

Health-Seeking Behaviour among African Asylum Seekers in South Africa: Experience of Male Refugees in Pretoria

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DECLARATION OF AUTHENTICITY

I, **Boroto Ntakobajira** (student number: 29306958) declare that this mini-dissertation is my original work. Where secondary material has been used (either from a printed source or from the internet), this has been duly acknowledged and referenced in accordance with the requirements of the Department of Anthropology and Archaeology of the Faculty of Humanities, University of Pretoria.

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ABSTRACT

This study focuses on African male refugees and asylum seekers in Pretoria/Tshwane, the capital city of South Africa. Beyond the motives for their displacements, refugees, carrying different kinds of disturbances into their 'new home', seek health and therapy, because the very condition of being refugees can be understood as a health-seeking condition.

An ethnographic study was conducted to investigate the different means, therapies and cures used by refugees from other African countries in order to correct the fractions of their lives that have been disrupted on their journey to becoming refugees.

The study found that these male refugees associated health with self-fulfilment or well-being and this couldn't be achieved without removing the stumbling blocks that were in their ways. Being in a foreign country and having been through humiliation and other disturbances, the need to consult certain institutions became a necessity, thus challenging the 'classic' constructions of masculinity. Being far from home increased the level of vulnerability and the need thereof to seek help. Belief in a magico-religious system being part of African healing systems and part of the corollaries of globalisation, modernity and urbanism; explanations for various causes of misfortune and cures were found in consulting pastors, healers, diviners, astrologists. Some of those healers and religious leaders from other African countries, being refugees were also in search of well-being, thus triggering the creation of their new professions in the land of refuge.

Key Words

Healing, Health-seeking behaviour, Refugee, Male, South Africa, Social transformation, Urbanisation

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“But He said to me, "My grace is sufficient for you, for my power is made perfect in weakness. Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me.” *The Holy Bible: 2 Corinthians 12:9.*

I am grateful to God who transforms my weaknesses into strength, who transforms my setbacks into new possibilities.

Thank you God for making me part of a wonderful family. To my Father, the late *Boroto Karhamikire* who taught us discipline, to love school, and to stay focused. To you, my Mother, the heroine of my life, *Céline Boroto M'Mbavu*: for your tears, your love, your prayers, energy, abnegation and incommensurable support, thank you. To you my brothers and sisters; for your unquantifiable and unconditional love and support, thank you! Thank you for your energy and your prayers. Being part of this family is a blessing!

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Last and not least, to you, friends who motivated me and who prayed for me, I say thank you!

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CBD	Central Business District
DHA	Department of Home Affairs
DRC	Democratic Republic of Congo (formerly Zaire)
IPHC	International Pentecostal Holiness Church
HIV	Human Immunodeficiency Virus
HSB	Health-Seeking Behaviour
OAU	Organisation of African Union (renamed African Union, AU)
RCK	Refugee Consortium of Kenya
RRO	Refugee Reception Office
STD	Sexually Transmitted diseases
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

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CHAPTER 1: INTRODUCTION

1.1 Background and setting

Many researchers have shown that the levels of migration worldwide have increased in the last 20 years. According to Martin (2001), international migration is at record levels and is unlikely to slow in the near future. An estimated 150 million persons reside outside of their country of birth or nationality. This number does not include the additional millions of people who make short visits as tourists or business travellers to other countries. With increased globalisation, South Africa, like most other countries, has experienced high levels of migration resulting in the creation of new cultural groups that are shaping the socio-cultural life of this country. A pastor I interviewed in November 2010 said: “When people move, they also move with their customs. They move with their cooking habits, their healing techniques, and their rituals”. Appadurai (1996) argues that people move in this mobile/mobilised world and co-shape it in this way: tourists, immigrants, refugees, exiles, guest workers and other mobile groups. This is what he calls ‘ethnoscapes’. These mobile populations represent an important part of the current world and they seem to influence national and international politics to a large extent. The ‘key categories of migrants include settlers, contract workers, professionals, unauthorised workers, asylum seekers and refugees.’ This last category is the focus of this study.

The media disseminates information, creating images of the world in the minds of those who are exposed to them. Appadurai (1996: 37) calls these ‘mediascapes’. Stories from some refugees confirm this. A refugee I interviewed in June 2009 said that his motivation for moving to South Africa was a photograph of a friend who preceded him. In this photograph, his friend was holding a 2 litre bottle of Coca Cola. The picture indicated that his friend was living a good life in South Africa, and because of this, he began planning to escape the misery and the threats that he faced in Bukavu, a town on the Eastern side of the DRC. Others learned about South Africa as a country offering better living conditions through the radio, TV and in newspapers. Once they had processed all this information and media images, they entered into a process of decision making, where they decided to move, some voluntarily, others forced to flee because of violence. Appadurai (2006) suggests that because of globalisation, individuals are migrating more and more, crossing national boundaries, making them to disregard more and more national ideologies. With the global flows of mass-mediated images, refugees are informed about favourable destinations and move to other countries, crossing national boundaries. Choosing a destination depends on the information

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one received about the country. South Africa in this case has become a destination for African refugees.

It is important to contextualize the refugee concept and suggest a working definition for this study.

According to the 1969 OAU (now AU) Convention, a refugee refers to:

Every person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events is unable or, owing to such fear, is unwilling to return to it.

http://www.africaunion.org/Official_documents/Treaties_%20Conventions_%20Protocols/Refugee_Convention.pdf.

Beyond this definition, refugees also carry their past and their cultural backgrounds. Once they are in the host country, they are confronted with changes. The weight of the past might not be as heavy as the weight of the unexpected. In South Africa there are no refugee camps; refugees live with the population without being one of them in the true sense of the concept.

The most vibrant and warmest suburb in Pretoria is Sunnyside. Sunnyside used to be a place where the white middle class resided. With the demise of apartheid, black people began moving into the then semi-luxurious apartments. Some whites who did not want to mingle with the blacks and could afford to move to other suburbs, did so. Others decided to stay, some for reasons of affordability and others to embrace the rainbow nation. For foreigners who came to Pretoria after the demise of apartheid, Sunnyside offered an ideal place to stay because of the opportunities to meet new people and to network.

Sunnyside has become the place where many foreigners in Pretoria live. When a person walks through the streets, especially on Esselen Street, (the main street in Sunnyside), it is easy to notice the multicultural facets of Pretoria. There are shops owned by foreigners, their hair salons advertising different hairstyles, the various restaurants with African menus, churches led by pastors from other African countries.

In the Pretoria Central Business District (CBD), specifically in places such as Marabastad, and on Church Square, one can easily identify businesses owned by foreigners. Some of the goods they sell come from their countries of origin. During the week and on Sundays, various churches led by pastors from other African countries have their services with rituals practised in their countries.

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Pretoria, like other cities in Africa such as Addis Ababa, Nairobi, Sirte, Abidjan, welcomes people from other African countries.

In the Pretoria CBD, many of the new Pentecostal churches are led by pastors from other African countries. Some of them were already pastors in their countries of origin. I interacted with 8 pastors from other African countries, four of whom were refugees. I regularly visited and interacted with four pastors, amongst whom two were refugees. This was the first group of participants in this study. The ones I interviewed were the founders of their churches (neo-Pentecostal) and did not depend on traditional congregations.

The second group consists of commercial healers. In the last two years (2010-2011), there has been a proliferation of healers from other Africa countries in Pretoria/Tshwane. This is evident from the flood of pamphlets distributed on the street corners of Pretoria which advertise the services of these healers. These pamphlets claim that the healers can solve a wide range of problems, from health to financial problems. The healers allege that they have the knowledge, gift and experience to solve all kinds of problems. They range from healers to herbalists, diviners, doctors, therapists, astrologists and fortune tellers. In this thesis, I refer to these persons as ‘commercial healers.’ Interestingly, they cite their African connection when marketing their services. From the churches and the healers, I met other participants who were consulting or attending church services. They constitute therefore the third category of persons I met during my research journey.

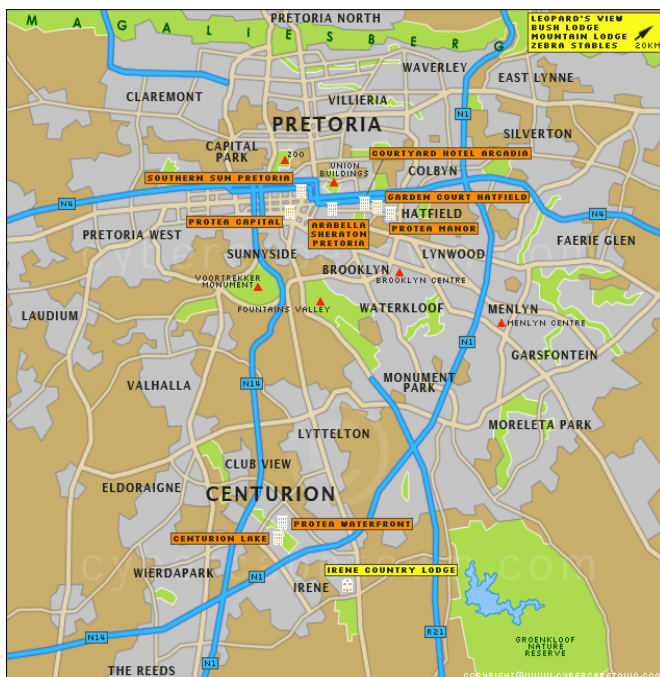
Globalisation could provide reasons for people to flee from their countries try to find better places where they can live peacefully. They may even violate immigration laws and cross borders illegally until they find a place to settle. According to Crush (2000), although restrictions on immigration were not loosened during the 1990s, immigration into the new South Africa increased, particularly as economic and political conditions in neighbouring African countries deteriorated.

Maharaj (2004), studying the reasons for immigration to post-apartheid South Africa, detailed how refugees and immigrants come to South Africa and the reasons for their displacement. Some enter the country without valid documents; others enter the country legally but overstay on after the expiry of their visas and yet others are asylum seekers who usually have documents or whose documents are being processed, giving them a legal right to be in South Africa. In the same study, Maharaj (2004) argued that most immigrants have come to South Africa to escape the poverty and destitution in their own countries, as well as civil wars and political instability. The reasons why most refugees fled from their countries of origin were poverty, political instability, fear of persecution, wars and genocides.

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I focused more on the Central business district (CBD) of Pretoria. I also visited participants who lived in the surroundings of the Menlyn shopping mall. I also went to Silverton, east of Pretoria. I also moved to other parts of Pretoria in order to meet participants (healers, pastors, refugees). The churches are all in Arcadia and around Church Square. As Sunnyside is one of the warmest suburbs in Pretoria and the place where the majority of refugees are found, I spent much time there. Furthermore, I frequently visited the Regional Home Affairs office in Marabastad where the applications of refugees are processed.

Map of Pretoria



<http://cybercapetown.com/Maps/images/pretoria.gif>

1.2. Rationale for the study

1.2.1. Health-seeking behaviour in context

Various studies have been done on health-seeking behaviour by health economists and psychologists, but these studies focus more on women and children. Such studies have been done on women's infertility, the safety of school children and their health-enhancing lifestyles, tuberculosis, etc (Dyer et al, 2003; Dyer et al, 2008; Hausmann-Muela et al, 2003; Pronk et al, 2001; Thuen et al, 1992). This study focuses on African male refugees and fills the gap in the diverse existing anthropological literature on immigration. It tries to correct the male bias, evident in work done in the past, by studying male adults living in a certain context (Pretoria), under certain circumstances (post-Apartheid migration) and tries to

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understand what their health concerns are. Nevertheless, the main focus is not on being male, but at the health-seeking behaviour of male refugees.

Different studies on immigration in South Africa focus on the process of migration, such as the motives of the movements, the histories of their movements and local integration (Posel, 2003; Maharaj, 2004; Landau, 2006a). This study examines how the lives of these refugees have been disrupted psychologically and physically and therefore is concerned with what they do on their personal journeys to wellbeing. Male migrants have not featured prominently in other studies on health-seeking behaviour, perhaps due to the assumption that males are not as open when it comes to health-seeking behaviour. This study brings the added dimension of a focus on male refugees. In this specific case, it is about male migrants from other African countries, now living in Pretoria as refugees.

In the context of this study, health-seeking behaviour (HSB) is defined as: ‘the sequences of remedial actions individuals or group of individuals undertake to rectify perceived ill health or disruption’ (Ward, Mertens and Thomas, 1996).

For the purposes of this study, using this definition, I suggest that in the lives of refugees the process starts when a person is displaced and wants to deal with past and present disturbances in his life. This process starts when the refugee tries to deal with past disruptions and present dangers, anxieties, uncertainties and challenges. Being a refugee is simultaneously part of forced and voluntary migration because the decision making takes place before fleeing. The person whose life is threatened can decide to flee or to stay and face the consequences.

Participants in this study have different stories on how they fled from their countries of origin. For some, it was sudden, because bombs started falling and they had to run. For others, it was a process where they studied and analysed the different options before deciding to leave. They crossed national boundaries, using different means for transport, settled for a while in a neighbouring country and finally advanced to South Africa.

This study argues that there are various disruptions attached to the ‘refugee identity’. After fleeing from their countries of origin under humiliating and sometimes violent circumstances, refugees take a long journey that is not always pleasant. On their journey to the host country, they go through various kinds of humiliation and deal with other challenges related to their identity as ‘refugees’. Having been bothered psychologically, spiritually, or physically, they find a way to reach the needed equilibrium or wellbeing. For this reason, they turn to various social institutions for help.

By focusing on male refugees, this study examines whether increased vulnerability influences males to be more respondent to health care, thus challenging the popular construction of

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masculinity that depict males as not open to health-seeking behaviour, as portrayed by other studies (see Stakeleum and Boland, 2001: 23; The Lancet, 2001).

It is under situations of war, humiliation and violence that refugees generally flee from their countries of origin. During their journey, many are humiliated and not always in control of their destiny. When they arrive in the host country, they are considered as being underclass by the citizens of the host country. They take any jobs they can find in order to survive. They are marginalised and vulnerable. Marginalisation undermines social health in a variety of ways. Whether they are South African, Congolese, or Somali, when marginalisation is their common point, they do not fully enjoy basic human rights. As a consequence, their self-esteem is negatively affected, thus undermining their social health. These disruptions that refugees go through generate the need for health-seeking behaviour.

Making the choice to migrate, to relocate and to become a refugee is a health-seeking behaviour process. After their painful and sometimes degrading journey, once they arrive in South Africa, their expectations are not met and they are disappointed. They must face crime, poverty and other challenges. They live in big cities and suburbs where danger is permanent. Many participants coming from Central African countries, especially those from the Eastern part of the DRC found that Pretoria was a big city compared to where they came from. The intensity of life was not the same. It was a big adjustment for them to be here and to adapt.

The numerous changes they faced made life very stressful, also triggering the need for health-seeking behaviour. In South Africa, the United Nations High Commissioner for Refugees (UNHCR) does not really get involved in helping these refugees. On the side of the South African government, nothing is done to help these refugees, other than providing them with the necessary papers.

With the proliferation of healers advertising their services through leaflets and newspapers on corners of streets in Pretoria/Tshwane, many claiming to be from other African countries and being refugees, it was important to examine the connection between their profession and their refugee status. Many were aged from 20 to 40 years and were male refugees.

Scholars who studied healers in other parts of Africa noticed that becoming a healer was part of the process towards self-healing. Studies done among the Ndembu and the Shona showed that one entered the healing profession through spirit possession (Chavunduka, 1994; Turner, 1968:31). The calling into the healing profession and the age of these young African healers seemed to contrast with the ones studied by Turner and Chavunduka. The significance of the South African calling to healing also triggered questions that are answered in this study.

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In addition to these young healers, there are many young pastors who have founded churches and who lead these Pentecostal churches where many refugees come for spiritual help. The majority of these pastors, like some of the healers, have become ministers once they arrive in South Africa. Being the founders of their churches, they have their own agendas and they may also be in the process of seeking help. Aspects of health-seeking behaviour can also be understood by studying health providers, who face common challenges. They get sick from time to time and therefore go through a phase of health-seeking behaviour. On the assumption that these healers and pastors were health providers, I set out to discover to whom they provide healthcare.

On the one hand, there are male refugees whose lives have been disrupted and who face various challenges once they arrive in the host country. On the other hand, there are male refugees who have become healers or pastors once they are in the host country.

1.2.2. Refugees in South Africa

Although refugees are a global phenomenon, throughout the 1950s to the 1980s, South Africa was a source of refugees rather than a destination. Whenever people flee from their countries of origin, they first go to their neighbouring countries. They can settle there or move on to other countries. For example, in Central Africa, countries such as the DRC and Burundi exchange refugees on a regular basis. Sometimes, Congolese go to Burundi, or Burundians go to Congo, or both may seek refuge in Tanzania. Refugees choose to settle wherever they feel like. They can stay there for a short or long period of time.

Landau (2006a) reported that in 2001, the national census found 345,161 non-nationals in South Africa, a substantial increase from five years before. Other contemporary estimates put the total number of foreign migrants between 500,000 and 850,000. These numbers have since climbed and are likely to continue doing so given the continent's instability and South Africa's elevated economic status.

Political instability, wars, genocides, rapes and deteriorating economic conditions are the key reasons for the mass exodus of a population. This is why large numbers of people from various nations, especially from other African countries apply regularly for asylum in South Africa. Figures provided by the DHA in 2005, giving the cumulative applications for asylum from major African countries in December 2005 show a very significant increase in terms of applications for refugee status in South Africa.

Table 1: Cumulative applications for asylum from major African countries in December 2005

Source Country	Recognised Refugees	Pending Asylum Claims
Angola	5,764	6,315
Burundi	2,183	3,754
Congo Brazzaville	1,160	3,865
DRC	10,609	19,098
Rwanda	1,276	725
Somalia	7,548	11,548
Sudan	173	121
Tanzania	135	4,981
Zimbabwe	114	15,978
Ethiopia	78	8,356
Uganda	55	3,106

Source: South African Department of Home Affairs (DHA)

These figures have since increased drastically and refugees are still flowing into South Africa. The UNHCR reported that government statistics in South Africa indicated that more than 207,200 individual asylum claims were registered in South Africa in 2008, making the country the largest single recipient of asylum-seekers in the world. There were some 227,000 asylum applications pending at the end of December 2008. The majority were from Zimbabwe (122,600), Malawi (18,160), and Ethiopia (11,350), as well as from other African countries and from Bangladesh, China, India and Pakistan. There are also some 43,500 refugees recognized by the government, mainly from Burundi, the DRC and Somalia (UNHCR, 2010).

The UNHCR provisions for 2010-2011 confirm that the number of refugees from other African countries applying for asylum in South Africa will increase, except for certain countries where political stability is returning, such as Angola. With the deteriorating socio-political situation in Zimbabwe, the numbers of Zimbabwean refugees seeking asylum have increased by thousands. (Table 2 below shows the figures).

Kenya is another African country that welcomes refugees. It is home to more than 374,000 refugees today (UNHCR, 2010). Indeed, the exact size of the refugee population in the capital city Nairobi is unknown. Official figures suggest that there are around 46,000 refugees in Nairobi (UNHCR, 2010). However, unofficial estimates are nearer 100,000 (RCK, 2008). Official and anecdotal information indicates that the Somali population is the largest followed by Ethiopians, Congolese, Sudanese, Ugandan and Rwandese, while smaller refugee groups residing in Nairobi include those from Eritrea and Burundi (Pavanello, 2010). Most of these people who are refugees in Kenya said that they fear for their security in their countries of origin. Table 3 details those persons.

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Table 2: UNHCR planning figures for South-Africa: 2010-2011

		2010-11 UNHCR planning figures for South Africa					
		JAN 2010		DEC 2010 - JAN 2011		DEC 2011	
TYPE OF POPULATION	ORIGIN	TOTAL IN COUNTRY	OF WHOM	TOTAL IN COUNTRY	OF WHOM	TOTAL IN COUNTRY	OF WHOM
			ASSISTED BY UNHCR		ASSISTED BY UNHCR		ASSISTED BY UNHCR
Total		320,140	37,890	320,140	64,020	294,530	58,900
	Somalia	22,030	2,620	22,030	4,410	20,260	4,050
Refugees	DRC	11,270	1,340	11,270	2,250	10,370	2,070
	Ethiopia	2,560	310	2,560	510	2,360	470
	Various	15,370	1,830	15,370	3,070	14,140	2,830
	Zimbabwe	145,210	17,170	145,210	29,040	133,600	26,720
Asylum-seekers	Malawi	21,510	2,540	21,510	4,300	19,790	3,960
	Ethiopia	13,450	1,590	13,450	2,690	12,370	2,470
	Various	88,740	10,490	88,740	17,750	81,640	16,330

Source: 2010 UNHCR country operations profile

Table 3: Total number of refugees seeking RCK advice on security threats from Governments of their country of origin, January – July 2009

Nationality	Number of refugees seeking RCK legal advice
Ethiopian	1,687
Somali	1,036
Rwandan	314
Congolese	148
Burundian	110
Sudanese	83

Source: RCK database (RCK: Refugee Consortium of Kenya)

The numbers in Kenya are much lower than those of South Africa. In Kenya, urban refugees are dispersed over big cities, often highly mobile and don't want to be assisted because they could be deported or sent to refugee camps (Pavanello, 2010).

In South Africa, most refugees report to the Home Affairs offices to get legal papers; they have freedom of movement, the right to work and the right to avail themselves of basic social services. Consequently, they reside mainly in urban areas amongst migrants, foreigners and the local population. In Kenya, as mentioned before, it has been reported that refugees leave camps and prefer to move in urban areas to find jobs (UNHCR, 2009). Refugees move to the

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city in the hope of finding a sense of community, safety and economic independence. However, in reality, what many actually find is harassment, physical assault and poverty. There is a process one must go through before being officially recognised as a refugee in South Africa.

An application for asylum must be made in person at a designated Refugee Reception Office (RRO). When applying for asylum, an applicant must have his or her fingerprints or other prints taken in the prescribed manner. Upon application, an interview will be conducted by a Refugee Reception Officer, after which the applicant will be issued with an asylum seeker's permit which allows the applicant to stay in the Republic temporarily. The conditions of the permit are subject to the discretion of the Standing Committee for Refugee Affairs.
(http://www.home-affairs.gov.za/refugee_affairs.asp#1).

Documentation is not an end in itself. Having the necessary documents can, however, facilitate claims to social services and provide access to work and the housing market. However, refugees in South Africa are discriminated against by the local population and sometimes by the officers who are supposed to help them at the DHA offices. As expressed by the then country's acting Human Rights Commissioner, Bertrand Ramcharan:

Deep concerns about the emergence of the new forms of discrimination: Refugees, asylum seekers, migrant workers, undocumented immigrants, and other so-called 'non-citizens' are being stigmatized and vilified for seeking a better life. They are made scapegoats for all kinds of social ills, subjected to harassment and abuses by political parties, the media, and society at large (Ramcharan, 2004).

1.3 Problem statement and objectives

Although this study focuses on male refugees, this does not mean that the focus is on gender, but rather it is to investigate the construction of masculinity when it comes to health matters. The combination of being a male and a refugee at the same time is the factor that motivated me to study their health seeking behaviour. By focusing on African male refugees, this study examines if increased vulnerability influences males to be more respondent to health care, thus challenging the popular construction of masculinity.

In the context of this study, HSB is defined as 'the sequences of remedial actions individuals or group of individuals undertake to rectify perceived ill health or disruption' (Ward, Mertens and Thomas, 1996). In this study, I argue that in the lives of refugees, this process starts when a person is displaced and wants to deal with the past and the present disturbances in his life.

The specific objectives of this study are:

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- To explore how refugees have been affected spiritually, emotionally and physically because of the violence they experienced while fleeing from their countries of origin as well as their experiences in the host country;
- To explore the assumption that men are reluctant to seek help when facing health issues by examining how much the socio-cultural background influences them in seeking (or not seeking) help and in the choices they make for a health provider; and
- To understand the role of these (trained or untrained) healing practitioners and spiritual leaders in the health seeking process of male African refugees.

1.4. Working definitions

I would like to suggest a working definition for certain concepts that will be used throughout this thesis:

- ✓ **Healing:** In Milingo's (1984:22) description, 'healing is the process through which a person is delivered from any obstacle that stops him from attaining self-fulfilment.' The obstacle can be physical or spiritual. Self-fulfilment is not just physical. It can be spiritual or psychological; it can also be material or socio-cultural. Healing can thus be referred to as the process through which emotional and physical symptoms are made more tolerable because they relate to a person's beliefs and behaviour relating to sickness.
- ✓ **Health:** As defined by the world health organisation (WHO) health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' http://www.who.int/governance/eb/who_constitution_en.pdf
- ✓ **Health –seeking behaviour (HSB)¹:** In the context of this study, health-seeking behaviour (HSB) is defined as: 'the sequences of remedial actions individuals or group of individuals undertake to rectify perceived ill health or disruption' (Ward, Mertens and Thomas, 1996).
- ✓ **Asylum seekers and Refugees:** An asylum seeker becomes a refugee once he is granted the refugee status. The processes through which they undergo evolve from being a simple asylum seeker to becoming a refugee. The working definition of a refugee in my study is the one suggested by the then OAU. According to the 1969 OAU (now AU) convention, a refugee refers to:

¹ Throughout this thesis, I will use HSB instead of Health-Seeking Behaviour.

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Every person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events is unable or, owing to such fear, is unwilling to return to it.

(http://www.africaunion.org/Official_documents/Treaties_20Conventions_20Protocols/Refugee_Convention.pdf).

There are different categories when dealing with asylum seekers and the specific category I studied was ‘African male refugees’. I came to understand that in South Africa, there are refugees who don’t necessarily fit in the definition suggested by the OAU, but who are granted the refugee status and as such, in the South African context, they are refugees. I mentioned this category in my study. Some participants in this study definitely do not fit in this definition suggested by the then OAU, but who are refugees in South Africa.

1. 5. Research framework of this study

This dissertation consists of two sections:

(1) Problem Situation

The first section consists of the *introduction* (Chapter 1), *the literature review* (Chapter 2) and *the research methodologies* (Chapter 3). Chapter 1 provides the background, the setting, the rationale for this study, the problem statement and the objectives. Chapter 2 reviews the literature and gives the theoretical framework. Chapter 3 describes the research methodologies and approaches used in this study.

(2) Findings, Discussion and Conclusions

This section consists of three chapters and the conclusion. Chapter 4 thoroughly examines *Refugee identity in South Africa*. Chapter 5, which is the core of this study, discusses *Health seeking behaviour among African male Refugees in Pretoria*. This chapter is divided in two sections. The first section examines HSB of African male refugees and the second examines HSB of South African males. A brief comparison is made between these two categories (South African males and African male refugees). Chapter 6 discusses *the role of religion and healers in the HSB process of African male refugees*. Chapter 7 wraps up the study and is the concluding chapter.

1.6. Conclusion

This chapter has presented the contextual background to this study. The setting where this study took place was presented; the circumstances and the context of the study were spelt out. This presentation described the place where the study took place, by giving the delimitation of the study. The place was also described in terms of the demography that is targeted in this research.

I also described the motivation behind this study. African male refugees are the majority of the refugee population in Pretoria. Taking into account the circumstances leading to their flight from their countries of origin and their journey to the country where they become refugees, I found that their lives were disrupted to a degree that requires health-seeking behaviour.

I gave some statistics to illustrate how, year after year, the numbers of refugees are increasing due to the political instability in certain African countries and due to the perceived stability that South Africa offers. These statistics are just an indication of their movements in Africa and in South Africa.

‘Health seeking behaviour’ being the topic of this thesis, I have recommended a precise contextual definition of this concept, which will be my guideline throughout the research process and the analysis of the data. This section also states what the study is not about. It is not another study comparing gender difference. Filling the lacuna on male subjects is a primary concern. In the following chapter, I focus on presenting the literature with regard to health/healing, refugees, masculinity and HSB.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

Since humans are similar in terms of their vulnerability towards misfortunes and diseases, they use common means when trying to find healing or solutions. There are however, context-specific and culture-specific features that make human beings different to a certain extent.

Notions of healing are central to any system of medicine. Anthropologists have documented a rich array of healing practices employed in different parts of the world. The comparative study of healing systems has shed light on the universal elements of healing as well as culture-specific features (Kirmayer, 2004:34).

This chapter discusses what has already been studied in terms of the commonalities when humans face ill-health situations and how context-specific features decide the different means people use when seeking help. These context-specific or culture-specific features are those that will define how refugees seek help. They will decide how a ‘male refugee’ can be influenced by his specific context when he is seeking help.

This is why broad material will be looked at, going from the ordinary health seeking behaviour to more context-based health seeking behaviour. I explore material that deals with health and healing in ‘conventional’ ways as opposed to other ways that are culture-specific. I also explore the specific context of refugees and the means they usually use in their health seeking journey.

2.2. Notions of health and healing

Systems of healing are part of local worlds of meaning and power. The meanings conferred by healing practices include the personal, social, religious and moral significance of affliction and recovery (Kirmayer, 2004:36).

It can be argued that health and healing are two different notions, but they are also fluid and interconnected. For this reason; I will use these two concepts side by side. I suggested a definition for health as suggested by the World Health Organisation (WHO) (see 1.4).

When it comes to healing, there are also definitions, but for the purposes of this study, healing will be defined as suggested by Milingo (see 1.4).

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In the line of these definitions, various scholars, some of whom are anthropologists, have indicated the conditions for good health and the factors that must be taken into account when describing health.

Green (1994:71) argues that when reading anthropological literature, and from his own experience in Africa, he distinguished four basic themes that relate to health in its broadest sense among (especially) Bantu speakers: purity, coolness, balance, and social harmony. It emerges that culture affects perceptions and experiences of health and illness in many ways, and these perceptions and experiences change as culture changes. Loustaunau and Sobo (1997: 12), who studied the cultural models of health argue that health problems of any group can be affected by a multitude of (cultural and other) variables, some very basic such as food and how they adapt to the environment.

When Africans face any kind of illness and misfortune, the question is to know why this happened to him at that moment (Chavunduka, 1994:88). This point is also held by Reis (2000:61) who suggests that illness and misfortune in Africa are characteristically interpreted in terms of problems in human relationships, and healing results in a fundamentally different relationship with interhuman and superhuman world. This is also suggested by Chidester (2008:29) who studied healing among the Zulu in South Africa.

