

SOCIOLOGICAL PERCEPTIONS OF HARVESTING,  
HUSBANDRY AND SUSTAINABLE UTILIZATION OF  
REDUNDANT SECOND-HATCHED CHICKS OF WILD  
HORNBILL, EAGLES AND OWLS AT MAKULEKE  
COMMUNITY AND THE SURROUNDING VILLAGES

by  
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## DECLARATION

I declare that the dissertation hereby submitted to the University of the North for the degree of Master of Arts has not previously been submitted by me for a degree at this or any other university, that it is my own work in design and in execution, and that all material contained herein has been duly acknowledged.

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Shumani Elsie Makatu

## **DEDICATION**

This dissertation is dedicated to:

My parents, and

My brothers and sisters.

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## ABSTRACT

It has been estimated by the World Health Organisation that 80% of the world's population relies on traditional medicine to meet its daily health requirements (Akerele, 1993). In Africa, reliance on such medicine is partly due to the high cost of conventional medicine and the inaccessibility of modern health care facilities, but also because traditional medicine is often deemed a more appropriate method of treatment. Materials used in traditional medicine in East and Southern Africa include plants and animals, and to a lesser extent minerals, and the vast majority of wildlife used originates from the wild.

It is so conveniently stated in the literature that many plants and animals species face extinction or severe genetic loss as a result of their over-utilisation. Large birds, such as ground hornbills, eagles and owls form part of these animal species facing extinction today. The study reported in this dissertation attempts to explore the traditional healers' perceptions of these birds (hornbills, eagles and owls) and to examine the views of the communities of Makuleke and Mabiligwe on the above-mentioned birds. These communities are representative of the Shangaan/Tsonga people of the Northern province. The study aimed to ascertain whether or not the use of these birds for medicinal purposes has been and still is common among these people, or alternatively, whether substitutes have been found.

To achieve this purpose, use was made of self-administered questionnaires and face-to-face interviews with individual members of these communities and with a sample of traditional healers. The use of interviews, in

combination with questionnaires, served to add to and/or validate information gathered by means of questionnaires, especially because of the relatively high illiteracy rate among these disadvantaged communities.

It was found out that the Shangaan/Tsonga in both communities have negative and positive perceptions of the three birds in question. They attach some beliefs to other birds, such as owls and eagles which they perceive as god-made creatures whose songs relax one's mind.

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## CHAPTER ONE

### 1 INTRODUCTION

In recent years much attention has been devoted to the medicinal use of high-profile fauna, such as ground hornbills, eagles and owls, the negative impact of such use on populations of these animal species in the wild, and the resulting treatment status of these species. This concern is of crucial importance in conservation, since there are likely to be many other species in demand for medicinal purposes, and consequently, in need of conservation attention. This does not exclude the use of flora.

The demand for traditional medicine appears to be driven by cultural beliefs, and with little influence from education and income levels. Traditional medicine appears to be a basic requirement for the treatment of particular conditions for most South Africans, especially in rural areas. Western medicine is in many cases not an alternative to traditional medicine, even when it is cheaper (Mander, 1997a). A growing demand for traditional medicine in South Africa is attributed to increased urbanization and rising unemployment. Such conditions are stressful both physically, being often crowded and unhygienic, and psychologically, as people are distanced from family support (Cunningham, 1993a, 1993b).

The traditional health care system currently receives little or no support from the government. It is largely organized within large healers' associations which function at a range of levels, from small localized associations to large international associations. For example, the Traditional Healers Organisation

reports that it has over 80 000 members throughout South Africa, Lesotho and Swaziland (Mander, 1997a). Williams (1997) has estimated that there are at least 100 small associations operating between the Witwatersrand and Natal.

This study entailed an examination of trade in animals used for medicinal purposes in a local rural area, to inventory the species used, identify their source, establish the trade patterns and quantify volumes traded. The traditional healers' perceptions of the three birds in question are important sociologically because they (the traditional healers) reflect the ideas of the Shangaan in general. In other words, they are the protectors of the Shangaan's ideas from one generation to another.

## **2 PROBLEM STATEMENT**

In South Africa today many animal species such as ground hornbills, eagles, and owls face extinction or severe genetic loss due to their over-utilisation. It is conveniently stated in the literature that this is because of the use by traditional healers of these animals for the medicinal purposes. This study was, therefore, undertaken to ascertain whether the Shangaan/Tsonga traditional healers have been and are still using these birds or whether they have found substitutes.

### **3 MOTIVATION**

There is a substantial body of literature on the three focal bird species (*the Southern Ground-Hornbill, Giant Eagle owl, and the African Hawk eagle*) but this literature is based mostly on ornithological scientific knowledge. In other words, people only know their breeding process, nest sites, laying of eggs and what they feed on, but they do not know the traditional healer's perceptions of the three birds and what they mean to the study community (the Makuleke and neighbouring communities). I will therefore try to highlight the traditional healer's perceptions of the three birds together with the community's perception of these birds.

### **4 AIMS AND OBJECTIVES**

The aims and objectives set out for this study were:

- 1 To explore the Shangaan/Tsonga traditional healers' perception of birds (hornbills, eagles and owls) and to examine the rural communities' view about the above-mentioned birds. These communities are the Makuleke community and the surrounding villages.
- 2 To identify the purposes these indigenous people have been using these birds for in their spiritual or psychological activities.
- 3 To find out whether the community are still using these birds even today or whether they have found substitutes.

- 4 To explore modern applications of birds which might further benefit the community such in ecotourism, aviculture, bird watching and photography.

## **5 RESEARCH METHODOLOGY**

No definition of scientific activity can be attempted without reference to its research methods and procedures. Research can be said to be an activity aimed at obtaining generalized knowledge by contributing and testing claims about relationships among variables or describing generalized phenomena. This knowledge may be obtained by empirical or other systematic methods and may or may not have immediate application. To arrive at this objective one or more research procedures and techniques may be used. The research procedures used in a research project are usually determined by its nature. In this project therefore, use was made of the following research methods and techniques.

### **5.1 Literature survey**

A substantial body of literature was carefully perused, dating as far back as the eighteenth century. Unfortunately, some of these sources of information did not cover the Tsonga-Shangaan tribe. Nonetheless, they provided a valuable background to the study.

## **5.2 Interviews**

Interviews are one of the most widely used methods of gathering data in sociology. They consist of the researcher asking the interviewees or respondents a series of questions. Interviews can be classified as “structured” or “unstructured”. In a structured interview, the wording of the questions and the order in which they are asked remains the same in every case. Unstructured interviews are more like an informal conversation. The interviewer usually has particular topics in mind to cover but few if any preset questions.

In the research for this dissertation, therefore, use was made of both structured and unstructured interviews. Structured interviews were used to interview respondents who had an understanding about research and who were not sensitive about certain issues. Unstructured interviews were used to interview sensitive and secretive respondents like the traditional healers and old grandparents.

In this manner 60 respondents from each community, of whom were traditional healers, were interviewed. The sample was therefore composed of 120 respondents. Some, if not all, possessed knowledge about the three birds in question although they attached some beliefs to other birds, for example owls and eagles.

### **5.3 Questionnaires**

Questionnaires are regarded as a comparatively inexpensive, cost-effective, fast and efficient tool for obtaining large amounts of quantifiable data on relatively large samples (Haralambos, 1980). Two types of questions can be used singly or in combination in a questionnaire: “open-ended” and “closed” or “fixed-choice” questions. Open-ended questions allow the respondents to compose his/her own answer rather than choose between a number of suggested answers. Closed or fixed-choice questions, on the other hand, require a choice to be made between a number of suggested answers. Both open-ended and closed questions were used in the questionnaires administered to the respondents in this study. One hundred questionnaires were distributed to respondents who could read and write.

### **5.4 Comparative and statistical methods**

Since this is a two-fold study of rural areas, it inevitably involves the comparative method so that it is possible to determine the extent of development in terms of adaptation to technology. Comparative research focuses on similarities and differences between units and “comparison is central to very acts of knowing and perceiving” (Warwick & Osherson 1973). Statistics was, therefore, used to determine the frequency distribution of the phenomenon in each area of investigation.



## **6 LITERATURE REVIEW**

A substantial body of literature on the three focal bird species (the southern ground hornbill, eagles, and owls) was carefully perused. This literature is based on ornithological scientific knowledge and the ways in which African tribes perceive these birds. The literature is, therefore, relevant because it gives background information to the study. The discussion of the three birds follows below.

### **6.1 The southern ground hornbill**

There is a substantial body of literature on the Southern Ground Hornbill. The Southern Ground Hornbill is one only of two species belonging to the genus Burcorvus lesson 1830. It is endemic in Africa and is listed as vulnerable in the South African Red data book (Brooke, 1994). It is sometimes referred to as the “turkey buzzard” (Woodward & Woodward, 1875) or “wild turkey” (terms originally used by the English colonists of South Africa). Its Afrikaans name is “bromvoel” (derived from the name “brombvogel” used by the early Dutch settlers in South Africa). There are numerous local African names for this species such as Intsingizi (Xhosa) and Rhandala (Tsonga) (Scalter 1902, Maclean 1993).

The southern ground hornbill is preferred and protected by many African tribes who also attach magical properties to it, chiefly connected with the production of rain (Scalter, 1902). The Zulu, Xhosa, Venda and Sotho people believe that the appearance of a ground hornbill around a village

signals that something strange is about to happen (Simelane, 1996). According to Simelane, this bird should not be killed as it has the power of causing revenge by bringing thunderstorms and disaster. The reason for this, he says, is that the ground hornbill is often heard calling during the spring season before the rain comes. Its fat and parts are used by traditional healers to prepare muti (medicine) that will strengthen a person or property from being struck by lightning (ibid). A famous remedy to protect a person from being struck by lightning contains ground bones of a ground hornbill, which is rubbed into incisions on the shoulder blades (Derwent & Mander, 1997). Feathers are also used, often by burning them and inhaling the smoke. Both the shell and the contents of an egg are used on the rare occasions they are available, but healers say they prefer not to use either eggs or small chicks because the muti is not yet strong (ibid). The hornbill is, however, persecuted in developed areas where its aggressive territoriality leads it to attack and break its reflection in window panes (Scalter, 1902). According to Courtenay-Latimer (1952) the ground hornbill is also victimised because it kills poultry.

In studies of the ground hornbill, Gary Knight (1990), in his work at the University of Natal in Durban, found some new facts concerning the family life of these great birds, as well as confirming some old ones recorded in “the literature” by early ornithologists. He says for example:

- a They are co-operatively breeding birds (co-operative breeding means there is a presence of helpers at the nest). He argues that there is only one breeding pair in the group, and most of the other birds are kin from previous generations, although occasionally birds from other groups

are accepted. All larger items, such as frogs, snakes and lizards, are not eaten when caught but carried back to the nest. The birds collect bundles of food and return to the nest on average three to four times a day.

- b It is recorded in the literature that most nest sites occur in large tree cavities and this is certainly the case in the Kruger National Park, but then occasionally also on cliff faces in a cave or on a projecting ledge (Kemp & Kemp, 1996).
- c Two eggs are usually laid every year. The second egg is smaller than the first and they usually hatch approximately three to five days apart. There is no record of both chicks surviving, as indirect chick siblicide occurs (as is also the case in most raptors).
- d The incubation period is about 40 days and the chicks are usually in the nest for a further 85 to 90 days.
- e When the chick leaves the nest it has blackish brown plumage and a pale creamy coloured throat. In the second year it gets black feathers but the throat skin does not start to turn red until the bird is three or four years old. Young birds cannot be “sexed visually”, that is their sex cannot be identified visually, until they are approximately six years old. The females masquerade as males until they are six, at which stage they show their characteristic blue patch on the throat skin.
- f The chick is dependent on the adult birds for food for about a year. Although it does attempt to forage for itself, it is inefficient and seldom successful. It also has the amusing tendency to be incredibly clumsy and playful: if there is something in its path, it is bound to trip over it.

g It is a large bird with long, heavy bill and black plumage except for pure white primaries which are only conspicuous in flight (Fry *et al.*, 1998; Kemp, 1995). The males are larger, with much of the throat and upper neck red, whereas the smaller females have a patch of violet-blue on the throat which sometimes extends down the side of the neck and as spots on the facial skin (Fry *et al.*, 1998; Maclean, 1993; Kemp, 1995). Generally its voice is characterized by a deep, low-pitched, booming four note hoo hoo hoo-hoo call which may carry 4-5 km on a still morning (Fry *et al.*, 1998; Kemp, 1995).

The ground hornbill, according to Kemp (1995), is almost completely terrestrial and spends on average 70% of the day walking. Ground hornbills walk on a greatly elongated tarsus, and on the tips of their toes and do not hop. The tail is relatively short so that it does not have to be held up while walking (Kemp, 1969). When pressed, they can run at a good pace. It is believed (e.g. Simelane 1996) that it will keep your home safe, because its habit of walking slowly through the grasslands in search of food, gives the impression of being calm and dignified. It is perhaps for this reason that potions are made from it to calm people who by nature are agitated.

They are basically sociable birds seen in pairs or groups consisting of 2-4 adults and 1-3 immatures. In most groups one bird is an adult female (Kemp, 1979). Joubert *et al.* (1989) found that in the Kruger National Park, South Africa, 98% of the population lived in groups of 2-11 birds, 72% in groups of 3-5 and 2% as solitary individuals. They also calculated that the mean group size varied annually between 3.15 and 4.33 (overall mean 3.51). All members of the group co-ordinate their activities and remain close together

throughout the day (Fry *et al.*, 1998; Kemp, 1995). The groups are resident within large territories, 100-260 km<sup>2</sup> (Kemp, 1994) and neighbouring groups will chase each other in aerial pursuit to protect their territories. Their social organization is maintained by allopreening and complex interactions involving giving or withholding of food, play mobbing of predators such as lion and leopard (Fry *et al.*, 1998; Kemp, 1994). They also engage in mock fighting (Kemp & Kemp, 1975).

Ground hornbills forage on the ground and may walk up to 11km in a day (Fry *et al.*, 1998). They use their bills to dig for food and excavations of up to 40cm deep may be made (Kemp & Kemp, 1978). Their flight is powerful with deep wingbeats and little gliding (Maclean, 1993). They roost in groups in a tree at the ends of branches. Details on their moult are given by Kemp (1971).

Courtenay-Latimer (1942) gives an interesting early account with many photographs of the breeding habits whereas Kemp (1995) also provides details on courtship. One pair breeds on a territory, with up to 6 adult and/or immature helpers. All adult males courtship feed the dominant (Alpha), usually lone adult female, but only the dominant male copulates with her (Fry *et al.*, 1998).

The breeding in South Africa is from September to January (Kemp 1995) but varies in parts of Africa, e.g. Tanzania July-August, East Africa January - April, Zambia July - December, Zimbabwe August - January, Malawi September - November (Brown & Britten, 1980; Fry *et al.*, 1998; Kemp, 1995). In the Kruger National Park, Kemp (1976) and Kemp and Kemp

(1991) found a correlation between laying date and rainfall. Laying appeared to be later when the first rains were late, but according to Kemp (1994) this is probably more a response to food supply than to rain itself. Groups frequently fail to breed for several years in succession (Kemp, 1976).

Nests are lined with grass and leaves and the entrance is not sealed as in other hornbill species (Kemp, 1971). The same nesting site may be used for many (17-36) seasons (Kemp, 1995). Incubation is by the dominant female-only. The male feeds the female while she is incubating, and usually the whole group also assists, especially the non-breeding adults (Kemp, 1971).

A clutch consists of 1-2 eggs (rarely 3), dirty white in colour and rough textured. The eggs are laid at least 3-5 days apart with the second egg always being smaller. Kemp (1995) gives the nesting cycle as about 126-129 days, of which 37-43 days entails incubation and 85-87 (mean 86) days as the nestling period (also given as 87 days by Kemp & Kemp, 1980). If there are two chicks then they hatch 3-5 days apart but without exception only one is reared. This is due to the fact that the oldest chick outcompetes its young sibling for food, with the result that the youngster dies of starvation within a few days (Kemp & Kemp, 1975). The chick hatches blind, naked and with a pink skin which turns dark purple within about 3 days (Kemp 1995). It is dependent on the adults for food for 6-12 months. According to Van Warmelo (1992), young birds begins to assume adult colours by the third year but Kemp (1979) states that the full red colour only develops when they reach maturity at 6 years of age, although there may be individual variation (Kemp, 1995).

Breeding success from Transvaal data suggests low productivity and long life-span (Kemp & Kemp, 1975; Fry *et al.*, 1998). Kemp (1987) found that in the Kruger National Park, groups on average raised only one chick successfully every nine years. The average life-span is then between 25-30 years and longevity of some 70 years has been suggested (Kemp, 1987).

## **6.2 Giant eagle owl**

Relatively little is known about the giant eagle owl (*Bubo lacteus*). According to Brown (1980) the giant eagle owl was originally called the milky eagle owl because of its pale colour, hence *lacteus*. He further argues that it is also called Verreaux's Eagle in some books but the name Giant Eagle Owl is the name most often used in Southern Africa. This owl, the largest in Africa, can usually be identified by its size alone (*ibid*).

There are various beliefs surrounding owls. Alive, they may be harbingers of bad news or evil spirits, but once dead they can be used to help people with little energy who sleep during the day (Derwent & Mander, 1970). Owls are also associated with witchdoctors, and are believed to have power and strength and are seen as a symbol of supremacy. As a result, their parts are used to mix muti which will bring strength and dignity. Their skins are used exclusively for the attire of community leaders. It is believed that the power and agility which these animals demonstrate when attacking their prey can be transferred to the leaders who wear their skins (Simelane, 1996). To the Ndebele people, feathers of owls are wrapped into a cigarette and smoked by a n'anga (witchdoctor) so as to strengthen his healing powers that will

help him to foretell the future to his clients. The bones are worn by a n'anga so that he could always be strong, fearsome and unafraid of anything, and also be respected by everyone so that people, including his clients, fear to provoke him (Chiweshe, 1998).

