skilled and best-paying jobs for white South Africans, particularly white men, and the least skilled and lowest paying jobs for black

South Africans, particularly Africans.[263] Only four of the men interviewed claimed to have had permanent work in the abovementioned jobs, and one worked as a high school teacher.

Many of the women interviewed remembered being unemployed for at least some of the apartheid period. When they obtained jobs, it usually meant work in shops around town, in factories as tailors, in private homes as domestic workers, or as street vendors, selling fruit and vegetables. African women living in apartheid South Africa were often restricted in work advancement because of limited educational opportunities. This was an outcome of patriarchal values in their own families and wider apartheid society, favouring men, where boy children stood a higher chance of getting an education than girl children. In many South African communities, men were viewed as the primary providers, while women were considered nurturers. Therefore, during the apartheid period, most African families did not see the need for girl children to go to school for many years, as they were not expected to be the main providers for their families.[264] In addition, women who were regarded by their societies as the primary caregivers of families meant they had to take on childcare responsibilities, which also took up a lot of their time. Of course, in apartheid South Africa, African women were doubly oppressed because of the restrictions provided by their "race", which further limited their education and work opportunities.

Of the three people I interviewed who claimed that they had not used the services of traditional healers or their medicines, two were born in rural areas, and one was born in an urban area before all relocated to KwaMashu M Section. These interviewees were all female though of different age groups: one was in her mid-fifties, one was in her late forties, and one was in her thirties. Regarding education, two of these women had university educations, and one had a primary school education. However, one thing that these three interviewees had in

[263] G. Kraak. *Breaking the Chains: Labour in South Africa in the 1970s and 1980s*. (London: Pluto Press, 1993), 128.
[264] Kraak, *Breaking the Chains*, 131.

common was that they all professed to be religious. Indeed, all three came from evangelical religious backgrounds and grew up in families where an evangelical form of Christianity defined their beliefs and actions.

A final set of points to be noted at the outset of this discussion of the oral recollections is that during the interviews, I encountered some problems as some of my interviewees chose not to answer some questions that they felt were too sensitive for them about their personal lives. Because of their age, others struggled to remember specific issues or the years of some events. I also sometimes had trouble in terms of age differentials to establish a good interviewing relationship with an interviewee, for example, some older African men or women. Sometimes, age influenced some of the information I received from my interviewees, who were not prepared to share some information with me because they felt I was too young.

Gender differences also played a part. This is because, in patriarchal African isiZulu-speaking communities, women are often regarded as inferior by men. Being a young woman interviewing some older African men was challenging at times as this gender dynamic limited some subjects I could cover in my oral interviews. However, when certain male interviewees learnt of my higher education level, they eased a bit on what they wanted to share with me, for they viewed me in a different light, which influenced the information they shared with me. Despite these challenges, conducting the 25 in-depth interviews did enable me to analyse varying perspectives of traditional healers' clients.

Clients' Understandings of Traditional Healing and/or Medicines

As this study focuses on the perspectives of and use by clients of traditional healing therapies in KwaMashu M Section, it is important to know what my interviewees understood by traditional healing/medicine to understand their personal perspectives on the subject better. Most of my interviewees' definitions centred around or linked traditional

healing/medicines to African culture and history. Indeed, most emphasised its significance in and its longstanding history in African societies. Their definitions also stressed how it was a deeply rooted component of African cultures.

This was evident, for example, in Sebenzile Khoza's interview. She informed me that traditional healing approaches were things that were "culturally attached to her African roots", that is, were long practised by her ancestors. By this, she meant that culture and tradition were closely associated and could not be separated, for they both relied on indigenous knowledge, practices, values, principles and beliefs her ancestors and forefathers passed down from one generation to the next.[265]

Regarding himself as a "strict traditional man", who followed cultural practices and traditions, Maru Lefifi shared similar sentiments. According to Lefifi, he used traditional healing therapies because his family and ancestors had used such therapies for centuries to aid them in their times of need.[266] For him, it was part of his identity and reassuring to use since his family had done so for generations. Other interviewees, such as Beauty Gumbi, Thokozani Madlala, Mbuso Ngwenya and Delisile Duma told me that traditional healing was what they were taught growing up. They recalled being told by their families about its significance to their health and well-being and its strong link to their cultural identities.[267] In Zwelethu Jobe's opinion, "it would always exist as it formed part of our tradition in Africa".[268]

Other than its long historical existence and deep links to African cultures and traditions, many also define traditional healing by referring to it as a comprehensive or

[265] Interview with Sebenzile Khoza, conducted by Thabile Nawe, KwaMashu M Section, 6 April 2019.
[266] Interview with Maru Lefifi, conducted by Thabile Nawe, KwaMashu M Section, 7 April 2019.
[267] Interviews with Beauty Gumbi, conducted by Thabile Nawe, KwaMashu M Section, 12 April 2019. Beauty Gumbi is a pseudonym as this interviewee preferred not to have her identity disclosed. Similar comments were also made by Thokozani Madlala, conducted by Thabile Nawe, KwaMashu M Section, 5 July 2019; Mbuso Ngwenya, conducted by Thabile Nawe, KwaMashu M Section, 8 April 2019 and Delisile Duma, conducted by Thabile Nawe, KwaMashu M Section, 23 August 2019.
[268] Interview with Zwelethu Jobe, conducted by Thabile Nawe, KwaMashu M Section, 2 April 2019.

holistic healing paradigm. In other words, these interviewees also described it as a complex healing approach that took into account (and treated when necessary) not only a person's needs but also their mental, spiritual and social needs.

Several people made this point clear to me in their interviews. For example, Unathi Thwala told me that traditional healing was a method of healing that tried to "rehabilitate all aspects of life", including the social aspects (such as your relationships with others) and even work aspects (your career and finances), since a person's financial security directly influenced their physical, mental and emotional well-being.[269] According to Msizi Kunene, traditional healing also played a significant role in a person's social life as it helped "remove people who don't have a positive impact in your life or are toxic".[270] Balungile Bhengu highlighted a similar point. She told me that traditional healing helped when people needed to promote healthy relationships with other people in this world and the spiritual world (that is, with their ancestors).[271]

In addition, many of my interviewees highlighted how traditional healing involved the use of a wide range of treatments to restore good health or wellness to whatever aspect/s of a person's life was disordered or dis-eased. Pretty Zitha well captured this. She told me that traditional healing meant "use of natural herbs and plants that traditional healers dug up in the mountains, but also animal parts" to treat various ailments.[272]

However, she also told me that traditional healing involved another dimension – "cultural and spiritual healing", an element of healing often historically overlooked or ignored by scientific doctors. Cultural or spiritual healing entailed ritualised elements, such as *ukuphahla* (communicating with ancestral spirits), *ukuhlambuluka* (cleansing), *ukushisa*

[269] Interview with Unathi Thwala, conducted by Thabile Nawe, KwaMashu M Section, 18 September 2019.
[270] Interview with Msizi Kunene, conducted by Thabile Nawe, KwaMashu M Section, 8 July 2019. Msizi Kunene is a pseudonym as this interviewee preferred not to have his identity disclosed.
[271] Interview with Balungile Bhengu, conducted by Thabile Nawe, KwaMashu M Section, 21 September 2019. Balungile Bhengu is a pseudonym as this interviewee preferred not to have her identity disclosed.
[272] Interview with Pretty Zitha, conducted by Thabile Nawe, KwaMashu M Section, 1 July 2019.

impepho (burning of incense) and *ukuhlaba* (slaughtering a chicken, goat or sheep). With *ukuphahla*, the method of communication varied according to the ancestors involved. Some ancestors could be reached by lighting candles (white, blue, yellow or red ones), speaking over an anthill (*isiduli*) in an open *veld* (field), drinking of *utshwala* (African sorghum beer), using *Ntsu* snuff (tobacco and nicotine), or through the burning of incense.[273] On the other hand, Cleansing also included various options, such as bathing in a river or the ocean, bathing with the blood of a sacrificed animal (chicken mostly), or bathing with *isiwasho* (pink ash water).[274] In the case of cultural ceremonies such as weddings, tombstone unveilings, or announcing the arrival of a new baby in a family, an animal was usually slaughtered to appease the ancestors.[275]

Traditional healing was not just limited to healing hurt, broken or diseased body parts, or disordered mental, emotional or spiritual states. It also offered clients important protective (or preventive) and promotional elements. These included traditional medicines that were used to protect people from external dark forces, particularly people wanting to cause harm to other people, bad omens, and promote good energy that could lead to good luck and love, for example. More will be discussed on this later in this chapter.

Reasons Clients Living in KwaMashu M Section used Traditional Healing Therapies

During the interviews, I found that my interviewees suggested a wide range of reasons for using the services of traditional healers and medicines. As highlighted above, one important factor related to their upbringing and its use by family members through the generations.[276] Beauty Gumbi had such an experience. Like most of my interviewees, her

[273] O. Bojuwoye. *Traditional healing practices in Southern Africa: Ancestral spirits, ritual ceremonies and holistic healing.* (Thousand Oaks, CA: Sage Publications, 2005), 61-72.
[274] Bojuwoye, *Traditional healing practices in Southern Africa*, 64.
[275] Bojuwoye, *Traditional healing practices in Southern Africa*, 66.
[276] Interviews with Lumka Phakathi, conducted by Thabile Nawe, KwaMashu M Section, 14 September 2019; Nana Phakathi, conducted by Thabile Nawe, KwaMashu M Section, 30 June 2019; Delisile Duma, 23 August 2019; Beauty Gumbi, 12 April 2019; Thokozani Madlala, 5 July 2019 and Sebenzile Khoza, 6 April 2019.

parents used traditional medicines recommended by family members and, on occasion, friends or neighbours in a person's broader social network. For example, when she was a child, she recalled regularly suffering from earache and how her parents used a traditional remedy to help relieve her pain, which had been suggested to them by someone in their extended family:

> I recall when I was about ten years old I had a problem with my left ear. It would hurt so much, especially at night, that I sometimes would have trouble sleeping throughout the night. And my mother would get worried because it wasn't a once off thing, it kept recurring and the eardrops from the pharmacy were not helping…until she bought a herbal remedy her aunt referred her to buy, I forgot its name, from a local *inyanga* and I never had issues with my ear again.[277]

Delisile Duma and Lumka Phakathi recalled how their parents were referred by their parents (that is, Duma and Phakathi's grandparents) to trusted traditional healers they knew and used for their healing needs. For example, when Duma was seriously ill at the age of nine, her mother got a referral from her grandmother about an *isangoma*, who was able to diagnose and treat her for abdominal issues.[278] In the case of Lumka Phakathi, she told me that when she was ill as a child, her mother often turned to her grandmother for assistance. She would either instruct her to use a particular *muthi* long used in the family to treat the ailment or, if needed, refer her to the services of trusted traditional healers.[279] Maru Lefifi produced a similar reason for using traditional medicines. For Lefifi, the use of such remedies was a preference developed over a long period being exposed to its use for years in his family:

> I have been using *umuthi* for a very long time since I was brought up in a family that believed in traditional healers; hence it's my first preference. All these remedies like *intelezi* and *imbiza* I used them regularly from my youth. So I've taken what raised

[277] Interview with Beauty Gumbi, 12 April 2019.
[278] Interview with Delisile Duma, 23 August 2019.
[279] Interview with Lumka Phakathi, 14 September 2019.