On the same topic, Ngubane reported that in the Swazi and Zulu discourse on illness, nationwide or personal suffering, for instance in epidemics, disaster or drought, may be interpreted in terms of social disharmony or the breach of moral rules (cited in Reis, 2000:61).

Helman (2000:5) argues that anthropologists have pointed out that any society's health care system cannot be studied in isolation from other aspects of that society, especially its social and religious organisation.

In Milingo's (1984:22) description, 'healing is the process through which a person is delivered from any obstacle that stops him from attaining self-fulfilment.' The obstacle can be physical or spiritual. Self-fulfilment is not just physical. It can be spiritual or psychological; it can also be material or socio-cultural. Systems of healing are part of local worlds of meaning and power. The meanings conferred by healing practices include the personal, social, religious and moral significance of affliction and recovery (Kirmayer, 2004:36).

The hindrance in the lives of refugees can be culture-specific, environment-specific or context-specific. The same factors are taken into account when interpreting the causes of disruptions. Fosu (1998:90) who studied the People of Berekuso, a rural community in

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Ghana, noticed that they explained health, disease and misfortune, by identifying three main types of causes: ‘diseases caused by natural agents, supernatural agents and those caused by both, natural and supernatural agents.’ Therapy depended strongly on the identified causes of a disease.

Therapy as the attempted remediation of a health problem, or misfortune which follows the diagnosis, will lead to healing. Kirmayer (2000:34) suggested that there are metaphorical transformations at the heart of any healing practice; ‘(from feeling ill to wellness) and the identity of the person (from afflicted to healed).’ When the spirit, for example comes to dwell within or possesses the afflicted person, it must be exorcised. Where spirits or ancestors are offended, they must be calmed through sacrifices and offerings for reconciliation.

The definition, provided by the world health organisation as broad as it might be, lacks the socio-cultural dimension of health. Kirsten et al (2009:2) argue that the holistic view of health, well-being and wellness is an improvement on the WHO view in that it also recognizes the spiritual dimension of the human being, as well as the fact that the environment of human beings consists of both living and non-living elements and domains, other living creatures and a metaphysical and/ or transcendental dimension.

Glick (1998:27) insisted on the importance of the socio-cultural identity without which a diagnosis cannot be made or understood. Factors such as ‘behaviour, beliefs, body image, concepts of space and time, diet, dress, emotions, family structure, language, perceptions, religion, and rituals cannot be taken out when one wants to understand the causes of misfortunes or disruptions (Helman 2000:1; Doyal 1995:16).

Concepts of healing in Africa are also concerned with the harmony inside the group, inside the family and of a broader circle. Onunwa (1991) studying traditional healing in Nigeria, suggested that healing is a ‘cardinal religious practice because African cosmologies which are “world-affirming” demand that life in the world must be kept free from problems, ill health and obstacles which may hinder the fulfilment of desired goals.’

Similarly, Pool (2003: 178) who did his work in Cameroon reported that illnesses were said to be caused by God, by men and by ancestors. This was also reported by Janzen (1978) in the Zaire (now DRC).

Some years before Janzen, Evans-Pritchard (1937), one of the icons of British social anthropology, studied the Azande. He reported that they would explain some bad events as the result of witchcraft being practiced against them, and would use a "poison oracle" to determine who the witch was.

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According to Moore and Sanders (2001), earlier anthropological work focused in trying to distinguish between witchcraft and sorcery; where witchcraft was a mystical and innate power, and sorcery was an evil magic consciously practised against others. Witchcraft alluded to local beliefs about good and evil, the causes of misfortunes, ill health situations and healing. This view is also held by Evans-Pritchard (1937) and Gluckman (1944). Sorcery was the use of powers to harm other people.

In Ethiopia, Buschkens and Slikkerveer (1982: 25) found that among many peoples, the cause of most diseases was looked for in the magico-religious sphere and were believed to spring from spirit possession. In a different setting on the Africa continent, Ashforth (2000) reported that in Soweto (South Africa), misfortunes, disruptions or the stumbling block were blamed on a neighbour who could use witchcraft because he was jealous of the material possessions of the other person. Dyer (2008:31), for example suggested that in certain regions in Africa, amongst reasons explaining the causes of infertility were witchcraft, failure to adhere to cultural taboos and God's will.

Consequently, if illnesses or disruptions are construed in such ways, one will need to explore all the available means for healing when looking for solutions. That is what is called the 'personalistic' medical system or explanation, a concept suggested by Kleinman (1980:49, 104) and Helman (1984:37). Africans are no strangers to this system.

Many other anthropologists have been more direct in characterising African health beliefs as operating primarily, or exclusively in the domain of witchcraft, sorcery, and/or spirits (Murdock and Foster, cited in Green: 1999).

Hausmann-Muela et.al, (1998:7) suggested that malaria and witchcraft are interrelated in illness interpretations in Tanzania. It was believed that witchcraft hides the parasites by putting a veil between the body and the outside. Rekdal (1999:468), also working in Tanzania, reported that prominent feature of their HSB was a marked tendency to seek out healers from other ethnic groups. Underlying this practice is the perception that the origin of the most powerful healing lies outside one's own society.

Behrend (2009) found that among anthropologists working in Africa, the idea of a return of the religious has shifted more to themes such as the actuality of evil and the rise of occult forces. Many factors come into play when dealing with health matters in Africa. Disruption to health or well-being can be understood in different ways depending on the cultural context or the environmental constraints. Consequently, deciding who will be consulted or which means to use in order to be healed will also depend on the specific context, but may also depend on

the means available to deal with the problems. A way of dealing with certain problems can be through divination. The following subsection describes divination practices amongst the Ndembu of Zambia (southern Africa), in central Africa and east Africa.

2.3 Divination and witchcraft in Africa

In many parts of Africa, divination is a common practice and can be called upon in order to deal with ill health conditions and other misfortune. As suggested by Turner (1968:26) who studied divination among the Ndembu:

Revelation and divination both unmask, but divination unmasks the culturally defined sins and vices of those who voluntarily separate themselves from the living flow of society, while revelation uncovers that flow itself. Among the Ndembu, the diviner regards his task as the practical one of revealing the causes of misfortune or death.

Many of the commercial healers in Pretoria can be defined as diviners as well. They try to professionalise what they do. Flint (2001:205-206) suggests that the commercial development of African medicine flourished as African healers distinguished themselves in the cities and smaller towns of Natal. Some healers turned to advertising in leaflets and in the African press. They also erected signboards outside their shops that noted their expertise and medical licence. African healers in the city also attracted customers by incorporating new forms of healing they learned from other *isangoma* and *inyanga* and from White chemists and doctors. They appealed to modernity by borrowing the implements and language of biomedicine and science. Some *inyanga* bottled herbs, and used preservatives, stethoscopes, thermometers, and other modern equipment.

Mancy-Taylor (1993:1) suggested that people turn to divination, religion, magic, etc in order to find closure. In many parts of the world, people who are ill first consult a traditional healer, and only later, if the traditional healer cannot help, will they consult a medical doctor or visit a hospital. Green (1999:35) commented on Turner's work amongst the Ndembu, where it was reported that they also believed that illnesses were caused by conscious agents rather than impersonal powers.

Geschiere (2008:315) suggests that several recent publications, showed, for instance, that witchcraft panics were becoming stronger even in Soweto, the largest township in the country. Witches have replaced the former apartheid regime as an explanation for people's sufferings. Niehaus (1993) who did ethnographic work on witchcraft in South Africa noticed

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that social inequalities could create tensions between neighbours who might start suspecting each other.

Sanders (2008:110) evoked the Tanzanian case, a former socialist country where changes have come with many things, one of which has been growing concerns about the role of devils, witchcraft and the occult in quotidian life. Green and Mesaki (2005: 375) also studied witchcraft in urban Tanzania and argued that contrary to assertions that ‘witchcraft was the hallmark of the unmodern; witchcraft was an integral aspect of contemporary disparate modernities

Janzen (1992: 105) suggests that in southern Africa, the chaos of rapid industrialisation feeds the enhancement of divination techniques and the fragmentation of the family household leads to the amplification of networks linking fragile households.

Witchcraft in diverse settings can become a means of making sense of the contradictions of the contemporary capitalist world, or it can be a ‘vehicle for the articulation of personal, local, and national political relations’ (Comaroff and Comaroff 1993: xxix). Or in the face of the profusion of alternate worlds of the imagination, as suggested by Appadurai (1996), people tend to find a way to explain using witchcraft. As Sanders (2003:339) puts it: ‘African witch may be about modernity, it may also be about other things, too.

Urban conglomerations concentrate historically unparalleled numbers of people but fail to provide secure employment (Dawson, 2009:103).

Behrend (2009) found that among anthropologists working in Africa, the idea of a return of the religious has shifted more to themes such as the actuality of evil and the rise of occult forces.

Thomas (2007:284) reported that among the people of the Caprivi in Namibia for example, witchcraft was said to afflict people of all ages, but was considered a particular problem amongst the economically productive age group who were most likely to be educated and own assets that generate jealousy.

Modern witch-hunting movements are not a new phenomenon. In the 1930s, studies done in southern Africa proved that these movements were the product of violent changes in tribal organization and belief. This was also the result of contact with white civilization, and the resultant economic and social changes (Richards, 1935).

On the other hand, as a result of globalisation and cultural flow, the presence of people from different backgrounds is part of what one is likely to find in urban areas. Green and Mesaki (2004:375) argued that the social process of modernisation through an examination of the

transformation in the delivery of anti-witchcraft services takes place under the pervasive influence of transnational ideoscapes of market liberalisation and public-sector reform.

De Smet (1999) affirmed that divination was a common practice in African healing and that diviners were generally considered as the most important traditional African healers. Adler and Zempélini (1972) have suggested that divination had a very important place in Chad where nothing could be done without the intervention of the diviner. Diviners and fortune tellers are like judges, and are consulted in matters such as diagnosing diseases and advising people before going on an important trip. MacGaffey (1991) also reported that diviners played the same role amongst the Ba-Kongo, people of the DRC, Congo Brazzaville and Angola.

Despite having been in contact with western medicine, most Africans, as in other places in the world still keep their socio-cultural understanding and interpretations of illness/misfortune. On this topic, Mudimbe (1997:83) argued that despite the introduction of Christianity, people referred to other divinities and did not abandon their beliefs and customs. This is the case with healers and diviners who are Christians and still practice their profession as healers as reported by Chavunduka (1994) in his study on traditional healing in Zimbabwe. Few would dispute the claim that traditional medical practitioners provide most of the health care in Africa today. The reasons for this are several and include the availability and accessibility of traditional practitioners to the mass of people and faith in their skills (Imperato, 1979).

Green (1994) reported that ethnomedical studies and surveys done in certain countries in Africa (Swaziland, Nigeria and South Africa) have shown that both healers and their clients tend to recognise the efficacy of Western-style biomedical treatment for certain illnesses. However, African traditional medicine still plays its role when it comes to certain health conditions

2.4. Religion and healing

2.4.1. Christianity and Islam

In his book, the *Elementary Forms of Religious Life*, Durkheim (1912) defines religion as a 'unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden beliefs and practices which unite into one single moral community. This community can be called a church, a mosque and unites all those who adhere to it.

In addition to consulting diviners, healers or traditional healers, some Africans consult religious leaders to help them deal with misfortune. Ter Haar (2003) suggested that the

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introduction of Christianity, especially Catholicism, also saw the emergence of healing practices based on the teachings of Jesus Christ. Priests, who felt vested with the healing gift, could also pray for people. An example of this was Emmanuel Milingo, the excommunicated former Roman Catholic Archbishop of Lusaka. Milingo wrote in favour of African spirituality, but he held that spiritual healing and the matter of evil spirits occur everywhere, not just in Africa. Milingo (1984:31) stated: ‘when I pray, I pray with such confidence that I’m sure the Lord is with me.’ As a result, miracles can happen.

A miracle is at bottom a religious concept. In secular terms it can be defined as something that is believed to find its origin in a dimension different from the human one. Christian influence on miraculous events in Africa has long been significant and it may well be that this has increased with the emergence of spiritual groups that explicitly allow for miracle-working, such as healing and other acts usually ascribed to the instant effect of divine intervention (Ter Haar, 2003: 409).

Well-known African prophets were supposed to be able to perform miracles, such as Simon Kimbangu, Frederick Modise, or William Wade Harris, all of whom became known for their healing powers and even their capacity to raise the dead. Among African prophets there are many whose capacities are believed to reach beyond the borders of life, as many of them are believed to have died and risen again from the dead preceding their vocation. Nowadays, Africans also consult these prophets.

According to Sanneh (1983:239), in West Africa where Christianity, African traditional cult and Islam work together, they have largely retained elements of the traditional cult in the use of Christian materials as sources of spiritual efficacy. Even the material means of healing, such as candles, oil and water, are shared with other traditional cults.

Describing the role of ‘marabouts’ in the Muslim tradition, Anna-Diouf (2003:147) reported that they provided people with Islamic amulets aimed primarily to protect the holder, to bring prosperity, health and success to the person or his family, or to defeat an opponent. Dyer (2008:32) reports that *marabouts*, who are healers connected with the Muslim faith, played an important role in providing infertility-related healthcare in West Africa

Sommers (1998), who studied the role of Pentecostal churches in Rwandan refugee camps, noticed that in addition to social networks and spiritual support, Pentecostal teachings provide a path for quiet success and assistance in avoiding dangerous and ‘sinful’ temptations. Similarly, Britt (2008: 7) reported that in Pentecostal churches in Liberia, spiritual gifts were used to empower and protect against witchcraft, demonic spirits, impurities, and worldly temptations.

Religion plays a major role in healing in all parts of the world, not only in Africa. Whether it is about protection, making someone feel confident, or to empower somebody, this is part of the healing process that people go through. All religious traditions deal with the healing process in one way or another.

2.4.2. African traditional religion: Social harmony, community and the role of the Ancestors

Health in Africa is not an isolated phenomenon but part of the entire magico- religious fabric, far more than an absence of diseases. Illnesses, for example can be caused by God, by men, by ancestors and the theme of healing, when joined to prayer, represents an important point of convergence with traditional religions (Onunwa, 1991, Pool 2003: 178, Sanneh, 1983).

African Traditional Religion refers to a very general term given to indigenous African religious practices that predate the arrival of either Christianity or Islam in their respective areas of the continent. African religion is characterised by belief in one Supreme Being; belief in spirits, ancestors, and belief in the existence of witchcraft and magic (Gordon and Gordon, 2007).

Green (1994) suggests that one needs to take into account the role of the community in trying to understand misfortune. Social harmony, which is living in accord with the community (family) and supernatural beings, is paramount. Similarly, Niehaus et al (2001:29) argue that in modern African cults, cognatic ancestors and taboos are still considered as important sources of well-being. Studying healing in central and southern Africa, Janzen (1992) suggested that discourses of healing could take a number of forms: the evocation of distress and hope before others, prayers to God, ancestors and spirit.

Failing to live in agreement with the community or the supernatural could result in misfortune. For example, in a study of the causes of sexual diseases in southern Africa, Green (1992) reported that in instances where the sexual taboos were ignored or transgressed, a disease such as an STD would result. Diseases were considered as either naturally caused or spiritually caused.

A prominent anthropologist, Mary Douglas (1966:6), refers to “matters out of place” when analysing taboos. Pollution is everything that is out of its usual place. As a consequence, when something is out of place, it can lead to misfortune, to spiritual pollution. Douglas (1966) emphasises that we need to understand the symbolic interrelationship between the individual and social bodies and how ideas about dirt and cleanliness can also lead to the exclusion of certain groups, people and things.

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Wing (1998:143-144) argued that regardless of geography, cultural origins, or religious beliefs, there are certain healing concepts that traditional cultures share. In addition to providing an understanding about healing, these concepts reflect the respective cultures' worldviews, especially their beliefs about human relationships with each other and with a supreme being.

Sundermeir (1998) cites John Mbiti who suggested that, for Africans, harmony is unimaginable without the communion that one has with the community and the family. 'A person can't exist without the community, which extends in time beyond the bounds of the present era, backward to the ancestors and forward to future generations.' As Magesa (1997:77) pointed out:

The imperative of community and harmony that determines the ethical agenda of life in African Religion deeply concerns the ancestors. By their character and attributes, they link the individuals in a clan and the visible and invisible worlds. To be a human being, to be a moral, ethical person, it is not possible in isolation.

Living in harmony with one's environment is a condition for good health. Being in harmony with one's community is a condition for good health, prosperity and fertility in Africa.

2.5. Health-seeking behaviour, a refugee perspective

A definition for refugees was provided (see 1.4 above). That definition was the one suggested by the OAU. However, depending on contexts and globalisation, other definitions have been suggested that take into account elements of the OAU definition and add other elements that are context specific. This is why, Fontaine (2006:25) refers to the Iraq, Pakistan and the United Arab Republic delegations at the United Nations who expressed the view that the term "refugee" shall also apply to:

Every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality

Landau (2006:23) argues that refugees' interests, perceptions, and capacities do not operate in a vacuum, but interact, shape, and are in turn shaped by the interests, perceptions, and capacities of host populations, governments, and Humanitarian International. In the same register, but describing the identity of refugees, Malkki (1996) argues that the term 'refugee' or 'expelled' imposed a kind of uniform identity upon individuals in exile. According to Malkki (1997a and 1997b), for nationals, refugees represent a constant threat to the state,

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they have lost their identity, their value system and their culture and can be seen as ‘uncontrollable’, ‘irresponsible’ and even ‘pathological’ element in the host society.

Being a refugee, a displaced person is already in a HSB state.

There are culturally-specific religious beliefs factors into the complex configuration of often conflicting social, economic and political imperatives that forced migrants negotiate in rebuilding their social worlds in the aftermath of prolonged civil strife. These factors can help in explaining how refugees organise experience and cope with displacement (Lubkemann, 2002:192).

Dressler (1996) noted that one special topic in cross-cultural research has been the study of the adjustment of migrants to their lost culture. A number of studies have demonstrated that following migrations, individuals are in poorer health than in their pre-migrant status.

Harrell-Bond (1986) suggested that being a refugee was associated with trauma, separation, pain, and uncertainty. Many refugees seek asylum or safety in neighbouring countries and leave their countries for various reasons. Some leave because of persecution by their government or by groups with power; others are driven out by civil war, ethnic cleansing, or religious persecution. Still others leave because of environmental degradation, human rights violations, poverty, or in the hope for a better life.

Some refugees have been through shame and humiliation. Oravec et al. (2004) remarked that shame and humiliation were closely connected to social exclusion. The violence that usually produces refugees has complex and multiple direct and indirect effects on health and disease. After taking into consideration the psychological disruption, we can also mention the environment, culture, and food (diet). Kalipeni and Oppong (1998: 1642) refer to the people displaced on the African continent due to war in Angola, Mozambique, Uganda, the Sudan, Somalia, and other countries and found that they were exposed to famine and all kinds of diseases and faced the challenge of going elsewhere where they faced new climates, environments and diets. Sometimes they were obliged to eat food that they were not permitted to eat according to their religion. All these disruptions, amongst others, form a part of refugees’ everyday lives and affect them in some way.

Those who flee because of war, persecution, are affected physically and emotionally. They are also forced to change their environment and to be dependent on international organisations or governments. They go through acculturation and social change. This is a needy situation, calling for reparation, and refugees develop strategies in order to survive and to deal with these changes and disruptions.

Among other challenges, the kind of employment that refugees are obliged to take in their host countries, as suggested by Carballo and Nerukar (2000:557) are ‘temporary, require few

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skills, and are largely unattractive to local labour forces.' Zetter (1996), who studied refugees in Mozambique, noticed that they were doing jobs that did not correspond with their skills.

In addition to this, language obstacles, poor communication, and lack of familiarity with some of the technology used are other challenges.

Explaining how refugees are affected in their identity, Merx (2002:120) suggests that refugees establish relations with their host country and at the same time try to maintain their own cultural identity. Assimilation can go one step further, whereby refugees eventually lose their separate cultural identity and become full participants in the host society, with citizenship and political rights. As Dodge (1969:4) argued, refugees face problems amongst which, are difficulty in communication, diet, taboos, living with people with different customs, and living in overcrowded cities.

These are some of the challenges that refugees experience everywhere and that can affect their self-esteem, their sense of confidence, and their mental health. He also suggested that refugees were separated from the indigenous population by the most profound differences in religion, social custom, and basic philosophy of life. In urban areas, they could face an entirely strange and bewildering environment. Sometimes, in order to survive they may live against the pull of strongly entrenched religious taboos.

Refugees are a minority group always living under stress and fear. They are sometimes considered as people who disturb the natural order of things. Refugees can be blamed for the changes and uncertainties in nation states and blamed for other problems as Appadurai (2006) argued. In this case, they can be blamed as those who are disturbing the 'natural order', thus causing misfortune. Consequently, they are discriminated against.

The experience of refugees being separated from their families is very similar to De Beer's (1986) description of families of labour migrants in South Africa during the Apartheid era, where fathers had to go away, were absent for long periods of time or never returned in some instances, while mothers also went to big towns to work illegally. As a consequence, there was breakdown in social relationships which manifest itself in pathological ways.

As Malkki's (1996) ethnography of Hutu refugees in Tanzania showed, the mere legal but otherwise quite meaningless terms 'refugee' or 'expelled' imposes a kind of uniform identity upon individuals in exile. Often, it is precisely this 'fight' against the personality-harming term 'refugee' that is much more difficult than the struggle for a humane life in exile. This is true for those who are discriminated against just because of their identity. The psychological stress is then implicated etiologically in the development of a variety of health problems including alcohol abuse, suicide, schizophrenia, hypertension, diabetes and increasingly,

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other chronic illnesses including cancer (Dressler, 1982; Appell, 1980). Scholars such as Farmer (2003), Scheper-Hughes and Bourgois (2003) who have studied structural violence also describe the same type of suffering.

There are culturally-specific religious beliefs factors into the complex configuration of often conflicting social, economic and political imperatives that forced migrants negotiate in rebuilding their social worlds in the aftermath of prolonged civil strife. These factors can help in explaining how refugees organise experience and cope with displacement (Lubkemann, 2002:192).

2.6. Health: a male's perspective

Some cultural constructions for males will not apply when they become refugees or when they are in exile. There are various associations made with masculinity, and these are cultural constructions. Where health seeking is concerned, here are some cultural constructions about men:

Many men fail to get routine check-ups, preventive care or health counselling, and they often ignore symptoms or delay seeking medical attention when sick or in pain.

(The Lancet, 2001)

Men believe that, unlike women, they are not socialised into the health culture from an early age, and are therefore less likely to develop the confidence to seek preventative help. Men are less likely to interpret their symptoms as arising from physical symptoms, which may be a form of denial bound up in what men regularly referred to as the 'macho principle'. (Stakeleum and Boland, 2001: 23)

The study of masculinity ideologies is concerned with the extent to which men endorse ideologies that emphasise self-reliance, competitiveness, emotional control, power over others, and aggression. It is also concerned with the extent to which men keep their emotions under control and that by extension they should not show their emotions when under stress.

Odimegwu and Okemgbo (2008:25) in their study in Igboland (Nigeria) remarked that there were obstacles to men obtaining health care, which included the need to be independent, the fear of being perceived as vulnerable. This might also be the case in other African countries. Studying men's attitude towards STDs in South Africa, Weitz et al (1998) found that men were reluctant to seek medical attention.

William (2003:725) in turn argued that men are socialised to project strength, individuality, autonomy, dominance, stoicism, and physical aggression, and to avoid demonstrations of emotion or vulnerability that could be construed as weakness. However, as Barker and

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Ricardo (2005:5) suggested, in Africa, manhood is socially constructed, fluid over time and in different settings, and plural. There is no typical young man in sub-Saharan Africa and no single African version of manhood. There are numerous African masculinities, urban and rural that change historically, including versions of manhood associated with war, or being warriors and others associated with farming or cattle-herding. In Africa, masculinity is fluid and the standard construction of masculinity becomes irrelevant. For example, in a study on displaced men in the Great Lakes region, Jaji (2009:181) reported that exile came with obstacles for male refugees' quest to conform to culturally-defined masculinity. With the pervasive recruitment of child soldiers in armed conflicts across Africa, male refugees do not only flee from other men but also from boys who carry weapons with commands to shoot enemy combatants as well as unarmed civilians and refugees. There are common threads amongst these refugees, their past oppressions and their constant struggle for an identity that will encompass survival (Mamdani and Wamba dia Wamba, 1995).

Williams (2003:727) suggested that there was a growing body of research that indicated that the quality of employment affects the health status of men. Refugees are exposed to challenges such as job hunting, or having to work in the most extreme conditions. They are not guaranteed to find a job and are sometimes discriminated against. Facing communication problems and being marginalised, these 'male-refugees' are exposed and their self-esteem is shattered. Putting these factors together, this study questions the applicability of the "macho" concept amongst male refugees.

It becomes clear therefore that for male refugees, their expression of masculinity will not be as it was in standard conditions. Their attitude when seeking help will also vary accordingly.

2.7. Conclusion

This chapter reviewed the available literature on health and healing. One cannot talk about healing without considering the context where the person seeking help is found. This is as true for Africa as it is for other parts of the world. For this study, the focus was placed on Africa and its healing systems. Scholars who studied healing systems noticed that many factors were taken into account when dealing with ill health, misfortune, and disruption. The first thing was to locate the causes of the misfortune before deciding who to consult.

Being culture-specific, factors such as social harmony, religion, respect for ancestors and the environment, are very important when interpreting the causes of misfortune. Religion plays a major role in understanding and interpreting adversity and hence is used to find solutions to problems. Prophets, religious leaders such as pastors and priests can be called upon for help.

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Practices such as divination are also used in order to understand the causes of misfortune and in suggesting the means to find healing. Diviners in Africa are respected and can play the role of healers or guides.

After reviewing the material on the healing system in Africa, I described the specific social situation of refugees linking it to their health. Refugees, being people who have been forced to flee from their country of origin carry with them a load of trauma and humiliation and need to adjust to a new country. This change can cause health problems. The simple fact of being forced to flee from their countries of origin is already traumatic. Added to that, there is a need to adapt in a foreign land where they are a ‘minority’ and vulnerable. This is why males find their personalities being challenged.

In situations of war, humiliation, violence, and helplessness, they are forced to adapt from their countries of origin from where they have been chased until they reach their chosen destination. The “macho” construction describing the strong male is challenged because when taking refuge or being in exile, they must be humble and keep a low profile in order to survive. As a result, they are vulnerable and must face various problems and psychological stress, which requires health seeking behaviour. After reviewing the available literature, I present the research methodologies I used for this study in the next chapter.

CHAPTER 3: RESEARCH APPROACH AND METHODOLOGY

3.1. Introduction

When setting out to research something, one needs to define what kind of research one is doing in order to choose the approaches and the types of techniques that will be used to achieve one's goal(s). In the Social Sciences, we as researchers try to understand human beings' ways of living; we do not go into a laboratory to conduct experiments. The participants in our research are human beings and we need to be sensitive when dealing with them.

Since my data will not be measured in terms of numbers or statistics, but rather in terms of people's ways of living, I have adopted a qualitative approach. Various techniques can be used in the qualitative approach; techniques that can be used in different contexts, for different research questions and with different objectives. 'The choice of a research methodology depends on how appropriate the method is for a specific research context, the research objective and the research question' (Avison et. al, 1999:95). The qualitative approach is chosen for the interpretation of research phenomena in their context.

Wilkinson and Birmingham (2003:76) argue that 'qualitative research tries to capture the richness, and to describe the unique complexities of data rather than using quantitative methods that would focus on numbers or statistics.' Some of the tools that can be used when one is doing qualitative research include: direct observation, participant observation, life histories, in-depth interviews, etc. In the context of this study, I will give an overview of the different methodologies that I have used, and why they were chosen. I will describe every method that I used and how relevant it was in order to answer the identified research questions. After elaborating on these methods, I will look at the difficulties and the ethical issues.

This chapter is structured as follows: I will give the research question before briefly describing the participants. I will elaborate on the methodologies used, and finally I will describe the difficulties in the field and ethical issues.

3.2. Research questions

This research focuses on health seeking behaviour among African male refugees in South Africa. The particular context in which many refugees live triggers a number of questions. After being forced to flee from their countries of origin, refugees choose another land; in this case, South Africa. Being in another land, they have to build a "new" identity and try to

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integrate into the new system. However, they still have their “old” identity and they have to make a living. They use various survival strategies in order to cope with the changes. Health goes beyond physical well-being. Culture affects our perceptions and experiences of health and illness in many ways, and these perceptions and experiences change as people alter their ways of living.

The following are some of the issues that triggered the kind of questions I dealt with during the research journey:

- Are male refugees as resistant when it comes to seeking help as their counterparts who are not in similar socio-cultural and economic conditions (South African male and other male immigrants who are not refugees)?
- Assuming that refugees have been through much violence and are dependent on the host country, affecting their self-esteem; how does this influence their choices about which practitioner they consult?
- Are there similarities in their health concerns when they were still in their countries of birth and their concerns here in South Africa?
- What is the role of healers, diviners and religious communities in the healing process of refugees?

3.3. Description of participants, and time and the site of the research

3.3.1. Description of participants (See Appendix 1).

✓ Healers

1. Dr Radjabu: From the DRC whose consultation cabinet is in the Pretoria CBD.

2. Dr Fofana: From Mali and operates from Silverton.

3. Professor Nkuyege: From Tanzania. He works from Menlo Park (Pretoria East).

4. Dr Kaasa: From Tanzania (a female healer) also operating from Menlo Park.

I paid extensive visits to doctors Radjabu and Fofana. I met some participants (Edgar, Elias and Kifwa) at their shrines.

✓ Pastors (Churches)

I also visited Pentecostal churches in the Pretoria CBD and Pretoria West: I participated in the services, deliverance prayers and I obtained testimonies from the pastors.

1. The ECP (Evangelical Church of Pretoria), led by **Pastor Jeremiah** from the DRC (Pretoria CBD: Bosman Street).

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2. **The CFC** (Christian Faith Centre). I spent time with the assistant, **Pastor Jacob**, from Zambia (Church Street). They have moved since August 2010.
3. **The PH** (Potter's House) led by **Pastor Elijah** from Benin (Church Street).
4. **The TG** (Tabernacle of Glory) led by **Prophet James** from Nigeria (Pretoria West).