According to Swynnerton (1907), in Rhodesia, lacteus will swoop down and strike on the back of the head of a person traveling by night, and on arrival home he will find disaster - relatives or friends dead or dying, or it could be an omen of disaster for himself. The witchdoctors are said to have no "medicine" strong enough to ward off disaster from an owl-struck person (ibid).

According to Newman (1991), the Giant Eagle Owl is a fairly common and wide spread resident owl. It occurs in all regions and has been found breeding in June - October. Pale greyish colouring on the under-parts is produced by very fine transverse barring on a white background, the upper-parts are darker. The eyes are dark brown with pink eye-lids. This species is usually found in association with large trees along rivers and watercourses and frequently perches openly in the early evening. It preys on mammals such as hares and galagos, and birds including other owls. Its call is a series of grunts "hu-hu-hu, hu-hu". Immatures emit a long drawnout whistle which may be repeated for long periods.

According to Steyn (1982) the giant eagle owl lays its eggs on top of the nest of another species or in a hole in a tree. It adds no lining nor other material to the nest. One nest site, he says, was on top of a large orchid growing out from the stem of a palm 4,5 m above ground. In East Africa it has been



known to lay in debris on the flat roof of a high building, and in a large petrol drum placed in a tree as a beehive. Usually it takes nests not in use, but it may also dispossess the rightful owner by “squatting” in the nest and resisting all attempts to dislodge it. In one instance a Harmerkop was deprived of its half-completed nest in this manner. Sometimes Wahlberg’s eagle returning from migration to breed have had to build a new nest on finding a large owl nestling in their previous year’s nest. Nothing is recorded of the size of territory for this species.

Eggs are laid in the cool, dry season from June to August with occasional records for April and May. One or two eggs are laid, usually two; reports of three eggs require confirmation. They are rounded and white, sometimes with small nodules on the surface. Quite often one egg is markedly smaller than the other. Nothing is recorded of the laying interval in a clutch of two, except that the second chick may hatch “some while” after the first. It is very rare for two young to be reared together, there are no such records in Southern Africa. Although further detailed observation is required, it appears that the smaller chick is dominated by its sibling and dies from starvation at an early stage. It may also be attacked by the stronger chick (Steyn, 1982).

### **6.3 African hawk eagle**

The African hawk eagle (*hieraaetus spilogaster*) is a mottled brownish black above and white below. A resident of the Southern and Eastern lowland coastal belt and often seen in pairs, it is an aggressive, fearless, hunter of

game birds and, given the opportunity, may also prey on poultry (Branch et al, 1992).

There is no literature about the use of an African hawk eagle as traditional medicine, but according to me it is liked by most, if not all, indigenous people because it helps with the killing of rats. This, however, does not mean that there are no traditional beliefs attached to other types of eagles (magama). For example the Bateleur eagle is the most respected bird by the Ndebele people. It is the carrier of their ancestral spirits. They believe that it is always the first to feed on an animal carcass before any other animal or bird (including vultures) can land on the ground and start feeding. Vultures can even spend a whole day or two perched in trees, or flying above the carcass and never get down close to the food, until the Bateleur comes and feeds, first on the eyes and tongue. The Bateleur, after feeding satisfactorily, flies off, calling loudly at the same time signaling to the vultures to come down and start feeding (Chiweshe, 1993).

The Bateleur Eagle's powers over other animals and birds in the wild are said to be similar to man's ancestral spirits, whose powers are the highest over every living man of their tribes. The Ndebele people also respect the Bateleur eagle's nesting because of its spiritual significance and also because of its aggressiveness to human beings (ibid).

Chiweshe argues further that the Bateleur's feathers are wrapped into a cigarette and smoked by both male or female n'anga so as to strengthen his/her healing powers and also to develop dreaming powers that will help him to foretell the future on behalf of his clients.

The bones are worn by the n'anga so that he could always be strong, fearsome and unafraid of anything, and also so that he be respected by everyone and people fear to provoke him, including his clients. The eagle's brains are smoked with a mixture of other herbs by a n'anga so that he can have the powers to know the cause of his clients' problems, his enemies, or even to inform him whether the journey he is about to take is safe or not. The n'anga will also have powers to tell his clients the cause of death or illness of his relative. Vulture's brains, mixed with other herbs, will also cause the recipient (client) to dream of the winning horse, gambling card or to know the best areas where to hunt for wild animals and so become the best hunter (Chiweshe, 1993).

According to Kemp (1987), the African Hawk Eagle inhabits deciduous woodlands and savanna in both flat and hilly country. Normally the African Hawk Eagle lays two eggs which differ in size and in most cases the smaller chick stands little chance to survive since it is killed by the elder in the so-called Cain and Abel struggle. Infertility of eggs is one of the main reason for failure.

The main prey of the African Hawk Eagle is made up of gamebirds and mammals up to the size of a hare, reptiles are only occasionally taken. There is one case on record of a pair feeding on carrion, a dead reed-buck, over a period of three days. A twelve-year study at two nests in Zimbabwe showed that birds 69 percent of which were gamebirds comprised 74 per cent by number of the prey recorded, mammals 25 per cent and reptiles one per cent. However, analysed by weight, the mammals made up 56 per cent of the food captured (Steyn, 1982).

The gamebirds caught are mainly francolins but guinea fowl are also killed. It also takes chickens but is not the poultry thief it is often made out to be. In the twelve-year study mentioned above, free-ranging chickens were available in the hunting range of a nesting pair, but not once was a chicken found on the nest. Birds commonly caught are doves, hornbills and grey lorries, but a variety of species ranging from Barn Owls to small birds such as a Three-streaked Tchagra are recorded. In East Africa it has been known to raid heronries and eat chicks in the nest (ibid).

The pair bond in this species is strong and the birds may be seen together throughout the year. It appears that they also sometimes hunt co-operatively. Nests are normally placed within the canopy of a large tree, including eucalypts, in a major fork or on a substantial lateral branch at heights varying from 6-18 or more, although usually between 9-15 m. One particularly low nest was only 4,2m off the ground. Nests generally receive some shade during most of the day, but some sites are rather exposed, necessitating the shading of the eaglet by the females for longer into the nestling period (Steyn, 1982).

The nest, constructed with very substantial sticks and usually about one metre in width, is large for the size of the eagle. The nest cup, lined with green leaves, measures about 25-30 cm across. The depth of the nest varies considerably, depending on the site and the length of time it has been in use, but is usually about 0,8 -1, 0 m deep. Long established nests may be 1,25m in depth. Nest repair consists of building up the rim of the previous year's flattened structure by adding a new layer of sticks. This usually takes four to five weeks, mainly during May, but on some occasions repairs may take

as long as eight weeks. The construction of a new nest may take several months. Limited observations at one site revealed that the male was most active in nest repair, adding dry sticks broken off from the nest tree. He also moulded loose sprays of green leaves into the nest cup with his breast (ibid). The same nest or nest tree may be used for long periods, at least eighteen years in one study. One breeding site near Pretoria, still active in 1978, was in use in 1912 when the late Dr Austin Roberts collected a nestling there. When alternate nests are sewed they are never very far from the previous site. One pair with an unsuccessful breeding record used four different sites in nine years, behaviour not typical of this species.

## **7 DEFINITION OF CONCEPTS**

- Acculturation - The process of cultural change which occurs when two people with different cultures come into long and intimate contact.
- Belief - Mental acceptance of something as real or true to have a firm conviction as to the reality or goodness of something; to hold as an opinion, or to accept as true or honest.
- Conservation - The preservation of the environment.
- Ecology - The science of the interrelationships between living organisms and their environment; other organisms, and the physical environment including soil, air, climate.

- Environment - All the surroundings, but could be differentiated into the natural environment and the human-made environment.
- Fauna - A collective term for all kinds of animals.
- Flora - A collective term for all kinds of plants.
- Indigenous (species) - A species which is native to a particular region (cf. endemic).
- Modernization - Updating, upgrading, renovation, reconstruction or stabilization in the face of adverse social, physical or economic structures.
- Species - A group of organisms of the same kind which reproduce amongst themselves but are usually reproductively isolated from other groups of organisms.
- Sustainability - Used here in the sense of sustainable use, that is a use which can be continued through time without significantly changing the populations, species and habitats being used.
- Westernization - The introduction into a society or system of ideas and behaviours which are commonly practised in Europe and North America.

- Wildlife - A term commonly used to refer to non-domesticated animals. In a biological sense wildlife means all kinds of living organisms which are not domesticated.

## **8 PROBLEMS ENCOUNTERED**

The major problem a research worker has in an African community, is the suspicion with which the subjects regard her. This makes the establishment of rapport difficult and the present study was no exception to this problem.

The Tsonga are generally secretive about their knowledge of a particular phenomenon. People who have been to circumcision schools, for instance, will never divulge any information gained there. Similarly, traditional healers were not ready to impart any information to the investigator. One traditional healer even said to me that “a swi ku ringananga” (“I cannot discuss this with you, you are still very young”). This problem necessitated a lengthy explanation to assure the subjects that this was purely a scholarly project. Thanks to Aubrey Maluleke, a pupil at Makuleke who stood all the trouble of walking me around the community (ies) during the research this problem was reduced.

Because of their secrecy, traditional healers were sometimes not prepared to explain certain activities such as what they use to heal their patients with mostly the insides of animals. Some community members also could not tell or disclose their monthly income. When I insisted on a detailed elucidation, it became clear that the interviewees were inclined to give what they considered an ideal answer instead of the real one.

Beside the problems mentioned above, there were advantages as well. One major advantage was that being a Shangaan myself I did not employ the services of an interpreter. Communication with the community members and the traditional healers therefore was without any language problem and the dialectical differences with some of the traditional healers were easy to overcome.

## **9 PRESENTATION**

Chapter one - is basically an outline of the study. It further deals with the aims and objectives of the study, the motivation, the definition of concepts used in the study, the methodology, problems encountered as well as literature review.

Chapter two - is the study area which outlines the history of the Tsonga and discusses the socio-economic factors in relation to development.

Chapter three - deals with the N'anga traditional beliefs and conservation.

Chapter four - focuses on health through cultural knowledge.

Chapter five - elucidates the basis of Tsonga perceptions.

Chapter six - contains the conclusions and recommendations.



## **CHAPTER TWO**

### **STUDY AREA**

The study was conducted at both the Makuleke and Mabiligwe villages. They are situated at Malamulele District in the far North of the Northern Province. They are a junior branch of the Tsonga speaking Makuleke Clan, led by Chief Phahlela Jutas Makuleke. It is not clear even today as to where these people (the Makuleke and Mabiligwe) originated, hence the historical review of the Tsonga-Shangaan below.

#### **1 HISTORICAL REVIEW**

Unless otherwise stated, “Tsonga” shall refer to the Tsonga-Shangaan-speaking tribes. It should also be realised that the “Tsonga-Shangaan” people are further sub-divided into Vahlengwe, Vahlangwana, Vangoni and other tribes.

Although it is difficult to determine the original locality from which the Tsonga migrated, it is a well known fact that they have a long tradition of settlement in what is now Mozambique where they lived mainly as agriculturalists. Quoting Junod, Van Warmelo (1956) agrees that the direction of immigration differs from clan to clan. Some claim to come from the north, some from the west, and others from the south. The inference is that the immigration of the Tsonga took place in remote times. Also, little has been recorded of the early history of the Tsonga. The whole of the

original Tsonga group lived in today's Mozambique. Although the list and grouping of clans given by Junod (1912) may not be altogether satisfactory, probably due in part at least to the complexity of the situation created by the Nguni conquerors, it is so far the only classification available. Generally, it may be said that the original Tsonga groups fell into three reasonably well defined sections: Southern, Central and Northern. To the Southern Section belong the clans of Mapula, Tembe, Mfumo and others, collectively referred to as the Ronga. As representative of the Southern group of Tsonga there is only one tribe living within the borders of the Republic of South Africa, and that is the Tembe tribe of Kosi Bay in the Ingwavuma district of Kwazulu-Natal.

To the central group belong the clans of Khosa, Nkuna, Mavunda, Valoyi, Maluleke, Nhlangwani, and others, classified by Junod into the sub-groups of N'walungu, Bila, Nhlagwani and Dzonga. To the Northern Section belong the Hlengwe, and others that extend far to the North and North-east.

## **2 THE INHABITANTS OF GAZANKULU**

Although little has been recorded and perhaps there has been little to remember about the early history of the Tsonga group, it is as well known fact that, as already indicated, they have a long tradition of settlement in Mozambique.

After living undisturbed probably for centuries, mainly an agricultural people, they were suddenly hit by the storm that occurred when the rise of Zulu power caused many Nguni tribes of those parts to seek safety in flight.

The Tsonga territory in Mozambique was conquered by Soshangaane with his followers from Zululand and so extended his rule over the Tsonga tribes. After his death, his sons Mzila and Mawewe fought over the Chieftainship. Mzila, though the junior, remained victorious. His son, Nghunghunyane, was the last of the independent Nguni kings, for his rule was overthrown by the arrival of the Portuguese. It should be realised that from the first days of Soshangaane's invasion to the end of Nghunghunyane's reign, there was continual fighting and general insecurity. Moreover, many Tsonga were unwilling to subject themselves to the Nguni kingdom and because of all this, they sought safety elsewhere. Several great migrations took place, with a steady trickle of migration going on all the time. The only way open to the migrant Tsonga was to the west, over the (Libombo) hills into the low country of the Eastern Transvaal, now Mpulanga and Northern Province. Proceeding westwards, they ultimately settled all over the North-Eastern Transvaal. In 1969, a Tsonga national state by the name of Gazankulu was created in this North-Eastern Transvaal. Following Junod's classification mentioned above, it can be said that the bulk of the Tsonga in the Northern districts belong to the corresponding Northern Section of the Tsonga group, while those in the Eastern Transvaal are members of the Central Tsonga subgroup. Gazankulu therefore is constituted of Tsonga belonging to both the Northern and Central sections.

It should be pointed out, however that like all displaced people the Tsonga found it easier to move on again and again. Over the years, therefore, they have moved out of the Lowveld to the interior plateau areas of Louis Trichardt, Pietersburg, Potgietersrus, Nylstroom and Warmbath, where until today some of them are found on farms and living under North Ndebele, North Sotho and Tswana chiefs, well into Rustenburg district (Van Warmelo, 1956). According to the 1980 census reports, the Tsonga residing within the borders of the Republic of South Africa total around 1 095 000, but of this number only, 439 740 are resident in Gazankulu National State (today part of the Northern Province). Considering 3% per annum as the average growth rate of the Tsonga, as was found to be the case for the Black population generally in the 1980 reports, it can be estimated that by 1984, the Tsonga living in the RSA totalled 1 236 417 with 493 508 residing only in Gazankulu.

The estimated 493 508 Tsonga are distributed over the four districts of Gazankulu: Mhala, Ritavi, Giyani and Malamulele. Since our chief concern in this study is the Malamulele district of the Northern Province, we shall confine ourselves to the Tsonga speaking groups of this district, with special reference to the Tsonga of Makuleke and Mabiligwe. One of the objectives of this study is to examine the rural communities' view about the hombills, eagles and owls. For this reason, areas which differ in degrees of modernity were used, hence the two areas selected for the study. According to degrees of modernity, Makuleke (population) represents a marginal area while Mabiligwe (population) represents an orthodox area. In the ensuing discussion, a detailed description of each area of study is given. Such an exposition reflects the area's degree of modernity.

### **3 TWO-FOLD DIFFERENTIATION**

#### **3.1 Makuleke**

As already indicated above, Makulele in this study represents a marginal area. The area is under the chieftainship of Phahlela Jutas Makuleke, with Edson Ngomenzulu as the headman of the area. The Makuleke community has a close historical association with a vast track of conservation land, the area Pafuri Triangle. In 1969 the Makuleke were removed from this land as part of the consolidation of the so-called 'homelands' and much of their land was incorporated into the Kruger National Park. The remainder was incorporated into a provincial park and a military cordon sanitaire between South Africa and Zimbabwe.

The first attempt to move the Makulekes from their land occurred in 1931, when the Parks Board started a programme of road construction aimed at opening up the Northern Section of the Kruger National Park to tourism. It was envisaged that the incorporation of the Pafuri Triangle into the Park would preserve an ecologically rich area and so end the poaching of animals in the Northern reaches of the Park as well as those migrating through the Pafuri Triangle. More immediately, conservationists wished to protect the inyala/nyala antelope that had extended its grazing area up to the Limpopo and had, for the first time, entered the Kruger National Park. As there was no land available to accommodate their removal, it was only two years later that a more serious attempt was made to dislodge the Makuleke. This arose after the construction of the hundred miles of road in the Northern Section of the park had allowed tourists to travel from the South to the North of the

game reserve in two day instead of three weeks. At the request of the Kruger National Park officials, the Minister of Lands offered to exchange the Makuleke's location for six farms south-east of Messina which covered about 70 000 morgen of potentially irrigable land. The Native Affairs Department (NAD) was prepared to countenance the removal for, by ending the widespread 'squatting' of Makuleke on the crown land outside the reserve, their administration would be facilitated. Their removal would also end the friction between the NAD and Parks officials over Makuleke poaching. But the long-serving' sub-native commissioner at Sibasa, W.A. Biddell, met with an intransigent refusal when he informed the Makuleke, who numbered between one and two thousand, of their impending removal. However, a number of Makuleke saw the removal as inevitable and crossed the border into the then Rhodesia (now Zimbabwe), while others moved to sub-chief Qasa, whose area was not threatened with incorporation into the park, or to chief Mhinga.