> me to where I am now and I've passed it down to my children and great grand-children to know the importance of using *umuthi*…[280]

Some of my interviewees told me that they used traditional healing therapies because of their effectiveness in treating various physical ailments. Mbuso Ngwenya told me how traditional medicine helped him enormously after suffering for years from constipation and piles:

> I tried so many … remedies … I also consulted doctors but they told me I had to do surgery and I wasn't prepared to undergo that. … So one of my sister's friends suggested I see this traditional healer from Inanda that had the expertise to help me. Because I was desperate to get healed… I travelled from KwaMashu to Ohlange (area in Inanda) to get help. And I won't lie, that traditional healer helped me greatly because till today piles are history to me. So I was amazed by its effectiveness.[281]

Others highlighted how traditional medicines helped them treat their acne, eczema, cold sores, parasitic infections, such as ringworm, and back pain. For example, Pamela Khubeka explained how she once had skin conditions, mostly acne, which became better when she started using traditional *muthi*.[282] Pretty Zitha told me her grandmother relied on traditional medicines to treat her constant back pains and used them on her grandchildren to treat minor ailments, such as cold sores and ringworm.[283]

Another primary reason for using traditional muthi was its effectiveness in treating physical ailments and diagnosing and treating people's psycho-social problems or lack of wellness caused by spirits or the supernatural, such as displeased ancestral spirits or witchcraft. Indeed, traditional healers offered therapies not offered by biomedical doctors.[284] It was a culturally appropriate set of therapies geared towards African communities' cultural needs and beliefs.

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[280] Interview with Maru Lefifi, 7 April 2019. Similar views were mentioned in Interviews with Sambulo Khumalo, 27 June 2019 and Tholinhlanhla Zondi, conducted by Thabile Nawe, KwaMashu M Section, 5 April 2019.
[281] Interview with Mbuso Ngwenya, 8 April 2019.
[282] Interview with Pamela Khubeka, conducted by Thabile Nawe, KwaMashu M Section, 30 June 2019.
[283] Interview with Pretty Zitha, 1 July 2019.
[284] Interviews with Lerato Mazibuko, conducted by Thabile Nawe, KwaMashu M Section, 3 July 2019; Balungile Bhengu, 21 September 2019 and Zwelethu Jobe, 2 April 2019.

For instance, Sebenzile Khoza is an example of a person who experienced problems caused by angry ancestral spirits. In her case, she told me that:

> My first born was a child that regularly got sick only to find that the source of his ailing was the fact that my son was using his father's surname; a father who never paid damages, meaning that he didn't take responsibility as a parent for his son…When we consulted a *sangoma*, the *sangoma* made it clear that my son was using the incorrect surname and therefore had to change it to the correct one, which was mine. The *sangoma* told me that my ancestors were angry that I disrespected them by not following tradition…because according to my culture my son was supposed to be introduced properly to my ancestors and into my surname... not his father's because he never did right by me and our son.[285]

In the cases of both Thembinkosi and Mvelo Ngcobo (cousins), they informed me that they also had been in situations whereby their family's lives were stagnant because they did not undergo a cleansing ceremony after the passing of their grandfather. They told me that not following tradition displeased their ancestors, which created many problems for them. As a result, their problems went away with the help of izangoma and fulfilling certain cleansing ceremonies.[286] Furthermore, Thokazani Madlala shared another example of why she sought traditional healer's services. She told me that she suffered many life problems until she consulted with a traditional healer. According to Madlala:

> I went to consult this traditional healer only to find that my problems were caused by a miscarriage I had in 1985, which I did not cleanse. I didn't know I had to cleanse myself after that whole ordeal and there was no one to guide me with such things. So, I went through that cleansing process with the help of an *isangoma* and life became better after that.[287]

In addition, several interviewees informed me of their use of traditional medicines because it helped protect them against witchcraft. Maru Lefifi, who grew up in Matatiele, shared with me an incident that he experienced:

> Where I come from people liked using *imithi* on others…so I remember at home we would find tiny bottles stored with *muthi* inside buried in the yard on numerous occasions. One day when I was busy in my mother's garden I found another tiny

[285] Interview with Sebenzile Khoza, 6 April 2019.
[286] Interviews with Thembinkosi Ngcobo, conducted by Thabile Nawe, KwaMashu M Section, 5 July 2019 and Mvelo Ngcobo, conducted by Thabile Nawe, KwaMashu M Section, 21 June 2019.
[287] Interview with Thokozani Madlala, 5 July 2019.

> bottle with brown hair mixed with *muthi* inside. … This *muthi* was some sort of *isibopho* (a tie curse) that prevented and blocked any progress. So, you can say that there was this person who was busy in people's yards in the night while we were sleeping. But, this didn't bother me because at home my mother was a praying mother and we believed in God as He was the only who had control of our lives, not people. We also ensured that our home was strengthened by regular visits to traditional healers.[288]

Sambulo Khumalo, who lived in KwaMashu, recalled how his family home was on one occasion, bewitched with ants. On this occasion, unexpectedly, his family saw a dark patch on the wall near the sealing of their roof, made by ants. According to Khumalo, a traditional healer confirmed that it was *isichitho* (a curse) sent to them by someone to cause conflict and tension within their family. To remove this curse, they used *intelezi* (crushed leaves mixed with other herbs soaked in water), obtained from this traditional healer, which was placed around their household to protect them from harm. He told me that they never had another one of those incidents again.[289]

Sebenzile Khoza also mentioned how, from a young age, her family relied on traditional *muthi* to protect and treat what they regarded as witchcraft-related ailments. She recalled how her grandmother suffered with a constant problem with her feet over many years, which involved swelling and septic sores that made walking difficult. According to Khoza, a local *inyanga* diagnosed this condition as related to witchcraft and healed her grandmother's illness with *imbiza.*[290] Msizi Kunene also told me that most people he was acquainted with sometimes drank imbiza to minimise the chances of being bewitched because they believed "prevention was better than cure".[291]

In addition, according to some of my interviewees, traditional medicines helped them with their love lives, particularly attracting people of the opposite sex. For people to blossom in their love lives, they believed that people had to bathe with *isiwasho* (a blessed pink water

[288] Interview with Maru Lefifi, 7 April 2019.
[289] Interview with Sambulo Khumalo, 27 June 2019.
[290] Interview with Sebenzile Khoza, 6 April 2019.
[291] Interview with Msizi Kunene, 8 July 2019.

mostly used by women) or a mixture of herbs. Men would *baphalaze* (take an emetic), *bagqume* (steam) or *imbiza* (drink) various *muthi* mixtures.[292] According to Edward Gcabashe: "it was common knowledge that Zulu men used *imbiza* to strengthen their relationships, especially those in polygamous marriages. *Imbiza* worked wonders for men; it also helped with impotence too".[293] Tholinhlanhla Zondi added his experience of using these herbal mixtures: "For me *imbiza* was something I used on a regular basis. It also assisted me with removing *isidina* (when a person gets rejected by the opposite sex, usually caused by witchcraft)".[294] On the other hand, women used *isiqokombiso* (a form of *imbiza* for women) for infertility problems.[295] Nomasonto Phewa also confirmed this point during her interview as she once used this traditional *muthi* to treat her infertility problems.[296]

Other interviewees believed that traditional therapies offered them a more natural healing option since traditional healers made *muthi* from plant and animal extracts. Pretty Zitha and Nomasonto Phewa noted this point in their interviews. As Zitha told me: "the good thing about traditional healing is the fact that it is not artificial like western medicine".[297] She explained that a natural form of healing was better because it excluded the use of chemicals or "man-made drugs". Phewa communicated how she preferred natural remedies because she believed they healed her better without the risk of side effects.[298] Others, such as Lerato Mazibuko, Balungile Bhengu, and Zwelethu Jobe, also conveyed that many people would have suffered without traditional healing as scientific medical practitioners did not offer the same services traditional healers. They emphasized how traditional healing was a powerful

[292] Sinegugu Zukulu, Tony Dold, Tony Abbott and Domitilla Raimondo. *Medicinal and Charm Plants of Pondoland*. (Pretoria: South African National Biodiversity Institute, 2012), 25.
[293] Interview with Edward Gcabashe, conducted by Thabile Nawe, KwaMashu M Section, 25 June 2019. Edward Gcabashe is a pseudonym as this interviewee preferred not to have his identity disclosed.
[294] Interview with Tholinhlanhla Zondi, 5 April 2019.
[295] Zukulu et al, *Medicinal and Charm Plants of Pondoland,* 27.
[296] Interview with Nomasonto Phewa, conducted by Thabile Nawe, KwaMashu M Section, 20 June 2019.
[297] Interview with Pretty Zitha, 1 July 2019.
[298] Interview with Nomasonto Phewa, 20 June 2019.

natural tool that shaped the healing sector of the black community, which is why people within this community have used and will continue to use this method of healing.[299]

Another reason put forward for the use of traditional medicines was its cost-effectiveness. Lerato Mazibuko highlighted this reason in her interview. During the apartheid period (in the 1980s), she informed me that consultations with traditional healers she visited in Mayville varied from R1-00 to R2-00. Still, if they also gave *muthi*, it was usually around R10-00, sometimes less, depending on the *muthi* dispensed.[300] Thokozani Madlala and Msizi Kunene also highlighted how consultations could be cheap depending on the problem.[301] However, sometimes it could be more expensive, as Kunene informed me: "If you had problems that needed a ritual or ceremony (a cleansing ceremony, for instance), it was more expensive because a *sangoma* or *inyanga* usually had to guide you throughout the process".[302]

Furthermore, people used the services of traditional healers/medicines because these healers and their *muthi* were widely available and accessible to clients. During the apartheid period, traditional healing therapies were available in various townships and around Durban, where people worked or travelled. This made them easy to access.[303] For example, according to Flint, clients often sought out African *izinyanga*, but also Indian *izinyangas* and their traditional medicines in *muthi* shops on Warwick Avenue and at the *muthi* market where a combination of both African and Indian herbs and substances were sold.[304] Some of my interviewees informed me that they consulted with traditional healers or bought traditional

[299] Interviews with Lerato Mazibuko, conducted by Thabile Nawe, KwaMashu M Section, 3 July 2019; Balungile Bhengu, 21 September 2019 and Zwelethu Jobe, 2 April 2019.
[300] Interview with Lerato Mazibuko, 3 July 2019.
[301] Interviews with Msizi Kunene, 8 July 2019 and Thokozani Madlala, 5 July 2019.
[302] Interview with Msizi Kunene, 8 July 2019.
[303] Stein Inge Nesvag. "The Development of Mass Street Trading in Durban: The Case of Muthi Trading". *(D)urban Vortex: South African City in Transition.* Bill Freund and Vishnu Padayachee eds. (Pietermaritzburg: University of Natal Press, 2002), 45.
[304] Karen Flint. "Indian African Encounters: Polyculturalism and African Therapeutic in Natal South Africa in 1886-1950". *Journal of Southern African Studies.* (2006, 32: 2), 100.

muthi from shops in Durban's CBD.[305] This included *muthi* shops in Grey Street and the Warwick Triangle area or from those peddling *muthi* on street corners near where they worked. Others preferred buying traditional medicines over-the-counter medicines at some pharmacies. At the same time, some of them purchased *muthi* from local markets in KwaMashu or from street vendors in KwaMashu, which they claimed were the most convenient for them.[306] This way, they could access traditional healers and *muthi* without travelling far.

While most of my interviewees used the services of traditional healers and used *muthi*, it is important to highlight there were a few, whom I interviewed, who, in contrast, did not. For example, Nomaswazi Gumede opposed its use because it went against her religious beliefs. As an individual who grew up in a "very religious" family; indeed, her father was a pastor in an evangelical church, she was taught that belief in and communication with ancestors was something sinister or evil. As she told me:

> I was raised in a church where we only worshipped God and not ancestors. My parents did not believe in ancestors nor follow any cultural customs or traditions when I was growing up. So, I also do not believe in traditional healing because it is something foreign to me…although I am a black person, it is something I do not understand and I don't think I'll ever understand as it goes against my beliefs as a Christian.[307]

As a result, her family did not consult with traditional healers whilst growing up. Instead, she only saw biomedical practitioners when she was ill whilst growing up. She also told me that because of her devout "churchgoer" upbringing, she discouraged her children from using the services of traditional healers too, or even using *muthi* in her house.