✓ **Other participants**

Of the other participants whose life stories helped me to understand their past and how they have been living in South Africa, only two were from South Africa. The others were from other African countries. They helped me to compare the HSB of male refugees from other African countries and their South African counterparts. They are:

1. **Edgar**, a gentleman from Gabon. I met him at Dr Fofana's shrine (sic) and I discovered that he was also going to consult Pastor Elijah of the Potter's House. He owns a hair salon in Sunnyside and another in Silverton.
2. **Kifwa**: He consulted Dr Radjabu and went to the Imam of the mosque in Marabastad (Pretoria CBD). He is from Tanzania. He owns two barber shops in the Pretoria CBD.
3. **Ahmed**: I met him in Mamelodi East with his Somali brothers. Later, I discovered that he meets his Muslim brother, Kifwa, in town from time to time.
4. **Deogratias**: I met him in Sunnyside. He is from the DRC. I later met him at the ECP where he began praying. He works as a manager in a restaurant.
5. **Ngembo** from the DRC. I met him at the ECP where he is very much involved in church matters. He owns a 'money transfer' agency.
6. **Elias**: He is from Burundi. I met him while visiting Dr Radjabu. I later discovered that he consulted Prophet James from the Tabernacle of Glory in Pretoria East. It was because of him that I began visiting the Tabernacle of Glory in Pretoria West. He came to South Africa with his sisters.
7. **Danny** from Nigeria whom I also met when I started visiting the Tabernacle of Glory in Pretoria West. He came to South Africa for health reasons, but he found an opportunity to stay as a refugee because it was suspected that his uncle was trying to bewitch and kill him.
8. **Mateso (Bingwa)** is a gentleman from the DRC for whom they prayed at the CFC during one of my visits. They had to change his name because his original name Mateso means suffering and cursed him according to the pastor. His name was changed to Bingwa (Brave).
9. **Patrick** is from Malawi and they prayed for him at the CFC. He was misusing the money he was supposed to send back home. As a consequence, his hand got affected by a disease

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and after consulting the pastor who prayed for him, he had to ask for forgiveness and send the money to his family in Malawi.

10. Dulamo William is from South Africa. I met him at his work place; he is a driver for a Congolese man in Pretoria East (Garsfontein). He is a *moTswana*. He had problems with his feet and he suspected that he was being bewitched by his fellow drivers. He also has a heart condition.

11. Ernest Ngcobo is a South African. He is Zulu and I met him in a liquor store in Pretoria East where he manages the wine section. He was a teacher in his village in KwaZulu Natal but he claimed that some of his colleagues who were jealous of his teaching skills and passion bewitched his eyes which meant that he could no longer teach.

12. David is a caretaker in one of the buildings in Pretoria/CBD, and that's where he lives. He is South African.

13. Billy works as a security guard at UNISA. He is South African living in Atteridgeville.

***Most of the names used are pseudonyms for reason of anonymity.**

In this study, the sample of participants focuses on those who make up the majority of refugees in South Africa. They are from central Africa, East Africa, West Africa, and southern Africa. Countries such as Morocco, Algeria, Tunisia, Egypt, etc are not mentioned for the simple reason that most of the people from the Maghreb countries migrate northwards toward Europe and eastwards to the Middle East.

For example, in East Africa, I focused more on Tanzania; in Central Africa, my focus was more on the Democratic Republic of Congo and Cameroon; in West Africa, I focused on countries such as Nigeria, Benin, etc; in southern Africa, my focus turned to Malawi, Zambia and South Africa.

By selecting these countries, I gathered relevant data which would enable me to have an overview of the healing practices of male African refugees in South Africa. Wilkinson and Birmingham (2003) argue that even the most competent and hardworking researcher cannot expect to interview all those associated or involved with the topic under scrutiny as this would be too time consuming, but 'the sample of interviewees must be representative- if one is to make generalisations from the data they provide and sensible' (2003:56).

I required a sample that would allow me to obtain the necessary answers. I could not talk to all male African refugees in Pretoria which meant that I had to generalise and draw conclusions from the chosen sample.

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During my regular visits to the Regional office of Home Affairs in Marabastad, I interacted with those who came to renew their refugee status and those who were interviewed in order to receive refugee status. Most of these people came from the DRC, Nigeria, Burundi, and Somalia. With the influx of Zimbabweans, they were clearly in the majority but they had temporary permits. On the list, were people from West African countries, such as Benin, Cote d'Ivoire, Mali, Nigeria, Central Africa, Congo Brazzaville, the DRC and Gabon. From East Africa, people from Tanzania were the best represented. Beyond Africa, there was a very good representation of Pakistanis. People from the Maghreb were almost non-existent on the list of those seeking refuge in South Africa. The majority of refugees came from 'black' African countries with the exception of Somalia.

The age of those participants ranged from 20-50 years old. Some were married and living with their spouses in South Africa; others were waiting for their spouses to join them. I also met some who were single.

In terms of profession, I met those who are educated but could not further their studies. Some work in jobs that are not related to their qualifications. Most of them have opened small businesses such as hair salons or they work as healers and pastors. Others work as car guards and security guards. My study was mostly inspired by the young healers from other African countries, and I focused more on them, on pastors and those who consulted them. In order to meet the healers and the pastors, I went to their shrines and churches respectively. It must be noted that these healers, while considered as "health providers", were a source of information as they provided me with details about those who visited their shrines. But, it should be kept in mind that they themselves may be in the process of health seeking behaviour. In order to meet other refugees who were not clients to the healers of churches, I went to the Department of Home Affairs regional offices and I visited others at their workplaces.

Refugees from the DRC said that they left their country because of the war, others because of the political persecution, and others because of the tribal persecution. In this last category are those who have been here since the early 1990s and who fled from Katanga Province. They already have South African citizenship. This is also the case with many Nigerians who came here a long time ago. This group was not targeted in my study. I directed my study towards those who have refugee permits.

I wanted to focus on healers and the clients; I also wanted to study the role of religion in the healing process of refugees. Therefore, I targeted churches led by pastors from other African countries in order to get in touch with other refugees. Studying these healers, their clients and

studying religion and its role in the healing process give an indication of the type of data generated by this research.

To aid me in briefly comparing the HSB of these African male refugees with their South African counterparts, I spoke to South Africans as well. In this study, I merely used the sample of four male South Africans and whose profile is given above and in Appendix 1.

3.3.2 Time and site of research

In the context of this study, I conducted a qualitative approach. Ethnographic research was conducted over a period of 8 months (May 2010–February 2011) among the refugee community in Pretoria.

During this time, I immersed myself in the field in an attempt to understand the healing practices amongst male refugees. I visited various religious communities where these refugees go for spiritual help (churches, mosques, etc), in order to learn about their weekly programmes and to be part of their communities and to learn about their religious practices. Furthermore, I could take note of the messages conveyed by the preachers and I was also a part of the prayers ceremonies. I visited the refugees that I found in different places. I met some at the Home Affairs office (RRO) in Marabastad. I met others at the healers' shrines and yet others in churches.

My research site was Pretoria/Tshwane. Some of the healers were in Menlo Park, close to the Menlyn shopping mall (Pretoria-East); others were in Silverton; and some were in the Pretoria CBD, another group in Sunnyside and the last group in Arcadia.

Overall, the study covered the area from the Menlyn Shopping Centre, to DF Malan Street, and from Silverton northwards to Charles Street. The churches are all in the CBD (Arcadia and Church Square); the healers are in the CBD and Silverton. Other participants are from Sunnyside and Pretoria East. While my focal point was Sunnyside, the warmest suburb of Pretoria and where it's easier to find these refugees, I also moved to other parts of Pretoria for more encounters. I regularly visited the Home Affairs Office in Marabastad on the corner of DF Malan and Strubben Streets, where the refugees' applications are processed. It helped me to understand how these refugees networked amongst themselves and how they interacted with the Home Affairs officers.

3.4. Research process

3.4.1. The procedure

This study has been conducted according to a research process that combined a literature review, a case study analysis, an inductive approach and a deductive approach to investigate the research questions and to attain this study's research objectives. This section provides a description of the process through which this study was conducted. In this study, the healers' shrines and the churches that I visited will constitute two different case studies.

3.4.2. The literature review

Reviewing the existing literature contributed to the development of a better understanding of the relationship between healing and religion, the history of healers, traditional healing in Africa and its contours. I reviewed the relevant sources for this study in order to summarise what is currently known on the basis of research evidence and the arguments that are related to the issue of health/healing, male refugees and health-seeking behaviour (see Patton, 2002:226).

I attempted to review material concerning what is currently known about health, health seeking behaviour and male refugees. Completing a literature review on the above-mentioned aspects has contributed to the creation of an awareness of what is currently known and what has been experienced in this regard (see Lewis-Beck et. al, 2004: 577).

As noted by Yardley (2007), awareness of the relevant literature and previous related empirical work is essential for all investigations, whether in qualitative or in quantitative research. Reviewing the existing literature provided the fundamentals of this research particularly with regard to how the issue of healing and male refugees can be explored and what has been learned from previous research. The literature provided the basic awareness that has been broadened by the outcome and findings from the conducted field of study and case studies.

3.4.3. Case studies

For this research, a multiple/collective case study approach, as suggested by Stake (2005) was followed. Two case studies were carried out, one with the focus on the healers around Pretoria and the other focusing on churches and healing practices. Investigating the numbers of these healers from other African countries and churches led by Pastors from other African countries and what they offer in terms of healing, as well as the increasing numbers of

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refugees in South Africa, assisted me in making comparisons and perceiving the health seeking behaviour of African male refugees in South Africa.

In summary the case study approach in this study consists of:

- (1) Visiting the healers: Healers advertise their services on the corners of streets in Pretoria/Tshwane, distributing pamphlets. They claim to be from other African countries. They have their consultation rooms in Pretoria.
- (2) The churches and religious communities: Many refugees go to the churches led by their fellow African pastors and at the same time, many pastors are refugees.

I also wanted to visit socio-cultural associations, but it was not easy to know when they were meeting. Although there are strong Somali and Nigerian communities, I was not able to conduct a serious case study due to the lack of regular meetings that I could attend. I only came to understand that there are gatherings in these communities with ethnicity as a common point: ethnicity (a common language, common ancestral ties bloodlines, a common culture which includes dress, food, social practices, etc, a common race, or a common set of religious beliefs).

3.4.5. Data collection

In this study, different qualitative research methods were used in a complementary fashion. As highlighted by Marshall and Rossman (2006:130), in a qualitative study, 'it is usual to have several data collection methods combined; and it is the responsibility of the researcher to choose the most appropriate methods for the given research phenomenon, context and research questions.' Also depending on the level of interaction between the researcher and the research phenomenon, data gathering might involve the use of secondary methods (which require little or no interaction) such as analysis of published data and textual analysis, or more engaging methods such as interviews, participant interviews and action research.

The following qualitative methods were used to collect data:

- Life Stories: interviews with refugees in order to understand their migration stories, their socio-cultural and political backgrounds.
- Participant Observation: This was done amongst refugees in Pretoria/Tshwane, participating in church services, spending time at the Home Affairs Regional offices in Marabastad and at the healers' consultations rooms.
- Document Analysis: I analysed official records, newspapers, online publications and policy documents.

3.5. Methods

3.5.1. Life stories

Since I needed to learn about the backgrounds of refugees, and how they were living in South Africa, I recorded their life stories. This was aimed at understanding the socio-cultural and political conditions under which they left their countries of origin. Through focused interviews, I recorded their life stories so that in addition to their background, I also had information about their journey to South Africa and how they have been living since they arrived here.

McAdams (2008) suggests that ‘the Life Story interview is an interview about the story of the life of someone.’ The story includes the past as the participant can remember and the future as he imagines it. The story is selective, and does not include everything that has happened to the person. For the purpose of this study, I recorded my conversations with the participants. I was selective in including what is relevant to this study. I conducted focused interviews, using a tape recorder. In cases where participants did not want their voices to be recorded, I wrote notes. Merton et al. (cited in Yin, 1994) define this technique as ‘one in which a participant is asked about a list of issues for a period of time.’ In such a case, the interview is open-ended and assumes a conversational manner. I spoke to refugees at their workplaces, at churches and at the shrines of healers. I also recorded the stories of healers, the testimonies of pastors in order to understand how they started their professions and how they were helping male refugees who visit them.

3.5.2. Participant observation

I spent 7 months on the field immersing myself in the daily activities of participants. I visited them on a regular basis, usually 5 days a week. I spent enough time with them in order to understand their emotions and to learn how they cope in the new environment here in South Africa.

Participant observation was done through meticulous fieldwork. This approach could help me to make a broad description of the lives of these male refugees in Pretoria/Tshwane. In the words of Geertz (1973: 5, 6), participant observation is useful ‘in order to explain not just the behaviour but its context as well, such that the behaviour becomes meaningful to an outsider.’ I needed to be ‘immerse[d] in the daily activities’ of refugees. Once on the field, I interacted with participants and we conversed in the form of open-ended, unstructured or semi-structured interviews.

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Participant observation as a technique helped me to ‘gain a clearer picture of the research context by observing the settings in which refugees live and work’ (Stinger, 1996:65). While visiting healers, religious congregations or refugees at their work place and at their homes, I recorded my observation in the field notes that provide on-going records of important elements of each part of the setting. I observed recorded movements, interactions, sights, sounds, spatial arrangements, and anything else that was striking to me.

I spent time at the consultation rooms of traditional healers. I hoped to be trained as a healer by one of the healers, but this did not work out as I could only gain permission to watch and to talk to the clients. Those who suggested that they could train me asked for thousands of Rands. One healer said that he cannot train someone who does not have a calling. He told me that if I had the calling, he could train me for free.

The subsequent research with refugees concentrated on standard participant observation techniques, which included becoming an accepted regular visitor to the shops, observing and recording ordinary and extraordinary social interactions, and, when possible, asking questions. Before these methods could be carried out, however, some participants gave me explicit rules about when I could visit and take notes

I observed the participants in their everyday context. Merely asking questions about or reporting the activities people carry out in different social settings and situations give some insight into what is involved, but in order to fully understand what these activities mean to the refugees it was necessary to see them in action and to experience what they did (Wilkinson and Birmingham, 2003: 116).

Observation is:

Research characterized by prolonged period of intense social interaction between the researcher and the subjects, in the milieu of the latter, during which time data, in the form of field notes, are unobtrusively and systematically collected (Wilkinson and Birmingham 2003: 118).

As Wilkinson and Birmingham (2003: 117) again suggested, social researchers are interested in people and, in particular, the ways in which people act, interpret and understand the complex world around them - the classroom, hospital, factory floor, office, departments, etc. How male refugees deal with the changes around them and how and from whom they seek help whenever they have problems, were my research questions. Observation was an extremely handy tool for me as a researcher in this regard.

There was, however, the risk of taking certain aspects for granted and of misinterpretation. As a male from another African country, I could find myself failing to remember what I was

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studying and to try to live the life of the person close to me. In that case, I could be tempted to interpret what I see or what I am told according to my own experiences (Rapport and Overing, 2000).

The fact of being a male from another African country gave me the opportunity to observe, but also to be like those who were being observed. Erickson and Murphy (1999), referring to Malinowski, say that fieldworkers attempt to achieve ethnographic understanding through an artful synthesis of “insider”, “subjective” participation and “outsider”, “objective” observation.

3.5.3. Document Analysis

I collected documents, which in this context included pamphlets, newspapers and electronic publications (see Lewis-Beck et. al, 2004: 281). In this study the following documents were used and analysed: conference proceedings, journal papers, documents published in the public domain, newspaper reports, online publications and leaflets. These documents helped me to understand how various persons deal with the healing process in southern Africa and how the media portrays these healers. Leaflets are used to advertise the services of these healers and they are mentioned in certain newspapers and tabloids in Pretoria.

Some of the printed material and pamphlets in which these healers advertised their services provided one of my sources of inspiration before I started the study. I collected those pamphlets at every corner where they were distributed. Furthermore, these documents provided key information such as the history of healing and other related practices.

After collecting some pamphlets that advertise the services of these healers, and having done my preliminary research, I noticed that most of them claim to come from other African countries. So, I could understand where they came from by looking at the names on their pamphlets and the origin of some of their medicines.

3.6. Difficulties in the field

I was confronted with various difficulties while doing my research. In terms of my approaches, observation was not easy when it came to health matters. Sometimes, the participants were secretive and the males especially were reluctant to show their vulnerability or show that they may need help from a social institution.

Let me begin with the healers: They have a contact number for people to call and a physical address should someone want to visit them. I called them to make an appointment, but from the phone, I could already sense that they were suspicious. They would ask questions such as:

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“Who are you? What do you do?” When I explained to them, they would first claim that they have a busy schedule that week and told me to call again the following week. After some perseverance, I managed to arrange to visit them. However, even when we had agreed on the day and the time of meeting, when I told them that I was around the corner, they would ask again: “Who is with you? Which car are you driving?” The first thing they ask is for their consultation fees. Despite explaining to them that I was doing research, most of them refused to talk to me free of charge.

One of them asked me to pay R3500 if I wanted to visit their secret room. He offered to spend all day with me, explaining everything to me and said that he would even allow me to take pictures. Because the research was for academic reasons, I could not do that. I couldn't buy the information while it will be used for academic purposes. That is why I only spent time with those healers who gave me permission to be there at certain times, but who refused to train me.

One could speculate as to why they were so suspicious and unwilling to let their work be observed. Sometimes the healers aborted our meeting at the last minute. I arranged that we would meet on a certain day, but when I went there the healer would tell me that he is not in town. That cost me time, energy, focus and money.

As far as the refugees were concerned, most of them did not want to talk to me because they feared for their lives. At the Home Affairs offices, I spoke to a man from Burundi who did not want to open up to me because I might be an agent of certain secret services. On the other side, looking at me, being a fellow male African, some were not willing to talk. I wondered if people feel more comfortable telling stories to strangers. Telling their stories to another African male may have been humiliating.

My camera and recording device were stolen while I was doing my research in Sunnyside. I came to understand that the thieves saw me when I was talking with some of the participants in a hair salon. When I came out, they came to me, one with a knife, and took the camera and the recording device.

I bought another device and I decided not to use a camera thereafter. Since the healers did not want to be photographed, I focused on the audio material. It was also time consuming to transcribe the life stories of the participants and to select what was relevant to this study.

One question that was brought up when I presented my proposal was the clash between churches, other spiritual institutions and the traditional healers. The question was: How will I manage to talk to people who go to church where these healers are not recognised and deal with the healers at the same time? I explained how I would do this to both the healers and the

pastors. Though the pastors do not agree with the work of healers, they did not stop me from investigating. I even discovered that there are people who consult churches, mosques and healers simultaneously.

3.7. Ethical considerations

Though ethics is paramount in all sciences, it takes a different dimension in Anthropology. Ross (2005) quotes Nyamnjoh who defined ethics as ‘the extent to which our attitudes and practices as social scientists impinge upon respect, rights and dignity of individuals and community we study.’ This means that anthropologists, by insisting on ethics, wanted to see if there are circumstances where the rights of the persons that they studied were violated.

The very first concern was “informed consent”. This refers to being able to provide enough information and clarification in detail to the participants to enable them to decide whether to become a part of the study or not. The explanations covered the content of the topic and the purpose of the research. I began by introducing myself, outlining the purpose of the study and its intended format and structure. I indicated how the data from the research would be used and assured participants that confidentiality and anonymity would be maintained (cf. Wilkinson and Birmingham, 2003:52).

I followed the ASA (Anthropology Southern Africa) guidelines:

As far as possible research should be based on the freely given informed consent of those studied. This implies a responsibility of the researcher to explain as fully as possible, and in terms meaningful to participants, what the research is about, who is undertaking and financing it, why it is being undertaken, and how it is to be disseminated. Consent in field work studies, is a process not one-off event, and may require renegotiation over time (ASA 1987:3).

Ross (2005) argues that ethical guidelines work inside a certain group of people and there are always frictions between humans. Some people will feel that their privacy has been violated or that they need to protect their space. At the same time, they need to know how they will be treated in cases where the anthropologist seems to bear more power; people need their dignity and respect.

The issue of healing/ health in this context was sensitive. Matters were more personal on the side of those who are seeking help and on the providers’ side. Participants were informed and reminded about the freedom to ask anything that they find of interest; to choose not to answer specific questions, and to withdraw without any penalties.

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The participants were informed that the study was being conducted for academic purposes at the Department of Anthropology and Archaeology at the University of Pretoria, and that the research results would be widely available once published in academic journals or presented during seminars and conferences.

The ethical committee also gave me clearance for data collection and I had to submit the required documents for clearance. The following documents were submitted:

- ✓ Informed Consent Form
- ✓ Declaration of data storage
- ✓ Permission of an authority (Pastor) to conduct the study in his institution (church)

I obtained ethical clearance for the research from the department of Anthropology and Archaeology. My research ethics complied with the code of conduct set out by the association of anthropologists in southern Africa, Anthropology Southern Africa.

Since the topic of my research related to “health”, the issue of secrecy was substantial. For example, one of the promises of the healers is to help people with sexual problems. As Gune and Manuel (2007) suggest, when the topic of research is sexuality, such conditions and influences become surrounded by a greater number of implications, some with far-reaching consequences. This is because sexuality is generally regarded as a sensitive topic, if not a taboo, that must not be mentioned in public. It is also a topic that poses difficult questions that the researcher must resolve or the very success of the project may be in jeopardy.

At the shrine of a healer, I met a participant who had sexual problems. I needed to be sensitive and allow him adequate time to familiarise himself with me so that he could tell me his story. The same goes for people suffering from diseases with a stigma attached to them, people who feel powerless or children. According to Nosisana and Swartz (2002:190), all social research presents ethical dilemmas, many of which centre around the difficulties which flow from the power imbalances between those conducting the research and the research respondents or participants. Issues of power are magnified in research undertaken in contexts of poverty. In this case, a refugee is a ‘vulnerable subject’ and as a researcher, I did not want to abuse my position by appearing to be more powerful.

Another possible ethical issue was that of recording participants’ voices and their fear that this could be altered or used in a different way. Whyte (1991) remarked that when we use recording machines, it raises both ethical and practical problems. The first issue involves having one’s voice recorded, which may be an invasion of privacy. I told the participants in this study that I would switch the recorder off when they did not want something to be recorded and that I would erase the tapes after transcription. Only I would know who the

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participants were. The participants were comfortable with this arrangement. I was also the only person who had access to all the data collected. One participant asked me to bring the recording to him in digital format so that he could keep it. I did so. I needed to understand my obligations towards the participants in this study. I agreed to give participants a copy of my thesis if they asked for one once I had finished writing the report.

3.8. Conclusion

I presented the methods I used for this research and which methods were relevant to tackle the research questions. The research questions led me to search for literature that has covered the topic of HSB. Once I had gathered the literature and put together a theoretical framework, I needed to think about which methodologies to adopt for this study. I adopted a qualitative approach in order to try to ensure the richness of the study, and to describe the unique complexities of the specific context of male refugees in a specific setting that is Pretoria.

Some tools in the qualitative approach were used: *The life stories interviews, participant observation and the analysis of certain documents.*

Choosing the participants, I needed to have a sample that could allow me to make some generalisations. I could not include all male refugees from other African countries in this research. For this reason, I focused on certain nationalities that are representative of the majority of the refugee populace in South Africa. My encounters with the participants were progressive and everyday brought new information.

A very important step in doing qualitative research is to get the free consent of the participants, which is what I did and all the participants came on board freely without coercion from my side. This required me to be more cautious and considerate towards the participants. A qualitative approach entails respect for the participants by telling them the reason and the outcomes of the research. I had to choose which qualitative tools to use and I cited them above.

It was not all smooth sailing, but as a researcher I needed to accommodate people and their situations for the success of the research. Research is a terrain where we go with expectations and we might find other realities. At the end of the day, I collected data without taking advantage of the participants. I hope that discovering the data will be enjoyable. This is the object of the following chapters.

CHAPTER 4: THE REFUGEE IDENTITY IN SOUTH AFRICA

4.1. Introduction

Refugees are a global phenomenon. Throughout the 1950s to the 1980s, South Africa was a source of refugees rather than a destination (Crush and Frayne, 2007). Whenever people flee from their countries of origin, they usually go to their neighbouring countries. They can settle there or move on to other countries. For example, in Central Africa, countries such as the DRC and Burundi exchange refugees on a regular basis. Sometimes, Congolese go to Burundi, or Burundians go to Congo, or both may seek refuge in Tanzania. Refugees choose to settle wherever they feel like. They can stay there for a short or a long period of time and none can predict for sure what their next move will be.

The number of people applying for asylum or refuge in South Africa has risen for the reasons indicated above (see Crush and Frayne above). Political instability, wars, genocides, rapes and deteriorating economic conditions are at the basis of mass exodus of people, leaving their countries of origin to go to another. Also in this globalised world, where people are bombarded by information disseminated by media about better destinations, the decision to migrate is motivated by images created by the media. This is why large numbers of people from various nations, especially from other African countries apply regularly for asylum in South Africa. Figures provided by the DHA in 2005, giving the cumulative applications for asylum from major African countries in December 2005, show a very significant increase in terms of applications to become refugee in South Africa.

Those persons from other African countries who flee from their countries of origin try to find another destination where they will feel safer. South Africa, amongst other countries, is a destination chosen due to its socio-economic and political stability. Those that are able to travel long distances prefer South Africa to other destinations. The UNHCR (2010) report confirms that South Africa has become one of the countries welcoming large numbers of refugees.

This chapter is structured as follows: I describe the whole process of becoming a refugee, I describe and analyse the general problems that refugees face in South Africa. At the end, I give the meaning of being a 'male refugee' in South Africa and describe the kind of problems they face in a foreign land and how these affect their personalities and how the general construction of masculinity is challenged.

4. 2. Definitions and the process of becoming refugees in South Africa

Refugees have different stories as to how they fled from their countries of origin. The extracts below are of some of the refugees that I interviewed and their words are an indication of the reasons they decided to leave their countries and the circumstances under which they escaped.

We asked these tourists if they could help us also going in their countries (sic), they said it was impossible, but then we pleaded with them if they could give us some money so that we can start a business and organise ourselves. They gave us enough to start selling artefacts and we ended up planning our trips. My friend went to Nairobi; saying that from there, he will go to the UK. He did not like South Africa. I ended up coming here. I did not have a visa, so I found people who help to travel. We went via Zambia, Zimbabwe and we arrived here (**Kifua, refugee from Tanzania**).

I decided to come to South Africa after we went to trade some merchandises to Congo Brazzaville. We went to buy T-shirts from a shop and they were nice. The owner of the shop, a guy from Angola told us that his things come from South Africa. So, I had a long chat with him and he told me that it was also a good country and if I want, he could help me. He was speaking some French already and we were able to communicate. I returned back in my country and said goodbye to my mother and younger sister. I came back to this guy and we made all the possible arrangements until we went first to Luanda and he arranged for the passport and the visas from there, and we came here in South Africa. Well, I paid him a substantive amount of money to make my trip as smooth as possible. I arrived here in April 2005 (**Edgar, a refugee from Gabon**).

I left Somalia in 1998 because of the on-going war and political problems. I just wanted to find peace in another country. I did not have a wife; my brothers were fighters and were never at home. My family was all scattered. I left with my neighbour who had brothers in Kenya. We left and we went to Kenya, where I found other people from Somalia and they gave me a place to stay and showed me their businesses. They owned shops, exchanging currencies, so they initiated me. However, there were problems and the community was every time suspected of harbouring criminals and terrorists. Any time, the police could come to search us. That's why, we decided with my friend to carry on our journey. We went from countries to countries, meeting honest and dishonest people, meeting criminals and crooks, until we arrived here in South Africa (**Ahmed, a refugee from Somalia**).

I travelled during nights undercover in order not to be captured, until I reached Rwanda, crossed again to Burundi and until I reached Tanzania. It is only once I reached Tanzania that I settled for a year. I was doing different jobs, tried to be a teacher for 6 months, I quit and was now into exchanging currencies. It worked really for me, until I decided to move. I had already been meeting people coming from South Africa and that's

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where I arranged with a guy who helped in getting the documents until we reached Malawi... I remember that the same pastor helped me later to come here in South Africa (**Ngembo, a refugee from the DRC**).

The two first extracts indicate the extent to which it is easily possible to confuse refugees, immigrants and normal migrants. When we rigorously apply the definition of the word 'refugee', as indicated in the OAU convention, these two first candidates will not qualify. But this is how people have been referring to themselves. In South Africa and in other parts of the world, it is easy to find people who are just looking for a better life and were not persecuted in their countries, but who decide to become refugees because they want to stay legally in their chosen country. For them, the easiest way to get papers from the government is to become a refugee in order to conduct a business or to find a job. For some, it was a planned journey while for others it was sudden.

The OAU definition is extended to 'every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality.'

On the other hand, there are people who can be qualified as economic migrants, or just immigrants. An economic migrant can be referred to as 'someone who has left her or his home to look for better work and a higher standard of living in another place.' And an immigrant being 'someone who has entered a new country to settle.'

http://www.hrea.org/index.php?base_id=153

This means that there are people who come to South Africa and who identify themselves as refugees, have a refugee permit, but in fact they are just economic migrants. This is the case of Edgar and Kifua, quoted at the beginning of this section. Because of socio-economic problems, they decided to leave their countries of origin to find a better land. I include them in this study because the dire economic situations in their countries forced them to flee and find a better land.

Many of those from the central African region ran away from their countries for fear of persecution. The obvious reasons are war, political persecution and genocide. But there is another category where the victim just decides to flee because his life was in danger. This could be for political reasons, religious reasons or family reasons (where someone fears that a member of his family might harm him), etc.

Ngembo, who was a soldier of a rebel faction in the DRC, decided to run for his life because he deserted the army. Deogratias, another refugee from the DRC, says that after receiving his

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national diploma, he could not find a job. That was when he decided to get involved in politics. As he became critical of the government, his life was threatened. He decided to leave, feigning an illness.

Dr Fofana, a healer from Mali, left his home country because his in-laws were targeting him and threatened to kill him using witchcraft. Instead of killing him, they killed their own daughter (his former wife). So he decided to leave. He went first to Senegal and later decided to come to South Africa. Dr Radjabu, a healer from the DRC (who is now a refugee in South Africa), was a fisherman, but the atrocities of the war were too much and he could not stay in his country of origin any longer.