The plans for removal were halted by the unwillingness of the Makuleke to move, by NAD complaints that insufficient money was available for the provision of water in their area of resettlement, and finally by opposition from land-hungry white ranchers who opposed the allocation of government land to Africans. As a compromise between the different interest groups, the scheduled status of the Pafuri Triangle remained unchanged for the next twenty years until the intervention of a powerful new force that was to resuscitate the question of their removal and bring the Native/Bantu Affairs Department to play a far more interventionist role. The National Party Government that come to power in 1948 stressed the role of the reserves as "homelands" for the African population of South Africa. According to

government policy the people living in the Pafuri Triangle were Tsonga-speakers, who were cut off from their ethnic 'homeland' by Vendaland in the west and the Kruger National Park in the South. However, plans to move the Makulekes brought the government into conflict with the politically powerful Northern Transvaal farmers who were implacably opposed to the extension, through the purchase of white farms, of the desperately overcrowded and overgrazed reserves. To overcome this double problem of ethnic dispersion and land shortage, the government in 1968 excised a stretch of uninhabited land, bordering on the North-Western part of Gazankulu, from the Northern (Xingwedzi) Section of the Kruger National Park. This area, which came to be known as Ntiaveni, was then earmarked for the relocation of large numbers of Tsonga-speakers from throughout the Northern Transvaal. These people were to be placed in closer settlement villages that were to be provided with a rudimentary social and economic infrastructure. In order to compensate the National Parks Board, the western border to the Pafuri Nature Reserve was extended to include all the lands of Makuleke sub-chiefs Makwadzi and Mukenyi and part of those of Qasa. The entire area was then incorporated into the Kruger National Park. It was into the three residential blocks cleared by bulldozers in this area that the Makuleke Community of over 3000 people was finally removed from their 25 000 hectares of land on 13 September 1969 by the Department of Bantu Affairs.

When the African National Congress (ANC) came to power in April 1994, the Makuleke people did not waste any time in introducing a land claim under the Restitution of Land Rights Act. They officially launched their land claim on 20 December 1996. After protracted negotiations that lasted 18

months, the newly reconstituted South African National Parks (SANP) and the community signed an agreement on 30 May 1998.

The agreement was hailed as a “breakthrough for conservation,” by Mavuso Msimang, chief-executive of SANP. He proclaimed that it “ensures that the ecological integrity of the Kruger National Park is protected, while the right to land restitution is accommodated at the same time.”

The agreement provides for the ownership of the land to be returned to the Makuleke people by means of a Deed of Donation. Under the agreement, there will be no mining or prospecting, no part of the land may be used for residential purpose or agricultural activities, and the SANP is afforded a right of first refusal should it be offered for sale. The conservation status of the land is therefore protected for perpetuity.

A contractual park will be established for a period of 50 years, provided that the agreement between the Makuleke community and SANP can be reviewed after an initial period of 25 years. South African National Parks is involved in a number of contractual parks such as the Richtersveld National Park, the West Coast National Park, and some areas adjacent to the Kruger National Park. In each of these cases the private landowners have put their land under the control of South African National Parks under certain conditions.

A Joint Management Body will be responsible for the overall management of the area. South African National Parks will serve on the joint management body and decisions will be made through consensus, with provision for a deadlock-breaking mechanism. South African National Parks will therefore



remain an active partner in the venture and will be accountable to parliament in the final analysis. All tourists and other income generating activities will be subject to the management plan and zoning of the areas and will be monitored by South African National Parks. Agreement has been reached that developments will be low in impact, and aimed at higher income groups. The exact nature of these developments will be the subject of further investigation and environmental impact studies.

South Africa National Parks will be responsible for the day to day conservation activities, while the community will be responsible for all tourism activities. Other partnerships may be established with South African National Parks to co-manage tourist facilities and services. Once a tourism venture has been identified, the community will invite tenders for partners. In this way South African National Parks may also become involved in the tourism activities of the area. One possible joint venture which has already been suggested is the introduction of a “cultural route” to introduce visitors to the cultural heritage of the area. Some of the highlights of such a visit would include Crook’s corner, the Thulamela site and the Makuleke traditional kraal. Community members will be trained in conservation and tourism matters. As part of their conservation training the community will appoint “shadow” rangers at its own cost, to accompany Kruger National Park staff.

Capacity building and employment creation programmes will be undertaken upon to ensure that the community can, in time, take responsibility for the conservation management of the land. The exact model in terms of which the

community members will be employed will be determined in time by the Joint Management Body.

South African National Parks will initially manage the area at its own cost, but the community will eventually share the costs once income is derived from tourist activities. South African National Parks will receive all gate fees, while the rest of its contribution is justified by the ecological importance of the area. An annual review of income and expenditure will take place to assist South African National Parks with its financial commitment.

The area will be known as the Makuleke 'Region' within the larger Kruger National Park. This will give due recognition to the contribution which the community is making to conservation, while also ensuring, from a management and marketing perspective, that the Kruger brand name is used.

### **3.1.1 Labour**

The Makuleke tribal office at Makuleke serves inter alia as a recruiting office where employers may request labour either by way of requisition or by calling them personally to scrutinize applicants and to enter into service contracts with them. Such contracts stipulate the basic conditions of employment, including remuneration. The Makuleke people are recruited from this office. The contractors recruit both female and male labourers but the number of male labourers exceed that of the female. Not all men from Makuleke make use of this service since some of them prefer to go out and

look for suitable employment themselves, while a few others have been employed as labourers long before the institution of contract services. Studies of 50 families at Makuleke reveal that 96% of families have labourers. Of the total number of labourers, 95,8% consists of male labourers while the remaining 4,2% are females only. 2% of the total number of families interviewed receive old age pension while the remaining 2% depend on their fields for survival. Each of the 50 families has a piece of land (Masimu) which it uses for agricultural purposes. Land is allocated to individual families by the executive officer of the tribal authority with the medium size of the land per family. Although the soil is rich and fertile, with the result that good crops can be achieved without the application of any fertilizers or manure, lack of water and periodic droughts, as the area is known to be the hottest area in the Northern Province, often hamper a good crop yield. Women, who are mostly responsible for agriculture in this area, have little to do during this period.

At Makuleke there is still a clear-cut division of labour based on gender and age. The clearing of lands (ku tshetsha) for example, is a male activity while hoeing (ku hlakula) and reaping (ku tshovela) are the activities of women. In the building of a traditional hut, which constitute 90% of the dwellings in the area, the man's part is the digging of holes, the cutting and erection of both wall and roof poles as well as the thatching of the roof, while the plastering of the hut with mud is the responsibility of the woman. Concerning the division of labour according to age, a girl must fetch water from the pipe first and then cut wood before she can be allowed to cook, while a boy must first herd goats before he can be allowed to head cattle.

### **3.1.2 Schools, clinics and churches**

A rudimentary form of education was first introduced in 1911, with the establishment of a mission school in the area. In the 1920s, the schools were attended by twenty to twenty-five children, mostly girls. By 1937, attendance had grown to seventy-five, taught by a teacher with a standard six qualification. In the year of their removal, the school consisted of one hundred and twenty pupils, two teachers and two small classrooms. Today at Makuleke there are two primary schools, one high school, one study centre which is attached to Technikon South Africa and has 23 students studying conservation and business management in conservation, and one creche. The Makuleke study centre is electrified and has ten computers which the AST company has donated to the community for the use of students.

The area has a clinic that falls under the direct control of the Malamulele Hospital at Malamulele. Nurses working there either come from Maphophe, Malamulele or from the community, but in the case of nurses only a few come from around the area. The clinic is always busy because it is the only clinic in the area which has 4 more sub-areas. Because of its business, the clinic operates 24 hours a day. Pregnant women and children are the ones who visit the clinic frequently. The availability of the clinic in this area does not however prohibit some members of the community from visiting traditional healers, especially the elderly group which prefers the service of traditional healers to that of the clinic. The only occasion during which they visit the clinic is when they are injured or when they need an injection, or tablets for malaria since the area has a lot of mosquitos which cause malaria. Otherwise, for diagnosis and treatment of illnesses believed to have been

caused by witches, they consult tribal doctors. The young group however, as already indicated, visits the clinic more regularly, although they too believe that the clinic cannot cure certain diseases. For example, boys suffering from sexually transmitted diseases (STD) or Vuvubyi bya tingana prefer to visit tribal doctors. They regard it to be a disgrace to go to the clinic for treatment of this kind of disease and on the other hand they believe that herbs are stronger than Western medicine.

In the whole area I have noticed only one church building, but this does not mean however, that at Makuleke there is only one church denomination. It is true that for quite a long period there has been only one denomination, the Presbyterian Church (Swiss Mission), but many more may have been founded. Although the number of church adherents is not known, it is far more than that of people who do not go to church. Of the 50 families interviewed, only 28% did not attend church. This substantiates the statement that the number of people who go to church is higher than that of those who do not.

### **3.1.3 Trade**

At Makuleke there are two cafe, one general dealer, one bottle store, and one lounge. Apart from these, there are spaza shops and a few hawkers, some of them unlicensed.

Mealie-meal, sugar, and few other commodities are bought at the local shops, usually on credit, which is payable on the following month-end. For this

reason, each borrower, usually a woman, prefers to support one shop-keeper in order to gain credit-worthiness which may be badly needed when the monthly allowance from the husband or working son does not arrive in time. Besides the above-mentioned trading centres, there are no others.

### **3.1.4 Technology**

The material culture of the people at Makuleke shows some degree of westernization. Dress, furniture, tools and implements for instance shows a westernised style. Girls and young mothers wear slacks. Traditional ‘cradles’ known as (dzovo<sup>1</sup>) are becoming rare, they are either replaced by prams or have been modified<sup>2</sup>. Traditional artefacts such as plough, cultivator, trifoot, tractor, scotchcart, etc. have completely disappeared in many families. Most families interviewed say that they lost most of their goods during their removal from the then Makuleke community/village, hence the disappearance of traditional artefacts. In a few families where they could still be found, the family members said that for the past few years they never used some of these tools but they keep them to show to their children or grandchildren.

Of the 50 families, 22 had rectangular houses. Some of the houses have been built by specialists and are according to a plan, while of the remaining 28 families, 18 had both traditional huts and “semi-modern” houses. The “semi-modern” houses are those houses in which elements from traditional

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<sup>1</sup>Dzovo is made of a softened hide of a goat. It is somewhat rectangular in shape and is used to carry babies on the back of the mother.

<sup>2</sup>A modified type is made of a cloth material. It is known also as ‘dzovo’.

and modern technology have been combined. Such houses have been built with poles of blue gum trees, corrugated iron, steel door and window frames, and the frames and walls are plastered with a mixture of mud and cement or some are plastered with cement only.

Of the 50 families interviewed 20% use electricity in their respective houses. They possess modern artefacts, such as an electric stove or hotplate, iron, sewing machine, refrigerator, television, satellite dish, etc. While at the other hand, 10% possess some of the above mentioned artefacts but they are not using them because of shortage of electricity in the area. The other 70% use ordinary fire-wood. None of them use coal although a few people were found to use paraffin.

Although beds are now used extensively, traditional mats are also still used, especially by old women. Some of the elderly people prefer sleeping on a bed than on the traditional mats. Sponge mattresses, without bed-sheets, are used for sleeping purposes by young people. For sitting purposes, traditional mats are preferred by far the modern chairs by all females irrespective of age.

### **3.1.5 Food consumption**

Irrespective of all the changes that among others also led to the introduction of new foods by traders among the black people of South Africa, the eating habits of others such as the Tsonga at Makuleke did not change much. Their staple diet is still maize, porridge and the traditional natural vegetables (miroho) such as nkaka, species of herbaceous climbers (cucurbit), tinyawa

(young leaves of the bean), tin'hwembe (young leaves and flowers of the pumpkin), mikhusu (dried leaves of pumpkin or beans). Vegetables are dehydrated by cooking and drying on corrugated iron sheets and then storing dry. This product is cooked again before serving, salt is put in, either cooking oil is used for frying or ground peanuts are added to the mixture. The use of traditional natural vegetables does not, however, mean that people at Makuleke do not eat relish (ingredients); those who can afford do eat relish and other modern vegetables such as cabbage, spinach do so.

There is no butchery in the area, although of late pieces of chickens are sold at the three shops. With the exception of fowl, cattle and small stock are only slaughtered during ceremonial occasions such as marriages and also for funerals and ritual purposes. Apart from the types of meat mentioned above, people occasionally buy meat from either Malamulele or Venda shopping centres. Lastly, in some families, every morning they drink tea with bread or vetkek before going either to work or to school.

### **3.2 Mabiligwe**

Like Makuleke, Mabiligwe falls under the jurisdiction of the Makuleke tribal Authority. It was selected to represent an orthodox area in this study. Mabiligwe is a small area of about 1000 people. I had already outlined above that when the Makulekes were removed from their 25 000 hectare area on 13 September 1969, most of the people crossed the border to live with their relatives and friends in the Nuanetsi district of Rhodesia (Zimbabwe) while others went to stay in Venda. The occupants of this area are the people



who were largely repatriated from Rhodesia and the Tsonga speakers removed from Vendaleland.

### **3.2.1 Labour and agriculture**

The Makuleke tribal office at Makuleke serves among other things, as a recruiting office for this area as well. Some of the unemployed, especially women, work for themselves by selling vetkoeks, tomatoes, ice blocks, etc. while a few prefer to go and look for suitable employment themselves.

Studies of 50 families at Mabiligwe reveal that 90% of the families are labourers. Of the total number of labourers, 60% are males, and either work at Makuleke or Johannesburg, while 20% are females and work for themselves. Because of the problems which some of the elderly people are still experiencing in connection with the loss of identity documents during their removal and the inability to tell their date of birth due to loss of memory or the reliance they had before to their husbands, most elderly people at Mabiligwe still have problems with obtaining their pension fund. Due to this, only 1% of the total number of families interviewed receive old age pension while the remaining 9% depend on their fields for survival.

As agriculture is the most important traditional economic institution among the Tsonga, it is presently practiced to a larger degree at Mabiligwe than at Makuleke. Each of the 50 families has a piece of land (masimu) which it uses for agricultural purposes, while others even cultivate a small quantity of crops within the family yard.

The soil is rich and fertile. Consequently, good crops can be harvested or cultivated without the application of any manure (manyorho), but due to lack of water in the area with a very high hot climate, the crop yield in the area is sometimes compromised. Families which depend mostly on fields for survival in this area suffer during the drought period.

Despite the climate and the water problem, people at Mabiligwe do cultivate the land. They produce crops such as maize, timanga (ground nuts), tinyawa (beans), miroho ya tinhwembe (young leaves of the pumpkin), matimba (corn cane), cabbage, etc. In the case of maize, they grind it, which is purely a woman activity, to produce mealie-meal which is eaten together with miroho (vegetables). Sometimes this maize is eaten off the cob as it comes from the land. Maize eaten this way is known as xifaki.

There is also division of labour at Mabiligwe. Hoeing (ku hlakula) and reaping (ku tshovela), for example, are the activities of women, while cutting down roof poles for a traditional hut, which constitutes more than 95% of dwellings in the area, is purely a man's activity. Girls fetch water from the pipe and cut down wood while boys herd cattle or goats which only a few families have. Of the 50 families interviewed, only one family had livestock (80 cattle, 10 goats, 12 donkeys, and 20 chickens), while other families had only 1-2 goats or 1 cattle. This might be the richest family in the whole area.

### **3.2.2 Schools, clinics and churches**

Mabiligwe has one primary school and this seems to be the only school in the whole village. Most of the scholars travel by bus, which only comes at seven o'clock in the morning from Malamulele to go to school at Makuleke, or travel by foot, on quite a distance to Makuleke. The problem of transport seems to be serious at Mabiligwe because if someone misses the bus in the morning he will not find another means of transport until half past three in the afternoon, when it brings back workers and takes workers, especially nurses who work at Makulele clinic. Community services such as creches and playing centres are not only inexistent but also unknown to most inhabitants, especially the elderly who spend most of their time in the area.

The area has no clinic. Availability, accessibility and affordability are some of the major constraints faced by patients at Mabiligwe. They had to travel to Makuleke clinic if ever they need health care. In situations of sudden illness in the late hours of the night, one has to ask his neighbour who owns a car to take the patient to the clinic, which is costly and which some cannot afford or have to wait until tomorrow when the bus comes so that the patient can go to the clinic. Because of this problem, many, especially the elderly, found it difficult to visit the clinic at Makuleke. Although the number of people who prefer the services of traditional healers to that of the clinic is not exactly known, they outnumber those who prefer the clinic. For diagnosis and treatment of illness believed to have been caused by witches, people at Mabiligwe consult tribal doctors. The young, however, visit the clinic more regularly than the elder group. However, they too believe that the clinic cannot cure certain diseases, for example, men

suffering from ndhaka. This disease is caught by men who go to bed with a widow. Traditionally, a widow is not supposed to either fall in love or go to bed with another man until the stipulated time set by the elder has elapsed. If that happens then the victim, in this case the man will get sick and may be accused of having caused the death of the widow's husband to bed her. The disease is said to be incurable by the use of conventional medicine and it is thought that only traditional medicine and a traditional healer can cure this type of disease. The Zion Christian Church (ZCC) at Mabiligwe is the most dominant church with a large congregation. At first, attendants of this church used to hold their church services at their Pastor's house but due to growth of the congregation they overcrowded the Pastor's house and have now built their own church which can accommodate them all. This does not mean, however, that at Mabiligwe there is only one church denomination. Although the number of church adherents is not known, they outnumber those who do not go to church. Of the 50 families interviewed, only 28% do not attend church. Most church-goers however still have a room for ancestral spirits. They still, for example, burn sacrifices or cook traditional beer and pour it down onto the grave of the deceased, a practice known as ku phahla. Judging from the 50 families, a conclusion can be drawn that many families at Mabiligwe still cling to the traditional religious beliefs.

### **3.2.3 Trade**

At Mabiligwe there are two cafés and one bottle store. Apart from these, there are spaza shops. Sugar, maize-meal and few other commodities are bought at the local shops. To those who cannot afford to buy on cash credit

is given which is payable on the following month end. Besides the above-mentioned trading centres, there are no others.

### **3.2.4 Technology**

Technology can also be used as a yard-stick for the modernization of the area. The artefacts of the Mabiligwe people do not show any degree of westernization. While dress, furniture, tools and implements represent some level of acculturation, one finds that other traditional material artefacts such as trifoote and, clay pots are still used extensively. Some of the few rectangular houses built with material such as bricks and corrugated iron have been built by non-specialists. Furthermore they have not been built according to plan. Ordinary fire-wood is used by many families for cooking.

Of the 50 families interviewed 5% use electricity, while 95% not only do not use electricity but they do not even know some of the modern artefacts such as a satellite dish, solar water heater, electric washing machine etc.

Although beds are now used extensively, traditional mats are also still used, especially by old women. Traditional mats and benches are preferred by far to the modern chairs for sitting.