Besides being a Christian, Nomaswazi Gumede also trained as a nurse. A significant concern for her was clients' safety because she emphasized how some traditional healers in

[305] Interviews with Edward Gcabashe, 25 June 2019; Sambulo Khumalo, 27 June 2019; Beauty Gumbi, 12 April 2019; Lerato Mazibuko, 3 July 2019 and Lumka Phakathi, 14 September 2019.
[306] Interviews with Nomasonto Phewa, 20 June 2019; Mvelo Ngcobo, 21 June 2019; Sebenzile Khoza, 6 April 2019 and Pretty Zitha, 1 July 2019.
[307] Interview with Nomaswazi Gumede, conducted by Thabile Nawe, KwaMashu M Section, 10 April 2019.

the past were not educated enough or careless in their actions and did not practice safe healing measures considering all the diseases that were easily transmitted, such as HIV/AIDS.[308] She remembered how one of her friends told her that some traditional healer reused razor blades on his clients when performing *ukugcaba* (cuttings) on them or circumcisions.[309] As a result, Gumede's training reinforced her belief that traditional therapies were unsafe because of lack of scientific testing, inaccuracy with *muthi* doses, and unhygienic (unsterile) practices such as cutting.

Moreover, Pinky Mhlongo and Mandy Nene also considered the use of *muthi* as unChristian.[310] Raised too in evangelical households, they told me that the use of traditional healers and their *muthi* was "against their way of doing things". They also did not believe in the power of the ancestors or witchcraft, which they informed me "did not exist" or was "unreal". If they got ill, they consulted with biomedical practitioners because that is how they had been raised to seek health-related assistance and because this healing paradigm had worked for them in the past. As Mhlongo informed me: "I never tried using traditional healing therapeutics because I believed I didn't need to try it since biomedicine worked for me. I did not believe in it [traditional healing therapies]".[311]

Of course, although religion could and did play an important role in influencing some people to turn away from belief in and use of traditional healers and their medicines, being religious did not always lead to this set of thoughts and actions. Indeed, as we shall see later in this chapter, some who belonged to other religious denominations embraced their religious beliefs and belief in the ancestors with traditional forms of healing.

[308] Thami Nxele. "A Healer's Mistake". *Natal Mercury*, 20 June 1986.
[309] Interview with Nomaswazi Gumede, 10 April 2019.
[310] Interviews with Pinky Mhlongo, conducted by Thabile Nawe, KwaMashu M Section, 6 July 2019 and Interview with Mandy Nene, conducted by Thabile Nawe, KwaMashu M Section, 29 June 2019.
[311] Interview with Pinky Mhlongo, 6 July 2019.

The Challenges of Using and Accessing Traditional Healing Therapies in Apartheid South Africa

While traditional healing therapies were widely used in the past, clients experienced several challenges accessing or using such therapies during the oppressive apartheid period. One of the significant challenges was the apartheid government's efforts (through passage of legislation) to criminalise traditional healing, as discussed in Chapter Two. In this case, it was particularly *izangoma* who were subjected to this legislation as they were regarded as more of a threat as their work was more closely linked with the spiritual world and dealing with witchcraft issues. The laws that criminalised the work of these healers sought to prevent them from practising by not giving them licenses. This, therefore, reduced the number of *izangoma* who practised, which made it harder for them to practice out in the open.[312] Those *izangoma* who continued to practice regardless of the law often had to do so in secret.[313]

As a result, this had a negative impact for clients who used their services as it became more difficult for them to access their services. For clients, this meant that they had to travel greater distances to consult with *izangoma*, they had to take the personal risk of consulting with them against the law, and they often had to do so in secret. Tholinhlanhla Zondi was one of the clients who consulted *izangoma* under such conditions. He told me that during the apartheid years, he often had to travel great distances to consult with traditional healers because those based in KwaMashu did not have the expertise or services he needed to solve his problems. Zondi consulted *izangoma* from both local and surrounding areas in KwaMashu, such as Inanda and those located at a distance in rural areas. For example, if he could not get the help he needed from certain traditional healers, Zondi would seek assistance

[312] Karen Flint. "Competition, Race, and Professionalization: African Healers and White Medical Practitioners in Natal, South Africa in the Early Twentieth Century". *Social History of Medicine.* (2001, 14:2), 199-221.
[313] Flint, "Competition, Race, and Professionalization", 220.

from other traditional healers with the potential to provide him with better services through recommendations he got from family, friends and neighbours.[314]

Another challenge related to the existence of charlatans who marketed themselves as experts in traditional healing. These individuals posed as traditional healers who offered false diagnoses and treatments to extort money from their clients.[315] Some of my interviewees had experienced scams, such as Nomasonto Phewa. She told me that over the years, she spent a great deal of money on "useless" traditional healers who "knowingly misdiagnosed my problems, and provided unhelpful solutions merely because they wanted my money … They drained me, and sucked my wallet dry".[316]

Zama Cele also informed me how her mother used to cry about the number of times she had been scammed by fake *izangoma* in the early 1990s who claimed they were the "best in the game". They used to charge her high amounts ranging from R25-00 to R30-00 for consultations, which typically cost R15-00 because they could sense her desperation. In addition, they would give her false readings, and she used to spend a lot of money performing rituals, which she never needed.[317]

Phewa's experience of getting help to conceive also highlighted the problem of fraudsters who sought to cash in on her desperation to fall pregnant. In her interview, Phewa told me that she consulted three different healers who said they specialised in such cases and gave her various herbal remedies to help her conceive faster. However, none of these remedies worked. In addition, on one occasion, she almost became the victim of sexual assault during a consultation when one of the healers told her she had to undergo an intimate ritual without her husband being present. She asserted in her interview: "I realised there and then that this *sangoma* was a fly by night pervert that scammed people of their money

[314] Interview with Tholinhlanhla Zondi, 5 April 2019.
[315] Tebello Motaung. "Traditional Healer: A Con-Artist?" *Sowetan*, 15 March 1970.
[316] Interview with Nomasonto Phewa, 20 June 2019.
[317] Interview with Zama Cele conducted by Thabile Nawe, KwaMashu M Section, 20 September 2019.

because of their desperation to get healed. I wasn't going to participate in something that made me feel uncomfortable and unsafe".[318]

Interestingly, other than their religious beliefs, these issues of defrauding people and the existence of unsafe or ineffective therapies were some other reasons mentioned to me by my three interviewees who did not use the services of traditional healers. Indeed, these factors reinforced their negative views about traditional healers and *muthi*. Pamela Khubeka told me that traditional healers who sold people love potions were scammers because they did not work. Relaying her brother's experience, she told me:

> *Ukudlisa umuntu* (forcing a person to love you through use of *muthi)* has never worked and it will never work because even if the person does eventually love you like you desire, it's only temporary. *Muthi* only works for that short period if it works because it needs to be reactivated when the *muthi* has reached its expiry date. I know all this because my brother was once a victim of such when his baby mama was bewitching him for she wanted marriage. But, all that *muthi* never worked because my brother left the baby mama and married another woman. So I can say that that woman wasted her money on love potions that never worked for her.[319]

Pinky Mhlongo asserted a similar point in her arguments about *iziwasho*, the *muthi* used to generate good luck, ritual cleansing, and remove evil spirits or bad omens. She told me she knew many people who had used this *muthi* for years, but it had not improved their circumstances. One of her friends used *iziwasho* for years but languished without a job for more than ten years because she could not find one.[320]

Although Nomaswazi Gumede had not had any personal experience going to see a traditional healer, working as a nurse, she had seen the adverse outcomes of imposters' work and heard horror stories based on her patients' experiences.[321] Gumede also heard how these charlatan healers gave them therapies that did not work, so they came to see her at her clinic. She reckoned that some of these therapies, which did not serve their purpose, caused more

[318] Interview with Nomasonto Phewa, 20 June 2019.
[319] Interview with Pamela Khubeka, 30 June 2019.
[320] Interview with Pinky Mhlongo, 6 July 2019.
[321] Interview with Nomaswazi Gumede, 10 April 2019.

harm than good, worsening their health issues. As many traditional healers during the apartheid period were unlicensed and therefore unregulated in terms of their training and practice, these interviewees emphasised how these clients often risked a lot and sometimes paid the consequences of seeking out the services of some of these healers.

Pluralism in Health-Seeking Behaviour

This final section considers whether my interviewees used pluralistic healing strategies and used the services and remedies offered in more than one healing sector. As has been researched by other scholars, it is important to note that belief in and use of traditional healing therapies did not prevent KwaMashu M Section clients from seeking assistance for their ailments from those working in other healing paradigms.[322] This included, for example, those working in the biomedical field, where people sought diagnoses and treatments in doctors' consultation rooms or at clinics or hospitals. Indeed, most of my interviewees either inferred in their comments during our interviews or informed me directly that during the apartheid period, they turned to different healers (that is, sought assistance from healers in different paradigms) to seek aid or relief from their suffering. They, therefore, demonstrated pluralistic health-seeking strategies and used the services of more than one type of healer.

In attending to their health care needs, most of my interviewees told me how they often tried to diagnose and heal themselves or sought advice or aid from loved ones, such as family and friends, or neighbours, before seeking medical assistance from biomedical practitioners or traditional healers. Many ailments, such as headaches, sinus, common colds or flu for example, had easily recognisable symptoms, so people could either self-diagnose or have a family member diagnose them, and they could then turn to tried and tested self-medications or home remedies to try to cure themselves of such ailments.

[322] See both of Digby's chapters: "Crossing Boundaries: Practitioner Eclecticism" and "Crossovers: Patient Pluralism" in *Diversity and Division in Medicine: Health Care in South Africa from the 1800s.*

For example, two of my interviewees informed me that they often used home remedies, such as *iboza* (ginger bush plant – crushed and consumed in water), to treat minor ailments such as colds or flu.[323] Others mentioned using seawater to cleanse or flush out impurities.[324] Some of my interviewees told me how they used to drink seawater as a detoxing agent (an enema), which effectively flushes toxins from the body.[325]

Another home remedy mentioned by my interviewees included coarse salt, which was used to treat various ailments, including cleaning wounds.[326] Others used coarse salt mixed with *ushibhoshi* (Jeyes Fluid) to purge bad energies by bathing or steaming with these substances.[327] My interviewees said home remedies were also very common, convenient, effective, and easily accessible.[328]

Other home remedies included *Izifozonke* (which meant treatment for "all diseases") and *Vukuhlale* (which meant "wake up and sit", hence giving a person energy). Both were made into a liquid remedy that people drank. People used these remedies to treat various conditions, including cleaning out bile from the body, treating constipation and boosting the immune system.[329] My interviewees told me they bought these remedies from different pharmacies in KwaMashu or Durban.

However, when home remedies or self-medication options did not work, many of my interviewees sought out the services of traditional healers or biomedical practitioners. Tholinhlanhla Zondi is an example of a person who self-medicated himself on multiple occasions for different ailments, but when these failed, he went to see a traditional healer to

[323] Interviews with Sebenzile Khoza, 6 April 2019 and Lerato Mazibuko, 3 July 2019.
[324] Interviews with Pamela Khubeka, 30 June 2019; Mvelo Ngcobo, 21 June 2019 and Thembinkosi Ngcobo, 5 July 2019.
[325] Interviews with Pamela Khubeka, 30 June 2019 and Zama Cele, 20 September 2019.
[326] Interviews with Nomasonto Phewa, 20 June 2019 and Lumka Phakathi, 14 September 2019.
[327] Interviews with Lumka Phakathi, 14 September 2019; Thokozani Madlala, 5 July 2019 and Tholinhlanhla Zondi, 5 April 2019
[328] Interviews with Thokozani Madlala, 5 July 2019; Sebenzile Khoza, 6 April 2019 and Lerato Mazibuko, 3 July 2019.
[329] Interviews with Lerato Mazibuko, 3 July 2019 and Interview with Pamela Khubeka, 30 June 2019.

get aid.[330] Others such as Balungile Bhengu and Mvelo Ngcobo also tried home remedies to treat different ailments, such as fibroids and anaemia, which they initially thought were minor conditions. However, they were compelled to consult with biomedical practitioners when these conditions got worse with time, eventually requiring surgery and a blood transfusion.[331]

Sometimes, some of my interviewees told me how they either sought aid from a traditional healer or biomedical doctor but switched to a different healer in another healing paradigm if their first consultation did not produce good results. For instance, Pamela Khubeka went to see a biomedical practitioner for constant migraines she had experienced for weeks. Still, when this did not help her, she went to see a traditional healer, who assisted her.[332] Nana Phakathi, on the other hand, consulted a traditional healer for a particular condition she could not divulge, but she did not get the help she needed. Therefore, she eventually consulted a scientific doctor and got another treatment type, which helped her.[333] In other words, clients actively sought out aid from healers in different healing paradigms when one healer did not solve their problem, and thus they did not limit themselves to only one healing approach.