In his study, Maharaj (2004) refers to this category as asylum seekers, persons who have documents or whose documents are being processed by the Department of Home Affairs and they have a legal right to be in South Africa. They must go to the Regional Home Affairs Offices to legalise their stay in South Africa. This is an indispensable step in order to be recognised as a legal refugee in South Africa.

Refugees are the same almost everywhere and whatever reason causes them to flee from their countries of origin, the definition of 'refugee' seems to apply. For example, with regard to the Iraq, Pakistan and the United Arab Republic delegations at the United Nations, other elements were added to define the term 'refugee'. (see 2.5. Fontaine above). These elements are also suggested by the second recommendation of the OAU convention. Those who did not fear for their lives as being threatened cited reasons such as poverty or being deceived by their families. But the majority claimed that there was war or socio-economic and political problems that became a threat to their lives. When the country where they were born could not provide physical, moral, social, and economic security, they decided to find another place in which to settle.

Deciding to apply for refugee status in South Africa might be as Maharaj (2004: 6) argued, because most immigrants have come to South Africa to escape the poverty and destitution in their own countries, as well as civil wars and political instability. These refugees have been in other countries, and when asked if they have been granted refugee status there, they say that they only wanted to find a better place, and South Africa seemed to be the best country compared to other countries. Deciding to settle in South Africa might be temporary or definitive. Some refugees decide to find a better destination and might leave South Africa once they have found one. A specific example is Ngembo, a refugee from the DRC who said that he spent much time in a refugee camp in Malawi, but decided to come to South Africa because South Africa presented better living conditions than Malawi.

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The first place refugees turn to after fleeing their countries of origin is a neighbouring country that is not in conflict. A testimony of one of the participants confirms this:

I travelled during nights undercover in order not to be captured, until I reached Rwanda, crossed again to Burundi and until I reached Tanzania. It is only once I reached Tanzania that I settled for a year. I was doing different jobs, tried to be a teacher for 6 months, I quit and was now into exchanging currencies. It worked really for me, until I decided to move (**Ngembo, a refugee from DRC**).

Refugees stay temporarily in a country or in certain place until they decide to move to another place where they can decide to settle permanently. In this case, South Africa is the place where they decide to settle and apply for refugee status. For those who were forced to flee, there is a lot that happens; suffering, humiliation and sometimes the loss of loved ones. As Elias from Burundi told me:

I can't describe what we went through. We worked for other people to survive, we spent sleepless nights after the death of my niece...My sister was devastated and even wanted to end her life, but we begged her not to, we comforted her. I have developed this personality that makes me like an animal in front of suffering. I have suffered and I'm not afraid to be humiliated here or there. That's life. I am here in South Africa and that is what counts for me.

Every refugee has his own experience and tells a different story. Elias enjoys staying in South Africa and for the moment, it is a place where he feels safe and able to live a better life. The sad moment he described was when they crossed into neighbouring Tanzania, fleeing from Burundi where their lives were threatened. His sister's daughter died of malaria while they were in the process of moving. This is the case when it comes to their journey and the motives to leave their countries of origin. Refugees do not have the same stories as they did not go through the same experiences.

In order to legalise their stay in South Africa, refugees and asylum seekers generally must have documents. Their documents must be processed at the Refugee Reception Office at Regional Home Affairs Offices. Once they arrive in South Africa, the new challenges start. They arrive in a new land, in a new place where they meet new people, new habits and they must find papers so that they are not declared illegal immigrants.

This is confirmed by the testimonies of these refugees and the pastors:

I must tell you that it was not easy. I remember how we organised an office so that they can stay there. The challenges were to find the papers, to find a job so that they can be able to settle and bring their wives and children here (**Pastor Jeremiah**).

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I went to the Home Affairs Office in Marabastad and I went through a whole process before getting the permit. I was waking up early to queue and I will only receive the paper late in the evening. Those first days were painful and stressful. I had to come and renew my permit after every three months. After one year, I was granted the refugee status (**Deogratias, a male refugee from DRC**).

I found long queues at the Home Affairs Regional Offices for Refugee Affairs in Marabastad. I can recall the testimony of a Congolese man who told me that he did not mind coming there in the cold because he had no other choice. Going through this process is really testing, especially for those who are not used to the administration backlog, and this impact on the persona of refugees. There were long queues every time I visited the Home Affairs offices.

Those hoping to get a permit have to come early in the morning and may have to wait until late in the afternoon to be assisted. They receive a temporary permit for a month or three months that they will have to renew. After a year or two years of this process, they may be granted the refugee permit or refugee status which must be renewed after two years.

Those who are lucky may receive their permit after 9 months. In that period, these refugees are under stress because their application will only be accepted once they have been interviewed to get the refugee status. It is only when they are granted refugee status that they feel as though they are officially refugees in South Africa.

Once this process is completed, they have to face other challenges and other problems. It is at this time that they seek help and look for connections. It is time for reality check. The list of challenges and problems they face will be examined in the next subsection.

4. 3. Challenges and problems faced by refugees in South Africa

4.3.1. Settlement and identity

One of the problems refugees face once they arrive in the host country is to adapt and to connect with local realities and the local inhabitants; in other words, to find their place in the new setting. The other problem is linked to their personality that might be affected by their place in the new society.

Landau (2006:23) argues that refugees' interests, perceptions, and capacities do not operate in a vacuum, but interact, shape, and are in turn shaped by, the interests, perceptions, and capacities of host populations, governments, and the Humanitarian International. In the same register, but describing the identity of refugees, Malkki (1996) argues that the term 'refugee' or 'expelled' imposed a kind of uniform identity upon individuals in exile. Other aspects of identity such as religion, ethnicity, and gender personal were implicitly denied. For a Burundi

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refugee in Tanzania, merely being called refugee as suggested by Malkki is a terrible thing. In South Africa, the refugee's situation is even worse because he/she is considered an *alien*, which is a more demeaning and discriminating identity than 'refugee'. In South Africa, the refugee is clearly a foreigner, a different person, a space and a resource invader. He is someone who cannot be trusted.

The kind of suffering or humiliation that refugees go through is diverse. One particular example is Ahmed, a refugee from Somali who stated:

'We went from countries to countries, meeting honest and dishonest people, meeting criminals and crooks, until we arrived here in South Africa.'

This is an indication of the dangers he went through on his journey, crossing borders and using different means of transport. Ahmed met different people, some of whom pretended to help, but who could have been dangerous. Other refugees go through different unpleasant experiences on their way to South Africa.

After arriving in South Africa and obtaining the legal papers which gives them 'refugee status', they are allowed to live in South Africa. Those who come as refugees must find a way to survive and make a living with their South African counterparts. In accordance with the South African Constitution's commitment to human rights and dignity, South Africa has a refugee policy that facilitates individuals' freedom and protection through enabling the temporary integration of refugees into local communities (Landau 2006). Unlike other countries in the region, no refugee camps exist in South Africa and many refugees and asylum seekers find themselves in complex urban environments such as Johannesburg, Durban, Cape Town and Pretoria. Landau (2006) remarked that while the policy set out by South Africa's immigration acts is progressive, and other acts granting many rights to refugees, implementation remains challenging.

According to the UNHCR Global Report 2007 on South Africa, The Republic of South Africa hosts a large and diverse population of asylum-seekers and refugees, comprising at least 54 nationalities. South Africa allows these people to move freely and to choose their place of residence. With one of the most dynamic economies on the continent, South Africa attracts migrants, refugees and asylum-seekers. However, the country is marked by a sharp divide between rich and poor, with a minority benefiting from technological advancement and a high living standard compared to the majority living in extreme poverty.

According to Malkki (1997a and 1997b), for nationals, refugees represent a constant threat to the state, they have lost their identity, their value system and their culture and can be seen as 'uncontrollable', 'irresponsible' and even 'pathological' element in the host society.

4.3.2. Counting on themselves for job creation

When these refugees get their permit, they are excited, but thereafter come the challenges of adapting and living side by side with South Africans who might not trust them. This is why most of the participants in this study were helped in creating their small businesses by their siblings or citizens of their countries of origin who were already established in Pretoria. Most of the time, the refugees are obliged to take jobs that do not match the qualifications they had in their countries of origin. This is confirmed by the testimony of Pastor Jeremiah:

After getting their refugee status, they need to find a job. Some of these people were government servants in their countries, some were teachers, others were students, but they had to shift because of the availability of jobs. The only jobs they could get were to work as security guards, some will open barber shops. You can imagine how frustrating and humiliating this is. The other problem was the language. When they come here, they are speaking French, Kiswahili, Lingala, Fon, Kirundi, and other languages. When they arrive here, they must speak English, try their best. Where they work, they must communicate with their bosses in English. Well, this was not easy. Being in a foreign land, one needs to adapt to new realities and a new lifestyle. But I must tell you that the word of God has such power that we helped these people very much and we still help them.

One needs to understand that it is vis-à-vis South Africans that the refugees discover who they are. Deogratias, the gentlemen who came here with his national diploma from Congo indicated to me that whenever he went to look for a job and introduced himself as a ‘refugee’ or showed his papers, those who may have hired him became reluctant. Being a foreigner may be difficult but being a refugee is even worse. Many refugees must therefore be creative and try to do something else. The language barrier might be overcome in the course of time. A language can be learnt, but finding a job is the biggest challenge. Those that had a certain level of education in their home countries are obliged to take jobs that do not match their skills or qualifications. The proliferation of hair salons owned by these refugees is an indication of how they are attempting to make a living.

Zetter (1996), who studied refugees in Mozambique, noticed that they were doing jobs that did not correspond with their skills. Deogratias, for example, a refugee from the DRC, now in South Africa, has an engineering diploma. He first worked as a waiter until he became a manager in the same restaurant. Despite the shortage of skills in South Africa, Deogratias indicated that his diploma needed to be evaluated and he needed extra training so that he could be confirmed as such. He told me:

When they notice that you are a foreigner, they ask if you have got a passport or a work permit. So, I showed my refugees status, made of two pages papers. One day, someone even asked me: What is this? I told him

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that they were legal papers we get from Home Affairs as refugees. He told me: I do not know that. This was the same problems I went through when I wanted to open a bank account.

Many South Africans in the professional and business sectors seemed not to know that refugees are a category that is recognised by the South African Constitution. That was why they did not recognise the papers legalising the stay of refugees in this country. When the demands of these refugees are rejected, they find other ways to make a living. One can only wonder about these healers who are also trying to do something in their new setting. Dr Radjabu told me that he started his healing business when he was stuck in a refugee camp in Malawi and since he could not find something else to do, he started consulting. Looking at the level of education of these healers, they seem not to have other skills and in order to survive in the new territory they have to find something else to do, as long as it pays.

4.3.3. Lifestyle

As I indicated in the previous section, refugees face the challenge of fitting in the new setting. This may require that they change their way of life. Some of the pastors I interviewed said that African male refugees become sexually promiscuous when they arrive in South Africa. They end up having girlfriends while they are already legally married in their countries of origin. Being far from their families, they feel like nothing and no one is controlling them anymore. They find themselves doing things they would not do if they were in their countries of origin, perhaps as a way to cope with the changes around them. Pastor Elijah lamented the behaviour of his African brothers:

Our brothers must understand that in God's plan, marriage is a reunion of two persons who have been saved by Jesus Christ and are now looking at the Lord and work for the Kingdom of God. This boyfriend and girlfriend style where they live together without the blessing of a servant of God or of the parents can bring problems in life. Some brothers, who were praying here before, did not want to wait for the wedding as it is prescribed by the Bible. They decided to live together and later on, they had problems such as not having children, some even after a certain time are fighting and they want to break up. I always tell them that all that is happening is the consequence of their wrong doing.

Merkx (2002:120) suggests that refugees establish relations with their host country and at the same time try to maintain their own cultural identity. Assimilation can go one step further, whereby refugees eventually lose their separate cultural identity and become full participants in the host society, with citizenship and political rights.

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In this case, the lifestyle of refugees, once they are in urban areas, can be a combination of whom they were in their countries of origin and who they are in the new territory. Kifwa from Tanzania, who was married in his country of origin, took another wife here in South Africa. Though he was living in that relationship, he wanted to get advice from the imam, because somehow he was feeling guilty. He knew that if this information reached his family back in his country, there would be serious repercussions. Kifwa's case is an individual one, but the pastors were under the impression that many of these male African refugees are sexually promiscuous. However, this is not the case for all refugees, because I found some who were even afraid to interact with South African women for personal reasons, or because they want to marry women from their countries of origin. In this case, they said that when it is time to marry, they will ask their relatives back home to choose wives for them.

But one of the pastors insisted that problems such as infertility were the result of sexual immorality. According to the pastor, these people have been corrupted by the lifestyle in urban areas, so they try to conform and live like everybody else, forgetting their roots and their families in their countries of origin. Pastor Jacob also mentioned fornication and immorality as a problem in urban areas which could bring severe consequences.

The pastors also thought that some refugees abuse the freedom of being in another land without being controlled.

The story of Patrick, a refugee from Malawi is illustrative: The story was reported by Pastor Jacob when I found him praying for this gentleman.

The problem that occurred when, instead of taking care of the business, started playing (sic), is also illustrative. His hand became shorter, as a punishment because he forgot his roots. His brother returned home in 2008 because of the xenophobic events and asked his little brother to take care of the business; they were street vendors around Marabastad. Instead of starting to save and send the money back home, the guy was misusing the money. Despite different calls that his brother made to ask him what was wrong, he did not send the money. So, it was like a punishment. The pastor ordered him to go back to his place and call his brother, ask for forgiveness and make sure that he will send the money regularly. Failing to do that will bring back other misfortunes. The family was counting on him, but he disappointed them and as a consequence, he had problems.

As Dodge (1969:4) argued, refugees face problems amongst which are difficulty in communication, diet, taboos, living with people with different customs, and living in overcrowded cities. Changing their way of life may affect their self-confidence or create confusion.

4.3.4. Stress and the fear of failing

Life in urban areas, where other people succeed and there are expectations that everything should be well, refugees may face a huge responsibility to also be successful, posing a huge problem for them. When refugees get their status, they expect to find a job that will allow them to survive and to help those who are in the country. Refugees do not cut ties with their countries of origin. Elias, from Burundi who was going to visit Prophet James, in addition to his family problems, wanted to provide for his sisters who depended on him. He told me:

I am aware as a man that I must start providing for my sisters, but I am jobless and I wonder if there is a problem, perhaps a spiritual problem behind this. Could we be cursed? I really want to know what I can do to fix this. I also have this problem of self-confidence, whether it is when I must look for a job or when I am talking to other people.

This is a problem, because there are expectations once these refugees arrive here. The longer it takes them to find a job, the more anxious they become and they begin asking questions about themselves. Whenever expectations are disillusioned shame is also activated (Oravec et al, 2004).

Pastor Jeremiah mentioned the same thing:

The other challenge was to deal with the psychological issues. They came themselves without their families, went through a lot and we were obliged to mobilise them in prayers. They were also scared of failing in this country where they see other people with material possessions, but they did not have access to these things.

These are general problems, but some refugees may benefit if they have structures welcoming them, helping them to integrate and find something to do. When dealing with challenges in the new setting, male refugees are affected and this will be analysed in the next section. Living in urban areas, where everything seems to move at a rapid pace, where danger is permanent, refugees have to cope with fear for their safety, but also fear caused by the feeling that they are not going to make it. They live in perpetual uncertainty.

4.4. The meaning of being a male refugee

Life in urban areas is not easy and refugees have the additional challenge of living in a foreign land under demeaning circumstances. Even for men, it is not easy to remain strong. For many, after a journey of humiliation, once in the host country, they are treated as strangers, as the underclass, and they face the daily stress of trying to survive. Their vulnerability is obvious. As one pastor testified:

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I remember a brother who just arrived after a month, who was taken in charge by us with the minimum we could. I found him one day crying like a child, because he was missing his family and he didn't find a job yet. We had to motivate him. A case like this is familiar and often, we dealt with people who were impatient and frustrated. The church becomes his family and the warmth of other church members helps him to deal with his loneliness (**Pastor Jeremiah's testimony**).

Odimegwu and Okemgbo (2008:24) refer to the construction of males in Nigeria. Their beliefs are that men should keep their emotions under control, and that by extension they should not be emotional when under stress. As a consequence, these constructions create obstacles to men obtaining health care. In Africa and in the world in general, men are perceived to be strong in the face of adversity. People have become accustomed to these cultural ideas and beliefs. And it might take long to alter the perceptions that people have held for a long time.

In this subsection, I briefly examine how these cultural constructions are being challenged because of the 'refugee identity'. As a result of this identity, men are adjusting their lifestyles and beliefs in order to survive in this new configuration. Participants in this study are all male refugees. Describing the hardship of refugees since they left their countries of origin until they reached here in another land and how this shaped their personality provide interesting insight into their lives.

4.4.1. Humiliation from wars zones

There is already a big shift for those who flee from war zones and those who were persecuted and decided to leave. A man is not supposed to run may be the argument of those who advocate the idea of 'strong males'. However, they had the choice to flee or to die just because of the pride of being a man.

Dr Radjabu and Ngembo, both from the DRC told me about their experiences:

In 1998, the war situation in my country was at its peak. The rebels supported by Rwanda came and destroyed almost everything we worked for. They burnt the fishermen village. We had to flee from the conflict area. We crossed to Burundi, using a canoe at night. The situation was hopeless and we had to find refuge somewhere. The following day, we went to a refugee camp, but I only spent a week there (**Dr Radjabu**).

I knew that if I was captured, I could be executed. I travelled during nights undercover in order not to be captured, until I reached Rwanda, crossed again to Burundi and until I reached Tanzania. It is only once I reached Tanzania that I settled for a year (**Ngembo**).

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In the great lakes region with the war between Rwanda, the Democratic Republic of Congo, Burundi and Uganda, children became soldiers and they chased adult men who were obliged to escape. For young refugee men, the challenges to their masculinity began with them coming to terms with being forced to flee by other men whom they referred to as the cause of war and their suffering.

On this situation, Jaji(2009:181)commented that with the pervasive recruitment of child soldiers in armed conflicts across Africa, refugee men do not only flee from other men but also from boys who carry weapons and who can shoot enemy combatants as well as unarmed civilians and refugees.

Deciding to run could be perceived as cowardice, but with guns being pointed at them, they did not have another choice. More humiliating for them was the fact that the ones carrying the guns were children. The adults ran and were humiliated in front of their families. They were not able to protect their families or to provide for them anymore; they just needed to save their lives.

4.4.2 Humiliation and stress in the host country

In the host country, refugees meet other men, and knowledge and perceptions about certain things are very different from what they knew in their countries of origin. Being in another country and finding themselves in a city like Pretoria is a massive change. It is easy to stick to one's own perceptions when one has not been confronted by change or when one has not discovered other ways of living. Travelling and meeting people ('good or bad', 'honest or dishonest', as Ahmed said) shapes one's personality and challenges many preconceived ideas.

Globalisation reshapes the arena in which notions of masculinity are expressed, necessitating a thorough examination of transformations that are occurring in particular contexts. In times of change, men demonstrate a reactive, accommodating or progressive response (Sorrell et. al, 2005:90).

Exile comes with obstacles for male refugees in their quest to conform to culturally defined masculinity. According to Dressler (1996:20), a number of studies have demonstrated that 'migration can be treated as a stressful life event or acute stressor and the stressful effects can persist for years if an effective adaptive strategy within the host culture is not established.' In their countries of origin these men could respect their taboos, customs, and live in accordance with certain constructions of masculinity, but once they leave their territories as refugees, they become vulnerable. This is in addition to the humiliations the male refugees go through when they left their respective countries. In the host country, their humiliation starts when

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they apply for the refugee status, coming to the Home Affairs Offices early in the morning and having to stand in extensive queues while depending on the moods of the officers who are on duty. They can spend a whole day there, waiting to receive the permit.

Edgar, a male refugee from Gabon, mentioning his refugee journey states:

I was directed to the Home Affairs office for Refugees in Marabastad. My journey into becoming a refugee started. The winter season was about to start, as well as my refugee journey, because I could not return in my country. I wanted to stay here and to have my stay regularised. I needed to have papers. Since it was the beginning of winter, I went there very early to queue and it took the all day.

There, every person must comply and there is no chief or someone who is more privileged. There is no strong or honourable man, because they all come to look for permits. One refugee from the Democratic Republic of Congo I met at the Regional office of the Home Affairs in Pretoria told me:

We are all the same here my friend. None can intimidate me! We all came here and we are all looking for the same thing. So, it does not matter if you were a minister in your country or a dignitary, when we meet here, we all become refugees.

He expressed himself in Lingala: *Ngundeur aza Ngundeur!* (A refugee is a refugee and there's nothing more).

In the Congolese vocabulary, "*kobwaka ngunda*" means that the person decided to discard his nationality to become a refugee. In that sense, everybody is the same. It becomes a new identity and everybody called as such (*ngundeur/refugee*) is just a refugee and there is nothing else.

In fact, the way they use "*kobwaka*" means that one has decided to renounce his national dignity and accept to be called by names. In doing so, they declare that they are ready to go through all kinds of humiliations just to find a refuge somewhere.

In Congolese communities, people who have study permits or work permits seem to have more prestige because they have not thrown away their nationalities. This might change with the influx of refugees. In Congolese communities, stigma is attached to being a refugee, though many claimed to have fled their countries because of war. Now that the refugee community has become the majority, refugees do not feel the same shame anymore. Also, this may be due to refugees not being poor because some have found decent jobs or have opened businesses.

This perception suggests that the prestige of a man seems to end whenever he declared himself a refugee. Marginalised people are those who become refugees. Refugee or

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immigrant status is one that comes to mind when thinking of the poor and the powerless. Marginalisation results in social unhealthy issues. Once men become refugees, their pride and authority are affected. Like other immigrants throughout the world, refugees and African male refugees in Pretoria are affected by shame, stress, loneliness, insecurity, resentment, and anxiety.

African male refugees come from different cultural backgrounds and the fact that they do not master the local languages counts against them. They struggle in order to adapt, to find a job, to cope with being ‘disconnected’ from their original nationalities and not being part of the other nationality at the same time. They have to face economic challenges and discrimination. Farmer (2003) argues that any distinguishing characteristic, whether social or biological, can serve as a pretext for discrimination and thus as a cause of suffering. While one can argue that marginalisation was the common point between poor South Africans and refugees, refugees however are foreigners of a lower class and this is what marks the difference between them and the poor South Africans. Living in suburbs and cities where violence is permanent is a stressful situation.

There is a litany of problems attached to the ‘refugee’ identity and being male does not prevent someone from experiencing suffering and humiliation. Having to flee from one’s country in humiliating conditions is already a factor that challenges the usual ‘male’ construction and being sometimes dishonoured on the way before reaching the destination is also a factor. Even when the person obtains refugee status in the host country, it is just the beginning of other problems.

When facing this litany of problems and challenges, these male refugees consult whoever they believe can help them. Someone who is affordable can listen to them; can bring comfort to them and can give them some guidance. Their search is for health and wealth. On the other side, having to face change, humiliation, crime, poverty and other challenges, life becomes stressful and this triggers the need for HSB.

4.5. Conclusion

While South Africa is not unique when it comes to the ‘refugee phenomenon,’ I need to highlight that the refugees I met did not all fit in the definitions given by different conventions, especially the one given by the OAU refugee convention.

While those who have fled from their countries for fear of persecution are the majority, there are those who came because the socio-economic state in their countries was not favourable. In order to escape, they come to South Africa.

From the side of refugees’ perspective, one needs to understand that they were forced by wars and other kinds of persecution to move from their countries of origin. Once they are in South Africa, they go through a process, which is to obtain refugee permits that are issued by the Regional Office of Home Affairs in Pretoria. For them, the reason for being in South Africa is because they believe that South Africa offers better conditions for human rights and that is why they decide to settle here.

However, one cannot say for sure that South Africa is their final destination because on their way to South Africa, some were in refugee camps in other countries, but they still decided to come to South Africa. People decide to stay where they feel the conditions are better. South Africa seems to offer better socio-economic advantages and more human rights guarantees than other African countries.

Having experienced war, humiliation and violence in their countries of origin, they are also dishonoured before reaching their destination. Once they arrive in South Africa, they must face change; start to live in urban areas where everything seems to be fast. They face change in lifestyle; they are confronted by crime and violence. They try to make a living, create a job or take a job that does not match their qualifications. They do not understand the languages. In addition to this, the national citizens do not trust them at all and they are vulnerable.

In this context, it becomes difficult for men to express their masculinity. The general construction of ‘strong men’ is challenged from the refugee’s country of origin until he reaches South Africa. And once in South Africa, he is marginalised and considered as an ‘alien’.

Men become vulnerable, having to deal with everyday fears and uncertainties. Stress becomes their everyday diet and this triggers health seeking behaviour. Having lost their

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pride since they left their countries of origin, they come to another country with expectations and when these are not met, disappointment follows. Facing everyday challenges, violence, crime, they live in permanent stress, pushing them to seek help. The following chapter examines the health seeking behaviour of these African male refugees. How do they deal with their daily problems, who do they consult and for what reasons?

CHAPTER 5: HEALTH-SEEKING BEHAVIOUR OF AFRICAN MALE REFUGEES IN PRETORIA

5.1. Introduction

How people interpret problems, illness, and misfortune has a great impact on how they deal with these issues and who they consult for relief. To get an understanding of health seeking behaviour of African male refugee in Pretoria, one needs to analyse their social, cultural, religious and national backgrounds, where they come from and their journey as refugees. In order to understand who these African males turn to for advice, and how their symptoms are perceived, recognised or related to decisions to seek help, we need to be cultural-sensitive, understanding where they come from and what they used to do whenever they detected symptoms of illness or faced misfortune when they were still in their countries of origin.

For this study and this chapter in particular, the main concepts (HSB, healing, health) will be defined according to the working definitions provided in Chapter 1.

This chapter focuses on the attitudes of African male refugees established in Pretoria, when facing various problems that can be perceived as not contributing to their well-being. I came to understand that they are faced with many challenges. They have structures that help them to integrate in the new society. After integration, they must deal with other issues, triggering HSB.

At the end of this chapter, I will incorporate a section that deals with South African males in order to compare the two categories (African male refugees and South African males).

Abril, Mann and Wo (2006) argue that because of globalisation, rapidly evolving technologies have indisputably facilitated ‘increasing interconnectedness’ between societies and nations. Such advances in technology have also occurred in the telecommunications sector, where today’s news can immediately become world news via satellites and fiber optic cables with every other nation on the receiving end. Arguably, the information transmitted through the mass media is biased and multiple perspectives are excluded. For refugees, being exposed to media and the positive images created, moving to those countries where life is portrayed to be good becomes the ultimate goal. However, migration is not the end of their problems.

On the contrary, migration creates more problems. When refugees move, they only realize later that they have created other problems. They must adapt to different lifestyles, compete with other people in overcrowded cities. Being detached from their families, the moral authority of clan systems, of parents, elders is quasi inexistent. They are dislocated, and

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having to adapt in the new environment is a major structural adjustment calling for HSB. Commercial healers, pastors and other institutions become means through which they find a sense of community and make sense of these new challenges that they face in host nations.

These refugees face the host population in South Africa, and sometimes there are mixed reactions to this encounter. On the one side, there is a positive element, where these commercial healers, those who own businesses or work, become service providers, because those who consult them are glad to benefit from the African connection. The negative side is that they might be discriminated against, and might be victims of xenophobic sentiments from the host population.

Back home, they had almost everything in control and were surrounded by their relatives and lived in their natural cultural environment. Having to leave their countries of origin under difficult circumstances, they were deprived of their natural pride. Some of them left their countries of origin under the most degrading conditions; they lost their material possessions and driven away from their natural cultural heritage. Being male means a lot to them and having to face humiliation affects their self-esteem. Their independence and self-reliance was challenged. They were forced to live outside their natural environment where they appeared to be in charge.

From a self-reliance and domination position, they went through a phase of life where they involuntarily live under the authority of persons or institutions. This is a big adjustment and not a positive one, if one considers that it is because of war, natural disasters, violence that they were forced to leave. The transition from being in control, living in a peaceful land, to another place where they are not in charge, and dealing with different disruptions that they went/go through is an important phase in their survival. In order to achieve this, certain strategies are adopted. All these strategies where the now vulnerable African males try to stay alive and to reach a certain level of well-being constitute what I call in this context “health-seeking behaviour” (HSB). This chapter will thoroughly analyse and describe the HSB of these African male refugees in Pretoria.

I analyse the healing process by understanding the different problems that I brought up in Chapter 4. There is need to integrate, to find a new identity by having a new circle of friends. The healing process starts there and it is an on-going process. Describing and analysing the healing process will be the object of this chapter. The last section in this chapter will analyse briefly the HSB of South African males for the need of comparison.

5. 2. The Healing Process

5.2.1 Trying to integrate in the ‘New Land’

As I have already displayed in the previous chapter, the need to fit in the new setting and find a place in the new society is crucial for male refugees. There is a need to integrate, but also to repair the parts of life that have been brought into disruptions because of wars, and other problems that prompted refugees to flee. (See 2.5, Lubkemann)

In the face of too many challenges, there can be confusion and the fear of failure while everything seems to be available for these refugees to seek help. They make choices and decide to consult someone or a structure that can help them to make sense of what is happening. And bearing in mind that they already have their own background, this will influence them in the choice of who can help them. Being able to reach self-fulfilment is their ultimate goal and whoever helps them in this search is worth being consulted as long as they can afford it. Trying to make sense of the changes is another journey.

Challenges do not go away once these male refugees arrive in Pretoria. On the contrary, there are more questions and more problems that emerge after they have received permission to settle as refugees. In the socio-economic sphere, they must find a job in order to survive. They also want to be successful and make a better living. On the spiritual side, they want to know that everything is in order and that there will not be any obstacles to their achievements. They must also cope with the changes around them in terms of the new people they meet every day as well as in terms of their lifestyle and their diet. Above all, they want to flourish and experience well-being or self-fulfilment.