### **3.2.5 Food consumption**

The eating habits of the people at Mabiligwe do not differ from those of the Makuleke. Their staple diet is maize porridge and the traditional natural

vegetables (miroho) such as tinhwembe (young leaves and flowers of the pumpkin), tinyawa (young leaves of the bean), mikhusu (dehydrated young leaves of beans and pumpkins) etc. Porridge for all women in the family is served in one bowl. The same applies to young boys and girls. Beside each bowl stands a smaller one for relish. Each group eats around its own two bowls. The porridge is dished up nicely by laying one cake on top of another. This is known as swimarha plural or ximarha (singular). Women usually sit down with their legs stretched out so that they do not face the bowls directly. Each one, using bare fingers, breaks a piece of maize-meal cake, dips it in the relish dish and eats it.

There is no butchery in the area. Of late, pieces of chickens are sold in the shops. If a beast has been killed by lions from the Kruger National Park, as is often the case, the owner will sell the remaining meat from his yard. With the exception of fowl, cattle and small stock are only slaughtered during ceremonial occasions such as marriages and also for ritual purposes. Apart from the types of meat mentioned above, people occasionally buy meat from either Malamulele or Venda shopping centres.

From my observation, it seems that both the Makuleke and the Mabiligwe communities have something in common. For example, they have the same modes of living, diet, and transport problems. One significant difference I noticed is the level of adaptation to technology and the Western modes of living.

## **CONCLUSION**

As a result of the high degree of acculturation, the Tsonga of Makuleke have developed many new needs which all contribute to consumerism. The intensive adoption of Western modes of living and its proximity have placed Makuleke on a higher degree of modernity than Mabiligwe.

## CHAPTER THREE

### THE N'ANGAS, TRADITIONAL BELIEFS AND CONSERVATION

The Shangaan community life is based on the village, and the peculiar characteristic of a Shangaan village is that almost all the inhabitants are related to each other. It is, in fact, an extension of the family unit which today is known as an extended family.

The Shona community, according to Gilfand (1964), is not different from that of the Shangaan. Their life is also based on the village, and almost all the inhabitants are related to each other, so it is also an extension of the family unit.

During my research I experienced that a village, locally known as Tiko, can be of any size. In its smallest form it consists of different families depending on the number of people in that family. For example, in one family you can find a husband, his wife or wives, his children and, if they are alive, his parents. As each family has several huts and owns a plot of land, a large village may cover an area of over 6000 hectares whereas, in a Shona village, a large village may cover an area of over a square mile (Gilfand, 1964).

The family's plot of land, called Musimu, is about one acre in size, sometimes a little more. Women, sometimes with the help of children or their husbands, till this plot of land together whereas in Shona communities both the husband and the wife till this plot together and each owns a portion of it (Gilfand, 1964). The Shangaan plant maize (Mavele), miroho



(vegetables), monkey nuts, (timanga), corn canes (matimba) and beans (tinyawa).

Just around the corner is the cattle kraal, goat or chicken hut (xihahlu), a circular area enclosed by a fence of wooden poles. I noticed that most families own several head of cattle, as it is the most tangible status of wealth and it still used as a basis for calculating the lobola<sup>3</sup>, or bride money.

The affairs of the Tsonga-Shangaan at both Makuleke and Mabiligwe are run by the elders of the village, the headman and the councillors. When problems or disputes cannot be settled by the chosen councillors and headman, the issue is taken to the chief, who will either pronounce judgement himself at his own court (with the help of his several councillors or advisors, who are usually his relatives) or, if he considers the matter outside his jurisdiction, he will refer it to the local District Commissioner, (an official of the administration).

The precedence and duties of each Tsonga-Shangaan individual are also clearly defined. Precedence is, of course according to Gelfand (1964) related to age, but the formality of Tsonga-Shangaan manners is not confined to this type of occasion, or to respect for the old, it extends to the everyday life of the family and to the greeting of strangers and visitors. This greeting is performed in a slow and deliberate manner by both parties. For example, a

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<sup>3</sup>Lobola is the sum paid to the girl's father by the father of the boy or by the boy himself if he is working. No marriage is legal in African law without this payment. It not only compensates the father for the loss of his daughter but through it he renounces any claim on her children who, in the event of her death, are the "property" of her husband. If a wife leaves her husband for no good reason he can re-claim the lobola from his father-in-law

lady will kneel down and greet you while men greet with a shake of the hand two or three times.

Friends and relatives greet each other according to age and seniority. The younger must be the first to do so and to enquire how the older one is, except in the case of a son-in-law who must always be the first to make these advances when he meets any of his father-in-law's family, whatever their age.

Correct behaviour, good manners and discipline are an inescapable part of a Shangaan child's upbringing. The whole family takes a hand in his education, the parents teach obedience and administer punishment when necessary, the grandparents tell him how he should behave towards his seniors and towards visitors and strangers (Mikhuva), while his aunts (on the father's side) teach him the correct relationship towards the opposite sex. This family education continues until marriage and is seldom rebelled against. The more one studies traditional Shangaan manners, and the way in which these are instilled in their children, the more one realizes that their basis is that of all good manners (Mahanyelo Lamanene) a consideration for the feelings of others.

To return to the Nanga, when he is not engaged in his/her medical practice(s) he leads exactly the same life as the other people of the village. He cultivates his land, looks after his cattle, repairs his huts, makes mats or other equipment needed by his family. And the same applies to a woman N'anga, who busies herself with the task expected of every Shangaan woman: the preparation and cooking of food, the collecting of water and firewood, the making of pots, the care of the land, the smearing of the hut floors (Ku Sinda)

with cow-dung and last, but not least, with the preparation of beer. The amount the n'anga does in his village depends, of course, on the demands of his patients, but on the average he has a fair amount of spare time.

People in each region know by word of mouth where the N'anga lives, as no distinguishing feature singles out his hut from the others in the village. I remember when I asked one of the Makuleke students, Aubrey Maluleke how I can locate all the traditional healers in their community? He said to me "It is very simple I know almost all the traditional healers in this village."

According to Gelfand (1994) it is difficult to give a very accurate estimate of the ratio of the number of N'anga to the population in one particular district. I tend to agree with him, because today in most, if not all, rural areas the number of N'anga is decreasing due to different reasons. For example, during my research at Makuleke and Mabiligwe I learned that two to three traditional healers (Tin'anga) resigned from the practice. According to Enos Mgomzulu<sup>4</sup> the reason for the N'anga(s) resigning might be because some of them join the church.

These resignations of N'angas of course do not cause a shortage of them. I have never heard anyone complaining that they could not find one when he was needed.

The N'anga is given no special status in his village, and his chances of being appointed headman are the same as anyone else. The measure of respect and

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<sup>4</sup>A Makuleke pupil and a student at Technikon South Africa, studying business management in conservation through correspondence.

regard in which he is held by the rest of the village depends entirely on his professional skill and ability. For example words like “Ledyiya dya swi kota” (that one is good) are usually uttered by the villagers to a N’anga who has skill and ability to cure certain disease(s).

As already outlined, the n’anga leads exactly the same life as the other people of the village. Similarly s/he holds the same traditional beliefs as the other people of the village.

Belief is defined as mental acceptance of something as real or true, to have a firm conviction as to the reality or goodness of something, to hold as an opinion, or to accept as true or honest. Whereas tradition is the handing down of information, beliefs, or customs from one generation to another (Webster, 1993). In other words, traditional beliefs are the acceptance of something as real or true from the past generation while being in the present generation. For example, believing in a traditional way of healing by the use of herbs, which happened in traditional studies while there were no modern hospitals or the Western medicine rather than in the Western medicine of today.

Barfield (1997) argues that “tradition” is a category that individuals and societies ascribe to expressions, beliefs, and behaviours in the present that add value to the future. It always refers to the past and adds weight and momentum to what it names. He further argues that by placing its subject in history, it opposes modernity and adds a burden of significance. It offers a rationale for preservation, for special treatment, for care. Something termed a tradition is likely to be encouraged to continue, and its momentum grows stronger. Thus, tradition is a territory of the collective memory, but its

presence has very significant consequences in social life. To say that something is traditional is to claim a powerful social strategy. That it is valuable, that it speaks eloquently about us, and that we should attend to it.

Although “tradition” has enjoyed a long currency among scholars and is also a powerful term in many discourses outside the academy, Raymond Williams (1976) noted that in its modern usages it is “a particularly difficult word” because its academic and commonsense meanings have changed over time. For scholars interested in the confluence of culture and history, the word once signified both an expanse of time reaching into the past and the processes that allowed aspects of the past to continue into the present. Accordingly, he argues, scholars could then talk about whether they could certify something as a practice, a belief, or express it as traditional. To certify something as traditional was to connect it to another difficult term, “Authenticity”. For anthropologists and folklorists, particularly between the mid-nineteenth and mid-twentieth centuries, tradition implied an appropriate age, and to call something traditional was to assert its cultural authenticity, often set against modernity. Its authenticity gave it authority, it became especially worthy of attention (ibid).

For Franz Boas, tradition, folklore, and culture mingled and overlapped, and tradition was at the very least, the historical component of culture (Stocking, 1968). Later, it came even closer to being synonymous with culture as in formulations positing a tension between the “great traditions” “little traditions” constellation of local knowledge that underly ways of life, often in peasant communities (Redfield, 1960).

To call something traditional is to institutionalize it, by setting it off from less authentic practices, to reduce it to pored-down essence, to encourage its social performance, and to imply the need for stewardship into future. At the very least, it comes from a need to make the social familiar by repeated performances. More than that, though, to call something a tradition is an act of interpretation, a way of selecting and naming a fundamental manner of imposing order on the disarray of social life (ibid). Tradition, in the archeological sense, comprises a series of cultural traits which evolve out of each other, and which possess a distinctive continuity through time (ibid.).

Conservation is defined by the world conservation strategy as the “management of human use of the Biosphere so that it may yield the greatest sustainable benefit to present generations while maintaining its potential to meet the needs and aspirations of future generations” (Gilpin, 1996). Conservation is thus something positive, embracing preservation, maintenance, sustainable utilization, restoration, and enhancement of the natural environment. Living resource conservation is specifically concerned with plants, animals and microorganisms, and with those non-living elements on which they depend. Gilpin further argues that living resources are renewable if conserved, and they are destructive if not conserved. Living-resources conservation involves the maintenance of essential ecological processes and life support systems, the preservation of genetic diversity, and the sustainable utilization of species and ecosystems (ibid.).

Kemp (1998) argues that, originally, conservation involved the maintenance of the status quo through the preservation and protection of natural resources such as flora, fauna and physiological features. This concept, according to

Kemp, has come to be seen as having negative connotations, compared with the modern approach to conservation and protection, but also the planning and management of resources to allow both use and continuity of supply. It may also involve the enhancement of the quality of some resources (for example soils) and attempts to return mismanaged resources to their former state. Although still very much associated with natural materials, the conservation ethic is also applied to human resources such as historic buildings and artefacts (ibid).

Webster (1993) defines conservation as a careful preservation and protection of something, especially planned management of a natural resource to prevent exploitation, destruction, or neglect.

Srivastava (1993) argues that the old paradigm of conservation held that the best way to protect biological diversity was to mark off the territory, build a wall around it and patrol it. The idea was to keep the plants and animals out of reach of the hands of human beings. In the old conservation paradigm, people were frequently seen as enemies. In South Africa, the removal of natives from their land which was rich with wild plants and game which they used sustainably serves as an example. The Makuleke Community was one of those clans who suffered the consequences of being forcefully removed from their land in the Pafuri Section of the Kruger National Park in 1969. "We were happy at Pafuri because we enjoyed fishing, the wild meat and wild fruits which were in abundance. The fields yielded good crops and as children, we frolicked in the nearby mountains even though there were wild animals," recalled Chief Maluleke (Thema, 1999). "We interacted with wild animals, but while we were scared of them they were equally scared of

humans. We struck a harmonious balance, which is why people were seldom attacked and killed by animals,” (ibid).

In areas of the globe with the most important biological diversity, the humid tropics rural families ignored the signs around National Parks, they tore down the fences and invaded the reserves (Srivastava, 1993). In reaction social sciences began to blend with biology and a new paradigm emerged. In a nutshell, the message of new conservation is this, human beings must be the focus of conservation efforts. Placing people as the focus is sound on ecological, ethical and economic grounds (ibid).

According to Srivastarva (1993) the new paradigm of conservation still defines its goal as the conservation of biological diversity, but it achieves this goal by working with human beings instead of against them. With the new paradigm of conservation, the national parks work with and for rural communities. They work to achieve the conservation of biological diversity. The tool that allows us to achieve this is economic development with a focus on sustainability through time.

It is only in recent years that serious attention has been given to what have become known as community conservation programmes. Perhaps the best known is CAMPFIRE, the acronym for Communal Areas Management Programme for Indigenous Resources, and it represents an innovative approach to rural development. CAMPFIRE promotes natural resource utilization, including wildlife, as an economic and sustainable land-use option in the interests of both conservation of natural resources and the relief of human poverty. It seeks to establish and strengthen institutions at village



level, encouraging rural communities to use their natural resources on a sustainable basis and to manage the revenues derived from their activities for the benefit of their communities. Whilst such activities do encompass education and public awareness, their most important role is that of helping to reunite communities with their cultures and traditions and to develop programmes of sustainable rural development (Walton, 1996).

The new paradigm concentrates on this question: How can the needs of the current human population be satisfied without destroying biological diversity and ecological processes that are the foundation for human life and other species? Some call their package of questions the search for sustainable development while others call it conservation based development. By any name, it is the new paradigm of conservation.

Srivastava (1993) argues that today's new paradigm of conservation is aware that protecting biodiversity is inextricably linked to improving the living conditions of the rural poor. Conservationists understand now that the long-term protection of a natural area depends less on what happens inside a national park than on what happens outside, in the lives and communities of people living on borders of national parks and forest reserves. In the new conservation, people are the most important allies in keeping biological diversity alive. This new focus seeks to ease rural poverty by helping families to exist in economic and ecological balance with their environment.

Champion and Reiss (1995) state that those who support active conservation of wildlife do so for a number of reasons, which reflect the different facets of our relationship to the natural world. Some argue on ethical grounds that we

should look after the world carefully either because we are the most intelligent species, and therefore in charge, or because the world is not ours, we merely hold it in trust for God and the future generations. Another reason for conservation is that we should maintain global diversity as a resource. Many undomesticated species have proved useful to humans in the past for food or as source of medicinal compounds and building materials (ibid).

In recent times much attention has been paid to the conservation of the biodiversity of our natural areas and their valuable natural resources. The efforts of conservationists have paved the way for the adoption of new conservation approaches and management strategies. However, many of these approaches and strategies have not received much support from the indigenous communities as they do not promote the values which the indigenous communities attach to natural resources (Simelane, 1996).

The indigenous people perceive nature in a different way to scientists. In an attempt to interpret the realities of nature they attach various traditional beliefs to animals and plants. These beliefs promote and determine how natural resources must be used, particularly with regard to the use of plants and animals in traditional medicine. Most resources which are used for medical purposes are associated with a particular belief. For example, among the Tsonga traditional healers and the community at large of both Makuleke and Mabiligwe owls (Swikhovha) are perceived as birds of ill omen. They say that if it can appear in one's house and make patches on the roof something terrible is going to happen: either somebody will fall sick or die in that house. This was supported by Swynnerton (1907) when he argues that among the Zulus there is a belief that if an owl can strike on the back of a

person travelling by night, on arrival home he will find his wife, his child or children dying, or failing that, that he will himself infallibly die within a short period.

The Tsonga further argue that an owl is not a bird one can associate himself with because they believe it is not only a bird of ill omen but, also associated with witchcraft. Of the 100 families studied 96% associate owls with witchcraft. Of the total number 15,8% consists of old people (traditional healers included) while the remaining 4,2% are youths. They say that if a person can be found in possession of an owl that person is likely to be called a witch (muloyi). In other words according to them there is no relation between an owl and a person. They describe the relationship as being hostile. Of the 100 families studied 70% argue that an owl is an animal which is to be killed and destroyed by fire whereas the remaining 30% say it must not be killed because it is a God-made creature.

Eagles (Magama) however, according to the Tsonga, are associated with power and aggressiveness. They believe that if this kind of bird can be used for medicinal purposes, it can help a great deal their leaders. They say that if one can drink its soup, s/he can be a powerful somebody.

They further argue that its fat is used to enhance authority. They say that if one can pin this fat inside the shirt's front pocket, s/he can gain respect, have power and be an influential somebody.

According to the Tsonga of both Makuleke and Mabiligwe an eagle is mostly used by traditional healers for muti. Of the 20 traditional healers studied not

a single one agreed to the statement their reasons being that they are not allowed to kill animals. This fat, according to the community members, is liked to be used by those people who occupy high positions at work like policemen for example.

The relationship between an eagle (gama) and the Tsonga is described as a love fear kind of a relationship. They love an eagle because they perceive it as being a powerful and aggressive bird which, if its fat is used or soup drunk, gives power to their leaders. Who does not want power? On the other hand they fear an eagle because it kills poultry.

Nothing has been said about the ground-hornbill (rhandala) because some if not all never came across or heard about it until I asked them about it. Consequently, I interviewed n'angas who I assumed are the repository of the knowledge of the Shangaan generally.

From the observation above, it is clear that the ideology which the indigenous people have regarding the nature and their perception of it do not concur with how scientists perceive it. According to me, scientists turn to forget that many rural communities are still directly dependent on their immediate environment for their daily needs, including land on which to grow their crops, timber for building construction and fuel, and water for drinking, washing and irrigation. On top of this, they are given restricted access to natural resources of such regions, areas which traditionally contributed to their well-being. The total exclusion of local people from national parks or game reserves or the prohibition of local farming in game management areas

earmarked for international hunters are two widespread examples (Boulton, 1996).

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The unavailability of bigger animals that were once freely accessible before the arrival of the whiteman, and the introduction of conservation which resulted in animals being caged in the so called national parks or game reserves has resulted in the demand for the use of big birds such as the ground hornbills (rhandala), large raptors (gama) and, where possible, ostrich.