Several of my interviewees told me they purposefully consulted healers in different healing sectors to diagnose and treat particular ailments. They informed me that the different healing sectors offered them better treatment for some conditions but not others. Maru Lefifi, who suffered from chronic diseases, explained his experience to me:

> I consulted *izangoma* or *izinyanga* because it worked for me on other sicknesses doctors could not treat. But, at the same times, I also went for consultations with doctors and nurses at the clinic for my Blood Pressure (BP) and diabetes. So, I can say both worked for me in different ways though.[334]

[330] Interview with Tholinhlanhla Zondi, 5 April 2019.
[331] Interview with Balungile Bhengu, 21 September 2019 and Mvelo Ngcobo, 21 June 2019.
[332] Interview with Pamela Khubeka, 30 June 2019.
[333] Interview with Nana Phakathi, 30 June 2019.
[334] Interview with Maru Lefifi, 7 April 2019.

Sambulo Khumlo, who is also diabetic and was once diagnosed with breast cancer, highlighted in his interview that he "consulted with western doctors sometimes for check-ups to maintain his health and used the services of traditional healers for African diseases".[335] Edward Gcabashe informed me that "African diseases" are defined as diseases of the spiritual world, so "if you are bewitched or cursed, only an *inyanga* or *isangoma* can heal you, not a doctor or nurse".[336]

Pluralistic healing approaches were evident, too, in the way some of my interviewees used the healing approaches of two different paradigms simultaneously. Zama Cele mentioned that she used traditional and scientific medicine to heal her abdominal pains during her interview.[337] Using both healing techniques helped her get relief in different ways, as one healer helped numb her physical pain while the other helped her deal with the broader psycho-social-spiritual causes of her suffering.

Mvelo Ngcobo, on the other hand, informed me that he did not have a specific preference: "I have used both traditional and western medicine. I've never had a first preference. I used what works at the same time. I do not care that much [about preferences] as long as I was healed… that's all that mattered to me".[338] Both Nomasonto Phewa and Msizi Kunene shared similar sentiments too. They also believed in the value of the services offered by healers in both sectors, and drew on the healing techniques of healers in both sectors depending on their health care needs.[339]

Clients also sometimes sought the services of different kinds of healers (not only those in the biomedical or traditional sectors). Some of my interviewees also portrayed pluralistic health-seeking behaviour when they sought assistance to help cure African

[335] Interview with Sambulo Khumalo, 27 June 2019.
[336] Interview with Edward Gcabashe, 25 June 2019.
[337] Interview with Zama Cele, 20 September 2019.
[338] Interview with Mvelo Ngcobo, 21 June 2019.
[339] Interviews with Nomasonto Phewa, 20 June 2019 and Msizi Kunene, 8 July 2019.

ailments (illnesses caused by the ancestors or witchcraft) from faith healers when other *izinyanga* or biomedical practitioners' remedies did not work. Faith healing is the practice of healing the sick through prayer, though many faith healers (*abathandazi*) also have a solid link to or overlap with the traditional healing sector.[340] Michael Mnyandu has argued that faith healers "can be viewed as the twentieth century *izangoma* because they draw a lot from the traditional belief system and from Christian teachings".[341] *Abathandazi* use traditional medicines too such as *iziwasho* (a *muthi* believed to generate good fortune and for ritual cleansing), based on African principles and culture to heal and cure people.[342] They are also referred to as *abantu bamanzi* (meaning water people).[343] They are referred to as such because they heal using blessed (i.e. holy) water and getting their clients to bathe or cleanse in rivers or the sea.

Several of my interviewees had consulted with *abathandazi* in the past.[344] One of my interviewees, Edward Gcabashe, who belongs to the Shembe faith, told me that he had consulted numerous faith healers for various ailments as the Shembe church combined the African cultural beliefs and values with Christianity.[345] The Nazareth Baptist Church was an African church that Isaiah Mdliwamafa Shembe, a Zulu man, founded in 1911.[346] It valued culture, tradition and God and sought to relieve the suffering of its congregants with faith healing.[347]

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[340] K. Peltzer. "Attitudes of physicians towards traditional healing, faith healing and alternative medicine in rural South Africa". *The Medicine Journal.* (2001, 43: 7), 14.
[341] Michael Sibusiso Mnyandu. "A Comparative Study of the Zionist Faith Healers and Diviners and their contribution to Christian Communities in the Valley of a Thousand Hills". (Doctor of Philosophy thesis, University of Durban-Westville, 1993), 212.
[342] Peltzer, "Attitudes of physicians towards traditional healing, faith healing and alternative medicine in rural South Africa", 16.
[343] Mnyandu, "A comparative study of the Zionist faith healers and diviners", 213.
[344] Interviews with Lerato Mazibuko, 3 July 2019; Thokozani Madlala, 5 July 2019; Pamela Khubeka, 30 June 2019 and Zama Cele, 20 September 2019.
[345] Interview with Edward Gcabashe, 25 June 2019.
[346] Greg Marinovich. "Shembe: A Zulu Church". *Transition.* (2018, 125), 35.
[347] Marinovich, "Shembe: A Zulu Church", 36.

For Thokozani Madlala, being part of the Zionist Church, another African-founded church, which also made substantial efforts to link their congregants' Christian faith with African traditional beliefs,[348] provided her with faith healing opportunities.[349] Madlala told me she sought prayer healing for different ailments and drew a "purer path" for her life. Moreover, other interviewees told me that they had used blessed water from their church or specific *umthandazi* and *iziwasho* from *abathandazi* or *izangoma*.[350] Maru Lefifi highlighted how his family used holy water to protect themselves against malicious external threats, such as witches:

> My mother would sprinkle holy water from church around our household as well as *isiwasho* (pink blessed ash water obtained to fight or cure spiritual and physical ills) regularly to protect and strengthen our home from evil forces… so whatever it was people were trying to do they eventually got tired.[351]

These examples illustrate how people's religious beliefs and traditional healing therapies could and did overlap. Unlike the situation discussed earlier in this chapter, of individuals whose religious beliefs (particularly evangelical Christians) encouraged them to turn away from their belief in and use traditional healing therapies, not all religious people turned away. Indeed, some who belonged to other religious denominations, such as the Shembe and Zionists, actively sought to amalgamate their religious and traditional beliefs providing a new blended form of healing that drew on prayers to God and faith in the ancestors and rituals to heal ailments.

These varied wellness seeking strategies of KwaMashu M Section based clients in apartheid South Africa indicate that they were open to exploring and using the services of different healers to seek aid when they were suffering. This research shows that clients did not limit themselves to one healing paradigm, which means they did not view different

[348] Mnyandu, "A comparative study of the Zionist faith healers and diviners", 220.
[349] Interview with Thokozani Madlala, 5 July 2019.
[350] Interviews with Lumka Phakathi, 14 September 2019; Unathi Thwala, 18 September 2019 and Nana Phakathi, 30 June 2019.
[351] Interview with Maru Lefifi, 7 April 2019.

healing traditions as rivals (or simply in competition with each other). Instead, it is more accurate to argue that many people saw different healing paradigms as complementary options to be used or drawn up when another option failed or depending on the nature of the problem for which clients sought assistance.

This section is important because it highlights different paths to healing taken by clients in a large urban township in apartheid South Africa. It also gives more recognition to the agency of African clients in actively seeking out and choosing different healers and therapies to improve their well-being. These clients were not simply passive recipients of health care but active health-seeking strategists who were flexible and tried different healing options to satisfy their healing needs. As a result, their health-seeking strategies enabled clients to move between what scholar Leslie Swartz has labelled the "popular" (home or self-help remedies) and the "professional" (biomedical) and/or "folk" (traditional healing and faith healing) sectors, in other words, different healing paradigms as the need arose, in their quest to seek good health.[352]

Conclusion

This chapter has focused on the experiences of African male and female clients of traditional healers living in KwaMashu M Section during the apartheid period. It considered their understandings of what traditional healing was, the variety of reasons clients used the services of such healers (i.e. their value to clients) and where they consulted with traditional healers or bought traditional medicines. It also examined some challenges experienced by clients accessing the services of traditional healers during the apartheid period. Finally, it considered how for several of my interviewees, the use of the services of traditional healers and their medicines did not prevent or restrict their use of other healing approaches. The next

[352] Swartz, "Practitioners and their Work", 77.

chapter will focus on my interviewees' perspectives on and use of traditional healing therapies and medicines during the post-apartheid period.

CHAPTER FIVE:

Clients' Perspectives On and Use of Traditional Healing Therapies in KwaMashu M Section during the Post-Apartheid Period

This chapter focuses on my KwaMashu M Section interviewees' perspectives on and use of traditional healing therapies the post-apartheid. It draws on interviews, newspaper sources and secondary sources. Firstly, it explains the broader historical context of the 1990s, particularly the political aspect of South Africa's transition to a democratic era, to understand the shift in context my interviewees found themselves in during the post-apartheid period. Secondly, it examines some of the key reasons many of my interviewees continue to view traditional healing/medicines positively, which influenced the widespread use of such therapies in the post-apartheid period. Thirdly, this chapter considers how many of my interviewees continued to remain open to using more than one healing approach in the post-apartheid period to seek relief from their suffering. Finally, this chapter highlights some of the critical challenges that remain for traditional healers and their clients in this recent period.

The Historical Context of the 1990s

The 1990s period saw a significant shift in the lives of my interviewees, as well as other people living in South Africa. In 1994, when the African National Congress (ANC) won South Africa's national elections, this marked the end of the apartheid era and the beginning of a new democratic political dispensation. The end of the apartheid regime meant the end of racial segregation policies that had oppressed African, Coloured and Indian South Africans for decades. Indeed, at this time, apartheid laws, such as the Population Registration Act, the Group Areas Act, the Bantu Education Act and the Natives' Land Act, to mention just a few, were abolished.[353] The 1996 Constitution gave all people equal rights before the

[353] Nancy Clark and William Worger. *South Africa: The Rise and Fall of Apartheid*. (New York: Longman, 2011), 10.

law, which included freedom of movement in South Africa, and it made state evictions (such as the forced removals that led to the creation of the Bantustans) unlawful.[354]

Under the leadership of the country's first black president, Nelson R. Mandela, this new democracy brought about massive changes to the lives of the people of South Africa, particularly for black South Africans, for now, their progress was no longer limited or controlled by racial laws and policies. For example, black South Africans could apply for jobs and work anywhere in the country. In 1998, the ANC-led government passed the Employment Equity Act. This was followed by other acts, such as the Broad-Based Black Economic Employment Act in 2003.[355] These acts sought to stimulate economic transformations and development and give oppressed black South Africans more economic opportunities.[356]

In the post-apartheid period, people could also live anywhere. Schools and higher education facilities became multi-racial spaces, and public amenities and services that had previously been segregated were now open and available for all South Africans.[357] In addition, people could move freely once again. After 1994, they were no longer subjected to the permit (or pass) system, which had regulated the movement into and settlement of Africans in the cities.[358] The government also sought to provide improved health care services. This included rolling out accessible, equal and free health care for all South Africans in its public primary health care clinics and hospitals.[359]

However, many problems remain despite the new political dispensation brought about by the ANC government's new "rainbow nation". These included the continued problems of

[354] Clark and Worger, *South Africa: The Rise and Fall of Apartheid*, 14.
[355] Roger Southall. "The ANC and black capitalism in South Africa". *Review of African Political Economy*. (2004, 31:100), 315.
[356] Southall, "The ANC and black capitalism in South Africa", 316
[357] Lisa Findley and Liz Ogbu. "South Africa: From Township to Town". *Places Journal* (2011), 8.
[358] Rod Alence. "South Africa After Apartheid: The First Decade". *Journal of Democracy* (2004, 15:3), 79.
[359] Alence, "South Africa After Apartheid: The First Decade", 101.