Some refugees have structures that welcome them; these are usually created by persons who have been in South Africa for a long time and who welcome them and help them integrate into the community and to deal with challenges in the new land. The case of Somalis who are well organised is an example of the help provided by these structures. They have strong clan networks; they welcome their brothers from the time they receive the papers (refugee status) until they are integrated into the community. They can initiate their brothers in their businesses. Ahmed a Somali refugee mentioned this to me:

Once here, I met brothers who really helped me. They were already established and just took me with them. Of course, we had to talk and they wanted to know which part of Somalia I came from. They helped me to integrate, to find documents as a refugee and now I am settled.

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In the end, it depends on the faith of the refugee and the problems he is facing that will decide who he goes to. The strong Somali community is the place where Ahmed goes to find comfort and the problems he goes through can be dealt with by his community.

At the same time, he goes to the mosque where he met his brother (from the same religion: Muslim) Kifwa and they have become friends. Being both foreigners and originating from eastern Africa, they feel like they share the same destiny. Being refugees and following the same religion help them to bond and take care of each other. Ahmed confirmed this in the following comments:

I am a Muslim practitioner and I met my brother Kifwa at this mosque. I come to visit him when I come to buy goods here in town. Sometimes, I come to visit him here at his work place, he also comes to my shop and we talk. We are just foreigners in this country, we must fight to survive. It is not easy, but with the grace of God (Allah), we are still here. We must stick together as brothers and we comfort each other.

Another structure that helped refugees to deal with their problems was the Jesuit Refugee Service (JRS). This structure sponsored by the Catholic Church, helps refugees to deal with various problems. One case I experienced was when a Congolese man lost his brother and did not have the means for the funeral. He went to the JRS and they helped him. When one enters their offices, they are always crowded; one could imagine that he is at another Refugee Reception Office. Families come to seek help for material means most of the time.

They are not involved in prayers like the other churches I visited. Their focus is on the social aspect.

This is similar to what was being done at the Christian Faith Centre, where Pastor Jacob told me that, in addition to spiritual help, they help refugees to meet material needs:

We do not only meet their spiritual needs, but we try to help them to integrate. We buy some food, some clothing, we have people outside and we try to understand what are their talents and we orientate them to find something to do. So we help them spiritually, but also try to help them to find something to do according to their talents and the availability of jobs. We also help them to understand that it is not easy to make a success in this country. We ask them to use their patience and to pray. Coming in another country is not an easy thing and there are those who have got great expectations, but they must work hard in order to fit in. Being a stranger and thinking that all things will be easy, and when it does not work as they expected, people become depressed. The church work is to help them to be courageous.

5.2.2. Prayers, consulting healers to deal with stress and change

While for some of these male refugees, praying or going to church or consulting a healer was not crucial in their countries of origin, once these male refugees arrive in a foreign land, praying, consulting someone or an institution is a matter of survival.

Horsefield (2002), commenting on pastoral care in the slums, argued that there are many situations one cannot bear alone; except pray. After their integration, these refugees feel like they are free and do not have to account to any person. Some do not observe taboos. Sexual taboos, for example, are broken; eating habits change. At the same time, a feeling of guilt exists because they fear that misfortune can follow once they have broken the rules. Talking to someone in confidence becomes crucial. Some decide to talk to spiritual or religious leaders.

In addition to the structures that welcome them, some refugees talk to religious leaders or go to traditional healers to share their problems. Talking to someone and knowing that someone is praying for them comforts these male refugees. A major problem as stated by pastor Jeremiah is to deal with loneliness and stress in the new setting. Referring to the man he found weeping, he said that the church becomes his second family and provides moral support. The religious institutions and the churches I visited consisted of a majority of refugees. Some of these male refugees were not as fervent Christians as when they were in their countries of origin. Consulting a pastor or a religious leader is part of the healing process of these refugees. On the other hand, the stress of survival in a different setting triggers health-seeking behaviour. This is confirmed by certain male refugees that I met at the consulting rooms of healers.

Kifwa, a male refugee from Tanzania, is a Muslim practitioner. In addition to his religion, he went to healers who were also refugees from other African countries. I used to meet him at Dr Radjabu's place and he told me his problem.

You see, my friend, I am a married man, but my wife is still in my country. In the meantime, I am living with another wife here, she is South African and I am scared that this will bring problems. My wife is in my country, calls me almost every week, but I am losing interest. I wanted to find advice from the wise man Dr Radjabu. So, that is what we have been discussing about during those times of my visit. He is helping me, he is advising me, but also I am talking to the imam where I pray. I will decide and I am getting good advice. I can't tell you for the moment what I will decide.

He was already married in his country of origin and now that he was in South Africa, he was living with another one. Could it be because he was feeling lonely and wanted to find a

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partner? Was it the new lifestyle that he was adapting to? Owning a hair salon where money comes in everyday can be a reason for an extravagant lifestyle though he did not earn that much. He then decided to consult the healer and at the same time, he went to pray at the mosque.

His lifestyle would be interpreted by Pastor Elijah as sexual promiscuity or that Kifwa does not respect his community back home. Kifwa feared the consequences of his unfaithfulness, which is why he consulted Dr Radjabu. Although Islam allows polygamy, Kifwa's fears were that he was acting on his own without informing his community back home. The wife he was living with in South Africa was not a Muslim and he needed to know what he should do. That is why consulting a healer or spiritual leader and receiving guidance and being prayed upon if necessary became part of his restoration journey.

Churches also bring comfort for these male refugees. In the midst of so many changes in lifestyle, they protect these male refugees against corrupt temptations as Pastor Jacob said and they constitute networks through which they find support:

We also help them to understand that it is not easy to make a success in this country. We ask them to use their patience and to pray. Coming in another country is not an easy thing and there are those who have got great expectations, but they must work hard in order to fit in. Being a stranger and thinking that all things will be easy, and when it does not work as they expected, people become depressed. The church work is to help them to be courageous.

These Pentecostal churches that are established in Pretoria have become a place where refugees find spiritual and moral support. The church also serves as a place where they can be assisted and at the same time where they create social networks (see 2.4.1, Sommers (1998), Britt, 2008:7). Pentecostal teachings provide a path for quiet success and assistance in avoiding dangerous and 'sinful' temptations. There are questions that trigger the process of seeking help. In the case of these refugees, it is the fact of being in another land and things not working out as quickly as they wished. After being involved in a new way of life, the person becomes guilty and starts to ask himself questions as to how his behaviour can impact on his life.

5.2.3. Making sense of blockages and misfortunes

When refugees arrive in Pretoria, they have high expectations. The quality of life is better than the one in their countries of origin. Around them, there are persons whose socio-economic life looks great. The new land becomes a land of opportunities and these refugees

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want to have a good life as well. They want to find a job or start a business and be financially independent.

When there are expectations, people become impatient and when things do not work out, they suspect that there is a blockage somewhere. Whether it is about finding a job, starting a business or related health matters, when a problem occurs, finding the causes of the disruption lead the refugees to seek answers in prayers or in consulting a traditional healer.

The case of Danny and Elias who wanted to get a better job is a case in point. Danny, a young refugee from Nigeria, suspected that he was under a curse from his maternal uncle. He couldn't find a permanent job in South Africa. He chose to go to the prophet for his deliverance and to get answers.

Explanations for blockages and failures are provided in terms witchcraft, failure to adhere to cultural taboos and God's will (see, 2.2.Dyer: 2008). Most Africans, as pastor Elijah suggested, have faith and do not only believe in God, but they believe in ancestors. Whenever they face problems or challenges such as the ones they face in a foreign land, they depend on their faith. These male refugees, in addition to their faith, have networks, NGOs, state support, UNHCR support etc. depending on the problem they are facing.

Edgar from Gabon consulted Dr Fofana, though he also went to church. Having sexual problems, he was ashamed to talk to the pastor; he found it easy to talk to Dr Fofana. He was going to the Potter's House at the same time. Edgar, who said that he was from a Muslim family, went to a healer who had a Muslim background and Fofana was the perfect one because he had the same cultural orientation. Dyer (2008:32) reports that *marabouts*, who are healers connected with the Muslim faith, played an important role in providing infertility-related healthcare in West Africa. By consulting Fofana in Pretoria, Edgar hoped to find answers to certain questions and to find solutions to his health problems. Fofana was a *marabout* (see 2.4.1, Anna-Diouf, 2003:147).

In Africa, most problems in addition to the western explanation for misfortunes and illnesses have to associate factors such as witchcraft.

Dr Radjabu, the healer from the DRC explained how his village of origin probably influenced him in becoming a healer. Once he started his fish business in his country, he did not hesitate to consult someone in order to make his business prosper. Once he was stuck in a refugee camp somewhere, he started practicing as a way *'to redeem himself'* because he was still affected by what the elders of his village had told him.

Professor Nkuyege and Dr Kaasa, both from Tanzania, could even explain malaria in terms of witchcraft. Hausmann-Muela et.al, (1998:7) suggested that malaria and witchcraft can be

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interrelated in illness interpretations in Tanzania. It was believed that witchcraft was the cause of Malaria.

In rural Africa, medical doctors are outnumbered by traditional healers. The influence of traditional healers is not limited to rural areas alone. In urban areas, traditional healers have an undeniable presence. Kifua mentioned that he grew up in a rural area in Tanzania and I was not surprised to learn that he consulted Dr Radjabu.

In an ethnography he conducted in communities in northern Tanzania, it was reported that prominent feature of their HSB was a marked tendency to seek out healers from other ethnic groups (see Rekdal, 1999: 468 above). Underlying this practice is the perception that the origin of the most powerful healing lies outside one's own society. This could be the reason why most of the healers found in Pretoria CBD say that they come from another place in Africa, thus giving them more credibility. Having spent time with Dr Radjabu, he first stated that he was from Central Africa before eventually admitting that he came from the Eastern part of the DRC. Dr Fofana said he was from West Africa, and Nkuyege said clearly that he is from Pemba Island. Insisting on the fact that they are from another country in Africa, they implicitly want to send the message that what they do is really indigenous and as such, it is more reliable. They take advantage of the perception that the magic that comes from far away or from a far away island is more powerful.

One has to read the leaflets where these healers advertise their services to better understand this.

Dr Somba says of himself:

Dr Somba hailed as the Herbalist of the year in 2005 and 2006 consecutively, has opened up in Lynnwood Road. He is an Astrologer, Herbalist, Healer, and Researcher. He is the proud winner of the Eastern Africa Herbalists Control Council Award for life-time achievement in Astrology and Herbal Healing.

In addition to witchcraft as an explanation to various problems that can block the well-being of individuals, the community, the family, and the ancestors play a major role in solving problems. Danny, the gentleman from Nigeria knew that the problem he had with his uncle was the obstacle and he needed to consult a prophet who could pray for him. In his case, he did not need to offer something or pay because the fault was not his. Rather, it was because his father (who had died) did not finish paying the bride wealth. Kifua, being married and having an affair with another woman was a problem that could block him. The man from Malawi was punished because he was misusing the money that was supposed to help the

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family in his country. These are the problems that these refugees have and they consult whoever they think can help them. And the healers, knowing these problems, they claim to offer solutions.

Professor Jingo, one of the healers advertised in this way:

Do you think you cannot clearly understand the nature of your problem?
Professor Jingo uses ancestral spirits to find solutions to life's challenges.
This spiritual guru has travelled widely and solved many mysterious issues.
He is rated as one of the top ten spiritualists in the world. Born with
mystical powers and communicates with the spiritual world any time.

Studying healing in central and southern Africa, Janzen (1992) suggested that discourses of healing could take a number of forms: the evocation of distress and hope before others, prayers to God, ancestors and spirit. Deogratias a male refugee from the DRC, after being granted refugee status, wanted to know what the future holds. He then decided to consult the healers and churches. He said:

After one year, I was granted the refugee status. I therefore, started looking for something to do. One day, while I was walking in Pretoria CBD, I saw these people with these pamphlets and I decided to visit one of these people who can predict the future. Though I am Catholic, I do not see a problem visiting these persons. This was however the first time for me to visit them. In my country, I never went to them; they do not advertise the way it is done here and I never felt the need to visit them. When I came here, I was really scared to fail and I needed to know, because I was stressing and it was time for me to find something to do. My diploma from Congo could not be used here as I wanted, I needed to go through a long process, perhaps study again, convert my degree, but this wasn't obvious. I visited these people (healers who advertise on leaflets); they were just speculating and nothing precise. I went to these charismatic churches to get answers and I even wanted to become a member of one of those churches. I visited the Evangelical church of Pretoria and I must say that they gave me confidence, telling me to trust God. It helped me with my worries.

He visited healers and churches because he wanted to know more about his destiny. He did not mind visiting both, as long as he got answers. Unfortunately, he did not get answers from the healer he visited. It is after he visited the Evangelical Church of Pretoria that he felt comforted and motivated.

Deogratias came from Kinshasa where healers are considered to be charlatans. He said that he did not feel the need to visit these traditional healers while he was still living in his country of origin. Perhaps he felt that everything was fine in his country, except that he had been threatened because of his political activism. Living in a country where these healers are not trusted, he might not have felt the need to consult them. But in a foreign land, where he

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struggles to fit in the developed urban setting, being far from his family, he was obliged to consult healers (diviners) and pastors.

The critique against healers in Kinshasa, as Mabiala (cited in Janzen, 1992) suggested, was that the high cost of living in the city has driven many people to become healers to earn an income. Many of these individuals were not well trained and have promoted widespread charlatanism. In the village, where most people knew one another and where authority was more intact, this was less common. Many people seeking solutions to their problems became victims to the impostors who hide their incompetence behind a mask of anonymity, claiming to be competent in whatever their clientele seemed to need.

Could the same critique apply to these healers who are established in Pretoria? All of them claimed that they came from other African countries and that they were refugees. I did not find any certificate that gives them permission to practise. Their level of education was low, meaning that they did not have other skills. To survive in urban areas is also a health-seeking state for these male refugees who have become healers. This can also apply to these pastors who are at the same time founders of their churches.

In these churches, there is great emphasis on delivering people from demons and from the devil. Prophet James was doing this every time I visited him. Elias, who suspected that his family could be under a certain curse, wanted the prophet to pray for him so that he could be delivered. In his case, his family was having problems that could affect his life. The same was true with Danny who felt that he was a victim of what happened in his family. In Africa, kinship² plays a major role when dealing with misfortune. In most African cultures, kinship goes beyond the traditional Western concept of the 'nuclear' family and even extends to the dead and the unborn. Kinship is one of the fundamental social structures in sub-Saharan Africa (Gordon & Gordon, 2007).

Among anthropologists working in Africa, the idea of a return of the religious has shifted more to themes such as the actuality of evil and the rise of occult forces (see 2.3, Behrend, 2009). Yet, like their colleagues in other disciplines, most anthropologists took as the main causes for the dramatic rise in occult powers the global capitalism unleashed by neoliberalism and the breakdown of the public sphere in postcolonial states producing new exclusions, increasing poverty, dishonest accumulation, and radical inequalities.

² Kinship is an anthropological term referring to the patterns of familial relations shared by a group of people, relationships based on the biological connections created through sex and birth, or conception and parturition (Parkin & Stone, 2004:2).

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Van Dijk (2001), describing churches in urban Malawi, reported that large revival meetings were conducted concentrated on deliverance of demons and protection against witchcraft. The young preachers held demonic forces responsible for the lack of progress and prosperity that individuals and Malawi as a whole were experiencing.

When one examines these churches in Pretoria, they are not so different from the ones that emerged in urban Malawi. They are Pentecostal churches claiming to help people with various problems and most of the time; it is the devil who is blamed for the lack of progress. They also focus on deliverance. As a consequence, the devil or his agents must be defeated.

In urban areas, witchcraft accusations become frequent because of the availability of goods, but when someone does not have access to them, he accuses his neighbour or any other person as being the obstacle. This is the case in Pretoria where educated people or economically productive people generate jealousy (see Thomas, 2007:284).

This might explain the proliferation of these churches and healers who claim to help people overcome their enemies. If a person succeeds and someone else feels that he does not deserve it, the latter may become jealous and even plot to harm the person who is succeeding. It can also be envy because one wants to have the possessions of their neighbour.

The pamphlets on these healers in Pretoria CBD always insist on having victory over the enemies. The same is true for churches that target the devil and his agents who can be demons or human beings.

The healers established in the Pretoria CBD offer to do the following:

- Ensure that promotion you have desired for a long time at work or in your career
- Remove the black spot in your hand that keeps taking your money away
- Find out why you are not progressing in life and the solution and help you win (sic) your enemies
- Remove bad spells from homes, businesses.

There is a tendency to show that there is someone or something that might be a blockage to someone's prosperity. This is a view shared by these healers and pastors, which is a view they confirm when advising to their customers. In these churches, they first talk to the person in order to understand what the problem may be. In urban areas, not everybody is rich; on the contrary, inequalities are visible. Modernisation, though very attractive, does not serve everybody. Those who feel like they haven't reached a level of prosperity are jealous and envy those who have made it. Explanations as to why others have made it lead to witchcraft and to other supernatural beings that are hindering one's success. Witchcraft becomes a means of making sense of misfortunes for which there was no other obvious cause. Urban

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areas also symbolise globalisation where there is a mixture of cultural tendencies, sometimes the most dominant trying to absorb others. In front of these changes and encounters, refugees are confused and there must be a way to explain or to cope.

These churches and healers always have explanations for misfortunes. The gentleman from Malawi for whom Pastor Jacob prayed needed to be at peace with his family in order to receive healing and to prosper. Danny, the gentleman from Nigeria, also went to the prophet because he suspected that his uncle was fighting him in his dreams and was blocking him. In most of these churches, it is always asked that the person make peace with his family. Healers will advise that he makes peace with the ancestors. In times of war, for those who were fighters, they need to ask for forgiveness for the souls that they killed or tortured during their services. Ngembo, the gentleman from the DRC who was a fighter in one of the rebellion movements in East DRC woke up one day with his head swollen and the pastor prayed for him. He said:

One day, I woke up and my head was swollen, bigger than a ball. I was scared. I did not understand why and the pastor prayed for me. He fasted for three days and asked me to do the same and he prayed, chased demons from my body and I was healed. Well, I must tell you that since that day, I understood that God has power. The pastor asked me the story of my life and when I told him what we were doing while we were soldiers; he said that this had repercussions on me. I needed to confess in order to be delivered.

For his deliverance, he needed to confess so that he could find peace. Most of those who were fighters could be haunted by their past because they killed people. When traditional healers deal with people like these, they ask them to offer sacrifices in order to be forgiven. In Uganda for example, Baines (2007:102) recounted the story of Alice who was a fighter in the rebellion movement and was accused of betraying her sister who later died on the battle field. She could not prosper even after deserting the rebellion unless she provided compensation to the spirit of her sister and performed traditional rituals. Refugees who have committed atrocities can be haunted unless they confess or offer sacrifices in compensation so that they can have peace of mind and hope to prosper.

5. 3. A look at South African males

5.3.1. Rationale

In order to understand the peculiar challenges that male refugees face, I will examine the experience of South African male health-seeking behaviour. This section aims to compare the

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experiences of four South African male with their African counterparts in order to find similarities or differences. These two groups, being both Bantu speakers, one could assume there are common analyses relating to health (see 2.2, Green), themes such as purity, coolness, balance and social harmony.

In a different cultural context or setting, like Europeans, there are themes that would relate to health; such as germs, fever, chaos and social strife. In this section, I want to discuss the common patterns amongst Africans or Bantu speakers in general.

The spotlight will be on South African male. I only focused on four South African participants due to the richness of their life stories that I will summarize and analyse in the following lines. In the first part, I focus on two adult South African males who were both working in Pretoria East at the time of the study. One lives in Sunnyside and the other lives in Mamelodi East. I spent time with them trying to understand their lives and how they cope with their daily challenges and recorded their life stories. They are Ernest and Dulamo.

Do they have the same problems and do they deal with them in the same way? Do we find the same patterns as suggested by Green when it comes to Bantu speakers? Are these themes of coolness, purity, social harmony common among all Africans?

Bantu speakers, as Green (1994: 71) suggests, might have some commonalities when they deal with health /healing. But they are not the same everywhere. A later subsection will compare the HSB of South African male refugees to their African counterparts and there I will bring the case of two other South African males.

5.3.2. Causes of disruptions and misfortune

My encounter with Ernest occurred while I was buying drinks in a liquor store where he worked in the wine section and he was very articulate, explaining the wines to customers. He seemed to be a master of his trade. He explained with such precision and passion that one would think that he is a wine-maker. He is 38 years old and he is Zulu.

His story is as follows:

I was teaching and I was the one supporting my mother financially. I loved teaching because as you can see, I like to talk to people. So, sharing knowledge with the kids was a passion and I enjoyed it very much. One day, while I was doing my job, I fell asleep like for few minutes. I sat on the chair and closed my eyes. I dreamt that I was seeing a bird with a note of ten Rands in its beak and when I woke up to open my eyes, , everything was blank in front of me. So, I could not see anymore. That's where my life changed.

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So, I shouted for help and the pupils I was teaching called for help and I was taken out of the place to home.

The disruption that changed Ernest's life was the temporary loss of sight while he was teaching. Being a passionate teacher, he was forced to stop and his whole life changed.

My encounter with Dulamo, the second South African male participant, a *moTswana* occurred while I was visiting a Congolese family where he was a driver. He started working there in 2006. He was 50 years old, lived with his son in Mamelodi East and was divorced.

One day, he gave me a lift to Pretoria CBD and we started talking. He saw me collecting the pamphlets of healers on the corners of streets in Pretoria.

I asked him what he thought of these healers. He laughed and told me that he did not believe in what they do. He showed me a newspaper that he was reading (*The Daily Sun*) and showed me a story about healers and what they do.

He told me:

“I am a Christian and I pray at the IPHC (International Pentecostal Holiness Church). I can't consult these people who are cheating other people, who are killing just to get *muthi*.”

He added:

I always go to church on Saturdays and we always have special gatherings in Johannesburg where the prophet prays for us. I am satisfied where I am and I know that God is the one protecting. He is the one who gave me this job. I always take my son with me so that we can both be protected.

So I began visiting him where he works. He was driving the children of the Congolese family to school. In the mornings when he came to work, he used to pray before starting his day and he always played the music of his church in the car he was driving.

I noticed that he had problems with his legs; he could not run or climb stairs. I asked him what the reason was. He said:

I told you that I pray, but you know that there are problems and people who always try to attack us. Before I take this job, I was a taxi driver, from Mamelodi to town (Pretoria CBD) and you know with the rivalries between taxi drivers, one of the drivers told me one day that he will take care of me if I do not stop with the taxi business. I thought perhaps he was going to kill me. I bought a gun, but he did not attack me physically. I just noticed that my legs were getting weaker and weaker. So, I went to the doctor and he prescribed me some pills that I take every day. As you can see, I always have these pills with me. My feet are always weak however and I suspect that it was that driver who did this to me. I therefore decided to drop the taxi business and I started working for other people. I started driving trucks

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going to Paarl in Cape Town, but it was tiring and I was spending nights on roads, spending days without seeing my son.

Just as Ernest's problem was primarily physical, and had repercussions for his career, so, too, was the case for Dulamo. They were also affected psychologically, because if they could not go to work, it could be difficult for them to survive. Ultimately, they needed to seek help. But before seeking help, they had an idea of who/what were behind these health problems.

5.3.2.1. Rivalries and Jealousy

Dulamo stated that it was the other driver who was behind his leg problems, because one taxi driver threatened to kill him if he did not stop his work. Clearly, there was competition and for those who know the rivalries and the killings amongst taxi drivers, the threats of his colleague were serious. He suspected that his friend instead of attacking him physically just bewitched him and attacked his legs.

In turn Ernest also stated the same thing when referring to the causes of his eyes problems.

I think in my village people were just jealous and because of the zeal I had while teaching, people were scared that I might be promoted and become the principal of that school one day. They wanted me to stop and they got me by attacking my eyes. People are just jealous and when a person shows signs of prosperity, people are not happy and they can even try to kill. When they do not get you physically, they can attack your body with a disease, for me, they attacked my eyes.

He has an idea about who was behind the problems of his eyes. He also mentioned jealousy. He liked his job and was passionate about it. He believed that people in his village could not bear to see him prosper so they decided to stop his teaching career. He described how he was attacked while teaching and he was sure it was his colleagues from his school and people from his village who were behind his eye problems.

According to him, jealousy, competition, rivalries seemed to be the main reasons why people try to attack others. Even in a village or in a township, sometimes the neighbour can be the one who bewitches his counterpart when they compete for something.

5.3.2.2. Relations between Neighbours

As I said earlier, referring to the difference between sorcery and witchcraft as theorised by early anthropologists, witchcraft could not be mentioned when it came to harm other people. Nowadays, when a neighbour seems to show some signs of material prosperity, this creates jealousy, leading to witchcraft accusations.

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Dulamo stated that after leaving the taxi business, he found a new job as a driver with a family in Pretoria East. But he suspected that his neighbour was also becoming jealous of his prosperity and the fact that his son was progressing in his studies.

One day, Dulamo invited me to his home. He has a nice house and is proud of it. On that day, he took me to the school where his son was studying. He was in grade 8. He told me:

My son is studying and it is my boss who is paying the fees. Not only, he is paying the fees, but he is also helping me to finish the remaining work on my house and this seems to upset my neighbour. (He pointed out in the direction of that neighbour). But I believe that God is going to protect me against these jealous persons.

On another occasion, I went to visit him where he was working and I was told that he did not come. So I called him and he told me that his legs were giving him the same problems again and he could not even walk to the taxi rank. I decided to visit him; he was sleeping on the couch in his resting room. He repeated the same thing to me:

I told you that my neighbour isn't happy to see my son progressing in his studies and me building my house. I think, he is targeting me now, but I know that God will protect me. I asked my son to go and fetch some medicine at the hospital, but I am telling you that I am going to sleep over at church next weekend. Hopefully, I will feel better and I need to go pray and ask the prophet to pray for me.

Dulamo and Ernest had a common understanding of the causes of their problems. Ernest mentioned the problems with colleagues at the school where he was teaching. This means that living in harmony with neighbours, colleagues at work, is crucial for a person to stay healthy and prosperous. However, with jealousy, it becomes a problem, because the one who thinks that his neighbour has more than he does can be the one who tries to stop the other.

This is in line with Reis (2000:61) who suggests that illness and misfortune in Africa are characteristically interpreted in terms of problems in human relationships, and healing results in a fundamentally different relationship with interhuman and superhuman world (see also, 2.2, Chidester).

For these two men, it was another human who was the main cause, because of jealousy and the desire to harm the one who seemed to have material success. In other cases however, where there is no harmony between humans and the divinities, problems could occur.

Ngubane reported that in the Swazi and Zulu discourse on illness, nationwide or personal suffering, for instance in epidemics, disaster or drought, may be interpreted in terms of social disharmony or the breach of moral rules (cited in Reis, 2000:61).

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In rural areas, where Ernest was working, explanations for misfortune could be explained in terms of neighbours, who are also jealous of few possessions. This can be the case in townships where people live side by side, as is the case with Dulamo.

When facing suffering or misfortune people tend to blame a third hand. This is the case in urban areas where this is very acute, but it is also true in rural area (see 2.3, Geschiere). Witches have replaced the former apartheid regime as an explanation for people's sufferings. Dulamo fingered his neighbour as being jealous of the progress he was making in the construction of his house confirms this. Niehaus (1993) who did ethnographic work on witchcraft in South Africa noticed that social inequalities could create tensions between neighbours who might start suspecting each other.

Dulamo lives in Mamelodi East, living side by side with his neighbour and tensions have erupted pushing him to suspect that his neighbour could bewitch him because of his new job and the house he has been renovating.

After identifying the causes of their misfortunes, Dulamo and Ernest chose different paths in order to find healing or to correct these disruptions. The following section deals with the healing process.

5. 3. 3. The healing process

In South Africa, as in Africa, misfortunes and any situation that seem to be a blockage to the well-being of a person are almost interpreted in the same way. Despite the presence of the biomedical system, people still consult other institutions whenever they face problems. It may be the cost of hospitals, but it is more likely to be their way of life. The two stories above belonging to two adult South Africans, one Zulu (Ernest) and the other *moTswana* (Dulamo), give an indication of what the health seeking behaviour may be for other South Africans.

5.3.3.1. The role of commercial healers

Ernest, after having problems with his eyes and being the only one who was living with his mother, was told by a friend about a healer in Malawi.

He said:

The school was not far from my home. Some pupils took me to my home. My mother asked what happened, I explained and she was in despair because I was the one taking care of her since my dad passed away. We tried to find someone who could help us, but none could do it. I had a friend who told us about his experience with a healer in Malawi. We agreed with my mother to go there.

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I went there and the first thing he said after asking my profession, was that one of the teachers was jealous of me and was the one who bewitched me and I could not see anymore. He did not want me to teach. The healer insisted that I must never teach again because I could end up being killed. He gave us these strict instructions

So, he used some herbs and some incantations, prayers and I was healed. He told me that he saw me in his dreams and knew that I was coming to him. When I returned home, I was able to see again. But I still had problems with my eyes because I could not read properly so I went to the doctor who prescribed me these glasses.

I came to understand that I was targeted by other teachers for reasons I did not know, I decided to move here in Gauteng.

Ernest expressed his full confidence in healers coming from other African nations:

I believe there are healers in Africa and I must tell you that I do not trust South African healers. When you go in countries like Malawi, Tanzania, you can still find people who use strong herbs that can help someone and they are original. Their *muthi* is stronger than South Africans.

Ernest mentioned later that he was a member of the Zionist Christian Church, but he was not a fervent follower. He told me that he did not have a problem consulting healers because they proved to him that they can help when he went to Malawi. He indicated his preference for healers from other African countries, such as Malawi and Tanzania.

He was very proud to say that when he went to visit the healer from Malawi, the healer told him that he dreamt of him before he came. He believed that this healer was authentic and that was why he was healed.

Important features of the Zulu healing system are dreams. Even if Ernest and Dulamo are not from the same cultural background, it could be that Ernest who is from the Zulu speaking group gave more importance to dreams. Chidester (2008:30) reports that the Zulu evidence suggested that dreaming remains a vital medium for negotiating and navigating within a contact zone. When someone dreams, they must find interpretation and eventually act upon the interpretation. The fact that the healer mentioned that he dreamt about Ernest in advance was a good sign for Ernest and this boosted his confidence in the healer. That is why he followed every instruction that the healer gave him, even to leave KwaZulu-Natal and not to return to the teaching profession anymore. Strictly following these instructions was also part of his healing process.