Rodgers Mabasa<sup>5</sup> believes that one of the biggest problems for both healers and conservationists is the lack of general employment opportunities in the country. People, he says, have turned to collecting and trading indigenous products that are freely available in the wild. These people who bring the birds and plants are not always trained healers. For example “I met one guy at Pretoria at the place called Bosman station, who was selling ground

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<sup>5</sup>Masters student in Zoology at the University of Venda

hornbill heads, to me he was just an ordinary man.” They do not know the rules of how to harvest nor do they know what the healers need. But they have to feed their families. They just see others getting birds and plants, so they do it too. These practices have led to confusion, are often destructive and increasingly use illegal methods of obtaining products.

Disagreement among scientists has sometimes been used to discredit scientific claims and is also occasionally used as a humorous characterization of scientists’ behaviour. In all areas of science there are differences in interpretations about climate change and about the rate at which the earth’s resources are being used. There are differences of opinion about the number of species on earth and the rates of extinction. There are different views about land use and resource use. The resources we use include light energy and heat energy, wind, minerals, soils, water, air and living organisms. Some of these resources are finite or not renewable and it is the use of these resources in particular which has been at the centre of much concern. That concern has grown steadily and what were often local concerns have now become global concerns (Spellerberg, 1996).

World publications such as *The World Conservation Strategy* (IUCN, 1980) and its sequel *Caring for the Earth, A strategy for Sustainable Living* (IUCN 1991) and the products of the 1992 United Nations Earth Summit bear testament to the global extent of the discussion and concern about the resources, sustainability and differences of opinion about rates of resource use and the implications for future generations. For example, Simon and Kohn (1984) argue that

If the present trends continue, the world in 2000 will be less crowded (though more populated), less polluted, more stable ecologically, and less vulnerable to resource-supply disruption than the world we live in now. Stresses involving population, resources, and the environment will be less in the future and now ... The world's people will be richer in most ways than they are today ... the outlook for food and for other necessities of life will be better ... For most people on earth will be less precarious economically than it is now<sup>6</sup>.

Barney (1980) concurs with the above when he writes that

If present trends continue, the world in 2000 will be more crowded, more polluted, less stable ecologically, and more vulnerable to disruption than the world we live in now. Serious stresses involving population, resources and environment are clearly visible ahead. Despite greater material output, the world's people will be poorer in many ways than they are today.

Franicel and Soule (1981) finally argue that:

Conservationists cannot afford the luxury and excitement of adversary science. The weakness of this parochial style of intellectual progress is that years or decades may pass before a clear resolution is reached and before timid technocrats or politicians decide that action will not bring a storm of criticism.

One can see that different perspectives about nature and its resources among the indigenous people and the so-called Western scientists is a problem in South Africa today, more especially in traditional communities because they

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<sup>6</sup>Simon and Kohn's published book *The Resourceful Earth*. This is their executive summary of that book.

are still directly dependent on their immediate environment for their survival, particularly with regard to the use of plants and animals in traditional medicine.

## **CONCLUSION**

Although beyond the “cultural comfort-zone” of most Western scientists, the use of animals in traditional medicine may represent an alternative tool for the implementation of conservation strategies, the fact that animals are used gives them considerable value in the eyes of African traditional communities, and it should therefore be possible to direct this value towards gaining support for the establishment and management of conservation areas to protect these species. In addition, traditional communities command considerable recognition and respect in their communities, and if they are educated on the need for sustainable utilisation of these natural resources, this philosophy could be passed on to the broader community. Traditional communities could then function as powerful participants in the field of environmental education.



## **CHAPTER FOUR**

### **HEALTH THROUGH CULTURAL HERITAGE**

Before discussing health through cultural heritage, it is important to discuss what culture is.

During a visit to the people's Republic of China in 1984, President Ronald Reagan insulted a shopkeeper by telling the man to "keep the change" after Reagan paid for a small souvenir. In China, tips are given only to low-status servants, never to respected shopkeepers (Schaefer and Lamm, 1992). One of the most serious presidential blunders was committed by the late Lyndon Johnson while in Thailand in the mid-1960s. During a televised meeting with the royal family, Johnson hitched one foot over his thigh and therefore pointed his shoe directly at the king, clearly unaware that this is viewed as an obscene gesture in many Third World countries. To make matters even worse, at the end of his visit President Johnson gave Thailand's queen a big hug. According to Thai traditions, no one ever touches the queen in public (ibid). These differences in customs and behavior occur because people live in many unique cultures.

Culture is the totality of learned, socially transmitted behaviour. It includes the ideas, values, and customs of groups of people. In sociological terms, culture does not refer solely to the fine arts and refined intellectual table. It consists of all objects and ideas within a society, including dance, music and slang words (Schaefer & Lamm, 1992). According to William (1936) culture is the training and refine of mind, taste and manners. In other words it is the condition of being or getting civilized. Ralph Linton (1945) states that "the

culture of a society is the way of life of its members, the collection of ideas and habits which they learn , share and transmit from generation to generation. In Kluckhohn's elegant phrase, culture is a "design for living" held by members of a particular society (Kluckhohn, 1951). We have seen a number of definitions about culture but, there is one thing which Mahlaba (1998) assures us about. He says "culture is the backbone of every nation without which a nation is no nation". South Africa has many cultures which do not share the same cultures and the Shangaan culture is one of those cultures which form part of it. If for example, the Shangaans did not have a shared culture, members of its society would be unable to communicate and cooperate, and confusion and disorder would result.

Sociologists Richard T. Schaefer and Robert P. Lamm (1992) argues that William F. Ogburn, also a sociologist in 1992, made a useful distinction between elements of material and non-material culture. Material culture refers to the physical or technological aspects of our daily lives, including food items, houses, factories, and raw materials. Non-material culture refers to ways of using material objects and to customs, beliefs, philosophies, governments and patterns of communication. Generally, the non-material culture is more resistant to change than the material culture.

The traditional healing practice is one of the cultures practiced by most African people. It is embedded in issues which are difficult for a person with either the Christian or Western approach to comprehend. To date, it is difficult to subject the practice to scientific principles. However, this does not suggest non-existence of the practice.

It is unfortunate that the lack of understanding of the practice is simply dismissed as superstition. What cause the problem is that endless negative are labelled against the practice. For example those who practice traditional healing are called by names such as “a witch” (muloyi) or “wizard”. This lack of understanding of a black culture came to pass since the arrival of foreigners in South Africa. They have since their arrival, been having power and control over resources. They, could, therefore, have things perceived in accordance with their own predetermined colonialism. This led to a bleak picture of the practice of traditional healing.

Looking closely at traditional medical practice, one can find that there are certain similarities between the practice and the so-called western medical practice because they all cure people. The only difference might be the modus operandi, which is determined by cultural background. For example, both a traditional healer and a western doctor need an aid in diagnosing a problem: the use of bones (tinhlolo) or drums (swigubu) among the Tsonga, the use of a stethoscope by western doctors. Among the Zulu and the Sotho, the diagnosis is made also by divination with bones (Schapera, 1902). While western doctors use, among others, injections to administer treatment, traditional healers use a razor blade (xikaringani). Both these are instruments used on the body.

In both practices certain procedures must be followed for one to qualify as a doctor or traditional healer and are, to a great extent, culture-driven. How one is qualified as a traditional healer is discussed below.

## **1 HOW ONE BECOMES A TRADITIONAL HEALER**

Kokwana Maswanganyi, a traditional healer at Makuleke, says that becoming a traditional healer, is not a choice, but a calling, which, if not followed, will accordingly result in measures taken by the ancestors. How does one notice that now the ancestors are punishing him or her I asked?. “If a person has a call, he notices this by becoming ill or manifesting other forms of abnormal behaviour, so if he disobey the call the sickness or the behaviour will not stop until the callee is taken to a qualified traditional healer to be diagnosed. The traditional healer will then confirm the call to the callee and his family. This normally happens when one comes from a family where either maternal or paternal grandparents were traditional healers before they died,” she answered.

Kokwana Baloyi, also a traditional healer at Mabiligwe, who has been practicing since 1960 says: “The abilities or talents are transferred to the callee by the ancestor in question. Transfer of talents gets affected by making the callee ill.” “Can conventional medical practice cure this kind of a patient?” I asked. “I have never since I started the practice heard of such. What I know is that conventional medical practice will not cure a patient of this nature, because it will see no problem with the said patient, even if the most expensive diagnostic tools are used. The traditional healer will be the one who will identify the problem.” Another way for the ancestors to communicate with the callee is through a dream, talking to him (something which the scientific world may call auditory hallucinations) or just leading him to whoever should treat him without talking to him at all. I shall discuss these two types of communication by the ancestors to the callee below.

## **1.1 Illness**

Like many groups in South Africa, the people of the Northern Province believe illness is caused either by witches or ancestral spirits and rarely by nature. Possession amongst them is bound up with illness caused by the ancestors (swikwembu). A person affected by such illness is spoken of as “u na swikwembu (he suffers from illness caused by ancestors).

Typical of the illness is the fact that it tends to follow stereotypical patterns, the callee (novice) always suffers from paralysis as some of his limbs become paralysed. The callee begins to abstain from certain kinds of food because it makes him ill. He chooses what he likes, and he does not eat much of that (Lee, 1969). Dietary prohibition is of course a common element amongst the Tsonga people. It is a taboo for a Tsonga woman to eat chicken and eggs as it will cause repercussions during child-birth. It is believed that the woman would give birth with great difficulty and that the complications might even lead to her death. Again the callee would complain continuously of pains all over the body. He would end up becoming emaciated and might be ill for months without getting better. Such a person or callee, even if taken to traditional healers, would never recover until he is initiated to the cult. The above mentioned conditions of illness can be illustrated in the following accounts:

## **Case 1**

Kokwana Chauke: I had been sick for over two months. I suffered chiefly from pains in the chest. The bones all over my body were aching and the heart palpitating. A week after falling ill my mother consulted a na'nga (traditional healer) who told to offer sacrifices to the ancestors (ku phahla). A goat was then killed to propitiate them. After their ritual sacrifice I felt better. A few days after I was again attacked. This time it came back much more seriously than before. Instead of the pain in my chest only, my whole body was painful. I also felt I was losing it (becoming mad). Ultimately my arms and legs became paralysed. Although I was undergoing medical treatment it didn't help. Instead I got worse and worse. My mother went to another traditional healer, who discovered that I was having ancestors' sickness (ndzi na swikwembu) and that I was therefore supposed to be exorcised (ku chayeriwa).

I was troubled by the ancestral spirit that wanted to come out (ku huma), who was once a diviner, and was complaining that there was no one taking care of his herbs. So I should perpetuate his doctorship. The ancestral spirit as that of my mother's father.

## **Case 2**

Kokwana Maluleke: One day I woke up having a terrible headache. I took some tablets which my grandmother gave me but the headache couldn't stop. Some few days later I started vomiting terribly. My whole body became

weak to such an extent that I needed someone to support me as I could not walk on my own. That night I did not sleep. The illness continued until after two weeks when I began to improve. I however never gained full recovery as the illness prevailed on and off for 3 months, until my grandmother predicted that I might be having a call. I was then taken to a traditional healer who confirmed the call, I was then taken to a qualified traditional healer for exorcism.

### **Case 3**

Kokwana Mabasa: Her grandfather had been a n'anga and his spirit began to trouble her. She developed a nervous disorder which made her unable to strengthen her arms and legs, she also complained of a stiff neck and, although unable to close her eyes, she could not see. After two months a n'anga was consulted, and the family learnt that the grandfather wished she could continue with his medical work. They were advised to brew beer and pray to her ancestors. At the ceremony she became possessed and her spirit told the people who were gathered there what cloth it wanted its host to wear. After the ceremony she started to practice and was able to divine, she also started to dream about herbal medicines and went to the woods to dig the roots she dreamt about.

#### **Case 4**

Kokwana Baloyi: When he was about twenty-five and already married, he began to feel pains in his body and indigestion and began to lose weight, he also admits that during his illness he went off his head. He was ill for three weeks before his father decided to consult a n'anga, who told him that the illness, was caused by the spirit of his deceased maternal grandfather, who had been a n'anga and wanted him to become one. Beer was prepared and a ceremony held, after this he became healed and began to dream about where he should dig for medicines.

#### **Case 5**

Kokwana Nkuna: Her aunt was a n'anga and after she died she became ill. A diviner was consulted and told her that her illness was caused by her aunt whose healing spirit wanted to possess her so that she could carry on with her work. He advised her to hold a ceremony. It was at this time that she began to dream about cures. She was already married, but had no children, and the diviner also told her that after she had had the ceremony she would have children but if she did not accept she would remain childless. After the ceremony had taken place she fell pregnant and has since had other children. She is now a well known traditional healer in her village.

These are typical accounts of illness by the callee. Besides the abovementioned type of illness, the spirits may indicate the calling through frequent sneezing, yawning, hiccups and belching (Berglund, 1976).



Although these signs are experienced by a normal person, the difference is that with a callee (novice) these are experienced to an abnormal degree, belching is excessive there is frequent sneezing and yawning is extraordinary (Junod, 1913).

## **1.2 Dreams**

Many writers on possession regard dreams as the initial and the most important symptoms of possession. Berglund (1976) for instance, writing about the Natal Nguni, regards dreams as the most important instrument through which the spirits call their servants. Lamla (1975) also indicates that a person who shows signs of possession begins by dreaming similarly in an extraordinary manner. Sundkler (1961) emphasizes the importance of dreams in possession when he says that in the case of the diviner 'dreams play a central role'. Furthermore he indicates that not only must the diviner's call be extended by the ancestors through a dream but that he has to go on dreaming in order to assert himself as a real diviner. Such dreams are often accompanied by visions. Typical of these dreams and visions is that they are frightening, unclear and not understandable (Berglund, 1976). To receive clear dreams, the dream diviner-to-be should avoid certain food and also smear himself with white earth (Sundkler, 1961). This emphasizes the importance of dreams and visions in Nguni possession.

Research has shown the picture to be slightly different in the case of Tsonga diviners. Dreams amongst them appear to play a secondary role in the cult. Assertions such as "A swi tangi hi milorho" (it did not come through dreams) or "a ndzi zangi ndzi nga lorha" (I never dreamt) were the most common

answers by many informants. Those who admitted to having dreamt indicated that the dream came only once and rarely more than twice. Nevertheless a few informants have dreamt as illustrated below.

### **Case 6**

Kokwana Shivambu: It started with a dream. In the beginning of it I dreamt of some diviners which I could not identify. I was going to the neighbours opposite the street. As I approached a Rooisenhout (*Trichilia emetica* Vahl) tree, I found a group of diviners with plaited hair smeared with red ochre seated underneath. They did not look at me. They were all looking down. They never talked to me. After a few days I became ill. It started with my legs. When I tried to walk, I found that I could not control my feet, from my feet it gripped my waist and then reached my shoulders. When it arrived at my head it caused dizziness. When they gave me soft porridge to eat I could not eat any of it.

### **Case 7**

Kokwana Mabunda: It started with dreams. I just dreamt about eggs of a guinea-fowl. The eggs were by the river side. Next to them there was a big object that I could not identify. This object was right in the water. Three days after the dream came back. On the very same day I became ill. All my limbs became paralysed. Afterwards I felt as if I was becoming mad. When

the diviners were consulted they discovered that I was suffering from the illness of the spirits and should therefore be sent away for exorcism.

Both diviners gave some interpretations of their dreams. Kokwana Sihivambu, said that dreaming of diviners was an illustration that she would become a diviner too. Plaited hair with red ochre meant that the spirit was possessing her. Kokwana Mabunda on the other hand explained that the eggs she dreamt of represented a 'gone' or 'gona'. It meant that her 'gone' would be made of an ostrich egg shell instead of a gourd as is usually the case. A guinea-fowl symbolises 'doctorship' and money. She will therefore be a diviner and would get money. The water that she dreamt of meant that she would be initiated in the river-this is known as a Nzunza. The object in the water represented her diviner-tutor in the river.

In the ku thwasa possession therefore, we find: physical symptoms which include avoidance of food and consequent emaciation, behavioural symptoms of fatigue states, belching and yawning and to a lesser degree psychological events or dreaming.

## **2 WHO SHOULD BECOME A TRADITIONAL HEALER?**

“Anyone who has been called, irrespective of age, sex, class, academic background, or status should become a traditional healer. The only thing is to obey, otherwise the ancestors will punish the callee in question. You will even think you have bad luck, but as soon as you heed the call, your life changes for the good, recalls one healer. Being a traditional healer, you

should lead a clean life, because you are looked up to by the community around and otherwise you lose patients,” she added. “What do you mean by leading a clean life?”, I asked. “I mean by avoiding to do things which will upset members of the community, for example killing a person or taking someone’s wife or husbands.”

### **3 THE DUTIES OF A TRADITIONAL HEALER**

A traditional healer’s duties are: to cure disease, play a preventive role, council patients, guide and advise them, reconcile families, make people’s lives run smoothly by solving their love problems, work problems or sexual inefficiencies. All of the above are duties of a traditional healer but they differ from one healer to the other. Some specialize in certain types of illness or problems. Below are topics showing the five most important diseases treated by different healers.

**Table 1-** Makuleke: Diseases treated by N'angas

Type of disease	Rank
1. Vuvabyi bya tingana (S.T.D)	1
2. Ndhaka	3
3. Ku biya muti (to protect the house)	6
4. Xithlavi (pain)	8
5. Nchuluko (running stomach)	10
6. Femba (smelling out	7
7. Xilumi (period pains)	4
8. Xifula	2
9. Ku chayela (exorcism)	5
10. Ku pfima milenge (swollen legs)	9

Source: Makuleke traditional healers

Dates: 12/03/99;  
15/03/99**Table 2-** Mabiligwe: Diseases treated by N'angas

Type of disease	Rank
1. Mhika (barren women)	8
2. Vuvabyi bya kinyana (S.T.D.)	1
3. Ku biya xivala (to protect animal's kraal)	4
4. Xilumi (period pains)	2
5. Xithlavi (pain)	7
6. Ku chayela (exorcism)	3
7. Nhloko (headache)	5
8. Mukhuhlwana (flu)	6

Source: Mabiligwe traditional healers

Dates: 23/03/99  
25/03/99

Before describing some of these diseases and the treatment thereof, mention should be made of how the Tsonga name the diseases. Junod (1991) asserts that the way of naming the diseases is most childish. The reason, according to him, being that the Tsonga call the complaint from which they suffer by the name of the organ affected. A person who has got a pain in his foot, his chest or his head usually says : I have a foot”, “I have a chest” or “I have a head” respectively or, “I feel a foot”, “I feel a chest” or “I feel a head”. While it is true that the naming is associated with the organ affected, it is a great mistake to say that this is most childish because by saying “I have/feel a foot”, is in the first place not the name of the disease. Second, it is an idiomatic expression.