people's social and economic transformation struggles. For instance, despite the political change, black South Africans continued to face inequality in their social, residential and educational spaces, and even in their workplaces.[360] This is because racial inequality was deeply rooted in South Africa for generations. In addition, class issues negatively affected the ability of many black South Africans to benefit from a more open society. Indeed, years of oppression had meant placement at the bottom of the class hierarchy, so they could not afford to live in the best areas or send their children to the best schools.[361]

In addition, the post-apartheid governments faced significant development challenges. Although it adopted a new housing policy known as the Reconstruction and Development Programme (RDP) in 1994, which sought to build government subsidised housing for low-income families, it was abandoned just a few years later because of inadequate economic growth.[362] While this scheme offered hope to many people seeking to move out of informal settlements into proper houses, the RDP houses that were built were too few to keep up with the huge demand, so when the programme ended, millions of people remained stranded in informal settlements.[363] This affected KwaMashu residents, too, as the lack of provision of RDP houses meant that many informal settlements, which had popped up in and around this township during the apartheid years, remained stubbornly in place.[364]

Indeed, these informal settlements have grown in size during the post-apartheid period. This is because more people could migrate from the rural areas to the cities to find jobs and had to settle in these informal settlements because of a lack of formal housing or

[360] Olayiwola Abegunrin. "Post-Apartheid South Africa: New Challenges and Dilemmas". *Africa in Global Politics in the Twenty-First Century*. (New York: Palgrave Macmillan, 2009), 39.
[361] Abegunrin, "Post-Apartheid South Africa: New Challenges and Dilemmas", 40 and Findley and Ogbu, "South Africa: From Township to Town", 10.
[362] Clark and Worger, *South Africa: The Rise and Fall of Apartheid*, 16 and R. Goodlad. "The Housing Challenge in South Africa". *Urban Studies Journal*. (1996, 33:9), 47.
[363] R. Del Mistro and D.A. Hensher. "Upgrading Informal Settlement in South Africa: Rhetoric and What Resolution". *Habitat Journal*. (2009, 24:3), 102 and Goodlad, "The Housing Challenge in South Africa", 49.
[364] Mistro and Hensher, "Upgrading Informal Settlement in South Africa: Rhetoric and What Resolution", 105.

because they could not afford to pay rents for properties in urban areas.[365] In addition, these settlements mushroomed in size because South Africa, in the post-1994 period, witnessed an expansion in the number of migrants (some illegal) from other African countries. Fleeing violence and wars, oppression and poverty in their home countries, these migrants came to South Africa to seek better lives for themselves and their families.[366] Between 1994 and 1998, this amounted to approximately 3 million people.[367] Many found homes in South Africa's informal settlements, particularly those with little income or the necessary paperwork to get into formal housing.

The influx of people into South African cities has meant a struggle for space and economic opportunities.[368] Greater freedom of movement, a worsening economy, growing unemployment, and increasing poverty levels have led to a growth in crime in the post-apartheid period.[369] This has included drug trafficking, armed robberies and assaults, car hijackings, taxi violence, and rapes and murders, to mention but a few.[370] It has also led to growing xenophobia (a dislike of and prejudice against foreign nationals).[371] Attacks on foreign nationals have also become common in recent years as many poverty-stricken, and unemployed black South Africans consider them a threat to their lives and livelihoods.[372] For example, KwaMashu has too been a centre for xenophobic violence in the 2000s because

[365] Alence, "South Africa After Apartheid: The First Decade", 85.
[366] Findley and Ogbu, "South Africa: From Township to Town", 18
[367] Findley and Ogbu, "South Africa: From Township to Town", 19.
[368] Abegunrin, "Post-Apartheid South Africa: New Challenges and Dilemmas", 61.
[369] Abegunrin, "Post-Apartheid South Africa: New Challenges and Dilemmas", 63 and Alence, "South Africa After Apartheid: The First Decade", 89
[370] Alence, "South Africa After Apartheid: The First Decade", 90
[371] Hussein Solomon and Hitomi Kosaka. "Xenophobia in South Africa: Reflections, Narratives and Recommendations". *Southern African Peace and Security Studies*. (2014, 2:2), 5. See more on Alence, "South Africa After Apartheid: The First Decade", 91.
[372] "Xenophobic violence in democratic South Africa timeline", *South African History Online*, https://www.sahistory.org.za/article/xenophobic-violence-democratic-south-africa-timeline (Accessed on 10 November 2021).

residents of this township, including the unemployed and workers, have feared losing space and resources to foreign migrants and jobs.[373]

Finally, another major factor that has affected people living in post-apartheid South Africa has been the lack of provision of good quality health care services. As I will highlight later in this chapter, it took several years for post-apartheid governments to recognise the services provided by traditional healers. In addition, insufficient resources offered by the government for health care services, the slow rollout of the building of new clinics, particularly in rural areas, the inadequate maintenance of existing healthcare facilities, and the mismanagement of funds have led to a shortage of adequate public health care facilities for South Africans.[374] As a result, patients seeking medical care at biomedical facilities often have to travel far to use these services and wait in long queues for long periods to see overworked medical professionals to obtain the treatment they need.[375] Many patients, particularly those attending public clinics in rural areas and the townships, also have experienced delays in obtaining necessary medicines (such as chronic medication) because their clinics have run out of stock, which has led to poor health outcomes for these patients.[376]

The Continued Use of Traditional Therapies in the Post-Apartheid Period

The use of the services of traditional healers/medicines did not disappear in the post-apartheid period but has remained popular and, some would argue, grown even more popular. Several scholars have highlighted this issue through their research, particularly in African communities. For example, researchers Sianga Mutola et al. have shown how, since the 1990s, the use of traditional therapies has increased in South Africa because of the growth in the number of traditional healers. Their research estimated that the number of traditional

[373] Abegunrin, "Post-Apartheid South Africa: New Challenges and Dilemmas", 94.
[374] R. Lalloo, M.J. Smith, N.G. Myburgh and G.C. Solanki. "Access to health care in South Africa — the influence of race and class". *South African Medical Journal (SAMJ).* (2004, 94:8), 640-641.
[375] Abegunrin, "Post-Apartheid South Africa: New Challenges and Dilemmas", 100.
[376] Lalloo, Smith, Myburgh and Solanki, "Access to health care in South Africa", 643.

healers in this country increased from about 80 000 in the late 1980s to roughly 350,000 by the early 1990s.[377] Other research has also shown that, by the early 2000s, there were approximately 500 traditional healers for every 100,000 people in South Africa compared to 77 biomedical doctors per 100,000 people.[378]

Mander et al. have also shown how its widespread use has had substantial economic value for South Africa's economy. The trade of medicinal indigenous plants and products by traditional healers and *muthi* traders has contributed approximately R2.9 billion per year to South Africa's post-apartheid Gross Domestic Product (GDP).[379] This has led some local governments, such as the Durban municipality, to invest in the *muthi* trade by improving the street market infrastructure, developing more stalls for traditional healers and *muthi* traders and promoting commercial farms, which have boosted the trade of medicinal plants in this city.[380]

An examination of newspaper sources from the post-apartheid period also shows how the issue of traditional healers/medicines has remained firmly in the public spotlight. Some of these newspaper articles have focused on the valuable work done by traditional healers. This includes the important work they can do, in helping the country fight against tuberculosis, since so many people consult with traditional healers first.[381] This article discusses how eThekwini Municipality's Department of Health sought to reach out to traditional healers by

[377] Sianga Mutola, Ngambouk Vitalis Pemunta and Ngo Valery Ngo. "Utilization of traditional medicine and its integration into the healthcare system in Qokolweni, South Africa: prospects for enhanced universal health coverage". *Complementary Therapies in Clinical Practice*. (2021, 43), 50.
[378] Mmamosheledi E. Mothibe and Mncengeli Sibanda. "African Traditional Medicine: South African Perspective". *Traditional and Complementary Medicine*. Cengiz Mordeniz ed. (London: IntechOpen, 2019), 77.
[379] Myles Mander, Lungile Ntuli, Nicci Diederichs and Khulile Mavundla. "Economics of the Traditional Medicine Trade in South Africa". *South African Health Review.* (2007, 1), 194.
[380] Mander, Ntuli, Diederichs and Mavundla, "Economics of the Traditional Medicine Trade in South Africa", 192. Also see Richard Dobson, Caroline Skinner and Jillian Nicholson. *Working in Warwick: Including Street traders in urban plans*. (School of Development Studies, University of KwaZulu-Natal, 2009), https://aet.org.za/wp-content/uploads/2019/10/Working-in-Warwick-Including-Street-Traders-in-Urban-Plans-By-Richard-Dobson-Caroline-Skinner.pdf (Accessed on 1 December 2021).
[381] Gabi Khumalo and Themba Khumalo. "Traditional healers urged to help fight tuberculosis". *Egagasini*, 27 October 2006.

hosting workshops to teach them to recognise the symptoms of TB to refer the TB sufferers (their clients) to clinics or hospitals at an early stage for treatment.

Other newspaper articles have highlighted the negative side of traditional healing/ medicines. These included, for example, stories on how some people, who claimed to be healers, defrauded their clients into spending lots of their hard-earned money on remedies that did not work.[382] Other articles focused on deaths caused by overdosing because of untested traditional therapies.[383] In addition, some articles considered serious criminal elements related to this healing sector. These included *muthi* killings and witchcraft. *Muthi* killings were the practice of killing people for body parts, which were used to make a stronger *muthi* by certain traditional healers. This *muthi* was used for *ukuthwala,* which meant using sacrificial human organs to bring economic prosperity or luck to a person and other evil practices.[384] However, it is important to note the complexity of this issue as some people consulted with traditional healers to fight witchcraft.

In contrast, clients engaged others to provide *muthi,* which they could then use to cause harm to others. An article by Laurice Taitz and Lucas Ledwaba in *Sunday Times* reported how: "since 1994 more than 500 people have died in witchcraft-related crimes. One of the most brutal forms of this violence is *muthi* murders".[385] Other articles highlighted abductions in African communities across the country, as people were forcibly taken so that people with evil intentions could extract various human organs from these people to make strong *muthi* to further their particular interests.[386]

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[382] Bareng-Batho Korjass. "Dagga, alcohol and sickness", *Sunday Times,* 1 August 1997.
[383] Victor Khupiso. "Baby's death sparks muthi warning", *Sunday Times,* 31 March 1996.
[384] Nokuthula Khanyile. "Muthi Killings", *The Witness,* 15 October 2018.
[385] Laurice Taitz and Lucas Ledwaba. "Delmas deaths the work of muthi killers", *Sunday Times,* 4 October 1998.
[386] Bareng-Batho Korjass. "Dagga, alcohol and sickness", *Sunday Times,* 1 August 1997; Victor Khupiso. "Baby's death sparks muthi warning", *Sunday Times*, 31 March 1996 and Lucas Ledwaba. "Sangomas speak out against the use of human organs", *Sunday Times,* 4 October 1998.
Xolani Dlamini. "Fear for albino kids' lives", *Sowetan,* 28 September 2016.

There are several reasons why people continue to use the services of traditional healers and medicines in the post-apartheid period. One of the reasons was that many people continue to feel a solid connection to their African cultural beliefs and social practices. When I asked my interviewees about their continued use, several told me that it was something that they and their families believed in and valued in modern times. This is because it gave them a sense of identity and belonging as Africans for it provided them with a link to the beliefs and practices of past generations, and thus to their ancestors.[387]

Most of my interviewees still regard traditional medicines as necessary in the post-apartheid period because of their continued effectiveness in treating many common ailments, such as headaches, digestive problems, diarrhoea, oedema (swelling of feet) and other infections.[388] In addition, the majority of my interviewees also felt the need to seek out traditional healers' remedies to treat and protect themselves from African cultural dis-eases related to displeased ancestral spirits and witchcraft.[389] As Zama Cele told me: "I once bought the *isichitho* soap that helped get rid of *isichitho*, and it did wonders for me because it helped strengthen and protect me from further harm as I was cursed, which blocked positive things in my life".[390] Many also purchased traditional medicines to promote their fortunes (or good luck). Unathi Thwala informed me that a few years ago, she bought a cleansing *muthi* after years of being unemployed, and now she has a job.[391] Others mentioned that such traditional medicines also helped encourage their businesses' smooth running and helped to attract customers.[392] Tholinhlanhla Zondi gave an example during his interview of a cousin who had a car wash. He told me that he swore by such therapies to help boost his business.[393]

[387] Interview with Sebenzile Khoza, 6 April 2019.
[388] Interviews with Sebenzile Khoza, 6 April 2019; Beauty Gumbi, 12 April 2019 and Lerato Mazibuko, 3 July 2019.
[389] Interview with Mbuso Ngwenya, 8 April 2019.
[390] Interview with Zama Cele, 20 September 2019.
[391] Interview with Unathi Thwala, 18 September 2019.
[392] Interviews with Msizi Kunene, 8 July 2019 and Mvelo Ngcobo, 21 June 2019.
[393] Interview with Tholinhlanhla Zondi, 5 April 2019.