Describing dreams, Parman (1991:1) suggests that dreaming was a distinctive experience:

The dream is culturally embedded, part of a system of symbols. It may, biologically, be linked with cycles of arousal that are part of mammalian

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pattern, but the meaning attributed to it by a culture may ignore arousal and emphasise external messages from gods.

Dreaming was also mentioned by Dr Radjabu. He also mentioned that he sometimes dreamt about people who will come to consult him.

5.3.3.2. The Church and healing

Dulamo insisted that he was much engaged in his church the IPHC (International Pentecostal Holiness Church) and believed that God was protecting him:

I know that God will protect me. I asked my son to go and fetch some medicine at the hospital, but I am telling you that I am going to sleep over at church next weekend. Hopefully, I will be feeling better and I need to go pray and ask for the prophet to pray for me... **(Dulamo)**

He first sent his son to get some medicine for him from the hospital to curb his pain, but he believed that the prophet of the church where he prays would help him. The medicine from the clinic was just a temporary solution, while the prayers from the prophet would bring a better answer. In fact, it depends on how he interpreted the causes of his disease. Dulamo made sure that he went to his church regularly for divine protection.

But he also decided to change his work from the taxi business and drive for private persons, in order to avoid confrontation with the taxi driver who threatened him.

Another episode with Dulamo was when he found out that his ex-wife had a stroke and that she was in the hospital. He went there, and the following day when I saw him, he told me:

You know, my ex-wife can't even look me in the eyes. Since we divorced, she has been married to two other men and the last one, people said, was a healer (*sangoma*). I think it is this guy who is just sacrificing her because he wants to get more power.

I asked him: "Why did not you pray for her, because you said that you believe in God and He can protect her."

He answered: 'I do not know what that healer has been doing on her and for how long. So, I do not want to risk my life myself by trying to fight that man.'

He could only visit his ex-wife and felt unable to help her. Dulamo is still working at the same place and is enjoying his work; and he does not miss overnight prayers. He always goes to Johannesburg where they have healing services on Saturdays.

Dulamo could not climb the stairs. The house of his boss where he works is a double storey, but he was unable to go upstairs when his boss wanted to talk to him privately. He blamed his legs, saying that he cannot even run. He was not overweight. He told me later that he also had

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a heart condition. I noticed that when a person came close to him discreetly and tried to scare him, it took him more than 15 minutes to recover from the shock.

His church, the International Pentecostal Holiness Church, believes in divine healing. 'It is the type of church where they have prayer services and the role of the Holy Spirit is pivotal and messages can be revealed to the prophet or he can receive visions' (Niehaus et al., 2001: 34).

Healing is very important in the IPHC where Dulamo prays. The ministry of prophet Modise, the founder of this church is based on healing. Anderson provides the history of this church and the calling of the prophet:

Frederick Modise's church is founded primarily on his healing powers and strong personality. Some people said he had been bewitched by Lekganyane because he had left the ZCC; but he denied this, pointing out that he had become sick while he was still in the ZCC. He went to ZCC prophets, to diviners and other healers, and then to medical doctors; but he failed to find healing. At some stage he left the ZCC, but just when this happened is not clear.

The turning point in Modise's life, like that of many traditional diviners, was a call associated with an incurable illness. After he was admitted to Coronation Hospital in Johannesburg, on 12 September 1962 at midnight a voice told him to pray. He heard the same voice the following night at midnight again telling him to pray and then to follow it.

He removed from his house all medicine conventional or unconventional. All symbols related to traditional and ancestor worship were thrown out of the house. Idolatry symbols in the form of holy water, holy ash and strings were thrown out of the house. What he remained with was his trust, faith, hope and belief in his new found God and the world order and the civilization he had to implement. The leader of the IPC, Frederick Modise, practices healing the sick without using any symbolic objects such as those found in other Pentecostal-type churches. These things he describes as 'idols', which he was told to throw away at his 'conversion' on 3 October 1962 (Anderson 1992a:160).

One understands why Dulamo claimed that other healers were not real and did not believe in them. His prophet was the best; other healers just practice idolatry according to his understanding and interpretation.

Having a Tswana background, he interpreted misfortunes in terms of sorcery, and the prophet being himself *moTswana*, he was the one who could heal or pray successfully for him.

Gewald (2001:500) studying the Tswana noticed that in their society sorcerers consciously practice witchcraft out of motives of greed, jealousy and the like.

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Dulamo said that he did not consult the healers who advertise their services in newspapers, and leaflets. This could be because he believed that they practice idolatry as it is taught in his church.

In South Africa, these traditional healers are negatively portrayed in the media and in certain cases healers are accused of killing innocent people for *muthi*. After visiting his ex-wife who was suffering from a stroke, he accused the husband of his ex-wife who could have been the one who caused the stroke. In South Africa, though healers are allowed to practice, sometimes, the media expose their deeds and they are accused of sacrificing other human beings in order to be more powerful.

Geschiere (2008: 317) refers to Ashforth who met a *sangoma*. The *sangoma* mentioned that someone asked him to use his powers to kill another man. The healer refused. The potential client clearly had another idea of what a *sangoma* does and does not do. This case shows the misconception that people have about these healers.

Asking a healer to kill one's enemy meant that the client thought that *sangomas* are killers or sorcerers. With this construction, some people in South Africa do not trust these healers. With stories of *muthi* killing (people being killed by healers in order to gain more power), they are portrayed as killers and bad people who just want to harm others.

Some editorials of newspapers and online editorials report cases where these healers have been involved in killings or in human organs trade.

For example, IOL, an online editorial reported on 11 November 2009 the case of a healer who buried a child's hand. This is the report:

A traditional healer has been arrested in KwaZulu-Natal for allegedly killing his stepson. Police believe the healer killed the boy and buried his hand at the Pinetown house of a woman who had earlier gone to consult him. Police spokesperson Superintendent Vincent Mdunge said the healer had told the woman that her problems were caused by a child's hand that was buried in her yard by her enemies. "He then promised to remove the hand for her." The woman later discovered a hand buried in her yard and called the police. "When police went to question the man, it was found that his 12-year-old stepson had disappeared the previous day," Mdunge said. The boy's body was found on Monday by children playing in the area. (Canaan Mdletshe, *A healer buries child hand*, www.iol.co.za, accessed on 11 November 2009).

In South African newspapers, negative stories are reported about these healers. It does not matter if the healers are from South Africa or from other African countries.

In the *Mail and Guardian* online, a leading and reliable weekly newspaper, some of the headlines are:

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Malawi seeks to oust fake Aids healers
Minister calls for tougher charges for *muthi* murder
Ritual sacrifice of children on the rise in Uganda

Despite these negative perceptions, there are people who still consult these healers. What matters is finding explanations and a proposal for solutions. And it does not really matter where the healer comes from, as long as he can provide a solution. Being able to consult a healer who does not share one's cultural background is what Janzen (1992:19) calls 'detrribalization of therapeutic rites'. He found it a positive thing because a person's willingness to consult healers of language and cultural traditions other than his own permits a greater adaptability to urban conditions and circumstances.

The personal experience of every person vis-à-vis these institutions (traditional healers, religion) will decide how they search for well-being. Ernest, for example, insisted that he trusts the healers coming from other African countries. He mentioned Malawi or Tanzania, and even if newspapers report negatively about the healers in Malawi, his mind was already made up. Dulamo, for his part, was adamant that only God could help him, even if he still accused his neighbour of trying to harm him.

5.4. Brief Comparison with African male refugees

5.4.1. Similarities: Exposure to life constraints in an urban setting

Evidence of witchcraft accusations in South Africa's townships indicates that people are trying to make sense of modernity and its corollaries. As much as the male refugee is confused because he is in a foreign land, their South African counterparts living in urban areas are also facing stiff competition from other people who are trying to make a living. They both experience social inequalities, triggering questions about those who have succeeded and trying to find explanations.

When deciding to find a healer or a person who can help to deal with problems or misfortunes, they depend on their cultural background, or what they believe in. Religion, as an institution that helps people to make sense of what seems to be beyond human's control, plays a major role in explaining and in providing answers to those who seem confused.

Religion in this sense can give certain explanations for afflictions; so do the traditional healers, who propose a therapy so that the person can find their desired answers. When Africans face any kind of misfortune, the question is to know why this happened to him at that moment. He knows that there are diseases which make people ill and that there are circumstances that can lead to certain problems, but he asks himself: 'Why should I be ill and

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not other people'? (See 2.2, Chavunduka). The quest for answers will lead to certain explanations, which will eventually lead to finding a certain way of healing or correcting the situation at hand.

The person they decide to consult may be called *herbalist, healer, sangoma, nganga*³, *ngunza, prophet, pastor, diviner*, etc depending on the beliefs of every person and the explanation of what the cause of the misfortune is.

It does not matter what one's religion is. As long as he/she believes that these traditional healers can provide fair explanations and help, there are no tensions between religion and these traditional healers. Regardless of geography, cultural origins, or religious beliefs, there are certain healing concepts that traditional cultures share. (See 2.4.2, Wing). In addition to providing an understanding about healing, these concepts reflect the world views of the respective cultures', especially their beliefs about human relationships with each other and with a supreme being.

When comparing the search for well-being amongst African male refugees in Pretoria with their South African counterparts, it is important to understand the context in which they both live. The search for this well-being resulting in some concrete answers, we can talk about HSB.

Refugees as well as nationals experience almost the same kinds of problems while living in urban areas. Their ultimate aim is to experience self-fulfilment in the face of too many obstacles and questions. In a world where people, goods and commodities are circulating and coming from various places of the world, African refugees and South Africans must survive and try to find their place in the society. The quest for this well-being will involve all means, physical, spiritual, emotional in order to reach the desired level of self-fulfilment. This quest is personal and despite the individual past, cultural background, the aim is to succeed and to feel good about oneself in the new system. At the end, their quest is more less the same and the means they use vary only in terms of the personal beliefs of every person.

³ Sangoma, ngunza, nganga are consulted. They play the role of diviner or healers. They mean the same or do the same, but in different cultural settings.

5.4.2. Differences: Being close to home brings closure

In this section, I introduce two other South African males. I needed to meet more South African male participants so that I can understand if there is any advantage of being close to home. There are various categories of South African males living in Pretoria in terms of what they do. Some study, others work, others conduct businesses, but they have their roots in their villages. They settle in Pretoria, but their parents or grandparents are in their villages. I wanted to find out if when they face some situation that is perceived as danger, ill health or misfortune, they can go back home to find answers and closure, or to receive new strength.

Their stories provide an insight into what it means to be close to home when facing perceived danger or ill health state.

I met Billy, who works as a security guard at UNISA. He is married and father of one. He must be in his thirties. He lives in Atteridgeville, a township located in Pretoria West. He originates from Moletsisi in Limpopo. That is where his family; father, mother and some other relatives live. His church is the Zion Christian Church (ZCC).

Discussing what he does when he experiences ill health situations, misfortune or danger and what he does, he told me his story:

Last January, while coming to work here at UNISA, I just slipped and I was slightly injured on my left ankle. While apparently, I thought it was just a scratch, the wound became big and instead of feeling the pain at the place where I was injured, the pain was more felt in my abdomen. This situation took more than two weeks, and it became very strange to me. I have a sangoma of Zulu origin that I always go to. He lives in Mamelodi-East and I decided to pay him a visit so that I can get answers from him. He just told me that there are people at my work who are attacking me and it is like they are trying to curse me. Maybe they threw something on me. After giving me some muthi (traditional medicine), he insisted that I must go home, to my village and find more answers.

It was on a Friday after work and I packed my things the following day to Moletsisi. As my grandmother used to be the protector of the family, and having passed on already, I went to her grave for some rituals. When I explained the situation to my dad and what the sangoma suggested, he told me that I must go there with water, some grass that we always use for those kind of rituals, traditional beer and buy some ground nuts for the ritual. We went to the grave and my dad was imploring protection

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from my grandmother. After the ritual, he asked me to eat some of the nuts and leave another portion there.

I now feel better, and as I am here in Pretoria, if something like that happens again, I will go back home to ask questions and try to find closure.

I came to understand that this was very important to me and if I didn't go there, my situation could have worsened. Luckily, I went there and my wound was healed. I must tell you that in cases like mine, as long as a person hasn't gone back home to the tomb of the ancestors, it is difficult to find closure, that is why, after facing all types of stress and adversity here in Pretoria, I always go back to my home and be anew.

David in turn, is a male working as a caretaker at a building in Central Pretoria. As such, he lives in one of the apartments with his family. He is married to a South African and is father of two children. He goes to church at the United Apostolic Church in Marabastad. His parents reside in Komatipoort in Mpumalanga, and that is where he comes from; but for work purposes, he stays in Pretoria. He always makes sure that he goes home at the end of every month. He told me that he is very attached to his roots and at the end of every month; he must go and visit his father and grandfather. Both his parents are still alive, but the grandmother had passed on already.

Going home at the end of the month is not just formality, but he always makes sure that he has two gift packages, one for his father and another for his grandfather. Otherwise as he told me, he won't prosper in his work.

He says that he is fortunate to be close to his ancestors land:

I am lucky because both my father and my grandfather are still alive. I was named behind my grandfather and I feel like I owe him everything. If I honour him, I will be well. I don't have a car, but I catch a bus at the end of the month and I go with my wife and two children to get his blessings. We need it and because He is still alive and I can see him when needed is reassuring because I know that whenever something is wrong I can go to them and they will give me advices or even perform some rituals if needed. You know, my friend, it is a privilege to go back there every month...

Being close to home is source of comfort as David stated. He said that he doesn't have a car, but he can catch a bus and go home to visit his parents, his grandfather. When he faces uncertainties or when he experiences some kind of misfortunes, he can go home and find

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closure from the ancestors. This is an advantage as he said. Living in an urban environment, he faces dangers, crime, stiff competition, stress, but at the end of the month he has a place called home, which is a physical place and he can go there and be in contact with his parents.

You know after a full month here in Pretoria, working under pressure, I always feel like I am empty and I need to go home to recharge my batteries. If I don't do so, I might not have the strength to be on top of various problems that I face here. Being a caretaker, I must make sure that everything is fine. There are tenants who don't abide to the rules, others bring strange people here. Once I faced people who came with guns, but I called the police quickly while trying to dissuade them to come in. When one showed me the gun, I kept my cool, and that's where I told them that I will get the keys, but I called the police and they were in the vicinity, they came quickly and these people flew. So, I am protected and I thank my ancestors. When I go home, my grandfather always makes sure that we go to the river with him, where he always asks me to drink water from that river. He always tells me that his father also used to use that water to heal people who were suffering from various sicknesses. But he says that drinking that water or bathing in the river is a sign of being in communion with my ancestors and as a consequence, they will protect me wherever I go.

Being close to home is a source of comfort as David and Billy said. For David, he feels that he is lucky being able to visit his parents at the end of every month. This is a way to refresh himself, receive new strength so that he can cope with all sorts of challenges and misfortune that can occur around him while working in Pretoria. Visiting his parents and talking to them about his challenges, being able to go to the river with the grandfather is a source of strength and power. For Billy, his grandmother was the elder of the family and after she passed on, her grave has become the place where he goes to be protected from dangers. Having experienced an ill health situation, he was told by the sangoma he visited that in addition to the treatment, he needed to go home in order to get closure. He lives in Pretoria where he works as a security guard at UNISA, but he always makes sure he goes home (Moletsi) in Limpopo regularly.

For these two South African males, there was an advantage of being close to home place where they can go whenever there is danger or when facing misfortune or experiencing an ill

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health situation. Being close to home, to the ancestors provides security. For David, going to see the grandfather and going with him to the river makes him stronger. For Billy, going back home and visiting the grave of the grandmother provides closure, restoration and strength.

This becomes an advantage on the side of South African males, because at least they are close to home and they can go there for rituals, prayers, talking to the ancestors. Refugees in turn are very far from home, and the physical distance makes them more vulnerable because they can't return home easily as their South African counterparts. One becomes vulnerable when far from home, far from the source. But for one who is able to return home easily, protection is guaranteed or provided.

It appears therefore that a male refugee, like his South African counterpart live both in an urban setting that is Pretoria. They face the same challenges in terms of competition, living in a crowded place, facing crime, fast life, change, but when it comes to being close to the source where someone can go and find closure, talk to the ancestors, refugees are more vulnerable, because their families are far away. They can talk on the phone, but this cannot replace the physical contact that one can make with the parents grandparents or sacred places that provide closure.

The danger experienced by refugees falls in line with what Mary Douglas describes as 'disturbance of the established order' (1966). The further one gets far from home, the more exposed he is and the more dangerous he is to those around him. In order to get closure, one needs to go back home. Being in urban areas, far from home, living with people from different backgrounds can be interpreted as 'danger'. Going back home is therefore considered as a way to be cleansed from the dangers and confusion from urban areas.

Being close to home is better and brings closure. Physical distance from home makes one vulnerable to attacks or to danger. This is true for refugees who are physically far from their lands. When it comes to perform rituals or even to have an in-depth chat with their parents who are back home might become impossible and they have to try to deal with their problems by their own or find institutions such as churches where the pastors or the spiritual leader becomes like a parent or someone he can confide in. South Africans can go to church, talk to a spiritual leader, but being close to home is an advantage because they can easily return home, meet the parents, talk to the ancestors, go to graves and find closure. This helps them to deal with what can be considered as 'danger' encountered in an urban setting such as Pretoria.

5.5. Conclusion

African male refugees face many problems, even when they have been granted refugee status. Having gone through humiliation when they left their countries of origin, they must adapt to the new setting in the host nation or host city. In addition to their past history which might be full of violence, humiliation, they must make sense of certain major changes that are occurring around them once in the urban setting where they are living. Urban conglomerations concentrate historically unparalleled numbers of people but fail to provide secure employment (Dawson, 2009:103). Living in the 'modern' setting where the majority of people seem to have succeeded, they have to work hard in order to fit in and find a job. Trying to adapt to a new lifestyle might be the reason they violate certain eating, sexual taboos. In order to cope with these, they consult those who they believe can help. If they are lucky, they might have people who help them to integrate. If not, they have to start the journey alone and try to find partners, people or institutions that will help them cope and make sense of what is happening. This is where the process of health-seeking starts.

The following step, which is to practically try to correct the fractions of their lives that have been disrupted, was the object of this chapter.

The second section on this Chapter focused on the story of two South African males, both residing in Pretoria and working in Pretoria-East; I came to an understanding of their quest for wellbeing when they deal with different disruptions in their lives.

Coming from two different population groups, they faced different problems that affected them physically, professionally and psychologically. Though they were in different professions, they both interpreted their problems as having been caused by an external agent who wanted to harm them. The motivation of these external agents was rivalry, envy, jealousy, competition. Their interpretations of the causes of misfortunes were not impersonal and in order to get answers they needed to get help from someone who understands their problems and who could provide clear answers. This is why they visited a healer or the church where reasons for disruptions could be interpreted. This tendency of interpreting the causes of misfortune in external agents identified as jealous neighbours or jealous colleagues is part of South African life in rural and urban areas. In townships, people accuse their colleagues and their neighbours, because of competition and because of poverty. People suspect any misfortune and any disruption, even when it seems to be a biomedical one, as being the other person who seems to be better off, or the one who can be jealous and these accusations are made between colleagues, neighbours because of economic constraints in urban areas and in these townships.

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Consulting someone who can help depends on how much he is trusted, and on the socio-cultural background. These patterns seemed to be the same when I analysed the journey of male refugees from other African countries who also have different ways of interpreting disruptions in their lives.

South African males are in their country of origin. However, having to deal with rivalries, the tough realities of life in urban areas and with competition, they are in similar conditions with African male refugees when it comes to HSB.

With the exception of being uprooted and its corollaries, having experienced violence and humiliations, being a minority in a foreign land on the side of refugees, South African males were also trying to make sense of the ever changing environment where they live. In Pretoria/Tshwane, they face poverty and tough competition in urban areas. Apartheid created communities in order to divide persons. In this way, South African males are not united amongst themselves. Gauteng, as the heart of the South African economy, attracts not only refugees, but South Africans from other provinces and once they are in urban areas, they must compete and perhaps interact with strangers.

Male refugees are foreigners and as I argued in this thesis, they are a marginalised category, thus prompting the need for health-seeking behaviour. They are not only foreigners, but aliens, trying to make sense of various changes (environment, lifestyle), trying to recover from trauma, and to survive in their new environment. South African nationals, being exposed to different challenges in urban areas, face other problems, perhaps not as acute as those faced by refugees, but having to struggle in order to survive, in the ever-changing, fast and very competitive life in urban areas, they face to a certain extent the same problems, making them use the same channels when dealing with stumbling blocks in order to attain self-fulfilment.

However, refugees live physically far from their families, ancestors or from their roots. As such, they are far from the source in case they want to find direct answers to certain situations that constitute a threat to their well-being. South Africans are close to home, close to their roots and can even travel, and visit their villages, perform rituals if needed. They can visit graves, or just get advice. The cases of David and Billy, two South African male participants mentioned in the last section of this Chapter, and who work and live in Pretoria, gave an indication on the advantage of being close of the 'physical home'. They visited frequently their families in their villages, places of ritual, ancestors' graves in order to get closure. They indicated that this was a source of strength and restoration. In this last section, I made a comparison between these South African males and their refugees counterparts. The example

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of these two South African males shows that when one is close to home physically, he can be under pressure in urban areas as it is the case in Pretoria, but at least he can return to his roots, to his village for restoration. Refugees on their side don't have the possibility to return home, hence, they try to find answers and closure in consulting some religious institutions, commercial healers, or in their socio-cultural associations that are well represented in Pretoria CBD.

I gave an indication as to which extent healers and churches help these refugees in finding peace or finding explanations for certain misfortunes. In Pretoria, these churches and healers operate side by side, inviting every person who needs healing or who needs an explanation for various forms of misfortunes. The next chapter examines the role of these institutions in the lives of refugees and analyses their proliferations in the urban setting that is Pretoria/Tshwane in this study. Focus will be put on churches and healers in Pretoria, how they operate and what they claim to offer.

CHAPTER 6: THE ROLE OF RELIGIOUS INSTITUTIONS AND COMMERCIAL HEALERS IN THE HSB PROCESS OF REFUGEES

6. 1. Introduction

Being a refugee is already a reason for health-seeking. When they move from their countries, refugees try to refer to the system they used to consult while they were in their countries of origin. Not only do they refer to these systems, but they become affected by whatever situation they met in the process of moving, pushing them to extend their circle in search of well-being.

I indicated in the Chapter on Methodologies that I also needed to study these two institutions (healers and churches) because of the role they play in the healing process of refugees. This was to understand who consulted them, but also to find out if the pastors, prophets, diviners, herbalists were also in a health seeking process.

While the biomedical system is one of the institutions they could also consult, the focus is more on alternative structures that can help them to cope with their new lifestyles and the trauma that they went through while moving from their countries. Sometimes, because of affordability, some refugees turn to what is available and can respond to their needs.

I focused on the healers in the Central Business of Pretoria, and in its surrounding suburbs. Most of these healers are from other African countries. While advertising their profession, they insisted that their medicines and healing techniques came from other African countries. They claimed that their therapy is rooted in African traditional healing. Perhaps this is just their way of trying to prove that they are genuine or it may be a way to attract their fellow Africans who are here as refugees.

On the other hand, churches led by expatriate pastors from other African countries, some of whom are refugees and where refugees fellowship, will be the second focus of this chapter.

This Chapter analyses the role that these two institutions play in the healing process of the male refugees. Also, one must bear in mind that even these health providers can be health seekers. I critically analyse these institutions, examining first the calling of the healers, how they came to South Africa, what they offer. I will do the same when I analyse the role of these religious institutions, especially the Pentecostal Christian churches.

6.2. Commercial healers

6.2.1. Generalities on traditional healing in Africa

The introduction of Western medicine on the African continent did not stop people from consulting traditional healers. Traditional medical practitioners still provide healthcare to many people in Africa. Reasons for this can be availability or accessibility and faith in their skills. (See 2.3, Imperato).

Green (1994) reported that ethnomedical studies and surveys done in certain countries in Africa (Swaziland, Nigeria and South Africa) have shown that both healers and their clients tend to recognise the efficacy of Western-style biomedical treatment for certain illnesses. However, African traditional medicine still plays its role when it comes to certain health conditions.

There is a list of problems for which traditional medicine can be called upon. One can cite misfortune, dealing with adversity, distress and other problems. Janzen (1992) suggested that in central and southern Africa, discourses of healing take a number of forms: the evocation of distress and hope before others, and prayers to God, ancestors and spirits.

In this study, most of these healers have a way of characterising misfortunes. Analysing the pamphlets used can help one to understand. For example, they cite certain elements that can be associated social harmony:

‘They can eliminate in-family fights between children and parents, in-laws, husband and wife and ensure peace and harmony in home.’

One of the healers, Professor Banard, on the pamphlet advertising his services says: Professor Banard will help you:

Finding Balance and happiness in life,
Fulfil your life’s high purpose and destiny
Bring back your lost lover even if lost for a long time. Guarantee that you
are loved and trusted by those close to you.

The African traditional healing system follows the folk theories about the causes of ill-health, as described by Helman (1978). Faced with an episode of ill-health, patients try to explain what has happened, why it has happened and decide what to do about it. They also try to ascertain why it happened to that particular person and why at that precise moment, what to do and who to consult.

Explaining ill-health depends on subjective questions, meaning that the causes can depend from a person to another, looking at his specific context. Therefore, various factors come into

the explanation of ill-health in the African traditional medical system, making healing subjective or personalised.

6.2.2. Marketing healing: professionalization via pamphlets

At the time of my research, at corners of streets in Pretoria/Tshwane, it was not unusual to come across people distributing leaflets advertising the services of healers. These leaflets are part of the professionalisation and modernisation of their job. In certain countries in Africa, the role of the traditional healer is important and what they do is integrated in the health system of governments. Studies done in Zambia, Ghana and South Africa confirm this. See Twumasi and Warren, 1986 and Niehaus, 1993.

South Africa offers an opportunity to these healers claiming to be from other African countries. Perhaps they do not necessarily practice as South Africans do, or as *sangomas* do, but they try to adapt to the new realities. The same patterns may appear, but they have been manipulated to suit the needs of the day.

According to Flint (2001:205), the distinction between herbalists and African healers who used 'supernatural forces' enabled colonial officials to split the African healing community. Healers hoping to acquire government licences and avoid legal prosecution began to adopt these terms and redefine themselves in relation to other types of healer. In this study, I remarked that these healers from other African countries understood that in South Africa, healers have better status. Advertising their services was a way of targeting educated people. At the same time, they have added consultation fees to appear like modern medicine practitioners. However, most of them are not registered. Those I visited did not have a license from the government of South Africa and yet they practiced. Their services have become commercialised and commodified.

This was the case with these African healers found all over Pretoria. They also borrow certain concepts from the bio-medical field. They use titles such as Professor and Doctor. They have titles when advertising themselves:

Professor Tony and Dr Somba, Doctor Isa and Associates, Professor Kendi, Professor Jingo, Professor Hamza and Associates CC, Professor Nkuyege, Doctor Kaasa.

They also borrow words such as therapists, herbalists, diviner, and fortune teller. They advertised their services at the corners of streets, at traffic lights and in newspapers. This is in line with Flint's (2001) description of the 'professionalization' of African healers (see 2.3). They borrowed from *inyanga* and from modern medicine in order to adapt to the realities in

urban areas. They also advertised in the classified section of certain newspapers like any other business. Samples of pamphlets and newspaper advertisements appear in the Appendix.

6.2.3. Background of healers and their calling

I visited several healers that I mentioned when describing the participants. Though I did not spend as much time with Kaasa and Nkuyege who work in the same offices, I got a sense of them from the exchanges we had. The healers in this study did not finish high school. Dr Radjabu told me: ‘After grade six, I lost interest in school, especially after those elders from our village threatened me.’

Dr Fofana was living with his father. He said: ‘My father was just teaching me the Koran.’ He grew up in his village in West Africa and did not have the chance to have formal education. Professor Nkuyege and Dr Kaasa had difficulties in making sense of the title of my thesis. Professor Nkuyege has been here for a long period of time as he told me, living in urban areas, having to travel from city to city more often. He has learnt how to communicate with people, but he did not finish high school.

Comparing these healers by looking at their age, their gender, their calling, to the study done in Zimbabwe by Chavunduka (1994), I noticed that there were more differences than similarities. Their levels of education might match, because as Chavunduka (1994) noted, many of the practitioners had not received any formal education, but some had received post-primary school education. This was almost the same with these healers.

Another major difference was in terms of gender. While in Chavunduka’s (1994) account, the majority of practitioners were women, in my study in Pretoria; the majority of these healers were male. Those I visited, or I spoke to on the telephone were male. Even when someone goes through their pamphlets, the majority are male. This is the case with the marital status. Only Dr Fofana told me that he was married. Most of these healers were not married. In Chavunduka (1994) study, in terms of marital status the majority of the practitioners were married. A small percentage of men were divorced or widowed, while a much higher percentage of women practicing are divorced or widowed.

In my study, while men were single in majority, I could not stop wondering about Kaasa (the only female healer in this study) who told me that she was not married, but one could assume that she has been married already. Looking at the complexion of her skin and her strict way of dealing with me, she used products that make the skin lighter and in the East or Central

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African tradition, when a woman of that age uses those products, peoples' perception is that she has worked in the escort business.

In this study, the healers were young and the eldest could be in the 40's. Before becoming healers, the participants in this study were prayed for by another healer (prophet) or influenced by their natural environment. In the case of Dr Radjabu, he said: 'Perhaps from my young age, having to live in a village with a reputation of harbouring sorcerers, and my curiosity when I saw those huts could be a calling already.'

He added that when he was accused of eating food reserved for the ancestors, he was fuming: 'I was furious and I wanted to get revenge against these elders from my village.'

In addition to his desire of getting revenge, once he started the fish business, he went to a person who prayed for him:

He made incantations on me, asked me to give me my hair. I told him that in addition to this charm, I want to get power against my enemies. He told me that I will need to offer more. I was supposed to get 5 white chickens. I brought them one week later and he made prayers, started spitting on me, I remember that I fell and when I woke up, I was at the beach, close to the lake where we were fishing.