Apart from these comments the Tsonga do not recognize diseases as “natural”. Some diseases come from “defilement” (Shangaan-Tsonga, Makhumo); from doing things which one is not in a fit state to do, eg. Sex before purification after birth. It is believed among the Tsonga that a woman is not supposed to meet with a man for a certain period of time after giving birth to a child. They say that if such a thing happens the child will become ill. They also say that in a case of miscarriage (ku huma n’wana) the lady must not sleep with a man otherwise the man will be a victim of vuvabyi bya tingana. This disease, they say, affects the man. Once the victim (the man) tells his parents he will be taken to a n’anga for treatment. The n’anga prepares her/his medicine. S/he takes a mixture of plant roots and tree barks and boils them in a small claypot called ximbitana. The patient drinks the medicine three times a day, always before meals, until he finishes his treatment.

Another type of disease which comes from “defilement” is “Blackness” (Tsonga, Xinyama), which overwhelms a mourner. Again the Tsonga belief that a woman is not supposed to sleep or to be involved with a man for a certain period of time after the death of her husband. Failure to do that will cause her to have bad luck in the future. If she happens to sleep with another man that man will suffer the disease, called Vuvabyi bya ndhaka. According to Mr Baloyi (1999: personal communication), this type of disease is seen at the victim’s head, (Middle) where it seems as if there is something jumping up and down (Tsonga, Xa le hlokweni). He says that to cure this type of disease the n’anga inserts a tennis ball inside his head where there was the jumping, after being opened by a razor (xikaringani) to absorb the blood (ku tswonga-ngati) and after that medication is applied until the sore heals.

Other diseases according to the Tsonga are believed to be sent by the spirits for neglect of custom, especially of ritual killings at transition ceremonies. But most diseases, especially if the onset is sudden or if they are long continued, are believed to be caused by sorcerers or witches. For example xifula is a sore-like type of disease which, according to me, is like cancer although many traditional healers and key informants disagree. It can be found in any part of the body, for example foot, arm or breast. People who suffer this type of a disease say that “ndzi biwe hi xifula xa le nengeni,” “ndzi biwe hi xifula xa le vokweni”, “ndzi biwe hi xifula xa le veleni,”. According to one informant xifula xa le nengeni (the sore in the leg) is inflicted on the victim by witches (valoyi). They say he/she either takes your feet (ku teka nkondo) or put a pin where you usually walk either at home or at work which they placed (ku tirhelela) so that you can step on it and eventually you have the disease. Firstly the feet will become swollen, red and then black. At the

stage where it becomes black it is said that the disease is in a critical condition to such an extent that if it is not treated very soon the victim will die or the leg will be rotten to such an extent that the n'anga will be left with no option but to cut off the victim's leg. To cure this disease, the n'anga cuts the patient's affected area with a clean new razor blade (xikaringani) to remove the blood several times. After the cutting, medication is applied to the affected area and it must not be washed for two to three days. The reason for that is for the medication to penetrate into the sore.

Although there is a strong cultural belief among the Tsonga in connection with the cause of diseases, this does not mean that there are no natural diseases which they suffer from. They also suffer from natural diseases like period pains (xilumi). Xilumi is a disease which affects ladies (not all of course) during their monthly menstruation periods. These can be the most painful pains one can ever bear so I heard. They say these pains are worse than the pains a pregnant woman endures minutes before the baby comes out. To cure this disease, it is said, the n'anga prepares medicine from a mixture of plant roots and boils them in a small claypot called ximbitana. The patient drinks the medicine during her periods and even thereafter. She continues drinking the potion months even after she no longer feels any pain during her periods. In other words the whole process is carried out daily until the pain diminishes.

It is interesting to note the rise of certain diseases in the rural areas. As it has already been shown (see Tables 1 and 2), a disease like vuvabyi bya tingana (STD) is ranked top of the list because, as the n'angas have told me in face-to-face interviews, patients suffering from it come in great numbers.



In my opinion, the high rate of STD is mainly caused by migratory employment in which most men, and some women, in both areas of investigation (i.e. Makuleke and Mabiligwe) are involved. These village dwellers who find employment in large cities, especially, Johannesburg, usually leave their spouses behind as they cannot afford the costs of maintaining a family in the city. To satisfy their sexual desires, they usually “buy sex” from prostitutes who “sell their bodies” to eke out a living, or alternatively, find a secret partner in the city who may also have been involved in “selling sex” and may have been infected by STD. On coming home, these men (and some women) are likely to infect their wives with STD.

I also believe that cultural beliefs and practices among the Tsonga somehow play a role in the transmission of STD. The skewed power relationship between men and women renders the woman powerless in sexual matters. In this way, women remain vulnerable to STD infection because they cannot object to sexual relations even if they may suspect that their husbands may likely infect them.

South Africa is experiencing one of the world’s most severe HIV/AIDS epidemics. There are a thousands of new cases of HIV/AIDS infection reported daily in the media<sup>7</sup>. HIV/AIDS constitutes a threat to people’s lives especially in the rural areas. At the recent International AIDS Conference held in Durban, it was reported that in a rural area in KwaZulu-Natal, in the Hkubisa district, there was an increase in HIV seroprevalence from approximately 2% to 29% (*AIDS Abstracts*, 2000). This supports my

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<sup>7</sup>International AIDS Conference, Durban, June 2000.

statement that HIV is a threat in rural areas. The lack of knowledge and understanding put people in the rural areas at a high risk of contaminating the disease.

Another type of disease commonly affecting people in the rural areas is nchuluko (running stomach) presumably because of the lack of hygiene. The poverty in which they live makes it difficult for them to afford detergents to keep their homesteads clean. In both communities, people use outside pit toilets without water to flush (ta magoji). The uncleanliness facilitates the proliferation of germs (switsongwatsongwana). Some catch this disease through unclean water from the streams.

The cause of the disease and the method of treatment differs in each case, it is therefore essential that the ultimate cause of the disease should first be discovered. To attend to secondary symptoms I assume is a waste of time so long as the basic cause of the disease is still at work in the body. The most important thing is that the n'anga have the power to tell a man everything about his illness and especially about the beginning of the illness. Diagnosis of these outside causes is, therefore, an essential in the treatment of disease. Hence we find many different types of divination employed to discover first of all the source of the disease, whether the cause is defilement, anger of the ancestral spirits, or the work of a witch or sorcerer.

#### **4 HOW A TRADITIONAL HEALER OBTAINS MEDICINAL PRODUCTS**

A traditional healer goes out to collect medicinal products, like herbs, in order to treat his patients. Seeing that it is preferable that he uses fresh products, for that matter, in their natural state with no preservatives added, he goes out to collect herbs as and when he needs them. This becomes easy if he has access to natural plants which can supply him with what he needs. I learned from the traditional healers at Makuleke and Mabiligwe that they have a small association to which they affiliated. This association, according to them, issues permits to healers. The permit enables affiliated healers to go out and collect medicinal products without being questioned by the government.

Joining the association is optional and no one is forced to do so. However, those who do not join encounter difficulties in going out to obtain medicinal products. They normally resort to muti chemists and hawkers on street corners for their supply, as a result. This poses its own problems, because most hawkers on street corners sell products which some healers don't even know how to use, so these products go to waste. Immitations also get sold, and this gives a serious problem to a traditional healer who does not know the product he wants too well. It is a serious problem in the sense that usages which are not expected occur and sometimes such results are fatal.

A traditional healer may also resort to a fellow traditional healer for his supply. This can of course happen when they are in good terms, or in a case where one has trained the other before.

## 5 TYPES OF MEDICINES USED BY N'ANGA(S)

- a) Herbs and plants: to make infusions and decoctions in a process of boiling down the plants so as to extract some essence.
- b) Bark: to make black and white purification medicines used during rites of passage.
- c) Fats: of various animals eg. ground hornbill, eagles.
- d) Skins: (dzovo) e.g. owls' skin
- e) Roots: used in certain cases. The active principle required may be "stronger" in the roots than in the leaves.

The traditional healer, in common with other people of the world, has accumulated an extensive knowledge on the use of plants and herbs for medicinal and nutritional purposes. During my research I learned that most traditional healers use plants and herbs, barks, and roots to treat their patients more regularly than animal skin and fats. The reasoning behind this use is that they are not allowed to kill animals and they are denied entrance to the Kruger National Park although they (the Makulekes and Mabiligwe people) are next to the park. However, according to me, this does not mean that they do not use animals skins and fats for their patients, it maybe that during those interviews they (the healers) denied using animal skins and fats to protect themselves against possible prosecution. There is a substantial body of literature on the use of animals by the traditional healers, although this literature on some of the animals used does not cover the Shangaan -Tsonga. For example, among the Zulu, Xhosa, Venda and Sotho people ground hornbill fat and parts are used by traditional healers to prepare the muti used to strengthen a person or a property from being struck by lightning

(Simelane, 1996). Owls skins on the other hand are used exclusively for the attire of community leaders.

According to Schapera (1962), among the Sotho and the Zulu, compounds of many ingredients are ground and perhaps baked and mixed with animal fat of some kind. Preserved in horns, they are mixed in different ways and often divided into male compounds and female compounds which are used separately, or in conditions of lighting, to protecting the homestead and sooth all kinds of animals.

Among the Shangaan-Tsonga, Junod (1913) tells us that, every village is surrounded by a fence made up of charms, which competent doctors put all round to prevent witches and sorcerers from entering. One such medicine used according to him “is a kind of ointment in which are contained different powders made up of various sea-animals, the jellyfish, the sea-urchin, the sponge, and others. This confirms my opinion that even the Shangaan-Tsonga at Makuleke and Mabiligwe do use animals for medicinal purposes, even though they deny it all.

## **6 PLACE WHERE MEDICINE IS STORED**

A traditional healer’s surgery is normally his house or home. Some have separate rooms from which they work and such rooms are completely detached from the houses and are very dark inside. Where s/he works is where medicine is stored. Hygienic conditions are often not taken into account in

the consulting rooms. This creates a great problem in the practice which warrants special attention.

## **7 THE FEE STRUCTURE**

The fee structure is not uniform to date. There are traditional healers who charge no fee, as a result of the expectation from their ancestors. This is common among the faith healers. These are commonly known as the prophets. In their diagnosis and treatment of a patient, they use prayer, candle light, water (from the sea, river, dam or tap) and colourful clothes and ropes which are tied around the neck, wrists, waist and ankles.

One can find traditional healers who do not charge the full fee when they commence their work, but ask for a minimal initial fee. When you are satisfied with the results, you pay the balance. Some ask for no fee up-front, but wish to be paid after completion of their work, once again, if you are satisfied with the results.

Fees range from nil to one thousand rand either per problem or per family. In the case where a patient cannot afford to pay in cash, s/he can take the traditional route of paying with a beast, which can be anything from a goat to a cow, or a certain quantity of them depending on what a traditional healer may charge.

## **8 WHAT THE COMMUNITY EXPECTS FROM A TRADITION HEALER**

Although a traditional healer has a positive role to play in a society, too often the community asks him/her to execute negative tasks, like bewitching someone or killing someone through usage of muti's. It is a fact that a traditional healer possesses knowledge to both cure a patient and bewitch someone. This is supported by Schapera (1962) when he asserts that the sorcerer, for example, consciously and deliberately, by himself or with the aid of a n'anga, endeavours to bring about the death of an enemy by magical means. He, nevertheless, easily accedes to requests to bewitch, even though he is not supposed to.

Once again, with the traditional healer, any form of negativity within the practice is not tolerated, and is, therefore, highly discouraged and is subjected to serious measures. Legislation is called upon to make its presence felt in this respect. There are members of the community, though, who take the law into their own hands. Several incidents are reported in connection with the burning and stoning to death of some traditional healers in the Northern Province and elsewhere.

Witchcraft in the Northern Province has become a serious problem which causes conflict among the people. At both Makuleke and Mabiligwe village, people do not believe in natural causation in cases of death, misfortune and diseases. These calamities are always associated with the evil work of sorcery or witches. The witch (noyi) and the sorcerer are individuals who use their powers and the forces of nature to harm other people. The Venda and the Shangaan-Tsonga peoples discriminate very clearly between the witch

and the sorcerer, though calling them both by the same name. The witch is the noyi (Tsonga) or muloi (Venda), usually a woman, though possibly a man, who has inherited a peculiar deposition from her mother. She has a double personality. By day she is a normal, healthy individual, quite unaware of the dreadful powers she possesses. But at night she becomes an evil creature. When she is asleep, the spirit leaves her body and in shadowy human form, always stark naked and with eyes bright and shining, she goes out into the world to carry on her nefarious deeds. In her hut a wild animal is left in her place. The Shangaan-Tsonga form looks like the sleeping woman but is in reality a beast. The Venda say the other inmates of the hut are put into a deep sleep and do not see the loathsome thing. These unconscious valoyi know each other. They form a kind of guild in the tribe and assemble to eat human flesh or to discuss what they will do to injure property or destroy life. The more powerful may compel the less powerful to bring them human flesh, and the muloyi must then kill someone, often her own loved ones, to satisfy their greed. A muloyi may also act like a vampire going at night and sucking the blood of her enemies, causing them to become emaciated and anaemic. In fact there is very little that is horrible, revolting, or anti-social that the evil genius may not and does not at some time accomplish (Schapera, 1962).

Schapera (1962) further argues that the sorcerer, unlike the witch, consciously and deliberately, by himself or with the aid of a n'anga, endeavours to bring about death of an enemy by means of magic. By placing concoctions secretly in the courtyard or in the hut or in the pathway, or putting ill-working ingredients into a person's food, or even wishing him ill or threatening him in a quarrel, he does evil work. All cases of bad luck such



as still-births, abortions, twins, broken bones, cramps and many more, are attributed by the Venda to such deliberate sorcerers.

All the other South African Bantu seem to have merged into one the conceptions of witchcraft and sorcery, kept distinct by the Venda and the Shangaan-Tsonga. They all believe in witches who go about at night in groups trying to kill and harm other people. But like the Sotho they say, “the witch goes about entire, soul and body, nothing remains on the mat when he has departed for his nocturnal ride! He throws charms on the other inhabitants of the hut and they sleep so heavily that they do not notice anything.” Like other unconscious witches, they have animal familiars associated with their activities (ibid).

The Shangaan peoples at Makuleke and Mabiligwe village resort to a particular mechanism for social redress-divination which ultimately result in the killing and burning of the victims property.

Dresser et al (1973) define witchcraft as the exercise of the innate ability to produce harmful effects, either purposefully or accidentally, through magical means. The idea is supported by Ember et al (1996) when they assert that witches invoke the spirit to work harm against people. Several cases at Saselamani Police Station, where incident of this kind were reported, were studied.

The following issues were discovered when I studied a series of court cases and determined the age of men and women accused.

In any imputation of witchcraft (vuloyi) there was always a state of tension between the accused and the complainant (victim/witch). It will be seen from this series of cases that the smooth running of the accused's life was interrupted. Invariably an event occurred, such as a disappointment, a death or an illness, that accused him to set in motion those persons harming him. Yet, at times, the upset seems to have been relatively trivial.

Another characteristics of the series of cases was the connection between the accused and the complainant. There was always some contact between them. The witch (muloyi) was never a person unknown to those concerned. More often than not the contact was a close one and the parties met or saw one another frequently though they were not necessarily close friends: for instance, a man might accuse the wife of one of the other villages. Furthermore, there was always something in the character or personality of the complainant that the accuser disliked. In practice this differs somewhat from theory of witchcraft according to which it is believed that the witch may come by night into a stranger's house, far removed from the village, and bewitch a person for no reason at all. Admittedly the Tsonga of both Makuleke and Mabiligwe say that no one should quarrel with a witch or cross this path lest she retaliate, but they still maintain that one may harm a person just for the love of killing. Anyone who has used threatening language to a person before a disaster has befallen him is remembered and likely to be accused as a witch.

I do not wish to give the impression that whenever a patient is told by a n'anga that he is suffering from the effects of witchcraft he is given the name of that person responsible. Nowadays a n'anga runs a considerable risk if he

points out or names a witch. I am certain that many are so afraid to do so that they merely tell a villager that someone in the village has harmed him or that a townsman, one of his fellow employees, jealous of his success, has planted the evil. This seems to satisfy the Africans because just as every European today accepts that we are constantly exposed to germs, so Africans believe there is a continual threat from persons endowed with evil. Everyone runs the risk of being harmed by one. The most fortunate are those who have armed themselves with protective medicine but even they may not ward off the danger.

The Tsonga believe a person who is accused of being a witch usually conforms to a certain type of personality. Such a person has an unhappy demeanour. She is usually sullen and rarely laughs. Misery can be seen on her face and heard in her voice. The *muloyi* is apt to use threatening language which is liable to raising suspicion in the minds of others. On the other hand a witch to the Venda people has a double personality. By day she is a normal, healthy individual, quite unaware of the dreadful powers she possesses. But at night she becomes an evil creature (Schapera 1962). As mentioned previously there must be a state of tension between the accused and the complainant which leads to the allegation. The cause of the tension varies widely, but is always a matter of great concern to the accused although the complainant or one of his family becomes ill or is smitten by some other disaster he recalls what was said by the accused and connects the two events.

The complainant, however, need not have had a quarrel with the accused. They may merely not have "got on very well." There may have been a clash of temperaments. Perhaps the complainant was a little off-hand with the

accused at times or had shown indifference to him that had made him feel uncomfortable. This may have gone on for some time without causing any repercussions, but the moment something unpleasant strikes him or his family he wonders who could wish to harm him and his mind constantly turns to this one person who thus becomes his suspect.