The anxiety or dis-ease around the abovementioned issues has not disappeared in the post-apartheid period. Indeed, people are still plagued in recent decades by problems related to breaking cultural taboos, socio-economic hardships causing anger and jealousy, and other situations where ancestors can be displeased with people or some people bewitch other people in a bid to hurt them.[394] Furthermore, the worsening socio-economic or political problems increase people's sense of anxiety and encourage more people to seek out the services of traditional healers to seek protection and promote their fortunes.[395] Therefore, traditional healers continue to provide culturally appropriate therapies geared towards treating African communities' ailments and protection needs.

Another reason to explain its continued popularity is the post-apartheid government's change in policies concerning traditional healers and traditional medicines. Since 1994, when South Africa became a democratic country, the ANC government was keen to recognise, promote and protect Indigenous Knowledge Systems (IKS), which is defined as a set of knowledge, skills and understandings of indigenous people to a particular area, which has existed over long periods.[396] This included traditional healing knowledge.[397] Therefore, this government repealed or amended many laws and policies that had undermined indigenous forms of knowledge.[398] The laws repealed by post-apartheid governments that affected traditional healers and traditional medicines included the Witchcraft Suppression Act 3 of 1957 (and its later amendments), which criminalised any witchcraft-related activities.[399]

[394] O. Bojuwoye. *Traditional healing practices in Southern Africa: Ancestral spirits, ritual ceremonies and holistic healing.* (Thousand Oaks, CA: Sage Publications, 2005), 66.
[395] Bojuwoye, *Traditional healing practices in Southern Africa*, 68.
[396] Ndangwa Noyoo. "Indigenous Knowledge Systems and Their Relevance for Sustainable Development: A Case of Southern Africa". *Indigenous Knowledge Systems and Sustainable Development: Relevance for Africa*. Emmanuel K. Boon and Luc Hens Eds. (Cape Town: Kamla-Raj Enterprises, 2007), 169.
[397] Lefatshe Moagi. "Transformation of the South African health care system with regard to African traditional healers: The social effects of inclusion and regulation". *International NGO Journal.* (2009, 4:4), 116.
[398] Moagi, "Transformation of the South African health care system", 118.
[399] Moagi, "Transformation of the South African health care system", 120.

In addition, in 1998, traditional practitioners obtained formal recognition from the Department of Health.[400] In the same year, this led to the formation of an Interim National Council for Traditional Healers, which was to be constituted as a permanent council once it had been established and could report on its activities to Parliament within three years. In a similar vein to the South African Medical and Dental Council (renamed the Health Professions Council of South Africa in the post-apartheid period); a council which served to regulate the training, practice and licencing of biomedical practitioners, the Interim National Council of Traditional Healers was instituted to legalise and standardise the practice and profession of traditional healers. [401] The Interim Council also enabled traditional healers, formally recognised by this body, to issue medical certificates for sick employees and claim expenses for treatment they rendered from medical insurance.[402]

The move to recognise traditional healers was bolstered in the early 2000s with the passage, in 2007, of the Traditional Health Practitioners Act No. 22. This established an Interim Traditional Health Practitioners Council of South Africa inaugurated in 2013.[403] The 2000s Interim Traditional Health Practitioners Council of South Africa replaced the Interim National Council for Traditional Healers because of the first Council's extensive delays in establishing itself and being permanently implemented. Through its new Council, This Act sought to regulate the training and practice of traditional healersand promote and maintain the safety, quality, and effectiveness of traditional health care services in South Africa.[404]

Thus, these changes in government policies, which advocated for the formal recognition of traditional healers, greatly influenced these healers' practices in post-apartheid

[400] Engela Pretorius. "In the home stretch: the legalisation of African traditional healing in South Africa". *Acta Academica.* (1999, 31: 2), 1-17.
[401] Pretorius, "In the home stretch: the legalisation of African traditional healing in South Africa", 6.
[402] Pretorius, "In the home stretch: the legalisation of African traditional healing in South Africa", 7.
[403] Moagi, "Transformation of the South African health care system", 121.
[404] Republic of South Africa. "The Traditional Health Practitioners Act, No. 22 of 2007", *Government Gazette*, (Cape Town, 10 January 2008), https://www.gov.za/sites/default/files/gcis_document/201409/a22-07.pdf (Accessed on 20 September 2021).

South Africa. Traditional healers, also known as "traditional health practitioners" since the 2007 Act, were once again able to practice out in the open (no longer in secret) since their activities were no longer criminalised.[405] It also meant that clients could openly use the services of these healers without risk of falling foul of the law, as had been the situation during the apartheid period.[406] As Beauty Gumbi told me, people "were now at liberty to seek the services of a traditional healer without any fear or caution as the oppressive laws against traditional healing practices were removed".[407] Official recognition of traditional healers and their healing practices also facilitated growth in the number of such healers, which meant clients had a larger choice of healers.[408] This also meant that they did not have to travel great distances to find and consult with a healer, which helped accessibility.[409]

Another factor brought up by a researcher Robert Thornton, is how the existence of more healers with tertiary qualifications in the post-apartheid period has influenced people to continue using or to start using (if they were sceptical before) traditional therapies in recent years. His research has demonstrated that with democracy, more black South Africans were able to further their studies at tertiary institutions.[410] This included traditional healers, who might have got their "calling" a bit later in life, so the training and initiation process did not disrupt their studies. Thornton found that a healer's possession of higher education degrees encouraged more trust in their practices, even if their degree was not related to traditional

[405] Maleka Femida Cassim. "Traditional and alternative health care". *Health & Democracy: A Guide to Human Rights, Health* L*aw and Policy in Post-Apartheid South Africa*. Mark Heywood, Adila Hassim and Jonathan Berger eds. (Cape Town, RSA: SiberInk, 2007), 215.
[406] Interviews with Sambulo Khumalo, 27 June 2019; Thembinkosi Ngcobo, 5 July 2019; Balungile Bhengu, 21 September 2019 and Mvelo Ngcobo, 21 June 2019.
[407] Interview with Beauty Gumbi, 12 April 2019.
[408] Interviews with Sambulo Khumalo, 27 June 2019; Thembinkosi Ngcobo, 5 July 2019; Balungile Bhengu, 21 September 2019 and Mvelo Ngcobo, 21 June 2019.
[409] Interviews with Thembinkosi Ngcobo, 5 July 2019 and Mvelo Ngcobo, 21 June 2019.
[410] Robert Thornton. "The transmission of knowledge in South African Traditional Healing". *Africa*. (2009, 79:1), 17-34.

healing.[411] This was linked to the value that many previously disadvantaged and oppressed black South Africans placed in higher education.[412]

Another factor that promoted its popularity was the evolving nature of healing services offered by many traditional healers in post-apartheid South Africa. As highlighted in Chapter Two, traditional healing had a long history that showed malleability, as healers adapted – or "modernised" – their practices and remedies by borrowing from other healers and changing their services to meet their clients' needs.[413] This trend continued during the post-apartheid period and was an important factor that helped expand this sector.

For example, in recent years, some traditional healers have incorporated biomedical ways in terms of the packaging of their *muthi.* This included storing their remedies in sealed bottles or traditional soaps in sealed plastic rather than wrapped in newspaper.[414] This was a way to offer a more hygienic and professional product to their clients. In addition, these remedies, in recent years, also have printed labels with the logos of their traditional healers on them to differentiate one traditional healer's products from another.[415] Some products also include directions for use and list the purposes of these *muthi* and their benefits. Lumka Phakathi, who told me about these developments, also highlighted how "this made these products look more appealing and seem more reliable, especially to those who doubted its credibility".[416]

Another way healers adapted their services was how they delivered their *muthi* to clients. In addition to providing their clients directly with their *muthi* when they consulted them at their places of business, clients also had the option of obtaining traditional medicines

[411] Thornton, "The transmission of knowledge in South African Traditional Healing", 24.
[412] Thornton, "The transmission of knowledge in South African Traditional Healing", 27.
[413] David Simmons. "Of Markets and Medicine: The Changing Significance of Zimbabwean Muti in the Age of Intensified Globalization". *Borders and Healers: Brokering Therapeutic Resources in Southeast Africa*. Tracy J. Luedke and Harry West eds. (Bloomington: Indiana University Press, 2006), 68.
[414] Simmons has highlighted a similar situation that took place in the evolution of the packaging of traditional medicines in Zimbabwe in the late twentieth century. See Simmons, "Of Markets and Medicine", 71.
[415] Simmons, "Of Markets and Medicine", 72.
[416] Interview with Lumka Phakathi, 14 September 2019.

in other areas. In the post-apartheid period, this also included a variety of pharmacies, which stocked both biomedical and traditional healing remedies, as well as in various shops, market stalls, and even on street corners sold by vendors.[417] Mvelo Ngcobo informed me how in recent years, he could quickly obtain products in KwaMashu and other parts of Durban in a variety of places, including pharmacies. Ngcobo said traditional medicines were "sold in almost every street corner in Durban's CBD".[418]

Furthermore, clients in the post-apartheid period have also accessed traditional medicines through the postal service. In recent years, clients have been able to view their products and place their orders (as well as pay for the purchases) through the internet, such as via social media websites, such as Facebook, and other messaging apps such as WhatsApp and Instagram.[419] This also meant that they did not have to travel great distances to find and consult with a healer, which helped accessibility.[420] Pretty Zitha encapsulated these changes in her interview:

> I like the fact that traditional healing practices are not limited to where you are or your surrounding areas but they also reach out to a bigger audience … meaning that wherever you are you can access the services of certain traditional healers. For example, I can consult or buy traditional remedies from a traditional healer in another province without actually going there. And, since things are now easier with traditional healers advertising and promoting their services and products through social networks like Facebook and Instagram, they honestly reach out to a bigger audience now. Some even have reviews on their online pages which is a pro for me and other potential clients because you can see the positive and negative reviews of previous clients which show if their services and products are reliable, trustable and effective…So for me if I'm not happy with local traditional healers there are many options to choose from. Distance is not a problem.[421]

[417] Mander, Ntuli, Diederichs and Mavundla, "Economics of the Traditional Medicine Trade in South Africa", 192.
[418] Interview with Mvelo Ngcobo, 21 June 2019.
[419] Interviews with Unathi Thwala, 18 September 2019; Lumka Phakathi, 14 September 2019 and Pretty Zitha, 1 July 2019.
[420] Interviews with Thembinkosi Ngcobo, 5 July 2019 and Mvelo Ngcobo, 21 June 2019.
[421] Interview with Pretty Zitha, 1 July 2019.