Dr Radjabu explained his calling by saying that when they prayed for him, he found himself sleeping close to the lake. It was after he fell asleep that his calling became precise. He added explaining how he started practicing in the refugee camp in Malawi:

It's there that I started practicing. Though I was not trained, I believed that all I was (sic) been through since my village and from the prayers of that man in Uvira, I was equipped and I could help other people. For me, it was like redemption, because I felt like I had more power than those elders from my village and I was in another place now.

Dr Radjabu stated that when they ran out of cash, they had to find a way to survive. This was the main motivation for his practice. He wanted people to understand that he was authentic when he insisted that he was prayed upon.

Dr Fofana in turn side said that after talking to his father about his ambitions of being a servant of Allah, he was taken to the wise man who prayed for him and was told that Allah will use him

We took with us presents and when we arrived there; the man looked at me and said: You are a man that Allah will use. My father looked at me and he just nodded his head. The wise man continued and said: But careful, do not use your power to hurt other people He invited us in his house. Inside, we sat on the carpet and on the walls there were lots of statues and vases. He gave us palm wine to drink. I was 16 at that time. He started talking in a language that we could not hear and took a calabash that he started shaking.

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Afterwards, he came to me, took another sip of palm wine, took my hands and started spitting on me. He just told me: Go now, and let none stop you! But be wise. Take your time, but stay close to God.

At the time, Fofana was still young (16 years old). His practice started when his wife could not give birth. Being his wife's therapist was a triggering event as he said:

Two years after I was married, my wife did not have a child. This troubled me and my father started asking me questions. This was the triggering event. One night, while sitting outside, I took a drink; the same that that wise man gave us when we went to visit him (palm wine).

I started convulsing. I woke up in the night; I started walking and was led to a tree where I got the leaves. I took the leaves and asked my wife to give me a pot where I could cook them. While cooking, I suddenly started singing and singing...I asked my wife to come and gave her the portion from the pot. She took it, collapsed for 30 minutes. When she returned, she started screaming that she was having pains in her tummy.

He indicated that finding the herbs he used that night came from his spiritual state at that precise moment. He was led after convulsing; to a place where he got the herbs he gave to his wife. At the end, his wife was pregnant. This is the way he got confirmation of his calling. In these two cases, the healers talked about their calling, everyone trying to show the authenticity of his practice.

Dr Radjabu, whose mother was Catholic told me that he still went to church, the Catholic Church, even if he did not tell people about his profession. He said however that he knew that God was the one who calls every person in his profession.

Dr Fofana clearly indicated that Allah uses him. After noticing that his wife finally was pregnant, he said: 'We stayed for three months and at the fourth, she finally conceived. This was a sign that Allah was now using me as that man said.'

Their callings as healers or herbalists were not like the one described by Reis (2000:61) where the healer, experiences a serious illness later divined as being sent by the ancestors. Usually the herbalist has no history of an ancestor calling in the form of a serious illness, nor one of the transformations through initiation. Dr Radjabu never suspected his calling until he was in Malawi, though someone prayed for him for another reason, which was to help him in his business. Although Dr Fofana went to the wise man with his father, he did not choose his profession because of his own disease. The infertility of his first wife prompted him to practise. However, it was still their poor conditions that were the triggering elements for their callings.

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While Fofana's profession is known and recognised in his religion, Islam, Dr Radjabu had some problems in explaining what he does publicly. However, this is not always the case. In countries such as Zimbabwe, membership of a Christian church does not prevent individuals from participating in traditional religion or from practicing traditional medicine (Chavunduka, 1994:5).

Dr Fofana is a *marabout*. They are healers, spiritual guides in the Islamic tradition and in West Africa. According to Van Hooven (2003:292), 'for centuries, supererogatory prayers mingled with local practices (e.g. healing, divination and the manufacture of amulets) have been at the heart of the religious traditions of the *marabouts*.' The same *marabouts* are like diviners, people who can bless the community, bless the amulets and the *grigris* in order to protect someone (Anna-Diouf, 2003:147).

For these healers, being on a land of refuge might be because they have the calling or as Radjabu said because they needed to survive. Their level of education was low, prompting some questions. I was surprised to see Professor Nkuyege driving a BMW when I visited him. He was not always busy consulting patients so perhaps the healing business was just a cover for another more lucrative business. The section that follows analyses the list of specialties of healers and what they offer. In so doing, I will also try to determine if they focus on customer satisfaction.

6.2.4. What they offer

The list of specialities or the problems that these healers claim to solve is very rich. Just by analysing the pamphlets, this is a sample of what they assert to offer:

- We make men's penis big & strong permanently
- Do you want to know about your future?
- Are you addicted to drugs or alcohol, but need to stop?
- Do you have symptoms of AIDS/HIV, asthma, kidney stones?
- Court cases, divorce, recover stolen property /magic stick
- We remove bad luck and give luck, have you been bewitched?
- Read and tell your problems before you mention them to him
- Ensure that promotion you have desired for a long time at work or in your career
- Eliminate in-family fights between children and parents, in- laws, husband and wife and ensure peace and harmony in home.
- Ensure excellent school grades for children with mental disabilities

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- Guarantee that you are loved and trusted by your colleagues, husband, wife, in-laws, friends, in business
- Heal women problems and barrenness, disturbing menstruation, abnormally long pregnancies, settle marriages
- Introducing (Mulondo cream) blend for enlarging the penis in both length and girth of the tissues and muscle thus increasing size.
- Make a woman's private part small and more desirable
- Addicted to drugs or alcohol, but need to stop?
- Attraction or more customers in your business, Court cases, divorce
- Ensure excellent school grades for children with mental disabilities
- Are you scared of your enemies? Consult now, are you suffering from a chronic disease? Just mention it!
- Remove bad spells from homes, business,
- Are you disappointed, calamities or chronic diseases
- Remove the black spot in your hand that keeps taking your money away

I collected more than fifty pamphlets. All of them have these elements and promise to solve the problems in a record time. The main themes in their pamphlets are sexuality, marriage, business, family problems (sterility, infighting), witchcraft, jealousy at work or from neighbours, and diseases such as asthma, HIV/AIDS.

On the list, it is noticeable that there is a mixture of traditional and modern medicine as it is suggested by Flint (2001:205). Their market target is made primarily of Africans even if they indicate that all are welcome: whites, Indians, and blacks. While they try to show their traditional African side, the list carries on by showing elements that people in urban areas need. They know the common problems occurring in urban areas and in a competitive world. That is why they propose a very attractive list that contains problems faced by their fellow African brothers.

In this modern era where people have access to the internet and e-mails, it has become common to find one's inbox full of spam advertising all kinds of drugs, promising to enhance men's performance. Talking for example about sexual problems in such a way is not traditionally African. In Africa, sexual problems are taboo and people cannot mention them publicly. The way they describe these problems shows that they target modern people who talk about sexuality openly.

The issues they focus on are common in urban areas. They focus on certain diseases such as asthma and HIV/AIDS, and there is a strong bias towards urban areas in what they propose.

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Especially when it comes to HIV/AIDS, they do not mention it as such, but they describe the symptoms and one can relate directly with what they are trying to say.

Generally, one can say that they fulfil the role that healers had in some parts of Africa before colonialism. Perhaps they are more graphic in describing their problems in an attempt to adapt to the urban areas where they are located.

According to Chavunduka (1994:1):

In Zimbabwe, the healer in addition to being a medical practitioner, the traditional healer was a religious consultant, a legal and political adviser, a marriage counsellor, a police detective and a social worker. Traditional healers were also expected to find answers to all kinds of personal problems. A boy who wished to win love of a girl, but was having little success, would also take this kind of problem to the traditional healer.

One can assume that when these healers insist that they come from an island in East Africa is a way to tell potential customers that they are from the deep African sources, but most probably to enhance the view that the further the distance, the more powerful the magic is. They also mention that they are acclaimed healers and that they won the prize of best healer. For example, Dr Somba's leaflet claims:

Dr Somba hailed as the Herbalist of the year in 2005 and 2006 consecutively, has opened up in Lynnwood Road. He is an Astrologer, Herbalist, Healer, and Researcher. He is the proud winner of the Eastern Africa Herbalists Control Council Award for life-time achievement in Astrology and Herbal Healing.

These same claims are found on the pamphlets of Professor Hamza and Professor Mamba. Three different healers claimed to have won the prestigious prize in the same year! In actual fact, none can prove that such a Council exists. Just as modern medical doctors put their degrees on walls of their offices, these healers would also like to claim that they have received awards because of their performance as healers. Some healers, as discussed in the calling of healers, wanted to mention that they were possessed by a spirit in order to gain more respect. These healers claimed that their skills come from East Africa, from Arabia, to attract people's respect.

When I spoke to Kaasa, she said: "We come from Pemba Island" (an island off the coast of Tanzania). Others mention Zanzibar just to prove that they are authentic. I spent much time at Dr Radjabu's and Dr Fofana's shrines. Though Radjabu told me that every time he had helped someone, they came to thank him, I only saw two gentlemen who came regularly. They had sexual problems and while consulting Radjabu or Fofana, they still went to church,

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because as they said: “The healers were just speculating and they always asked for presents without helping them.”

Sometimes, when I called these healers on the phone to make appointments, they first asked: Who are you with? What car are you driving? And once one is in their offices, even if they maintain a facade of courteous behaviour, the bottom line was: “Give me the consultation fees”.

One has to concede, however, that the fact that there are patients who came to their consultation rooms, in the hope of being helped was already a big step from the one who wanted to find closure. Spending time talking about their own problem to a healer was already part of the health seeking process. It might be difficult to put in numbers the persons who were effectively healed, but the system works in the sense that people come to talk and to share their problems with the healers. This is the case with these churches that I studied and that became a refuge where some patients, including male refugees, go to for help.

An outsider to this healing system will not comprehend what is happening or even trust the abilities that these persons might have to help those in need. The following section examines the role that religion plays in the healing process of healing in general, with emphasis on male refugees.

6. 3. Religion used to heal

In this chapter, I will show how religion can be used to attain wellbeing and human fulfilment. In Africa, concepts of healing are concerned with the harmony inside the group, inside the family and harmony with the Supreme Being. When explaining misfortunes, the explanations will be as broad as possible.

Healing in Africa is not an isolated phenomenon but part of the entire magico- religious fabric, far more than an absence of diseases. Illnesses, for example can be caused by God, by men, by ancestors and the theme of healing, when joined to prayer, represents an important point of convergence with traditional religions (Onunwa, 1991, Pool 2003: 178, Sanneh, 1983).

Religion says that beyond what we see there is a supernatural being that takes care of and controls the world. In this sense, some misfortune or disease can be caused by the supernatural being that is called God or other names depending on the different beliefs. In his book, the *Elementary Forms of Religious Life*, Durkheim (1912) defines religion as a ‘unified system of beliefs and practices relative to sacred things, that is to say, things set apart and

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forbidden beliefs and practices which unite into one single moral community called a Church, all those who adhere to them’.

In the Muslim tradition, one can mention the mosque, or the local community in African traditional religion. Religion plays that role of regulating the world around us, to explain what is beyond our understanding, to provide rules and rewards to those who obey those rules, but also promises punishment to those who infringe the rules. Consequently, misfortune can result from disobedience, illnesses and other problems can be caused when the rules that have been established were broken. This is true not only for Africans, but for other traditions as well. According to Holland (2010:8), the fact that traditional Africa trusts in the inherent good of worldly existence, destiny is linked to actions. Misfortune is not a matter of chance but it is associated with the ire of the ancestor spirits or the evils forces.

Though I examine the role of religion in the HSB of refugees, I focus more on certain Christian Churches (Neo-Pentecostal) led by Pastors from other African countries. I was not granted permission to study a mosque though I interacted with people who were going to pray in a mosque in Marabastad (Pretoria –CBD). In the next section, I examine the churches.

6.3.1. The healing ministry in Christian churches

When giving the profile of participants, I indicated the names of pastors I interacted with, I only visited four churches, and the leaders of these churches were from other African countries. Amongst the four Pastors with whom I interacted, two are refugees. The Pastor from Zambia is here under a work permit and the Pastor from the DRC has got citizenship already.

The Pastors from Benin and Nigeria are refugees. The one from Nigeria is in the process of getting his permanent residence.

In a church led by a pastor from Nigeria, for example, the community was made up of a majority of Nigerians. This was the case for a church led by a Congolese Pastor where the majority is made of Congolese. People however went to these different churches to worship, to find comfort and to be healed.

The pastors emphasised the role of healing in churches. They call it a mission that was given to the church to heal those who are facing all sorts of problems.

Pastor Jeremiah from the Evangelical Church of Pretoria said:

The church has the mission of helping, the mission of healing, the mission of restoring because Jesus Christ came to restore those whose hearts were

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broken. We try to do that and I can tell you that we have seen people having their lives changed because of the community communion and the warmth they find in us.

I can tell you that there's no better place where a person can get healing. Church is the place and Jesus is above all powers and repairs people's hearts and bodies. As you can see, we have people coming until now because they want to meet God. When a person makes that encounter with the creator, his life changes.

Pastor Elijah said the following, indicating the importance of healing in his ministry:

As a pastor and an African, when one talks about healing, I categorise things and will put them in two categories: There are believers and the non-believers. The believers are those who believe in Christ and can go to a man of God, a pastor, a prophet so that he can pray for them. There are those who think that the days for healing are gone in the churches. Charismatic Christians believe that healing is still possible. I am among those who believe that God is still healing. And in Africa, we must understand that diseases are not necessarily pathological, we also have diseases, ailments coming from demons.

Pastor Jacob told me this about healing:

God did not create us sick. And sickness came from outside, from the enemy. We were healthy and the devil came with the disease. God has given us power when Jesus Christ was crucified at the cross. We must pray and God will heal us.

These pastors were assertive about the healing ministry in their churches. They were very vocal and that God gave the church the mission to heal people. They claimed to follow the example of Jesus Christ. As Delkeskamp-Hayes (2001:127) suggests, Christ's healing ministry was to show His compassion, but also to convey His divine authorisation to save the spirit by redeeming humans from their sins.

These pastors therefore claim to be in line with Jesus Christ's mission. Him, being their Master, they have to follow. They count on the power of God over illnesses because God is able to perform miracles. The Church as suggested by Pastor Jeremiah offers moral and psychological support. Grundmann (2003:83) referred to what chaplains do when they go to visit those who are in hospitals, or visiting other people who are in distress. They must show solidarity so that in some way, they alleviate the emotional and spiritual distress. These pastors also claim to have the same mission.

The mission to heal is clear and the interpretation of the causes of illness or misfortune seem to be the same in these Pentecostal churches because they all focus on the devil as the main cause for misfortune. The pastors have an understanding of what causes misfortune. It is

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primarily the ‘devil who steals and destroys’. When the person does not live according to the commands of God, this can also cause illnesses, and other related problems.

Pastor Jeremiah mentioned infidelity amongst African males:

There are many problems, especially with the African brothers. Some of them when they arrive, they end up having affairs with women, they live in fornication, they even forget about their families back in their countries of origin.

Amongst other problems, Pastor Jeremiah cites the problem of infertility and explains it in this way:

Perhaps when they married, s (he) was already involved in very active sexual life or there were unfinished businesses with the families. So, we try to understand what the problem is. The problem of *lobola*⁴, for example is a serious case.

When I asked Pastor Jacob from the Christian Faith Centre what could be the causes of diseases and misfortunes, he cited certain elements that are conducive to illnesses and misfortunes. He referred to a case of a Congolese man who had a bad name:

The name can curse or bless you and whatever people say or proclaim on you can affect you. If your parents gave you a bad name, this can have bad replications in your life.

He also blamed the devil as the cause of the problems and our forefathers in Africa who do not do enough to ensure the future of their descendants is brighter: ‘As an African, I also blame our forefathers, because they do not help their descendants. White people prepare some inheritance for their children.’

On the causes of diseases, Pastor Elijah of the Potter’s House stated: ‘There are diseases caused by demons all over the world, but the African context is a particular one.’ He also mentioned the importance of the community or the family in the healing process. When a person does not comply, bad things can happen:

Community is very important when we deal with healing among Africans. First of all, one needs to understand that the community starts with the family and later the neighbour. When a person fails to honour his parents or have a problem with his neighbour, he is already sinning against God’s command. God says that we must make sure that we have solved the problems with our relatives, otherwise, our prayer can’t be heard and we can’t prosper (Pastor Elijah).

⁴ *Lobola* or bridewealth is the widespread traditional practice of the husband’s family compensating the wife’s family with cattle or money when a marriage takes place. The theory behind the payment of bridewealth by the husband’s family is that the wife’s family needs to be compensated in some way for the fertility of their daughter. Only when the bridewealth is paid is a marriage considered legitimate (Gordon and Gordon, 2007).

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Broadly speaking, these pastors localise the causes of diseases and misfortunes in not obeying God's command, as well as in the devil and his demons. One point that came up almost everywhere was sexual promiscuity that could lead to other problems such as infertility. When mentioning these men who have been married in their countries of origin and have started having affairs with other women here, the pastors mentioned that dire consequences could follow. This was blamed on the different lifestyles between the countries of origin of refugees and South Africa, the host country. While South Africa is not unique when it comes to sexual promiscuity, it seems that males from other African countries find it easy to have multiple sexual partners once they arrive in South Africa.

When a person leaves his country of origin and finds himself in another land, he has to adjust, make new friends, and make new connections. When it comes to sexual behaviour, being far from home can be a contributing factor to promiscuity. Being far from the natural community where one lived since birth provides a sense of freedom, to the point of infringing certain rules from 'home'. Consequently, when a person infringes these rules, misfortunes can follow. What was regarded as taboo in their community can be neglected because of the distance from home, but this does not mean that when they break these rules, they will not be affected.

Sexuality has an important place in the healing ministry in churches because it serves as an explanation for some misfortunes. DeRogatis (2009:280) suggests that in certain Christian Churches, sexually transmitted diseases are interpreted as demons lodged in genetic material that can be transferred through body fluids and bloodlines. The demons are therefore the devil agents invading someone's body via sexual contact. This is the case when they interpret the causes of HIV/AIDS. Bodily fluids as suggested by Douglas (1969) are a great cause of contamination and pollution.

The pastor explained infertility as having its source in sexual sins, and other conjugal problems found amongst some African male refugees in Pretoria. The practice of paying *lobola*, when not respected could cause problems as the Pastor of the Potter's House suggested. That is why he opposed cohabitation between a couple without the blessing or the consent of the parents or the church.

Other illnesses were explained in different ways. For example, theft or failing to honour a promise could cause some diseases. A pastor told me the story of a man from Malawi who failed to send money back home while managing his brother's business. While he was managing the business, he forgot to report and send money home. His hand was affected until

he went to the pastor who prayed for him. After asking for forgiveness, and promising to make amendments, he could be healed.

6.3.2. The praying Process: Praying against the devil (exorcism or deliverance)

Identification of the causes for certain problems are the starting point to the healing of the illness or to solve any problem that occurred and disturbed the patient. Once they have discovered that there is a problem, the next step is to pray; praying for miracles to happen, praying for forgiveness and praying against the devil. During my visits, or when I attended prayer sessions or church services, pastors were praying for people, imposing hands, sometimes casting away demons, or just talking to those who came to see them with problems. They first had to talk with the patient, trying to understand the problem.

When a person came with a problem to the pastor, the pastor first asked him various questions about his life, after he decided to pray for him or to do something else.

Pastor Jeremiah said that before deciding to pray for the person, they first speak to the person in order to know their story:

Before praying for people, the pastor said, we need to know their background. Their spiritual background is very important to us, because everything is commanded from the spiritual world. We can have prayers of deliverance, we can ask people to fast when the Spirit recommends it. God forgives and restores, but men have got their part to play

There are prerequisites so that the person can be healed. Pastor Jacob mentioned faith and forgiveness:

One needs to believe that what we are going to pray for will happen. Faith is important so that one is healed. You must have faith in God in order to be healed. Lack of forgiveness can be an obstacle. The Pastor and the person, who needs healing, both need to have faith, because if the person does not believe that God can heal, it will be difficult to be restored.

Faith was very important as these pastors mentioned:

In order to receive healing, people need to have faith. Faith for the one who is praying and the one they are praying for. There is the anointing of the one who is praying, but also the faith of the one who is being prayed for. It is important that both put their faith in God.

The dimension of faith is very important in these Christian churches when it comes to healing. This is also the case with traditional healers. Like in modern medicine, trust between the one who is practicing and the one in need of therapy is very important. One needs to believe in a certain system to understand what is happening so that he can receive healing.

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This is what is referred to, sometimes in the biomedical system as *placebo effect*. Harley (1999:412) suggested that in certain cases, in order to be healed, a climate of trust between the health provider and the health seeker is required.

If one has to compare the healing process in these churches, it is not different from the healing that occurs in the Zionist churches, who from their inception stress inspiration by the Holy Spirit. They pray for the deliverance and exorcise evil spirits. An important part of their services consists of prayer healing. In many of these churches the healing of patients is an important, if not crucial, part of the church service. Illness is seen as caused by evil spirits and exorcism is considered the most important, although not the only, form of therapy.

Reporting on healing in churches in Zambia, Jonker (2000:117) says that the responsibility for the health problem was assigned partly to society but also partly to the patient. Offering healing can take various forms as I showed above: the fact of sharing one's problem with a pastor can bring closure. In a world of disintegration, danger and disease, they claim to function as a refuge of health and wholeness. Healing is the need of their fellow-men and this they all attempt to provide. With this they give to uprooted and lonely men the warm fellowship. Offering fellowship to those who come to these churches was also a remedy to loneliness. This is what Pastor Jeremiah said:

They came themselves without their families, went through a lot and we were obliged to mobilise them in prayers (sic). They were also scared of failing in this country where there was almost everything available, but they did not have money. We had to motivate him. The church becomes their family and the warmth of other church members helps them to deal with loneliness.

Other kind of prayer is to chase demons and if they suspect that the person has been involved in witchcraft, they will exorcise that person. The practice of exorcising can also be performed by the traditional healers. The next subsection deals with these practices in the healing process by comparing how it is done in these churches and how it is done by the traditional healers. One question that could come is to know if the healers as well as the pastors are part of new witch-hunting movements. By comparing these two systems, I will spend more time in understanding how they deal with witchcraft and their proliferation in urban areas.

6.4. Commercial healers vs. Churches

In this subsection, I compare the healers and the churches. Some refugees go to one or the other in their search for wellbeing. These institutions do not exclude each other even if some pastors strongly expressed their disagreement with the work of the healers around Pretoria.

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While these pastors reject the work of these commercial healers, I found people who consulted both systems. The healers do not reject the role of the pastors, for example, and they all believe that God is great and is able to bring solutions, and closure.

I suggested a reason why I call these healers commercial healers in Chapter 1. They combine traditional healing with modern healing in their therapeutic process. They operate in urban areas side by side with these churches. While these pastors do not believe in these healers and label them ‘charlatans’, one must understand that the presence of these churches does not eliminate the work of these healers or even discourage people from consulting these healers. Behrend (2009) cites the work of Gifford who argued that in Africa, modern Christianity has not put an end to witchcraft and the occult but instead provided a new context in which they make perfect sense.

I examine the proliferation of churches and healers in urban areas, such the Pretoria CBD. The pastors are the founders of their churches, they are Reverend Pastors, prophets, and on the other side, there are healers, herbalists, diviners, fortune-tellers. When it comes to healing, both are consulted.

6.4.1. Pastors vs. commercial healers: Opposed or complementary systems?

In order to understand how churches and healers work, it is important to go through the utterances of these pastors when they were asked for their opinion on traditional healing and on healers.

‘We are not against the herb, but against the ancestors worship and practices such as divination.’ **(Pastor Jeremiah)**

I can’t say that *muthi* is bad, because in Africa or all over the world, medicines are made of herbs, which is not a bad thing. The problem is when they become involved in the spiritual, in divination, when they promise things that would happen like magic. **(Pastor Jacob)**

I believe in the power of herbs and Africans have been blessed for that. When I was growing up, I knew that to heal Malaria, I needed to go and find some leaves that could help and they were doing an infusion with those leaves and after drinking, I was healed. In the Bible, we are told how God sent prophet Isaiah to use herbs to pray for the healing of a king. Now, we have those who use these herbs, but also use magic and divination. For them, they also believe that ailments come from demons; from enemies and that one needs to consult diviners in order to get help. They can use occult forces in order to heal a person. I have seen these pamphlets, but I do not think these people are genuine. We have fake doctors who are improvising

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themselves just to cheat people and they are people working for the devil.
(Pastor Elijah)

All of them recognised that herbs can be used in the process of healing, because it is God who created herbs. They even referred to the Bible to show that herbs were used to heal. When it came to practices such as divination, they all opposed it, and said that those practices came from the devil. This was the reason why they thought these healers around Pretoria were just people trying to make money, people who work for the devil.

The herbalist was accepted by these pastors. Perhaps this is due to his conventional knowledge. Green (1994:17), in his description of African healers, differentiates between the herbalist and the divine. In the same study, Green (1994) suggests that the most common distinction among traditional healers is that between herbalist and diviner-medium, the former tends to work primarily with natural medical material, such as herbs and other products, while the latter has additionally developed a relationship with ancestor and other spirits believed to assist in divination and healing.

The critique of these pastors is influenced by the 'neo-Pentecostal' movements that are very much westernised and that reject any African traditional practice as not being from God. The Bible they refer too gives examples of the wise persons who came to visit the baby Jesus and these persons were studying astrological signs. If these healers are accused of divination, what about dreams in the Christian tradition and examples mentioned in the Old Testament? Examples are given of kings who were warned in dreams about wars to happen.

It appears that the healers, herbalists, prophets, pastors and diviners are all part of the African healing system. In Pretoria, in addition to being herbalists, they claim to be fortune tellers and that they can read problems from the palms of people. They have imported practices such as magic, astrology in order to gain more prestige and to have a larger circle of customers.

An indication of this appears on Dr Magezi's pamphlet:

Dr Magezi: fortune teller, herbalist

Dr Somba: Hailed as the Herbalist of the year in 2005 and 2006 consecutively, He is an Astrologer, Herbalist, Healer, and Researcher

Professor Jingo: This spiritual; (sic) guru has travelled widely and solved many mysterious issues He is rated as one of the top ten spiritualists in the world.

The pastors oppose the work of diviners and say that it is the work of the devil, but they both offer healing and closure to their clients. Even if these healers have taken a more professional path, which was to advertise their services and make people pay, the churches also do the same. At their entrances, there are billboards inviting people to come to church. A name like

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“*the Christian Faith Centre*” indicates that people who have faith pray there and as a consequence, faith produces wonders. In the Bible, the “*Potter’s House*” refers to a place where God called someone so that he can talk to Him. These two names already advertise these churches. Having a title such as “*Prophet*” is meaningful and attracts those who are in need of a revelation. It can be the Christian version of a diviner.

This is the case with *Prophet James* at the “*Tabernacle of Glory*”. The title and the name of the Church are meaningful and suggest a place where the glory of God is manifest, and a place where God speaks to his prophet.

When the names of the churches or the titles are not suggestive, these churches invite people to attend their healing sessions or important events in their churches. They are as well established in urban areas as these healers. These churches also advertise their services wherever they are established. They elaborate in terms of prosperity, ‘War against Satan’ as it was reported by Meyer (1995: 238) in Ghana. This is also a form of advertising. These churches and healers are both well established in urban areas. Sometimes the churches pray against the devil and pray to get rid of certain misfortunes that have been caused by the devil. On the side of the healers, they use a different vocabulary such as “to remove bad spells”, “to remove the black spot”, or both can say that they fight against witchcraft. These two elements will be the subject of my discussion in the next subsection.

6.4.2. Churches and healers in urban areas: Modern witch-hunting movements?

Modern witch-hunting movements are not a new phenomenon. According to Richard (1935), in the 1930s, studies done in Southern Africa proved that these movements were the product of violent changes in tribal organizational and belief. This was also the result of contact with white civilization, and the resultant economic and social changes.

Though the churches studied have been trying to deny the legitimacy of these commercial healers, treating them as charlatans, they were in effect doing the same job. They might use different means, but they have certain commonalities. Amongst other commonalities, they both promise to liberate persons who have been under the domination of the devil. They elaborate in terms of deliverance, or removing the black spot, and if one can find a common ground, it appears that they are helping people to overcome certain misfortunes that have been caused by external agents such as witches or sorcerers. The misfortunes can be caused by the patients’ faults or he/she being involved in certain practices that open the doors to the devil to enter his body or to attack the person.

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Another common point is the presence of these two structures in urban areas. During my fieldwork in Pretoria, I noticed that these churches were very well established in the CBD. The same goes for these healers. In the Pretoria CBD, one is likely to find a church every five streets or so. The distance between Hamilton and Eastwood Streets is so short that it is only a 10 minute walk. But in between, there are two churches. In Sunnyside, on Esselen Street, between Troye and Celliers Streets, I found three churches. Going further westwards, in the space that covers Prinsloo and Bosman Streets on one side, and between Jacob Mare and Proes Streets; I came across more than 6 churches led by these pastors from other African countries. There is a concentration of these churches in the CBD.

The healers, on the other hand, are all over town and wherever there are commercial activities. One just needs to take a walk in the CBD to receive pamphlets at almost every street corner. The healers moved into the suburbs in order to meet new clients. Their consultation offices are near to businesses and commercial activities.

About such churches led by pastors with spiritual gifts, Britt (2008:5) reported that in Tanzania, they empower and protect against witchcraft, demonic spirits, impurities, and worldly temptations. This is what they do in their services and whenever they pray for people, as suggested by Pastor Elijah: 'Africans know that demons exist, but they also know that through the power of God, they can be healed from any disease or delivered from any misfortune.'

In the case of the man from the DRC whose name was cursed, they needed to pray for him and deliver him from the curse that was attached to his name. As Pastor Jacob told me:

His name was a curse and most of the times; he had to resemble his name in everything he does. You know, The Bible says that the power of death and life is at the tongue. When I call someone poverty, already this can affect him. The name can curse or bless you and whatever people say or proclaim on you can affect you.

So, in order to get the healing of this gentleman, they prayed for him and changed his name. His name was *Mateso* (suffering) and after praying for him, his name was changed in *Bingwa* (brave).