Series of cases produced evidence to show that, in a matrilineal society, matrilineal relations are more likely than others to occur with so many matrikin in close contact. Motives exist for conflict and tension, and the relationships are highly personal. On the other hand, allegations of witchcraft are made or illness attributed to it as often among Africans as in traditional society. I believe that accusations are bound to arise as long as people live together in close contact, no matter what their kinship, although accusations are mostly unlikely in certain relationships such as between parents and child. I had found that about 60% of accusations in witchcraft were on a matrilineal basis, that is women were directly concerned with tensions arising from that form of society. In other words, so long as there are people living together, so long will there be tensions for which witchcraft beliefs provide a kind of catharsis.

In the courts of Saselamani during the period 1997-1998 were 61 to 90 cases in which the accused (the one who has been accused) and the complainant (victim) came from the same village, but in 29 (32,2%) they came from different places although they clearly were acquainted or even related to one another (Table 1).

**Table 1: Showing the number of occasions the accused and the complainant from the same place**

Number from the same place (mostly village)	61
Number from different places	29
	32,2%
	90

Source: Saselamani Police Station

Date: 92/08/99

These figures illustrate very well that accusations are liable to be made where there is contact between people. The more intimate the contact the greater the risk, except where there is a close blood relationship. The reason for this is that in such a relationship the ties are not only strong, but they are held together by love, attachment and loyalty. This does not mean that a brother will never accuse his own brother or sister, or a son his mother, of being a witch. Instances of these can always be found where love has turned into hatred caused by property or differentiation.

In the 1997-1998 series of 35 cases of accusations, the majority of people involved were acquaintances and the number of blood relations in the minority as shown by

**Table 2: Frequency of relationships in 35 accusations of witchcraft made in Saselamani courts from 1997 - 1998**

Acquaintances	22
Husband and wife	6
Co-wives vs co-wives	1
Father-in-law vs son-in-law	2
Brother vs brother	2
Mom vs sister-in-law	1
Relatives	1
<b>TOTAL</b>	<b>35</b>

Source: Saselamani Police Station      Date: 02/08/99

It is worth commenting here also on the relatively small number of cases where the co-wives of a man was involved in the accusations. Of the related group it is of interest to note that there were accounts involving husband and wife. This is probably due to an incompatibility of temperament and suspicion or disappointment over sexual relationships.

Table 3 below gives the relationships in 90 cases of witchcraft accusations dealt with in the courts of Saselamani between December 1997 and February 1998, and the same pattern is evident now as the case in all the years between 1997 and 1998, namely that most of the cases involved acquaintances. Besides, in those in which relatives were involved one is struck by the rarity of these being co-wives or true blood relations, of the cases in which the accused and the accuser were related, the largest number involved husband and wife. Polygamy frequently results in deaths by witchcraft, because of the jealousy it invokes. In actual practice the co-wife

is not often drawn into the argument in Shangaan society although in a minority of instances polygamy is said to be suitable.

**Table 3: Relationships in 90 cases in the courts of Saselamani between December 1997 and February 1998**

Acquaintanceships	64
Acquaintances denied	1
Husband and wife	3
Cousins	1
Sisters vs sisters	1
Co-wives	1
Daughters vs step-mother	1
Granddaughter vs grandmother	1
Brother-in-law and sister-in-law	3
Sisters-in-law	2
Brothers-in-law	2
Son vs mother	1
Brother vs brother and wife	1
Brother vs sister	1
Uncle vs nephew	2
Uncle vs niece	1
Aunt vs niece	1
Daughter-in-law vs father-in-law	1
Step cousins	1
Son of first wife vs second wife	1
<b>TOTAL</b>	<b>90</b>

Source: Saselamani Police Station

Date: 02/08/99

Witchcraft practices are on the increase, mainly for reasons of jealousy or newly acquired riches, in other words any factor which tends to heighten social tension.

In urban areas where Africans, owing allegiance to different chiefs, congregate from many different districts, the belief in witchcraft is still rife, although open accusations are probably rarer than traditional society where people belong to the same kinship group. The accusations in urban areas according to me are rarer because people there mind only their own business. In the townships, many illness are attributed to a witch. It is commonly said that when an African holds a “good” position with a European employer, such as that of a chauffeur, he is bound to arouse the jealousy of an evil person or a rival who happens to be a witch and uses supernatural means to remove him from his post so that he can secure it. This fear is a very real one and is widespread among the Tsonga in towns. Thus it is considered most important in urban areas for a person never to boast or talk of his success in his work or reveal to anyone how he obtained his fortunate position lest sooner or later a witch will arrive on the scene and displace him through the use of witchcraft. Whenever there is friction inequality, or differences in wealth or station, there exists the seed for an accusation of witchcraft, whether in a rural or an urban community. All that is needed is a belief in the “science of witchcraft” and the rest follows.

Among the Tsonga a witch is recognized as abnormal in personality. They say that he walks about all night, and tends to sit alone and eat by himself. During the day he remains in solitude, brooding about his wrongs. On the other hand, in order to disguise his true character he is over-friendly with everyone, for it is counted that no man can be friendly with everyone, for it is natural for men to feel envious, greedy or jealous of others. When considering those who are specially liable to be suspected of practising witchcraft, the eccentric and deformed, and n’anga are particularly prone to



be accused. People who live alone, the childless and the aged midwives are often suspects.

The age group for the majority of persons accused of practicing witchcraft or being a witch(es) varies from 35 to over 70 years., the majority being over 50. Therefore the suspicion is mainly based on age. In examining the court cases made available by the police, it was not possible to elicit the ages of those alleged to be witches since mention is generally only made of whether the complainant was an adult. Death and sicknesses are the two most common reasons for precipitating an accusation of witchcraft (Table 4).

**Table 4: Giving the number of times death and sickness were given as the participating (existing) reasons for witchcraft accusations. (In not all counts were these facts referred to)**

1997 Series		1998 Series	
Cause	183	Cause	80
Sicknesses	7	Sicknesses	21
Deaths	17	Deaths	46

Source: Saselamani Police Station

Date: 02/08/99

There were few other obvious reasons which triggered off the accusations. For example, in the 1997 of series of three cases were attributed to accidents, one to good crops and two to quarrels. Out of 183 cases of witchcraft accusation studied there were 17 occasions in which death and 7 occasions in which an illness was mentioned in the evidence as the reason for the accusation. In other words a medical reason was given in 24(68.5%) of the cases. Few other reasons were given. Prosperity (jealousy) was evident only

once, and quarrels twice. In not all cases was the reason for the accusation clear. Familiars were mentioned on four occasions. The child was often the cause of an accusation in that either death or sickness in the child made the parents suspect witchcraft practice. In Africa there is still a high morality among children and infants and so a constant fear exist in the minds of the parents that some ill will carry off their beloved ones. In the 1997 series there were 10 cases in which this was alleged to be attacked and in the 1998 series, no less than 40 cases.

In both the 1997 and 1998 series the sex of the accused and the victim showed an almost identical trend. Whereas in the great majority a male was the accused and the complainant was a female. But it should be noted that in the later series there was an increase in the number of female accused even though the males still greatly exceeded them.

**Table 5: Showing the gender of the accused in 183 counts of witchcraft accusations brought before the courts in 1997**

Number of male (single) accused	27
Number of males (2) accused	1
Number of males (3) accused	2
Number of females (single) accused	2
Number of females (2) accused	1
Number of male (1) and female accused	1
Number of female (2) and male (1) accused	1
<b>TOTAL</b>	<b>35</b>

Source: Salelamani Police Station

Date: 02/08/99

There were only four cases in which a female was accused. The increased number of females accused in 1997 series might be attributed to be much greater number of females living in villages as compared with the number of men, who had perhaps left to find work in the towns. This might mean that when there are so many more women, when stories of tension or rivalry arise, the chances of a female accusing another female is greater than in a population which is more evenly balanced in its sexes. The reason for the fact that more men are the accusers and more women the accused in a balanced population is discussed below.

**Table 6: Giving the number of male and female accused in the 1997 series in the total of 80 cases**

Male (1)	56
Male (2)	4
Males (8)	1
Females (1)	16
Females and males	3
<b>TOTAL</b>	<b>80</b>

Source: Saselamani Police Station

Date: 02/08/99

In contrast, most of the complainants were female. The figures in the 1977 series show only 10 counts out of 35 in which only a male was pointed at.

**Table 7: Showing the number of males and females accused of being witches in the 1997 series**

Number of female (1)	22
Number of females (more than one)	3
Number of males (1)	10
TOTAL	35

In the latter series (1998) we find a similar pattern in which far more women are accused of being witches than men who were involved in 24 counts (26.6 per cent) , though the number of males accused had again risen.

**Table 8: Giving the number of males and females accused of being witches in 80 counts in the 1998 series**

Number of female (1)	61
Number of females (more than one)	2
Number of males (1)	14
Number of males and females	3
TOTAL	80

I hypothesized that it is because of the difference which lies in the qualities of man and woman which attempts to explain why women are most often labelled witches than men. Men are more trustful, more easily provoked, more powerful and, therefore, they tend to be the accuser, whereas women are more receptive, weaker, less easily roused to temper and therefore become the victims, especially as there sometimes seems to be a sexual connotation operating at the time of accusation.

The social personality of the alleged witch among the Tsonga at Makuleke and Mabiligwe leads to the following accusations:

- a) Married women are suspected more easily than unmarried ones.
- b) The older the women the stronger the suspicion.
- c) The person suspected of vuloyi is apt to be linked with a display of social antagonism to the existing order.

The fact that women are so vulnerable to be suspicion of witchcraft shows a deep-rooted gender bias, but this explanation may in fact be the opposite to be considered operative in many of the accusations made in Africa.

## **CONCLUSION**

Traditional health care is so strongly indigenous culture based such that members of foreign cultures, religions and the science communities will always have difficulty in relation to it. Nevertheless, it remains a reality which must be accepted, protected and developed.

Considering the negative labels which traditional medical practitioners have been given over the years, they are now faced with the challenge of demonstrating a professional flair if they have to earn themselves credibility while the outside world should make it its task to give them a chance. Such professional flair will be demonstrated by being governed by a Traditional Medical Practitioners Association, which will ensure that training is up to standards, test for competence, and adherence to a code of ethics. This will, however, not be possible without the support of all communities and the endorsement of the Conference on Ethnomedicine and Health.

## CHAPTER FIVE

### THE BASIS OF TSONGA PERCEPTIONS

Perception is, according to Sekuler (1990), the final link in a chain of related events. To understand it completely one must understand each link in the chain. To begin with, he further argues, one must know something about the environment in which s/he lives, for this environment determines what there is to perceive. Long ago, for example, indigenous people depended on their environment for their livelihood. To them, everything from game to trees was perceived as something to be either used or consumed. Birds, for example, depending on their appearance or behaviour, are perceived as meat (xixevo), whereas some, for example owls and eagles, are used for medicinal purposes.

The role which these plants and animals play differ from one person to another. To the n'angas, for example, the role fulfilled by plants and animals is medicinal, i.e. in the treatment of his/her patients. In contrast, to ordinary people a tree usually provides shelter while an animal or game provides meat for consumption. The basis for people's perceptions, thus, differs.

To the Tsonga perception of birds and their use is represented by the n'angas's beliefs and their medical practice. For example, the n'angas' belief of the eagle's power to enhance authority makes the Tsonga believe this power is real. After all, all want power. These beliefs and medical practice have been influenced by modern western beliefs and practice. In this chapter, I will attempt to identify the Tsonga's perceptions as they are represented by the n'angas' beliefs and practices vis-à-vis the western beliefs and medical practices represented by modern doctors.

I have never encountered any hostility in the N'anga's attitude to a doctor nor, indeed, to the practice of Western medicine as a whole. No doubt this is because the African, knowing that the European has introduced science and technology to his country, credits him with an equivalent skill in medicine. Even with the advent of the first white man to Central Africa this confidence existed.

The N'anga's belief in the efficacy of Western medicine is very evident in the many talks I have had with them, and is true of both herbalists and diviners. Herbalists, according to Schapera (1902), are pure and simple specialists who claim to have a wide knowledge of the properties of plants (and animals) and to be able to compound ingredients from these sources for the cure of disease and the protection of man, beast, and home and also for securing success in manifold activities and understandings. This is supported by Simelane (1996) when he states that most traditional healers claim to have knowledge of plants and animals whereas they lose all these on the appearance or behaviour of that particular plant or animal, for example animals perceived to be cunning (e.g. striped weasel *poecilogale albinucha*) are used as good luck charms particularly during court cases. Some of these man, he says knows one simple technique, learnt perhaps from a relative, free of charge from another specialist. The diviners on the other hand are specialists who diagnoses the "real" cause of the disease. Among the Sotho tribes, the diagnosis is made by divination with bones (tinhlolo), scrutinized according to set rules which are learnt from other diviners, and there is no claim to any special endowment from the ancestral spirit (ibid).

The Shangaan-Tsonga believe very strongly in the efficacy of their medical culture, in its wisdom and virtue, and in the countless medical secrets which have been handed down from one generation to another generation through the family of N'anga spirits, for example the belief on the eagle's power to enhance authority. One also has to remember that their faith in the N'anga is tied up to a large extent with their religious beliefs. It is not surprising that they feel that their N'anga - heirs to his great medical and spiritual knowledge, are the only doctors who can understand what is wrong when they are ill and so can cure them. Their reluctance to consult a European doctor is not that they doubt about the European skill as a doctor but that they are inclined to apply the same principle to him as they do to their own N'anga, and believe that his skill is more likely to be effective on Europeans than on themselves. The African is also convinced that some diseases attack only the black man and in these cases, they argue, it would be quite useless to expect a European to cure them. Such diseases among the Tsonga are "Vuvubyi bya ndhaka, xifula and vuvabyi bya tingana."

Because of this attitude, many of the more traditional conservative Tsonga prefer to live and die under the ministrations of the N'anga. But this, I must emphasize, is a question of choice and not of taboos. According to Schapera (1962) the only traditional Africans he knows of who categorically refuse to be treated by Western medicine are the Mhondoro-among the Mashona. The Mhondoro, he says, are the mediums of the tribal spirits. He asserts that their objection is purely religious and has nothing to do with colour, as the taboo would apply equally if the Western-trained doctor were an African. Tribal law strictly forbids them to seek aid from any but their own N'anga.



The more progressive, or urban, Tsonga will go to a European doctor if the N'anga fails to cure him. The majority of Tsonga patients go to hospitals: equally, if the doctors there (at the hospitals) fail to cure them, they ask to leave hospital to consult their N'anga(s). As a result, there is today a constant flow of African patients between the doctors of both civilizations.

Conceding to the N'anga the professional status which he undoubtedly holds in his own community, it is interesting to compare some of his ethics with those of his Western colleagues.

A definite, if unwritten, code exists about what a N'anga may or may not do. For instance, no n'anga may advertise or promote his own competence, nor may he discuss his qualifications with strangers. His reputation stands or falls on the success of his treatment. A n'anga may not criticize or find fault with other n'anga, and I can substantiate this claim as I have never heard one criticizing the methods of another.

No action can be taken against a n'anga who is believed responsible for the death of a patient among the Tsonga. Their reasons are that before a n'anga can cure a patient, he first throws bones or hits drums, whatever the case might be, and those bones (tinhlo) will tell him the state of the sickness of that particular patient. Let us say for instance that the patient's state of illness is very bad then the n'anga will indicate to the patient and he will tell him whether he will be able to help him or not. In certain situations one will find that the patient insists that the n'anga helps him and that at the end of the day he did not make it. In this instance therefore who is to blame? Similarly, a family has no redress if a n'anga refuses to treat one of its

members, or if he decides to stop treatment in the middle of a course of therapy, which he might well do if he found out that the family were not carrying out his instructions.

On his side, the patient may leave his n'anga if he is dissatisfied with the treatment. He need give no warning or explanation and the next n'anga he consults in not obliged to inform the first one that his patient has come to him.

The n'anga cannot sue the patient any more than the patient can sue him. Nor can the n'anga appeal to the chief, to cover what is owing if his fees are not paid, because the debt is considered a purely private matter between him and his patient. Incidentally, I have never heard a Tsonga-Shangaan complain that the fees charged by his n'anga were too high.

As his skill and knowledge have been given to him by his healing spirit, it is believed that the spirit would be very displeased if he were to share his secrets with other n'anga. So each works independently, jealously guarding his knowledge and experience.

It is not easy to know how much rivalry there is between the n'anga(s). I am told by the Tsonga that it exists, but I have not come across it myself. According to Schapera (1962) Professor Evons-Pritchard found a lot of jealousy amongst the Azende doctors in the Sudan. He himself admits, however, that among the Mashona it exists, but he never came across it himself. There are fewer opportunities for professional jealousy in the practice of Ethno-medicine than in medical practice, because except for the

period of apprenticeship, n'anga work independently, and with no learnt work and no hospitals, it is therefore difficult for one n'anga to know of another's success. But though they do not collaborate over a case, they are perfectly willing to send their patients on to another n'anga if their patients wants a second opinion. According to Schapera (1962) among the Mashona there is an interesting rule amongst herbalists which states that if a patient has been treated for twenty-one days and shows no sign of improvement, the n'anga withdraws from the case and advises his patient to seek another opinion. Medically, this custom is a good one as it tends to discourage over-treatment and it also gives the patient an opportunity of changing his doctor without hurting the feeling of the latter.

Another difference between the n'anga and the western doctor is that the n'anga, owning his plot of land which he can develop and live off, is not dependent on his medical fees, although, of course they, add, sometimes quite considerably, to his comfort and standards of living. This economic independence prevents him from being over-concerned about the payment of his fees.

The n'anga, like any other doctor, has to weigh his advice carefully and consider the consequences of his treatment. If he acts precipitously or is negligent he will lose his reputation and his practice. But besides his medical department, equal emphasis is placed on his behaviour as a human being. He must conduct himself in a respectable manner and be kind and helpful to everyone, regardless of their status, because his healing spirits, whether it is a swikwembu or a shove, will leave him. That is why if a n'anga were to

boast about his knowledge or ability, he would not only be considered an unlikeable person but his medical reputation would become suspect.