Unathi Thwala and Balungile Bhengu also emphasised similar points. For these individuals, advanced technology promoted the accessibility of some traditional healers and produced further conveniences for their clients. Indeed, clients could using the telephone or other online means, consult with healers who lived at a distance, which was expedient and saved them travelling costs.[422] They could also get their products through these means. Delisile Duma confirmed this in her interview: "I don't worry myself anymore about face-to-face consultations. I just consult via the phone and sometimes, if I need some traditional remedies, I just order online and receive my order through the post".[423] Zwelethu Jobe made a similar point: "I've bought traditional *muthi* online from a traditional healer several times now and, I must say, I'm happy with the service and products. So, I'll continue using this healing approach amongst others because it works for me and it's easily accessible".[424]

Moreover, the inadequacy of post-apartheid public health care services is also a major contributing factor to the continued use of traditional healing therapies. As mentioned earlier, unsatisfactory service provided in many government clinics and hospitals, including dealing with long queues, travelling long distances to reach these facilities, and poor quality service from understaffed facilities and overworked staff, was off-putting. Therefore, to avoid such inconveniences, many of my interviewees informed me that this was why they often preferred to consult with traditional healers or bought *muthi* from pharmacies, other shops in town or in KwaMashu or online.[425] Pamela Khubeka conveyed this point clearly in her interview: "at least when you go consult an *isangoma* or *inyanga*, even if there's a queue it doesn't get worse like in public clinics. The service is fast, you don't wait the whole day to consult".[426]

[422] Interviews with Unathi Thwala, 18 September 2019 and Balungile Bhengu, 21 September 2019.
[423] Interview with Delisile Duma, 23 August 2019.
[424] Interview with Zwelethu Jobe, 2 April 2019.
[425] Interviews with Maru Lefifi, 7 April 2019; Sambulo Khumalo, 27 June 2019; Lerato Mazibuko, 3 July 2019 and Beauty Gumbi, 12 April 2019.
[426] Interview with Pamela Khubeka, 30 June 2019.

Of course, these public health care inconveniences did not eliminate the use of such biomedical services in the post-apartheid period for my interviewees. Indeed, the evidence I have collected points to some of my interviewees' continued active agency and pluralistic health-seeking behaviours in the post-apartheid period. While most of my interviewees preferred to consult with traditional healers first,[427] if their remedies did not work, many of these individuals continued, as they did in the earlier apartheid period, to seek assistance from other traditional healers or other healers in another paradigm, such as those within the biomedical field. Lerato Mazibuko highlighted this point, when thinking of her health seeking strategies in the post-apartheid period: "If I don't get the help I need from a certain traditional healer I seek another one that could better help me and if it's necessary I go for a doctor's appointment as another option".[428] Moreover, some of my interviewees who suffered from specific medical conditions or diseases such as cancer continued to seek assistance from biomedical practitioners because of their needs, which required complicated surgeries or chemical treatments.[429] Thus, according to Mothibe and Sibanda, "A large proportion of the black population makes use of the dual health care system, in which both the conventional and traditional medicines are demanded depending on the ailment".[430]

Clients' Challenges using Traditional Healing Therapies Post-1994

This final section of Chapter Five focuses on the challenges for traditional healers and their clients in the post-apartheid period. Indeed, several challenges or difficulties remain in recent years for traditional healing therapies.

One major issue is that several aspects related to the regulation, registration and training of traditional healers under the Traditional Health Practitioners Act of 2007 have not

[427] This has also been highlighted in a number of other works related to post-apartheid South Africa. See for example, the research of Mothibe and Sibanda, "African Traditional Medicine: South African Perspective", 91 and Lalloo, Smith, Myburgh, and Solanki, "Access to health care in South Africa", 650.
[428] Interview with Lerato Mazibuko, 3 July 2019
[429] Interviews with Maru Lefifi, 7 April 2019 and Sambulo Khumalo, 27 June 2019.
[430] Mothibe and Sibanda, "African Traditional Medicine", 95.

yet been fully implemented, despite the Traditional Health Practitioners Council's full power coming into effect in May 2014.[431] This is because it lacked the support of many of the country's established medical professional bodies and did not receive sufficient support from the biomedicine-dominated Department of Health. The lack of adequate resources to carry out its full responsibility as a Council has also been a factor.[432]

As a result, the Council could not do its legislated work properly. This includes not being able to register all traditional practitioners working in South Africa. The Council has found it challenging to select credible practitioners from charlatans through its verification and registration processes. In addition, the Council has not been able to ensure a standardised training for traditional healers or adequately regulate their conduct to ensure the removal of unethical practitioners from their register.[433] This has undermined the credibility of the Council and created problems for some employed clients of traditional healers, as some employers have refused to accept certificates issued by traditional healers because they questioned their credibility.[434]

In 2017, the Council appointed the Registrar/Chief Executive Officer in September to facilitate the registration and regulation process.[435] Although registering traditional health practitioners had begun in previous years, it has been a long and tiresome one. Although some traditional health practitioners are registered and can issue medical certificates, there are only a small number of these individuals. This is because the measures used to identify

[431] B. Tshehla. "The Traditional Health Practitioners Act 22 of 2007: A perspective on some of the statute's strengths and weaknesses". *Indilinga African Journal of Indigenous Knowledge Systems*. (2015, 14: 1), 66.
[432] Lalloo, Smith, Myburgh and Solanki, "Access to health care in South Africa", 462.
[433] B. Tshehla. "Traditional health practitioners and the authority to issue medical certificates". *South African Medical Journal.* (2015, 105: 4), 101.
[434] Tshehla, "Traditional health practitioners and the authority to issue medical certificates", 103.
[435] Andrea Keyter et al. "The South African Regulatory System: Past, Present, and Future". *Frontiers in Pharmacology.* (2018, 9: 1407), 10.

credible traditional health practitioners have not been perfected, which has made this process flawed.[436]

Furthermore, a continuing challenge remains that some traditional healers remain unaware of the registering process. This is why the Council made additional proposed regulations to the Act, which were published in the Government Gazette in 2015.[437] One of them was that traditional healers had to register before being able to practice. Another was a R200-00 fee that traditional healers had to pay to obtain a practising certificate.[438] In addition, they also proposed that traditional healers provide character references from people not related to them. They also had to provide proof of qualifications and had set age restrictions.[439] These proposed regulations proved unrealistic, which led to much criticism from traditional healers. For instance, some could not afford the R200-00 fee, while none could provide a qualification since no accredited training institution existed in South Africa to train traditional healers. In addition, age did not matter to the services offered by traditional healers, so the clause on age was controversial.

Another factor relates to the continued lack of recognition in practice for traditional healers and their therapies in some crucial sectors of South African society. Although national governments have made attempts in the post-apartheid period to create a parallel and complementary health care system in South Africa, which seeks to recognise and promote the value of biomedicine and traditional healing paradigms, there have been difficulties in doing so.[440] This is because many of these "projects", "roadshows", and "workshops", organised by the Department of Health or biomedical professionals, such as on HIV/AIDS or TB, have

[436] Keyter et al, "The South African Regulatory System: Past, Present, and Future", 12.
[437] Republic of South Africa. "Traditional Health Practitioners Regulations: No. 39358 Notice No. 10552". *Government Gazette*. (Pretoria, 3 November 2015).
[438] Republic of South Africa, "Traditional Health Practitioners Regulations".
[439] Republic of South Africa, "Traditional Health Practitioners Regulations".
[440] R Kale. "South Africa's Health. Traditional Healers in South Africa: A Parallel health Care System". *British Medical Journal.* (1995, 310), 1182-1185.

usually been one-sided endeavours and designed to "educate" traditional healers into the biomedical profession's ways of thinking and doing things.[441] This has understandably produced resistance on the side of traditional healers because they objected to the unequal power dynamics of these engagements. Other projects, poorly advertised in some black communities, particularly in rural areas, have led to a lack of participation by traditional healers because of inadequate communication.[442]

In addition, as mentioned earlier, the lack of support from many within the biomedical profession has added to the challenges. Biomedicine's focus on professional university training and qualifications in the field of study, rigorous scientific testing and verification of results, a high degree of regulation and careful dosage in terms of medications runs counter to much of the way traditional healers practice, making it difficult to bridge the divide between these different healing paradigms.

Furthermore, the lack of support from some churches, such as the Apostolic Pentecostals, an evangelical Christian denomination, has produced complications too. Many evangelical Christian denominations, which are popular in post-apartheid South Africa, are against the use of traditional healing therapies because they believe it goes against their Christian values and principles.[443] Indeed, many Christian religious leaders teach their congregants that anything related to the ancestors, including traditional healing, is demonic and impure. Therefore, traditional healers still face challenges of being looked down upon or demonised by several sectors of society as they continue to regard them as unscientific, unprofessional, unsafe (for those they treat) and unchristian.

These views have also made it difficult, if not impossible, for some clients to feel a part of specific religious communities, such as the Apostolic Pentecostals, while still having

[441] Kale, "South Africa's Health. Traditional Healers in South Africa", 1183.
[442] Lalloo, Smith, Myburgh and Solanki, "Access to health care in South Africa", 655.
[443] David Chidester. *Religions of South Africa.* (New York: Routledge, 2014), 15.

their traditional beliefs.[444] If they remain part of these communities, they are made to feel ashamed of their traditional beliefs and thus have to hide them, including belief in and use of traditional medicines, for fear of being judged as unworthy by other Christians and asked to leave their church for disobeying the teachings of their religious leaders.[445]

Challenges also abound for some clients because of the growing costs of traditional healing therapies in the post-apartheid period. As much as some of my interviewees valued the advancements in packaging and technology in recent decades, these also came at a price. Some of my interviewees highlighted how traditional healers who also offered their services through social media networks were expensive.[446] They informed me that they charged more than traditional healers who only worked through physical contact. Thokozani Madlala asserted that she has also noticed substantial price differences, especially on best-selling products such as ritual cleansing products. For instance, she mentioned that *isiwasho* usually costs about R15-00 to R35-00 depending on quantity, but online prices range from R150-00 to R200-00.[447] Some maintained that these higher prices were acceptable if the remedies provided were effective.[448] Other interviewees highlighted the difficulties they sometimes experienced in reaching certain traditional healers through voice calls.[449] Sometimes these healers never responded, so they had to seek out assistance elsewhere.

Finally, another issue that has plagued the traditional healing arena has been the continued negative impact on the reputations of traditional healers by the existence of charlatans. As was discussed in Chapter Four, this involved individuals who were not properly called or trained to become traditional healers but who falsely promoted or marketed

[444] Interviews with Thokozani Madlala, 5 July 2019 and Nomasonto Phewa, 20 June 2019.
[445] Chidester, *Religions of South Africa*, 17.
[446] Interviews with Beauty Gumbi, 12 April 2019; Thokozani Madlala, 5 July 2019 and Delisile Duma, 23 August 2019.
[447] Interview with Thokozani Madlala, 5 July 2019. Similar points were also made in my Interview with Pretty Zitha, 1 July 2019.
[448] Interviews with Nana Phakathi, 30 June 2019 and Lumka Phakathi, 14 September 2019.
[449] Interviews with Lerato Mazibuko, 3 July 2019 and Zwelethu Jobe, 2 April 2019.

themselves as such. Pillay and Pillay have shown how the number of fake healers has grown tremendously in the post-apartheid period. This is because of various reasons. Some are driven by the continued popularity of traditional healing and hence have seen it as a business opportunity in a context of high unemployment.[450] According to Pillay and Pillay, some charlatans have even gone so far as to use the identities of well-known and popular traditional healers on social media to defraud people of their money.[451] Many are criminals who prey on desperate people by offering fake cures. For instance, fake cures abound in post-apartheid South Africa for HIV/AIDS. In 2010, *The Star* reported that Siphiwe Hadebe, a charlatan who worked in Durban, "made a fortune selling the fake AIDS cure 'Umbimbi'" and was eventually arrested for his crimes.[452] In the same year, another news source, *Times Live*, reported on another fake healer who scammed a clerk of "R378 000 of her pension fund after promising to transform the money into millions of rands".[453]

These fake healers have adversely affected the traditional healing paradigm. For example, some real traditional healers have been labelled erroneously as charlatans and as a result, have lost old and potentially new clients.[454] Other than harming their reputations and businesses, the existence of charlatans also continues to tarnish the credibility of traditional healers for those outside this paradigm, such as biomedical practitioners.[455] In addition, charlatans have endangered the lives of clients. While some scammers have robbed people of their hard-earned money, including the pensions people so desperately need to support

[450] Anthony L. Pillay and Indira Pillay. "Marketing approaches of informal healers in South Africa". *African Journal for Physical Activity and Health Sciences.* (2020, 26:1), 116.
[451] Pillay and Pillay, "Marketing approaches of informal healers in South Africa", 120.
[452] Jo-Anne Smetherham. "Bogus AIDS cure exposed", *The Star*, 17 July 2003.
[453] Philani Nombembe. "Bogus healers get eight years in jail for stealing government clerk's pension", *Times Live*, 14 August 2010.
[454] Pranill Ramchander. *Towards the responsible management of the socio-cultural impact of township tourism*. (New York, Routledge, 2007), 41.
[455] Ramchander, *Towards the responsible management of the socio-cultural impact of township tourism*, 45.

themselves in old age, the promise of fake cures, such as for HIV/AIDS, has led to the continued spread of this sexually transmitted infection, and the loss of life.[456]

Conclusion

This chapter has examined several issues that have affected the paradigm of traditional healing and the clients of traditional healers in post-apartheid South Africa. It investigated why clients in KwaMashu continue to value and use the services of traditional healers and traditional medicines in recent decades. As was the case in the apartheid period, there were many overlapping reasons for this, such as its effectiveness, its strong link to African cultural traditions, prolonged use by family members through the generations, and accessibility. Many of these reasons have influenced my interviewees in the post-apartheid period. This chapter has also considered how my interviewees continue to remain open to using more than one healing approach in the post-apartheid period, depending on their circumstances and particular ailments. However, traditional healing remains a preference for many. This chapter has also considered some new and longstanding challenges the traditional healing sector faces in the post-apartheid period.