In these churches, the ritual always ends with the prayer of deliverance where they cast out demons, or other obscure forces in the name of Jesus. Commercial healers specialise in elements indicated above (see page 101).

From both sides, there is a common understanding of misfortunes and it seems as if the causes are spiritual. The churches promise to help in the name of Jesus and the healers use their techniques to remove bad spells. The healers promise to use a magic stick, for example,

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to recover stolen property. There are different techniques used in order to get rid of the devil, misfortunes and witchcraft.

In these churches, they have rituals before praying for the deliverance of the person. They start by singing, after which they pray. Danfulani (1999:171) who studied the exorcism of witchcraft in Nigeria gives an overview of how it was done in Africa before colonialism. Various methods were used for controlling witchcraft. 'These included exposure and public ridicule by the cult of masquerades, and also by women who composed songs which were sung to disgrace suspected witches.'

The concept of witchcraft is very popular in these churches and amongst the healers. And these male refugees coming from other Africans fellowshipping in these churches and others visiting healers, sometimes are told that they were bewitched, that there is someone who is trying to block their prosperity.

Nowadays, however, witchcraft is considered as the evil magic consciously practiced against others (see 2.2, Moore and Sanders). It is no longer about beliefs about good and evil but more about powers used to harm the lives of other people. In urban areas, where there is stiff competition amongst people, witchcraft can be used to accuse a person who is successful.

Witchcraft or anti-witchcraft movements are frequent in urban areas. This is happening in these churches that promise to heal people and to overcome all sorts of problems caused by the enemy in the name of Jesus. The presence of these healers who also promise to remove bad luck and to give person domination upon his enemies is another example. In the Caprivi region in Namibia for example, witchcraft was 'thoroughly modern manifestations of uncertainties, moral disquiet and unequal rewards and aspirations in the contemporary moment' (see, 2.3, Thomas). The following example stresses the kind of situation that can arise in which a person may become jealous of another, resulting in accusations of witchcraft. In South Africa, in townships, people are blaming witchcraft as the cause of their misfortunes (see Geschiere, 2008). What can be explained and rational can be solved using rational methods. But what cannot be explained in a rational way falls under witchcraft, magic. Reality is presented as anything whose existence has, or can be, established in a rational and objective manner. Nyamnjoh (2001:28) suggested that 'the real is the rational, the natural and the scientific; the unreal is irrational, the supernatural and the subjective.'

The fact that these churches and healers are situated in urban areas and have the tendency to be anti-witchcraft movement has an important anthropological meaning. Urban areas, as mentioned earlier, represent the place where people meet and where success is exposed, but it is also a place where others may feel like failures. It is a place where people take chances in

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order to succeed in their lives. It is a place where people envy those who are successful. It can be a place where people from different backgrounds meet and where they can experience cultural flows. This anti-witchcraft tendency occurs also in rural areas, but it is more sensitive in urban areas. It represents modernity with all its benefits, but also its disadvantages. People want to succeed at all costs, using available means or going above the rational in order to reach a certain level. When disappointment ensues, these male refugees use the same irrational means to explain or to try to deal with failure. Those who succeed are envied and sometimes there is jealousy and accusation as to how one became rich or successful. The Pretoria CBD, in addition to its representation of modernity, also represents capitalism.

In Cameroon, for example, in the 1990s, there were alarming rumours linking economic success to the sorcery of wealth, or to ‘magic money’ (Ndjio, 2008: 275; Geschiere, 1997:3). Sanders (2008:110) evoked the Tanzanian case, a former socialist country where changes have come with many things, one of which has been growing concerns about the role of devils, witchcraft and the occult in quotidian life. Green and Mesaki (2005: 375) also studied witchcraft in urban Tanzania and argued that contrary to assertions that ‘witchcraft was the hallmark of the unmodern; witchcraft was an integral aspect of contemporary disparate modernities.’ Witchcraft in diverse settings can become a means of making sense of the contradictions of the contemporary capitalist world, or it can be a ‘vehicle for the articulation of personal, local, and national political relations’ (Comaroff and Comaroff 1993: xxix). Or in the face of the profusion of alternate worlds of the imagination, as suggested by Appadurai (1996), people tend to find a way to explain using witchcraft. As Sanders (2003:339) puts it: ‘African witch may be about modernity, it may also be about other things, too.’

In whichever way one analyses it, witchcraft provides an explanation to what seems to be impenetrable problems. The healers, pastors and prophets provide answers to African male refugees who are confused by modernity they find in urban areas. At the same time, the same healers and pastors become witch-hunters to a certain extent, when they pray against demons, against those who considered as witches or sorcerers and when they propose to solve problems between members of a family or when they promise to solve these contradictions caused by modernity. Healers claim that they help to ‘overcome adversity’ by ‘winning court cases and ‘winning friends’. They understand the problems that occur in urban areas and try to explain them in terms of witchcraft, jealousy and enemies.

On the other hand, globalisation and cultural flow, the presence of people from different backgrounds is part of what one is likely to find in urban areas. Green and Mesaki (2004:375) argued that the social process of modernisation through an examination of the transformation

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in the delivery of anti-witchcraft services takes place under the pervasive influence of transnational ideoscapes of market liberalisation and public-sector reform.

An anthropological study of these healers and pastors in urban areas suggest a broader explanation of the refugees' experiences in Pretoria. With globalisation in this modern and capitalist world, some people might find it difficult to adapt to the new changes and the encounter with new people. In front of so many movements, business deals, and the desire to cope and succeed, frustrations can result when the person does not adapt, or when he does not succeed. In order to find explanations, sometimes, they blame a 'third force' and try to find explanations in God, in witchcraft, they can envy the one who succeeded and accuse him of being a witch. This is what is happening in the Pretoria CBD and maybe this could offer an explanation of the impressive presence of these churches and commercial healers.

6.5. Conclusion

This chapter analysed the case study with special focus on the commercial healers in the Pretoria CBD and the churches led by pastors from other African countries, many of them being refugees. These places are likely to be where most of male refugees go when they are seeking help.

I began by examining the work of the healers. They have a certain calling, which is the way they started their profession as healers. From their utterances, two said they were called by destiny and when someone prayed for them. It was however in certain circumstances such as being in a refugee camp somewhere and looking for means to survive that one of the healers started. For Fofana, it was when his wife could not have children that he felt like he can use his healing gifts and it worked. There was enough time between the 'consecration' prayer and the time they started practicing.

These healers practicing in urban areas use traditional skills and try to adapt them to the realities of modern times. By advertising and calling themselves with the names of doctors, professors, healers, herbalists, researchers, they borrowed from their modern counterparts, but they kept the traditional or exotic side of their healing. This is why, they claimed that their herbs, or techniques were from an "Island in East Africa", for example. In addition to advertising, they make people pay for consultations fees as is the case in the modern system. Practicing in urban areas where all kinds of persons with different problems come, they have also diversified their skills and what they offer.

Though it can be argued that these healers are just ordinary people trying to make a living for themselves, I indicated from what I observed that there are people who go to them because

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they believe they can be helped. And this is where healing starts; when a person visits a healer and start to talk about his problem. Whether the problem is physical or spiritual, the step of sharing it with the healer is already the first step in the healing process.

In my second case study, I focused on the churches led by pastors from other African countries. Four churches were examined, looking at the role of religion in healing. From the literature and the experience on the field, the testimonies of the pastors, religion plays a major role in healing.

Going from the point of understanding that when a person faces a situation that does not contribute to his well-being; he can refer to universal elements of healing as well as culture-specific features. Regardless of geography, cultural origins, or religious beliefs, there are certain healing concepts that traditional cultures share. In addition to providing an understanding about healing, these concepts reflect worldviews of the respective cultures, especially their beliefs about relationships between people and with a supreme being.

All religions deal with healing, whether it is Islam, African traditional religion or Christianity. And from the explanations of one healer from a Muslim background, he mentioned that he was working in the line of the calling that God (Allah) gave him. I spent much time on Christian healing because of the case study and the places I was allowed to visit when doing my fieldwork. These churches claim that the healing mission is clear because Jesus Christ came to restore the world and heal people from diseases and misfortunes. They have a clear mission and the causes come from the devil who is qualified as the 'enemy' who only wants to destroy and in order to be healed, prayers are made in the name of Jesus to chase demons, or other agents from the devil that attack the body. Amongst the causes, they cite disobedience to the word of God. They have different sorts of prayers depending on the problem that the patient brings.

At the end, I tried to compare these two institutions: churches and healers in the urban areas. They function side by side, even if church leaders claim that others are not genuine; both are consulted. The pastors do not oppose the use of herbs, but they do not approve when it comes to the role of ancestors, or when it comes to practices such as divination or astrology and practices performed by these healers.

However, functioning and being well represented in urban areas in their recipe against witchcraft showed that they were just corollaries of modernity, capitalism and globalisation. They served the refugee community, but they were also refugees and one can speculate or argue that they are themselves in a process of health-seeking behaviour. They also serve male South Africans because they invite even South Africans to come and consult them. The next

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chapter will bring out the conclusions to this study. The next Chapter is the last and is the summary for this study. It is the concluding Chapter.

CHAPTER 7: CONCLUSIONS

7.1. Introduction

This investigation had to complete certain objectives that I specified in the introductory chapter. This study had three research objectives: (1) To explore how male refugees have been affected spiritually, emotionally and physically because of the disruptions they experienced while fleeing from their countries of origin and that they experience in the host country, (2) against the assumption that men are reluctant to seek help when facing health issues, this research examined how much the socio-cultural background influences them in seeking help and in the choices they make for a health provider and (3) to understand the role of these (trained or untrained) healing practitioners and spiritual leaders in the health seeking process of male African refugees.

Having fixed three objectives and a setting (Pretoria), I needed to develop a theoretical framework for this study.

The very first Chapter (1) of this thesis was *introductory and gave the background to this study*. I retraced the account behind this work and the setting. After presenting the setting and the background of this study, I defined the rationale behind this study. This is where I defined the title of the thesis and contextualised it. I also suggested a working definition of the key concepts in this dissertation.

Chapter (2) *reviewed the available literature* on health-seeking behaviour, on refugees and on male's perspectives on health. After reviewing the existing literature, I developed the research framework for this study. This was done in Chapter 3 where I developed *the research approaches and methodologies*.

I defined the type of research that I conducted in order to decide which methods were appropriate in order to achieve my goals. I also discussed the difficulties encountered and how I addressed the ethical issues.

7.2. Study outcome

This research aimed at responding the three research questions that emerged and that I brought out in Chapter three. By responding to those questions, this research showed that:

- (1) Male refugees seek help, thus challenging the existing perception of males' adverse attitudes to health-seeking. Males do not seek help merely out of desperation. They are open to any opportunity for wellbeing. They are constantly looking for solutions. This is due to the nature of problems they face in urban areas. Male refugees are very open to various options that could help them to deal

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with different challenges. Being in need of finding their place in the new society, in need of employment and sometimes because of the perception the South African population has of them, going to a church or consulting a healer seems to be the best way to find closure, because they propose solutions to the kinds of problems they face. Being far from their families; religious communities, other spiritual leaders and healers become their support system.

- (2) Migration is a health-seeking behaviour state and the journey does not end with geographic relocation. The search for a better life is continuous: search for better employment, and better education. The refugee is in search of healing, which is not just a physical dimension, but a search for social stability, search for emotional and spiritual healing, search for safety from danger, and whichever institution can help to repair the damage is welcome. The ultimate goal is to reach self-fulfilment. The process of migration does not end problems. On the contrary, more problems emerge as a result of migration, prompting health-seeking behaviour on behalf of these African male refugees. Running from situations of war does not solve all problems, because other challenges and problems arise on their journey as refugees, thus reinforcing the view that when one thinks one has solved a problem, he opens doors for other bigger problems.
- (3) Healers and pastors seem to know the problems faced by male refugees in urban settings. Therefore, they suggest solutions and healing techniques. Operating in urban settings, and for those from other African countries, their profession is also a response to their needs (economic, emotional, and spiritual) in the new land. They are therefore in a process of health-seeking behaviour as well. These commercial healers respond to the needs of people in urban areas. There is a high demand of the services of these healers and pastors in urban areas. Urban areas provide social conditions for the proliferation of these commercial healers and churches. In this context, even South African males also face the challenges created by these interconnections in urban areas, and as a result are also dependent somehow on these healers and churches in order to make sense of change and explanations to what could be considered as perplexities and uncertainties caused by globalisation, modernity and capitalism.

I developed these three points throughout the thesis. I presented the experiences of refugees from the time they decided to flee from their countries of origin until they were officially recognised as refugees in South Africa. This was Chapter 4, *The refugee identity in South*

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Africa. Various reasons prompted their departure from their countries of origin. For most of them, it was because they were persecuted in some way or feared for their own security, or they felt that their countries could no longer provide for their well-being.

Deciding to leave their countries of origin meant that they had to use different means to reach their destination. For most of them, the experience was painful and they were affected by violence they experienced from their countries. The decision to migrate or to flee was taken in most cases on the basis of a well-elaborated network consisting of personal, social, political and geopolitical components conditions of flight. Some of these refugees had people who helped them travel and settle in the new land, but the majority were forced to go away without any hope of returning, in the worst conditions, deprived of possessions and separated from their family members.

Drawing on anthropological literature, I put into context the refugee identity, which identity defines them when they arrive in South Africa. I addressed the juxtapositions of changing social, territorial and cultural forms of the reproduction of group identities. When groups migrate, they recompose in new settings; they reconstruct their histories and their ethnic concepts.

In these circumstances, male refugees coming from other African countries are challenged in their personality and role as men. Having gone through humiliation, suffering and violence, they become vulnerable. Traditional constructions of men suggest that they should keep their emotions under control, but these constructions are being challenged due to their refugee identity. I showed that exile comes with obstacles for refugee men's quest to conform to culturally defined masculinity. In addition to their humiliating past, once here, they must adapt. These African male refugees are in a health seeking process and this was addressed in Chapter four which dealt with the Refugee identity in Pretoria.

The following chapter, (5), *analysed the health-seeking behaviour (HSB) of African male refugees in Pretoria*.

Facing uncertainties and various challenges in Pretoria, they find ways to cope and to make sense of what seems to be new and above their control. From the humiliation, violence, atrocities they experienced in their countries of origin, they must face change. Some came from rural areas, and for those who came from other urban areas, they were overwhelmed by the intensity of life in Pretoria.

In a place like Pretoria, characterised by transnational interconnections rather than homogeneous ones, male refugees are often confused and need to find answers. Reaching

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self-fulfilment is a combination of factors that take into account the past, their histories as refugees, and their present in the interconnected and modern world.

In addition to physical health matters, self-fulfilment is their main concern and when this is not achieved; various interpretations for problems, misfortune emerge. Their understanding of the causes of blockages is based first on their background. In Africa and in other places, when misfortune occurs, people tend to blame an outsider, but also they check in their own lives if everything is in order with the divine, with ancestors. This was the case with these refugees. Sometimes, their past came to haunt them.

Based on life stories of some participants, the testimonies of pastors, and from my visits to the healers' shrines, I came to understand that these male refugees encountered problems such as:

1. Stress of being in a place where everything seems to be available, but they cannot get access to those goods. They feel like they won't make it this new land
2. They are discriminated against and do jobs that do not match their qualifications
3. They are stressed because of the violence in urban areas; they are vulnerable.
4. They were living like minorities groups and like poor South Africans, they also had to deal with poverty
5. They lived in another land where they felt disconnected from their natural cultural environment and faced loneliness
6. Some taboos (eating and sexual habits) were not observed because they felt like no one was controlling them.

In the face of these challenges, they sought help from the people that they thought could help them. Explanations for these misfortunes were provided to them by the institutions or persons that they visited. Some visited commercial healers, while others were helped by their ethnic friends; others visited a religious leader but the majority of the participants visited pastors and prophets.

The journey to healing could come in the form of prayers, reparation, confession or merely sharing the problem with someone. Talking to someone was very important and the church offered them emotional support in this regard. It was as though they had found a new family. Some participants visited churches and healers at the same time. To be healed depended on how the patient related to the institution he visited. Trust was very important and these institutions played a major role in their HSB process.

A section in this chapter focused on the HSB of South African males. This section was based on the life stories of four participants, from Zulu, Tswana and Venda groups.

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Having faced health problems that affected them physically, professionally and psychologically, they explained their problems in terms of jealousy, competitions and rivalry. It was a colleague who was not happy with their professions or a jealous neighbour who was suspected as the main cause of problems. And in order to find solutions, one went to a healer, another to a church where the prophet based his ministry on healing. It appeared that one believed that traditional healers are efficient, having a history with them in the past, and he trusted healers coming from other African countries more, saying that he does not trust South African healers. The one who consulted the prophet said that going to the healers was not an option, because this could be interpreted as idolatry. In fact, while in South Africa, these healers have sort of credibility, an important group of the population does not believe in their work. Sometimes, these healers were accused of being charlatans and local newspapers strongly criticise their profession.

I concluded by making a brief comparison between South African males and their African counterparts who are refugees in Africa. In addition to being African, when it comes to make sense of misfortune or any obstacle to self-fulfilment, they are confronted by this capitalist environment, living in the interconnected city where they face the same challenges and use the same channels in order to get help. However, South African males are physically close to their home and in case they face a situation that is perceived to disturb their well-being, they can go back to their villages for restoration. Refugees, in turn are more vulnerable because they are physically far from home and as such they cannot return home to find closure. Religion and healers are among the people they run to in order to find some needed answers. For this reason, chapter 6 focuses on the *role of Religion and healers in the HSB of refugees*. Having visited churches and healers, I understood how important these institutions were.

It was therefore impossible to study the health-seeking behaviour of these refugees without studying the health providers. The majority of the health providers in this study were also from other African countries and some of them were male refugees.

On one hand one finds the Pentecostal churches led by pastors from other African countries in which healing and prosperity are emphasized; on the other hand, one finds the healers, most of whom are from other African countries and who promise to solve various problems among which are health, material and emotional problems.

After studying the proliferation of these healers in Pretoria, I came to understand that it was a result of interconnections, modernity and capitalism, present in urban areas. This was also the case with the proliferation of Pentecostal churches led by pastors, some of them refugees from other African countries. They become institutions where those who are overwhelmed by

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problems turn in order to get answers. Those who are considered as health providers are somehow in the process of seeking help also because in most of the cases, their profession becomes a response to the new environment they live in.

Explanations of misfortunes or other kinds of hindrances were provided in terms of witchcraft, devil, breaking of taboos, ancestors, not obeying God's law, sorcery, etc which become the reasons why people do not reach self-fulfilment. For the wellbeing of their clients, some of them African male refugees, these healers, pastors provide a list of solutions, such as prayers, respecting the ancestors, paying what is due to the community, or practices such as magic, astrology.

The understanding of the causes of the problems and the journey to find solutions, healing, and answers are interconnected. This is not just a particular case for Africans; it can be true for other parts in the world. But the focus of this study was on African male refugees in Pretoria. In order to get more ideas about the African search for well-being, I decided to have a short chapter on male South Africans.

7. 3. Study contribution and suggestions

Most studies done on migration in South Africa dealt with xenophobia, with identities of refugees. (Maharaj, 2004; Landau, 2006a) This study explored the health behaviour/attitudes, beliefs side of male refugees. While other studies tended to portray men's attitude towards health-seeking as 'stoic' (*The lancet*,2001), this study demonstrated that the recipe that combines refugee and male challenged this understanding and showed that being a male refugee is a health-seeking behaviour condition and that these males are more open to help. They consult; share their problems because they are vulnerable. Being in a different environment, in this global and interconnected world, their search for self-fulfilment is unquestionable because their survival depends on it. Health or healing was associated with wellbeing. Any obstacle that stood in the way of attaining wellbeing was to be removed. Supernatural and social causes were the main reasons for blockage, and the reason why refugees sought care or advice from prophets and healers or tried to live in harmony with their respective communities. Beliefs in a magico-religious system are part of the African healing system, motivating the need to find explanations from pastors, healers, diviners, astrologists. Urbanisation and globalisation did not solve problems, but brought uncertainty, thus activating the need to seek help. In urban areas where people compete for resources and for the need to survive, these churches and healers act as responses. These 'health providers' are also in search of wellbeing and survival.

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They know the problems of the marginalised; problems such as the need to have money, relationships, finding jobs, misfortunes, accommodation, networks. One can argue that these pastors and commercial healers are also seeking wellbeing in this globalised world, and as such, are also in health-seeking process.

For the setting, studies done on refugees and migrants in Gauteng focused more on Johannesburg (Landau, 2006a). This one was done in Pretoria/Tshwane, the capital city of the country.

I focused on the health issues or disruptions that have occurred in lives of refugees as result of migration. I was not able to get into all details as to understand the extent to which globalisation and migration in general and the refugee phenomenon in particular are interconnected in Pretoria/Tshwane and this will require further research.

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APPENDIX 1: PROFILE OF PARTICIPANTS

PAR/RS	MP	CO	PCO	PSA	RFLCO	ST/MS	HSBCO	HSBSA
Dr. Radjabu	His shrine(PTA CBD)	DRC/East	Fisher man	Healer	War	Refugee: Single	was not a healer	
Dr. Fofana	His Shrine/Silverton	Mali	Healer/Marabout	Healer	Family persecution	Refugee/Married		
Pr Nkuyegwe	His Shrine/Menlopark	Tanzania	Vendor	Healer	Poverty	Refugee/Single		
Dr Kaasa	Her shrine/Menlopark	Tanzania	Selling clothes	Healer	Family problems	Refugee/Single	Was not a healer	
ECP/Pst Jeremiah	His church	DR Congo	Pastor	Pastor	Political instability	SA citizenship/Married	Was not a healer	
CFC/Pst Jacob	His Church	Zambia	Student	Pastor	Normal migrant	Work permit/Married		
PH/Pst Elijah	His Church	Benin	Pastor	Pastor		Refugee/Married		
TG/Prophet James	His Church	Nigeria	Businessman	Prophet	Political instability	Refugee/PR/Single	Was not a prophet	
Ahmed	Somali community/Mamelodi East	Somalia	Vendor	Shop owner	War	Refugee/Married		
Danny	TG	Nigeria	Student	Security guard	Family persecution	Refugee/Single	Didn't consult a prophet	Consult a prophet for his health and to find a job
Deogratias	Sunnyside	DR Congo	Engineer	Restaurant manager	War and political persecution	Refugee/Married	Catholic(never consulted pastors or healers)	Consulted healers and Pentecostal churches
Edgar	Fofana's shrine	Gabon	Clothing businesses	Hair Salon owner	Family problems	Refugee/Single	Never consulted anybody	Consulted with Fofana at the same time Pst Elijah
Elias	Radjabu's shrine	Burundi	Student	Security guard	War	Refugee/Single	Sometimes church	-Consults Dr Radjabu and Prophet James
Kifwa	Radjabu's shrine	Tanzania	Tourist guide	Hair Salon owner	Poverty	Refugee/Married	Consult Imam	Imam and healer(Radjabu)/works in his hair salon
Ngembo	ECP	DR Congo	Soldier	Business/	War	Refugee/Married	-No prayers or churches	Very involved in church he

Health-seeking behaviour

				money transfer			visited	was healed
Mateso/Bingwa	CFC	DR Congo	Vendor	Looking for job	War	Refugee/Single	Catholic	Visiting pastor Jacob (CFC) for his deliverance
Patrick	CFC	Malawi	Farmer	Vendor	Poverty	Refugee/Single		Consulting Pst Jacob for deliverance
Dulamo William	Workplace (PTA East)	RSA	Driver	N/A	N/A	SA Citizen	N/A	IPHC (Church)
Ngcobo Ernest	Workplace (PTA East)	RSA	Liquor store manager	N/A	N/A	SA Citizen	N/A	-African healers
Billy	Work place Unisa	RSA	Security Guard	N/A	N/A	SA Citizen	Sangoma in Mamelodi	ZCC
David	Work place Pretoria CBD	RSA	Building Caretaker	N/A	N/A	SA Citizen	-----	United Apostolic Church

1. **CFC**: Christian Faith Centre
2. **CO**=Country of origin
3. **ECP**: Evangelical Church of Pretoria
4. **HSBCO**=Health Seeking behaviour in Country of origin
5. **HSBSA**= Health Seeking behaviour in South Africa
6. **IPHC**: International Pentecostal Holiness Church
7. **MP** = Meeting Place
8. **N/A**: Not applicable
9. **PAR/RS** =Participant or site of research :
10. **PCO**=Profession in country of origin
11. **PH** : Potter House
12. **PSA** =Profession in South Africa
13. **RFLCO**= Reason for leaving country of origin
14. **ST/MS**= Status & Marital status
15. **TG**: Tabernacle of Glory

- The age range of participants was between 26-50 years old.
- Most of names are pseudonyms to protect the participants. Some of the names of the healers are just repeated as they were on their pamphlets, others preferred pseudonyms.

APPENDIX 2: INFORMED CONSENT FORM

RESEARCH PROJECT:

“HEALTH SEEKING BEHAVIOUR AMONG AFRICAN ASYLUM SEEKERS IN SOUTH AFRICA: EXPERIENCE OF MALE REFUGEES IN PRETORIA”

My name is **Boroto Ntakobajira**. I am a post graduate student (# **29306958**) in the Department of Anthropology and Archaeology at the University of Pretoria and I am conducting field research on Health seeking behaviour of African male refugees in Pretoria.

Will you please participate in my research project by joining in the discussions?

I will do my utmost to ensure that your name does not appear in my reports without your consent. You need not provide any information that you do not want to and you can withdraw from any interview at any stage. A summary of my aims and objectives, the research method that I will use and the way in which I will store and use the findings of my study appears on the reverse side of this page. I will provide you, upon request, with any other information about my research project and answer any questions about my studies, my research methods, and myself. You may also contact me at the following telephone number: **072 645 6873**.

I, the undersigned, understand the nature and objectives of the research project of Boroto Ntakobajira as well as my potential role in it and my right to withdraw from it at any stage. I voluntarily consent to participate in all discussions.

Full name of participant	Signature of participant	Date

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APPENDIX 3: SAMPLE OF HEALERS' LEAFLETS

PROF. SIMBWA, DR. K.P. SALAMA & MAMA AMINAH & ASSOCIATES CC

Prof. Simbwa, Dr. K.P. Salama & Mama Aminah, hailed as the Specialists of the year in 2005 and 2006 consecutively, has opened up in Edenburg. They are Astrologer, Herbalist Healer and Practitioner. They are the proud winner of the National Award for Astrology and Herbal Healing in 2005.

HEALTH-SEEKERS TAKE NOTE!!!

- BRING BACK YOUR LOVER EVEN IF YOU BROKE UP LONG AGO.
- FIND OUT WHY MONEY FROM YOU TAKING.
- GET OUT WHAT'S HOLDING YOU FROM PROGRESSING IN LIFE.
- TIME AND SEAL UP YOUR MARRIAGE WITH ETERNAL LOVE AND HAPPINESS.
- ENSURE THAT A SINGLE PERSON GETS A PERFECT PARTNER IN A SHORTEST TIME.
- ATTRACT CUSTOMERS INTO YOUR BUSINESS AND TURN YOUR TRADE INTO A FAVOURITE AMONG CLIENTS.
- STOP YOUR MARRIAGE OR YOUR AFFAIR FROM BREAKING APART.
- MASAL REMEDY XTRA FOR ENLARGING THE BREASTS TO SIZE "D" NATURALLY.
- MASAL REMEDY FOR TIGHTENING THE BREASTS MAKING THEM SMALLER AND FIRM TO THE SIZE OF YOUR CHOICE PERMANENTLY.
- REMOVE WITCHCRAFT, CURSE OR HAUNTING AND SEND THEM BACK TO YOUR ENEMY.
- MAKE YOU SEE YOUR ENEMIES IN THE MIRROR AND MAKE DEMANDS ON THEM.

EDEN VALE - 072 635 0753

DR. MALCOM
PROFESSIONAL PSYCHIC, SPIRITUAL
TRADITIONAL HEALER & SEXOLOGIST

Dr Malcom ranked as the specialist of the year 2008 and 2009 coming first in the world in the field of Astrology, Spirituality, Traditional Healing, and Sexology. He has opened up in Brooklyn. He is an Astrologer, Herbalist Healer and Practitioner. He is the proud winner of the National Award for Astrology & Herbal Healing in 2008.

100% Treatment Guarantee!!!

PHONE: 071 291 3655

WOMEN

- Painful Periods
- Pain During Periods
- Bad Smell In Vagina
- Want To Enjoy Sex
- Skin Breakout Acne (Children)
- Skin Breakout Acne (Adults)
- Drowsy Males (7 days only)
- Gum Strink An Unfinished Work
- Pregnancy Problems, Abortion / Miscarriage
- Hair Diseases

Men: (Erectile Dysfunction Specialist)

- To Rejuvenate Your Sex Life, Sustain To Society
- Your Partner Not To Cheat On You
- To Rejuvenate Your Sex Life, Sustain To Society
- To Give You Extra Performance While At The Game

CALL TO MAKE AN APPOINTMENT

LIFE PROBLEMS

- Solids, Aches In Their Marriages
- Bachelors
- Court Cases
- Lack of Progress
- Being Back Lost Love No Matter How Long
- Stress, Overstimulation
- Protection Against Your Expenses
- Miss Your Money With Lack So As To Multiply
- Customer's Satisfaction
- Swedish Body Pure
- Women To Enhance Your Performance With Good Luck, Charms, Love, Stocks, Burgs, Money, And 30000 More

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Health-seeking behaviour

***RECOVER STOLEN PROPERTY. BRING SUPER NATURAL LUCK INTO YOUR LIFE TO WIN CHANCE GAMES LIKE LOTTO, CASINO, DICE, BLACK JACK, AND MANY MORE.**

INTRODUCTORY TO MASAI GEL FOR MEN

After thirteen years of research, Prof. Jingo finally came to a breakthrough, now introducing (MASAI GEL) for the first time in South Africa, especially for men. It's a herbal gel from the Masai land mainly intended to enlarge the penis both in girth and length naturally making it big to the size of your choice and strong hence controlling and delaying early ejaculation. He has come to amazing lengths to find the very best naturally derived ingredients that work.

CONTACT: PROF. KENDI
7 BOBAB STREET
CNR LENCEN SOUTH & JOHN VORSTER DRIVE
(OPPOSITE KFC), CENTURION, TSHWANE

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