The patient-doctor relationship is a strong one between the n'anga and the Tsonga, based on esteem it includes great affection as well. With his sympathy and understanding, the n'anga is as good a friend to his patients as the European family practitioner is to his. A proof of this is that hardly a week passes without one patient or his relations going to see his n'anga or vice versa.

Despite their differences, both practises have the same goal, namely to help the sick and the ill-at-ease. The aim is to cure the illness if they can. They both succeed sometimes, if not, to relieve the pain and suffering, both of which they often do, but also to comfort the suffering and the relatives.

Although their respective approaches differ, there are parallels in certain cases. Both a traditional healer and a Western doctor need an aid in diagnosing a problem in which case, the bones (tinhlolo) or drums (swigubu) among the Tsonga are used and the stethoscope (western) are used respectively. Among the Zulu and the Sotho, diagnosis is made also by divination with bones (Schapera, 1902). While the Western medical doctor uses injections to administer treatment, a traditional healer uses a razor blade (xikaringani). Both these are instruments which are used on the body.

Both practices have certain constraints which are, to a great extent, culture driven. The scientific approach of Western medical practice vs the scientific

approach of the traditional practice, serves as an instance in this regard because this makes it difficult for the two practices to relate to each other.

Availability, accessibility and affordability of health care are some of the major constraints that patients in South Africa face. Health care facilities are unequally distributed in both rural and urban areas of most Southern African countries. Whenever they are available, these facilities are in most cases inaccessible to the majority of patients. For example in both Makuleke and Mabiligwe there is only one clinic which caters for about  $\pm$  3000 people and this clinic is at Makuleke, several kilometers from Mabiligwe. Traditionally, in rural areas, whenever there are facilities such as clinics, cafés or bottle stores, they must be built next to the chief's house, because it is easy for the chief to control these facilities to monitor the level of and keep the noise down at the bottle stores, especially in the evenings. So for those who are staying far away from the chief's house suffer when they need to visit the clinic, as is the case at Makuleke because people from Mabiligwe have to travel if they want to visit the clinic, either by bus which comes three times a day (in the morning at around half past seven, at half past two in the afternoon or at six o'clock) or by foot. Not only are there long distances to travel but the cumbersome long queues requiring unnecessary filling in of cards are inconvenient for most patients, particularly pregnant women and the elderly.

Many health centres lack the right equipment and appropriate personnel to deal with specialized health problems for patients. For example, there is hardly a gynaecologist in both rural and urban health centres of most Southern African countries today. A gynaecologist is a doctor specializing

in the wide range of disorders of the reproductive organs and the breasts of women, and also usually experts in the management of pregnancy and childbirth (Youngson M, 1992). Quality medical services are increasingly becoming difficult to come by because of the exorbitant prices of private medical care. This does not, however, mean that ethnomedicine is not commercialized, but their prices are reasonable, and the traditional healer does not expect the full amount or payment of the “murhi” whenever he gives one, but the patient can pay a little amount every month until he (the patient) finishes paying. To Western medicine that does not apply. If the patient does not have cash or the so called medical aid card she may not be helped. I assume that because of high prices of western medicines, which most Africans cannot afford, they rely heavily on traditional medicine. Ethnomedicine on the other level is available, accessible, affordable and of very high quality in most rural areas. There are both general practitioner (healers) and specialists in ethnomedicine. A general practitioner is a healer who cures all diseases e.g. headache (nhloko), swollen feet (ku pfimba milenge) ndhaka, xifula, or vuvabyi bya tingana, whereas a specialist is a healer who specializes in certain disease(s) e.g. ndhaka, xifula etc. Among the Zulus there is a heaven doctor (abelusi be Zulu). This is a rain doctor who specialize in storms. They say that when all others hide within their huts, he talks to the hail and the lightning and bids them strike far from the homes of men (Schapera,1962). Not only are ethnomedicine drugs, equipment and facilities available to the people but the practitioners are highly qualified. I can substantiate this claim as I have seen certificates of some healers at both Makuleke and Mabiligwe who had joined a n’anga association. This association was formed in 1997 where all traditional healers from the far-north region were obliged to join so that they (the healers) could know each

other and the diseases they cure. This association gave each and every N'anga who joins it, certificates to show their qualifications.

Having stated the case for the difference between ethnomedicine and western medicine to the best of my ability, on the basis of experience and knowledge of the Tsonga N'anga, I must inevitably face up to the question: What should a Western doctor do to compete in winning the confidence of his African patients? According to me this can be achieved through a better understanding of their background, too often because of language difficulties and pressure of work. A Western doctor is unable to either show a sufficient interest in personal problems, or to assess their importance against the environment, village community life, religion, customs, superstitions, and fears of his patients. It is only within this context that the problems and worries of an individual patient can be related to his physical complaints. Unless an African patient is approached with sufficient understanding to make the relationship with his doctor a friendly and sympathetic one, the scientific doctor will be unable to gain his confidence and as a result will often be unable to cure him, and the Tsonga instead of being won over to Western medicine will continue to rely on his N'anga.

## **CONCLUSION**

Despite their differences, both practices have the same goal, namely to help the sick and the ill-at-ease. It is therefore, important for the two practices to join hands and help the sick rather than throwing stones at each other.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATIONS

#### 1 RESEARCH FINDINGS AND CONCLUSION

The first objective of the study was to investigate the perceptions of the Shangaan/Tsonga traditional healers and the rural communities' view (Makulele & Mabiligwe) on birds (hornbills, eagles and owls). The data reveals that healers from both communities view/perceive birds in general as God-made creatures which relax one's mind with their songs, while s/he is planting fruits and vegetables in the garden (masinwini). The same perception exists among the members of both communities. On the other hand, both the healers and the community views owls as birds of ill omen. They say that if it shows up at one's house and make patches on the roof it is a sign of imminent danger. On the other hand eagles (magama) are viewed as powerful and aggressive birds which brings power to their leaders when its soup is eaten or fat is used. Nothing has been said about the hornbills (rhandala) except that to some, if not all, a hornbill is a bird they never came across or heard about until I asked them about it. Finally, it was found in this study that both the Tsonga traditional healers and community members of both Makulele and Mabiligwe villages love nature, although they attach some beliefs to other birds e.g. owls and eagles.

The second objective of the study was to discover why the Shangaan/Tsonga traditional healers use products from birds (hornbills, eagles, and owls) for their spiritual and psychological needs. The results, however, reveal that very little has been written on the use of hornbills, eagles and owls by the



Shangaan/Tsonga healers in particular. Nevertheless with the aid of literature from other related tribes, I have been able to present an overview of the orientation of the use of hornbills, eagles and owls in other tribes.

The findings show that the Shangaan/Tsonga traditional healers of both Makuleke and Mabiligwe do not use animals for their medicinal purposes (this also includes the three birds in question): instead they say they use plants. Their reason for using plants in larger quantities than animals is that they have permits which allow them to go out in the bush and collect whatever plant they want or need. Whereas, for the insides of animals they are not allowed to go inside the Kruger National Park where these animals are protected to hunt for animals which they need. Because of this dilemma, traditional healers at both Makuleke and Mabiligwe experience problems and needs while they have expectations from their patients which require special attention during their practice.

The third objective was to find out whether they (the healers) are still using these birds even today or whether they have found something to substitute for them. As was outlined earlier, among the Shangaan/Tsonga traditional healers of both Makuleke and Mabiligwe the use of birds, in particular the hornbills, eagles and owls, for medicinal purposes did not and does not exist, no substitute has been found and instead they stick to what they used before, that is plants.

The final objective was to explore modern applications of birds which might further benefit the community such as ecotourism, aviculture, bird watching and photography. It has been already outlined in one of the study's chapters

that the Makuleke community is going to get their 25 000 hectares of land from the Pafuri area of the Kruger National Park which was taken away from them in 1969. This land will be returned to the community by means of Deed of Donation. The Deed, according to Villers (1998), will make it clear that in future no mining, farming or permanent residence may take place, and I, therefore, found it essential that this land be used for ecotourism, aviculture, bird watching and photography because during my research, I discovered that the Makuleke community is an area which has many different types of birds, some of which one cannot see inside the Kruger National Park. Therefore, I feel that these birds will attract tourists from all corners of the world to visit the area and at the same time benefit the community. The community will benefit because there will be job creation, for example catering for the tourists and introducing visitors (tourists) to the cultural heritage of the area.

## **2 RECOMMENDATIONS**

Recommendations of this study are mainly derived from the achievement of the fourth objective, namely to explore modern applications of birds which might further benefit the community such as ecotourism, aviculture, bird watching and photography.

This objective was largely met via the first and the second objectives, whereby the respondents (both healers and community members from both villages) shared their perceptions and use of the three birds in question (hornbills, eagles and owls). Respondents (healers) were also requested to provide their views about them being allowed to hunt inside the Kruger

National Park and what they would like to see happening in the future. Based on this information I offer the following recommendations:

- 1) The returned land be used for conservation.
- 2) Community members must be trained in conservation and tourism matters.
- 3) Community members must be responsible for all tourism activities.
- 4) Traditional healers of both Makuleke and Mabiligwe be granted permission to hunt in the Kruger National Park.
- 5) Investigate market information systems to ascertain how to promote sustainably harvested medicinal products.
- 6) Encourage sustainable harvesting and management of medicinal resources
- 7) Conduct research to identify medicinals which would be acceptable substitutes for slow growing (or slow-reproducing) plant or animal species.

### **3 CONCLUSION**

Many plant and animal species today face extinction or severe genetic loss due to their over-utilization. However, in most cases this is not because of the traditional healers using these plants or animals, as is so conveniently stated in many articles. The cumulative effects of a number of factors, such as rapidly expanding urbanization, increased agricultural and forestry practices and industrial growth (mines, factories) all cause extensive destruction of natural habitats: their cumulative effect is over-riding in

comparison with that which the traditional healers might have. This total impact on the natural populations of several species has left them vulnerable to over-exploitation.

An increase in demand for these natural resources, which are directly harvested from wild stock by a fast-growing human population, guarantees an eventual disaster for our natural heritage, as well as for the health of people. As such, the need to address the issue of conservation and management of valued resources is even more critical. Means to promote economically viable propagation programmes should be developed, and efforts should be made to procure required animal medicinals from existing ranches or culling operations. It will be important for South Africa's new legislation and policies to promote an environment in which propagation and sustainable utilization of medicinals will be possible.



Widowed

**5 Level of education**

No education

Primary

Secondary

Technikon

College

University

**6 Monthly income**

No income

100-150

151-200

200-300

301-400

401-500

501-600

601-700

701-800

801-900

1000-2000

2000+

**7 Type of occupation**

Farmer

Household work

Mine

Civil servant

Teacher

Health worker

Shop worker

On pension

Self-employed (hawker,

sells wood, etc)

Other (specify)

**8 Other HHD income**

None

Casual labour

Livestock/crops

Informal HHD business

(Hawking, carpentry, brewing,

café)

**9 Household ownership of fields and livestock**

Fields: n° owned	N° rented	N° sh cropped	Size (small, medium, large)
Livestock	Livestock type	N° owned by type	
	Cattle		
	Goats		
	Donkeys		
	Chicken		
	Other (specify)		

**Energy related household possessions**

Item	No	Item	No
Poala		Refrigerator	
Primus (Pressure stove)		Gas lamp	
“Flame” paraffin stove		Paraffin lamp	

**Household/village**

List four most important household and village needs according to importance (1= most important; up to 4= fourth).

Household needs/problems	Rank	Village needs/problems	Rank

2 How can these problems/needs be solved or met? (Explain

Suggested solutions for energy-related household needs/problems

Suggested solutions for energy-related village needs/problems

Knowledge, possession and problems of renewable energy and energy conservation devices



**Energy saving (cooking, water heating to include solar use)**

Technology /response	Microwave oven	Satellite dish	Solar water heater	Food dryer	Electric washing machine
Have you heard of it? 1)Yes 2)No					
How did you find out? (Codes below)					
Do you own one? 1)Yes 2)No					
If owned, is it still being used? 1)Yes 2)No					
What is your HHD's impressions of it?					
Would your HHD like to own it? 1)Yes 2)No					
Do you know					

- 4 If you own any of the above, have you ever persuaded others to adopt the technology?  
Yes   
No  Explain
- 5 If you do not own any of the above, have you ever been persuaded by others to adopt the technology?  
Yes   
No  Explain
- 6 Are the other areas where you think new devices are needed to make life easier for people?  
Yes   
No  Explain

If yes, what are these areas?

### **Space heating and energy conservation in buildings**

- 7 Detail of household building/s codes  
Walls: 1) brick 2) stone 3) mud 4) corrugated iron 5) Other  
Roof : 1) thatch 2) corrugated iron 3) tile 4) other

House type	No. of houses	No. of rooms	Building material used for		
			Walls	Ceiling	Roof
Rondavel					
Heisi					
Optak					
Polata					
Other (specify)					

Explain why you prefer the building and roofing materials you have used.

8 How is your house heated, especially in winter?

9 How many rooms are heated? Number

10 What general direction does the house most frequently used face?

1) N                       4) W                       7) SW

2) E                       5) NE                       8) NW

3) S                       6) SE

Why is the house above facing the above mentioned direction?

11 What other factors influence the heating or heat retention of the house?

12 How can or do you receive the heating requirements and improve the heat retention of your house? Explain

**Questions on birds**

- 13 Do you have interest in birds?  
Yes  NO
- 14 If the answer to question 13 is YES, what sort of interest do you have?
- 15 Are you aware of any use of indigenous birds by African people for their affairs?  
Yes  No
- 16 If your answer to question 15 is YES, from where did you get the information?  
Neighbours  Radio   
Village clubs  - Friends   
Executive committee  Other (specify)
- 17 What kind of birds do you think are mostly used by people for their affairs?  
Owls   
Eagles   
Ground hornbills   
Other (specify)
- 18 From where do you think they (the people) get these birds?  
Bush   
Outsiders   
Kruger National Park   
Sellers   
Other (specify)

If sellers is your answer to question 18, answer questions 19 and 20. If not, go on to question 21.

- 19 How much the people pay per bird?  
1) R2.00-R2.50  5) R5.50-R6.00  9) R10.00-R20.00

- 2) R2.50-R3.00                       6) R6.50-R7.00                       10) R30.00+  
3) R3.50-R4.00                       7) R7.50-R8.00   
4) R4.50-R5.00                       8) R8.00-R10.00

20 How far do the buyers travel to get these birds?

- Giyani                       Durban                        
Malamulele                       Mozambique   
Mhinga                       Other (specify)

21 Traditionally owls are regarded as bad omen, are you of the same idea?

- Yes                       No

22 If your answer to question 21 is YES, explain what you know about owls

23 In your opinion, is the use of birds for medicinal purposes based on symbolism?

- Yes                       No

24 If the answer to question 23 is YES, give examples

25 What do you think is the cause of the killing of birds? Explain

26 Given your knowledge, do you think birds are used only for the people's affairs?

- Yes                       No

27 If the answer to question 26 is NO, for what other purposes are they used? Give examples

**Appendix B:**  
**QUESTIONNAIRE ON TRADITIONAL HEALERS**

1 When did you start practising as a traditional healer?

- |            |                          |             |                          |
|------------|--------------------------|-------------|--------------------------|
| 2-3 years  | <input type="checkbox"/> | 10-11 years | <input type="checkbox"/> |
| 3-4 years  | <input type="checkbox"/> | 11-12 years | <input type="checkbox"/> |
| 4-5 years  | <input type="checkbox"/> | 12-13 years | <input type="checkbox"/> |
| 5-6 years  | <input type="checkbox"/> | 13-14 years | <input type="checkbox"/> |
| 6-7 years  | <input type="checkbox"/> | 14-15 years | <input type="checkbox"/> |
| 7-8 years  | <input type="checkbox"/> | 15-16 years | <input type="checkbox"/> |
| 8-9 years  | <input type="checkbox"/> | 17-18 years | <input type="checkbox"/> |
| 9-10 years | <input type="checkbox"/> | 20+         | <input type="checkbox"/> |

2 How did you start?

- Through the ancestor's call
- Obtaining a certificate
- Influenced by friends
- Inherited it
- Other (specify)

If the answer to question 2 is through obtaining a certificate, answer questions 3, 4, and 5.

If not, go on to question 6.

3 Where did you obtain your certificate?

- University
- College
- Technikon
- Other (specify)

4 For how long?

- 3-6 months
- 6-12 months

- 1-1½ yrs
- 2-2½ yrs

5 What influenced you to choose such a career?

- Friends
- Relatives
- Parents
- Grandparents
- Other (specify)

6 Name five most important diseases you treat (1= most important 5= least important)

Type of disease	Rank

7 Do you by any chance use birds as your treatment?

- Yes
- No

If the answer to question 7 is YES, answer questions 8,9 and 10. If not go to question 11.

8 Name five types of birds you use


9 Where do you get these birds from?

- Bush
- Other traditional healers
- Sellers
- In the Kruger Park
- Other (specify)
- 10 How do you get them?
- Buying
- Hunting
- Other (specify)
- 11 As a traditional healer, are you allowed to hunt inside the park?
- Yes  No
- 12 If the answer to question 11 is NO, what is your opinion on the issue?
- 
- 13 Do you think there is a need for traditional healers in modern society?
- Yes  No
- Motivate your answer.
- 14 Can all types of diseases be treated with modern medicine?
- Yes  No
- If not, which diseases must be treated otherwise and by what means?
- 15 What is the difference between modern and traditional medicine?
- 16 Should one choose between modern and traditional methods of healing, or can one use both? (Give reasons)



- 17 Does witchcraft (vuloyi) still occur?  
Yes  No
- 18 If the answer to question 17 is YES, can traditional medicine protect one against witchcraft?  
Yes  No   
If YES give examples
- 19 What is the difference between a traditional healer and witchcraft?
- 20 What is your first choice in case of disease?  
Traditional healer   
Modern medical doctor  Give reasons
- 21 Given your experience, what improvements do you think are necessary for traditional medicine to be more useful?
- 22 Given your experience, would you encourage other people to use traditional medicine and for what purposes?  
Yes  No   
If YES, what purpose (explain).

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