[456] Adrian Flint and Jill Payne. "Reconciling the irreconcilable? HIV/AIDS and the potential for middle ground between the traditional and biomedical healthcare sectors in South Africa". *Forum for Development Studies*, (2013, 40:1), 47-68.

CHAPTER SIX:

Conclusion

This thesis has analysed the history of traditional healing in South Africa. However, unlike many other studies already produced on this subject, it sought to examine this subject not from the traditional healer's perspective but the client's perspective, that is, the people who have used the services of traditional healers and traditional medicines. To ground this thesis, it examined the views and experiences of 25 African men and women (of various ages and different work, religious and educational backgrounds) who lived in KwaMashu's M Section in Durban between the 1960s and 2000s. In other words, it examined their experiences over a particular period (i.e. several decades) that covered both the apartheid and post-apartheid periods. This was done to determine if there had been any changes in their perspectives and experiences over time. In addition to using interview material, which I conducted face-to-face with the participants of my study in 2019, this study also drew on archival material, newspaper sources, and secondary sources.

The content of this thesis was organised into six chapters. Chapter One outlined significant aspects such as the research topic, the aims and objectives, and key questions, which guided me throughout this thesis. It also examined the broader international literature and national literature on traditional healing, which I demonstrated, focused on the healer's side of the story. In addition, it considered the importance of using social history and oral history conceptual approaches and a qualitative methodology, drawing on primary and secondary sources, to study clients' histories.

Chapter Two and Three provided necessary background and contextual information for this study and drew mainly on secondary sources. Chapter Two provided an overview of the history of traditional healing in South Africa and KwaZulu-Natal in the nineteenth and twentieth centuries. It showed how white minority-controlled colonial, segregation and

apartheid-era governments tarnished traditional healing provision and used and worked to suppress it through criminalisation. However, this chapter also showed that traditional healers could adapt to changing historical circumstances and survive, despite the odds, through these different periods. One of the critical reasons for this was the continued popularity of traditional healers amongst their African clients, who continued to seek their assistance in secret if necessary. In highlighting the significance of the health care sector in South Africa during this changing period, this chapter also discussed the varied healing options (the professional, popular and folk sectors) that clients had at their disposal and could and did use during these different historical periods.

Chapter Three provided some background history of KwaMashu to understand better the place where my interviewees lived. It discussed the historical formation of the urban African township system in South Africa in the segregation era and the formation and occupation of KwaMashu during the apartheid period. Drawing on archival, newspaper and secondary sources, this chapter also helped contextualise life in this particular township during the apartheid period.

Chapters Four and Five drew primarily on KwaMashu M Section interviewees' perspectives on and experiences using traditional healing therapies. Chapter Four examined clients' experiences during the apartheid era. This is where I considered African clients' understandings of traditional healing, their diverse reasons for using traditional healing therapies, and some of the challenges they experienced accessing or using this healing approach during the apartheid period. It also examines how and why many of my interviewees adopted pluralistic healing strategies. Thus, depending on their particular circumstances and the ailments they suffered from, some clients used a combination of home remedies, traditional healers' therapies and biomedical interventions to seek relief from their suffering.

Chapter Five focused on KwaMashu M Section interviewees' perspectives and experiences in South Africa's democratic dispensation. It examined what changes democracy brought for traditional healers and clients in South Africa and showed how the political transition influenced the growing popularity of traditional healing practices in the post-1994 period. This chapter showed that traditional healing therapies remain a popular option for Africans in this township in recent decades and have often been the first port of call in seeking assistance for their healing needs. It also considers how African clients remain open in the post-apartheid period to exploring and using different healing options, depending on their health care needs. Lastly, it highlights some challenges which have negatively affected the traditional healing paradigm in post-apartheid South Africa.

The Significance of this Study

Writing this thesis from a social history perspective, this thesis has been able to examine the perspectives and experiences of previously marginalised groups, in this case ordinary African people (that is, clients of traditional healers), whose histories were unknown or not the focus of mainstream historical accounts in the past. As a result, by taking a "history from below"[457] approach, this thesis has contributed to bringing the voices and experiences of non-elites to the fore; and claimed a space for their histories in South Africa's broader traditional healing historiography.

A focus on clients' perspectives and experiences are also important, as much previous research produced on the subject of South African traditional healing has tended to focus on the traditional healer's side of the healing encounter, not that of the clients' (or in biomedical terminology, the patients') view. While it has been more challenging to study the client's side of the story because their voices do not appear in archival sources, the use of oral history,

[457] Jim Sharpe. "History from Below". *New Perspectives on Historical Writing.* Peter Burke ed. (Cambridge, UK: Polity Press, 2001), 25.

mainly this researcher's in-depth interviews with several people, has sought to change that. In this study, the use of oral interviews helped me flesh out my interviewees' histories, which added a great deal to what I could find in archival sources and secondary literature. Indeed, I would not have had sufficient material to write this thesis without the valuable insights I obtained from my interviewees, whose perspectives and experiences formed the heart of this thesis.

Oral history research has helped contribute valuable insights into the client's side of the story in medical history. Oral history has demonstrated that clients have different reasons for using traditional healing therapies, but also a broader definition and understanding of health or well-being. Clients value the ability of traditional healers/medicines to treat common physical ailments and more complex psycho-social and spiritual dis-ease that affects their personal lives and the well-being of their family or the wider community. Traditional healing also offers clients protection if they feel threatened or unwell because of people's actions in this world or spirits in the next world.[458]

This study has also shown that African clients of different genders, ages, and socio-economic, educational and religious backgrounds have used traditional healing therapies in the past and continue to use them in the present. This shows that it is not something limited to a particular demographic within the African population group. It also demonstrates that while traditional healing might be an ancient belief system/practice (that is, been around for centuries), and thus strongly linked to clients' African identity, history and culture, it is also a very important modern or present-day concern to many people shown by its continued popular use in recent years.

[458] Thokozani Xaba. "The Transformation of Indigenous Medical Practice in South Africa (1985-2000)". *Bodies and Politics: Healing Rituals in the Democratic South Africa.* (Johannesburg: French Institute of South Africa, 2002) 25.

Furthermore, clients' perspectives have also contributed insights into the changing nature of traditional healing over time. Although some elements have stayed the same over time, there have also been evolutions in this paradigm. For instance, traditional healing still carries indigenous knowledge in its healing techniques, but traditional healers have also managed to evolve or modernise their services by introducing innovations to meet their clients' changing needs.[459] This is an important reason why traditional healing as a paradigm has survived so long. It has kept old clients loyal and captured the interest of new clients, which has ensured the continued popularity of this healing paradigm in the twenty-first century.

This is evident today in the period of the recent coronavirus pandemic known as Covid-19, which has had a significant effect on the health care sector. Since its outbreak in late 2019 in China and its arrival in South Africa in early 2020, the world and South Africa have experienced high numbers of cases, affecting millions of people. Many people have lost their lives to this virus too. To curb the spread of the virus, protective measures of social distancing, practices of good hygiene (constant washing of hands with soap), the use of facemasks and sanitisers, lockdown regulations, and vaccines were implemented under the World Health Organisation (WHO) mandate.[460] In the last year, scientists also developed several vaccines to distribute, via the formal health care sector, to populations to protect them from the virus. This has been a significant development since searching for a cure has had less success. While it falls outside the scope of this study, it is appropriate to reflect briefly, at

[459] David Simmons. "Of Markets and Medicine: The Changing Significance of Zimbabwean Muti in the Age of Intensified Globalization". *Borders and Healers: Brokering Theraputic Resources in Southeast Africa*. Tracy J. Luedke and Harry West eds. (Bloomington: Indiana University Press, 2006), 68.
[460] Jacob Mokhutso. "The impact of African indigenous knowledge system on healthcare system in South Africa: The Covid-19 perspective". *Gender and Behaviour.* (2021, 19:1), 17713-17728. For more on this see Lesego Makgatho. "Our herbs can help with Covid-19, say traditional healers". *Independent Online*, 11 May 2020.

the end of this thesis, on how the Covid-19 pandemic has affected attitudes toward traditional healers.

Indeed, when scientific forms of medicine failed to produce a cure, traditional healers have remained an important port of call for many people in the last two years. To protect themselves from the virus, some have sought traditional medicines such as *umhlonyane* in isiZulu or *lengana* in Sesotho, a sweet wormwood herb (also known as *Artemisia Annua*), as a protective *muthi* against Covid-19.[461] African communities to treat various ailments, such as colds, menstrual cramps, headaches and asthma, have used the extracts of the liquid produced from this herb for centuries.[462] Much more research is needed on the efficacy of this herb in protecting people from Covid-19, and as a treatment for Covid, and it will likely provide productive topics for future researchers. Yet, from anecdotal evidence, it does seem, at least from amongst the people in African communities that I know, including KwaMashu where I grew up and have family, that many people continue to seek out health care advice and remedies for Covid-19 from traditional healers. This is largely because they feel it is safer and a more natural option to use instead of the vaccines that many people fear for their possible side effects.

Another important insight from this research is that many clients have displayed pluralistic healing strategies in seeking better health. We have seen in this study how clients have historically been active agents in making choices about their healing options and have in the apartheid and post-apartheid periods used traditional healing therapies but also others, such as biomedical treatments, faith healing and popular healing (self-medication). Clients

[461] Takatso Nawe and Francis Garaba. "The Nexus between Data, Information and Knowledge during the COVID-19 Pandemic: Navigating the Knowledge Management Landscape in South Africa". *Mousaion.* (2021, 39: 3).
[462] Mokhutso and Garaba, "The impact of African indigenous knowledge system", 17714-17716.

have sought healing in a pluralistic manner because different healing paradigms offered different healing options, and the best chance to obtain relief for their suffering.

Clients' use of pluralistic healing strategies has also highlighted an important aspect of South Africa's health care profession. Although practitioners have historically found it difficult to bridge the divide between biomedicine and traditional healing due to their different healing approaches, we see by looking at South Africa's healing history from the clients' perspective that they have been moving between these two healing paradigms for decades. It is actually through clients that we see the bridging of these gaps in their quest to find the best health care options for their ailments.

Finally, this thesis has contributed to understanding more about local/regional histories, in this case, a local KwaZulu-Natal township's history. Little has been written on the history of KwaMashu, particularly on traditional healing practices in this township. Thus, a focus on clients' perspectives and experiences in KwaMashu has helped to bring to the fore the lives and historical experiences of several ordinary people who have lived in this township for decades. It has thus contributed to a better understanding of both clients' histories in the broader field of traditional healing and contributed hopefully to a better understanding of the history of this township in South Africa's historiography.

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